



CCPH 9th Conference Preliminary Program: Skill-Building Workshops, Story Sessions & Thematic Poster Sessions

**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 workshops and sessions 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 presenter names, affiliations and presentation times. For more information on the conference, please visit <http://depts.washington.edu/ccph/conf-overview.html>

LESSONS FROM INITIATIVES AND COLLABORATION: DIABETES PREVENTION IN NEW HAVEN CHURCHES

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

The Yale-Griffin Prevention Research Center developed a community partnership team (CPT) to address diabetes in the African-American community in New Haven, Connecticut. 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 Diabetes Prevention Program. 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.

OWNERSHIP OF INTELLECTUAL PROPERTY WORK INVOLVING IMMIGRANT AND ABORIGINAL COMMUNITIES

Story Session ~ Ethical Issues Raised by Community-Campus Partnerships

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.

BUILDING COMMUNITY CAMPUS PARTNERSHIPS TO REDUCE ORAL HEALTH DISPARITIES

Skill-Building Workshop ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice

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.

RESOURCE DEVELOPMENT STRATEGIES FOR SUSTAINING COMMUNITY PARTNERSHIPS **Skill-Building Workshop ~ Sustaining Community-Campus Partnerships**

This session will be 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, the US Department of Education, Health Resources and Services Administration, 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.

NARRATING THE JOURNEY: IMMERSION EDUCATION AND COMMUNITY PARTNERSHIP **Story Session ~ Student Leadership and Activism in Community-Campus Partnerships**

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.

COLLABORATION FOR HEALTH: A PARTNERSHIP FOR PHYSICAL ACTIVITY **Skill-Building Workshop ~ Community Strategies for Campus Engagement**

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.

DEVELOPING LOCAL THEORY FOR TAKING LOCAL ACTION TO ADDRESS COMMUNITY HEALTH PROBLEMS **Skill-Building Workshop ~ Sharing Power and Resources in Community-Campus Partnerships**

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 in various parts of Germany for developing local theories to describe local health problems, based on the concrete experience of community workers

CAMPUS POLICIES AND PROCEDURES: HOW TO AVOID STUMBLING WHILE "WALKING THE TALK" Story Session ~ Ethical Issues Raised by Community-Campus Partnerships

This story session will address 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 Community Outreach Partnerships Centers Program) and seeking to sustain their activities to those who have well established centers. The story session will address 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.

MEN ON THE MOVE

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

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 Pemiscot County Community Coalition 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.

THE ROLE OF A UNIVERSITY-BASED HEALTH POLICY CENTER IN INFORMING, ENGAGING, AND ENERGIZING THE PHILANTHROPIC COMMUNITY ON HEALTH-RELATED ISSUES IN GEORGIA Story Session ~ Sustaining Community-Campus Partnerships

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.

A COMMUNITY IMPACT STATEMENT: A PRE-NUPTIAL AGREEMENT FOR COMMUNITY-CAMPUS PARTNERSHIPS

Skill-Building Workshop ~ Assessing, Documenting, & Realizing Benefits of Community-Campus Partnerships to All Partners

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, 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.

HEALTH SCIENCES AND TECHNOLOGY ACADEMY: COMMUNITY-CAMPUS PARTNERING WITH SECONDARY SCHOOLS

Story Session ~ Community Strategies for Campus Engagement

This story session highlights the success of local community-run boards partnering with higher education to provide science/math enrichment for under-represented students. The local boards hire teachers and formulate policy appropriate to their region's diverse student population. Through a campus summer institute, biomedical expertise is shared with students through inquiry experiences to excite them about college and careers in health, science, and math education. Teachers conduct after-school science clubs during the school year to mentor the students, and thus are a crucial aspect of the Health Sciences and Technology Academy's (HSTA) success. All teachers receive professional development in science/math teaching. HSTA's success rate shows that of the first four student cohorts to graduate from high school, 100% attended college, and on average these students had a higher grade point average than a similar control group of college students.

