PROGRAM GUIDE

COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH
9TH CONFERENCE

Walking the Talk:
Achieving the Promise of Authentic Partnerships
MAY 31-JUNE 3, 2006

MINNEAPOLIS, MINNESOTA, USA
The Institute for Community Research (ICR) builds community-based research partnerships to promote positive changes in public health and education, and foster cultural conservation and development.

For more information, visit www.incommunityresearch.org or call (860) 278-2044.

ICR is a non-profit organization in Hartford, Connecticut that conducts collaborative research with community partners to promote justice and equity in a diverse, multiethnic world. ICR builds community-based research partnerships to promote positive changes in public health and education, and foster cultural conservation and development. For more information, visit www.incommunityresearch.org or call (860) 278-2044.

The Otto Bremer Foundation is a St. Paul-based charitable trust that assists people in achieving full economic, civic, and social participation in and for the betterment of their communities. Beneficiaries must reside in the states of Minnesota, Wisconsin, North Dakota, and Montana, with preference given to those in regions served by Bremer banks. For more information, visit www.ottobremer.org, or call (651) 227-8036.

The University of Minnesota Academic Health Center is made up of six schools and colleges that include the disciplines of medicine, dentistry, nursing, pharmacy, public health, and veterinary medicine as well as allied health professions. Its mission is to prepare new health professionals who will improve the health of families and communities, discover and deliver new treatments and cures, and enhance the economic vitality of Minnesota’s health industries. For more information, visit www.ahc.umn.edu.

The Northwest Health Foundation is an independent foundation committed to advancing, supporting, and promoting the health of the people of Oregon and southwest Washington. NWHF has awarded more than $25 million to organizations serving the region’s health needs, and is planning its third community-based participatory research conference for summer 2007 in Portland, Oregon. For more information, visit www.nwhf.org or contact David Rebanal at rebanal@nwhf.org.

The Wellesley Institute supports innovative community-based research, provides capacity building, and develops workable policy alternatives to pressing issues of urban health. The organization’s mission is to be a leader and a catalyst for enhancing the wellness and health of the people of southeast Toronto and other urban communities. For more information, visit www.wellesleyinstitute.ca or contact Dr. David Rebanal at rebanal@nwhf.org.

The W.K. Kellogg Foundation was established in 1930 “to help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations.” To achieve the greatest impact, the Foundation targets its grants toward specific areas. These include: health; food systems and rural development; youth and education; and philanthropy and volunteerism. Within these areas, attention is given to exploring learning opportunities in leadership, information and communication technology, capitalizing on diversity; and social and economic community development. For more information, visit www.wkkf.org.

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The American Medical Student Association Foundation is committed to improving health care and healthcare delivery to all people; promoting active improvement in medical education; involving its members in the social, moral and ethical obligations of the profession of medicine; assisting in the improvement and understanding of world health problems; contributing to the welfare of medical students, interns, residents and post-MD/DO trainees; and advancing the profession of medicine. For more information, visit www.amsa.org.

Metropolitan State University serves nearly 10,000 students from its three campus sites in the Twin Cities. Over 40 majors are offered leading to bachelors and masters degrees in a broad range of fields. Metropolitan State provides educational opportunities combined with an unwavering commitment to civic engagement and community partnerships. For more information, contact Susan Shumer at (651) 793-1262 or e-mail susan.shumer@metrostate.edu.

EXHIBITORS

Georgia Health Policy Center, established in 1995 and housed within Georgia State University's Andrew Young School of Policy Studies, provides evidence-based research, program development, and policy guidance locally, statewide, and nationally to improve health status at the community level. For more information, visit www.gsu.edu/gyhc.

Human Rights and Peace Store is an important tool for bringing Human Rights and Peace education into our schools, home, workplaces and communities. This unique store provides easy access to Human Rights and Peace education books, curricula, posters, training guides, multi-media materials, gifts, bookmarks, kindness currency, and other resources. For more information, visit www.humanrightsandpeacestore.org; call (651) 214-8282, or e-mail peace@umn.edu.

Intercultural Cancer Council promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories. For more information, visit http://iccnetwork.org.

Methodist Hospital Eating Disorders Institute (EDI), in Minneapolis, Minnesota, is a nationally recognized program treating people struggling with anorexia nervosa, bulimia nervosa and binge eating disorder. EDI collaborates with each client and family to develop an individualized treatment plan, using a multidisciplinary approach to treatment, including physicians, dietitians, psychologists, psychiatrists and other specialty disciplines. A division of Park Nicollet Health Services, EDI offers a full continuum of care including inpatient, partial day, residential (Anna Westin House), and outpatient programs. For more information, visit www.parknicollet.com/edi, or contact Cindy Schallock at (952) 993-6200.

National Health Service Corps (NHSC) is part of the Department of Health and Human Services’ Health Resources and Services Administration. NHSC is committed to improving the health of the Nation’s underserved by uniting communities in need with caring health professionals. For more information, visit http://nhsc.bhpr.hrsa.gov, or call (800) 221-9393.

The Network: Towards Unity for Health (TUFH) is a global non-governmental organization in official relationships with the World Health Organization. Its objective is to improve the relevance and performance of health service delivery systems to better meet people’s needs. Its members are committed to contributing, through innovative education, research, and service. For more information, visit www.thenetworktufh.org or e-mail secretariat@network.unimaas.nl.

Nguzo Saba Institute for Education Services is a non-profit located in Minneapolis, Minnesota, whose mission is to promote educational development and social growth of children of African descent, and to further study the role of African-born Americans in history and to sponsor meetings and workshops on health and nutrition education and early childhood development. For more information, contact Zawadi Closet at (612) 521-5755 or e-mail nguzosabainstitute@yahoo.com.

ADDITIONAL CO-SPONSORS

The American Medical Student Association Foundation is committed to improving health care and healthcare delivery to all people; promoting active improvement in medical education; involving its members in the social, moral and ethical obligations of the profession of medicine; assisting in the improvement and understanding of world health problems; contributing to the welfare of medical students, interns, residents and post-MD/DO trainees; and advancing the profession of medicine. For more information, visit www.amsa.org.

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Human Rights and Peace Store is an important tool for bringing Human Rights and Peace education into our schools, home, workplaces and communities. This unique store provides easy access to Human Rights and Peace education books, curricula, posters, training guides, multi-media materials, gifts, bookmarks, kindness currency, and other resources. For more information, visit www.humanrightsandpeacestore.org; call (651) 214-8282, or e-mail peace@umn.edu.

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CONFERENCE AGENDA-AT-A-GLANCE

Time        Wednesday, May 31
7:30 am -  5:00 pm  Registration
8:00 am -  9:30 am  Breakfast (Pre-conference institute participants only)
10:00 am -  4:00 pm  Pre-Conference Institutes (Pre-registration required, includes lunch)
5:00 pm -  7:30 pm  Opening Reception at the Weisman Art Museum
(Sponsored by the University of Minnesota Academic Health Center)

Time        Thursday, June 1
7:30 am -  5:30 pm  Registration
7:30 am -  8:30 am  Breakfast
8:30 am -  10:00 am  Welcome
Sarena D. Seifer, Executive Director, CCPH
Ella Greene-Moton, Chair-Elect, CCPH Board of Directors
Opening Keynote Presentation
Loretta Jones, Founder & Executive Director, Healthy African American Families II
10:30 am -  12:00 noon  Workshops, Stories & Thematic Posters
12:00 noon -  1:30 pm  Lunch
12:00 noon -  5:30 pm  Poster Hall
1:30 pm -  3:00 pm  Issue Thrash, Part 1
3:30 pm -  5:00 pm  Workshops, Stories & Thematic Posters
5:30 pm -  7:30 pm  Movie Showcase

Time        Friday, June 2
6:00 am -  7:00 am  Health Walk to the Minneapolis Sculpture Garden
(Free CCPH pedometer to first 75 people!)
7:30 am -  8:30 am  Poster Hall
7:30 am -  7:30 pm  Exhibit Hall
7:30 am -  8:30 am  Breakfast
8:30 am - 12:00 noon  Community Site Visits
12:00 noon -  1:30 pm  Lunch and Community Site Visit Reflection Session
12:00 noon -  2:00 pm  Poster Hall
2:00 pm -  3:30 pm  Workshops, Stories & Thematic Posters
4:00 pm -  5:00 pm  CCPH Informational Session
5:00 pm -  7:00 pm  Cocktails Poster Session & Exhibitor Reception
(Featuring a performance by the Danza Mexica Cuauhtemoc)

Time        Saturday, June 3
6:00 am -  7:00 am  Health Walk through the Skyways of Downtown Minneapolis
(Free CCPH walkman radio to first 150 people!)
7:30 am -  5:00 pm  Registration
7:30 am -  7:30 pm  Poster Hall
7:30 am -  7:30 pm  Exhibit Hall
7:30 am -  8:30 am  Breakfast
8:30 am - 10:00 am  Plenary Panel of Funding Agency Perspectives
10:30 am - 12:00 noon  Workshops, Stories & Thematic Posters
12:00 noon -  1:30 pm  Brown Bag Lunch Sessions
2:00 pm -  3:15 pm  Issue Thrash, Part 2
3:30 pm -  5:00 pm  Workshops, Stories & Thematic Posters
5:00 pm -  7:30 pm  Closing Dinner & Award Presentation
Renee Bayer, Chair, CCPH Board of Directors
Closing Keynote Presentation
Angela Glover Blackwell, Founder & Chief Executive Officer, PolicyLink
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ACHIEVING THE PROMISE OF AUTHENTIC PARTNERSHIPS

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CONFERENCE OVERVIEW AND GENERAL INFORMATION

Education without social action is a one-sided value because it has no true power potential. Social action without education is a weak expression of pure energy.

Martin Luther King, Jr.

Walking the Talk: Achieving the Promise of Authentic Partnerships

Partnerships between communities and higher educational institutions as a strategy for change are gaining recognition and momentum. Service-learning, community-based participatory research and broad-based coalitions are among the methods these partnerships pursue to accomplish their goals. Increasingly, community-campus partnerships are being recommended by national bodies and pursued by funding agencies for achieving a wide range of significant outcomes. Community-Campus Partnerships for Health’s 9th conference takes a critical look at these partnerships in all of their iterations and asks key questions about where we are now, where we are going and where we need to be.

- How do we fully realize authentic partnerships between communities and higher educational institutions?
- How do we balance power and share resources among partners?
- How do we build community and campus capacity to engage each other as partners?
- How do we create healthier communities through partnerships?
- 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?

CCPH’s 9th conference promises to address these questions and more as we create a vision for the future of community-campus partnerships as a strategy for social justice.

Specifically, the goals of the conference are to:

- Define what we mean by "walking the talk" and "authentic partnerships."
- Articulate a vision for the future of community-campus partnerships.
- Provide an inclusive and dynamic forum for networking, information-sharing, and skill-building among the key stakeholders involved in community-campus partnerships.
- Demonstrate and celebrate the power and potential of community-campus partnerships.
- Build the capacity of communities and campuses to develop and sustain community-building partnerships.
- Facilitate participants’ commitment to specific actions they can take to advance their partnership work.
- Build and sustain a growing network of community-campus partnerships.
- Shape the program and policy agendas of CCPH and co-sponsoring organizations.
Through their active involvement in the conference, participants will:

- Develop a deeper understanding of community-campus partnerships.
- Commit to concrete and specific actions they will take to advance their community-campus partnerships.
- Achieve their most important learning objective.
- Establish a peer group for continued learning and information sharing.
- Leave the conference energized and motivated!

Conference sessions address one or more of the 8 major topics listed below:

- Sharing power and resources in community-campus partnerships
- Ethical issues raised by community-campus partnerships
- Community-campus partnerships that address major determinants of health and social justice
- Sustaining community-campus partnerships
- Assessing, documenting & realizing the benefits of community-campus partnerships to all partners
- Student leadership and activism in community-campus partnerships
- Community strategies for campus engagement
- Campus strategies for community engagement
CONFERENCE FORMAT

Conference sessions represent a variety of definitions of “community,” “campus,” “partnership,” and “health.” We encourage participants to ask questions and engage in constructive dialogue with presenters and fellow participants about the meanings of these terms and answers to the key questions posed above.

PRE-CONFERENCE INSTITUTES - Described on pages 11-17
The Pre-Conference Institutes provide participants with in-depth knowledge and skills in a specific content area. Institutes take place on Wednesday, May 31st from 10:00 am to 4:00 pm. Pre-registration and an additional fee are required to attend. Breakfast and lunch are provided. If you are attending the rural site visit in Willmar, Minnesota, please meet at the Registration Desk at 8:30 am on Wednesday morning.

KEYNOTE PRESENTATIONS - Described on pages 22-23 & 84
Keynote presentations take place on Thursday, June 1st between 8:30 am to 10:00 am and on Saturday, June 3rd between 5:00 pm to 7:30 pm during the Closing Dinner & Award Presentation.

PLENARY PANEL OF FUNDING AGENCY PERSPECTIVES - Described on pages 62-63
This session on Saturday, June 3rd from 8:30 am to 10:00 am highlights funding agency perspectives on community-campus partnerships.

ISSUE THRASH – Described on pages 31 & 75
Issue Thrash is a 2-part series of discussion sessions organized around the major conference topics. Part 1 takes place on Thursday, June 1st from 1:30 pm to 3:00 pm. Part 2 takes place on Saturday, June 3rd from 2:00 pm to 3:15 pm.

BROWN BAG LUNCH SESSIONS – Described on pages 72-74
On Saturday, June 3rd during lunch, conference participants will have an opportunity to grab a boxed lunch and attend informal small group discussion sessions.

SKILL-BUILDING WORKSHOPS, STORY SESSIONS & THEMATIC POSTER SESSIONS – Described on pages 24-30; 32-38; 49-53; 64-71

Skill-Building Workshops are instructional sessions in which presenters teach and discuss particular skills and techniques. Workshops accomplish specific learning objectives designed to provide participants with increased competence in some area of importance to the conference theme and goals. They include time to discuss how the covered skills and techniques can be applied in the participants’ settings. Workshops are 90 minutes in length.

Story Sessions reflect the genuine and authentic experiences of the presenters. They emphasize the telling of stories that have valuable lessons to share. We especially encourage stories of “what didn't work and why,” lessons learned from mistakes, and strategies for addressing the challenges discussed. Story sessions are 90 minutes in length.

Thematic Poster Sessions are comprised of a group of posters that share a common theme or focus. These 90 minute sessions include 30 minutes for participants to inspect the posters, followed by 25 minutes for oral summaries by the poster presenters, followed by 35 minutes for the group to discuss issues common to the posters presented. A moderator facilitates the discussion and invites participants to raise questions and share experiences pertinent to themes shared by the posters.
POINTER HALL - Described on pages 87-109
Posters are designed to visually display information on issues and topics related to the conference theme, and may present research or evaluation findings and their implications for practice, policy or further study. All accepted posters are displayed in the Conference Poster Hall in the Nicollet Ballroom. Poster Hall hours start on Thursday, June 1st at 12 noon and end on Saturday, June 3rd at 7:30 pm.

CONFERENCE PROCEEDINGS

Conference proceedings will be published as the 2006 issue of CCPH’s magazine Partnership Perspectives. Beginning with the 2006 issue, Partnership Perspectives will be published in an open access online format to promote greater understanding of critical issues affecting health-promoting community-campus partnerships and to raise the visibility of the work that CCPH members are doing. The issue will contain edited versions of the keynote presentations and plenary panel of funding agency perspectives, selected articles authored by conference presenters and a summary of conference outcomes and recommendations. To order past issues of Partnership Perspectives, visit www.ccph.info.

Selected articles authored by conference presenters will also comprise a special section of the Spring/Summer 2007 issue of the Journal of Higher Education Outreach and Engagement (JHEOE) Published by the Institute of Higher Education and the Office of the Vice President for Public Service and Outreach of the University of Georgia, JHEOE seeks to serve as a forum to promote the continuing dialogue about the service and outreach mission of the university and its relationship to the teaching and research missions and to the needs of the society. Published two times per year (fall/winter, and spring/summer), JHEOE is a peer-reviewed journal that casts a wide net and welcomes submissions from a broad range of scholars, practitioners, and professionals. To learn more, visit www.uga.edu/jheoe/home.htm.
SPECIAL EVENTS AND ACTIVITIES

WELCOME RECEPTION AT WEISMAN ART MUSEUM – Described on page 18
Hosted by the University of Minnesota Academic Health Center
Please join us for the conference welcome reception on **Wednesday, May 31st** at the Frederick R. Weisman Art Museum on the University of Minnesota campus. Buses will begin departing the Hyatt Regency Minneapolis (the conference venue) at 5:00 pm, with the last bus departing at 5:15 pm. Buses will begin returning to the hotel at 7:00 pm with the last bus departing the museum at 7:30 pm. Heavy hors d’oeuvres and beverages will be provided.

HEALTH WALKS – Described on pages 41 & 58
Meet us in the lobby on **Friday, June 2nd** and **Saturday, June 3rd** at 6:00 am to go on a Health Walk. More information is available at the Conference Registration Desk. Each walk will last approximately 45 minutes, and you’ll be back before breakfast! **The first 75 people to show up for the walk on Friday will receive a CCPH Pedometer and the first 150 people on Saturday will receive a CCPH Walkman Radio!!**

EVENING COCKTAIL POSTER SESSION & EXHIBITOR RECEPTION – Described on page 55
**Featuring a Performance by the Danza Mexica Cuauhtemoc!**
The reception takes place on **Friday, June 2nd** from 5:00 pm to 7:00 pm. Come meet our exhibitors and co-sponsors, learn about valuable programs and resources, and talk with poster presenters about their work! Don’t forget to pick up an Exhibitor Passport that can be used to enter a drawing for fun raffle prizes which will be announced during the Closing Dinner on Saturday June 3rd. You will also have an opportunity to cast your vote for the **Viewer’s Choice Best Poster Awards**! Award Ribbons will be placed on the winning posters on Saturday, June 3rd and announced at the closing dinner that evening. For poster descriptions, please see page 87-109.

COMMUNITY SITE VISITS – Described on pages 43-48
Community site visits are scheduled on **Friday, June 2nd** from 8:30 am to 12:00 noon, followed by a group reflection over lunch at the hotel. **You must sign up at the Site Visit Sign-Up Desk located near the Registration Desk** – the number of people that can be accommodated at each site varies so sign up early to get your first choice! Space is available on a first-come, first serve basis and the sign-up desk will only be open on Wednesday, May 31st from 7:30 am to 5:00 pm and Thursday, June 1st from 7:30 am to 5:30 pm.

CCPH ANNUAL AWARD PRESENTATION – Described on pages 82-83
The recipient of the 5th annual CCPH award will be announced during the closing dinner on **Saturday, June 3rd** from 5:00 pm to 7:30 pm. The annual CCPH award recognizes exemplary partnerships between communities and higher educational institutions that build on each other's strengths to improve higher education, civic engagement, and the overall health of communities. Meet representatives of the award-winning partnership at the brown bag lunch session on Saturday June 3 (see description of brown bag session on page 73).

MOVIE SHOWCASE
Join us for a screening of films on **Thursday, June 1 starting at 5:30 pm** that focus on topics that relate to the conference theme. Details are posted on the message board.
AMSA STUDENT TRACK ON LEADERSHIP DEVELOPMENT
The American Medical Student Association (AMSA) and CCPH are collaborating to offer a special student track that includes selected workshops, stories, thematic posters, an Issue Thrash and a brown bag session. These sessions are open to all participants but have been identified as being of particular interest to students:

- **Narrating the Journey: Immersion Education and Community Partnership**  
  ~ Thursday, June 1 at 10:30 am to 12:00 noon
- **Collaboration for Health: A Partnership for Physical Activity**  
  ~ Thursday, June 1 at 10:30 am to 12:00 noon
- **Issue Thrash: Student Leadership and Activism in Community-Campus Partnerships**  
  ~ Part 1, Thursday, June 1 at 1:30 pm to 3:00 pm  
  ~ Part 2, Saturday, June 3 at 2:00 pm to 3:15 pm
- **Thematic Poster Session: Student Leadership and Activism in Community-Campus Partnerships**  
  ~ Thursday, June 1 at 3:30 pm to 5:00 pm
- **Leveraging New York City’s Academic Institutions to Provide Health Care for the Homeless**  
  ~ Friday, June 2 at 2:00 pm to 3:30 pm
- **Nurturing Next Generation of Social Entrepreneurs, Community Leaders, and Healthcare Advocates**  
  ~ Saturday, June 3 at 10:30 am to 12:00 noon
- **A Health Center Based Outreach Program for Immigrant and Refugee Families in Chelsea, Massachusetts**  
  ~ Saturday, June 3 at 10:30 am to 12:00 noon
- **Brown Bag Discussion on Starting and Sustaining a Student-Run Clinic**  
  ~ Saturday, June 3 at 12:00 noon to 1:30 pm

ACADEMIC CREDIT OPTION THROUGH THE PUBLIC HEALTH INSTITUTE AT THE UNIVERSITY OF MINNESOTA SCHOOL OF PUBLIC HEALTH
The U of M Public Health Institute and CCPH are collaborating to offer the opportunity for conference participants to receive academic credit since the CCPH 9th Conference takes place at the same time as the 2006 Summer Public Health Institute. In order to receive academic credit, participants had to register prior to the start of the conference. For more information on the U of M Public Health Institute, visit [www.sph.umn.edu/publichealthplanet](http://www.sph.umn.edu/publichealthplanet)
PRACTICAL ISSUES

...When in doubt, go to the CCPH Conference Registration Desk located outside the Nicollet Ballroom!

CONFERENCE REGISTRATION DESK
The registration desk will be staffed during the following times:
Wednesday, May 31  8:00 am - 5:00 pm
Thursday, June 1   7:30 am - 5:30 pm
Friday, June 2   7:30 am - 7:00 pm
Saturday, June 3  7:30 am - 5:00 pm

COMMUNITY SITE VISIT SIGN-UP DESK
The site visit sign-up desk will only be open on Wednesday, May 31 from 7:30 am to 5:00 pm and on Thursday, June 1 from 7:30 am to 5:30 pm.

MESSAGE BOARD
A board for messages will remain by the Conference Registration Desk throughout the conference.

MAPS
Please see the last page of this conference program for maps of the conference facility and room locations. Driving directions to the Weisman Art Museum are on page 18.

MEALS AND REFRESHMENTS DURING THE CONFERENCE
Your registration fee entitles you to full access to the conference, including the Opening Reception on May 31st, breakfast and lunch on June 1st, 2nd, & 3rd, all coffee/tea breaks, the Poster Session & Exhibitor Reception on June 2nd, and the closing dinner on June 3rd.

If you are also registered for a Pre-Conference Institute, your fee covers breakfast and lunch on May 31st.

PHOTOGRAPHY, AUDIOTAPING AND NOTETAKING DURING THE CONFERENCE
CCPH reserves the right to reproduce all photographs taken by the conference photographer during the conference to use in CCPH promotional materials. Plenary sessions will be audio taped. Some sessions will have designated note-takers for the purpose of summarizing the discussion for the conference proceedings.

USEFUL PHONE NUMBERS
Red and White Taxi Service       612-871-1600
Blue and White Taxi Service      612-333-3333
Hyatt Regency Minneapolis Front Desk       612-370-1234

HEALTH CLUB & INDOOR POOL
Guests may take an invigorating dip in the indoor heated pool, which is located on the 6th floor, adjacent to the Health Club. No fees are charged for use of the pool.

Hours:
Sunday – Saturday  6:00 AM – 10:00 PM
The Hyatt Regency Minneapolis also has a newly renovated Health Club located on the 6th floor. The Health Club has state-of-the-art fitness equipment and energizing workout classes. The Hyatt charges $11 per person per day for use of the Health Club.

Hours:
Monday – Friday 6:00 AM – 10:00 PM
Saturday & Sunday 8:30 AM – 6:00 PM

BUSINESS CENTER
The Hyatt Regency Minneapolis offers a 24-hour Business Center accessible with guestroom key. It is located in the first floor lobby. Please note: Conference presenters and participants are responsible for making and paying for any handouts or materials they wish to distribute.

The nearest FedEx Kinkos are located at:

Minneapolis Convention Center, 1301 Second Avenue (0.27 miles)
Hours: Monday – Friday 8:00 am to 5:00 pm; Saturday & Sunday 8:00 am to 4:00 pm

Minneapolis Ids Center, 80 S 8th Street, Suite 180 (0.63 miles)
Hours: 24 hours

SENDING AND RECEIVING FAXES
The guest fax number is (612) 370-1463. Faxes can be picked up at the hotel front desk.

SHIPPING
If there is anything that you would like to have shipped home, please contact someone at the bell stand and they will assist you. See “Business Center” above for the location of FedEx Kinkos near the hotel.

Restaurants in the Downtown Minneapolis Area
The Hyatt Regency Minneapolis is located on Nicollet Avenue, also known as “Eat Street” in Minneapolis. There are more than 55 restaurants within a 17 block span! Most of the restaurants listed below are within walking distance to the hotel or located inside of the hotel. You may also ask the hotel concierge for more dining choices.

20.21 Restaurant and Bar
Walker Art Center
1750 Hennepin Avenue
P 612-253-3410
www.wolfgangpuck.com
20.21 is named for the focus of the Walker’s collection- 20th and 21st century art—and inspired by the continual innovation of the Walker and Puck. Inspiration drawn from contemporary art will be woven throughout every aspect of 20.21’s sophisticated, modern cuisine for contemporary tastes.

Auriga
1934 Hennepin Avenue South
P 612-871-0777
www.aurigarestaurant.com
This nice casual restaurant offers a variety of creative dishes and wines.

Bellanotte
600 Hennepin Avenue
P 612-339-7200
www.bellanottempls.com
With their Italian-inspired cuisine and extensive wine list, Bellanotte beautifully combines fine dining and an energetic, sophisticated nightlife in downtown Minneapolis.

Babalu
800 Washington Avenue North
P 612-746-3158
www.babalu.us
From the live Jazz to the five-star culinary creations to the opulent surroundings, Babalu accentuates everything that’s unique and satisfying surrounding the entire Latin-Caribbean dining and entertainment experience.
Dakota Jazz Club
1010 Nicollet Mall
P 612-332-1010
www.dakotacooks.com
This club puts a creative twist on midwestern specialties. Great and lively atmosphere.

Ichiban Japanese Steak House and Sushi Bar
1333 Nicollet Mall
P 612-339-0540
www.ichiban.ca
Dining options include teppanyaki (grill side) cooking, tempura, and All-You-Can Eat For One Hour sushi. The award winning sushi bar features boats carrying delicately prepared sushi. Reservations recommended.

Rossi’s Steakhouse
80 South 9th Street
P 612-312-2880
www.rossissteakhouse.com
Rossi’s Steakhouse, Tavern and Jazz Room have a unique casual but elegant atmosphere and many great meal choices.

The Capital Grille
801 Hennepin Avenue
P 612-692-9000
www.thecapitalgrille.com
Considered one of the top restaurants in Minneapolis, they have great seafood and steaks, as well as a rich, club-like atmosphere.

The King and I Thai
1346 LaSalle Avenue
P 612-332-6928
www.thekingandithai.com
This restaurant boasts great Thai food in big portions for a great value.

Vincent – A Restaurant
1100 Nicollet Mall
P 612-630-1189
www.vincentarestaurant.com
This chef-owned restaurant offers a delightful blend of American-French cuisines & an extensive wine list.

Buca de Beppo
1204 Harmon Place
P 612-288-0138
www.bucadebeppo.com
Italian family-style dining that serves authentic Italian meals. Reservations accepted.

Famous Dave’s BBQ & Blues Club
3001 Hennepin Avenue South
P 612-822-9900
www.famousdaves.com
Modeled after a Chicago blues club, this restaurant has the best ribs and live blues bands every night. Reservations recommended.

Nye’s Polonaise Room
112 East Hennepin Avenue
P 612-379-2021
www.nyespolonaise.com
Enjoy great live music and dancing while you dine in this charming Minneapolis restaurant that offers authentic Polish and American cuisine.

Solera
900 Hennepin Avenue
P 612-338-0062
www.solera-restaurant.com
This chic Spanish-inspired restaurant specializes in tapas, which are Spanish appetizers that can form an entire meal when many are ordered together. When ordering tapas, it is best to combine a number of dishes together and allow everyone in your party to sample each dish.

Tiburon Caribbean Bistro
1201 Harmon Place
P 612-604-0585
www.tiburonbistro.com
Inspired by the Caribbean Islands, this restaurant offers a variety of tropical award winning dishes.

Zelo
831 Nicollet Mall
P 612-333-7000
This dramatic Italian-themed restaurant is known for its delicious appetizers and comfortable intimate mood.
TAB 2
<table>
<thead>
<tr>
<th>TIME</th>
<th>WEDNESDAY MAY 31</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 am – 5:00 pm</td>
<td>Registration</td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>7:30 am – 5:00 pm</td>
<td>Community Site Visit Sign-Up Desk Open – see pages 43-48 for descriptions</td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>8:00 am – 9:30 am</td>
<td>Breakfast (Pre-Conference Institute participants only)</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>8:30 am – 4:00 pm</td>
<td>Pre-Conference Institute and Community Site Visit to Willmar, Minnesota: Community-Campus Partnerships and Rural Health Workforce Development (Pre-registration required; lunch provided)</td>
<td>Meet at Registration Desk 1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>10:00 am - 4:00 pm</td>
<td>Pre-Conference Institutes – see pages 11-17 (Pre-registration required)</td>
<td>2nd Floor Greenway B</td>
</tr>
<tr>
<td></td>
<td>• Engaging Campuses as Authentic Partners: Tips &amp; Strategies for Community Leaders</td>
<td></td>
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<tr>
<td></td>
<td>• Essentials of Service-Learning Partnerships</td>
<td>Greenway C</td>
</tr>
<tr>
<td></td>
<td>• Community-Based Participatory Research: Developing and Sustaining Partnerships</td>
<td>Greenway I</td>
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<td></td>
<td>• Practical Guidance for Authors Writing About Community-Based Participatory Research</td>
<td>Greenway H</td>
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<td>• Making Your Best Case for Promotion and/or Tenure: A Toolkit for Community-Engaged Faculty Members</td>
<td>Greenway D</td>
</tr>
<tr>
<td>12:00 noon – 2:00 pm</td>
<td>Lunch (Pre-Conference Institute participants only)</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>5:00 pm – 5:15 pm</td>
<td>Board Buses to the Weisman Art Museum for the Welcome Reception hosted by the University of Minnesota Academic Health Center</td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>5:30 pm - 7:30 pm</td>
<td>Welcome Reception – see page 18 Connect with colleagues, tour the museum, and enjoy live jazz music by U of M’s College of Music!</td>
<td>Weisman Art Museum, Univ of Minnesota</td>
</tr>
<tr>
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<td>Welcome</td>
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<td></td>
<td>• Susan Gust, Community Activist; Member, CCPH Board of Directors; Co-Founder, GRASS Routes (Grassroots Activism, Sciences and Scholarship); Member, CCPH 9th Conference Planning Committee</td>
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<tr>
<td></td>
<td>• John Finnegan, Dean of the School of Public Health, University of Minnesota</td>
<td></td>
</tr>
<tr>
<td>7:00 pm – 7:30 pm</td>
<td>Board Buses back to the Hyatt Regency hotel</td>
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</table>
The Pre-Conference Institutes provide participants with in-depth knowledge and skills in a specific content area. Unless otherwise noted, institutes take place on Wednesday, May 31st from 10:00 am to 4:00 pm. Pre-registration and an additional fee are required to attend. Breakfast and lunch are provided.

COMMUNITY-CAMPUS PARTNERSHIPS AND RURAL HEALTH WORKFORCE DEVELOPMENT: A PRE-CONFERENCE INSTITUTE AND COMMUNITY SITE VISIT TO WILLMAR, MINNESOTA

Participants must meet at the Registration Desk at 8:30 am on Wednesday, May 31st. The bus to Willmar will leave from the Hyatt Regency and will return around 4:00 pm. Breakfast is available at 8:30 am; lunch will be provided in Willmar.

Description

Visit Willmar, Minnesota, a 2005 All America City, nestled between the lakes and the prairie two hours from the Twin Cities of Minneapolis and St. Paul. With a 136 bed acute care hospital, a large multispecialty clinic and a smaller family practice clinic, Willmar serves as a secondary health care hub for a 12-county area in West Central Minnesota. Much of the region is a federally designated Health Professional Shortage Area and is faced with an aging population and dramatic growth of ethnic minorities including Latino, Somali and Sudanese populations. Learn about how community-campus partnerships have kept this community staffed with physicians, established a regional Area Health Education Center (AHEC), developed a dental training clinic to improve access for underserved citizens of the region, and created a Simulation Center at the local community college (a simulator is a patient model with a number of body parts that instructors use to enhance teaching and learning).

