



# PRELIMINARY PROGRAM

*\*subject to change\**

## CCPH 10<sup>th</sup> Anniversary Conference

April 11-14, 2007 ■ Toronto, ON Canada

*Mobilizing Partnerships for Social Change*

For a day-by-day agenda for the whole conference: <http://depts.washington.edu/ccph/conf-agenda.html>

For descriptions of session types referred to below: <http://depts.washington.edu/ccph/conf-program.html#SessionFormats>

### Common acronyms used below:

CBO	Community-based organization
CBPR	Community-based participatory research
CBR	Community-based research
SDOH	Social determinants of health

### THURSDAY, APRIL 12 AT 10:30 AM - 12 NOON

#### RELATIONSHIP BETWEEN COMMUNITY ORGANIZING AND COMMUNITY RESEARCH: CHALLENGES AND OPPORTUNITIES?

**Session Format:** Challenges consultation session

**Intended Skill Level:** Intermediate

**Presenters:** *Doug Brugge, Department of Family Medicine and Community Health, School of Medicine and Tufts Community Research Center, Tufts University; Lydia Lowe, Chinese Progressive Association; Bindu Panikkar, Department of Civil and Environmental Engineering, School of Engineering, Tufts University*

In this session we want to deconstruct the framework of community organizing to see how frames its visions and mission that ultimately enables social change. Within this larger context of how a social movement works we also want to observe how community organizing interacts with research, and where community health research fits in with organizing.

Both community organizing and research have benefits and unique roles in driving social change and enriching local knowledge, we will discuss and debate the strengths in each approach - the trade offs and brokering that is required to be compatible. Primarily we inquire - how can research and community organizing reinforce each other rather than undermine each other?

#### **Session Goals:**

- To initiate discussions between community organizing and community researchers.
- To develop insight into the dynamics of community organizing and understanding when and where research plays a part in organizing.
- To shape CBPR as the voice of the community, as an effective vehicle for social change working side by side with community organizing.

**Session Learning Objectives:**

- To learn ways in which community organizing and community research could reinforce each other
- To identify facets in organizing that can be strengthened by research.
- To gain greater understanding of one's community, community organizing, initiating social change, and conducting research that informs the campaigns and fosters policy changes.

**Session Agenda:**

10 minutes	Icebreaker activity, Introductions
20 minutes	Boston Chinatown case study presentation
20 minutes	Large group brainstorming: the positives and negatives of research for community organizations
20 minutes	Small group exercise: Develop proposed guidelines for how and when grassroots organization groups should engage in CBPR
20 Minutes	Report back/ large group discussion

**REFLECTING ON OWNERSHIP, CONTROL AND POWER: ARE WE PREPARED FOR COMMUNITY-BASED RESEARCH?**

**Session Format:** Challenges consultation session

**Intended Skill Level:** Intermediate, Advanced

**Presenters:** *Sonja Nerad Access Alliance Multicultural Community Health Centre; Ted Richmond, The Laidlaw Foundation; Axelle Janczur Access Alliance Multicultural Community Health Centre; Community Member*

Access Alliance has developed a plan to build a centre of excellence in community-based research (CBR) regarding the social determinants of health for immigrants and refugees. The presenters will share their experience in promoting CBR to community agencies, funders, policy makers and academic researchers. Although there is increasing recognition of the importance of CBR by all these groups, the discussion regarding the significant changes required to carry out CBR has been superficial. Deep rooted issues of power continue which exclude disadvantaged communities have not been addressed adequately. The presentation will review CBR principles and the significant challenges these pose. Participants will formulate and document practical approaches and innovations for promoting CBR.

**Session Goals:**

- To disseminate principles and approaches to community based participatory research that address the root causes of health, social and economic inequalities.
- To demonstrate the power and potential of community based participatory research in influencing change.
- To generate rich and deep discussion and dialogue regarding the ethical considerations and challenges of community campus collaborations

**Session Learning Objectives:**

- To clearly articulate the social determinants of health
- To clearly articulate the appropriateness of community based participatory research principles and approaches for working with marginalized communities
- To increase awareness and understanding regarding the ethical considerations and challenges of community campus collaborations

**Session Agenda:**

- Introductions: Who's Here? (10 minutes)
- Principles of CBR (15 minutes)
- Challenges of practicing CBR – visual mapping (30 minutes)
- Discussion on power-sharing, policy making and advocacy strategies (35 minutes)

## **JIDWA:DOH 'LET'S BECOME AGAIN'**

**Session Format:** Film screening and discussion

**Intended Skill Level:** Policy, Centers

**Presenters:** *Dawn J Martin-Hill, Indigenous Studies Programme, McMaster University; James Lamouche, Policy and Communications, National Aboriginal Health Organization*

'Jidwa:doh: Let's Become Again, Indigenous Elders Summit 2004' is a 50-minute DVD directed by Dr. Dawn Martin-Hill on behalf of the Indigenous Elders and Youth Council. It records the events that took place during the Elders Summit held at Six Nations of the Grand River Territory in 2004. Indigenous Elders from across the western hemisphere joined together at this historic event to discuss healing collectively from historical trauma and to provide direction for action in response to social and health concerns. This speaks directly to the goals and objectives of the conference. Partnerships and partners that were established through the hosting of this event include grassroots collectives, Indigenous leadership, academia, non-governmental organizations, and communities.

### **Session Goals:**

- To share and disseminate the events, outcomes and declarations of the International Indigenous Elders Summit 2004.
- To promote traditional practices and healing as the means for Indigenous Peoples recovery from the effects of colonization and globalization including historical trauma.
- To translate knowledge through distribution of the documentary and potential fund raising to continue the work of the community partner, Indigenous Elders and Youth Council.

