



CCPH 9th Conference Preliminary Program: Posters

Walking the Talk: Achieving the Promise of Authentic Partnerships
May 31-June 3, 2006 • Hyatt Regency Hotel • Minneapolis, MN USA

Community Campus Partnerships for Health (CCPH) will feature the following peer-reviewed posters during our 2006 conference. Please note that this information is subject to change. Please check back frequently for future updates to this program that will include poster presenter names and affiliations. For more information on the conference, please visit <http://depts.washington.edu/ccph/conf-overview.html>

VULNERABILITY AND LOSS OF CONTROL IN BEING UNINSURED: WOMEN AND THEIR FAMILIES IN RURAL GA

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. Discussion will be centered on proactive ways in which health care needs can be addressed to increase the health of the community.

DENTAL HYGIENE STUDENT'S PARTICIPATION IN PROVIDING HEALTH CARE SERVICES TO UNDERSERVED COMMUNITIES

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.

THE NUTS AND BOLTS TO BRIDGING THE ACADEMIC - PUBLIC HEALTH DIVIDE

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 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.

PROMOTING COMMUNITY HEALTH

"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.

PROJECT EXPORT: A COMMUNITY/CAMPUS PARTNERSHIP BUILDING CULTURAL HEALTH LITERACY

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.

THE WORLD ACROSS: EXTENDING EDUCATION TO THE NEIGHBOURHOOD

This is 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. Its all about collaboration and partnership which has led to wonderful developments in the lives of these young people.

DEVELOPING STRUCTURES AT THE NATIONAL LEVEL TO SUPPORT PARTICIPATORY ACTION RESEARCH FOR HEALTH

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 non-governmental organization 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 re-sources 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.

PROMOTING EQUAL ACCESS TO HEALTH INFORMATION: LIBRARIES AS COMMUNITY PARTNERS

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.

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

Poster presentation on the role of a community advisory board

HEALTHY CHILDREN, STRONG FAMILIES, EVOLUTION OF A UNIQUE TRIBAL-ACADEMIC PARTNERSHIP

This story addresses our ongoing partnership between academic researchers in Department 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 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 will be discussed.

GOVERNMENT, COMMUNITY/ACADEMIC PARTNERSHIPS: CASE STUDY OF BROOKLYN CENTER FOR HEALTH DISPARITIES

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 State University of New York-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 the National Institutes of Health. 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 health information dissemination efforts in the Community Outreach and Information Dissemination 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.

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

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.

INNOVATIONS IN RESIDENCY TRAINING IN DENTISTRY: A COMMUNITY-BASED COLLABORATIVE PARTNERSHIP APPROACH

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 Human Resources and Services

Administration 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.

Consistent with the literature, we estimated that 20-40% of HU clients perceived an unmet need for dental care. By establishing an on-site dental clinic staffed partially with dental residents, dental care was ramped after one year to an operational average of 355 visits for 59 patients monthly. On average, patients required 6 visits for treatment completion, and dental needs were met that 55% of visits were available to new patients. Operational efficiency was promoted by layering dental care onto an existing continuum of medical, social, behavioral, and other therapeutic services delivered on site through coordinated teams. Success providing dental care for HU clients is attributed to a truly integrated community-academic partnership that addresses both partners' goals through shared resources. Care must be taken to engage partners with the experience, commitment, and community credibility needed to promote and support new projects.

CULTURAL ADAPTATIONS FOR PROGRAM EVALUATION: LESSONS FROM A CAMBODIAN COMMUNITY HEALTH PROGRAM

The Center for Family, Work and Community (CFWC) at the University of Massachusetts Lowell has been a partner for 6 years in the Centers for Disease Control and Prevention-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.

MULTI-TIERED EXPERIENTIAL LEARNING: IN A CAMPUS/COMMUNITY COLLABORATIVE FOR COMMUNITY CHANGE

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 (ECCAOC®, 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 institutional review board 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.

LEARNING TOGETHER TO IMPROVE MATERNAL & CHILD HEALTH: THE MAAMA OMWAANA PROJECT, NJERU, UGANDA

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.

ISSUE: Building sustainable partnerships with communities in low-income countries.

ISSUE: Implementing 'best practices' with limited resources.

ISSUE: Laying the groundwork for student participation in international projects.

ISSUE: Accountability and fiscal management on the ground.

ISSUE: Facilitating and maintaining communication when infrastructure is limited and unreliable.

SKILL AREA: Group facilitation across cultures.

SKILL AREA: Building community and campus capacity to build and maintain mutually beneficial partnerships.