Acknowledgement

This opportunity has been made possible in part through the generous support of Rice Memorial Hospital, the Southern Minnesota Area Health Education Center and the University of Minnesota Academic Health Center. This site visit is coordinated by Jennifer Kertz of the Minnesota Area Health Education Center and Chamika Hawkins-Taylor of the University of Minnesota Academic Health Center.

ENGAGING CAMPUSES AS AUTHENTIC PARTNERS: TIPS & STRATEGIES FOR COMMUNITY LEADERS

Room: Greenway B

Description

In this interactive skill-building institute, participants will learn about the benefits, pitfalls and the "ins-and-outs" of working with colleges and universities, including administrators, professors, and students. Hear about how to make the most out of a relationship with a nearby (or faraway) academic institution and its workforce. Learn who to approach with ideas, how to develop working relationships, why those relationships will benefit all parties, and when universities will be most receptive to your ideas. Learn how and what to negotiate up-front when initiating these partnerships, or when approached by an academic institution about entering into a relationship.

The institute will draw upon the real-life experiences of community partners across a wide range of partnerships, including those that have involved students as service-learners, faculty members as partners in community-based participatory research, and campus departments in human resources, purchasing and real estate development as partners in community/economic development. Participants will leave with a substantial set of resources.
Presenter

Ann-Gel S. Palermo has worked in the area of community-based public health for more than seven years, with a principal focus on issues related to social determinants of health using a community-based participatory research approach. Since 1999, Ann-Gel has served as the chair of the Harlem Community & Academic Partnership (HCAP), a diverse partnership of representatives from community and academic organizations committed to identifying social determinants of health and implementing community-based interventions in Harlem. HCAP evolved out of the CDC-funded Harlem Urban Research Center, a partnership developed to establish credibility in the Harlem community, demonstrate a true commitment to improving the health of its residents, and create a platform from which to address local health issues. Ann-Gel also serves as a board member of the East Harlem Community Health Committee and is chair of the board of directors for the Manhattan-Staten Island Area Health Education Center. She is a member of the New York Academy of Medicine Institutional Review Board and the New York City HIV Health and Human Services Planning Council of New York.

Previous community research by Ann-Gel includes analyses of diabetes care in East Harlem and of coverage for Medicare recipients. In addition to her public health activities, Ann-Gel is the Associate Director of Operations at the Center for Multicultural and Community Affairs at New York City’s Mount Sinai School of Medicine. In this role, she is responsible for overseeing and managing programs in the areas of community relations, patient care, education, and research to improve the health of all populations by diversifying the health care workforce and influencing health policy and research. Ann-Gel earned a Masters of Public Health degree (majoring in health policy) from the University of Michigan in 1999.

ESSENTIALS OF SERVICE-LEARNING PARTNERSHIPS
Room:  Greenway C

Description

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as global citizens.

This interactive skill-building institute will introduce participants to the definition and “nuts and bolts” of service-learning through a combination of presentations, case studies and small group discussions. Participants will leave with a substantial set of resources, including worksheets, handouts and reference materials.

Objectives

By the end of the institute, participants will be able to:

1. Discuss and understand the key steps in developing and sustaining service-learning partnerships.
2. Discuss and analyze how these steps and case study examples apply to their own experiences.
3. Identify common challenges faced by service-learning partnerships and suggested strategies and resources for overcoming them.

Presenters

Michaelann Jundt is the director of the Carlson Leadership & Public Service Center at the University of Washington, Seattle. The Carlson Center is committed to connecting classroom-based learning with community-based learning through service learning courses, public service internships, and days of service. Michaelann develops campus and community partnerships, oversees student fellowships and events, and manages internship courses. Michaelann is working toward a PhD in Educational Leadership and Policy Studies at the University of Washington. Carlson Center - http://depts.washington.edu/leader
Rachel Vaughn is the Assistant Director for Community-Based Learning at the Carlson Leadership & Public Service Center at the University of Washington. In her role at the Carlson Center, Rachel works with faculty to assist them in integrating service-learning into their course syllabi, assignments, and reflections. In addition, Rachel works with the neighboring University District to develop quality service-learning experiences to meet the needs of community partners, clients, UW students, and faculty. Rachel also directs the University of Washington's Students in Service program, a part-time AmeriCorps program developed by Washington State Campus Compact. As a CCPH Senior Consultant, Rachel currently serves as the coordinator of the 9th Summer Service-Learning Institute taking place July 21-24, 2006 - http://depts.washington.edu/ccph/servicelearning.html

Robert (Bob) Bonacci is a consultant in the Department of Family Medicine and Instructor of Family Medicine at Mayo Clinic College of Medicine. He is working with the medical school to develop, implement, and evaluate a service-learning curriculum. Bob graduated from Morehouse School of Medicine in 1997. He is an alumnus of the 2005 CCPH Summer Service-Learning Institute.

Julie Nigon is the manager of the Rochester, Minnesota Public Schools Adult and Family Literacy Program and administrator of Hawthorne Education Center. In the 25 years that she has been with the program, Julie has seen it grow from a small General Educational Development (GED) Preparation and basic literacy volunteer project to a multi-faceted and multi-site program that serves adults from Southern Minnesota and 60 different nations. Julie joined the Literacy Program after teaching in St. Paul and Byron, Minnesota. She has coordinated volunteers, taught basic skills and English. In 1987, she collaborated with IBM on a project to teach adults using computer-assisted instruction. That early work with technology led to integration of computer courseware into all areas of the curriculum. Julie became the program manager in 1992 and now encourages and assists the educational efforts of sixty staff and 2,500 learners per year.

COMMUNITY-BASED PARTICIPATORY RESEARCH: DEVELOPING AND SUSTAINING PARTNERSHIPS
Room: Greenway I

Description

Community-based participatory research (CBPR) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

This interactive skill-building pre-conference institute is based on the Curriculum Training Module on Building and Maintaining Effective CBPR Partnerships developed by the Community-Institutional Partnerships for Prevention Research Group.

A series of short presentations using case studies and interactive exercises will trigger discussion and equip participants with strategies and tools for developing and sustaining CBPR partnerships. Participants will explore issues relevant to their own CBPR partnerships, including ethical issues; operating norms, infrastructure, and processes for decision-making and resources allocation; tactics addressing concerns about expectations and accountability; and strategies for conflict resolution, appreciation and celebration. Participants will leave with a substantial set of resources, including worksheets, handouts and reference materials.

Objectives

By the end of the institute, participants will be able to:
1. Discuss and understand the key steps in developing and sustaining CBPR partnerships.
2. Discuss and analyze how these steps and case study examples apply to their own experiences.
3. Identify common challenges faced by CBPR partnerships and suggested strategies and resources for overcoming them.

Presenters

Sarah Flicker is the Director of Research at Wellesley Central. In that capacity, she works with community based organizations across Toronto on developing research agendas to answer pressing urban health questions. In addition, Sarah manages a unique certificate program in Community-Based Research (CBR) and a CBR granting program. Sarah recently received her doctorate in Social Science and Health from the University of Toronto's Department of Public Health Sciences. Her dissertation work focused on the complexities of research-consumer dynamics in CBR with a specific focus on collaboration with youth. She has been an active member of the TeenNet Research Group throughout her doctoral studies and is now a Principal Investigator with the Gendering Adolescent AIDS Prevention Project (GAAP) and the Positive Youth Project. Her research interests are in the areas of youth health, health promotion, HIV and community-based participatory research. Sarah holds a MPH in Maternal and Child Health and Epidemiology from UC Berkeley and an honours degree in Anthropology from Brown University. Sarah sits on a number of community boards and believes strongly in community partnerships for research and action. In July of 2006, Sarah will be joining the Faculty of Environmental Studies at York University to become an Assistant Professor.

Maurice Williams is the Community Outreach Coordinator for the Yale-Griffin Prevention Research Center. He has extensive experience in marketing and promotion and has organized such diverse events as corporate dinners, college fairs, health fairs, parades, expos and workshops. Maurice is also the coordinator for Stop the Violence program for his local NAACP branch. Maurice was born and raised in New Haven, CT where he currently resides. He graduated from Eli Whitney Regional Vocational Technical School where he majored in electronics. He has worked as a technical assistant for many years before becoming an outreach coordinator for several companies. Maurice is actively involved in a variety of education and health promotion programs. He is strong advocate of the community and remains committed to addressing social justice and community empowerment issues in the New Haven area.

Hélène Grégoire works as a Research & Evaluation Coordinator at Access Alliance Multicultural Community Health Centre, a centre serving immigrants and refugees in Toronto. Her role involves building the agency's capacity for Community-Based Research and coordinating various projects that explore and address social determinants affecting the health of racialised groups. Much of her work is done in collaboration with academic and community-based partners. Hélène has a PhD in Adult Education from Cornell University. Her earlier studies were in international development and sociology and her past work focused on fostering the participation of women and youth in community development processes in various countries across the Americas.

Acknowledgement

This pre-conference institute is co-sponsored by Wellesley Central, www.wellesleycentral.com. The curriculum training module that forms the basis of this institute was made possible with funding from the Centers for Disease Control and Prevention through a cooperative agreement with the Association of Schools of Public Health. For more information, visit http://depts.washington.edu/ccph/researchprojects.html#ExaminingCommunityPartnerships
PRACTICAL GUIDANCE FOR AUTHORS WRITING ABOUT COMMUNITY-BASED PARTICIPATORY RESEARCH
Room: Greenway H

Description

Community-based participatory research (CBPR) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

CBPR has an important role to play in improving health and health care, but many investigators involved in CBPR have had difficulty getting their work published in peer-reviewed journals. Most peer-reviewed health-related journals accept only a minority of manuscripts and may have little experience reviewing manuscripts about CBPR. As a result, the peer review process may be a significant barrier to dissemination of CBPR. Furthermore, academic and community partners may struggle to reach agreement on how to write up the results of their efforts. Often, the problem in reaching agreement stems from an inadequate understanding of what peer reviewed journals expect.

To help academic and community partners overcome these barriers, recommendations will be presented and discussed for strengthening manuscripts about CBPR studies. The recommendations are based on lessons learned from the review of manuscripts that were submitted for publication in a special issue of a medical journal. Academic and community partners are encouraged to participate in this institute as a co-authorship team.

Objectives

By the end of the institute, participants will be able to:
1. Identify distinguishing features of community-based participatory research (CBPR) that should be described in manuscripts submitted for publication in peer-reviewed journals.
2. Organize and present a report on a CBPR study so that journal editors, reviewers, and readers will understand the unique contributions of the study.
3. Write clearly and succinctly.
4. Anticipate and address concerns that are likely to be raised by journal editors and reviewers in the peer review process.

Presenters

Eric B. Bass is the former Editor of the Journal of General Internal Medicine, and the current Editor of the new journal Progress in Community Health Partnerships: Research, Education, and Action that is being launched by the Johns Hopkins University Urban Health Institute with support from the W. K. Kellogg Foundation. He is a general internist and Professor of Medicine, Epidemiology, and Health Policy and Management at the Johns Hopkins University. For more information on the journal, visit www.press.jhu.edu/journals/progress_in_community_health_partnerships/

S.Darius Tandon is the Deputy Editor of the new journal Progress in Community Health Partnerships: Research, Education, and Action. He is a community health psychologist whose research interests focus on the design and evaluation of community-based preventive interventions in urban populations. He is a Research Associate in the Department of Pediatrics at the Johns Hopkins University, and a Senior Faculty Research Fellow in the Urban Health Institute. As a CCPH Fellow during 2002-2003, he developed a CBPR curriculum for pediatricians-in-training.

Acknowledgement

Eric received support from the W. K. Kellogg Foundation for preparation and presentation of this pre-conference institute.
Description

The purpose of this pre-conference institute is to enable community-engaged faculty members to develop strong portfolios for promotion and tenure. Community engagement is now widely viewed as fundamental to the mission and purpose of health professional schools. Recruiting and retaining diverse community-engaged faculty members are essential to developing and sustaining the community partnerships that form the foundation for community-based teaching, research, public health practice and service. With the expansion of community engagement in the health professions, a troubling issue has arisen in many schools: Roles and expectations of faculty are changing, but the faculty review, promotion, and tenure system has not kept pace. A frequently cited barrier to sustained faculty involvement in community-engaged scholarship is the risk associated with trying to achieve promotion and tenure.

This interactive skill-building institute will use materials developed for the Community-Engaged Scholarship Toolkit supported by the WK Kellogg Foundation and the US Department of Education. Using interactive small and large group activities, we will present strategies, resources and examples for preparing a strong career statement, curriculum vitae, teaching portfolio, and supporting letters from external peer reviewers and community partners. We will also focus on strategies for working with mentors, developing a vision, and documenting community-engaged scholarship. Participants will leave with a substantial set of resources, including worksheets, handouts and reference materials.

Objectives

By the end of the institute, participants will be able to:

1. Describe a vision for their careers as community-engaged faculty members.
2. Distinguish between community engagement and community-engaged scholarship.
3. Describe how their community-engaged work meets or could meet the criteria for scholarship at their institution.
4. Identify the components of a strong portfolio for promotion and/or tenure.
5. Identify a wide array of resources to support their work in the future, including a learning community of colleagues who are facing similar issues and challenges.

Presenters

Sherril Gelmon is Professor of Public Health in the Mark O. Hatfield School of Government at Portland State University. She is the Coordinator of two masters degree programs in health administration and policy, as well as a faculty member in the doctoral program. She has over 20 years of experience in applied program evaluation, with two areas of particular expertise: community health program assessment and improvement, and design and implementation of models of assessment of community-based learning. As a CCPH Senior Consultant, Sherril currently serves as the national evaluator for the Community Engaged Scholarship for Health Collaborative.

Catherine Jordan, a Pediatric Neuropsychologist by training, is Executive Director of the Children, Youth, and Family Consortium and an Assistant Professor of Pediatrics at the University of Minnesota. Her research has focused on developmental neurotoxicology and her efforts have been concentrated on two large, longitudinal projects; the Phillips Lead Poisoning Prevention Project, which studied the efficacy of a culture-specific peer education model for the primary prevention of lead poisoning, and the DREAMS Project (Developmental Research on Early Attention and Memory Skills), which studied the developmental effects of lead poisoning on attention, memory and behavior regulation in children of the Phillips Neighborhood. She is also on the CCPH 9th Conference Planning Committee.
Georgia Narsavage is an administrator, educator, researcher, and advanced practice nurse who works toward improving care for older patients with chronic lung disease by studying how nurses and other healthcare providers can best use home care to improve quality of life and providing community-based care through education and research. As Associate Dean for Academic Affairs and Professor of Nursing at the Medical College of Georgia (MCG) in Augusta, she focuses primarily on academic program and student development as a means to this end. The School of Nursing at MCG is implementing a doctor of nursing practice (DNP) program, which she calls a “flagship program” equivalent to PharmD or DPT education that will provide parity for advanced practice nursing professionals. She notes that this DNP program, distinct from the Ph.D. program, is one of the first of its kind.
WELCOME RECEPTION  
Wednesday, May 31  
5:00 pm to 7:30 pm

Welcome Reception at the Weisman Art Museum  
Hosted by the University of Minnesota Academic Health Center  
Buses will begin departing the Hyatt Regency Minneapolis (the conference venue) at 5:00 pm, with the last bus departing at 5:15 pm. Buses will begin returning to the hotel at 7:00 pm with the last bus departing at 7:30 pm.

Please join us for the conference welcome reception at the Weisman Art Museum on the University of Minnesota (U of M) campus. Celebrate the start of the conference by connecting with colleagues, touring the museum, and enjoying live jazz music by U of M’s College of Music. Museum tours are 30 minutes in length. The first set of museum tours will begin at approximately 5:20 pm and end prior to the welcoming remarks which are scheduled to begin at 6:00 pm. The second set of museum tours will begin after the welcoming remarks at approximately 6:15 pm and conclude at 6:45 pm. If there is interest for a third set of museum tours, they will begin at approximately 7:00 pm and conclude at 7:30 pm.

Welcome Remarks
- Susan Gust, Community Activist; Member, CCPH Board of Directors; Co-Founder, GRASS Routes (Grassroots Activism, Sciences and Scholarship); and Member, CCPH 9th Conference Planning Committee
- John Finnegan, Dean of the School of Public Health, University of Minnesota

Driving Information
If you wish to drive, the Weisman Art Museum is located at 333 East River Road on the East Bank of the University of Minnesota campus (see driving directions below). The parking garage is located beneath the museum on East River Road. Public parking is available in the museum ramp at the rate of $5 after 5:00 pm. The parking ramp and the museum are both handicapped accessible. A map is available at http://onestop.umn.edu/Maps/WeismanArt/WeismanArt-map.html

Eastbound on I-94 from Minneapolis:  
I-94E to I-35W North:  I-35W North to U of M exit; keep right, taking East Bank exit. Cross the Washington Avenue Bridge and take first right to East River Road and the museum garage entrance.

Eastbound on I-394 from western suburbs:  
I-394 to I-94E to I-35W North to U of M exit; keep right, taking East Bank exit. Cross the Washington Avenue Bridge and take first right to East River Road and the museum garage entrance.

Westbound on I-94 from St. Paul:  
I-94W to Huron Avenue exit. Follow Huron Avenue to Fulton Street. Turn left on Fulton Street. Follow until East River Parkway. Take a right on East River Parkway. Follow until museum garage entrance.

Southbound on I-35W:  
I-35W South to Washington Avenue. Take a left on Washington Avenue. Follow through Seven Corners area to Highway 122. Take a left from Washington Avenue to Highway 122 to cross on Washington Avenue Bridge. Cross Washington Avenue Bridge and take first right to East River Road and the museum garage entrance.

From downtown Minneapolis:  
Take 4th Street east past the Metrodome, following signs to East Bank. Cross the Washington Avenue Bridge and take first right to East River Road and the museum garage entrance.
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<tr>
<th>TIME</th>
<th>THURSDAY JUNE 1</th>
<th>LOCATION</th>
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<tbody>
<tr>
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<td>Registration</td>
<td>1st Floor</td>
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<td></td>
<td>Nicollet Promenade</td>
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<td></td>
<td>– see pages 43-48 for descriptions</td>
<td>Nicollet Promenade</td>
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<tr>
<td>7:30 am - 8:30 am</td>
<td>Breakfast</td>
<td>1st Floor</td>
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<tr>
<td></td>
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<td>Nicollet Promenade</td>
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<tr>
<td>8:30 am - 10:00 am</td>
<td>Welcome Remarks</td>
<td>1st Floor</td>
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<tr>
<td></td>
<td>• Sarena D. Seifer, Executive Director, CCPH</td>
<td>Nicollet Ballroom</td>
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<td>Introduction of Opening Keynote Speaker</td>
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<td></td>
<td>• Ella Greene-Moton, Chair-Elect, CCPH Board of</td>
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<td>Directors</td>
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<td>• Loretta Jones, Founder &amp; Executive Director,</td>
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**Skill-Building Workshops** – see pages 24-25

- Collaboration for Health: A Partnership for Physical Activity ~ Community Strategies for Campus Engagement
  - Greenway B

- Building Community Campus Partnerships to Reduce Oral Health Disparities ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice
  - Greenway C

- Resource Development Strategies for Sustaining Community Partnerships ~ Sustaining Community-Campus Partnerships
  - Greenway G

**Story Sessions** – see pages 25-27

- Narrating the Journey: Immersion Education and Community Partnerships ~ Student Leadership and Activism in Community-Campus Partnerships
  - Greenway D

- Ownership of Intellectual Property Work Involving Immigrant & Aboriginal Communities ~ Ethical Issues raised by Community-Campus Partnerships
  - Greenway H
Lessons from Initiatives and Collaboration: Diabetes Prevention in New Haven Churches ~ Sharing Power and Resources in Community-Campus Partnerships

Thematic Poster Sessions – see pages 27-30 for descriptions of posters being presented in these sessions

- Assisting, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners Greenway A
- Campus Strategies for Community Engagement Greenway J

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<td>12:00 noon – 5:30 pm</td>
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<td>12:00 noon - 1:30 pm</td>
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<td>1:30 pm - 3:00 pm</td>
<td>Issue Thrash, Part 1 ~ see page 31</td>
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<td>3:30 pm - 5:00 pm</td>
<td>Concurrent Sessions – Workshops, Stories and Thematic Posters – see pages 32-38</td>
<td>2nd Floor - Greenways</td>
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The conference topic area that each session corresponds to is indicated in *italics*
**Skill-Building Workshops** – see pages 32-34

- Developing Local Theory for Taking Local Action to Address Community Health Problems ~ Sharing Power and Resources in Community-Campus Partnerships
  
- A Community Impact Statement: A Pre-Nuptial Agreement for Community-Campus Partnerships ~ Assessing, Documenting, & Realizing the Benefits of Community-Campus Partnerships to All Partners
  
- Walk in My Shoes: Participatory Learning that Strengthens Partnerships ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice

**Story Sessions** – see pages 34-36

- Men on the Move ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice
  
- Can a “Broker” Be Authentic? The Role of Public Service Centers in Sustaining Partnerships ~ Campus Strategies for Community Engagement
  
- Campus Policies and Procedures: How to Avoid Stumbling While “Walking the Talk” ~ Ethical Issues raised by Community-Campus Partnerships
  
- The Role of a University-Based Health Policy Center in Informing, Engaging, and Energizing the Philanthropic Community on Health-Related Issues in Georgia ~ Sustaining Community-Campus Partnerships

**Thematic Poster Session** – see pages 36-38 for descriptions of posters being presented in this session

- Student Leadership and Activism in Community-Campus Partnerships

5:30 pm - 7:30 pm **Movie Showcase**

*See the Message Board for details*
OPENING KEYNOTE PRESENTATION
THURSDAY June 1
8:30 am – 10:00 am
Nicollet Ballroom

WELCOME REMARKS
Sarena D. Seifer, Executive Director, Community-Campus Partnerships for Health

Sarena is CCPH's founding executive director. She holds a faculty appointment in the School of Public Health and Community Medicine at the University of Washington and is a Senior Fellow of the Center for the Health Professions at the University of California at San Francisco. Her work focuses on the principles and best practices of partnerships between communities and higher educational institutions around education, research, and community/economic development.

Sarena is a graduate of Washington University in St. Louis, and received her master's degree in physiology and her medical degree from Georgetown University School of Medicine. After completing her medical education, Sarena served as the American Medical Student Association's legislative affairs director and subsequently as founding director of its Center for Health Policy Studies. She was a health policy analyst for the Washington State Senate and director of recruitment and retention for Northwest Regional Primary Care Association, a membership organization of community and migrant health centers. In 1995, Sarena completed a postdoctoral fellowship program in health policy at the University of California-San Francisco. A year after CCPH was launched, she was recognized in 1997 for her work as a "Young Leader of the Academy" by the American Association of Higher Education. As a medical student and throughout her professional career, Sarena has advocated for change in health professions education to better meet societal needs.

INTRODUCTION OF OPENING KEYNOTE SPEAKER
Ella Greene-Moton, Chair-Elect, Community-Campus Partnerships for Health Board of Directors

Ella has an extensive background in community organizing and advocacy that spans over the past thirty-five years in the Flint area. Her commitment to the empowerment of community residents reaches across local, state, national, and international levels. She currently serves as a Community-Academic Consultant with the Flint Odyssey House Health Awareness Center and the University of Michigan School of Public Health. Her experience includes: Associate Director of Flint Odyssey House Health Awareness Center, Past Chair of McCree North Advisory Board; member of The Broome Team Collaborative, a community-based organization, university, and health department partnership established to implement and sustain Community Based Public Health activities; Vice-Chair of the Community Based Organization Partners (CBOP); member of the Community Based Public Health Committee; Past Vice-Chair of the Programs and services Committee of the PRIDE (Programs to Reduce Infant Deaths Effectively) Coalition; Board of Directors Vice-President of the Community Health Outreach Workers (CHOW), a state wide coalition with a focus on HIV/AIDS; member of the HIV/AIDS Regional Community Planning Group; Coordinator of the FOHIAHC HIV/AIDS Counseling and Testing Site; Coordinator of the in-house student intern placement from the University of Michigan Flint and Ann Arbor; member of the Michigan Prevention Research Center (PRC); National PRC Community Advisory Board Representative; Co-Chair of the National PRC Community Committee; member of the National PRC Steering Committee; member of the National Chronic Disease and Prevention Research Conference Planning Committee; member of the National PRC Program Committee; member of the Michigan Public Health Training Center (MPHTC) Curriculum Committee; and member of the MPHTC Steering Committee.
OPENING KEYNOTE SPEAKER
Loretta Jones, Founder & Executive Director, Healthy African American Families II

As a “Community Gatekeeper,” Loretta has dedicated her entire life towards the hope and healing of community and society-at-large. Her career as a civil rights activist, health policy advocate, and social architect has spanned more than 30 years. In an effort to level the playing field for all people, Loretta continues her unyielding commitment as a change agent against disparities in human health, development, and opportunity. She is a member of the Advisory Council planning the National Institute of Child Health and Human Development’s longitudinal child health study and chairs its Social Justice committee. She is a co-investigator of the National Institute of Mental Health’s University of California Los Angeles (UCLA)/RAND Center for Research on Quality in Managed Care, the National Institute on Aging UCLA Center for Health Improvement in Minority Elderly (CHIME), and the National Institutes of Health Drew/UCLA Project EXPORT, as well as a recipient of numerous Centers for Disease Control and Prevention (CDC) grants and contracts. She is a member of the UCLA Institutional Review Board for protection of human subjects. Loretta was recently honored by the CDC as their first recipient of an award for public leadership in overcoming health disparities.

Learn more about Healthy African American Families II on page 119.
“Accomplishment always brings change.”

Jim Turney

*Please note – The terms “beginner,” “intermediate,” and “advanced” below the session title indicate the intended skill level(s) of the audience as determined by the presenters. The conference topic area that the session corresponds to is indicated right after the intended skill level.

SKILL-BUILDING WORKSHOPS

COLLABORATION FOR HEALTH: A PARTNERSHIP FOR PHYSICAL ACTIVITY
Intermediate ~ Community Strategies for Campus Engagement
Suzanne B. Cashman, University of Massachusetts Medical School; Patricia Flanagan, YWCA of Central Massachusetts; Lucy Candib, Family Health Center
Room: Greenway B
*AMSA Student Track

An urban community health center with links to a university through a residency training program developed a project in partnership with the local YWCA to offer open access to physical activity to low-income multi-ethnic patients and health center employees. Clinicians often recommend physical activity to patients with diabetes and metabolic syndrome, but financial barriers and concerns for safety and comfort frequently impede patient follow-through, thus preventing improved health. In this project, the YWCA’s commitment to eliminating racism and the lead institutions’ partnering to underwrite the cost of several institutional memberships to the YWCA have resulted in over 730 patients logging 8000 exercise events in 16 months; patients with diabetes have been among the most frequent users of the facility. Medical students assisted non-English speaking patients in getting to the YWCA for the first time; the Y provided bilingual orientation to the facility and strength training room.

Session Goals and Learning Objectives:
- Explain how a community health center, a local YWCA, and a university can partner to provide opportunities for physical activity for an inner city population that has few chances to be physically active.
- Understand how organizational resources can be leveraged to provide opportunity for physical activity among inner city dwellers with multiple health problems.
- Appreciate the importance of articulating ending racism as a goal for successful multiracial/multiethnic partnerships.
- Describe the successes and challenges of developing and sustaining a collaborative community partnership.
- Identify ingredients needed for replication.

BUILDING COMMUNITY CAMPUS PARTNERSHIPS TO REDUCE ORAL HEALTH DISPARITIES
Intermediate ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice
Joan Gluch, School of Dental Medicine, University of Pennsylvania; Peter Berthold, School of Dentistry, University of Minnesota; Karl Self, Community-University Health Care Center
Room: Greenway C

Oral health is an essential part of general health, and greater disparities in oral health status exist among racial and ethnic minorities, the poor, the elderly and the disabled. Clearly, more creative and substantive
measures are needed to increase access to oral health care and reduce oral health disparities. This session focuses on increasing participants' knowledge in oral health, and skills in cultivating community campus partnerships around oral health issues. This session focuses on developing creative and authentic partnerships that address major determinants of health and social injustice, specifically disparities in oral health status and access to dental care.

Session Goals and Learning Objectives:
This session is designed to provide participants with the knowledge and skills to address oral health disparities in their communities, and to provoke discussion of the wide range of opportunities that community-campus partnerships can provide to reduce the burden of oral health diseases and increase access to dental care. Specific objectives include:
- Explain the national and regional scope of oral health disparities.
- Describe examples of successful community-campus partnerships that have reduced dental diseases and increased access to oral health care.
- Given a simulated case study, discuss a wide range of creative opportunities for partnerships to reduce oral health disparities.
- Analyze ways that creative partnerships can be formed to address oral health disparities in order to develop a range of oral health programs to reduce oral health disparities in their communities.

RESOURCE DEVELOPMENT STRATEGIES FOR SUSTAINING COMMUNITY PARTNERSHIPS
Beginner/Intermediate/Advanced ~ Sustaining Community-Campus Partnerships
Joseph Swaba, Community College National Center for Community Engagement
Room: Greenway G

This session is framed within the context of a skill-building workshop on writing federal and non-federal grant proposals. The partnerships developed during the process of collaboration in the effort is a critical component of the grantwriting process; often the collaboration involved in the process is as valuable of an outcome as the completed proposal. Building upon successful campus-community collaborations to a variety of federal agencies (the US Department of Housing and Urban Development (HUD), the US Department of Education, Health Resources and Services Administration (HRSA), the US Department of Labor, the National Science Foundation), the best practices provide a basic formula for successfully expanding the impact and effectiveness of campus-community partnerships.

Session Goals and Learning Objectives:
To facilitate understanding the key critical components of collaboratively developing successful grant applications (federal and non-federal). Specific objectives include:
- Understand the best practices in planning a collaborative proposal.
- Identify critical elements of conducting a needs assessment.
- Identifying and describing key project objectives and measurable outcomes.
- Identifying partner roles and responsibilities.

STORY SESSIONS

NARRATING THE JOURNEY: IMMERSION EDUCATION AND COMMUNITY PARTNERSHIPS
Intermediate ~ Student Leadership and Activism in Community-Campus Partnerships
Michael Bassman and Kendra Harris, The University Honors Program, East Carolina University
Room: Greenway D
*AMSA Student Track

This partnership demonstrates the value of campus-community partnerships, both for the university community and students as well as for the elementary school students and their community. The partnership provided a chronically underserved public school with English language tutors and mentors for primarily Spanish-speaking K - 2nd-grade students. Through academic service-learning, it provided critical professional preparation for emerging health care professionals by developing understanding of
the cultural, social and occupational and other health issues in a rural Latino population. The University students involved are better prepared to serve the health care needs of Latino migrant farm workers and other clients in rural Eastern North Carolina and the elementary school students have developed English language and reading skills, an increased awareness of health and safety issues and have garnered the benefits of mentoring through positive partnerships with ECU students.

Session Goals and Learning Objectives:
This session will outline the process of developing a campus-community partnership, highlight an immersion learning program and narrate the successes and results of our unique partnership. Specific objectives include:
- Identify challenges, supports and benefits of campus-community partnerships in rural settings
- Demonstrate how an immersion learning program formed the basis for an effective partnership that served the community and the students

OWNERSHIP OF INTELLECTUAL PROPERTY WORK INVOLVING IMMIGRANT & ABORIGINAL COMMUNITIES
Intermediate ~ Ethical Issues Raised by Community-Campus Partnerships
Hélène Grégoire, Access Alliance Multicultural Community Health Centre; June Ying Yee, School of Social Work, Ryerson University
Room: Greenway H

Access Alliance engages in community-university partnerships aimed at reducing health disparities affecting racialised groups and, through this work, has become aware of the challenges associated with knowledge ownership, authorship and intellectual property rights. These sometimes arise from the distinct pressures faced by academics and community agencies. As our research advances, we know that issues of representation will also come to the fore: what will happen, for instance, if different partners disagree on what findings mean and how they should be represented? While we believe that the community should retain ownership and control of knowledge generated through community-based participatory research, we are struggling to figure out what this looks like in practice. We know that Aboriginal peoples have made considerable advances in thinking about these ethical issues. In the Winter 2006, we will hold a roundtable to bring our partners together with researchers from Toronto’s aboriginal communities so that we may learn from their experience.

Session Goals and Learning Objectives:
The goal of this story session is to explore the challenges of recognizing, affirming and protecting ownership and intellectual property rights in community-university partnerships and to engage participants in a discussion on practical strategies. More specifically, the community and academic presenters will:
- Reflect on their own experiences conducting research and authoring an article together.
- Share the outcomes from a roundtable in which researchers working with immigrants and aboriginal communities learned from each other.
- Engage participants in offering strategies to put CBR ethical principles in practice.