### **Session Learning Objectives:**

- To recognize the strengths inherent to Indigenous communities and their traditions, cultures, and societies.
- To identify grassroots community and individual actions taken to protect and preserve Indigenous healing traditions and cultures.
- To discover community-campus partnerships which facilitate Indigenous knowledge translation regarding health and determinants of health.

### **Session Agenda:**

- Opening and Introductions (3 – 5 min)
- Brief description of event, DVD and subsequent work (5 – 10 min)
- Screening of documentary (50 min)
- Presenters' (or panel) insights and feedback (10 to 15 min)
- Facilitated discussion with audience members (10 to 15 min)
- Closing

## **MOBILIZING COMMUNITY PARTNERSHIPS FOR PROCEDURAL JUSTICE AND SOCIAL CHANGE: ACADEMIC AND ACTIVIST PERSPECTIVES**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Jeff S Denis, Department of Sociology, Harvard University; Tony Di Pede, The Wellesley Institute; Dennis W Magill, Department of Sociology, University of Toronto; The Wellesley Institute*

Through a case study of the transformation and closure of The Wellesley Hospital, this session demonstrates (1) how community partnerships enable change, by fostering procedural justice (perceived fairness of decision-making processes) and innovative ideas; (2) how the lack of a partnership approach leads to poor policy decisions and resistance to change. The story is told from the perspectives of a sociologist (linking it to theory and research) and an activist (linking it to lived experience).

### **Session Goals:**

- To describe how community partnerships enable innovative change, by creating perceived procedural justice, new ideas, trust, loyalty, and support

- To describe how the lack of a partnership approach can result in regrettable policy decisions and fierce resistance to change
- To recommend practical steps to implement procedurally just processes in health-related organizations and ways to capitalize on them, once achieved

**Session Learning Objectives:**

- To understand how community partnerships generate procedural justice and innovative ideas, thereby enabling progressive change
- To understand how externally imposed change attempts fail because they do not consider local knowledge and instead create procedural injustice
- To be able to draw on the Wellesley Hospital's experiences to develop practical steps to implement innovative changes in their own organizations

**Session Agenda:**

- Interactive discussion of what "justice" means
- PowerPoint presentation: how partnerships enable change by generating procedural justice, new ideas, trust, loyalty, and support
- Personal account of how these processes played out at the Wellesley Hospital
- Video footage of the Staying Alive Campaign
- Practical steps to implement procedurally just processes
- Open discussion of how these lessons might apply to other organizations
- Questions from the floor

**"BREAKING THE DISCONNECT" BY EXPANDING COMMUNITY CAPACITY TO REVIEW RESEARCH AND BY BRINGING PARTNERS FROM THE IRB AND LOCAL AND ACADEMIC COMMUNITIES TOGETHER FOR MORE EQUITABLE RESEARCH**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Clara M Goldberg-Freeman, Johns Hopkins Bloomberg School of Public Health, Environmental Justice Partnership; Leon C Purnell, Environmental Justice Partnership; Pat Tracey, Johns Hopkins Bloomberg School of Public Health, Environmental Justice Partnership; Barbara Bates-Hopkins, Johns Hopkins Bloomberg School of Public Health, Environmental Justice Partnership; Glenn L Ross Environmental Justice Partnership*

The Environmental Justice Partnership (EJP) consists of community leaders, and public health and art design faculty from two institutions. It was established in January 2003 to break the disconnect between public health researchers and local communities by increasing dissemination of research results, by providing guidance to researchers to build sustainable, equitable partnerships, and by building community capacity to review research to change the way academic partners view community. In discussing the success and challenges of "breaking the disconnect" we will show how the EJP has made progress in building community and researcher capacity to work more effectively and equitably for improved research.

**Session Goals:**

- To explain the EJP, its mission and most relevant accomplishments toward building collaborations between community leaders and researchers.
- To describe strategies community partners employed to establish collaborations with the Johns Hopkins Bloomberg School of Public Health's IRB.
- To describe how the EJP developed process to build capacities of community partners to review research and present experiences to date.

**Session Learning Objectives:**

- To construct a community research advisory board including preparing trainings and how to employ strategies to engage appropriate stakeholders.
- To develop an appropriate plan for reaching out to researchers and community and IRB leaders and bringing them together for sustained collaborations.
- To evaluate the readiness of community partners to review research proposals.

**Session Agenda:**

- Overview of the Environmental Justice Partnerships: partners, goals and objectives
- Journey of partners and accomplishments to date to “break the disconnect”
- Steps taken to collaborate with institutional review board
- Steps taken to build capacity of community members to review research
- Steps taken to increase dissemination of research results and health education materials
- Process of training community partners to review research
- Lessons learned
- Next steps

**COMMUNITY CAPACITY FOR SUSTAINABILITY OF NUTRITION AND PHYSICAL ACTIVITY INTERVENTIONS IN SMALL, RURAL COMMUNITIES**

**Session Format:** Story session

**Intended Skill Level:** Intermediate

**Presenters:** *Kathy Yadrick, Nutrition and Food Systems, University of Southern Mississippi; Elaine Prewitt, College of Public Health, University of Arkansas for Medical Sciences; Betty Kennedy Pennington, Biomedical Research Center; Josie Lain Franklin Nutrition Intervention Research Initiative; Earline Strickland, Delta Nutrition Intervention Research Initiative, USDA-ARS; Paula Threadgill, Human Sciences, Mississippi State Extension Service*

Rural communities would seem to present a challenge for sustainability of interventions because of resource limitations. This session will examine ways in which capacity for sustainability has been emphasized as a part of nutrition and physical activity interventions in three rural delta communities in Arkansas, Louisiana, and Mississippi. It will highlight examples of existing community capacity, in the form of natural leaders and respected civic organizations and institutions, emerging and being integrated into intervention planning and implementation. The session will also share examples of capacity development, through leadership and skills training, collaborative planning efforts, and integration of intervention delivery with efforts of existing community organizations.