CAN A "BROKER" BE AUTHENTIC? THE ROLE OF PUBLIC SERVICE CENTERS IN SUSTAINING PARTNERSHIPS

Story Session ~ Campus Strategies for Community Engagement

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.

A HEALTHY ADDICTION

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

New Mexico ranks in the top three states for driving while intoxicated (DWI). In an effort to involve young people in solving this growing problem, the DWI program and the Service-Learning department looked for 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. Each semester since then, at least ten faculty from various disciplines and participate in the project. Each student completes a pre and post survey and performs six hours of volunteer service in a drug and alcohol prevention project.

Curriculum Infusion (CI) is the process of integrating substance abuse prevention content into regularly offered classes across the curriculum. The Santa Fe county DWI program and the Service-Learning department have forged a partnership, offering 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. Drug and alcohol information is provided by the faculty through readings, group work, class discussions, outside activities, writings, and video presentations. 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.

IRB INSIGHTS

Story Session ~ Ethical Issues Raised by Community-Campus Partnerships

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.

LEVERAGING NEW YORK CITY'S ACADEMIC INSTITUTIONS TO PROVIDE HEALTH CARE FOR THE HOMELESS

Story Session ~ Sustaining Community-Campus Partnerships

The story session will consist of a description of 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 partnerships with St. John's School of Pharmacy; the State University of New York Downstate Medical Center; Columbia University (various colleges) Beth Israel Hospital, New York University and Hunter College; and New York School of Podiatry, among others. 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 we 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

RESEARCHING TOGETHER: STORIES OF A TEAM OF COMMUNITY RESIDENTS, STUDENTS, AND PROFESSORS

Story Session ~ Assessing, Documenting, & Realizing Benefits of Community-Campus Partnerships to All Partners

As community residents, students, and professors we are members of a community-driven research team that is committed to making a difference in the lives of limited-income residents. Our task as a research team has been to provide feedback about the process of community transformation and systems to local community projects as well as the larger Anne E. Casey Foundation-funded project. In this session, we will tell the story of our team's transformation from a disparate group of individuals divided by race, class, and academic cultures to one that is

united around a common social justice purpose. Specifically, we will describe how we have undergone our own struggles to transform our team from a traditional academic hierarchy to a genuine democracy in which power and resources are shared. We argue that recognizing such struggles and successes is essential for assessing, documenting, and realizing the benefits of partnerships for university partners and community residents.

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

Skill-Building Workshop ~ Student Leadership and Activism in Community-Campus Partnerships

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.

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

Skill-Building Workshop ~ Community Strategies for Campus Engagement

Communities & Physicians Together 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 recently awarded the 2005 Community Campus Partnerships for Health award. McKnight & Kretzman's ABCD model is a particularly effective approach for institutions - such as universities - interested in partnering with communities, as it requires employing the "glass-half full" and all-inclusive ideologies, lending to community buy-in and sustainability. This workshop is highly recommended for both community members/leaders and university faculty/staff.

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

Story Session ~ Campus Strategies for Community Engagement

This poster will focus on combining a capstone course in a discipline with a problem-based, community service-learning approach to help nonprofit institutions bridge the digital divide. It demonstrates the careful construction of a strong and vital community--campus ongoing collaboration between five area non-profit agencies, the United Way, the Management Information Systems department of a regional public university, and the Center for Service-Learning at the same university.

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

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

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 sequels of traumatic experiences, possible fear and mistrust of authority, economic stresses and inadequate cultural understanding between refugee and service provider. The Massachusetts General Hospital Chelsea HealthCare Center is a community health center affiliated with a large teaching hospital that serves a large number of new immigrant and refugee families. In order to address the complex needs of these families, the health center has partnered with numerous community agencies and institutions, including public schools, police, domestic violence agencies, social services, and refugee resettlement agencies. This story

session will discuss the continuous reassessment of the program through intensive contact and needs assessment of refugee families through home visitation and related support activities.