LESSONS FROM INITIATIVES AND COLLABORATION: DIABETES PREVENTION IN NEW HAVEN CHURCHES
Beginner/Intermediate ~ Sharing Power and Resources in Community-Campus Partnerships
Lindsey Greene and Maurice Williams, Yale-Griffin Prevention Research Center; Sharon Bradford, New Haven Family Alliance; Lillian Richardson, Bethel African Methodist Episcopal Church
Room: Greenway I

The Yale-Griffin Prevention Research Center (PRC) developed a community partnership team (CPT) to address diabetes in the African-American community in New Haven. The CPT was instrumental in finalizing the design of the eventual intervention. Key elements of the intervention included: a 10 week training session, outreach activities, additional educational and networking opportunities for community health advisors (CHAs) and participation in community events. The curriculum was informed by the
The development of the partnership structure in this project is of particular interest. It began with the CPT members and evolved to include local churches and expanded further to include individual community members in the form of CHAs. Thus, partnerships were formed at both organizational and individual levels. Examination of the role and contribution of each partnership is also of interest. A CHA council was formed to ensure sustainability and survey evaluations were conducted at the beginning and end of CHA sharing/teaching.

Session Goals and Learning Objectives:
- Share the lessons and challenges experienced in the design and implementation of Partners Reducing the Effects of Diabetes: Initiatives through Collaboration and Teamwork (PREDICT).
- Assess how your organization is perceived by your potential partners.
- Describe the process used by the collaborating partners to develop a shared vision of project goals and objectives.

THEMATIC POSTER SESSIONS

ASSESSING, DOCUMENTING, AND REALIZING THE BENEFITS OF COMMUNITY-CAMPUS PARTNERSHIPS TO ALL PARTNERS
Moderator: Richard Redman, University of Michigan School of Nursing & CCPH board member
Room: Greenway A

- Authentic Academic Service Partnerships: A Many Splendored Thing
  Emma Kientz, College of Nursing, University of Oklahoma-Tulsa; Betty Kupperschmidt, University of Oklahoma-Tulsa

  The University of Oklahoma College of Nursing –Tulsa has developed rich partnerships within the University and with large number of community-based agencies encompassing principles of service learning. The goal of these partnerships is to address racial and ethnic health disparities; increase access to healthcare; and prepare students from wide range of disciplines for practice. Overall lessons learned included 1. Imperative upfront collaboration, including identifying and using strengths of all concerned. 2. Maintain documentation to assure cost-effective, value added evidence-based services. 3. Immersion of self into clients' environment to facilitate effectiveness (learn about and work with extant cultural mores). 4. Necessity of flexibility, adaptability, and non-judgmental attitude (of all concerned).

- Fun 2B Fit: Creating a Sustainable Partnership to Prevent Child Obesity
  Barbara J. Kruger, School of Nursing, University of North Florida; Karen Bush, Northeast Florida Area Health Education Center, Marti Hicks, community resident

  We describe methods used to sustain a community-campus partnership among multiple partners to address obesity prevention among school-aged children and families. The Fun 2B Fit program was initiated in 2002 by a rural health department and school health advisory committee with assistance from three nursing students, faculty, and the Northeast Florida Area Health Education Center. Four years later, 130 nursing, community health, and nutrition students have reached 1500 elementary school children in four schools across three counties and prompted spin-offs and expansion. Some nursing faculty and students are residents of these communities. Students learn and serve through their academic program providing continuity. A Blackboard course website provides a forum for communication, implementation, quality monitoring and allows partners to respond to student reflections. We discuss the impact on the partners, particularly significant institutional changes to build partner capacity.
• **Health Promotion in Rural Alaska: Building Partnerships Across Distances and Cultures**  
  *Elaine Drew, Center for Alaska Native Health Research, University of Alaska Fairbanks; Cécile Lardon, Department of Psychology, University of Alaska Fairbanks; Douglas Kernak, Piciraratgun Calritlerrkaq*

This presentation addresses the process and importance of developing mutual understanding and respect among collaborative partners prior to jumping into health promotion. In our current partnership to reduce health disparities among Yup'ik Eskimos, we realize that university researchers and staff must first work to understand Yup'ik conceptions of health and wellness, local knowledge of particular disease entities, and the structural context of daily life in remote Yup'ik villages. Likewise, our Yup'ik partners need to understand the university culture and structure as well as the demands/limitations set by funding agencies. By mutually engaging this process of learning from the start, both partners develop a shared understanding of the projects and goals, the process of decision making and resource sharing, and the building of capacities and infrastructure.

• **The Experience of Hmong Women Living with Diabetes**  
  *Avonne A. Yang and Eslee Vang, College of St. Catherine*

Type II diabetes is rapidly increasing in the Hmong community. A paucity of research exists on Hmong women with diabetes. Theoretical Framework: Community-based collaborative action research using Margaret Newman's theory of health as expanding consciousness was the framework for engaging Hmong women with diabetes in a dialogue to understand life patterns and envision potential actions for health. Methodology: Five Hmong women with type II diabetes and HgbA1c levels over 7.0 were recruited from a community health clinic. Female Hmong nursing researchers interviewed participants in their homes. Interviews were conducted until no new patterns were identified. Researchers worked with a female Hmong playwright to weave common patterns into a play. Female Hmong nursing students performed the play for Hmong women invited via Hmong radio and community advertisements to a dinner, performance, and dialogue. The dialogue focused on whether the play reflected women's experiences and on how to live a happy, healthy life in the US.

• **"ITrWe" Student Technology Assistance for Neighborhood Development Center Urban Businesses**  
  *Carole Bagley, Mari Heltne, Michael Morgen, John Schriver and Rachel Paul, University of St Thomas; Dave Bonko, Neighborhood Development Corporation*

The use of service learning as a methodology affords the opportunity to greatly broaden students' understanding of people whose experiences and life stories are far different than theirs. We are currently working with the Neighborhood Development Center (NDC) for whom our "IT r We" technology consultants (students of the Quantitative Methods and Computer Science 110 course) provide Hispanic, Somali and Hmong business owners with technology assistance. We have found a great deal of admiration and respect develops among clients and students who learn as much or more than they teach. A major goal is for students to become engaged citizens who recognize the intersections and responsibilities of community life. This evolving authentic partnership provides the NDC businesses with greatly needed technology assistance. We are growing and will be assisting 22-25 businesses in the Lake Street community. Positive comments are showing us that both University of St Thomas students and the NDC business clients benefit from the experience.
CAMPUS STRATEGIES FOR COMMUNITY ENGAGEMENT
Moderator: Cynthia Barnes-Boyd, University of Illinois-Chicago Neighborhoods Initiative & Member, CCPH Board of Directors
Room: Greenway J

• Building Sustained Community Partnerships as a Foundation for Scholarship
  Ann Banchoff, Office of Community Health; Michaela Kiernan and Lisa Chamberlain,
  Scholarly Concentration in Community Health, Stanford University School of Medicine

This session will tell the story of Stanford's experiences in community-campus partnership over the last five years - both the successes and the challenges. The 2003 introduction of the very popular Scholarly Concentration in Community Health aligned with the School of Medicine's desire to work more closely and effectively with our Community Partners. The opening of the Office of Community Health in the Fall of 2005 marks a new commitment on the part of the School of Medicine to building and maintaining authentic partnerships - and to integrating the needs of the community with our academic programs. We will outline the steps we have taken to achieve our goals (partnership-building steps, fundraising strategies, etc.) and work with session participants to develop innovative strategies for confronting some of the challenges we all face in building authentic community-campus partnerships.

• Read, Set Stop! Is the Structure in Place for a Successful Experience?
  Margo Marko, School of Nursing, University of Minnesota

The goal is to provide a safe clinical experience for the student and provide for the community and/or organization the confidence, that legal, liability and safety issues have been addressed. As concerns over privacy, patient confidentiality, safety and liability costs appeared on the radar screen of Health Organizations, it became clear that our students would be affected. The School of Nursing (SON) along with several other colleges within the Academic Health Center (AHC) at the University of Minnesota began our efforts to be proactive and establish systems and processes to deal with these new requirements. Collaboratively with the legal counsel, a standard Affiliation Agreement was created. It addresses legal and liability issues concerning the students relationship with the organization and our education responsibilities. To support this agreement, the SON established a data base system that could house essential information from the first conversation, through the 5 year cycle to triggering the timeframe for review. With over 250 current agreements, maintenance of records is essential. Another example regarding HIPAA (Health Insurance Potability and Accountability Act) and student immunizations. A policy and process was established across the AHC that required all AHC students upon admission to complete HIPAA Education and all required immunizations. Failure to do so would put a hold on their record. Beyond a hold being place, if the student does not address their ongoing immunization requirements before expiration dates, they will be pulled from their clinical experience. This has potential to impact their ability to progress. The SON has achieved 100% compliance for HIPAA. Immunizations run on average 92% compliance which is up from 75% 2 years ago. Another AHC initiative was around Blood Borne Pathogens. Community partners worked closely with the AHC to address access to treatment for students should an exposure occur. The outcome was the establishment of standard education, policy and procedure and pocket cards for our students. Finally, the most important part of establishing and maintaining community partnerships is in the relationships.
• **The Science of How People Learn: Foundation for Effective Community-based Educational Outreach**  
_Donna H. Harward and Caroline Jennette, Kidney Center, University of North Carolina at Chapel Hill_

Too often, community-based educational outreach comprises short-term interventions that are administered by campus-based enterprises and result in information flow back to the campus community with little attention to strategies that ensure opportunities for constituents' active learning and subsequent measures of whether citizens, in fact, learned information or, more importantly, changed a specified health behavior. Kidney disease is on the rise in the US and North Carolina ranks 9th in statewide prevalence of End Stage Renal Disease (ESRD).** This model for the statewide Kidney Education Outreach Program (KEOP) is based on the science of how people learn and emphasizes the partnership between campus-based resources and community-based lay leaders in providing active learning opportunities that are customized to the needs/preconceptions of a targeted population. Lay leaders from targeted communities help design and lead the interactive outreach and the focus groups that are part of the preconceptions phase inform session development.

• **Identifying End-of-life Concerns with the Near East Side Community, Buffalo, New York**  
_Mary Ann Meeker, School of Nursing, University at Buffalo, SUNY; Mark Lucas, Black Leadership Forum Near East Side Community Health Task Force_

The purpose of this project is to develop a collaborative relationship between the University at Buffalo School of Nursing and community members from the predominantly African American Near East Side of Buffalo to identify concerns and needs of community members who are engaged in assisting a family member with cancer. The specific aims of the project are to: (1) elicit and describe the views of community members related to end of life caregiving and surrogate decision-making for family members with cancer, and (2) to develop specific interventions addressing identified needs. Data are being collected through focus groups and analyzed using grounded theory methods. Through the use of a community-based participatory approach, the work team will be able to create and implement culturally appropriate responses to the needs identified within this community.
ISSUE THRASH, PART 1
Thursday, June 1
1:30 pm to 3:00 pm

Issue Thrash is a 2-part series of sessions organized around the major conference topics. Part 1 takes
place on Thursday, June 1st from 1:30 pm to 3:00 pm. Part 2 takes place on Saturday, June 3rd from
2:00 pm to 3:15 pm. The series provides participants an opportunity to explore shared issues and
challenges, come away with fresh ideas and new strategies to help meet those challenges, and have their
opinions heard on a national level by recommending ways that CCPH and other organizations can be
supportive. Each 2-part series is led by prepared facilitators. Participants are encouraged to attend both
sessions in the 2-part series to maximize the opportunity to create a learning community and engage in
meaningful dialogue. Highlights of the Issue Thrash sessions will be presented at the closing session of
the conference and incorporated into the conference proceedings.

Sharing Power and Resources in Community-Campus Partnerships
Facilitator: Monique Barber, University of Texas Prevention Research Center; Chuck Conner, West
Virginia Rural Health Education Partnership and CCPH board member
Room: Greenway B

Ethical Issues Raised by Community-Campus Partnerships
Facilitators: Ella Greene-Moton, The Flint Odyssey House, Inc. Health Awareness Center, University of
Michigan School of Public Health and CCPH board member; Renee Bayer, University of Michigan School
of Public Health and CCPH board member
Room: Greenway C

Community-Campus Partnerships that Address Major Determinants of Health and Social Justice
Facilitator: Holly Felix, College of Public Health, University of Arkansas for Medical Sciences; Suzanne
Selig, School of Health Professions and Studies, University of Michigan-Flint
Room: Greenway D

Sustaining Community-Campus Partnerships
Facilitators: Donald Mowry, Center for Service-Learning, University of Wisconsin, Eau Claire; Anne
Willaert, Minnesota State Colleges and Universities
Room: Greenway E

Assessing, Documenting and Realizing the Benefits of Community-Campus Partnerships to All
Partners
Facilitator: Jason Patnosh, National Association of Community Health Centers; Linda Silka, University of
Massachusetts, Lowell; Barbara Kruger, University of North Florida
Room: Greenway F

Student Leadership and Activism in Community-Campus Partnerships
Facilitator: Darcy Freedman, Vanderbilt University; Ann Banchoff, Stanford University
Room: Greenway G
* AMSA Student Track

Community Strategies for Campus Engagement
Facilitator: Marilyn White, Arthur Ashe Institute for Urban Health
Room: Greenway H

Campus Strategies for Community Engagement
Facilitators: Julie Plaut, Minnesota Campus Compact; Rohinee Lal, Simon Fraser University Faculty of
Health Sciences and Institute for Health Research and Education
Room: Greenway I
“I was taught that the world had a lot of problems; that I could struggle and change them; that intellectual and material gifts brought the privilege and responsibility of sharing with others less fortunate; and that service is the rent each of us pays for living-the very purpose of life and not something you do in your spare time or after you have reached your personal goals.”

Marian Wright Edelman

*Please note – The terms “beginner,” “intermediate,” and “advanced” below the session title indicate the intended skill level(s) of the audience as determined by the presenters. The conference topic area that the session corresponds to is indicated right after the presenters.

**SKILL-BUILDING WORKSHOPS**

**DEVELOPING LOCAL THEORY FOR TAKING LOCAL ACTION TO ADDRESS COMMUNITY HEALTH PROBLEMS**

*Intermediate/Advanced ~ Sharing Power and Resources in Community-Campus Partnerships*

Michael T. Wright, Martina Block and Karl Lemmen, Research Group Public Health, Social Science Research Center Berlin

Room: Greenway I

In community-based health programs an increasing emphasis is being placed on "theory-based" interventions; that is, those interventions which can be explained in terms of a specific theory or model. A common practice in proposal writing and project reporting is to take theories or models which have been developed by academics. This approach assumes that theory development is the exclusive domain of researchers. In reality, every community-based organization already operates according to their own theories, based on experience, regarding the causes of community health problems and how these problems can be solved. These theories often remain implicit, rarely being brought into the form of a systematic explanation which could serve as a basis for intervention development and evaluation. In this workshop a method will be demonstrated which is being developed in collaboration with non-governmental organizations (NGOs) in various parts of Germany for developing local theories to describe local health problems, based on the concrete experience of community workers.

Session Goals and Learning Objectives:
- Introduce a method for generating local theories to describe local health problems and their possible solutions.
- Describe and illustrate the various steps in the method using concrete examples.
- Demonstrate, through interactions with the workshop participants, certain aspects of the method.

**A COMMUNITY IMPACT STATEMENT: A PRE-NUPHTIAL AGREEMENT FOR COMMUNITY-CAMPUS PARTNERSHIPS**

*Intermediate ~ Assessing, Documenting, & Realizing Benefits of Community-Campus Partnerships to All Partners*

Susan Ann Gust, Partners Three Consulting Company and CCPH board member; Cathy Jordan, Children, Youth and Family Consortium, University of Minnesota (Co-organizers, GRASS Routes)

Room: Greenway C

In 1993, Susan Gust, a community activist, and Cathy Jordan, then a University of Minnesota pediatric neuropsychology post-doctorate, were two of the founding members of the Phillips Neighborhood Healthy Housing Collaborative (PNHHC). Though we were unfamiliar with the concept at the time, the PNHHC
designed and implemented two community-based participatory research (CBPR) projects. In our implementation of CBPR, the model of shared power of the PNHHC was of parallel importance to the research projects. Susan and Cathy have captured the best practices of the PNHHC, integrated them with Susan's construction experience and knowledge of Environmental Impact Statements (EIS), and drafted a Community Impact Statement (CIS). The CIS outlines a process for community and university partners to discuss issues such as project design, identifying participant assets and self-interests, addressing cultural/class differences and conflict, establishing understanding of each other's mutual knowledge, and anticipating the benefits to, and potential negative impact on, the community and the institution.

Session Goals and Learning Objectives:
The goal of this session is to help community and university partners proactively consider a clear, delineated process that:

- Identifies the self-interest of all partnership participants.
- Identifies the benefits that both the community and the institution will gain through the work or research project of this partnership.
- Develops strategies and practices to help each member fulfill their individual self-interest and achieve benefit for each other.
- Addresses the process for developing the infrastructure or model that will "hold" the work of the partnership and see it as of equal importance to the product of the work.
- Helps to build authentic, transparent partnerships based on trust and mutual respect in a model of shared power.

WALK IN MY SHOES: PARTICIPATORY LEARNING THAT STRENGTHENS PARTNERSHIPS
Beginning/Intermediate ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice
Deborah Katz, Community Catalyst; Suzanne Cashman, Department of Family Medicine & Community Health, University of Massachusetts Medical School
Room: Greenway E/F

Walk in My Shoes is an engaging and thought provoking activity that focuses on the experience of low-income individuals and families trying to access health services. It has been used by a wide variety of groups throughout the country and has been piloted in several schools of medicine, public health, and nursing. It has been effectively linked with service-learning and used to strengthen community-campus partnerships.

Walk in My Shoes is a 2.5 hour program in which participants are assigned roles that specify their family's employment, ethnicity, language, immigration status, health problems, and insurance coverage. They must try to obtain the health care their family needs by going to any of a dozen 'stations' including state agencies, their health plan, community health centers, private doctor's, offices, a pharmacy, and ER. A facilitated discussion after the simulation invites participants to talk about what happened to the individual, family or agency they represented - and how this relates to real life and health policy options. In a very compact time period, the simulation allows participants to reflect on a rich array of factors that affect health access and outcomes, ranging from cultural practices to institutional behaviors, public program design, and the role of advocacy in public and institutional policy. The powerful group experience also forges a strong tie which contributes to effective future collaboration.

This skill-building workshop will include an opportunity to experience a component of this exciting and unique teaching tool. It will include a brief presentation on the experience of health professional schools that have utilized it and a discussion among participants about using Walk in My Shoes and other participatory learning experiences to broaden and invigorate curriculum, reinforce and enhance service-learning, and strengthen community-campus partnerships.
Session Goals and Learning Objectives:
- Describe the Walk in My Shoes simulation.
- Articulate the benefits of participatory learning experiences to achieving professional training goals and community-campus partnerships.
- Articulate the benefits and outcomes from participation in Walk in My Shoes Program in relation to health professional training, service learning and community-campus partnerships.
- Identify ways this tool can be applied in health professional training, service-learning and community-campus partnerships.

STORY SESSIONS

MEN ON THE MOVE
Intermediate ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice
Alfonzo Branch and Victor Motton, Pemiscot County Community Coalition; Freda Motton and Elizabeth Baker, Saint Louis University School of Public Health
Room: Greenway B

This story session will focus on developing educational and economic opportunities for African American men in a rural, economically depressed county in Missouri. We will include information on how we moved from a focus on heart health to a focus on social determinants, some of the processes we used to plan educational and economic opportunities for African American men, our current activities, and future plans. We will tell the story of the challenges we have faced in working together, telling our story to others, deciding on the path we want to take to reach our goals, and obtaining funding. The work of the PCCC is an example of how community members can participate in defining the underlying factors affecting the health of their community and work toward effective solutions.

Session Goals and Learning Objectives:
- Increase knowledge of how to incorporate social determinants into community health assessments.
- Increase awareness of some of the strategies used to prioritize focus areas.
- Increase awareness of some of the steps we have taken, processes we went through to get this off the ground, challenges faced in conducting this work, some ways we have addressed these challenges, and the struggles that remain.

CAN A "BROKER" BE AUTHENTIC? THE ROLE OF PUBLIC SERVICE CENTERS IN SUSTAINING PARTNERSHIPS
Beginner/Intermediate/Advanced ~ Campus Strategies for Community Engagement
Michaelann Jundt and Rachel Vaughn, Carlson Leadership & Public Service Center, University of Washington
Room: Greenway D

Can the "broker" model achieve the goal of deepened learning? How well can a centralized center inspire colleges and communities to work together? Much of the literature in service learning and civic engagement focuses on building and sustaining partnerships between individual faculty and community partners. We will contribute to this conversation by discussing how centralized university public service centers can build and sustain enduring community-campus partnerships. Through the lens of the Principles of Partnership, we will discuss how service center staff work with students, community partners, and faculty to facilitate and coordinate partnerships, dissect the challenges inherent in the "broker" model, and begin to identify how a centralized center's philosophy and processes can contribute to your work.
Session Goals and Learning Objectives:
- Contribute to the dialogue about community-campus partnerships by introducing the important role of centralized university public service centers.
- Increase knowledge and understanding about centralized centers, including how centralized centers work to build and sustain partnerships.
- Stimulate thinking about the principles of partnership in the context of time, scale, and scope. (e.g., multiple partnerships between faculty and community organizations sustained over time)
- Apply centralized "concepts" to one's own setting.

CAMPUS POLICIES AND PROCEDURES: HOW TO AVOID STUMBLING WHILE "WALKING THE TALK"
Beginning/Intermediate/Advanced ~ Ethical Issues Raised by Community-Campus Partnerships
Terry L. Shelton and Jim Frabutt, Center for Youth, Family and Community Partnerships, University of North Carolina at Greensboro
Room: Greenway G

This story session addresses some challenges and solutions faced by research centers as they engage in community based participatory action research and community-campus partnerships. This presentation is appropriate for multiple skill levels from those just beginning a research center to those who have centers established through a major grant (e.g., US Department of Housing and Urban Development’s (HUD) Community Outreach Partnerships Centers Program (COPC)) and seeking to sustain their activities to those who have well established centers. The story session addresses two primary topics: ethical issues as well as challenges to sustaining partnerships. While trying to achieve the 9 principles of partnership (Community-Campus Partnerships for Health) is key to authentic collaboration, attention must also be directed toward the practices and infrastructure of the academic partner that can impede "walking the talk" even if the commitment to partnership is there. The lessons shared will highlight both potential pitfalls that need to be addressed as well as possible solutions that can support the campus in the development of authentic collaboration.

Session Goals and Learning Objectives:
- Increase participants' awareness of and discuss challenges faced by research centers engaging in community partnerships as well as some potential solutions.
- Learn about UNCG's Center for Youth, Family, and Community Partnership; and challenges and potential solutions regarding:
  - Ethics and Institutional Review Boards
  - Indirect costs issues
  - Hiring community partners as paid consultants/staff
  - Faculty/department credit (e.g., tenure, publications, IDC recovery)
  - Keeping a Center solvent while dedicating necessary time to build authentic partnerships
  - Strategies for changing targeted policies

THE ROLE OF A UNIVERSITY-BASED HEALTH POLICY CENTER IN INFORMING, ENGAGING, AND ENERGIZING THE PHILANTHROPIC COMMUNITY ON HEALTH-RELATED ISSUES IN GEORGIA
Beginner ~ Sustaining Community-Campus Partnerships
Mary Ann Phillips, Georgia Health Policy Center, Georgia State University; Bobby Cleveland, Tull Charitable Foundation
Room: Greenway H

Representatives of the Georgia philanthropic community joined forces to enhance the ability of foundations to identify, fund, and evaluate health grant-making opportunities throughout the state. This community, the Philanthropic Collaborative for a Healthy Georgia, asked and funded the Georgia Health Policy Center (GHPC) to provide research, programmatic, and administrative support for its efforts. During this five-year partnership, GHPC prepared several user-friendly publications for the Collaborative that have been disseminated to over 200 foundations around the state, served as the liaison between the
foundations and the state’s Department of Community Health and the Division of Public Health, and monitored and provided technical assistance to 13 school health and 9 rural health Collaborative-funded communities. In addition to school health and rural health, GHPC and the Philanthropic Collaborative have partnered on cancer prevention and, currently, an initiative that engages foundations in addressing childhood obesity.

Session Goals and Learning Objectives:
- Describe the origins and activities of a unique public/private partnership between a community of foundations, the Philanthropic Collaborative for a Healthy Georgia, and a university.
- Illustrate how national, state, and local foundations partnered with the public sector to improve health in Georgia.
- Describe the role the GHPC plays in facilitating interactions among the foundations, community-based organizations, state government, and the university.
- Provide information about a specific program that has leveraged over $2 million dollars in philanthropic, federal, state, and local resources.

THEMATIC POSTER SESSION

STUDENT LEADERSHIP AND ACTIVISM IN COMMUNITY-CAMPUS PARTNERSHIPS
Moderator: Carmen Patrick, Context - the Journal of Health Students Taking Action Together in Partnership with the Student Health Alliance & CCPH board member
Room: Greenway A
*AMSA Student Track

- **Making the Links: A Vertical Theme in Social Accountability**
  Ryan Meili and William L. Albritton, College of Medicine, University of Saskatchewan, Canada
  Making the Links (MTL) is a unique student-driven service-learning project in which medical students are exposed to, and learn to address, the determinants of health in multiple underserved contexts. It is a collaboration between the College of Medicine, the Northern Saskatchewan communities of Buffalo River Dene Nation and Ile a-la-Crosse, SWITCH: the Student Wellness Initiative Toward Community Health in inner-city Saskatoon, and THRP: Training for Health Renewal Program in Massinga, Mozambique. Selected first year medical students take a seminar course in Aboriginal and Northern issues. During their summer break they spend six weeks on the Buffalo River Dene Nation reserve or in the Metis town of Ile a-la-Crosse. While there they work alongside local health workers and take part in various youth-directed Community Health programs. During second year, the students work at SWITCH, an interdisciplinary student-run project in an urban underserved area of Saskatoon. They also take a survey course in Global Health. In the summer of second year they travel to Massinga, Mozambique where they work in a rural hospital and accompany Participatory Action Research in a nearby village. Making the Links is in the early stages of its development. The first groups of students have gone to the North and to Mozambique. The SWITCH clinic opens its doors in mid-October, 2005.

- **CHIUS hearts@work as Model for Interprofessional Community Based Learning**
  Andrew W. Morgan, University of British Columbia, Canada
  CHIUS (Community Health Initiative by University Students) is an interprofessional student-led clinic in the Downtown Eastside (DTES) of Vancouver, an area of the city afflicted by extreme poverty, drug use, and crime. Hearts@work is a community-based organization that leads heart health workshops for employees at local businesses. Based on student experiences volunteering at the CHIUS clinic it was felt that “heart health” issues, hypertension, exercise, and proper nutrition in particular, were not being addressed. This
was felt to be due largely to the fact that many patients have medical conditions such as HIV and/or Hepatitis C infection, mental illness, and substance use that are much more prominent health concerns than the relatively silent signs of heart disease. Thus an interprofessional group of students, representing the faculties of Medicine, Pharmacy, Dietetics, Nursing, and Occupational Therapy was established in an attempt to adapt the hearts@work program to suit the needs of the patient population, all while uniting the university, the hearts@work program, the Carnegie Community Centre, CHIUS, and DTES community itself in a health education intervention.

• **The Impact of Student-to-Patient Education at Community Health Fairs: A Pilot Study**  
  *Christopher J. Dy, Leonard M. Miller, School of Medicine, University of Miami*

Patient empowerment is key to achieving safe and high quality care and is becoming an increasingly prominent issue in our health care environment. It is imperative that community outreach projects help to shape and refine innovative educational efforts. Assessing and improving levels of chronic disease patient knowledge are critical steps towards assuring the effectiveness of preventive medicine. We conducted a pilot study in Key West, FL during the January 2005 Key West Health Fair (KWHF), and subsequently followed up with subjects via phone in the weeks following the fair to assess the effectiveness of dedicated student-to-patient education. After institutional review board approval, a convenience sample of subjects was recruited at the KWHF registration station; informed consent was obtained from 51 of the total 262 health fair participants (19%). We collected demographic information and, using an orally-administered true/false questionnaire, we assessed the subject’s level of knowledge about hypertension, high cholesterol, and diabetes mellitus. Trained medical students then used a standard student-to-patient education protocol to teach patients about chronic disease knowledge.

• **Developing Relationships: Vanderbilt University and the Nashville Community**  
  *Sarah VanHooser, Darcy Freedman, Danielle Mezera, Barbara Clinton, Craig Anne Heflinger, and Sharon Shields, Vanderbilt University*

This poster will highlight two campus strategies to increase community partnership between Vanderbilt and the Nashville community. It will also address efforts being made at Vanderbilt to improve student and faculty knowledge, skills, and opportunities for conducting research and scholarship as a process that is shared with the community. This storytelling session will highlight the strengths of these experiences as well as lessons learned as a result of their development and implementation. Discussion about the promotion of community-based participatory research and teaching on other campuses will be also be explored.

• **Targeting Young Adults at HBCUs Could Service Learning Reduce Minority Health Disparities?**  
  *Chequita Smith Owens, Department of Physical Therapy, Langston University*

Langston University is a HBCU (Historically Black College and University) established in 1897 in Langston, Oklahoma, a rural area. It has utilized its mission to encourage the students it prepares to return to their communities and render excellent service there since its establishment in 1897. Historically, many of these communities have often been medically under-served urban centers and rural areas. From a small preliminary needs assessment (pilot study) conducted there in the winter of 2004-2005, the data collected showed higher estimates of self-reported chronic disease (diabetes mellitus and hypertension) than would be expected from other published nationally representative surveys, as well as from college-based health statistics (National College Health Association) whose college survey participants are predominantly TWIs. These findings indicate that making efforts to influence
African American young adults through the college curriculum and engaging them in service learning activities may be an important step to improving their health now and later.
NOTES AND REFLECTION ON DAY ONE

THURSDAY June 1

Three things I learned today that interested me and I would like to learn more about are:

Three things that surprised me today are:

Three new ideas I would like to try to implement back home are:

Some memorable quotes from today are:
<table>
<thead>
<tr>
<th>TIME</th>
<th>FRIDAY JUNE 2</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am – 7:00 am</td>
<td>Health Walk to the Minneapolis Sculpture Garden - <em>Free CCPH pedometer to first 75 people!</em></td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>7:30 am – 7:00 pm</td>
<td>Registration</td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>7:30 am – 7:00 pm</td>
<td>Poster Hall – see pages 87-109 for poster descriptions</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>7:30 am – 8:30 am</td>
<td>Breakfast</td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>8:30 am - 9:00 am</td>
<td>Community Site Visit Orientation - required attendance if you are signed up for a site visit</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>9:00 am - 12:00 noon</td>
<td>Community Site Visits ~ see pages 43-48 for site visit descriptions</td>
<td>Off-site</td>
</tr>
</tbody>
</table>
| 12:00 noon - 1:30 pm | Community Site Visit Lunch & Reflection Session  
- Facilitator: Chuck Conner, West Virginia Rural Health Education Partnerships & CCPH Board of Directors | 1st Floor Nicollet Ballroom |
| 12:00 noon – 7:00 pm | Exhibit Hall - see inside program covers for descriptions of exhibitors | 1st Floor Nicollet Ballroom |
| 1:30 pm – 2:00 pm | Break | 2nd Floor Greenway Promenade |
| 2:00 pm -3:30 pm | Concurrent Sessions – Workshops, Stories and Thematic Posters – see pages 49-53 | 2nd Floor Greenways |

The conference topic area that each session corresponds to is indicated in *italics*

**Skill-Building Workshops** – see pages 49-50

- Assessing the Impact of a Medical School Service Learning Course on Advocacy and Partnerships ~ *Student Leadership and Activism in Community-Campus Partnerships*  
  Greenway C

- Easy as ABCD! Asset-Based Community Development for Successful Community-Campus Partnerships ~ *Community Strategies for Campus Engagement*  
  Greenway D

**Story Sessions** – see pages 50-52

- A Healthy Addiction ~ *Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice*  
  Greenway B
Leveraging New York City’s Academic Institutions to Provide Health Care for the Homeless ~ Sustaining Community-Campus Partnerships

Institutional Review Board Insights ~ Ethical Issues Raised by Community-Campus Partnerships

Community-University Partnerships to Bridge the Non-Profit Digital Divide ~ Campus Strategies for Community Engagement

Thematic Poster Session – see pages 52-53 for descriptions of posters being presented in this session

Sharing Power and Resources in Community-Campus Partnerships

3:30 pm – 4:00 pm
Break
Nicollet Promenade

4:00 pm – 5:00 pm
CCPH Informational Session – see page 54 for details
Nicollet Ballroom

This session is an opportunity to learn more about CCPH and how you can get involved!

5:00 pm – 7:00 pm
Cocktail Poster Session & Exhibitor Reception – Meet our exhibitors, talk with poster presenters, vote for your favorite poster, and enter a raffle to win valuable prizes! Featuring a special performance by the Danza Mexica Cuauhtemoc.