**Session Goals:**

- To describe approaches to identifying and building community capacity for sustainability of nutrition and physical activity interventions in small, rural communities
- To share models of community capacity-building that can be incorporated into community-based participatory research
- To share challenges encountered in developing and implementing sustainable interventions in rural communities

**Session Learning Objectives:**

- To evaluate the role of community residents as data collectors
- To describe the role of community capacity-building in intervention sustainability in small communities
- To identify opportunities and challenges related to intervention sustainability in small communities

**Session Agenda:**

- Overview of CBPR process in 3 communities
- Challenges to achieving sustainability in relation to perceived asset limitations in communities
- Stories of natural leadership emerging from communities
- QandA around challenges and ways to identify and nurture existing community capacity
- Stories of capacity-building activities and processes integrated into intervention development
- QandA around integrating community capacity-building into intervention research planning and implementation

## **CREATING MULTIDIMENSIONAL PARTNERSHIPS FOR HEALTH: TRANSFORMING THE PIECES INTO A COHERENT PUZZLE, WHILE ACCEPTING THAT THE PICTURE WILL NEVER BE COMPLETE**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Sharon L. Younkin, University of Wisconsin School of Medicine and Public Health; Susan Corrado, Allied Wellness Center*

This session will address both social determinants of health and a grassroots movement to create change in a neighborhood challenged by violence, drugs, apathy, isolation, unemployment and other barriers to well being. A unique situation wherein connections were created between an academic health center, neighborhood wellness center, community residents, faith communities, and local government will be explained, in hopes of inspiring similar multi-faceted collaborations.

### **Session Goals:**

- To identify issues involved in a collaborative project involving neighborhood residents, a community partner, an academic health center, faith communities and government
- To define strategies utilized to address social barriers to health experienced by a community, while also addressing individual, acute health concerns
- To describe working effectively with diverse groups and organizations in order to compile adequate resources to fund a grassroots agency

### **Session Learning Objectives:**

- To gain knowledge of the issues involved when bringing together individuals with varying: agendas, viewpoints, backgrounds, experience and levels of engagement.
- To learn strategies designed to address both broad social determinants of health and acute, individual health issues.
- To identify a wide variety of funding and fundraising strategies to support neighborhood programs with limited budgets.

### **Session Agenda:**

- Introductions
- The Pieces
  - Neighborhood situation
  - Developing partnerships and generating stakeholders
  - Finding resources
  - Developing programs and services
  - Evaluating success
- Creating the Puzzle
  - Participants will identify their pieces of the puzzle
  - Participants will then work together to form groups, based on the pieces they have and need
  - Groups will share what they were able to develop by organizing creative partnerships
- Balancing the Pieces and the Picture

## **IMPLEMENTING A PARTNERSHIP FOR FILIPINO HEART HEALTH: LESSONS LEARNED IN GENERATING AND APPLYING LOCAL THEORY**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Beginner

**Presenters:** *Rhodora A Ursua, New York University School of Medicine, Center for the Study of Asian American Health; Josephine Rago-Adia, Kalusugan Coalition; Potri Ranka Manis, Kalusugan Coalition*

The Filipino community in New York City (NYC) and Jersey City has served as a center for learning and discovering what health priorities and challenges the community faces, and engaging its members to determine solutions. Through coalition development, and action-oriented community diagnosis, including windshield tours, photovoice, focus groups, interviews and community forums, local theory and knowledge about the risk and protective factors for cardiovascular disease in this community was generated. A campus-community partnership used this knowledge to obtain federal funding to jointly develop

an intervention to improve health access and cardiovascular health status of this community and mobilize additional community stakeholders to engage in the process, hence strengthening the intervention design.

**Session Goals:**

- To share the experiences of a university-community partnership in NYC and New Jersey (NJ) in engaging the Filipino community to conduct a CBPR project to improve health access and cardiovascular health.
- To discuss various types of local knowledge discovered with the NYC/NJ Filipino community and how they were used to develop and strengthen the design of a community health worker intervention.
- To engage participants to apply to their own settings, techniques to build academic and community partners' capacity to generate, test and apply community-based evidence.

**Session Learning Objectives:**

- To apply lessons learned about capacity building and partnership development with immigrant and other minority populations to strengthen CBPR
- To understand various techniques (i.e. community forums, windshield tours, photovoice) to generate and apply local knowledge to intervention research design
- To apply approaches (i.e. Theatre of the Oppressed) to discover a community's social determinants of health by examining the lived experiences of the target community and translate knowledge into action.

**Session Agenda:**

- Welcome and introductions of presenters and participants
- Presentation of Project AsPIRE
- Personal reflection about Community Experiences and how to apply local knowledge
- Group Exercise
- Report Back

**CAMBODIAN COMMUNITY HEALTH: SEVEN YEARS, SEVEN LESSONS**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Linda Silka, Center for Family, Work, and Community, University of Massachusetts Lowell; Dorcas Grigg-Saito, Lowell Community Health Center; Sidney Liang, Cambodian Community Health 2010, Lowell Community Health Center; Robin Toof, Center for Family, Work, and Community, University of Massachusetts Lowell*

Over the last seven years, Cambodian Community Health 2010 in Lowell, MA has devoted itself to Cambodian elder diabetes and cardiovascular disease. Home to the world's third largest Cambodian community, the partnership confronted many barriers, including differences in language, health care experiences, and intergenerational dynamics. With the community taking the lead, we have worked to incorporate the perspectives of traditional healers, carry out culturally appropriate CBPR, and integrate community and campus approaches. We will focus on seven lessons useful to partnerships with limited resources that need to draw in key community institutions and create new partnership roles for researchers, faculty, and students.