SKILL AREA: Building collaboration across disciplines on campus to meet community needs.

CONNECTICUT'S PLAN FOR SERVICE-LEARNING IN THE PUBLIC HEALTH CURRICULUM

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? (2) 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.

HOW ACADEMIC KEEPS COMMUNITY-BASED AGENCIES OUT OF RESEARCH AND WHAT WE CAN DO ABOUT IT

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 primary investigator. 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.

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

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.

LISTENING TO THE MISSING PARTNER: UNCOVERING RURAL YOUTHS' HEALTH CONCERNS THROUGH PHOTOVOICE

A partnership between the University of Kentucky, 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. 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. 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. This workshop will highlight an innovative technique that works towards ensuring all community members are represented in discussions about local health.

PARTNERING TO PROVIDE CHILDREN WITH SUMMER ENRICHMENT OPPORTUNITIES: A PHOTO ESSAY

We will demonstrate, verbally and visually, 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 will 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, our presentation 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.

THE HEALTH CAREERS PARTNERSHIP: A MODEL OF WORKFORCE DEVELOPMENT

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 care officials have stated that it is the nation's largest and most successful hospital-based jobs programs, with many graduates coming directly from the economically-challenged Phillips neighborhood. In short, MCTC's role has been, since 2000, to enroll nearly 1,000 students into education programs for high-vacancy health care jobs – with partner hospitals guaranteeing jobs for graduates.

This partnership has proved to be a powerful economic tool and has provided economic stability to the Phillips neighborhood through a market-driven approach to workforce training and education – good for everyone in the long run. Through creativity and determination, our College and its partners have successfully changed the face of one of the nation's most blighted urban areas.

MCTC's overall goal has been to address the educational and economic capacity needs of area residents through access to health care training. By almost every measure, HCI has been an unqualified success. We have enrolled nearly 1,000 students. More than 35 percent have been from the Phillips neighborhood, and more than 80 percent are persons of color. Many students were not working prior to enrolling in this program. Students who left

previous jobs to study at HCI have experienced a 27-percent increase in income, attaining an average starting wage of \$10.94 per hour.

Perhaps the most remarkable achievement of the HCI is that it has built bridges between three previously competitive hospitals and created an avenue of collaboration between the hospitals, higher education and the community that fills jobs with qualified employees. Instead of competing with each other for a limited number of qualified employees, the hospitals are now collaborating with higher education to educate more employees, and these employees are residents of the neighborhood community who need jobs. The result is that the employers have employees they need for critical positions; employees have a career ladder to climb and good job prospects; and the College has a market-based educational program that meets real employment needs and provides economic value.

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

The purpose of this skill-building workshop will be to increase the participants' 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.

COMMUNITY HEALTH OUTREACH: A STUDENT AND STAFF DIRECTED SERVICE LEARNING COURSE

The Community Health Outreach elective at the University of Iowa benefits from being both student and staff directed. A group of four students (two M2s and 2 M4s) and one staff member bring their unique perspectives to a course which asks students to deepen their understanding of a range of social issues relating to health care, including health care access, health maintenance, health literacy, health care policy, and chronic pain issues; experience service and site visits to expand their knowledge of different groups in the Iowa City vicinity, including the under- and uninsured, children and adolescents, HIV/AIDS patients, individuals with disabilities, migrant populations, and the elderly; make connections between theory and practice through service, discussions, presentation, reading, and writing; share their learning with community peers and course directors; and prepare a proposal for their second, advanced year of Community Health Outreach (CHO). The CHO (I) class meets weekly and each month features two weeks of presentations from agencies on the unit theme (health access, health literacy, health maintenance, etc.); a week of service learning; and a reflection week.

THE IMPORTANCE OF COMMUNITY PARTNERSHIPS IN EFFECTIVE CANCER CLINICAL TRIALS EDUCATION

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 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.

STANFORD UNIVERSITY PATIENT ADVOCACY PROGRAM: A STUDENT-LED COMMUNITY-ACADEMIC PARTNERSHIP

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.

PARTNERING WITH COMMUNITIES: THE TEXAS TELEHEALTH DISPARITIES NETWORK

The primary purpose 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.

The goals of the network include: 1) Development of multi-racial/ethnic based coalitions in each community to identify the needs of the community; 2) partner with each of the local coalitions in developing community plans integrating telehealth applications; 3) Develop networks that cross geopolitical boundaries that can test and disseminate best practices in telehealth and community partnerships.