A SELF-ASSESSMENT TOOL: UNDERSTANDING THE STRENGTHS AND CHALLENGES OF A COALITION Skill-Building Workshop ~ Assessing, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners

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

NURTURING NEXT GENERATION OF SOCIAL ENTREPRENEURS, COMMUNITY LEADERS, AND HEALTHCARE ADVOCATES Skill-Building Workshop ~ Student Leadership and Activism in Community-Campus Partnerships

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

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

BUILDING FULL PARTNERSHIP THROUGH THE COMPREHENSIVE PARTICIPATORY PLANNING AND EVALUATION MODEL Skill-Building Workshop ~ Campus Strategies for Community Engagement

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

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

Skill-Building Workshop ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice

The details of the development process of Galveston County's 3-share plan will be presented. This process, which involves an innovative, community based assessment and has been mutually driven by the business community and 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 NIH. Session attendees will play a round of the CHAT game as well as see an aggregate of Galveston County's selections and how the 3-share benefits package is based on these choices. In accordance with the themes of the conference, this session will illustrate how a university and the community of employers and employees are working together to translate research into practice and policy and create a successful and sustained health access solution for the working uninsured.

SHARING INTELLECTUAL AUTHORITY: COMMUNITY ELDERS AND UNIVERSITY FACULTY TEACHING TOGETHER

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

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

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

Skill-Building Workshop ~ Ethical Issues Raised by Community-Campus Partnerships

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-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-funded consortium developing materials on research ethics for partnerships that bring together diverse groups. We will use these experiences in a hands-on skill building workshop for community members and their campus partners. Using a model of a research cycle, we will point out ethical issues that can emerge at each stage of a research partnership from how groups come together, who selects the focus of research, who collects the data, how the data are analyzed, and how the results are translated into change.

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

Skill-Building Workshop ~ Sustaining Community-Campus Partnerships

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

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

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

CRITICAL REFLECTIONS ON COMMUNITY-CAMPUS PARTNERSHIPS: PROMISE AND PERFORMANCE

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

This session will present findings from a qualitative analysis of the three-year Department of Housing and Urban Development-funded Community Outreach Partnership Center (COPC) at Montclair State University (MSU). Through their interview responses, MSU COPC partners identified many of the barriers and challenges to successful and effective MSU COPC partnerships as the result of risk-averse, control oriented behaviors among and between partners. Behaviors such as: the exclusion of controversial entities/personalities; the avoidance of conflict; a lack of willingness among partners to create and be accountable for an independent partnership identity; an imbalance in governance and decision-making; and unclear communication between partners, resulted in partners perceiving one another as untrustworthy, disrespectful and insincere. Conversely, partners spoke of risk oriented behaviors such as: an openness to multiple, even conflicting, partner perspectives; a willingness to openly confront conflict; and a willingness on the part of all partners to assume accountability for the partnership regardless of the consequences and circumstances, leading to increased partnership related goal achievement and greater partnership satisfaction.

We learned that an ethic of risk in partnership is fostered by a set of mutually agreed upon processes and procedures to ensure power, accountability, cultural sensitivity, responsibility, expectation, conflict, identity and other salient issues are formally negotiated to the satisfaction of all partners. In turn, an ethic of risk and effective partnership procedures appear critical to the development of common ground for the partnership. And, it appears without common ground, a clear recognition of the partnership as an entity separate from, yet accountable to, both the university and the community, little can be accomplished and much stands to be lost.