**Session Goals:**

- To share specific strategies from Cambodian Community Health 2010 for making the community the center of learning.
- To provide participants with tools to identify opportunities to draw in campus people to partner with the community.
- To use the seven lessons to focus attention on specific challenges that must be overcome if engagement is to lead to successful outcomes for communities and campuses.

**Session Learning Objectives:**

- Participants at beginning levels of partnership will be able to describe the challenges that they will likely encounter as they attempt to move the community into the center of a learning partnership.
- Participants at intermediate levels of experience will have knowledge of specific steps that they can take to identify particularly rich community learning opportunities.
- Advanced participants will be able to outline a plan for how their community could institute and evaluate community-centered partnership learning opportunities.

**Session Agenda:**

- Introductions, brief ice breaker, and explanation of goals
- Brief summary of Cambodian Community Health to set context; participants asked to point out ways that this context is similar to or different from their own.
- Discussion of challenges in terms of the seven lessons and how each might be applied in new settings.
- Participants asked to describe ways that they would adapt these lessons to their own setting.

**INNOVATIONS IN SERVICE-LEARNING**

**Session Format:** Thematic Poster Session

**Intended Skill Level:** Beginner and Intermediate

This thematic poster session is comprised of the 6 posters (SL#1-#6) below:

**SL#1: ON-SITE PARTNERING AS AN INNOVATIVE APPROACH TO IMPACT HOMELESSNESS**

**Presenters:** *Monica L. Donohue, Nell Hodgson Woodruff School of Nursing, Emory University; Vince Smith, The Gateway Center*

This thematic poster will describe the unique partnership that exists between the School of Nursing and the Gateway Center, a large service center in downtown Atlanta designed to help individuals move out of homelessness. It will begin with the creation of the Gateway Center, emphasizing Atlanta's broad initiative to end chronic homelessness, the unique comprehensive services at the Gateway and its principal of collaboration with numerous partners. How the School joined this collaborative venture at its conception and then positioned a half-time faculty member on-site at its birth just one year ago to facilitate service-learning projects will be addressed. The impact that this partnership has had on the health of individuals who are homeless and the lives of students will be shared.

**SL#2: CANTERBURY HOUSE: A SERVICE LEARNING CENTER**

**Presenters:** *Marilyn G. King, College of Nursing, Medical University of South Carolina; Catherine G. Ling, College of Nursing, Medical University of South Carolina*

How does one teach undergraduate nursing students about the importance of building community partnerships, and learning from the community? This project brings together 3rd semester students and residents of a low-income senior housing site to provide students with opportunities to learn about issues such as ageism, cultural sensitivity, and working with community, by sharing their budding health knowledge and their companionship through shared meals, home visits, and a community project.

**SL#3: HOMEBASING IN PINE FOREST: AN INNOVATIVE AND SUCCESSFUL COMMUNITY-CAMPUS PARTNERSHIP**

**Presenters:** *Connie Roush, School of Nursing, University of North Florida, Brooks College of Health; Carrie Davis, The Housing Partnership of Northeast Florida; Mary Helen Elliott, School of Nursing, University of North Florida, Brooks College of Health*

As part of a comprehensive neighborhood revitalization project, key stakeholders at the Housing Partnership of Northeast Florida and nursing faculty from the University of North Florida created a partnership involving at least 10 local entities. A homebasing model developed at UNF guides efforts to provide health assessment and education for Pine Forest residents through service learning while creating community responsive and culturally sensitive health professionals.

**SL#4: SPANISH HEALTH LITERACY INITIATIVE**

**Presenters:** *Francisco Soto Mas, Teacher Education, College of Education, University of Texas El Paso*

The Spanish Health Literacy Initiative is aimed at improving the health literacy (HL) level of Hispanics by combining teaching, research, and services activities on a community-academia partnership model. The program trains school teachers on the basics of HL. A service learning approach in collaboration with the local school districts benefits children, youth, and parents. A research component that focuses on literacy needs in health care settings and comprehensive school health education connects research and practice.

## **SL#5: THE MENTOR PROJECT: TAKING SCHOOL-BASED SERVICE LEARNING TO THE NEXT LEVEL**

**Presenters:** *Kathie C. Garbe, Department of Health and Wellness, University of North Carolina-Asheville; Keith Ray, Department of Health and Wellness, UNC-Asheville*

The Mentor Project is a unique program designed to change health knowledge and behaviors by working with children in a health mentoring situation. The Mentors are working with children from Title 1 schools (low-income) and working to make a difference in health knowledge and health behaviors while building a strong relationship. The college Mentors are being trained to identify and understand the social determinants of health while also being involved in a proactive support strategy (Mentoring). This is a grassroots effort to create college classes in Mentoring that will also make a significant impact upon the health of our children. This paradigm is different than using classroom instruction to make a difference in health knowledge and behaviors.

## **SL#6: SERVICE LEARNING EXPERIENCES FOR FOURTH YEAR DENTAL STUDENTS**

**Presenters:** *Khatija Noorullah, College of Dentistry, Division of Prevention and Public Health Sciences, University of Illinois, Chicago; Amber L. Ryan University of Illinois, Chicago (UIC)*

College of Dentistry engages senior students in service-learning experiences in community clinics where access is lacking. Students provide tangible benefit to the community by utilizing chairs that would otherwise remain empty, allowing the clinic to book more appointments. The students benefit from the direct exposure to public health issues. They provide care to the underserved urban, rural, and special needs populations and participate in community based projects and reflective essays.