See page 87-109 for poster descriptions & Viewer’s Choice Best Poster Awards
See inside program covers for exhibitor descriptions
See page 55 for information about the reception
COMMUNITY SITE VISITS  
Friday, June 2  
8:30 am to 1:30 pm

“Community has all of these elements - identity, geography, issue, even institutional relations - but it is also more. Community derives from the Latin communitas, meaning "common or shared," and the suffix, meaning 'to have the quality of.' Sharing is not some demographic datum; it is the dynamic act of people being together. Community is, in effect, organization.”

Ronald Labonte

Community site visits are a unique aspect of the CCPH conference and do not compete with other conference programming. Here’s your chance to get out of the hotel and visit innovative community-campus partnerships in the Twin Cities! They provide an opportunity for conference participants to learn in-depth from local partnerships by spending about three hours touring and talking with the partnership’s major stakeholders. The 17 site visits represent a variety of definitions of “community,” “campus,” “partnership,” and “health.” We encourage conference participants to ask questions and engage in constructive dialogue with their site visit hosts about the meaning of these terms and other issues.

We encourage you to review the descriptions below and visit the websites of the hosting organizations for pictures and more information. Site visits are scheduled on Friday, June 2 from 8:30 am to 12:00 noon, followed by a facilitated group reflection over lunch at the hotel, facilitated by Chuck Conner of the West Virginia Rural Health Education Partnership and the CCPH Board of Directors. Transportation between the conference hotel and the sites is provided by CCPH. To participate on a site visit, you must sign up at the Site Visit sign-up desk, located near the Registration Desk. The sign-up desk will only be open on Thursday, June 1 from 7:30 am to 5:30 pm. The number of people that can be accommodated at each site varies, so sign up early to get your first choice! Space is available on a first-come, first serve basis.

Conference participants who are signed up for a site visit must gather in the Nicollet Ballroom on Friday June 2nd at 8:30 am for an orientation before boarding buses bound for the community sites. You will leave directly for the site after the orientation – you will not have time to go back to your room. If you do not attend this orientation, your place may be taken by another conference participant. Please note: Site visit hosts have made a great investment in ensuring a thoughtful visit. Cancellations are highly discouraged.

The conference topic area that each site visit best corresponds to is indicated in italics.

APPLE TREE DENTAL  
~ Assessing, Documenting & Realizing the Benefits of Community-Campus Partnerships to All Partners  
www.appletreedental.org

Apple Tree Dental is a non-profit dental organization whose mission is to improve the lives of those with special dental access needs. Apple Tree collaborates with Normandale Community College’s Dental Hygiene Program where dental hygiene students provide on-site preventive oral health care services to nursing home residents and elementary school children via Apple Tree Dental’s mobile dental equipment. The students are supervised by a combination of Apple Tree dentists and hygienists and Normandale faculty.

CAMPUS KITCHEN AT AUGSBURG COLLEGE  
~ Campus Strategies for Community Engagement  
www.campuskitchens.org/augsburg

Launched in October 2003, The Campus Kitchen at Augsburg College is a unique partnership between The Campus Kitchens Project, Augsburg College, students, and local community agencies. They make use of volunteer efforts to turn food donations from campus dining operations and local food banks into meals that are delivered to community service agencies. They serve youth, adult, elder, immigrant, and
homeless populations. Their partnerships are located mainly in the Cedar-Riverside and Phillips neighborhoods of Minneapolis. They serve over 12,000 meals per year and all of their operations and programming are powered by student leaders.

COMMUNITY-UNIVERSITY HEALTH CARE CENTER (CUHCC)
~ Community-Campus Partnerships that Address Major Determinants of Health and Social Justice
www.ahc.umn.edu/CUHCC
CUHCC provides comprehensive medical, dental, and mental health services to those who might not have access to mainstream health care services due to socio-economic or cultural barriers. More than 9,000 people each year benefit from CUHCC services, about 75 percent of them are people of color, immigrants, or refugees. The Community-University Health Care Center, as its name implies, is a community and university partnership that began in 1966. Over recent years the clinic has engaged in a transformative process from a university-community partnership to a community-driven-university partnership. This organizational evolution has had many trials and triumphs along the process. A panel of Governing Board members, leadership staff and front-line staff will explore the strengths and lessons learned during this process while keeping the focus on eliminating health disparities for those who are marginalized by the mainstream health care system.

FAMILY OPPORTUNITIES FOR LIVING COLLABORATION (FOLC)
~ Assessing, Documenting & Realizing the Benefits of Community-Campus Partnerships to All Partners
www.folcmn.org
The mission of FOLC is to inspire, connect, administer, and support individuals and organizations as they partner together to provide programs that address the health and family needs of community members living in Cedar Riverside and surrounding Minneapolis neighborhoods. Volunteers help to make their mission a reality! They “take a step out of the box” as they volunteer at current FOLC programs, serving mostly refugees and immigrants, including Multicultural and East African Women’s Health Classes, Oromo and Somali Men’s Health Classes, Multicultural Fit and Friendly Exercise and Conversational English classes (Korean, Oromo, and Somali), Multicultural Youth Soccer Teams, etc. Begun as a volunteer-based organization, FOLC recently received its 501(c)(3) federal non-profit status, making it eligible for more grant funding opportunities. Their need for student volunteers will increase as their programs expand. FOLC has been blessed with many student volunteers who, individually and collectively, have made it possible for current FOLC programs to be implemented effectively. The goal of each FOLC program is to become ethnically sustainable and replicable across ethnicities. They are actively striving to reach that goal as, for example, they train Somali women to be exercise leaders in their classes. They appreciate and treasure every volunteer who finds it in their heart to follow their mission! Student volunteers come from Augsburg College.

HEALTH CAREERS CENTER
~ Community-Campus Partnerships that Address Major Determinants of Health and Social Justice
www.healthcareers.umn.edu
The University of Minnesota Health Careers Center (HCC) works with both community and campus partners to identify, develop and nurture the next generation of health professionals. Beginning with students as early as middle and high school, the HCC identifies students and creates innovative experiential programming that introduces students to the range and options of health careers. Students are given varied opportunities to engage in programs, workshops, on-line activities, and for-credit classes that include volunteer activities in community-based health organizations to begin their exploration of health careers. The HCC continually seeks community partners with “practice wisdom” to engage future health professionals and help them navigate the necessary decision making processes when choosing a health career.
HEALTHCAREERS PROGRAM, ROOSEVELT HIGH SCHOOL
~ Community-Campus Partnerships that Address Major Determinants of Health and Social Justice
http://roosevelt.mpsedu.org/Health_Careers_SLC.html
The Health Careers Program, a partnership between Roosevelt High School and the College of St. Catherine, serves students in the Twin Cities area interested in using their high school experience as a bridge to careers in healthcare. Highlights of the Health Careers Program include job shadowing, mentorships, summer internships, service-learning projects, and career counseling. The Roosevelt High School Health Careers Program is the longest running program (since 1987) in the Twin Cities for students interested in careers in health care. The program is also citywide; if students do not meet retention requirements, they exit at the end of the school year and return to their attendance area school or apply to another program. The program is privately funded for student activities. A variety of grants pay for 0.2 FTE of the coordinator position, student transportation, mailing costs, reserve teachers for program staff, Health Occupations Student Association advisor, occupation fairs, and supplies and equipment for student use. Office space, computers, and printer are kindly provided by Roosevelt. Staffing for the Introduction to Health Careers, Mentorship, and Health Careers Biology courses is also provided by Roosevelt.

HEALTHPARTNERS SIMULATION CENTER FOR PATIENT SAFETY
~ Sharing Power and Resources in Community-Campus Partnerships
www.hpsimcenter.com/ (be sure to look under the “Simulation Center” navigation option)
The HealthPartners Simulation Center at Metropolitan State University is a 3550 square foot area furnished with a variety of human patient simulators and task trainers. The Center, a partnership between a health care institution and a university, is designed as a learning environment for health care providers from a variety of disciplines. Individuals as well as teams can increase the safety, efficacy, and effectiveness of patient care through innovative, interdisciplinary training that integrates cognitive, psychomotor, and critical thinking skills. The Center promotes learning in a safe, controlled environment away from the clinical setting, with an overall goal of increasing patient safety.

JUXTAPOSITION ARTS
~ Sustaining Community-Campus Partnerships
www.juxtaposition.org
Juxtaposition Arts is a 10-year old, youth-focused visual arts center located in Minneapolis, Minnesota’s inner-city Northside neighborhood, which has the largest concentration of youth under 18 years of age in the city. Additionally, 56 percent of Northside residents are African-American and 60 percent are low-income, including a significant number living under established poverty levels. Juxtaposition engages its participants through community collaborations, studio arts workshops, entrepreneurial initiatives, art exhibitions, and public art programs. Juxtaposition’s Remix StreetLife placemaking project is putting a positive light on neighborhood characteristics that are often seen as negative. Through partnerships with the University of Minnesota and other local colleges, Remix engages youth and other community members in streetscape and transit planning along West Broadway Avenue—an important but blighted commercial corridor where Juxtaposition’s facility is located. The vision and plan for using public art to revitalize West Broadway Avenue results from three years of collaborative work between Juxtaposition leaders and participants and college/university research assistants and interns through landscape design workshops and urban studies seminars. The initial projects will be implemented in the summer of 2006.

MINNESOTA INTERNATIONAL HEALTH VOLUNTEERS (MIHV)
~ Community Strategies for Campus Engagement
www.MIHV.org
For the past 25 years, MIHV has worked to fulfill its mission to improve the health of women, children, and their communities by designing, implementing, and evaluating community-based health programs throughout the world. Since 2002, MIHV has applied its international experience to working with refugee and immigrant communities in Minnesota, primarily the Somali community. In accomplishing program
interventions, MIHV relies on and actively seeks community-campus partnerships. This site visit will feature a presentation on the various forms of community-campus partnerships utilized by MIHV, including interns/volunteers, student groups, university-level advisors/consultants and study abroad programs. The presentation will highlight the benefits and barriers associated with these partnerships and will offer viable strategies for navigating these partnerships.

NEW AMERICANS COMMUNITY SERVICES (NACS)
~ Sustaining Community-Campus Partnerships

www.NewAmericans.us

NACS is a member of the Participatory Research Partnership (PRP), which is part of the Minnesota Department of Health’s Eliminating Health Disparities Initiative. The PRP is a coalition of researchers from various cultural groups in the Twin Cities as well as academic (University of Minnesota) and other state institutions that carry out community-based participatory research in the participants’ respective communities. Both through the PRP and on its own, NACS has carried out several research activities focused on health disparities. In 2003, NACS contributed to the study, Disparities and Barriers to Utilization among Minnesota Health Care Program Enrollees, by conducting focus groups and a community survey with African immigrants to identify the key barriers to preventive health care. In 2004, NACS was selected to conduct the Health Indicator Planning and Identification Process for the African Immigrant Population because of its position in the African immigrant and refugee community as a leader and trusted service provider. In 2005, the agency began the project African Research Network: Project African Assessment. This project unites the skills and expertise of representatives from African communities, academic scholars, and government leaders in developing and carrying out African community-based participatory research. The University of Minnesota is the academic research partner for this project which includes partnerships with four other community-based agencies.

NORTHSIDE FOOD PROJECT (NFP)
~ Sharing Power and Resources in Community-Campus Partnerships

www.northsidefoodproject.org

The NFP is a community-based partnership with the University of Minnesota to address health disparities in North Minneapolis through nutrition education, food availability, and community capacity building. NFP is based in the McKinley neighborhood, with an office in the Fellowship Missionary Baptist Church/Greater McKinley Council of Churches Family Center. Community partners include the McKinley Community, Minnesota FoodShare, and the Steps to a Healthier Minneapolis program from the City of Minneapolis Department of Health and Human Services. The partnership’s mission is to be a catalyst for resident empowerment for social, economic, and nutritional improvement in the community. The partnership is working on the wording of its vision, but it will be close to this: to create a vibrant food advocacy organization that puts the residents of North Minneapolis at the center of their food system by educating, engaging, and organizing the larger community around the economic, social, and nutritional impact of our food choices.

OFFICE OF PEDIATRIC RESEARCH AND ADVOCACY, DEPARTMENT OF PEDIATRICS AT HENNEPIN COUNTY MEDICAL CENTER (HCMC)
~ Community-Campus Partnerships that Address Major Determinants of Health and Social Justice

www.mmrf.org/research/childrens_issues/index.html

HCMC is one of the largest hospitals in the Upper Midwest, recording more than 600,000 patient visits annually to its hospital, primary care and specialty care clinics. A public teaching hospital that for eight years in a row has been named one of America’s Best Hospitals by U.S. News & World Report, it’s the only public hospital in the United States to receive this honor over such an extended period. HCMC’s Department of Pediatrics provides primary care and consultative services for children from birth through adolescent years. The overwhelming majority of patients are children of many colors whose home language is not English. The Office of Pediatric Research and Advocacy provides resources to support projects that address the health challenges of urban children, which include early childhood hunger, poor
dental care, lack of asthma self-management skills, low immunization rates, and limited access to literacy resources. HCMC physicians are members of the faculty at the University of Minnesota Medical School and participate in the medical education of medical students, residents, and fellows in rotation on clinical services at HCMC. In addition, HCMC pediatricians supervise other University of Minnesota students involved in pediatric advocacy and various research studies, supported by the Minneapolis Medical Research Foundation, which oversees research on the HCMC campus. A leader in pediatric literacy, HCMC's Children's Literacy Program uses student volunteers to help design, develop, and maintain a number of innovative projects.

OPEN ARMS OF MINNESOTA
~ Community-Campus Partnerships that Address Major Determinants of Health and Social Justice
www.openarmsmn.org
Open Arms of Minnesota provides nutritional support for people living with HIV/AIDS, breast cancer, multiple sclerosis, and amyotrophic lateral sclerosis (more commonly known as Lou Gehrig's disease) by operating a home-delivered meals program. In 2005, with the help of over 1,300 volunteers, Open Arms prepared and delivered nearly 112,000 meals to 53 zip codes throughout the Twin Cities' Metro. They have established service-learning partnerships with several colleges and universities throughout the Twin Cities and surrounding communities. Their mission: "With open arms we nourish body, mind, and soul. We love food—it is the main ingredient that draws us together in the kitchen. We love to cook and bake, to serve meals, and to eat. So many of life's significant events involve food. Through food we celebrate life."

PEOPLE SERVING PEOPLE (PSP)
~ Community-Campus Partnerships that Address Major Determinants of Health and Social Justice
PSP is a major provider of emergency housing assistance and related services to homeless children and their families, single adults who are vulnerable, and unaccompanied youth. PSP serviced an average of over 240 persons per night in 2005. Two thirds of the residents housed nightly are children; and 80 percent of those children are age 12 or younger. The average age of a child staying at PSP is 7 years old. What distinguishes PSP is their broad range of programs and services designed to address adult barriers to housing and employment and to address the educational, emotional, and recreational needs of children and families. People Serving People partners with the College of St. Catherine through courses, clinical experiences, and research to meet the needs of the families as well as to meet the academic needs of the college students.

PHILLIPS NEIGHBORHOOD CLINIC
~ Student Leadership and Activism in Community-Campus Partnerships
www.phillips.neighborhoodclinic.com
The Phillips Neighborhood Clinic is a student-run, sliding fee clinic dedicated to providing quality healthcare to the underinsured and unstably housed members of the Phillips Neighborhood in Minneapolis. Students and faculty of the University of Minnesota Academic Health Center, Center for Interdisciplinary Programs, and Community University Health Care Center work together to provide accessible, culturally appropriate, interdisciplinary health care services and education. Through services such as health screenings, physical therapy, pharmaceutical care, STI testing, vaccinations, wound care, family planning we work to reduce the burdens of poor medical access and raise the quality of life for their clients.
PILLSBURY HOUSE
~ Community-Campus Partnerships that Address Major Determinants of Health and Social Justice
www.puc-mn.org
Pillsbury House is one of five neighborhood centers of Pillsbury United Communities whose mission is to Create Choice Change and Connection. The Early Riser program is a targeted early intervention program for first and second graders sponsored by Hennepin County and created and researched by the University of Minnesota. The primary goal is to increase social adjustment, decrease negative behavior, and improve academic performance. The program is located in four different public schools. Early Riser Advocates provide advocacy for the families that participate in the program as well as after-school social skills, reading enhancement groups and extra support for the youth.

POWDERHORN PHILLIPS CULTURAL WELLNESS CENTER
~ Sharing Power and Resources in Community-Campus Partnerships
www.ppcwc.org
The Powderhorn Phillips Cultural Wellness Center (CWC) is the first Minnesota non-profit organization created for the sole purpose of offering a space for cultural communities to come together to study and document their experiences around sickness and disease so they may produce solutions that speak to their respective cultural practices, traditions, and ways of knowing. The operating philosophy behind CWC is that health results from a person’s process of active engagement and participation in community life, self-study, and culture. The CWC method of organizing communities is based on the premise that people’s experiences are rich sources of knowledge, that when affirmed, can serve as a wellspring for solutions to their problems. The Center faculty teach students at the University of Minnesota’s School of Public Health, Medical School, Center for Spirituality and Healing, and the College of St. Catherine, and facilitate dialog with health professionals at neighborhood clinics to be more effective with patients and staff of cultures different than their own.
"If you think you're too small to be effective, you have never been in bed with a mosquito."

Bette Reese

*Please note – The terms “beginner,” “intermediate,” and “advanced” below the session title indicate the intended skill level(s) of the audience as determined by the presenters. The conference topic area that the session corresponds to is indicated right after the intended skill level.

**SKILL-BUILDING WORKSHOPS**

**ASSESSING THE IMPACT OF A MEDICAL SCHOOL SERVICE LEARNING COURSE ON ADVOCACY AND PARTNERSHIPS**

**Intermediate ~ Student Leadership and Activism in Community-Campus Partnerships**

*Elizabeth Miller, Carl Fleisher and David Urion, Harvard Medical School; Maya Doe-Simkins, Prevention and Access to Care and Treatment (PACT)*

**Room: Greenway C**

Harvard Medical School's Division of Service Learning teaches first year students theory and methods needed to engage in local and international service projects through a yearlong course entitled “Physician in Community.” While preparing community based projects, students develop knowledge, skills and attitudes in community-oriented care, specifically awareness of social context and community needs, community partnership building, and advocacy. A challenge in designing this course has been the development of assessment approaches to try to capture the impact of the didactics, tutorials, mentoring, and service experiences on students' understanding of advocacy and partnerships.

Session Goals and Learning Objectives:

- Describe an approach to assessment of medical students' knowledge, skills, and attitudes related to advocacy skills and community partnership building in the context of a service learning course.
- Learn about the design of a year long service learning course for first year medical students intended to help students develop sustainable, meaningful community partnerships.
- Review and critique the range of assessment tools utilized in this course, to examine the impact of the course on students’ skills related to advocacy and partnerships, including learning contracts, reflection pieces, grant proposals, analytic papers, and 360 degree assessments.

**EASY AS ABCD! ASSET-BASED COMMUNITY DEVELOPMENT FOR SUCCESSFUL COMMUNITY-CAMPUS PARTNERSHIPS**

**Beginner ~ Community Strategies for Campus Engagement**

*Elizabeth Sterba, Communities & Physicians Together, University of California-Davis; Linda Lee, Cordova Community Collaborative; Peggy Tapping, Sacramento Engaging Neighborhood Resources for Improving Children’s Health, Education and Safety (ENRICHES)*

**Room: Greenway D**

Communities & Physicians Together (CPT) in the Department of Pediatrics at the University of California, Davis, has used Asset-Based Community Development (ABCD) to establish and sustain reciprocal community-campus partnerships in the greater Sacramento region for more than five years, and was recognized for its accomplishments as the 2005 recipient of the Community-Campus Partnerships for Health annual award. McKnight & Kretzman's ABCD model is a particularly effective approach for
institutions – including universities - interested in partnering with communities, because it requires employing the "glass-half full" and all-inclusive ideologies, lending to community buy-in and sustainability.

Session Goals and Learning Objectives:
- Introduce the Asset-Based Community Development (ABCD) model.
- Explain three types of assets present in every community.
- Share real examples of CPT's application of ABCD.
- Gain experience in applying ABCD to projects.

STORY SESSIONS

A HEALTHY ADDICTION
Beginner/Intermediate/Advanced ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice
Gail Terzuola, Santa Fe Community College; Frank G. Magourilos, Santa Fe County Driving While Impaired Program
Room: Greenway B

New Mexico ranks in the top three states for driving while intoxicated. In an effort to involve young people in solving this growing problem, the Driving While Impaired (DWI) program and the Service-Learning Department forged a partnership to develop a solution. Since 2002, the DWI program has given the college a yearly grant of $10,000 to recruit and train faculty to participate in the program and to monitor and record student behaviors and attitudes towards drinking and driving. Curriculum Infusion (CI) is the process of integrating substance abuse prevention content into regularly offered classes across the curriculum. The partnership has offered CI for the past three years. The program has benefited the community, increased civic engagement opportunities for students, and decreased alcohol use within the target population. This partnership has resulted in both an increased awareness of the seriousness of drug and alcohol abuse in our community and an active interest in finding alternative solutions to the problem.

Session Goals and Learning Objectives:
- Describe key ingredients of a successful partnership between a county agency and a community college.
- Describe the process of curriculum infusion.
- Explore collaborative strategies for addressing the problem of drinking and driving.
- Learn ways to evaluate the multi-faced impacts of community-campus partnerships.

LEVERAGING NEW YORK CITY'S ACADEMIC INSTITUTIONS TO PROVIDE HEALTH CARE FOR THE HOMELESS
Beginner/Intermediate/Advanced ~ Sustaining Community-Campus Partnerships
John Conry, St. John's School of Pharmacy; Dan Siegel, SUNY Downstate Medical Center; Donna Shelley and Bruce Armstrong, Mailman School of Public Health, Columbia University; Hope Ferdowsian, George Washington University Hospital
Room: Greenway G
*AMSA Student Track

The story session will describe the various methods Project Renewal's medical department has successfully used to partner with various New York City academic institutions to provide comprehensive health care for the homeless. They include but are not limited to partnerships with the institutions represented by the presenters in addition to Beth Israel Hospital, New York University, Hunter College, New York School of Podiatry, and other colleges within Columbia University. These many successful partnerships, both from the view of Project Renewal and its partner academic institutions are a fulfillment of the conference's themes: they are indeed authentic partnerships that benefit both partners. Most of all,
through these partnerships, they are able to provide comprehensive and specialty services to an underserved population that would otherwise not have access to them, eliminating health disparities and promoting careers in community medicine. Students receive educational experience, research opportunities, and fulfill clinical rotations.

Session Goals and Learning Objectives:

- Describe successful partnerships between a community-based organization that provides comprehensive health care to New York City’s homeless, with an array of area academic institutions in a manner that is mutually beneficial to both parties.
- Describe how to leverage grant monies for a program for academic partnerships.
- Describe the benefits for an academic institution, and its students, of partnering with a community-based organizations.
- Demonstrate a range of effective partnership models.

INSTITUTIONAL REVIEW BOARD INSIGHTS

Advanced ~ Ethical Issues Raised by Community-Campus Partnerships
Sarah Beversdorf and Syed Ahmed, Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin
Room: Greenway H

With an increase in community-based participatory research and community-academic partnerships, the worlds of academia and community are intersecting at some precarious points. One of these points is the academic Institutional Review Board, or IRB. IRBs are an academic institution's way of complying with federal laws dealing with human subjects protection in research. For many institutions, this research is primarily centered around basic and clinical sciences. When a community-based project seeks IRB approval, it is often reviewed by an IRB committee with expertise in basic and clinical sciences, not by individuals with experience in community-based research. This leads to some interesting challenges for the IRB, the academic faculty and staff, and the community. This story session will discuss the 'ups and downs' of one IRB process implemented to conduct a grant-required school-based survey and will engage the audience in collective problem-solving around challenges illustrated by the case example and participants’ experiences.

Session Goals and Learning Objectives:

- Explore the challenges and successes of doing community-based research within the context of an Institutional Review Board protocol.
- Increase understanding of the Institutional Review Board systems.
- Identify key strategies for effectively implementing IRB protocols in a community.
- Discuss participants’ experiences and "lessons learned.”
- Brainstorm potential roles that CCPH and its members can take to help address the issues raised.

COMMUNITY-UNIVERSITY PARTNERSHIPS TO BRIDGE THE NON-PROFIT DIGITAL DIVIDE

Advanced ~ Campus Strategies for Community Engagement
Donald Mowry and Thomas Hilton, University of Wisconsin-Eau Claire; Kris Becker, United Way of Greater Eau Claire
Room: Greenway I

This partnership is helping nonprofit institutions bridge the digital divide by combining a capstone course in a discipline with a problem-based, community service-learning approach. This story session demonstrates the careful construction of an ongoing strong and vital community-campus collaboration between five area non-profit agencies, the United Way, and a regional public university's Management Information Systems Department and Center for Service-Learning.
Session Goals and Learning Objectives:

- Demonstrate how to build a community–campus collaboration that strengthens the organizational technology capabilities of community-based organizations (CBOs), expands community information and databases, and develops new applications to better serve CBO constituents and the overall community.
- Explore how academic and administrative units within a university can collaborate together with community-based organizations.

THEMATIC POSTER SESSION

SHARING POWER AND RESOURCES IN COMMUNITY-CAMPUS PARTNERSHIPS
Moderator: Daniel Korin, Lutheran Family Health Centers Network & Member, CCPH Board of Directors
Room: Greenway A

- CommUniverCity San Jose: Collaborating through Service-Learning for Neighborhood Health
  Debra David, Center for Service-Learning, San Jose State University; Elizabeth Sills, The Health Trust

  CommUniverCity San Jose is an initiative that weaves together the resources of university, the city, residents, and community organizations to address residents’ priorities in an economically disadvantaged, ethnically and linguistically diverse neighborhood. The “heart” of the initiative involves engaging students from across disciplines through service-learning in collaboration with other stakeholders. One major project area is community health education. The main goal of this poster is to profile this evolving collaborative that is structured to balance the power and share the resources of all stakeholders, with a focus on its implications for the health of the neighborhood. Objectives are to: 1) Outline the evolution, structure, and process of the collaborative; 2) Describe two health projects that involve service-learners from many disciplines - community mapping of the built environment and a semi-annual health fair; 3) Describe how we are utilizing two AmeriCorps programs to support those health projects; and 4) Discuss how we are assessing the impact of our efforts on the health and quality of life of neighborhood residents.

- Ties the Bind: Communities in Partnership with an Interdisciplinary Service Learning Program
  Nancy Freeborne and Jessica Scheer, George Washington University; Kathy Gold, Health Care for the Homeless

  For the past 10 years, the Interdisciplinary Student Community Oriented Prevention Enhancement Service (ISCOPES) has inspired 1,600 student members of over 150 teams working with more than 45 community sites to make a life-long commitment to serving vulnerable populations and to approach patient care with a community-oriented perspective. At the same time, communities and their faculty representatives have valued their relationships with students and the health promotion activities they implement. Some of these partnerships have been sustained for as long as ten years. Principles of adult learning have been the foundation of this George Washington University-George Mason University service learning program since its inception. Unexpectedly, these same principles have also been central in guiding students and staff to successfully sustain community-campus relationships. Understanding how these adult learning principles operate illuminated the range and types of ties that bind.
• **Triple-Layer Chess: A Metaphor for Health Policy**  
  *Karen J. Minyard, Georgia Health Policy Center; Marcia Brand, Office of Rural Health Policy, Health Resources and Service Administration; Charles Owens, Georgia Office of Rural Health Services; Frank Selgrath, Coastal Medical Access Program*

What began in 1996 as an intensive approach to understand and facilitate the development of rural health networks in 30 rural health systems has since become a dynamic, iterative process of research, translation, and implementation of policy and practice at the local, state, and national levels - a virtual game of triple-layer chess. This poster will share the authors’ experiences in understanding one another's objectives and working in partnership with the Georgia Health Policy Center to achieve the policy and resource alignment needed to create success on all three levels. The poster will impart knowledge about how to sustain a partnership; strategies for diversifying funding and ideas for developing creative revenue streams. It is an example of communities and researchers working and learning together to line up resources to improve health at the local level.

• **Building Capacity through a Community-Driven Mini-Grant Process**  
  *James M. Frabutt and Mary H. Kendrick, Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro*

The Guilford County Disproportionate Minority Contact project began with the convening of a group of representatives from the local Juvenile Crime Prevention Council in November 2003 and now includes representatives from county organizations that address concerns of children and youth. This poster is centered on sharing experiences and knowledge gained from orchestrating a community-driven mini-grant process as part of this larger initiative designed to reduce disproportionate minority contact in the juvenile justice system. Since this project was supported by federal funding, channeled through a university-based center to local service providers and non-profits, it provides insight into resource sharing and processes of shared accountability. Moreover, the mini-grant process (e.g., writing the proposals, implementing the programs, documenting outcomes) contributed to increased community capacity and community sustainability of this initiative.

• **Using Consumer and Advocates Reference Groups to Develop Research Funding Agendas**  
  *Peter Norman Levesque, Knowledge Exchange Centre, Centre of Excellence for Child and Youth Mental Health, Canada*

The goal of this poster is to communicate the use of Consumer and Advocate Reference Groups to assist in the development of research priorities and allocation of appropriate funds in a diverse range of health care specialties. The skill areas this poster focuses on are knowledge exchange, brokering, and translation; community mobilization; effective priority setting; leveraging of existing community resources for research synthesis, meta-analysis, and systematic review to improve the utilization research findings. Allocations of real dollars are often where power issues rise to the surface. By building consumer and advocate reference groups into the operational structure, discussions of priorities better reflect competing needs and desires. Consensus is reached with lower transactions costs. The costs of uptake and utilization are also reduced.
CCPH INFORMATIONAL SESSION
Friday, June 2
4:00 pm to 5:00 pm
Nicollet Ballroom

“CCPH has helped me improve my relationship with our partners. That is probably the most beneficial part of my membership. I plan on being a lifetime member of CCPH!”

-Ruth Nemire, Nova Southeastern University, Plantation, Florida

CCPH Informational Session
Room: Nicollet Ballroom

Join us for an informative and interactive session about Community-Campus Partnerships for Health (CCPH)! Learn how CCPH developed and why, access a wide range of CCPH tools and resources, and find out how to get involved in this dynamic and growing organization! The session will feature a panel of CCPH members and staff followed by plenty of time to answer your questions and respond to your ideas and suggestions. New members and long-time members alike will benefit from the discussion.
COCKTAIL POSTER SESSION & EXHIBITOR RECEPTION
Friday, June 2
5:00 pm to 7:00 pm
Nicollet Ballroom

See pages 43-48 for poster descriptions
See inside program covers for exhibitor descriptions

Come meet CCPH’s exhibitors and co-sponsors, learn about valuable programs and resources, and talk with poster presenters about their work! Pick up an Exhibitor Passport that can be used to enter a drawing for valuable raffle prizes (including a free registration to next year’s CCPH conference in Toronto!) which will be awarded during the Closing Dinner on Saturday June 3rd.

Don’t miss the chance to submit your vote for Viewer’s Choice Best Poster Award! Award Ribbons will be placed on the winning posters on Saturday, June 3rd and announced at the closing dinner that evening from 5:00 pm to 7:30 pm. Poster presenters, please remember to stand by your posters during the reception.

This is also an opportunity to enjoy a special performance by the local Danza Mexica Cuauhtemoc whose traditional dances and costumes are based in the ancient tradition of honoring the earth, youth, and elders, and building community. Each dance is explained before it is danced.
NOTES AND REFLECTION ON DAY TWO

FRIDAY June 2

Three things I learned today that interested me and I would like to learn more about are:

Three things that surprised me today are:

Three new ideas I would like to try to implement back home are:

Some memorable quotes from today are:
<table>
<thead>
<tr>
<th>TIME</th>
<th>SATURDAY JUNE 3</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am – 7:00 am</td>
<td>Health Walk through the Skyways of Downtown Minneapolis – <em>Free CPH walkman radio to first 150 people!</em></td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>7:30 am – 5:00 pm</td>
<td>Registration</td>
<td>1st Floor Nicollet Promenade</td>
</tr>
<tr>
<td>7:30 am – 8:30 am</td>
<td>Breakfast</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>7:30 am – 7:30 pm</td>
<td>Exhibit Hall - see inside program covers for descriptions of exhibitors</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>7:30 am – 7:30 pm</td>
<td>Poster Hall - see pages 87-109 for poster descriptions</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>8:30 am - 10:00 am</td>
<td>Plenary Panel of Funding Agency Perspectives – see pages 62-63 for more information</td>
<td>1st Floor Nicollet Ballroom</td>
</tr>
<tr>
<td>10:15 am - 10:30 am</td>
<td>Break</td>
<td>2nd Floor Greenway Promenade</td>
</tr>
<tr>
<td>10:30 am - 12:00 noon</td>
<td>Concurrent Sessions – Workshops, Stories and Thematic Posters – see pages 64-71</td>
<td>2nd Floor Greenways</td>
</tr>
</tbody>
</table>

**Skill-Building Workshops** – see pages 64-66

- **Community-Engaged Scholarship: Methods and Strategies for Institutional Assessment ~ Assessing, Documenting and Realizing the Benefits of Community-Campus Partnerships to All Partners**
  - Greenway B

- **Building Full Partnership Through the Comprehensive Participatory Planning and Evaluation Model ~ Campus Strategies for Community Engagement**
  - Greenway C

- **Nurturing the Next Generation of Social Entrepreneurs, Community Leaders, and Healthcare Advocates ~ Student Leadership and Activism in Community-Campus Partnerships**
  - Greenway G

- **Using CHAT, an Interactive Computer Program, to Develop a Community Based Health Care Plan ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice**
  - Greenway H

- **A Self-Assessment Tool: Understanding the Strengths and Challenges of a Coalition ~ Assessing, Documenting, and Realizing the**
  - Greenway I
Benefits of Community-Campus Partnerships to All Partners

**Story Sessions** – see page 67

- **A Health Center Based Outreach Program for Immigrant and Refugee Families in Chelsea, Massachusetts ~ Sharing Power and Resources in Community-Campus Partnerships**

**Thematic Poster Sessions** – see pages 67-71 for descriptions of posters being presented in these sessions

- **Sustaining Community-Campus Partnerships**
- **Partnership Kaleidoscope: The Healthier Wisconsin Partnership Program Mosaic of Communities, Academia and Funder**

12:00 noon – 1:30 pm **Brown Bag Lunch Sessions** – please pick up a lunch in the Greenway Promenade and proceed to the session of your choice, descriptions on pages 72-74.