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

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

Skill-Building Workshop ~ Student Leadership and Activism in Community-Campus Partnerships

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

In this session, participants will:

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

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

Story Session ~ Community Strategies for Campus Engagement

In 2004, the University of California, San Francisco's (UCSF) Executive Vice-Chancellor appointed a Task Force on Community Partnerships, charged with (1) inventorying UCSF's current community partnerships; (2) reviewing the evidence to support community-campus partnerships and studying best practices at other institutions; and (3) making recommendations to improve the success and impact of UCSF's community-campus partnerships. Representatives from all the different schools and institutes within UCSF spent the following year working together to fulfill their charge. The task force was, in part, a result of a collaborative university-community planning process that had taken place over the prior year to design and implement a Community Partnership Resource Center (CPRC), based in the Department of Family & Community Medicine, with the mission of promoting the health and well-being of San Franciscans by facilitating partnerships between UCSF and local communities, focusing particularly on communities in southeast San Francisco with significant health disparities compared to the rest of the city. One of the findings of the CPRC planning group was that, although UCSF had many community partnership programs, they were not as well coordinated, well-supported, or effective as they could be. Community members were very involved in the CPRC planning process, and two of those members were part of the subsequent internal university task force. The task force conducted a campus-wide survey of existing community partnership programs, examined external models of academic institutions with successful community partnership programs, consulted with national experts on community-campus partnerships, sought broader community input, and produced a report in August 2005 with findings and recommendations. The report was received favorably by the Chancellor, and UCSF is currently beginning to implement the recommendations. This story of developing a strategic institution-wide approach to civic engagement contains valuable lessons about the challenges that are encountered in this kind of work and ways of overcoming those challenges

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

Skill-Building Workshop ~ Campus Strategies for Community Engagement

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.

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

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

The Healthier Wisconsin Partnership Program is an extraordinary opportunity for both community and academic partners to "walk the talk" of partnership. The Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin, funds partnership projects and is a key factor in developing an institutional culture that promotes community-academic partnership as an authentic health improvement strategy. Currently in its first award cycle with twenty-three funded community-academic partnership projects throughout the Wisconsin, the Program has embarked on a vision with the community to make Wisconsin the healthiest state. This is an ambitious vision, a vision that faces imposing health needs, broad geographic regions and their populations, and a variety of community and academic approaches towards health prevention. This presentation will look through a partnership "lens" and investigate the funder role in pulling these fragments together into a stunning mosaic, acting as a virtual kaleidoscope that leverages institutional and community change and creates symmetry to positively impact state health.

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

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

SUSTAINING COMMUNITY-CAMPUS PARTNERSHIPS

Thematic Poster Session

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

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

analysis framework for the qualitative data collected through key informant interviews and document review/analysis.

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

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?**

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

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

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**

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.

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

Thematic Poster Session

- **Outside the Box: How the MOMS Project got HIV providers talking (and singing!)**

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.

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

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**

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 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**

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**

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

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

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

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

SHARING POWER AND RESOURCES IN COMMUNITY-CAMPUS PARTNERSHIP

Thematic Poster Session

- **CommUniverCity San Jose: Collaborating through Service-Learning for Neighborhood Health**

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 session 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.

- **Ties the Bind: Communities in Partnership with an Interdisciplinary Service Learning Program**

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**

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 in this session 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 session 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.

- **Building Capacity through a Community-Driven Mini-Grant Process**

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.

The story session 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**

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.

- **Leveraging Institutional and Community Change - the Healthier Wisconsin Partnership Program**

The Healthier Wisconsin Partnership Program (HWPP) is a new funding program centered around community-medical school health improvement partnerships. The Program invests funding through a Request for Proposal process focused on five principles of stewardship: collaboration; prioritization; leverage; accountability; and, transformation. Key areas of emphasis of the HWPP are: develop new and strengthen existing community- medical school health partnerships; and, support programs and initiatives that improve the health of the people of Wisconsin by focusing on broad health determinant priorities as outlined in the Wisconsin state health plan. This thematic poster presentation will: a) document the overall HWPP, b) compile a summary of to-date project results around the partnerships and the projects, and c) display a selection of in-depth project and partnership descriptions and results as prepared by those funded partnerships. Funded HWPP partnerships will be invited to participate with their individual posters at the conference, pending acceptance of this abstract.