**THURSDAY, APRIL 12 AT 1:30 PM – 3:00 PM**

## **MOBILIZING HEALTHY COMMUNICATION, PROGRAMS AND RESEARCH AMONG A UNIVERSITY, A FOUNDATION, AND A COMMUNITY**

**Session Format:** Challenges consultation session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Gwyn E. Barley, Department of Family Medicine, University of Colorado School of Medicine; Alisha Brown, Stapleton Foundation; Debbi Main, Family Medicine, University of Colorado School of Medicine*

We will share our challenges in working among a university, community and foundation. Trust building efforts and how the community foundation plays a significant role in brokering the community-campus partnership, sometimes for the good and sometimes not, will be described along with how the university has behaved or not. We want to invoke policy changes for promoting health in an inclusive way. We will be stronger and more effective in invoking policy change working together and not apart.

### **Session Goals:**

- To develop skills to address tensions and growing pains in a community-campus-foundation partnership.
- To develop effective communication strategies among stakeholders forming trust and bonds that enable strong community-campus-foundation partnerships
- To develop skills to take what we are learning, interpret them collectively and ask and answer more questions via programs and research together

### **Session Learning Objectives:**

- To adopt communication strategies that enable varied partners to continue to work together for the greater community's good.
- To understand and address tensions that come up in new partnerships where trust is not fully developed.
- To mobilize partners to advance a community's health and work together in fund raising for programs and evaluation leading to new knowledge.

**Session Agenda:**

- Introduction of panel and audience members – 20 minutes
- Relating the experience – 15 minutes
- Discussion and brainstorming – 30 minutes
- Wrapping up and describing key items – 15 minutes
- Next steps and action plan - 10 minutes

**HEALTHY YOUTH THROUGH PARTNERSHIP AND COMMUNITY EDUCATION:THE STREET CULTURE EXPERIENCE**

**Session Format:** Challenges consultation session

**Intended Skill Level:** Intermediate

**Presenters:** *Kim D Sutherland, Street Culture Kidz Project; David D Cowan, Street Culture Project; Dustin Browne R Browne Street Culture/Help Eliminate Auto Theft; Donavon C Caldwell Street Culture Project*

This session includes a brief history of our agency and its success in community development efforts. We'll offer an overview of how to focus on participants' social determinants of health and how to utilize an entire community as a center of learning, discovery and engagement for both our participants and educational practicum students. The tools we use to meet our needs are; community development thinking, arts-based programming, and the Search Institute's 40 Developmental Assets. Also, we'll explore how our community-campus relationship has driven social change in our community, our city. Focusing on these areas has been integral in our nationally recognized success as well as the success of our participants and the desire for educational institutions to work closely with us.

**Session Goals:**

- To communicate/share our best practices and lessons learned while developing leadership programs for youth with potential – youth representing a sampling of a greater marginalized population.
- To communicate to other service providers how we effectively address the social determinants of health while working front line with marginalized youth.
- To share strategies of how our organization built and maintained partnerships with post-secondary institutions for the last decade, and the importance of these relationships.

**Session Learning Objectives:**

- To utilize the energy of practicum students to offer youth a great opportunity-natural mentors. Youth educate the mentors on their world, thus instilling leadership in both groups.
- To use arts-based practices and tools that build assets to greatly improve participants'well being. A decade of engaging and studying marginalized youth in community development prepared the findings.
- To address the social determinants of health to a serviced population through partnerships by highlighting those we've developed over ten years and discuss how they enable community learning.

**Session Agenda:**

- Introduction of presenters and icebreaker
- The Street Culture Experience; Health, Justice and Education
- Testimonials of Participants
- Addressing the Goals through Community Development, Arts-based programming, and Partnerships
- Summary/Conclusion
- Open Discussion and Networking

## TEACHING AND LEARNING CBPR AT THE GRADUATE LEVEL: FROM PRINCIPLES TO ACTION

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Sarah Flicker, Faculty of Environmental Studies, York University; Maya Roy, Community Safety Secretariat, City of Toronto; Felix Munger, Faculty of Environmental Studies, York University; Roxana Salehi, Faculty of Environmental Studies, York University*

Community-based participatory research is an applied approach to research that is difficult to teach in theory. The best way to learn about it – is to try it! We will discuss our experiences with teaching and learning CBPR at the graduate level. In addition, our policy partner will offer her perspectives on why she chose to partner with York University and what she learned from the process.

### **Session Goals:**

- To provide an overview of structure and goals our graduate CBPR course
- To discuss challenges and opportunities from the perspective of faculty, students, and our community/policy partner
- To reflect on issues of sustainability of our approach (and other approaches!) for students and communities

### **Session Learning Objectives:**

- To identify different models for teaching and learning CBPR
- To understand the value of incorporating CBPR courses into graduate curricula
- To reflect on key issues of sustainability for communities involved in these partnerships

### **Session Agenda:**

- Introductions
- Exercise in pairs on teaching/learning CBPR models
- Panel Reflections
- Q and A
- Open Discussion

## FIRESIDE CHAT ON CREATING AND TESTING AN ACADEMIC NGO NETWORK TO ENHANCE HEALTH EQUITY

**Session Format:** Story session

**Intended Skill Level:** Beginner

**Presenters:** *Vivian A Robinson, Institute of Population Health, University of Ottawa; Wendy Muckle, Ottawa Inner City Health Initiative; Caroline Kisia-Nyamai, AfriAfya; Peter Tugwell, Centre for Global Health, University of Ottawa; Aleida ter Kuile, Canadian Coalition for Global Health Research; Vic Neufeld, Canadian Coalition for Global Health Research*

We will describe the creation and testing of an academic NGO (non-governmental organization) network focused on improving health equity by the production and ethical application of relevant knowledge for disadvantaged populations. This story session will focus on lessons learned and achievements of a partnership between the Ottawa Inner City Health Initiative, AfriAfya and the University of Ottawa. Achievements include outputs (eg grants and publications), outcomes (collaborative knowledge networks) and impact (changes in practice, policy and health outcomes) related to enhancing health of disadvantaged and socially excluded populations in Ottawa and Kenya. This responds to the theme on determinants of health and also relates to the theme on developing a science of practice-based evidence.