FOSTERING COMMUNITY AND PUBLIC HEALTH COLLABORATIONS TO IMPROVE HEALTH

The poster will outline the process of collaborating with community, public health and educational institutions to meet the growing healthcare needs of an underserved population. This poster will present 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 the Salt Lake Valley Health Department University of Utah Department of Medicine, and other community partners. Finally, the participant will receive ideas and resources for developing similar collaborations in other cities or states.

ENGAGING STUDENTS, RESIDENTS AND FELLOWS IN OUR COMMUNITY: THE GEORGETOWN/UNITY PARTNERSHIP

In this poster, we would like to 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 story 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.

INNOVATIVE TEACHING METHODOLOGIES AT OFF CAMPUS VENUES OF TSHWANE UNIVERSITY OF TECHNOLOGY

In 1992 the Faculty of Health and Social Sciences, started offering distance education programs in other provinces including. The venues are located 300-400 kilometres 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.

Main challenge: Introducing Innovative Teaching Methodologies in an equitable way in all venues. Off campus venues had no tutorial rooms, skills laboratories, learner support systems, libraries/ learning resource centres.

Addressing this problem was done through joint effort by both staff and students. Students identified both person and infrastructure resources within the communities. These belong to universities and nursing colleges in the areas including the industries.

COMMUNITY PARTNERSHIPS IN MATERNAL CHILD HEALTH LEADERSHIP: LESSONS FROM THE FRONTIER

This poster will tell 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 maternal and child health 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. We are still working on all this. 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 now and expect content and the format of our educational products to evolve over time, as we all decide how to tell the story.

ASSESSING COLORECTAL CANCER KNOWLEDGE AND IMPROVING SCREENING RATES AMONG OLDER MINORITIES IN THE CITY OF NEWARK

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: 1) to 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 them 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.

WEAVING AND ISLANDER NETWORK FOR CANCER AWARENESS, RESEARCH, AND TRAINING (WINCART): A COMMUNITY BASED PARTICIPATORY RESEARCH APPROACH WITH PACIFIC ISLANDERS IN SOUTHERN CALIFORNIA

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.

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

Several US cities have reported a significant rise in 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 HIMH 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.

PARTNERSHIP IN ACTION: SUSTAINING THE CHW ROLE TO ADDRESS HEALTH DISPARITIES

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 in the United States with a focus on Minnesota where the Healthcare Industry Education Partnership 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. Our poster demonstrates how partnerships can inform policy.

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

This poster will examine 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 (the Center) and rural communities in the state. In particular focus will be placed on an ongoing partnership between the Center and the Northwest Georgia Healthcare Partnership.

WHEN COMMUNITY SERVICES SAY: "THE RESEARCH MAY BE ABOUT US, BUT IT CANNOT BE WITHOUT US!"

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. The objectives include: (1) To clearly define the issues and gaps in and amongst community services for low income and homeless people; (2) To define and map out the various health and social services available; (3) To develop a model appropriate for the community and people. Approach includes communication and training on the process.

SOCIAL JUSTICE AND RESPONSIVENESS: CAMPUS-COMMUNITY PARTNERSHIPS IN MEDICAL EDUCATION

The poster will focus on presenting 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 will address the conference theme of Walking the Talk and showcase 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.

A PARTNERSHIP FOR SAFETY: LEARNING ABOUT IPV AND IMPROVING ACCESS TO CARE

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. This clinic is staffed with a volunteer physician and medical students and/or family medicine residents. This partnership was established with the following goals: 1. to provide free medical care to a needy population; 2. to improve patient trust in the medical system; 3. to expose medical students and resident physicians to IPV and it's myriad of health concerns.

The free medical clinic at the local domestic violence shelter 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.

IMPROVING PATIENT CARE THROUGH RESEARCH PARTNERSHIPS

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. Each of the partners is considered a clinical scholar: the APN is applying his/her clinical expertise to the structured examination of a clinical problem, while the faculty member brings research expertise to the clinical setting. A grant provides up to 20% support for the faculty member's time; the clinical facility supports 20% of the APN's time. There have been 3 cohorts of 4 pairs each for a total of 12 studies over the past 6 years.

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. In addition, participants have uniformly expressed extreme satisfaction in their partnership experiences that provide a foundation for future work, and also in being part of a supportive cohort of fellow Clinical Scholars. Job satisfaction for all who have been involved has been enhanced. One APN noted: "Being a Clinical Scholar puts jazz in my job!"

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

The poster will cover how one community in Virginia started a early literacy coalition in 2001, 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. Through walking the talk and having the "Institutes" core values promoting innovation which opened the door to new partnership possibilities. In Sept. 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 authenticity become stronger and more resilient.