- Building Evidence for Environmental and Policy Studies to Prevent Childhood Obesity: The Healthy Eating Research Program
- Challenges, Issues & Benefits for Rural Partnerships
- What is the National Diabetes Education Program and How Can We Work Together?
- Health Workforce Development with American Indians and Alaska Natives: Challenges and Opportunities
- Meet the 2006 Recipient of the CCPH Annual Award: The REACH 2010: Charleston and Georgetown Diabetes Coalition
- Community Engagement and the Carnegie Classification: Insights from the Pilot Project
- Rewarding the Community-Engaged Scholar: Proposed Review, Promotion and Tenure Guidelines for Evaluating the Community-Engaged Scholar
- Starting and Sustaining a Student-Run Clinic

1:30 pm – 2:00 pm **Break**

2:00 pm - 3:15pm **Issue Thrash, Part 2 - see page 75**

If you attended Part 1, you are encouraged to attend the same topic for Part 2
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:15 pm -3:30 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:30 pm -5:00 pm</td>
<td>Concurrent Sessions – Workshops, Stories and Thematic Posters – see pages 76-81</td>
</tr>
</tbody>
</table>

**Skill-Building Workshops** – see pages 76-77

- **Beyond Anecdotes: Challenges and Benefits of Identifying and Reporting Quantitative Indicators of Faculty Engagement** – Campus Strategies for Community Engagement
  - Greenway D
- **El Proyecto Bienestar: An Authentic CBPR Partnership in the Yakima Valley Around Environmental Justice** – Student Leadership and Activism in Community-Campus Partnerships
  - Greenway H
- **Strategies for Addressing the Many Challenges of Research Ethics in Diverse Partnerships** – Ethical Issues Raised by Community-Campus Partnerships
  - Greenway I

**Story Sessions** – see pages 78-79

- **Engaging a University in Self-Assessment and Strategic Planning to Build Partnership Capacity** – Community Strategies for Campus Engagement
  - Greenway B
- **Critical Reflections on Community-Campus Partnerships: Promise and Performance** – Greenway C
Assessing, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners

☐ Sharing Intellectual Authority: Community Elders and University Faculty Teaching Together ~ Sharing Power and Resources in Community-Campus Partnerships

Thematic Poster Session – see pages 80-81 for descriptions of posters being presented in this session

☐ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice

Greenway A

5:00 pm – 7:30 pm Closing Dinner & Award Ceremony – see pages 82-84 1st Floor Niccollet Ballroom

Announcement of Viewer’s Choice Poster Awards & Drawings for Raffle Prizes

• Annika Robbins Sgambelluri, Conference Organizer & Administrative Director, CCPH

Presentation of CCPH Annual Award

• Sarena D. Seifer, Executive Director, CCPH

Closing Remarks & Introduction of Closing Keynote Speaker

• Renee Bayer, Chair, CCPH Board of Directors

Closing Keynote Presentation

• Angela Glover Blackwell, Founder and Executive Director, PolicyLink
PLENARY PANEL OF FUNDING PERSPECTIVES
Saturday, June 3
8:30 am to 10:00 am
Nicollet Ballroom

"Science knows no country, because knowledge belongs to humanity, and is the torch which illuminates the world"

Louis Pasteur

PLENARY PANEL OF FUNDING AGENCY PERSPECTIVES
Moderator: Sarena D. Seifer, Executive Director, Community-Campus Partnerships for Health
Room: Nicollet Ballroom

This session highlights funding agency perspectives on community-campus partnerships. The panel will address such questions as “When considering proposals for community-campus partnerships, what do they look for as evidence of an authentic partnership, of a promising program?” and “What are some of the pitfalls you've observed and what guidance do you have for avoiding or overcoming them?” The panelists’ prepared remarks will be followed by answers to questions posed by the audience.

Joan Cleary, Associate Director, Blue Cross and Blue Shield of Minnesota Foundation, St. Paul, Minnesota

Joan's career in health and human services includes professional experience in government, philanthropy, healthcare, community organizing and advocacy. In 1999, she joined the Blue Cross and Blue Shield of Minnesota Foundation where she currently serves as associate director, overseeing programs and communications. She has also worked on the health program staff of the W.K. Kellogg Foundation and served as a consultant to several philanthropies based in the Twin Cities. Joan participated in the 2005-2006 Humphrey Institute Policy Forum Fellows Program at the University of Minnesota. A native of Chicago, Joan attended Oberlin College and Northwestern University Kellogg Graduate School of Management. In her volunteer life, she is past-president of the board of the Sheltering Arms Foundation. Joan lives with her husband and two children in St. Paul.

Sarah Flicker, Chief Research Scientist, The Wellesley Institute, Toronto, Ontario, Canada

Sarah is the Director of Research at the Wellesley Institute. In that capacity, she works with community based organizations across Toronto on developing research agendas to answer pressing urban health questions. In addition, Sarah manages a unique certificate program in Community-Based Research (CBR) and a CBR granting program. Sarah recently received her doctorate in Social Science and Health from the University of Toronto's Department of Public Health Sciences. Her dissertation work focused on the complexities of research-consumer dynamics in CBR with a specific focus on collaboration with youth. She has been an active member of the TeenNet Research Group throughout her doctoral studies and is now a Principal Investigator with the Gendering Adolescent AIDS Prevention Project (GAAP) and the Positive Youth Project. Her research interests are in the areas of youth health, health promotion, HIV and community-based participatory research. Sarah holds a MPH in Maternal and Child Health and Epidemiology from UC Berkeley and an honours degree in Anthropology from Brown University. Sarah sits on a number of community boards and believes strongly in community partnerships for research and action. In July of 2006, Sarah will be joining the Faculty of Environmental Studies at York University to become an Assistant Professor.

Cheryl Maurana, Senior Associate Dean, Public and Community Health, Medical College of Wisconsin (MCW), Milwaukee, Wisconsin; Member, MCW Consortium on Public and Community Health, Healthier Wisconsin Partnership Program

Cheryl is Senior Associate Dean for Public and Community Health at the Medical College of Wisconsin. She has received national recognition for her work in public health research and community partnerships.
At the Medical College of Wisconsin, she has built a number of partnerships both within the College and with communities for improving health in the Milwaukee community and the state of Wisconsin. A Professor of Family and Community Medicine, Cheryl is responsible for expanding the Medical College's community efforts, fostering collaboration among existing centers focused on community and public health, and facilitating partnerships, both urban and rural. Cheryl joined the Medical College in 1995 and founded the College's Center for Healthy Communities in 1997. In 1999, she received the Community-Campus Partnerships for Health Leadership Award for national leadership in building community-academic partnerships. Her work has focused on building community-academic partnerships to improve the health of the public. She is principal or co-investigator on more than 30 federal and foundation grants. She also served as chair of the founding board chair of Community-Campus Partnerships for Health.

Terri D. Wright, Program Director, W.K. Kellogg Foundation, Battle Creek, Michigan

Terri develops and reviews the Foundation’s health programming priorities and initiatives, evaluates and recommends proposals for funding, and administers projects and initiatives. She also assists in public policy analysis and related policy program development, as well as provides leadership to the Foundation’s school-based health care policy program. Terri takes an active leadership role in several professional associations. Currently, she is an elected board member of the American Public Health Association and a member of the Michigan Public Health Association. The W.K. Kellogg Foundation was established in 1930 "to help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations." To achieve the greatest impact, the Foundation targets its grants toward specific areas. These include: health; food systems and rural development; youth and education; and philanthropy and volunteerism. Within these areas, attention is given to exploring learning opportunities in leadership; information and communication technology; capitalizing on diversity; and social and economic community development. Grants are concentrated in the United States, Latin America and the Caribbean, and the southern African countries of Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland, and Zimbabwe.
"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, Rockefeller Foundation

*Please note – The terms “beginner,” “intermediate,” and “advanced” below the session title indicate the intended skill level(s) of the audience as determined by the presenters. The conference topic area that the session corresponds to is indicated right after the intended skill level.

**SKILL-BUILDING WORKSHOPS**

**COMMUNITY-ENGAGED SCHOLARSHIP: METHODS AND STRATEGIES FOR INSTITUTIONAL ASSESSMENT**

*Intermediate ~ Assessing, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners*

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

Room: Greenway B

This session illustrates 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 Community-Engaged Scholarship for Health Collaborative funded by the US Department of Education’s Fund for the Improvement of Postsecondary Education. These methods include a self-assessment conducted at both the school/department and institutional levels, a protocol 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 offer their perspectives on the value and uses of these methods.

Session Goals and Learning Objectives:
- Establish the context of community engagement and community engaged scholarship in health professions education.
- Describe the model for institutional self-assessment.
- Illustrate applications of the self-assessment drawing upon the work of the Community Engaged Scholarship for Health Collaborative.
- Explore specific applications in various health professions schools.
- Engage participants in how to apply and use the self-assessment for faculty recruitment and recognition.

**BUILDING FULL PARTNERSHIP THROUGH THE COMPREHENSIVE PARTICIPATORY PLANNING AND EVALUATION MODEL**

*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: Greenway C

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.

Session Goals and Learning Objectives:
- Build skills in the adaptation of and application of the Comprehensive Participatory Planning and Evaluation (CPPE) Model to community-campus partnerships as an early step toward the development of full and equitable partnerships.
- Describe the basic process of CPPE implementation to address nutrition, health or other problems.
- Identify outcomes achieved in the application of the CPPE Model in three rural communities.
- Engage in brief small group demonstrations of the process.

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

Intermediate ~ Student Leadership and Activism in Community-Campus Partnerships
Patricia Keener and Stephen Kirchhoff, Office of Medical Service-Learning, Indiana University School of Medicine
Room: Greenway G
*AMSA Student Track

This workshop showcases 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."

Session Goals and Learning Objectives:
- Understand lessons learned from medical student-initiated, -led, and -institutionalized community-campus service-learning projects.
- Learn best practices for developing a supportive learning environment which fosters student leadership, creativity, problem-solving, and decision-making skills.

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

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: Greenway H

The details of the development process of Galveston County's 3-share plan are presented during this session. This process, which involves an innovative, community based assessment and has been mutually driven by the business community and the University of Texas Medical Branch, 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 National Institutes of Health. Session attendees 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 illustrates 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.

Session Goals and Learning Objectives:
- Identify the key state legislation that makes the development of a community 3-share plan possible.
- Identify community networks and resources that are needed to facilitate community participation in an in-depth community assessment.
- Learn how to use a new community assessment tool that can help in determining their community’s health care priorities.
- Learn how to apply the results from the community assessment tool to the development of a community health program such as the 3-share plan.

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

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: Greenway I

This workshop relates to the conference theme 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.

Session Goals and Learning Objectives:
- Implement a self-assessment method using meeting minutes to identify strengths and challenges of a community-campus coalition.
- Analyze outcomes of this analytical method to create a picture of how the coalition works effectively and to identify barriers that negatively impact progress.
- Describe how one coalition in a tribal community used this method to improve their ability to address health disparities impacting youth.
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 discusses the continuous reassessment of the program through intensive contact and needs assessment of refugee families through home visitation and related support activities.

Session Goals and Learning Objectives:
- Learn about the challenges of identifying and addressing the needs of incoming refugee families.
- Understand the role of community based partnerships in addressing the health needs of refugee and new immigrant families through a presentation of the range of partnerships and programs necessary to begin to address the physical, mental and social needs of these families.

THEMATIC POSTER SESSIONS

SUSTAINING COMMUNITY-CAMPUS PARTNERSHIPS
Moderator: Renee Bayer, University of Michigan School of Public Health & Member, CCPH Board of Directors
Room: Greenway A

- 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. Secondarily, 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 billboards 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, The Wellesley Institute; Beth Savan, Environmental Studies Program,
  University of Toronto, Canada

  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
Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice
Moderator: Mick Huppert, University of Massachusetts Medical School
Room: Greenway J

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 second award cycle with forty-nine 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 thematic poster session 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.

Below are descriptions of each poster that will be presented in this session:

• Healthier Wisconsin Partnership Program
  Ellen Servais, Healthier Wisconsin Partnership Program, Medical College of Wisconsin

See above description of program as a whole.
• **Project HOPE (Health of People Everywhere): An Agape/Stritch/MCW Partnership**  
  *Sharon Garrett, School of Nursing, Cardinal Stritch University; Barbra Beck, Department of Family and Community Medicine, Medical College of Wisconsin*

  Project HOPE is a partnership between Cardinal Stritch University School of Nursing, Agape Community Center, Medical College of Wisconsin, and Agape community members. The purpose of the project is two-fold: to 1) conduct a comprehensive health assessment of the Agape service area utilizing community-based participatory research (CBPR), and 2) use the CBPR approach to build and strengthen the capacity of the community. Agape’s service area is comprised predominantly of lower-income, African-American, female-headed households. Our poster compares and contrasts the ease by which the academic institutions developed an effective partnership to the challenges of establishing and maintaining a partnership with a community-based organization that has the same overall mission, but a much different understanding of process and method. The impact of these challenges on project outcomes will be explored. We also present effective strategies that were applied to the recruitment and maintenance of a Community Advisory Board (CAB) and the Board's multiple positive outcomes.

• **The Holistic Health Planning Partnership for Women Offenders: How a Community Academic Partnership can Become a Catalyst for Change**  
  *Connie Shaver and Linda Pate-Hall, Horizons, Inc.; Ann Maguire, Department of Internal Medicine, Medical College of Wisconsin*

  Poverty, trauma and substance abuse are the primary pathways for women into the criminal justice system and into a life of poor health. Horizons Inc., the first halfway house for women offenders in the state of Wisconsin, sought a partner to join in developing programming that would address the health needs of their consumers. Dr. Ann Maguire had clinical experience in the care of urban underserved populations, but lacked understanding of the larger societal issues that triply marginalize justice involved women including race, class, and gender. The Partnership proposed the following: (1) To Develop a written partnership agreement (2) To Host focus groups for women offenders to identify their health care needs and priorities; (3) To Assess health literacy and health risk factors for women offenders; (4) To Establish a Steering Committee of local community health providers to share knowledge and participate in program planning; and (5) To Develop a pilot curriculum and program plan to address the health needs of women offenders.

• **“Salud para Todos- ¡Querer es Poder!": Community-Campus Partners Bridge Cultural Barriers in Milwaukee with Bilingual Chronic Care Project**  
  *Mary Mueller, Sixteenth Street Community Health Center; Lisa Rodriguez, United Community Center; Christine Cronk, Department of Pediatrics, Medical College of Wisconsin*

  Latino residents in the US suffer from multiple chronic diseases (asthma, diabetes and obesity) that arise from the way of life they adopted after immigration. Effective self-management is essential to limit the effects of these three conditions. "Salud para Todos- ¡Querer es Poder!" (Health for All- Believe and Achieve!) addresses the social and economic barriers to lifestyle changes that limit the success patients have in managing their own conditions. This bilingual project (now beginning its second year) aims to develop a new model of patient care using the Chronic Care Model to integrate care systems for asthma, diabetes and obesity. Essential elements are: 1) Evidence-based best practice care for each condition; 2) Programs and resources to support both patient and provider education; and 3) Clinic-wide systems for coordinating and evaluating care. This three-year Healthier Wisconsin Partnership Program project combines community-academic resources and skills to benefit Milwaukee's Latino community. Our poster will highlight project components as well as partnership evolution.
• **Implementing Community Health Improvement: Identification of Health Priorities through Participatory Action**  
  *Mary Jo Baisch, College of Nursing, University of Wisconsin-Milwaukee; James Sanders, Department of Family and Community Medicine, Medical College of Wisconsin*

The Riverwest Health Initiative (RHI) is a collaborative partnership in a diverse Milwaukee community that was begun in 2002. Through this initiative, campus partners have joined with other community organizations to determine and address health priorities for a community of 6,433 households. The aim of the project is to not only define health priorities and improve health outcomes, but to use participatory processes to implement and sustain community capacity for health improvement. The poster will include a description of this growing partnership, results of the community health assessment developed and conducted by community partners, and health priorities identified by community members. Most community health assessments are focused on health behaviors and other epidemiologic information. This assessment included a community survey of residents' perceptions of their physical and emotional health, home and neighborhood environment, parenting and caretaking responsibilities and utilization of health and other community resources. The health priorities that community members and partners identified will be described as well as methods for gathering data and sharing resources.

• **Wisconsin Injury Prevention Coalitions: Translating Evidence into Practice**  
  *Barbara Hill, Population Health Institute, University of Wisconsin, Madison; Ann Christiansen, Injury Research Center, Medical College of Wisconsin*

A significant challenge for the field of injury prevention and control is translating research findings into effective community-based prevention programs, policies, and practices. The application of theoretical advances into applied programs is often difficult due to a disconnect between researchers and community members. Researchers may have detailed information on the burden and scope of various injuries and on interventions that have been demonstrated to be effective in controlled studies. They lack, however, the knowledge or expertise in implementing interventions in community settings. Community-based coalitions interested in injury prevention frequently have detailed knowledge of needs and how to accomplish work within their community but may not have access to information on the magnitude and scope of various injuries and on effective programs and policies that can reduce the injury burden. One result of this disconnect between researchers and communities is that community organizations and coalitions end up implementing ineffective injury prevention programs or, perhaps even more frequently, not implementing any injury prevention programs at all. This project is designed to bridge the gap between injury prevention research and the implementation of evidence-driven, community-based programs, policies, and practices through an infrastructure of support that links community coalitions with researchers. Community coalitions are supported through technical assistance, best practices guides, and direct consultation in all aspects of coalition development and management, as well as development, implementation, and evaluation of the impact of a program, policy, or practice. In turn, coalitions provide feedback on the usefulness of the information, data on the success of their programmatic efforts, guidance on how to implement programs in various communities, in addition to sharing information on their lessons learned and successes with one another.
Please grab a lunch from the Greenway Promenade area, and join one of the following brown bag lunch sessions.

**BUILDING EVIDENCE FOR ENVIRONMENTAL AND POLICY STUDIES TO PREVENT CHILDHOOD OBESITY: THE HEALTHY EATING RESEARCH PROGRAM**  
*Discussion Leader: Mary Story, Professor, Division of Epidemiology and Community Health, School of Public Health & Adjunct Professor, Department of Pediatrics, School of Medicine, University of Minnesota*  
*Room: Greenway B*

The Robert Wood Johnson Foundation has launched a new program entitled *Healthy Eating Research* (www.healthyeatingresearch.org). *Healthy Eating Research* is a 5-year, $16 million national program that supports solution-oriented research to identify and assess multi-level environmental and policy influences and strategies with potential to improve healthy eating and reduce obesity levels/rates among children. The National Program Office is housed at the School of Public Health, University of Minnesota. The goals of *Healthy Eating Research* are to: 1) establish a strong, actionable research base on policy and environmental determinants of healthy eating and body weight in children, and effective policy and environmental strategies for curbing youth obesity; 2) build a vibrant, multi-disciplinary field of research and a diverse network of researchers; and 3) assure that findings are effectively communicated to inform the policy debate and guide the design of effective policy and environmental solutions. Special emphasis is given to children in low-income and racial/ethnic minority populations where rates of childhood obesity are highest and rising fastest. It is anticipated that results from this new field of scientific inquiry will inform policy and environmental changes to improve healthy eating among children, which along with physical activity changes can reverse the trend in child obesity. The success of *Healthy Eating Research* is dependent on a collaborative approach among investigators in widely divergent fields. Such transdisciplinary research with community involvement and input from key stakeholders can yield new insights on finding policy-relevant and solution-oriented strategies for community-and population-level healthy eating. *Healthy Eating Research* will release annual Calls for Proposals supporting research on a variety of policy and environmental strategies for reducing childhood obesity. Come and learn more at this brown bag session!

**CHALLENGES, ISSUES AND BENEFITS FOR RURAL PARTNERSHIPS**  
*Discussion Leader: Chris Parker, Senior Research Associate, Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University*  
*Room: Greenway C*

Partnerships between urban-based academic institutions and rurally-located health collaboratives have demonstrated ability to strengthen communities and improve health. Often little local capacity exists to study the problem though invariably there is great local energy willing to find solutions. Patience, time and understanding lead to the establishment of trust and a shared learning environment that contributes to the body of knowledge about health improvement and improves local health systems. In this session the Georgia Health Policy Center will share its experiences working in and with rural communities to improve health. Please join us for what promises to be a lively discussion.
WHAT IS THE NATIONAL DIABETES EDUCATION PROGRAM AND HOW CAN WE WORK TOGETHER?
*Discussion Leader: Quanza Brooks-Griffin, Public Health Advisor, National Diabetes Education Program*
*Room: Greenway D*

The National Diabetes Education Program (NDEP) is an initiative of the Centers for Disease Control and the National Institutes of Health and over 200 partner organizations working together to reduce the morbidity and mortality associated with diabetes. NDEP produces materials on both diabetes prevention and management for health care providers, community-based organizations and people with or at increased risk for diabetes. NDEP will hold a brown bag lunch session to share information on current and upcoming products targeted towards the general community and health care practitioners, including Pharmacists, Podiatrists, Optometrists, and Dental health care providers. There are a variety of ways that organizations and individuals can partner with NDEP including participation in evaluation and pilot testing of materials. NDEP will share these opportunities and ways to obtain free resources and products for diabetes prevention and control. Please visit [www.ndep.nih.gov](http://www.ndep.nih.gov) to learn more.

HEALTH WORKFORCE DEVELOPMENT WITH AMERICAN INDIANS AND ALASKA NATIVES: CHALLENGES AND OPPORTUNITIES
*Discussion Leader: Rhonda Johnson, Chair, Department of Health Sciences & Associate Professor of Public Health, University of Alaska-Anchorage*
*Room: Greenway E*

This discussion will provide a brief overview of the new Pathways into Health collaboration that focuses on health professions education for American Indians and Alaska Natives utilizing distance learning, on-site education and cultural integration. It will also welcome and provide a forum to discuss other innovative programs in this area. At least three types of challenges and opportunities will be explored by the group: a) developing culturally reinforcing and sustaining health professional training, b) use of distance technologies to bring community and academic partners together, and c) planning, implementing and evaluating community-based participatory research in “Indian Country”. Participants are encouraged to bring their experience and insights to this ‘brown bag’ so that all may benefit.

*Discussion Leaders: Virginia Thomas, AKA Sorority and Community Health Advisor; Carolyn Jenkins, Professor, Medical University of South Carolina College of Nursing and Principal Investigator*
*Room: Greenway F*

The REACH 2010: Charleston and Georgetown Diabetes Coalition is a partnership between the Charleston and Georgetown communities and the Medical University of South Carolina College of Nursing that is eliminating disparities for African Americans with diabetes. Local community groups, health care professionals and people with diabetes identify assets, implement and evaluate community actions. For a more complete description of the partnership and its accomplishments, see page 82. During this brown bag session, meet with representatives of the partnership and learn from their challenges and successes.
COMMUNITY ENGAGEMENT AND THE CARNEGIE CLASSIFICATION: INSIGHTS FROM THE PILOT PROJECT
Discussion Leaders: Laurel Hirt, Service-Learning and Community Involvement Director, Career and Community Learning Center, University of Minnesota; Carole Beere, Associate Provost for Outreach & Dean of Graduate Studies, Northern Kentucky University
Room: Greenway G

During the past year, the Carnegie Foundation for the Advancement of Teaching expanded its scheme for classifying institutions of higher education. As part of that process, Carnegie is developing several elective classifications, one of which focuses on community engagement (the exchange of knowledge and resources between higher education institutions and their larger communities for mutual benefit). Fourteen campuses were chosen to serve in a consultative role and to participate in a pilot project for this elective classification process. This brown bag lunch, facilitated by participants from 2 of the pilot campuses, will focus on the results of the pilot project, the implications for institutions who wish to participate in the elective classification, and the challenges of data collection.

REWARDING THE COMMUNITY-ENGAGED SCHOLAR: PROPOSED REVIEW, PROMOTION AND TENURE GUIDELINES FOR EVALUATING THE COMMUNITY-ENGAGED SCHOLAR
Discussion Leader: Catherine Jordan, Executive Director, Children, Youth and Family Consortium & Assistant Professor of Pediatrics, University of Minnesota and Chair, Peer Review Work Group, Community-Engaged Scholarship for Health Collaborative
Room: Greenway H

Educators and researchers are increasingly turning to community partnerships to enrich quality and relevance of learning and discovery. In some fields, community-based participatory research and service learning are now considered “best practice.” However, the review, promotion and tenure (RPT) system has not kept pace. A workgroup of diverse health science school faculty involved in the Community-Engaged Scholarship for Health Collaborative developed preliminary RPT criteria for community-engaged scholarship. These draft criteria will be presented for discussion in this brown bag session. Feedback about the criteria will be sought. Participants will discuss the most effective ways of documenting the scholarship of their community engagement.

STARTING AND SUSTAINING A STUDENT-RUN CLINIC
Discussion Leader: Andrew Morgan, 3rd year medical student, University of British Columbia
Room: Greenway I
*AMSA Student Track

This student-facilitated discussion will center around the why, when and how to start a student-run clinic that expands access to care for the underserved and strategies for sustaining the effort. Learn from the experiences of a successful student-run clinic in Vancouver, BC as you explore such issues as recruiting and retaining volunteers, supervision, services provided, hours of operation, liability, and assessing impact.
Issue Thrash is a 2-part series of sessions organized around the major conference topics. Part 1 takes place on Thursday, June 1st from 1:30 pm to 3:00 pm. Part 2 takes place on Saturday, June 3rd from 2:00 pm to 3:15 pm. The series provides participants an opportunity to explore shared issues and challenges, come away with fresh ideas and new strategies to help meet those challenges, and have their opinions heard on a national level by recommending ways that CCPH and other organizations can be supportive. Each 2-part series is led by prepared facilitators. Participants are encouraged to attend both sessions in the 2-part series to maximize the opportunity to create a learning community and engage in meaningful dialogue. Highlights of the Issue Thrash sessions will be presented at the closing session of the conference and incorporated into the conference proceedings.

Sharing Power and Resources in Community-Campus Partnerships  
Facilitator: Monique Barber, University of Texas Prevention Research Center; Chuck Conner, West Virginia Rural Health Education Partnership and CCPH board member  
Room: Greenway B

Ethical Issues Raised by Community-Campus Partnerships  
Facilitators: Ella Greene-Moton, The Flint Odyssey House, Inc. Health Awareness Center, University of Michigan School of Public Health and CCPH board member; Renee Bayer, University of Michigan School of Public Health and CCPH board member  
Room: Greenway C

Community-Campus Partnerships that Address Major Determinants of Health and Social Justice  
Facilitator: Holly Felix, College of Public Health, University of Arkansas for Medical Sciences; Suzanne Selig, School of Health Professions and Studies, University of Michigan-Flint  
Room: Greenway D

Sustaining Community-Campus Partnerships  
Facilitators: Donald Mowry, Center for Service-Learning, University of Wisconsin, Eau Claire; Anne Willaert, Minnesota State Colleges and Universities  
Room: Greenway E

Assessing, Documenting and Realizing the Benefits of Community-Campus Partnerships to All Partners  
Facilitator: Linda Silka, University of Massachusetts, Lowell; Barbara Kruger, University of North Florida  
Room: Greenway F

Student Leadership and Activism in Community-Campus Partnerships  
Facilitator: Darcy Freedman, Vanderbilt University; Ann Banchoff, Stanford University  
Room: Greenway G  
* AMSA Student Track

Community Strategies for Campus Engagement  
Facilitator: Marilyn White, Arthur Ashe Institute for Urban Health  
Room: Greenway H

Campus Strategies for Community Engagement  
Facilitators: Julie Plaut, Minnesota Campus Compact; Rohinee Lal, Simon Fraser University Faculty of Health Sciences and Institute for Health Research and Education  
Room: Greenway I
“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 as determined by the presenters. The conference topic area that the session corresponds to is indicated right after the intended skill level.

SKILL-BUILDING WORKSHOPS

BEYOND ANECDOTES: CHALLENGES AND BENEFITS OF IDENTIFYING AND REPORTING QUANTITATIVE INDICATORS OF FACULTY ENGAGEMENT

Intermediate ~ Campus Strategies for Community Engagement

Hiram E. Fitzgerald, Michigan State University

Room: Greenway D

This workshop is designed to stimulate a sharing of ideas and experiences about assessing university commitment to engaging with communities. 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.

Session Goals and Learning Objectives:
- Learn how one large postsecondary institution developed, tested, and implemented an online survey to collect quantitative data about faculty engagement.
- Discuss the challenges, issues, and benefits.
- Grapple with how best to determine and represent community investment.
- Examine conflicting issues of using data for planning and for positioning the institution.
- Think about taxonomies to adapt such indicators to provide a national database.

EL PROYECTO BIENESTAR: AN AUTHENTIC CBPR PARTNERSHIP IN THE YAKIMA VALLEY AROUND ENVIRONMENTAL JUSTICE

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: Greenway H

Participants will learn and use successful strategies in negotiating power and resource sharing as they develop authentic community-university research partnerships. Partners' use of strategies in successful negotiation of power and resource sharing in the development of El Proyecto Bienestar include transparent grant process; shared budget; consensus decision making; regular meetings and shared work; and bonding and trust. Successful power and resource sharing are essential components of authentic community-university partnerships. The community's use of strategies to assert short- and long-term interests in El Proyecto Bienestar include a community research review; multiple organizational
representatives; relationships; local data collection; and involvement of local students. Communities are often at a disadvantage in community-university partnerships, and it is only when communities can assert both their short- and long-term interest in such partnerships that they will truly be authentic.

Session Goals and Learning Objectives:

- 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.
- 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.
- Assess whether involvement of local students in their own community-university partnership is within their capacity and consistent with their partnership objectives.
- Explore some strategies communities may use to assert their short- and long-term interests in a community-university research partnership.
- Assess opportunities to develop community assertiveness strategies and mechanisms in their own partnerships.

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

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: Greenway I

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. They 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, they 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.

Session Goals and Learning Objectives:

- Invite participants to consider some of the dilemmas of research ethics that emerge in research partnerships that involve diverse groups.
- Suggest strategies for organizing these dilemmas within a research cycle model.
- Show how the research cycle model can help partnerships anticipate and address some of the ongoing complexities.
ENGAGING A UNIVERSITY IN SELF-ASSESSMENT AND STRATEGIC PLANNING TO BUILD PARTNERSHIP CAPACITY

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: Greenway B

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-campus 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.

Session Goals and Learning Objectives:
- Describe the genesis, methods, findings, and recommendations of the UCSF Task Force on Community Partnerships.
- Discuss strategies for conducting a campus-based inventory of existing community partnership activities.
- Describe methods for identifying best practices at other institutions with successful community-campus partnership programs.
- Brainstorm how participants can advocate within their own communities/institutions for the creation and/or improvement of infrastructures to support community-campus partnership activities.

CRITICAL REFLECTIONS ON COMMUNITY-CAMPUS PARTNERSHIPS: PROMISE AND PERFORMANCE

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 (HOMECorp); Kenneth Brook, Department of Anthropology, Montclair State University

Room: Greenway C

This session presents findings from a qualitative analysis of the three-year Department of Housing and Urban Development (HUD) funded Community Outreach Partnership Center (COPC) at Montclair State
University (MSU). 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. 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?