### **Session Goals:**

- To share story of academic NGO model of creating practice-based evidence to enhance health equity through community-campus partnerships
- To invite participants to explore lessons learned on what worked, what didn't and why and to contribute their own experiences
- To develop an action plan to build on Acango model, evaluate practice and policy impact and increase membership

**Session Learning Objectives:**

- To recognize opportunity and benefits of working with community partners to create practice-based evidence
- To describe facilitators and barriers to building mutually beneficial partnerships between academe, community-based NGOs and other stakeholders (eg policy, press, public, private sector, practitioners)
- To build skills in developing an evaluation framework to assess the outputs, outcomes and impact of community-campus partnerships

**Session Agenda:**

- Welcome
- Dialogue- each of 3 presenters from AfriAfya, OICHI and University of Ottawa will be asked to respond to questions related to how the Acango network was created, lessons learned, perceived and measured value and benefit, perceived barriers to participation, priorities for the future.
- Breakout sessions to discuss case studies and propose action plan to scale up and assess policy, community and practice impact
- Report back
- Develop action plan/next steps

**COMMUNITY VOICES / VOCES COMUNITARIAS: FROM A SOLITARY RESPONSE TO COMMUNITY CHANGE IN SOUTH SEATTLE**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Antoinette S. Angulo, South Park Violence Prevention Collaborative; Kindra Galan, Denny Middle School*

This session will begin with a brief presentation on the patterned gun violence among Latino youth in South Park and a case study of our academic and community collaboration that addressed it. We will tell the story of our Community Voices Project, in which focus groups and photovoice were used to engage Spanish- and English-speaking residents. We will describe the informal and formal linkages we have developed with, for example, the Seattle Police Department, South Park Community Center, city staff, government officials, artists and public health professionals. We will describe how we addressed policymakers through advocacy, and the individual- and community-level outcomes we achieved, including changes in policy and funding. We will share our lessons learned in this work, including:

- Community priorities are NOT research/program priorities
- It is essential to meet folks where they are at (e.g., language, sites, time)
- Inclusion of resident/nonresident community members is essential
- How to leverage social, human, monetary and other resources

**Session Goals:**

- To describe the experience of a grassroots, volunteer-based bicultural effort to address issues of public safety in south Seattle.
- To illustrate how we communicated findings from photovoice and focus groups to policymakers to effect change.
- To discuss lessons learned from this experience, including: what didn't work, why, and the strategies we used to overcome our challenges.

**Session Learning Objectives:**

- To describe the steps involved in photovoice and focus group methodologies and their practical application for social change.
- To identify effective strategies for communicating research findings and recommendations to policymakers to enhance city investment in communities.
- To apply the lessons learned from our experience (including what didn't work, why, and the strategies used to overcome our challenges) to similar efforts in their communities in the future.

**Session Agenda:**

- 90-minute Agenda:
- 30 minutes: Sharing our story
- 30 minutes: Lesson learned
- 30 minutes: Question and Answer session

## **MAKING SURE RESEARCH IS USED: COMMUNITY-GENERATED RECOMMENDATIONS FOR DISSEMINATING RESEARCH VIA NON-TRADITIONAL VENUES**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Intermediate

**Presenters:** *José Ramón Fernández-Peña, San Francisco State University; Carolyn Hunt, Center for AIDS Prevention Studies, University of California San Francisco; Pamela DeCarlo, Center for AIDS Prevention Studies, UCSF; Daniel Bao*

Academic research, no matter how innovative, will never make a difference in the lives of people unless it is disseminated in an appropriate and timely manner to providers and organizations serving the public. Yet many researchers are not trained, rewarded or supported to disseminate research findings beyond academic journals.

The University of California San Francisco, Center for AIDS Prevention Studies' Community Advisory Board developed "Recommendations for Research Dissemination." These Recommendations are unique in that they are generated by community members, many of whom have had success and trouble accessing research conducted at a University.

### **Session Goals:**

- To demystify the process of disseminating research findings in non-traditional venues, so that scientists have an understanding of and comfort with the process.
- To specify particular audiences and formats for dissemination that will be most effective in ensuring that research is accessible and usable by those who will most likely put it into practice.
- To discuss the practical and ethical reasons for disseminating research, including disseminating negative or null findings, project curricula and survey instruments.

### **Session Learning Objectives:**

- To identify important audiences for dissemination of research findings.
- To summarize various non-traditional media outlets and formats for disseminating research that are appropriate for each audience.
- To understand how to develop a dissemination plan and budget for that plan.

### **Session Agenda:**

- Brief survey of participants to find out background and experience with dissemination.
- PowerPoint presentation on the development and content of the "Recommendations for Research Dissemination."
- Facilitated discussion on the practical and ethical reasons for dissemination in non-traditional venues.
- Overview of elements of a dissemination plan.
- Break into small groups to develop dissemination plans.