ASSESSING, DOCUMENTING, AND REALIZING THE BENEFITS OF COMMUNITY-CAMPUS PARTNERSHIPS TO ALL PARTNERS

Thematic Poster Session

- **Health Promotion in Rural Alaska: Building Partnerships Across Distances and Cultures**

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. While our presentation addresses several conference themes, we will focus mainly on theme 1 (sharing power and resources) and theme 5 (benefits of partnerships to all partners).

- **The Experience of Hmong Women Living with Diabetes**

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**

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.

- **Building food security: The role of the community-academic partnership**

Our experiences suggest that a community-academic research partnership helps the community build confidence to act on food security issues. This confidence for action arises because in the process of building a partnership we strengthen trusting relationships, increase the density of social networks, and shared community norms and sanctions (Kawachi, et. al., 1999; Coleman, 1988; Freudenberg, 1986). This builds collective efficacy (Morenoff et al., 2001; Sampson, et al., 1999; & Sampson, et al., 1977) whereby a community understands and engages in actions that demonstrate the shared belief that food insecurity is a drag on the well-being of both individuals and the community as a whole. This community-academic research partnership is a long-term commitment that in less than two years has already achieved many successes, and in doing so has built new networks, solidified others and developed a trusting commitment among many to achieve both a greater awareness of food insecurity issues and to enhance the level of food security in the community.

- **Fun 2B Fit: Creating a Sustainable Partnership to Prevent Child Obesity**

This poster will describe a four year community-campus partnership developed to address childhood obesity and its impact on building agency partner capacity to assure long-term sustainability. 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 NE FL 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.

CAMPUS STRATEGIES FOR COMMUNITY ENGAGEMENT

Thematic Poster Session

- **Building Sustained Community Partnerships as a Foundation for Scholarship**

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?**

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 Portability 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 placed, 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**

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.** This model for a the statewide Kidney Education Outreach Program 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**

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.

- **Community and Institutional Readiness for Engagement in Community-Based Participatory Research**

With ever increasing interest and funding for community-based participatory research (CBPR), the potential exists for enthusiastic researchers and/or community groups to attempt to engage in a research partnership without first ascertaining the readiness of the dyad for such an undertaking. In order for CBPR to be optimally and authentically conducted, both partners must have certain resources, structure and leadership in place. It is important for institutions to be cognizant and well-informed of the appropriateness of any given proposed partnership with a community or community organization. Likewise, for communities and community groups to maximally benefit from CBPR relationships, and to avoid the frustration and discouragement of failed attempts, it is imperative that the resources, both material and human, exist to support and sustain such relationships. The goal of this study is to elucidate these indicators of readiness, both in research institutions and communities/community groups. A review of the literature as well as survey of past participants, both community members and researchers, as well as experts in the field will be employed to generate these guidelines

STUDENT LEADERSHIP AND ACTIVISM IN COMMUNITY-CAMPUS PARTNERSHIPS
Thematic Poster Session

- **CHIUS hearts@work as Model for Interprofessional Community Based Learning**

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**

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.

- **Developing Relationships: Vanderbilt University and the Nashville Community**

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.

- **Project PATHS: Empowering Latino Youth to Choose Health and Science Careers**
Members of racial/ethnic minority groups, including Latinos, are more likely to receive a lower quality of care, experience higher rates of illness and disability, and die at earlier ages than members of the White majority population. Therefore, eliminating the differences that exist in mortality and morbidity between population groups has become a national priority**. An approach for addressing health disparities is to increase the diversity of the health workforce: increased diversity will improve the overall health of the nation. 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 NIH, is currently in the implementation phase. This paper describes intervention strategies of Project PATHS, the results of the midterm impact evaluation, and lessons learned.
- **Making the Links: A Vertical Theme in Social Accountability**
Making the Links 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.