Session Goals and Learning Objectives:
- Discuss the barriers and threats to the creation of sustainable community-campus partnerships as perceived by the twenty-two MSU COPC community, campus, and local governmental partners with whom we conducted semi-structured interviews.
- Apply Sharon Welch’s work on an ethic of control versus an ethic of risk in partnership (A Feminist Ethic of Risk: 2000) to frame the variables responsible for the success and/or failures of community-campus partnerships providing a new and innovative model for developing effective partnering processes as well as assessing partnerships.

SHARING INTELLECTUAL AUTHORITY: COMMUNITY ELDER AND UNIVERSITY FACULTY TEACHING TOGETHER
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: Greenway G

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.

Session Goals and Learning Objectives:
- Discuss the concept of shared intellectual authority, and how it relates to other forms of shared power.
- Identify the aspects of the dominant academic knowledge system that undermines shared authority.
- Describe a model for sharing intellectual authority, and for teaching students to hold multiple systems of knowledge.
THEMATIC POSTER SESSION

COMMUNITY-CAMPUS PARTNERSHIPS THAT ADDRESS THE MAJOR DETERMINANTS OF HEALTH AND SOCIAL JUSTICE
Moderator: Barbara Gottlieb, Brookside Community Health Center; Harvard Medical School & Member, CCPH Board of Directors
Room: Greenway A

- **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 thematic poster session, we will discuss how MOMS strengthened alliances and got partners to sing its’ praises.

- **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; Garcia 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-campuses 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 CHWs. 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 Adobea 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. Community members participated in the data collection.

• Project PATHS: Empowering Latino Youth to Choose Health and Science Careers  
Holly E. Jacobson and Eva Peña, Department of Kinesiology, Health Promotion and Recreation; Francisco Soto Mas, School of Public Health, University of North Texas Health Science Center

One of the goals of Project PATHS is to increase the representation of Latino students in health professions. Objectives include increasing the number of Latino students reporting interest in health professions and taking college entrance exams. In order to achieve program goals and objectives, Project PATHS has established a community-campus collaborative partnership between the Dallas Independent School District and the University of North Texas. The 3-year project, funded by the National Institutes of Health, is currently in the implementation phase. This paper describes intervention strategies of Project PATHS, the results of the midterm impact evaluation, and lessons learned. Project PATHS adopted an ecological approach based on the social learning theory.
CLOSING DINNER & CCPH AWARD CEREMONY
Saturday, June 3
5:00 pm to 7:30 pm
Nicollet Ballroom

Closing Dinner & CCPH Award Ceremony
Room: Nicollet Ballroom

Please join us for the conference closing dinner which includes the giving away of exhibitor passport raffle prizes, recognition of the Poster Winners for the Viewer’s Choice Awards, presentation of the 2006 CCPH Annual Award, and an inspiring presentation by our closing keynote speaker, Angela Glover Blackwell.

CONGRATULATIONS TO THE 2006 CCPH ANNUAL AWARD RECIPIENT:
THE REACH 2010 CHARLESTON AND GEORGETOWN DIABETES COALITION
http://reach.musc.edu

CCPH congratulates the recipient of the 2006 CCPH Annual Award, This year’s award recognizes the REACH 2010 Charleston and Georgetown Diabetes Coalition for their exemplary contributions to improving health professional education, civic engagement, and the overall health of communities. This year’s selection committee had the challenging task of selecting the award recipient from a highly competitive pool of submissions. We are delighted to be able to promote and recognize the accomplishments of the Coalition through this award. Accepting the award on behalf of the Coalition are Virginia Thomas, AKA Sorority and community health advisor and Carolyn Jenkins, Professor, Medical University of South Carolina College of Nursing and Principal Investigator.

The REACH 2010: Charleston and Georgetown Diabetes Coalition is a partnership between the Charleston and Georgetown communities and the Medical University of South Carolina College of Nursing that is eliminating disparities for African Americans with diabetes. Local community groups, health care professionals and people with diabetes identify assets, and implement and evaluate community actions. The partnership includes 16 agencies, neighborhoods, and people with diabetes and covers more than 1600 square miles, with over 12,000 identified African Americans with diabetes. The actions include 1) community-driven education where people live, worship, work, play, and seek health care; 2) evidence-based health systems change; and 3) coalition power built through trust, collaboration, and sound business planning. The health care professionals bring the “science of diabetes” while the community determines how to implement the science and together the Coalition works to eliminate disparities.

The Coalition evaluates progress and plans for each year through community surveys, focus groups, chart audits, minutes of meetings, and epidemiological data. Funding is generated by community fundraising, coalition activities, and a cooperative agreement from the Centers for Disease Control and Prevention. Progress in eliminating disparities includes eliminating significant health care disparities in diabetes testing, decreasing emergency room visits, and decreasing amputations in African American men by 50%. The Coalition continues to work on improving diabetes control.
CCPH also extends congratulations to the **2006 CCPH Award Honorable Mentions:**

**BRAZOS VALLEY HEALTH PARTNERSHIP**
www.bvhp.org

The Center for Community Health Development (CCHD) conducted a health status assessment in the surrounding seven-county Brazos Valley region in 2002. Funded by two hospital systems, the local health department, the council of governments and the School of Rural Public Health, assessment findings motivated the funders and local health and social service providers to establish the Brazos Valley Health Partnership. With CCHD offering to serve as both a partner and a neutral facilitator, the stakeholders agreed to commit their time and resources to develop a collaborative base from which local and regional efforts to improve community health status could be launched. The new partnership utilized CCHD faculty’s expertise and the CCHD student workforce to not only further identify underlying health status issues but also to engage local communities in working with providers and other partners to customize successful healthcare solutions that would be unique to each community. CCHD faculty benefits from the increased opportunity to conduct community-based participatory research in their own backyard while students gain immediate hands-on experience in community health development. Since then, BVHP has expanded its network to include four community health partnerships and five health resource centers, trained fifteen students and supported several research projects.

**THE STEPPING UP PROJECT**
www.uiowa.edu/~stepping

The Stepping Up Project is a campus-community coalition composed of members of The University of Iowa and Iowa City/Coralville community. They are dedicated to creating recreational and educational programs along with government policies to reduce high-risk drinking and its harmful effects. With funding from the Robert Wood Johnson Foundation administered by the American Medical Association, the coalition’s approach is to change the environment and help solve the problem of high-risk drinking, especially among college students, through collaboration and partnerships within The University of Iowa and Iowa City community.

**FLINT HEALTHCARE EMPLOYMENT OPPORTUNITIES PROJECT**
www.gfhc.org

The Flint Healthcare Employment Opportunities Project was established in 2002 to develop and coordinate local education, training and skill development programs in ways that would simultaneously address employment barriers for low-income Flint and Genesee County residents while helping healthcare employers meet their workforce needs and other significant challenges. The FHEO Project provides sustainable employment and career tracks in the healthcare industry for residents of Flint’s Renewal Community through a comprehensive program that encompasses attitudinal and life skills training, job-skills development, training in healthcare occupations, job placement, and mentoring provided by community-based organizations and academic institutions. The partnership members include three major health systems; two educational institutions; the K-12 school district; the workforce development system; and faith-based and community based organizations that serve Genesee County. Primary funding for the FHEO Project was initially provided by the Charles Steward Mott Foundation with additional funding from the Community Foundation of Greater Flint.
CLOSING REMARKS
Renee Bayer, Chair, Community-Campus Partnerships for Health Board of Directors

Ms. Bayer is Community-Academic Liaison Coordinator at the University of Michigan, School of Public Health, Office of Community-Based Public Health. The goal of this Office is to promote community-based public health research, teaching, and practice. Ms. Bayer facilitates relationships and activities between the faculty and students at the School of Public Health and community-based organizations and local health departments. She spends about half-time working with community-based organizations and coalitions. The other part of her time is spent consulting with faculty about curriculum and research and coordinating community-based internships. She is staff/liaison to the following projects: 1) Michigan Neighborhood AmeriCorps Program; 2) Detroit-Community Academic Urban Research Center; 3) Prevention Research Center of Michigan; 4) Michigan Center for the Environment and Children's Health; 5) Community-Health Scholars Program (Kellogg-funded post-doctoral program); and 6) Community Health Investigator Project (STD prevention curriculum for middle schools in Detroit) Renee has a master's degree in health services administration.

CLOSING KEYNOTE SPEAKER
Angela Glover Blackwell, Founder & Chief Executive Officer, PolicyLink

Ms. Blackwell is founder and chief executive officer of PolicyLink, a national nonprofit research, communications, capacity-building, and advocacy organization. She describes its mission as "advancing a new generation of policies to achieve economic and social equity, based on the wisdom, voice, and experience of local leaders who are shaping successful solutions to national problems." PolicyLink is committed to "Lifting Up What Works." Since its inception in 1999, PolicyLink has been a leading advocate in the nation's growing community-building movement. PolicyLink has partnered with a cross-section of stakeholders to ensure that questions of equity receive the highest priority in addressing major policy issues, including: urban sprawl and smart growth, reinvestment in low-income communities, bridging the digital divide, responsible policing, and eliminating racial health disparities. Ms. Blackwell founded PolicyLink after serving as senior vice president for the Rockefeller Foundation for three-and-a-half years. She directed the Foundation's domestic and cultural divisions and developed the Next Generation Leadership and Building Democracy program, centered on issues of inclusion, race, and policy. She is also co-author of Searching for the Uncommon Common Ground: New Dimensions on Race in America. She is a frequent guest in the media and her appearances include ABC's Nightline and National Public Radio. She has been published in the opinion pages of The New York Times, the Los Angeles Times, and the San Francisco Chronicle.

Learn more about PolicyLink on page 120.
NOTES AND REFLECTION ON DAY THREE          SATURDAY June 3

Three things I learned today that interested me and I would like to learn more about are:

Three things that surprised me today are:

Three new ideas I would like to try to implement back home are:

Some memorable quotes from today are:
"Imagination is more important than knowledge."  
Albert Einstein

This is a comprehensive list of all posters presented in the Poster Hall, including all poster presented in thematic poster sessions throughout the conference.

**Poster Hall hours**

<table>
<thead>
<tr>
<th>Day</th>
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<tbody>
<tr>
<td>Thursday, June 1</td>
<td>12:00 pm – 5:30 pm</td>
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<td>*Friday, June 2</td>
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<tr>
<td>Saturday, June 3</td>
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*Cocktail Poster Session & Exhibitor Reception from 5:00 pm – 7:00 pm, Friday June 2*

**POSTER DESCRIPTIONS**

**A 5 YEAR PERSPECTIVE ON A CAMPUS - COMMUNITY PARTNERSHIP: CHALLENGES, SUCCESSES & SUSTAINABILITY**

Vida Huber, Jane Hubbell and Emily Akerson, James Madison University, Institute for Innovation in Health and Human Services

The poster describes how one community in Virginia started an early literacy coalition in 2001 and received a 17-month 1 million dollar grant in 2002 to start the "Reading Road Show, Gus Bus" mobile literacy program. When the grant ended, how sustainability was developed after October 2004, (this would be the painful part) was challenging but successful. Walking the talk and having core values promoting innovation opened the door to new partnership possibilities. In September 2005 the coalition received another 17-month $700,000 grant to grow the program to include a rural health and home visiting component. What we will convey is that community partnerships are messy and fragile but with innovation, care, respect and authentic become stronger and more resilient.

**ACTIVE COMMUNITY INVOLVEMENT IN DIABETES PREVENTION: THE ROLE OF A COMMUNITY ADVISORY BOARD**

Amelia McGregor and Rita McComber, community members, Kahnawake, Mohawk Territory, Canada

Poster presentation on the role of a community advisory board.

**ARE WE THERE YET? FOSTERING RESEARCH-READY RELATIONSHIPS IN RURAL SETTINGS**

Christopher A. Parker and Tina Anderson-Smith, Georgia Health Policy Center (GHPC), Georgia State University; Nancy Kennedy and America Gruner, Northwest Georgia Healthcare Partnership (NGHP)

This poster examines the issue of stage-setting activities for successful community-based participatory research relationships between rural communities and more urban academic institutions. The development of trust and a common commitment to build capacity over time are identified in the literature as being key components of this success. The nuances of how this is actually achieved in varied community settings are not however well described. This poster will practically enable and empower participants to purposeful approaches at shoring up community/campus relationships prior to working together on jointly defined research agendas. The model will highlight knowledge gained to date from the breadth of relationships between the Georgia Health Policy Center and rural communities in the state. In particular, focus will be placed on an ongoing partnership between the GHPC and the NGHP.
ASSESSING COLORECTAL CANCER KNOWLEDGE AND IMPROVING SCREENING RATES AMONG OLDER MINORITIES IN THE CITY OF NEWARK
Ana Natale-Pereira, University of Medicine and Dentistry of New Jersey-New Jersey Medical School

The purpose of the study is to explore the issue of lack of knowledge regarding Colorectal Cancer (CRC) and screening modalities among African Americans and Hispanics, and to empower community leaders with the knowledge and skills necessary to disseminate CRC information to their community. The main objectives are to: 1) Assess the CRC knowledge among an older minority population and community leaders of the City of Newark; 2) Develop a comprehensive CRC educational module to educate community leaders; and 3) Train these leaders to use the module as a tool that will facilitate the dissemination of CRC information, enhance awareness and education, and increase screening rates. The project will also determine whether using an outreach worker/patient navigator to facilitate access to care and follow-up (for those with positive screening tests) has a positive impact on health outcomes. This is a cross-sectional study composed of two phases: a data collection and educational module development phase, and a testing and implementation phase.

AUTHENTIC ACADEMIC SERVICE PARTNERSHIPS: A MANY SPLENDORED THING
Emma Kientz, College of Nursing, University of Oklahoma-Tulsa; Betty Kupperschmidt, University of Oklahoma-Tulsa

The University of Oklahoma College of Nursing -Tulsa has developed rich partnerships within the University and with large number of community-based agencies encompassing principles of service learning. The goal of these partnerships is to address racial and ethnic health disparities; increase access to healthcare; and prepare students from wide range of disciplines for practice. Overall lessons learned include 1) Imperative upfront collaboration, including identifying and using strengths of all concerned; 2) Maintain documentation to assure cost-effective, value added evidence-based services; 3) Emersion of self into clients' environment to facilitate effectiveness (learn about and work with extant cultural mores); and 4. Necessity of flexibility, adaptability, and non-judgmental attitude of all concerned.

BUILDING CAPACITY THROUGH A COMMUNITY-DRIVEN MINI-GRANT PROCESS
James M. Frabutt and Mary H. Kendrick, Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro

The Guilford County Disproportionate Minority Contact project began with the convening of a group of representatives from our local Juvenile Crime Prevention Council in November 2003 and now includes representatives from county organizations that address concerns of children and youth. This poster is centered on sharing experiences and knowledge gained from orchestrating a community-driven mini-grant process as part of this larger initiative designed to reduce disproportionate minority contact in the juvenile justice system. Since this project was supported by federal funding, channeled through a university-based center to local service providers and non-profits, it provides insight into resource sharing and processes of shared accountability. Moreover, the mini-grant process (e.g., writing the proposals, implementing the programs, documenting outcomes) contributed to increased community capacity and community sustainability of this initiative.

BUILDING SUSTAINED COMMUNITY PARTNERSHIPS AS A FOUNDATION FOR SCHOLARSHIP
Ann Banchoff, Office of Community Health; Michaela Kiernan and Lisa Chamberlain, Scholarly Concentration in Community Health, Stanford University School of Medicine

This poster will tell the story of Stanford's experiences in community-campus partnership over the last five years - both the successes and the challenges. The 2003 introduction of the very popular Scholarly Concentration in Community Health aligned with the School of Medicine's desire to work more closely and effectively with our Community Partners. The opening of the Office of Community Health in the Fall of 2005 marks a new commitment on the part of the School of Medicine to building and maintaining
authentic partnerships - and to integrating the needs of the community with our academic programs. We will outline the steps we have taken to achieve our goals (partnership-building steps, fundraising strategies, etc.) and our strategies for confronting some of the challenges we all face in building authentic community-campus partnerships.

**CHIUS HEARTS@WORK AS MODEL FOR INTERPROFESSIONAL COMMUNITY BASED LEARNING**

*Andrew W. Morgan, University of British Columbia, Canada*

CHIUS (Community Health Initiative by University Students) is an interprofessional student-led clinic in the Downtown Eastside (DTES) of Vancouver, an area of the city afflicted by extreme poverty, drug use, and crime. Hearts@work is a community-based organization that leads heart health workshops for employees at local businesses. Based on student experiences volunteering at the CHIUS clinic it was felt that "heart health" issues, hypertension, exercise, and proper nutrition in particular, were not being addressed. This was felt to be due largely to the fact that many patients have medical conditions such as HIV and/or Hepatitis C infection, mental illness, and substance use that are much more prominent health concerns than the relatively silent signs of heart disease. Thus an interprofessional group of students, representing the faculties of Medicine, Pharmacy, Dietetics, Nursing, and Occupational Therapy was established in an attempt to adapt the hearts@work program to suit the needs of the patient population, all while unifying the university, the hearts@work program, the Carnegie Community Centre, CHIUS, and DTES community itself in a health education intervention.

**COLLABORATING FOR COMMUNITY SAFETY: A RESEARCH PARTNERSHIP TO SUPPORT PROJECT SAFE NEIGHBORHOODS**

*James M. Frabbutt, Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro*

The primary objective of this poster is to describe the research partnership that has evolved over the past three years as part of the Middle District of North Carolina’s involvement in the nationwide Project Safe Neighborhoods (PSN) initiative. PSN is a federal effort to increase community safety by reducing violent gun crime. One of the hallmarks of the PSN framework is a commitment to locally-driven, research-based, strategic problem solving. Indeed, the federal commitment to support research partnerships in nearly a hundred jurisdictions across the country represents perhaps the most significant investment in criminal justice research partnerships ever made by the Department of Justice. This poster will highlight the joint, community-academic partnership that has brought research-based knowledge and analytic methodologies to PSN’s community-based efforts to prevent violence. It will document the process of a) responding to communities’ needs for tailored data or responses to specific questions and b) the challenges and opportunities of federal, state, and local partners working together to understand, prosecute, and prevent firearm-related violent crime.

**COMBINING EVIDENCE BASED APPROACHES IN A MATERNAL AND CHILD HEALTH INTERVENTION PROGRAM**

*C. Chris Payne and Tenisha Tolbert, University of North Carolina at Greensboro; Sharon Sprinkle, Guilford Child Development*

The purpose of this poster is to increase understanding of how to effectively implement university community collaborative partnerships in applied research and program demonstration. An overview of the "Baby First" project will be presented to demonstrate the effectiveness of these partnerships to address how combining evidence-based approaches, best practice models of supervision, and collaborative implementation feedback can be used to develop a model program for improving maternal and child health and developmental outcomes for first-time, low-income expectant mothers. This work is grounded in our beliefs about the power of campus-community partnerships to effect change in critical health services for children and families: Community-based research, evaluation and programming call for
a dynamic and synergistic interplay of research, theory, policy, and practice. It is most effective when it is collaborative, developmental, multidisciplinary, strength-based, and respectful of all partners.

**A COMMUNITY-BASED PARTICIPATORY APPROACH TO ENHANCE COMMUNITY-CAMPUS PARTNERSHIPS**

*Seunghyun Yoo, Graduate School of Public Health, University of Pittsburgh*

This poster introduces a community forum (Blue Ribbon Health Panels) and strategies utilized to develop such a forum that are community-based participatory in nature involving a university, community agency, and residents to achieve a collective goal of community health. Residents of twelve senior high-rises under Allegheny County Housing Authority, Pennsylvania, have established a Blue Ribbon Health Panel at each building through which they identify and address health and social issues in collaboration with partners at the University of Pittsburgh and Allegheny County Housing Authority. A 6-step community collaboration strategy is employed to guide the partnership building process of: (1) Entrée into community; (2) Issue identification; (3) Issue prioritization; (4) Strategy building (5) Implementation of action plans; and (6) Transition of leadership. With partner facilitation by the university and operational support by the housing authority, Blue Ribbon Health Panels have accomplished quick health and social determinant outcomes in the first year of partnership and thrive to enhance their partnerships in the second year on the issues of healthy aging.

**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 Adobea 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. Our objectives are 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. Community members participated in the data collection.

**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; Garcia 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-campuses 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
COMMUNITY PARTNERSHIPS IN MATERNAL CHILD HEALTH LEADERSHIP: LESSONS FROM THE FRONTIER
Rhonda M. Johnson, University of Alaska, Anchorage; Nicky Teufel-Shone, University of Arizona; Lily Velarde, University of New Mexico

This poster tells the story of an emerging community-academic-practice partnership to improve maternal and child health in frontier regions of the West. We have a small amount of funding to develop distance education-continuing education materials and have decided as a group that we want to support and highlight community knowledge and leadership in solving local MCH concerns. We plan to take a ‘case-based’ and visual approach to telling the stories of the community leaders, using methods such as ‘photo-voice’, digital scrapbooks, and other. This is the first year of a three year project, so we plan to report on the groundwork laid for a truly participatory CE offering (with information exchange going more than one way, and different types of expertise explicitly acknowledged and valued in the final product). We are actively talking with community members and expect content and the format of our educational products to evolve over time.

COMMUNIVERCITY SAN JOSE: COLLABORATING THROUGH SERVICE-LEARNING FOR NEIGHBORHOOD HEALTH
Debra David, Center for Service-Learning, San Jose State University; Elizabeth Sills, The Health Trust

CommUniverCity San Jose is an initiative that weaves together the resources of university, the city, residents, and community organizations to address residents’ priorities in an economically disadvantaged, ethnically and linguistically diverse neighborhood. The “heart” of the initiative involves engaging students from across disciplines through service-learning in collaboration with other stakeholders. One major project area is community health education. The main goal of this poster will be to profile this evolving collaborative that is structured to balance the power and share the resources of all stakeholders, with a focus on its implications for the health of the neighborhood. Objectives are: 1) to outline the evolution, structure, and process of the collaborative; 2) to describe two health projects that involve service-learners from many disciplines - community mapping of the built environment and a semi-annual health fair; 3) to describe how we are utilizing two AmeriCorps programs to support those health projects; and 4) to discuss how we are assessing the impact of our efforts on the health and quality of life of neighborhood residents.

CONNECTICUT’S PLAN FOR SERVICE-LEARNING IN THE PUBLIC HEALTH CURRICULUM
David I. Gregorio, University of Connecticut School of Medicine

The University of Connecticut Public Health Program administers a required service-learning practicum for which all 2nd year students are expected to working alongside and in partnership with community-based stakeholders across Connecticut to examine the extent, causes and public health responses to a selected public health topic confronting citizens of Connecticut. The 2005 topic was ‘Halting Childhood Obesity in Connecticut’. Through group-directed activities facilitated by state and local public health department personnel, 25 students completed 2,083 hours of service-learning addressing answers to 3 interrelated questions: (1) Can the present and future burden of childhood obesity be estimated for Connecticut? (3) What is the current capacity of Connecticut’s health and social service system to address the crisis we confront today? and (3) Can new policy and regulatory strategies be put forth to reduce the severity and scope of the problem? A summary report was printed and issued to stakeholders and presented through a televised public forum at the CT State Legislative offices.
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.

CULTURAL ADAPTATIONS FOR PROGRAM EVALUATION: LESSONS FROM A CAMBODIAN COMMUNITY HEALTH PROGRAM
Robin Toof and Melissa Wall, University of Massachusetts Lowell; Sidney Liang, Lowell Community Health Center

The Center for Family, Work and Community (CFWC) at the University of Massachusetts Lowell has been a partner for 6 years in the CDC funded Cambodian Community Health 2010 program. The lead agency is Lowell Community Health Center. This comprehensive program seeks to reduce health disparities in Cambodian elders in cardiovascular disease and diabetes. The collaboration has provided rich learning experiences not only for Cambodian elders but also for program staff and the evaluators at CFWC. The seasoned evaluators quickly learned that doing business as usual was not going to work. From changing titles of data gathering methods (i.e. focus groups to community conversations) to setting aside many hours for proper translation and back translation, evaluators developed an understanding of how important it is to know your target community in order to gather the most accurate information that will help track and improve outcomes.

DENTAL HYGIENE STUDENT’S PARTICIPATION IN PROVIDING HEALTH CARE SERVICES TO UNDERSERVED COMMUNITIES
Sharon L. Barbieri and Tina Stein, University of Texas Health Science Center at San Antonio

The University of Texas Health Sciences Center at San Antonio Dental Hygiene Program serves the South Texas Community. A significant percentage of this population is underserved and falls within the federal guidelines for poverty. Therefore, essential dental healthcare is often unattainable. In an effort to address the healthcare needs of our community the DH program has established liaisons with numerous community clinics to provide oral prophylaxis, patient education and other preventive services. The goals of student participation in community rotations address the healthcare needs of the community and the learning requirements of the student. By providing needed oral health care for underserved populations students gain competence in their professional skills and learn to interact with diverse population groups.

DEVELOPING RELATIONSHIPS: VANDERBILT UNIVERSITY AND THE NASHVILLE COMMUNITY
Sarah VanHooser, Darcy Freedman, Danielle Mezera, Barbara Clinton, Craig Anne Hefflinger, and Sharon Shields, Vanderbilt University

This poster highlights two campus strategies to increase community partnership between Vanderbilt and the Nashville community. It also addresses efforts being made at Vanderbilt to improve student and faculty knowledge, skills, and opportunities for conducting research and scholarship as a process that is shared with the community. This poster highlights the strengths of these experiences as well as lessons learned as a result of their development and implementation. Discussion about the promotion of community-based participatory research and teaching on other campuses will be also be explored.
DEVELOPING STRUCTURES AT THE NATIONAL LEVEL TO SUPPORT PARTICIPATORY ACTION RESEARCH FOR HEALTH
Michael T. Wright and Martina Block, Research Group Public Health, Social Science Research Center Berlin; Raimund Greene and Marco Ziesemer, Gesundheit Berlin, Germany

Germany is in the process of institutionalizing prevention as an integrated part of the health care system, with an emphasis on interventions for socially disadvantaged groups. This will be achieved through campaigns at the national level and interventions tailored to the needs of specific target groups at the local level. Quality assurance (QA) and evaluation will be required for interventions financed under the new structures. In a pilot project financed by the Ministry of Research the authors are working with NGO partners to set up a national structure to promote participatory action research as the primary means for achieving this goal. Providing opportunities for formal collaborations between researchers and community groups is a central aspect of the project. The national structure consists of five integrated components: skill-building workshops on methods of QA and evaluation; an internet based, interactive handbook providing resources for developing appropriate QA and evaluation strategies; individualized consultation with each project to develop a tailored approach to QA and evaluation; and a peer review process at the national level.

ENGAGING STUDENTS, RESIDENTS AND FELLOWS IN OUR COMMUNITY: THE GEORGETOWN/UNITY PARTNERSHIP
Asha Subramanian and Donna Cameron, Georgetown University Department of Family Medicine; Seiji Hayashi, George Washington University School of Public Health

In this poster, we describe the Georgetown University Department of Family Medicine's extensive work with Unity Health Care, Inc., the largest provider of health care to the underserved in the District of Columbia. Our partnership significantly impacts 3 levels of medical education: medical student, residency, and fellowship, and has proven to be meaningful and sustainable for both the academic and community partners involved. From our 5 year partnership, many strategies have been developed to creatively and effectively address common problems which occur in this type of partnership. Our poster strongly relates to the conference themes of utilizing campus/community partnerships as a catalyst for social justice, improving the health of our underserved communities, and increasing the pipeline and diversity of future health care providers in our communities.

THE EXPERIENCE OF HMONG WOMEN LIVING WITH DIABETES
Avonne A. Yang and Eslee Vang, College of St. Catherine

Type II diabetes is rapidly increasing in the Hmong community. A paucity of research exists on Hmong women with diabetes. Theoretical Framework: Community-based collaborative action research using Margaret Newman's theory of health as expanding consciousness was the framework for engaging Hmong women with diabetes in a dialogue to understand life patterns and envision potential actions for health. Methodology: Five Hmong women with type II diabetes and HgbA1c levels over 7.0 were recruited from a community health clinic. Female Hmong nursing researchers interviewed participants in their homes. Interviews were conducted until no new patterns were identified. Researchers worked with a female Hmong playwright to weave common patterns into a play. Female Hmong nursing students performed the play for Hmong women invited via Hmong radio and community advertisements to a dinner, performance, and dialogue. The dialogue focused on whether the play reflected women's experiences and on how to live a happy, healthy life in the US.

FOSTERING COMMUNITY AND PUBLIC HEALTH COLLABORATIONS TO IMPROVE HEALTH
Audrey Stevenson and Iliana MacDonald, Salt Lake Valley Health Department

The poster outlines the process of collaborating with community, public health and educational institutions to meet the growing healthcare needs of an underserved population. The poster presents the innovative
steps that were taken to ensure the highest level, most culturally sensitive delivery of healthcare services. The successes of the South Main Clinical Collaborations will be outlined, including the lessons learned and steps taken to incorporate changes to improve services and strengthen the partnerships between SLVHD, University of Utah Dept of Medicine, and other community partners. Finally, the poster offers ideas and resources for developing similar collaborations in other cities or states.

FUN 2B FIT: CREATING A SUSTAINABLE PARTNERSHIP TO PREVENT CHILD OBESITY
Barbara J. Kruger, School of Nursing, University of North Florida; Karen Bush, Northeast Florida Area Health Education Center; Marti Hicks, community resident

We describe methods used to sustain a community-campus partnership among multiple partners to address obesity prevention among school-aged children and families. The Fun 2B Fit program was initiated in 2002 by a rural health department and school health advisory committee with assistance from three nursing students, faculty, and the Northeast Florida Area Health Education Center. Four years later, 130 nursing, community health, and nutrition students have reached 1500 elementary school children in four schools across three counties and prompted spin-offs and expansion. Some nursing faculty and students are residents of these communities. Students learn and serve through their academic program providing continuity. A Blackboard course website provides a forum for communication, implementation, quality monitoring and allows partners to respond to student reflections. We discuss the impact on the partners, particularly significant institutional changes to build partner capacity.

GOVERNMENT, COMMUNITY/ACADEMIC PARTNERSHIPS: CASE STUDY OF BROOKLYN CENTER FOR HEALTH DISPARITIES
Ruth C. Browne, Arthur Ashe Institute for Urban Health

The Office of the Brooklyn Borough President commissioned a report from The New School to assess the need for a health disparities center in Brooklyn. The report stated not only that the Brooklyn community needs to have its health disparities issues addressed through a comprehensive research center, but also that the logical site for the creation of this center is at SUNY Downstate in collaboration with the Arthur Ashe Institute for Urban Health (AAIUH). In response to The New School report, a proposal was developed following guidelines for the Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Centers of Excellence, RFA-MD-04-002) also known as EXPORT program at NIH. This kind of methodology focuses on utilizing existing resources in the community as messengers of health information. The AAIUH serves as an integral part of the Center through its Community Outreach and Information Dissemination (COID) core of the Center. The Institute will create and pilot test a curriculum on cardiovascular health to train stylists to deliver health messages to their customers.

THE HEALTH CAREERS PARTNERSHIP: A MODEL OF WORKFORCE DEVELOPMENT
Jane Foote and Faye Uppman, Minneapolis Community and Technical College; Cindy Bloom, Project for Pride in Living

In the late 1990’s the Phillips neighborhood in Minneapolis was dangerous and crumbling, prompting The New York Times to dub our city “Murderapolis.” As Minneapolis’ largest neighborhood in size and population, and Minnesota’s most culturally diverse community, the Phillips neighborhood became a negative symbol of urban blight in the city’s core. With leadership from local business executives and creative private and public fundraising, a partnership was created to address long-term quality-of-life issues revolving around jobs, housing and education. Key to this partnership has been the Health Careers Institute (HCI) – with Minneapolis Community and Technical College (MCTC) serving as the higher education partner. The HCI has been a cooperative alliance with several of the areas largest hospitals – Abbott Northwestern Hospital, Children’s Hospitals & Clinics, and Hennepin County Medical Center.
HEALTH PROMOTION IN RURAL ALASKA: BUILDING PARTNERSHIPS ACROSS DISTANCES AND CULTURES
Elaine Drew, Center for Alaska Native Health Research, University of Alaska Fairbanks; Cécile Lardon, Department of Psychology, University of Alaska Fairbanks; Douglas Kernak, Piciryaratgun Calritillerkaq

This poster addresses the process and importance of developing mutual understanding and respect among collaborative partners prior to jumping into health promotion. In our current partnership to reduce health disparities among Yup'ik Eskimos, we realize that university researchers and staff must first work to understand Yup'ik conceptions of health and wellness, local knowledge of particular disease entities, and the structural context of daily life in remote Yup'ik villages. Likewise, our Yup'ik partners need to understand the university culture and structure as well as the demands/limitations set by funding agencies. By mutually engaging this process of learning from the start, both partners develop a shared understanding of the projects and goals, the process of decision making and resource sharing, and the building of capacities and infrastructure.

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.