## **USE OF THE ENVIRONMENTAL PROTECTION AGENCY'S COLLABORATIVE PROBLEM SOLVING MODEL TO ADDRESS ENVIRONMENTAL JUSTICE ISSUES AT THE LOCAL LEVEL**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Sacoby Wilson, Epidemiology, University of Michigan; Omega Wilson, West End Revitalization Association; Chris Heaney, Epidemiology, University of North Carolina at Chapel Hill; John Cooper, MDC Inc.*

We will describe the Environmental Protection Agency (EPA) Collaborative Problem Solving Model (CPSM) framework which West End Revitalization Association has used to address environmental injustice in North Carolina. We will discuss how the CPSM framework can be used in other communities facing similar issues. We will train participants in the use of CPSM framework through interactive activities.

### **Session Goals:**

- To describe the EPA's Collaborative Problem Solving Model (CPSM) Program for participants interested in building community-led partnerships
- To outline WERA's implementation of the EPA CPSM to address non-compliance with environmental regulations and built environment insults in Mebane, NC

- To train participants in adapting and implementing the EPA CPSM to address environmental justice issues through resource leveraging and mobilization and conflict resolution

#### **Session Learning Objectives:**

- To outline the components of the EPA's CPSM to provide their communities with an alternative approach to solve local problems.
- To utilize the EPA's CPSM framework to address environmental injustice and public health risks in their local communities.
- To demonstrate how to develop strong partnerships between affected communities and other stakeholders using principles of collaboration.

#### **Session Agenda:**

- Introduction of the topic
- Introduction of speakers
- Discussion Topic I: EPA's Collaborative Problem Solving Model
- Discussion Topic II: WERA's implementation of the EPA CPSM framework
- Activity I: Small group discussion on participants' local environmental justice issues
- Activity II: Mock Collaborative Problem-Solving Model meeting with participants acting as community advocates, local officials, federal officials, academic partners, and other stakeholders
- Post-discussion

## **DEVELOPING AND SUSTAINING PARTNERSHIPS**

**Session Format:** Thematic Poster Session

**Intended Skill Level:** Beginner, Intermediate and Advanced

This thematic poster session is comprised of the 7 posters (DSP#1-#7) below:

### **DSP#1: COALITION SUSTAINABILITY: IDENTIFYING MEANINGFUL INDICATORS**

**Presenters:** *Rickie Brawer, College of Graduate Studies, Thomas Jefferson University; Julie A. Becker, Evaluation Consultants*

Our research identifies factors related to coalition sustainability. A community-based participatory approach using focus groups and surveys was conducted in 2 coalitions to obtain information about benefits of coalition participation at three levels- individual, organizational, and community. Common values and themes were shared across coalition partners. Meaningful performance/impact indicators that influence coalition sustainability were identified and included constructs of social capital.

### **DSP#2: PERCEPTIONS OF PARTNERSHIP FUNCTIONING: DIFFERENCES BETWEEN MEDICAL SCHOOL FACULTY AND COMMUNITY PARTNERS**

**Presenters:** *Eric T. Gass, Urban Studies Program, University of Wisconsin-Milwaukee*

Data collected for this project is part of my dissertation, which is attempting to create a chronological model of partnership functioning. However, before the model can be assessed, it is important to understand what differences, if any, exist between University and community partners engaging in active partnerships. Participants are 42 community partners and 23 faculty from a partnership grant program at a large mid-western medical school.

### **DSP#3: BENEFITS AND CHALLENGES OF PARTNERSHIP**

**Presenters:** *Barbara L. Hill, Population Health Institute, University of Wisconsin; Ann L. Christiansen, Injury Research Center, Medical College of Wisconsin*

Discussing the benefits and challenges of a community-academic partnership in a systematic way provides an opportunity to fine-tune the relationship during the project in order to better meet the needs of the partners. Semi-structured interviews were held with local health department staff to learn and share perceptions of what program components were most and least valued and what changes could be made to make the partnership work better. An action plan was created to implement those changes.

#### **DSP#4: ASSESSING PROCESS AND OUTCOMES: EVALUATING COMMUNITY-BASED PARTICIPATORY RESEARCH**

**Presenters:** *Marj J. Plumb Plumblin Coaching and Consulting, Inc.*

The objectives of this poster are to share information about the California Breast Cancer Research Program Community Research Collaboration (CRC) Awards; to share information about the components of a process and outcomes evaluation of community-based participatory research teams; and to share information about how the implementation of a community-based participatory research may impact the outcomes of the project. The degree to which CRC projects were implemented according to CBPR practice varied with each team. The three teams that had the most outcomes from their projects had the highest levels of collaboration throughout the entire study, significant community involvement outside of the research team, and involvement of the board and staff from the participating CBO. Power sharing, collaboration, and broad community involvement, appear to be key elements to successful CBPR projects.

#### **DSP#5: COMPLEMENTARY ACTION: A PARTNERSHIP MODEL FOR REDUCING HEALTH DISPARITIES**

**Presenters:** *Kathleen M. Quinlan and Mary Kane, Concept Systems, Inc*

This project defined a partnership model based on two main principles: complementarity and action. The model was based on literature on partnerships in public health, expert interviews and concept mapping involving a group of experienced public health practitioners. The model contains 91 specific ideas grouped into 8 major concepts that complete the unfinished prompt: "For a partnership to work well to eliminate disparities and inequities in health care, service and delivery, it should..."

#### **DSP#6: ACHIEVING SUSTAINABILITY IN SERVICE-LEARNING PARTNERSHIPS: A TEN YEAR FOLLOW-UP STUDY OF THE HEALTH PROFESSIONS SCHOOLS IN SERVICE TO THE NATION DEMONSTRATION PROGRAM**

**Presenters:** *Amanda L. Vogel, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health*

Considerable resources are invested in creating community-academic partnerships for health, but partnerships may be discontinued when initial funding ends. Preliminary findings are presented from a study of the sustainability of service-learning partnerships implemented in 1994-1998 through the Health Professions Schools in Service to the Nation demonstration program, funded by the Corporation for National and Community Service and The Pew Charitable Trusts. Results illuminate the grant's long-term impact on academic institutions and community partners, as well as the importance of contextual influences on the sustainability of service-learning.