HEALTHY CHILDREN, STRONG FAMILIES, EVOLUTION OF A UNIQUE TRIBAL-ACADEMIC PARTNERSHIP
Alexandra Adams, University of Wisconsin; Nancy Miller-Korth and SuAnne Vannatter, Great Lakes Inter-Tribal Council

This poster addresses our ongoing partnership between academic researchers in Dept. of Family Medicine at the University of Wisconsin and the Great Lakes Inter-Tribal Council, a consortium of 11 Wisconsin Tribes. Our partnership is addressing the significant health disparity of pediatric obesity in Native communities. Beginning in 2000, with a small pilot project on the prevalence of pediatric obesity in one tribe, the partnership has expanded to obtain several large research grants, including a large NIH funded Native American Research Centers for Health grant. The poster addresses the conference themes of sharing power and resources, ethical issues of partnerships and the issue of obesity prevention as a major health issue relating to diabetes and cardiovascular disease.
THE HOLISTIC HEALTH PLANNING PARTNERSHIP FOR WOMEN OFFENDERS: HOW A COMMUNITY ACADEMIC PARTNERSHIP CAN BECOME A CATALYST FOR CHANGE
Connie Shaver and Linda Pate-Hall, Horizons, Inc.; Ann Maguire, Department of Internal Medicine, Medical College of Wisconsin

Poverty, trauma and substance abuse are the primary pathways for women into the criminal justice system and into a life of poor health. Horizons Inc., the first halfway house for women offenders in the state of Wisconsin, sought a partner to join in developing programming that would address the health needs of their consumers. Ann Maguire had clinical experience in the care of urban underserved populations, but lacked understanding of the larger societal issues that triply marginalize justice involved women including race, class, and gender. Together, we forged a mutually beneficial partnership.

HOW ACADEMIA KEEPS COMMUNITY-BASED AGENCIES OUT OF RESEARCH AND WHAT WE CAN DO ABOUT IT
Hélène Grégoire, Access Alliance Multicultural Community Health Centre; June Y. Yee, School of Social Work, Ryerson University, Canada

Access Alliance has been leading a collaborative process to develop a research agenda to reduce health disparities for racialised groups in Toronto. As a community agency, however, they are not eligible to be a Principal Investigator on grants from the Canadian Institutes of Health Research. Determined to establish community organizations as equal and capable partners in research, they have been faced with the dilemma of knowing when and how to best advocate for fair participation in research. They decided to submit a proposal with a trusted academic partner as the P.I. In this poster, the community and academic partners will share how they have negotiated power both among themselves and with the university where the faculty member is employed. They will talk about the arrangements they have agreed to and about what they feel it takes (at the individual, organizational and systemic levels) for community agencies to be able to engage in equitable research partnerships with academics.

IDENTIFYING END-OF-LIFE CONCERNS WITH THE NEAR EAST SIDE COMMUNITY, BUFFALO, NEW YORK
Mary Ann Meeker, School of Nursing, University at Buffalo, SUNY; Mark Lucas, Black Leadership Forum Near East Side Community Health Task Force

The purpose of this project is to develop a collaborative relationship between the University at Buffalo School of Nursing and community members from the predominantly African American Near East Side of Buffalo to identify concerns and needs of community members who are engaged in assisting a family member with cancer. The specific aims of the project are to: (1) elicit and describe the views of community members related to end of life caregiving and surrogate decision-making for family members with cancer, and (2) to develop specific interventions addressing identified needs. Data are being collected through focus groups and analyzed using grounded theory methods. Through the use of a community-based participatory approach, the work team will be able to create and implement culturally appropriate responses to the needs identified within this community.

THE IMPACT OF STUDENT-TO-PATIENT EDUCATION AT COMMUNITY HEALTH FAIRS: A PILOT STUDY
Christopher J. Dy, Leonard M. Miller, School of Medicine, University of Miami

Patient empowerment is key to achieving safe and high quality care and is becoming an increasingly prominent issue in our health care environment. It is imperative that community outreach projects help to shape and refine innovative educational efforts. Assessing and improving levels of chronic disease patient knowledge are critical steps towards assuring the effectiveness of preventive medicine. We conducted a pilot study in Key West, FL during the January 2005 Key West Health Fair (KWHF), and subsequently followed up with subjects via phone in the weeks following the fair to assess the
effectiveness of dedicated student-to-patient education. After IRB approval, a convenience sample of subjects was recruited at the KWHF registration station; informed consent was obtained from 51 of the total 262 health fair participants (19%). We collected demographic information and, using an orally-administered true/false questionnaire, we assessed the subject’s level of knowledge about hypertension, high cholesterol, and diabetes mellitus. Trained medical students then used a standard student-to-patient education protocol to teach patients about chronic disease knowledge.

IMPLEMENTING COMMUNITY HEALTH IMPROVEMENT: IDENTIFICATION OF HEALTH PRIORITIES THROUGH PARTICIPATORY ACTION
Mary Jo Baisch, College of Nursing, University of Wisconsin-Milwaukee; James Sanders, Department of Family and Community Medicine, Medical College of Wisconsin

The Riverwest Health Initiative (RHI) is collaborative partnership in a diverse Milwaukee community that was begun in 2002. Through this initiative, campus partners have joined with other community organizations to determine and address health priorities for a community of 6,433 households. The aim of the project is to not only define health priorities and improve health outcomes, but to use participatory processes to implement and sustain community capacity for health improvement. The poster will include a description of this growing partnership, results of the community health assessment developed and conducted by community partners, and health priorities identified by community members. Most community health assessments are focused on health behaviors and other epidemiologic information. This assessment included a community survey of residents’ perceptions of their physical and emotional health, home and neighborhood environment, parenting and caretaking responsibilities and utilization of health and other community resources. The health priorities that community members and partners identified will be described as well as methods for gathering data and sharing resources.

THE IMPORTANCE OF COMMUNITY PARTNERSHIPS IN EFFECTIVE CANCER CLINICAL TRIALS EDUCATION
Kimberly Harris and Margo Michaels, The Education Network to Advance Cancer Clinical Trials

Less than 5 percent of all adult cancer patients participate in clinical trials; rates are even lower among cancer patients of color and the medically underserved, which tend to have higher cancer mortality rates than the population as a whole. Access to cancer clinical trials is an important quality measure for delivery of health care services. Moreover, the more people participate in clinical trials, the faster critical research questions can be answered. This will lead to better treatment options for all cancers, for all people. Through an innovative demonstration project, the Education Network to Advance Cancer Clinical Trials (ENACCT) is assisting 3 partnerships in the development of a community-driven education program, to increase awareness about cancer clinical trials, enhance their acceptability, and improve access to them.

IMPROVING PATIENT CARE THROUGH RESEARCH PARTNERSHIPS
Darlene Bjorklund, Densford Clinical Scholars Program; Joanne Disch, University of Minnesota School of Nursing

The Densford Clinical Scholars Program pairs a faculty member and advanced practice nurse (APN) to jointly develop a proposal for a clinical intervention to improve patient care. The objectives of the program are (1) to create partnerships between faculty and community clinicians for addressing clinically important problems through a clinical research project; (2) assist faculty members in establishing effective linkages with clinicians in clinical facilities; (3) assist APNs in gaining skills in the conduct of clinical nursing research; (4) engage nursing staff in the conduct of clinical nursing research; and (5) contribute to the professional literature, policy and practice formation, and improvement of patient care. Issues addressed in the projects include: Fatigue in women undergoing cancer treatment; pain assessment in cognitively impaired elders; strengthening continuity of care; comparison of 3 methods of sheath removal; establishing a common practice for tapering opioids in children receiving bone marrow transplant, to name
only a few. Outcomes from the 12 projects have resulted in practice changes for nurses, physicians, pharmacists, and other care providers; development of new documentation tools and instruments, e.g., a patient satisfaction survey used by children in assessing their hospital stays; grant awards from local and national funding sources; presentations at local, national and international meetings; publications in peer-reviewed journals; creation of ongoing community partnerships to tackle issues of common concern.

INNOVATIONS IN RESIDENCY TRAINING IN DENTISTRY: A COMMUNITY-BASED COLLABORATIVE PARTNERSHIP APPROACH
Piyumika M. Kularatne, Columbia University, School of Dental & Oral Surgery, Division of Community Health

Recognized disparities in oral health and access to care are most severe among populations with psychosocial and co-morbidities. This project establishes a successful, multi-disciplinary model for community-academic partnership to address those individuals with oral health needs, and lack oral health services. Our objective was to address unmet needs for dental care among exclusively HIV+ adults at Harlem United Community AIDS Center in NY City (HU) through a community-academic partnership. Through a Health Resources and Services Administration (HRSA) grant, the academic partner, Columbia University School of Dental & Oral Surgery co-funded a dental facility at HU, a community-based adult day care center for individuals living with HIV/AIDS and social, psychological and other co-morbidities. A multi-disciplinary management team comprised of staff from both partners was established to coordinate facility development, service delivery, and resident training.

INNOVATIVE TEACHING METHODOLOGIES AT OFF CAMPUS VENUES OF TSHWANE UNIVERSITY OF TECHNOLOGY
Sibitse Mirriam Tlhapane, Faculty of Health Sciences, Department of Nursing Sciences, Tshwane University of Technology, Republic of South Africa

In 1992 the Faculty of Health and Social Sciences, started offering distance education programs in other provinces including. The venues are located 300-400 kilometers away from the main campus. This was seen as an outreach program for the faculty thus making tertiary education programs accessible to remote areas of the country. There was specific institutional policy regarding these off campus venues hence there were no formal institutional structures provided to support these programs. The main challenge came with the introduction of Problem Based Learning in 2003, as a directive from the National Department of Education supported by the South African Nursing Council.

"ITRWE" STUDENT TECHNOLOGY ASSISTANCE FOR NEIGHBORHOOD DEVELOPMENT CENTER URBAN BUSINESSES
Carole Bagley, Mari Heltne, Michael Morgen, John Schriver and Rachel Paul, University of St Thomas; Dave Bonko, Neighborhood Development Corporation

The use of service learning as a methodology affords the opportunity to greatly broaden students’ understanding of people whose experiences and life stories are far different than theirs. We are currently working with the Neighborhood Development Center (NDC) for whom our “IT r We” technology consultants (students of the Quantitative Methods and Computer Science 110 course) provide Hispanic, Somali and Hmong business owners with technology assistance. We have found a great deal of admiration and respect develops among clients and students who learn as much or more than they teach. A major goal is for students to become engaged citizens who recognize the intersections and responsibilities of community life. This evolving authentic partnership provides the NDC businesses with greatly needed technology assistance. We are growing and will be assisting 22-25 businesses in the Lake Street community. Positive comments are showing us that both University of St Thomas students and the NDC business clients benefit from the experience.
LEARNING TOGETHER TO IMPROVE MATERNAL & CHILD HEALTH: THE MAAMA OMWAANA PROJECT, NJERU, UGANDA

Ruth White, Lydia McAllister, and Katherine Camacho Carr, Seattle University

The goal of this poster is to use the example of the Maama Omwaana Project to present the issues, challenges and rewards of building sustainable partnerships between a US campus and a peri-urban community in a low-resource country. The issues outlined below are integral to the building of authentic partnerships. These topics are some of the challenges that must be confronted when there is an inherent imbalance in the resources of the campus and the community due to their geopolitical and economic differences. The skills to be developed are the skills needed to effectively address these challenges, particularly in international collaborations.

LISTENING TO THE MISSING PARTNER: UNCOVERING RURAL YOUTHS’ HEALTH CONCERNS THROUGH PHOTVOICE

Laura Hall, The Kettering Foundation, The University of Kentucky College of Public Health

A partnership between UK, College of Public Health and one rural Appalachian high school exemplifies how photovoice can be used to tap into segments of the community who have been left out of health discussions. Photovoice is a participatory action research approach that provides local residents with cameras so that they can photograph their everyday lives to generate and encourage knowledge about their community. Photographs are used to start important conversations about local strengths and concerns. In this project, local youth were identified as an important voice that was missing from community discussions about health. Photovoice was used to place the power of community assessment directly in the hands of local youth. Photovoice techniques can be employed in various settings for local citizens to map assets in their community and conduct a visual health needs assessment. This poster highlights an innovative technique that works towards ensuring all community members are represented in discussions about local health.

MAKING THE LINKS: A VERTICAL THEME IN SOCIAL ACCOUNTABILITY

Ryan Meili and William L. Albritton, College of Medicine, University of Saskatchewan, Canada

Making the Links (MTL) is a unique student-driven service-learning project in which medical students are exposed to, and learn to address, the determinants of health in multiple underserved contexts. It is a collaboration between the College of Medicine, the Northern Saskatchewan communities of Buffalo River Dene Nation and Ile a-la-Crosse, SWITCH: the Student Wellness Initiative Toward Community Health in inner-city Saskatoon, and THRP: Training for Health Renewal Program in Massinga, Mozambique. Selected first year medical students take a seminar course in Aboriginal and Northern issues. During their summer break they spend six weeks on the Buffalo River Dene Nation reserve or in the Metis town of Ile a-la-Crosse. While there they work alongside local health workers and take part in various youth-directed Community Health programs. During the second year, the students work at SWITCH, an interdisciplinary student-run project in an urban underserved area of Saskatoon. They also take a survey course in Global Health. In the summer of the second year they travel to Massinga, Mozambique where they work in a rural hospital and accompany Participatory Action Research in a nearby village. Making the Links is in the early stages of its development. The first groups of students have gone to the North and to Mozambique.

MANY VOICES, ONE MISSION: A NATIONAL PARTNERSHIP FOR HIV PREVENTION TARGETING HIV+ MSM OF COLOR

Scott M. Jacoby and Nicholas Metcalf, Center for HIV/STI Intervention and Prevention Studies, University of Minnesota

Several US cities have reported a significant rise in sexually transmitted infections (STIs) among Men who have Sex with Men (MSM), and especially among MSM previously diagnosed with HIV (HIV+MSM).
The Positive Connections Study, funded by the National Institute of Mental Health, is partnering with community-based organizations to find new ways to lower the sexual risk behavior of these men. Power is most vulnerable to be misused when resources are limited. In order to be a good steward of a large NIMH grant, the most important step we took to avoid power imbalances was to create clear and common objectives that drove the decision making process when difficult choices had to be made. Positive Connections is a community-campus partnership that is combating the spread of HIV. We are studying the long term attitudinal and behavioral impact of a new sexual health intervention focused exclusively on HIV+MSM, specifically men of color. We are comparing this new intervention against HIV prevention interventions that target MSM in general, regardless of HIV status. Until recently, most HIV prevention efforts have targeted HIV-negative MSM. The new intervention designed by collaborators from university-based researchers, community-based organizations, and HIV+MSM leaders address the complex concerns and unique health needs of HIV+MSM.

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.

MULTI-TIERED EXPERIENTIAL LEARNING: IN A CAMPUS/COMMUNITY COLLABORATIVE FOR COMMUNITY CHANGE
Michael D. Dwyer, Natalie Largent, Jill May, and Michael Summers, Baldwin-Wallace College

A goal of our department is to provide experiential learning opportunities in both applied and basic psychological research. In the present example, we have developed a means for providing extensive experiential learning through an applied research experience to large numbers of students. The applied research is in the form of a longitudinal evaluation of an early childhood, school and home-based violence prevention program. The grant-supported program is called Expanding Children's Caring About Other's (ECCAO©, Dwyer, 2003). The students are involved in every facet of the program from implementation of parent education classes, workshops for school personnel, creating and submitting IRB proposals, repeated measures and naturalistic observations of nearly 4500 kindergarten and second grade children, in home observations of parent-child dyads, creating and maintaining confidential files on all the participants, creating and managing an enormous data base, reviewing scientific literature and presenting posters about small studies carried out on variables that are part of the database, and communicating to the community the results of the program.

THE NUTS AND BOLTS TO BRIDGING THE ACADEMIC - PUBLIC HEALTH DIVIDE
Gail L. Newton, Center for Rochester’s Health, University of Rochester Medical Center

The Center for Rochester’s Health (CRH) is a unique partnership between the Monroe County Department of Public Health (MCDPH) and the University of Rochester Medical Center (URMC) to address community-identified priority health needs of the community. Through this unified effort, the CRH engages with the community at multiple levels, and each CRH program has its own community advisory board. The partnership has the full support from the leadership of both organizations, as indicated by the signing of a memorandum of understanding in 1997, as well as being led by a Steering Committee that includes the Director of the MCDPH and Deans from the School of Medicine and Dentistry and School of
Nursing. All CRH programs include community-based educational opportunities available to health professions students. The CRH has been sustained by an authentic commitment by both organizations where monetary and non-monetary (e.g. space, equipment) resources are shared. The philosophy of the CRH is centered in partnerships and the realization that by combining university and county resources, more can be accomplished than by working in isolation.

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 poster 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 poster, we present 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.

PARTNERING WITH COMMUNITIES: THE TEXAS TELEHEALTH DISPARITIES NETWORK
John F. Thomas and Jennifer Mineo, Center for the Elimination of Health Disparities, University of Texas Medical Branch

The primary purposed of this network is to reduce disparities in health through the development of a telehealth network in three distinct and geographically distant areas of Texas: Galveston, Brownsville and Tyler. A secondary purpose is to determine if the appropriate use of telehealth can reduce health disparities and improve access to healthcare. The partners in the Texas Telehealth Disparities Network are the three large academic and medical centers in each county named and the respective communities in each of these locations. The project provides an opportunity for the communities to consider utilizing telehealth resources as an alternative system for healthcare delivery, education and health information services among low income, predominately minority populations.

PARTNERING TO PROVIDE CHILDREN WITH SUMMER ENRICHMENT OPPORTUNITIES: A PHOTO ESSAY
Sonia Keiner Flynn, The Engaged University Initiative of the Democracy Collaborative, University of Maryland; Gabriel Albornoz, Maryland Multicultural Youth Center

This poster demonstrates how power and resources were harnessed and shared among a middle school, the university, and two community-based organizations to develop a four week summer enrichment camp for 120 students. Workshop offerings included poetry, painting, hip-hop, multi-media production, instrument making, photography, and organic gardening. We celebrate not only the power of the partnership through its' accomplishments, but the pitfalls we experienced and the challenges we continue to face with regard to issues of politics, limited resources, differences across the way in which we work, and cultural differences. Furthermore, the poster will address how our collaborative work is tackling local education inequity issues, especially as they relate to intersections of race and class. Finally, we will share current strategies and plans to develop a university/community partnership center to offer quality programs and instruction for children, their parents and the community at large.
PARTNERSHIP IN ACTION: SUSTAINING THE CHW ROLE TO ADDRESS HEALTH DISPARITIES  
Joan Cleary, Blue Cross and Blue Shield of Minnesota Foundation; Anne Willaert, Healthcare Education-Industry Partnership

Successful partnerships build on their achievements and strive to sustain their outcomes in order to create healthier communities. This poster addresses the issue of sustainable financing for the emerging role of the community health worker (CHW) in the United States with a focus on Minnesota where the Healthcare Industry Education Partnership (HEIP) is designing and implementing a standardized curriculum at the community college level to train CHWs with support from the Blue Cross and Blue Shield of Minnesota Foundation, the Minnesota Department of Health, the Robert Wood Johnson Foundation through the Local Initiatives Funding Partnership and many others. This partnership models authenticity, a strategic focus and shared learning values. The poster demonstrates how partnerships can inform policy.

PARTNERSHIP KALEIDOSCOPE: THE HEALTHIER WISCONSIN PARTNERSHIP PROGRAM  
MOASIC OF COMMUNITIES, ACADEMIA AND FUNDER  
Ellen Servais, Healthier Wisconsin Partnership Program, Medical College of Wisconsin

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 second award cycle with forty-nine funded community-academic partnership projects throughout the Wisconsin, the Program has embarked on a vision with the community to make Wisconsin the healthiest state.

A PARTNERSHIP FOR SAFETY: LEARNING ABOUT IPV AND IMPROVING ACCESS TO CARE  
Suzanne Leonard Harrison and Jose Rodriguez, Florida State University College of Medicine

Intimate Partner Violence is an enormous public health concern, with more than 25% of women and 8% of men experiencing some form of domestic violence in their lives. Training of physicians has been less than optimal, even when part of medical school or residency curriculum is dedicated to the issue. Routine screening for violence in relationships is not yet commonplace. To improve the likelihood of routine screening, and to provide exposure to patients with such issues, a free clinic was established at Refuge House, the local domestic violence shelter in our community. The free medical clinic provides an opportunity for medical students and victims of domestic violence to come together in a safe and supportive environment. The students learn while the women share their stories and are provided with appropriate medical care. It also provides an excellent opportunity for the FSU COM to partner with Refuge House. The Family Medicine Residency has also been involved in the partnership. The students learn the importance of screening for violence early in their medical careers and thus have a greater likelihood to impact the issue in a positive way in the future.

PROJECT EXPORT: A COMMUNITY/CAMPUS PARTNERSHIP BUILDING CULTURAL HEALTH LITERACY  
Suzanne Selig and Charlene Acker, Urban Health and Wellness Center, University of Michigan-Flint

Project EXPORT is a three-year NIH funded community-based participatory research project administered by the Office of Health Disparities in the Urban Health and Wellness Center of the University of Michigan-Flint. Operations utilize three primary strategies: (1) Community is educated on the prevalence of health disparities, the factors that contribute to health disparities, personal risk and how
community members can join the local efforts as leaders and agents of change (2) Research interventions to reduce health disparities specific to HIV/AIDS and Diabetes Mellitus for African Americans has been developed and will be evaluated to establish cultural responsiveness and effectiveness (3) Present and future health researchers are being trained on the prevalence of health disparities, factors that contribute to health disparities, factors that reduce the disparities and practice principles for conducting community-based participatory research. To ensure that the project is community driven, the community has been involved in all aspects of the research, from program announcement to grant application to dissemination of research findings.

PROJECT HOPE (HEALTH OF PEOPLE EVERYWHERE): AN AGAPE/STRITCH/MCW PARTNERSHIP

Sharon Garrett, School of Nursing, Cardinal Stritch University; Barbra Beck, Department of Family and Community Medicine, Medical College of Wisconsin

Project HOPE is a partnership between Cardinal Stritch University School of Nursing, Agape Community Center, Medical College of Wisconsin, and Agape community members. The purpose of the project is two-fold: to 1) conduct a comprehensive health assessment of the Agape service area utilizing community-based participatory research (CBPR), and 2) use the CBPR approach to build and strengthen the capacity of the community. Agape's service area is comprised predominantly of lower-income, African-American, female-headed households. Our poster will compare and contrast the ease by which the academic institutions developed an effective partnership to the challenges of establishing and maintaining a partnership with a community-based organization that has the same overall mission, but a much different understanding of process and method. The impact of these challenges on project outcomes will be explored. We will also present effective strategies that were applied to the recruitment and maintenance of a Community Advisory Board (CAB) and the Board's multiple positive outcomes.

PROJECT PATHS: EMPOWERING LATINO YOUTH TO CHOOSE HEALTH AND SCIENCE CAREERS

Holly E. Jacobson and Eva Peña, Department of Kinesiology, Health Promotion and Recreation; Francisco Soto Mas, School of Public Health, University of North Texas Health Science Center

One of the goals of Project PATHS is to increase the representation of Latino students in health professions. Objectives include increasing the number of Latino students reporting interest in health professions and taking college entrance exams. In order to achieve program goals and objectives, Project PATHS has established a community-campus collaborative partnership between the Dallas Independent School District and the University of North Texas. The 3-year project, funded by the National Institutes of Health, is currently in the implementation phase. This poster describes intervention strategies of Project PATHS, the results of the midterm impact evaluation, and lessons learned. Project PATHS adopted an ecological approach based on the social learning theory.

PROMOTING COMMUNITY HEALTH

Deborah Sturtevant, Hope College, Holland Hospital Foundation

“Promoting Community Health” is a WK Kellogg/Holland Hospital Foundation/Hope College three year partnership project to examine ways to reinvigorate the foundation and to develop public/private partnerships in the community. The project has a data driven side and a values driven side for studying health. The data driven side examined social indicators data and local data and is largely concerned with smoking cessation programs and with childhood obesity. The values driven side sought to examine attitudes around health issues in the community. The values driven side conducted research called, “Investigating Community Health,” for the purpose of examining the community’s perspective on health. Focus groups were held at twelve sites in order to hear from a diverse cross section of the community.
PROMOTING EQUAL ACCESS TO HEALTH INFORMATION: LIBRARIES AS COMMUNITY PARTNERS
Angela Ruffin and Keith Cogdill, National Library of Medicine

It is the mission of the National Network of Libraries of Medicine (NN/LM) to improve the public's health by providing U.S. health professionals with equal access to biomedical information and by improving the public's access to information to enable them to make informed decisions. With funding from the National Library of Medicine, the NN/LM supports the efforts of more than 5,000 member libraries and community partners to enhance access to information in local communities. This poster highlights specific projects led by community-based organizations (CBOs) as well as projects led by academic medical libraries in partnership with CBOs.

READY, SET STOP! IS THE STRUCTURE IN PLACE FOR A SUCCESSFUL EXPERIENCE?
Margo Marko, School of Nursing, University of Minnesota

The goal is to provide a safe clinical experience for the student and provide for the community and/or organization the confidence, that legal, liability and safety issues have been addressed. As concerns over privacy, patient confidentiality, safety and liability costs appeared on the radar screen of Health Organizations, it became clear that our students would be affected. The School of Nursing (SON) along with several other colleges within the Academic Health Center (AHC) at the University of Minnesota began our efforts to be proactive and establish systems and processes to deal with these new requirements. Collaboratively with the legal counsel, a standard Affiliation Agreement was created. It addresses legal and liability issues concerning the students relationship with the organization and our education responsibilities. To support this agreement, the SON established a data base system that could house essential information from the first conversation, through the 5 year cycle to triggering the timeframe for review. A policy and process was established across the AHC that required all AHC students upon admission to complete HIPAA Education and all required immunizations. Community partners worked closely with the AHC to address access to treatment for students should an exposure occur. The outcome was the establishment of standard education, policy and procedure and pocket cards for our students. Finally, the most important part of establishing and maintaining community partnerships is in the relationships.

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.
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 uses local radio stations public service announcements (PSAs), newspaper articles, and local billboards. The second model comprises 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 billboards is 6 months and the exposure period for the TV PSAs is 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 examine whether more primary care physicians were running GFR's relative to the media mix used in a respective county.

"SALUD PARA TODOS- ¡QUERER ES PODER!": COMMUNITY-CAMPUS PARTNERS BRIDGE CULTURAL BARRIERS IN MILWAUKEE WITH BILINGUAL CHRONIC CARE PROJECT
Mary Mueller, Sixteenth Street Community Health Center; Lisa Rodriguez, United Community Center; Christine Cronk, Department of Pediatrics, Medical College of Wisconsin

Latino residents in the US suffer from multiple chronic diseases (asthma, diabetes and obesity) that arise from the way of life they adopted after immigration. Effective self-management is essential to limit the effects of these three conditions. "Salud para Todos- ¡Querer es Poder!" (Health for All- Believe and Achieve!) addresses the social and economic barriers to lifestyle changes that limit the success patients have in managing their own conditions. This bilingual project (now beginning its second year) aims to develop a new model of patient care using the Chronic Care Model to integrate care systems for asthma, diabetes and obesity. Essential elements are: 1) Evidence-based best practice care for each condition; 2) Programs and resources to support both patient and provider education; and 3) Clinic-wide systems for coordinating and evaluating care. This three-year Healthier Wisconsin Partnership Program project combines community-academic resources and skills to benefit Milwaukee's Latino community. Our poster will highlight project components as well as partnership evolution.

THE SCIENCE OF HOW PEOPLE LEARN: FOUNDATION FOR EFFECTIVE COMMUNITY-BASED EDUCATIONAL OUTREACH
Donna H. Harward and Caroline Jennette, Kidney Center, University of North Carolina at Chapel Hill

Too often, community-based educational outreach comprises short-term interventions that are administered by campus-based enterprises and result in information flow back to the campus community with little attention to strategies that ensure opportunities for constituents’ active learning and subsequent measures of whether citizens, in fact, learned information or, more importantly, changed a specified health behavior. Kidney disease is on the rise in the US and North Carolina ranks 9th in statewide prevalence of End Stage Renal Disease (ESRD). This model for a the statewide Kidney Education Outreach Program (KEOP) is based on the science of how people learn and emphasizes the partnership between campus-based resources and community-based lay leaders in providing active learning opportunities that are customized to the needs/preconceptions of a targeted population. Lay leaders from targeted communities help design and lead the interactive outreach and the focus groups that are part of the preconceptions phase inform session development.
SOCIAL JUSTICE AND RESPONSIVENESS: CAMPUS-COMMUNITY PARTNERSHIPS IN MEDICAL EDUCATION
Tangerine A. Holt, Centre for Medical and Health Sciences Education, Monash University, Australia

The poster presents a case study of the Community Partnerships Program (CPP), which is a partnership between Monash University and community organizations to address major determinants of health and social justice. Key strategies for campus and community engagement will focus on service learning, community-based participatory research, teaching and learning in relation to specific learning objectives established by student and community supervisor. Assessment and evaluation are integral components of the CPP program to advance knowledge, skills and attitudes of medical students from an interprofessional perspective. The poster addresses the conference theme of Walking the Talk and showcases how CPP challenges both medical students and community-based educators to move beyond traditional discipline-bound educational models to future-oriented interprofessional teaching/learning models to address the issue of social justice and responsiveness for future medical practitioners.

STANFORD UNIVERSITY PATIENT ADVOCACY PROGRAM: A STUDENT-LED COMMUNITY-ACADEMIC PARTNERSHIP
Priscilla Gonzalez, Stanford University Patient Advocacy Program; Tiffany N. Castillo, Stanford School of Medicine Office of Community Health

Stanford University's Patient Advocacy Program was established in 2004 to meet three critical needs: the need among area clinics for trained volunteers to enhance patient care; and the desire among students for substantive clinical and community-based experiences with underserved populations; and the increasing demand for building a diverse and culturally competent healthcare workforce. In its pilot year, the program had 14 students who were enrolled in a year-long course and had weekly service commitments at two area clinics. The Year One goals for the program were to teach students about the context of care in community clinics and train them to provide culturally competent clinical support. By providing students with this background and training, the program's additional goals were to provide the partner clinics with consistent staffing support that would result in improved patient care and increased patient satisfaction with the clinic experience. At year-end, evaluations were administered to both students and to clinic staff in order to assess the program's effectiveness in reaching these goals.

A SURVEY OF COMMUNITY BASED RESEARCH IN CANADA: FROM BARRIERS TO SOLUTIONS
Sarah Flicker, The Wellesley Institute; Beth Savan, Environmental Studies Program, University of Toronto, Canada

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. The poster summarizes our findings and proposes recommendations targeted to various stakeholders: community activists, university administrators and research funders. We welcome and invite feedback on our report and recommendations. During the cocktail poster session, we hope to brainstorm with participants on how to get the message out to wider audiences and build the CBR movement in Canada and across North America.

TARGETING YOUNG ADULTS AT HBCUS COULD SERVICE LEARNING REDUCE MINORITY HEALTH DISPARITIES?
Chequita Smith Owens, Department of Physical Therapy, Langston University

Langston University is a HBCU (Historically Black College and University) established in 1897 in Langston, Oklahoma, a rural area. It has utilized its mission to encourage the students it prepares to return to their communities and render excellent service there since its establishment in 1897.
Historically, many of these communities have often been medically under-served urban centers and rural areas. From a small preliminary needs assessment (pilot study) conducted there in the winter of 2004-2005, the data collected showed higher estimates of self-reported chronic disease (diabetes mellitus and hypertension) than would be expected from other published nationally representative surveys, as well as from college-based health statistics (National College Health Association) whose college survey participants are predominantly TWIs. These findings indicate that making efforts to influence African American young adults through the college curriculum and engaging them in service learning activities may be an important step to improving their health now and later.

TIES THE BIND: COMMUNITIES IN PARTNERSHIP WITH AN INTERDISCIPLINARY SERVICE LEARNING PROGRAM
Nancy Freeborne and Jessica Scheer, George Washington University; Kathy Gold, Health Care for the Homeless

For the past 10 years, the Interdisciplinary Student Community Oriented Prevention Enhancement Service (ISCOPES) has inspired 1,600 student members of over 150 teams working with more than 45 community sites to make a life-long commitment to serving vulnerable populations and to approach patient care with a community-oriented perspective. At the same time, communities and their faculty representatives have valued their relationships with students and the health promotion activities they implement. Some of these partnerships have been sustained for as long as ten years. Principles of adult learning have been the foundation of the George Washington University-George Mason University service learning program since its inception in 1995. Unexpectedly, these same principles have also been central in guiding students and staff to successfully sustain community-campus relationships. Understanding how these adult learning principles operate illuminated the range and types of ties that bind.

TRIPLE-LAYER CHESS: A METAPHOR FOR HEALTH POLICY
Karen J. Minyard, Georgia Health Policy Center; Marcia Brand, Office of Rural Health Policy, Health Resources and Service Administration; Charles Owens, Georgia Office of Rural Health Services; Frank Selgrath, Coastal Medical Access Program

What began in 1996 as an intensive approach to understand and facilitate the development of rural health networks in 30 rural health systems has since become a dynamic, iterative process of research, translation, and implementation of policy and practice at the local, state, and national levels - a virtual game of triple-layer chess. The presenters of this poster will share their experiences in understanding one another's objectives and working in partnership with the Georgia Health Policy Center to achieve the policy and resource alignment needed to create success on all three levels. This poster imparts knowledge about how to sustain a partnership; strategies for diversifying funding and ideas for developing creative revenue streams. It is an example of communities and researchers working and learning together to line up resources to improve health at the local level.

UNDERSTANDING THE ADMINISTRATION OF COMMUNITY-CAMPUS PARTNERSHIPS
Chamika Hawkins-Taylor, Office of Education; Jennifer Stumpf Kertz, Minnesota Area Health Education Center; Barbara Bettle-youn, 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.

USING CONSUMER AND ADVOCATES REFERENCE GROUPS TO DEVELOP RESEARCH FUNDING AGENDAS
Peter Norman Levesque, Centre of Excellence for Child and Youth Mental Health, Canada

The goal of this poster is to communicate the use of Consumer and Advocate Reference Groups to assist in the development of research priorities and allocation of appropriate funds in a diverse range of health care specialties. The skill areas this poster focuses on are knowledge exchange, brokering, and translation; community mobilization; effective priority setting; leveraging of existing community resources for research synthesis, meta-analysis, and systematic review to improve the utilization research findings. Allocations of real dollars are often where power issues rise to the surface. By building consumer and advocate reference groups into the operational structure, discussions of priorities better reflect competing needs and desires. Consensus is reached with lower transactions costs. The costs of uptake and utilization are also reduced.

VULNERABILITY AND LOSS OF CONTROL IN BEING UNINSURED: WOMEN AND THEIR FAMILIES IN RURAL GA
Sandra L. Turner, Medical College of Georgia, School of Nursing

A health need was identified by students and faculty in a rural community. Students and faculty worked with 2 community agencies to establish an ongoing free clinic to support the health care needs of this area. Students, faculty and community volunteers work together to meet the needs of the uninsured on a weekly basis. Patient dialogue regarding specific problems was recorded as a part of a qualitative study. Patient concerns and answers to specific questions will be shared as well as specifics about the ongoing partnership as it works to address the community needs. This poster will be centered on proactive ways in which health care needs can be addressed to increase the health of the community.

WEAVING AND ISLANDER NETWORK FOR CANCER AWARENESS, RESEARCH, AND TRAINING (WINCART): A COMMUNITY BASED PARTICIPATORY RESEARCH APPROACH WITH PACIFIC ISLANDERS IN SOUTHERN CALIFORNIA
Cevadne Lee, Orange County Asian & Pacific Islander Community Alliance

WINCART is a consortium of community-based groups and interdisciplinary researchers, representing public health, community and health psychology, cancer epidemiology, preventive medicine, anthropology, health communication, and health policy with a common goal to reduce cancer disparities among Pacific Islander (PI) groups in Southern California. WINCART proposes community-based participatory research processes to develop a sustainable network infrastructure for cancer disparity prevention and control research for PIs. Our aims are: (1) Identify individual, community, and health service barriers to cancer control among PIs. (2) Improve access to and utilization of existing cancer prevention and control services among PIs (3) Facilitate the development, implementation, and evaluation of community-based participatory research studies. (4) Mentor and increase # of PI Researchers. (5) Sustain community-based education, training, and research activities by increasing partnerships. (6) Disseminate research findings at all levels to aid in reduction of cancer health disparities among PIs.
WHEN COMMUNITY SERVICES SAY: “THE RESEARCH MAY BE ABOUT US, BUT IT CANNOT BE WITHOUT US!”
Katharina Kovacs Burns, Faculty of Nursing, University of Alberta, Canada

When one Community Advisory Committee (consisting of community service providers, decision makers, and people experiencing socioeconomic challenges including low income and homelessness) meet with researchers to discuss issues or gaps around how people with socioeconomic challenges access or do not access services they need in the community, they are quick to identify that the services are available and accessible contrary to what the latter group of people say. Community groups also say that they are not sure why people are not accessing their services. This has become the identified issue within one urban center in Alberta, Canada. The goal of the Committee is to develop an integrated community service delivery model that includes inter/intra agency interaction and a case management approaches for people with low income and who are homeless.

WISCONSIN INJURY PREVENTION COALITIONS: TRANSLATING EVIDENCE INTO PRACTICE
Barbara Hill, Population Health Institute, University of Wisconsin, Madison; Ann Christiansen, Injury Research Center, Medical College of Wisconsin

A significant challenge for the field of injury prevention and control is translating research findings into effective community-based prevention programs, policies, and practices. The application of theoretical advances into applied programs is often difficult due to a disconnect between researchers and community members. Researchers may have detailed information on the burden and scope of various injuries and on interventions that have been demonstrated to be effective in controlled studies. They lack, however, the knowledge or expertise in implementing interventions in community settings. Community-based coalitions interested in injury prevention frequently have detailed knowledge of needs and how to accomplish work within their community but may not have access to information on the magnitude and scope of various injuries and on effective programs and policies that can reduce the injury burden.

THE WORLD ACROSS: EXTENDING EDUCATION TO THE NEIGHBOURHOOD
Roopali Sircar Gaur, Youth Under Voluntary Action for Transformation India, Sri Venkateswara College, Delhi University, India

This poster tells the story of one young girl Shabana and her family. She lives in a shanty town in the neighbourhood of the University's plush affluent surroundings. A group of young students, some of whom are now in Harvard and Cambridge, took time off to bring these young people across to the campus and taught them to aspire. A play called Jawab Doh --"I want an Answer" brought together college kids, the shanty town kids, and the children of unskilled workers on the campus. It is all about collaboration and partnership, which has led to wonderful developments in the lives of these young people.
TAB 7
COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH AT-A-GLANCE

Learn more at the CCPH Informational Session on Friday June 2 from 4-5 pm in the Nicollet Ballroom
Stop by the CCPH Booth in the Exhibit Hall

Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health (broadly defined) through partnerships between communities and higher educational institutions. Founded in 1996, CCPH is a growing network of communities and campuses throughout the United States, and increasingly the world, that are collaborating to promote health through service-learning, community-based research, broad-based coalitions and other partnership strategies. These partnerships are powerful tools for improving health professions education, civic engagement and the overall health of communities.

CCPH is working toward a number of goals including:

- Building the capacity of communities and higher educational institutions to engage each other as partners
- Incorporating service-learning into the education of all health professionals
- Recognizing and rewarding community-based teaching, research and service
- Developing partnerships that balance power and share resources among partners

CCPH is distinct among organizations in the health professions in that we are interdisciplinary and involve all constituents in higher education, including students, and serve both academic and community-based organizations. We advance our mission primarily through information dissemination, training and technical assistance, research and evaluation, policy development and advocacy, membership development and coalition building.

CCPH MEMBERSHIP

CCPH members are a diverse group of individuals and organizations committed to improving the health of communities through community-campus partnerships. CCPH members are affiliated with colleges and universities, community-based organizations, health care delivery systems, student service organizations, foundations and government, and represent the full scope of health professions disciplines. What ties us together is our commitment to social justice and our passion for the power of partnerships to transform communities and academe.

When you become a member of CCPH, you join a growing movement of leaders committed to improving the health of communities. You also receive these tangible benefits and services:

- Immediate access to announcements about grants, conferences and other important news through CCPH’s electronic discussion group and our biweekly e-newsletter, Partnership Matters and customized member e-mails tailored to your self-identified interests
- Substantial discounts on registration fees for all CCPH conferences and training institutes
- Highly interactive listservs, conferences and programs which will connect you with a network of colleagues who are experienced and eager to share information
Free subscription to the CCPH magazine, *Partnership Perspectives*, featuring practical and thought-provoking articles on building partnerships and models that work

Low-cost, high-quality training and technical assistance through the CCPH Consultancy Network of trainers and consultants

Ability to influence policy on issues you care about, including funding for community-campus partnerships and faculty promotion and tenure

Connect with colleagues who share your passion for partnerships and social justice

Access to staff who are friendly, well-trained and responsive to your requests

Plus much more! For more information on membership benefits please visit our website at www.ccph.info.

Organizational members receive all of the above benefits plus one hour of consultation with a member of the CCPH staff, board or Consultancy Network. Organizational members are eligible to enroll up to four employees (including the contact person) on their membership.

**HIGHLIGHTS OF CCPH PROGRAMS AND SERVICES**

- **Conference** — premier training and networking event for community-campus partnerships.
- **Training Institutes** — training for campus-based and community-based faculty on service-learning, community-based participatory research, community-engaged scholarship and other topics
- **CCPH Annual Award** — recognizes extraordinary community-campus partnerships.
- **CCPH Fellows and Senior Consultants** — community-based and academic professionals with significant expertise in building and sustaining community-campus partnerships.
- **CCPH Consultancy Network** — our training and technical assistance network provides customized consultation.
- **Information Clearinghouse** — print and web-based publications & biweekly e-newsletter *Partnership Matters*
- **Online Membership Directory** — helps you easily locate and network with members in your region, area of expertise or topic of interest.
- **Electronic Discussion Groups** – CCPH moderates listservs related to current CCPH projects and topics of interest.

*For a complete description of CCPH programs, publications, board members, staff and supporters, please visit our website at www.ccph.info*
To order any of our publications, please complete the order form below and submit this with a check made payable to Community-Campus Partnerships for Health and mail to the address listed below. Checks only – PURCHASE ORDERS ARE NOT ACCEPTED. All orders must be PRE-PAID. We are not able to issue refunds, and apologize for any inconvenience this may cause. If special delivery is requested, please provide your Federal Express account number. Please indicate below the number of copies ordered for each publication. Please make sure to select the correct price for each book, CCPH Members receive discounts on all listed publications.

A description of each publication may be found on the reverse side of this page.

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☐ ADVANCING THE HEALTHY PEOPLE 2010 OBJECTIVES THROUGH COMMUNITY-BASED EDUCATION:
A Curriculum Planning Guide
CCPH Members: $45.00 ■ Non-Members: $60.00

☐ A TOOLKIT: For Health Professional Faculty, Students and Community Leaders
CCPH Members: $10.00 ■ Non-Members: $12.00

☐ CARING AND COMMUNITY: Concepts and Models for Service-Learning in Nursing
CCPH Members: $24.50 ■ Non-Members: $28.50

☐ CREATING COMMUNITY-RESPONSIVE PHYSICIANS: Concepts and Models for Service-Learning in Medical Education
CCPH Members: $24.50 ■ Non-Members: $28.50

CCPH Members: $12.00 ■ Non-Members: $15.00

☐ LINKING SCHOLARSHIP AND COMMUNITIES: Report of the Commission on Community-Engaged Scholarship in the Health Professions
CCPH Members: $25.00 ■ Non-Members: $35.00

☐ METHODS AND STRATEGIES FOR ASSESSING SERVICE-LEARNING IN THE HEALTH PROFESSIONS
CCPH Members: $12.00 ■ Non-Members: $15.00

☐ PARTNERS IN CARING AND COMMUNITY: A Team Approach to Service-Learning in Nursing Education
CCPH Members: $15.00 ■ Non-Members: $25.00

☐ PARTNERSHIP PERSPECTIVES MAGAZINE
CCPH Members: $12.00 ■ Non-Members: $15.00


☐ SERVICE-LEARNING IN HEALTH PROFESSIONS EDUCATION: A Syllabi Guide
CCPH Members: $12.00 ■ Non-Members: $15.00

International Order (add $5) Subtotal: $_______

TOTAL AMOUNT DUE: ______________________

A description of each publication may be found on the next page.
COMmunity-campuS PARTNERSHIPS FOR HEALTH PUBLICATIONS

Additional copies of this form may be obtained by visiting the CCPH web page at http://www.ccph.info

A publication order form may be found on the reverse side of this page.

ADVANCING THE HEALTHY PEOPLE 2010 OBJECTIVES THROUGH COMMUNITY-BASED EDUCATION: A CURRICULUM PLANNING GUIDE

An essential resource for curriculum planning at all levels of health professional education. The guide features background readings, case studies, worksheets, handouts, resources and reflection questions, and examples from service-learning, problem-based learning and community oriented primary care.

A TOOLKIT: For Health Professional Faculty, Students and Community Leaders Committed to Achieving the Nation’s Health Objectives Through Community-Campus Partnerships

This publication is designed to provide leaders who are involved in community-campus partnerships with the knowledge and resources to support their activities that are directly tied to the fulfillment of the Health People 2010 Objectives. To assist in this process the toolkit contains A Healthy People 2010 Assessment Tool, Declaration and Commitment Forms and a Resource Listing.

CARING AND COMMUNITY: CONCEPTS AND MODELS FOR SERVICE-LEARNING IN NURSING

Co-edited by Jane S. Norbeck, Charlene Connolly and JoEllen Koerner

Published by the American Association of Higher Education in cooperation with Community-Campus Partnerships for Health, this 225-page softcover provides a rigorous intellectual discussion of service-learning in nursing education. Chapters discuss the implementation of service-learning in the nursing discipline, and what nursing can contribute to the pedagogy of service-learning.

CREATING COMMUNITY-RESPONSIVE PHYSICIANS: CONCEPTS AND MODELS FOR SERVICE-LEARNING IN MEDICAL EDUCATION

Co-edited by Sarena D. Seifer, Kris Hermanns and Judy Lewis

Published by the American Association of Higher Education in cooperation with Community-Campus Partnerships for Health, this softcover book presents the rationale for service-learning in undergraduate and graduate medical education, practical approaches to service-learning in a variety of institutional and community contexts, and a discussion of service-learning assessment strategies and outcomes. It also contains an extensive bibliography of print and web-based resources.

HEALTH PROFESSIONS SCHOOLS IN SERVICE TO THE NATION: 1996-1998 FINAL EVALUATION REPORT

Written by Sherril Gelmon, Barbara Holland and colleagues at Portland State University

The Health Professions Schools in Service to the Nation Program is a national demonstration program of service-learning in health professions education. In April 1995, twenty health professions schools were awarded three-year grants to integrate service-learning into their core curricula. An external evaluation of the program was conducted by a team at Portland State University. This 93-page report describes the overall scope and purpose of the evaluation, the methods used, findings across the grantees from the two year evaluation. This is highly recommended for those new to service-learning or in the process of designing service-learning program/s.

LINKING SCHOLARSHIP AND COMMUNITIES: REPORT OF THE COMMISSION ON COMMUNITY-ENGAGED SCHOLARSHIP IN THE HEALTH PROFESSIONS

This report advances a national strategy for closing the gap between the promise of health professional schools as community-engaged institutions and the reality of how faculty members are typically judged and rewarded. It contains detailed recommendations for action by health professional schools and their national associations that can support community-engaged scholarship and cites promising practices that illustrate their implementation.

METHODS AND STRATEGIES FOR ASSESSING SERVICE-LEARNING IN THE HEALTH PROFESSIONS

Written by Anu Shinnamon, Sherril Gelmon and Barbara Holland

This 72-page workbook presents the strategies and methods that comprise an evaluation model for assessing the impact of service-learning in health professions education. It is intended to help readers understand the rationale and foundation for various assessment approaches and provides an assessment tool that may be utilized in your own program/organization.

PARTNERS IN CARING AND COMMUNITY: A TEAM APPROACH TO SERVICE-LEARNING IN NURSING EDUCATION

Edited by Sarena D. Seifer and Kara Connors

This publication is based on the first eighteen months of the Partners in Caring and Community: Service-Learning in Nursing Education Program, a national demonstration program administered by Community-Campus Partnerships for Health with a grant from the Helene Fuld Health Trust HSBC, Trustee. Nine service-learning partnerships in nursing education report on their experiences, outcomes and lessons learned. Each partnership involved a team of a nursing faculty member, a nursing student and a community agency partner.

PARTNERSHIP PERSPECTIVES MAGAZINE

- SUMMER 2000 - This 94-page magazine is a compilation of articles on each of the 9 CCPH principles of partnership. Articles address such topics as: developing and sustaining community-campus partnerships; sharing power and resources among partners; strategies for building partnerships on partner strengths and assets; and the evolutionary stages of partnerships.

- SUMMER 2002 – This 112-page magazine is a compilation of articles based on presentations at our 2002 Annual conference, which make up a set of responses and resources for maximizing the power of community-campus partnerships at the community, state, regional, national, and international levels.

- SUMMER 2003 – This 121-page magazine is a compilation of articles based on presentations at our 2003 Annual conference, which make up a set of responses and resources for maximizing the power of community-campus partnerships at the community, state, regional, national, and international levels.

SERVICE-LEARNING IN HEALTH PROFESSIONS EDUCATION: A SYLLABI GUIDE

This 104-page guide showcases examples of service-learning courses in a variety of health professional disciplines. The Syllabi Guide provides 15 course descriptions, tools for service-learning curriculum development, and an extensive bibliography to facilitate the integration of service-learning into the health professions curriculum. Contact information for course directors is also included.
TAB 8
SPECIAL THANKS!

The CCPH conference simply would not be possible without the involvement of many people who generously contributed their time and other resources. The conference presenters, community site visit hosts, Issue Thrash facilitators, Thematic Poster Session moderators, exhibitors and co-sponsors, whose names appear elsewhere in this program, are at the top of our list to thank. We also list by name below others who deserve special thanks.

The CCPH 9th Conference Planning Committee members for their time and assistance in planning the conference:

Alex Allen III, Community Planning & Research, Isles, Inc., Princeton, NJ
Chuck Conner, Virginia Rural Health Education Partnership, Spencer, WV
Sarah Flicker, Wellesley Central, Toronto, ON, Canada
Joan Gluch, University of Pennsylvania, School of Dental Medicine, Philadelphia, PA
Susan Gust, GRASS Routes, Minneapolis, MN
Chamika Hawkins-Taylor, University of Minnesota Academic Health Center, Minneapolis, MN and members of the University of Minnesota committee that she convened that helped plan the conference.
Cathy Jordan, University of Minnesota, Children, Youth & Family Consortium, Minneapolis, MN
Juli Kaufmann, Healthier Wisconsin Partnership Program, Medical College of Wisconsin, Milwaukee, WI
Daniel Korin, Lutheran Family Health Centers, Bronx, NY
Piper Krauel, The Centers for the Health Professions, University of California, San Francisco, CA
Rohinee Lal, Faculty of Health Sciences, Simon Fraser University, Burnaby, BC, Canada
Julie Plaut, Minnesota Campus Compact, St. Paul, MN
Emmanuel Price, Community Building in Partnership, Inc., Baltimore, MD
Kristin Schwarze, University of Minnesota, America’s Promise, Minneapolis, MN
Anne Willaert, Healthcare Education-Industry Partnership of the Minnesota State Colleges and University System, Minneapolis, MN

These individuals and organizations for contributing to the conference (listed in alphabetical order by organization and then by individual):

Anker Publishing Company, Inc. – www.ankerpub.com
Blue Cross and Blue Shield of Minnesota Foundation - www.bluecrossmn.com
Centers for Disease Control and Prevention National Diabetes Education Program - www.ndep.nih.gov
Context – the Journal of Health Students Taking Action Together in Partnership with the Student Health Alliance - www.contextjournal.org
Healthier Wisconsin Partnership Program - www.mcw.edu/display/router.asp?DocID=433
Informa Healthcare – www.informa.com
Johns Hopkins University Press - www.press.jhu.edu
Journal of Higher Education Outreach and Engagement - www.uga.edu/jheoe
Michigan Journal of Community Service Learning - www.umich.edu/~mjcsl/
Office of Community-Based Participatory Research and Outreach in the National Center on Minority Health and Health Disparities at the National Institutes of Health - http://ncmhd.nih.gov
Progress in Community Health Partnerships: Research, Education, and Action - www.press.jhu.edu/journals/progress_in_community_health_partnerships
Rice Memorial Hospital - www.ricehospital.com/
Southern Minnesota Area Health Education Center - www.ahec.umn.edu/AHEC/southern.html

Norma Baker, To PLAN Ahead
Victor Bloomfield, University of Minnesota
Barbara Brandt, University of Minnesota Academic Health Center
Jill Daly, Tolo Events
Mandy Gandolfi, Tolo Events
Shadia Garrison, American Medical Student Association
Laurel Hirt, University of Minnesota
Cathy Immanuel, Graphic Designer
Mary Kenyon, University of Minnesota Academic Health Center
Miriam Lederer, Portland State University
Linda Nelson, To PLAN Ahead
Shelley Tolo, Tolo Events
James F. Hart & Sharon Vegoe, Public Health Institute, School of Public Health, University of Minnesota

Student Volunteers

The CCPH board of directors for their guiding vision:

Chris Atchison, University of Iowa College of Public Health
Cynthia Barnes-Boyd, University of Illinois at Chicago Neighborhoods Initiative
Renee Bayer, University of Michigan School of Public Health
Chuck Conner, West Virginia Rural Health Education Partnership
Diane Downing, Arlington County Department of Human Services
Elmer Freeman, Center for Community Health Education, Research and Service
Barbara Gottlieb, Harvard Medical School & Brookside Community Health Center
Lawrence Green, Department of Epidemiology and Biostatistics, University of California San Francisco
Ella Greene-Moton, Flint Odyssey House, Inc. Health Awareness Center
Susan Gust, GRASS Routes
Daniel Korin, March of Dimes
Dennis W. Magill, Department of Sociology, University of Toronto
Carmen Patrick, 2nd year medical student, Emory University School of Medicine
Richard Redman, University of Michigan School of Nursing
Monte Roulier, Community Initiatives, LLC
Douglas Simmons, University of Texas – Houston Health Sciences Center Branch

The CCPH staff for their professionalism and teamwork:

Chris Hanssmann, Graduate Research Assistant
Lien Sandy Lam, Student Office Assistant
David Martinez, Student Office Assistant
Anne Moreau, Program Assistant
Sarena D. Seifer, Executive Director
Annika Robbins Sgambelluri, Administrative Director
Kristine Wong, Program Director
We prepare the new health professionals who improve the health of communities, discover and deliver new treatments and cures, and strengthen the health economy.
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Welcome to the Twin Cities CCPH attendees

Metropolitan State University is proud to be a co-sponsor of this year’s conference.

We serve nearly 10,000 students from our three campus sites in the Twin Cities. Over 40 majors are offered, with many online, leading to bachelors and masters degrees in a broad range of fields including the new Master of Science in Nursing degree. Metropolitan State provides educational opportunity combined with an unwavering commitment to civic engagement.

We hope your stay here will be enjoyable and the conference an enlightening experience.

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2nd International Community-Based Research Conference

June 7–9, 2007 • Hartford, CT

Explore the transformative potential of community-based research to promote social justice through interactive presentations, performances, workshops, panel discussions, exhibitions, and more. Topic areas include health and mental health, education, arts and research, environment/ ecology, and community and cultural development.

Presented by The Institute for Community Research
Info: 860-278-2044 or www.incommunityresearch.org

The Institute for Community Research

117
Minnesota Community Health Worker Project

A partnership working together to:

- Establish a training system for diverse students at the post secondary level designed as a pathway into higher levels of healthcare education and training.
- Provide an 11-credit curriculum offered at five higher education institutions in Minnesota.
- Diversify the healthcare workforce.
- Create employment opportunities for Community Health Workers as integral members of the healthcare team.
- Community Health Workers
  
  - Come from the communities they serve - increase cultural competence
  - Help individuals/families navigate the health system - increase access
  - Improve delivery of care for racial and ethnic minorities – lower health disparities
  - Provide health information and link to needed services – improve health outcomes.

For more information on the CHW Project go to:  www.heip.org

Save The Date!

CCPH 10th Anniversary Conference
April 11-14, 2007
Toronto, Ontario Canada

Interested in helping us plan next year’s conference?
Sign up to receive more information on the Conference Planning Committee!
Sign up sheets are located at the CCPH table in the Exhibit Hall

If your organization would like to have a meeting in conjunction with the 2007 CCPH conference, please contact Annika Robbins Sgambelluri, CCPH Administrative Director at AnnikaLR@u.washington.edu or 206.616.3472.
Mission Statement
Healthy African American Families II (HAAF) is a non-profit, community-serving agency whose mission is to improve the health outcomes of the African American and Latino communities in Los Angeles County by enhancing the quality of care and advancing social progress through education, training and collaborative partnering with community stakeholders, academia, researchers, and government. HAAF services all of South Los Angeles and Service Planning Area 6 in particular. HAAF is widely regarded in the community as an advocate voice, and source of education and training around disparities and research, for the local community. HAAF regularly disseminates research to community in its major yearly events. HAAF’s partners include Charles R. University of Medicine and Science, UCLA, RAND, and over 150 community based organizations.

Current HAAF Projects
Preterm Delivery
The goal of the Preterm Delivery Synthesis Project was to improve the utilization of the research funded by CDC that addressed the social, environmental, and contextual determinants associated with preterm delivery in an effort to develop medical, health and social policy. Healthy African American Families was selected by CDC to be the community partner for this project. In addition, HAAF has maintained excellent relationships with pregnant women from the community and community leaders, and has demonstrated strong organizational leadership in South Los Angeles, a complex and important media market.

Building Bridges to Optimum Health
Through a series of community-partnered participatory approaches, community leadership, in collaboration with academia and DHS, has established a set of key community health priorities (e.g. peri-natal health, violence, depression, diabetes, hypertension, cardiovascular, environmental health related disorders, HIV). Building Bridges to Optimum Health is a series of community-driven activities addressing these priority areas (beginning with peri-natal health in 1992) and disseminating information to the community around these issues.

Witness for Wellness (W4W)
In 2003, HAAF II partnered with Charles Drew University of Medicine and Science, RAND, and UCLA to create Witness for Wellness (W4W), a community-lead, multi-stakeholder, academic-community partnership aimed at developing community-based approaches to improve health outcomes for depression in minority communities. This project is designed to determine how to best discuss and understand the definition of depression in the community; facilitate improved awareness and recognition of depression among community members; facilitate the development of strategies to improve appropriate referral and access to treatment; and address issues that result from, and lead to, depression. One of the project’s major goals is to lead to a useful strategy for other communities; thus the project focuses on developing products, such as intervention toolkits, informational manuals, a website, media broadcasts, or other useful materials, that can be used by other communities.

“Breathe-Free” Asthma Program
Healthy African American Families, in partnership with the Asthma & Allergy Foundation of America-Southern California Chapter provided a coordinated, comprehensive array of in-home services to families of asthmatic children ages 0 – 18. HAAF II continues to provide environmental assessments for allergen triggers, education and information, resource and referrals for additional services, child care center trainings and environmental assessments, distribution of allergen-safe materials, medical provider advocacy and follow-up, micro-case management, and community-based trainings and education. The geographic area is inclusive of LA County SPA 6 and 8.

Male Involvement Project
The overall goal of the project is to promote men’s involvement in their health as well as in pregnancy and parenting in Los Angeles County, particularly in communities of color. We believe that if men take an active role in their own health, they can play a major role in promoting maternal and child health. We believe that strengthening male involvement in communities of color can help address the persisting racial-ethnic disparities in birth and child health outcomes.

100 Acts of Kindness
One Hundred Intentional Acts of Kindness toward a Pregnant Woman was conceived by Healthy African American Families II (HAAF II) as a media campaign to create reproductive social capital for pregnant women. Pregnant women were asked to identify through focus groups actions that families, friends, and even strangers could do to make their pregnancies better. Based on the responses gathered from focus groups, a list of “100 Intentional Acts of Kindness to a Pregnant Woman” was created and disseminated with the goals of increasing reproductive social capital and reducing psychosocial stress for pregnant women.
PolicyLink is a national nonprofit research, communications, capacity building, and advocacy organization working to advance policies to achieve economic and social equity. PolicyLink collaborates with a broad range of partners to implement strategies to ensure that everyone—including those from low-income communities of color—can contribute to and benefit from economic growth and prosperity.

Where you live, work, go to school, and play can hinder or enhance good health. PolicyLink highlights principles, strategies, and policies to improve the impacts that neighborhoods and communities have on their residents' health.

PolicyLink is pleased to offer research and advocacy resources to lift up the intersection of neighborhood development and health and advance policy change:

- *Healthy Food, Healthy Communities: Improving Access and Opportunities Through Food Retailing*, a comprehensive report detailing low-income communities’ “grocery gap” and strategies for expanding fresh food retailing in underserved neighborhoods

- The PolicyLink Equitable Development Toolkit, an online resource featuring a new Healthy Food Retailing tool

- Publications on health disparities, housing, equitable development in older core communities, community mapping, advocacy, and other key economic and social equity issues

To learn more about our work, download publications, search the Equitable Development Toolkit, and discuss community health issues in our online Advancing Regional Equity forum, visit our website at [http://www.policylink.org](http://www.policylink.org).
Community-Campus Partnerships for Health is pleased to announce our 9th Summer Service-Learning Institute. Service-learning is an educational methodology based on a community-campus partnership that combines student community service with explicit learning objectives. Service-learning helps to equip future health professionals with the community-oriented competencies and commitment to civic engagement they will need to be effective in our rapidly changing health system. The institute focuses on the knowledge and skills needed to develop, implement, evaluate and sustain service-learning courses and programs in the health professions.

The institute combines experiential and didactic approaches to teaching and learning. Central to the institute design is a mentoring model in which participants work in small groups and as individuals with mentors to further shape their own action plans for service-learning sustainability. The institute features tracks for introductory and advanced level participants to focus on issues of service-learning particular to their experience level and situation. Experienced mentors assist participants to increase their understanding of service-learning, plan for service-learning sustainability within their institution/organization, and develop authentic community-campus partnerships.

To facilitate meaningful learning, the institute is limited to 23 participants. Past institutes have drawn participants from a wide variety of disciplines and professions, including medicine, dentistry, nursing, pharmacy, public health, physician assistant, physical therapy, pre-health professions, residency and social work programs, as well as those from public health agencies and community-based organizations that have service-learning partnerships with such programs.

The personal attention, the diversity of participants and mentors, and the development of concrete action steps that can immediately be implemented back home are consistently noted as institute strengths.

FOR MORE INFORMATION: Applications are available online at www.ccph.info. If you need additional information, please email ccphuw@u.washington.edu or call 206-543-8178.
The goal of the Community-Engaged Scholarship Toolkit is to provide health professional faculty with a set of tools to carefully plan and document their community-engaged scholarship and produce strong portfolios for promotion and tenure.

Community-Engaged Scholarship encompasses the wide range of work that faculty do in partnership with communities - through their teaching (e.g. service-learning, practice-based learning), research (e.g. community-based participatory research), community-responsive clinical and population-based care (e.g., community-oriented primary care, academic public health practice), and service (e.g. community service, outreach, advocacy).

The toolkit includes these components:

**Planning for Promotion and Tenure** focuses on the role of mentors, developing a vision for work with communities and strategies for documenting one's work across the academic missions.

**Creating a Strong Portfolio** provides specific details for preparing a portfolio for promotion and tenure review, including sections on the career statement, curriculum vitae, teaching portfolio, letters from external reviewers, letters from community and practice partners, and documentation of service or public health practice activities.

**Portfolio Examples** from community-engaged faculty members in a wide range of health professions and academic institutions.

**References and Resources** that includes citations, a glossary of terms, examples of schools that support community-engaged faculty, and a list of agencies that fund community-engaged scholarship.

For more information, visit the Community-Campus Partnerships for Health website at www.ccph.info

To subscribe to the Community-Engaged Scholarship Electronic Discussion Group, go to https://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship

*The toolkit is supported by grants from the W. K. Kellogg Foundation and the Fund for the Improvement of Postsecondary Education, US Department of Education.*
CBPR RESOURCES WEBSITE

**WHAT:** The Community-Based Participatory Research Resources Website is maintained by Community-Campus Partnerships for Health and includes the following sorts of information:

- Principles and policies
- Reports and presentations
- Opportunities for funding, training and technical assistance
- CBPR course syllabi
- Links to related organizations and initiatives

**Visit the website today at:**
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CBPR ELECTRONIC DISCUSSION GROUP

**WHAT:** The Community-Based Participatory Research (CBPR) e-mail community was created through a partnership between Community-Campus Partnerships for Health and the Wellesley Central Health Corporation to serve the growing network of people involved and interested in CBPR and other types of community-academic research partnerships. As a resource for sharing knowledge and experience, the listserv aims to strengthen the field of CBPR and ultimately the health of communities.

**WHO:** In less than a year, the listserv already has over 2000 subscribers! People from community organizations, colleges and universities, public and private funding agencies, decision makers and policy makers, and others are all encouraged to subscribe.

**Sign up today at**
https://mailman1.u.washington.edu/mailman/listinfo/cbpr

Community-Campus Partnerships for Health (CCPH) is a nonprofit membership organization that promotes health through partnerships between communities and higher educational institutions. To learn more, visit www.ccph.info
Community-Campus Partnerships for Health 9th Conference

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