#### **DSP#7: COMMUNITY-ENGAGED SCHOLARSHIP FOR HEALTH COLLABORATIVE: PROGRESS IN NEW MODELS OF FACULTY RECOGNITION AND REWARDS**

**Presenters:** *Sherril Gelmon & Miriam Lederer, Portland State University; Sarena Seifer, Kristine Wong, & Jessica Grignon, Community-Campus Partnerships for Health*

The Community-Engaged Scholarship for Health Collaborative is a group of 8 health professions schools that are working to build capacity within their institutions, and provide role models to their peers nationally, to recognize and reward multiple forms of community-engaged scholarship including community-based participatory research and research on community-based learning. These schools have worked for the past three years using Kotter's change model to address review, promotion and tenure issues and refine policies and procedures to support community-engaged scholarship. The teams are supported in their campus change efforts through ongoing opportunities for training, technical assistance and information-sharing. This poster will highlight the results of the change efforts over the past three years.

## **CATALYTIC COLLABORATION: LEADING SOCIAL CHANGE THROUGH COMMUNITY-MEDICAL SCHOOL PARTNERSHIPS**

**Session Format:** Thematic Poster Session

**Intended Skill Level:** Intermediate

**Presenters:** *Amy A. Murphy, Medical College of Wisconsin, Healthier Wisconsin Partnership Program*

The purpose of this thematic poster session is to describe how community-academic partnership projects address social determinants of health and grassroots movements to impact policy change through: involving those most impacted by the problem in health interventions; supporting the development of advocacy skills and abilities of grassroots resident leaders; addressing access to health care as a basic determinant of health; addressing health status as a key to successful employment. This session will feature a group of posters that report on HWPP grantee experiences and lessons learned.

### **CC#1: SABER PARA LA GENTE/KNOWLEDGE FOR THE PEOPLE: CREATING A CHAIN OF MEANINGFUL INFORMATION**

**Presenters:** *Carolina Gonzalez Schlenker, Latino Health Organization, Inc.; Christine Cronk, Medical College of Wisconsin; Barbara Leigh, Milwaukee Public Theatre; Ben Ortega, Spanish Center of Kenosha, Racine and Walworth Counties, Inc.*

The goal of Saber para la Gente is to explore an alternative approach to portray, monitor and address minority health. Health programs for minorities have been planned and designed using the evidence presented by a list of health indicators and their numerical gap with the white population. This approach to health resource allocation has proved to be ineffective and wasteful. Most of the lacking information is inside people as a lack of awareness about what health events are and how their lives are impacted by them. The project begins with providing a setting for stories to be told and organizing the stories in a matrix that makes them meaningful. The information then is presented back to the people as an interactive theatre performance (Forum Theatre) that provides a stage for creative ideas to improve the situation. The information is then mapped to the International Classification of Nursing Practice and to the International Classification of Functioning, Disability and Health (ICF), providing the means to integrate the data into health information systems, with the nursing profession serving as the lead actor. The preliminary findings point at the primacy of contextual variables in determining both, population health outcomes as well as in the outcomes of health programs (including this project).

### **CC#2: BRANCH OUT: A FAITH-BASED PARTNERSHIP TO PROMOTE HEALTH AND WELLNESS**

**Presenters:** *Staci Young, Medical College of Wisconsin; Nancy Wynne, Word of Hope Ministries; Yvonne Greer, City of Milwaukee Health Department*

The purpose of the BRANCH (Building a Rejoiceful Alliance of Neighbors for Change and Healing) Out partnership is to reduce health risk factors related to cancer, cardiovascular disease, and diabetes in African-American church-based communities in Milwaukee. Traditionally, churches have been deeply rooted cornerstones in African-American communities. Churches have a strong tradition of caring for others, providing fellowship, support and education. BRANCH Out builds on the existing relationship between health ministry workers and congregation members to address the social determinants of health. BRANCH Out has the following objectives: 1) develop and train Church Health Action Teams (CHATs) at participating churches; 2) develop, implement and disseminate cancer, cardiovascular disease and diabetes risk reduction education and prevention materials and resources; 3) develop and implement cancer, cardiovascular disease and diabetes risk reduction best practices at churches; and 4) sustain, evaluate, and expand the program.

### **CC#3: DEVELOPING STRATEGIES: IMPROVING THE HEALTH OF LGBT PEOPLE OF COLOR**

**Presenters:** *Gary Hollander, Diverse and Resilient, Inc.; David Seal, Medical College of Wisconsin*

Developing Strategies: Improving the Health of LGBT People of Color addresses the social determinants of Health through the focus, design, and implementation of the project. The focus is the intersection of race, gender, and sexual orientation as these apply to alcohol and drug use, tobacco use, mental health, and intentional and unintentional injury. The project design includes the active involvement at all levels of the target population, and it is being implemented by LGBT people of color.

### **CC#4: EMPOWERING INDIVIDUALS TO IMPROVE THEIR HYPERTENSION CONTROL THROUGH PEER SUPPORT**

**Presenters:** *Jeff Whittle, Medical College of Wisconsin; Lee Guerrero, Veterans of Foreign Wars-Wisconsin*

This is an intervention project. The goals of this project are: 1) to demonstrate that “lightly trained” community members can help a group of peers to improve their health status by teaching them self-management skills; and 2) to demonstrate that the supportive peer network that already exists within a veterans’ organization can be mobilized to address health issues that affect its members. We will do so by improving blood pressure self-management and control among participating members of the VFW.

## **CC#5: INTEGRATING PEER SUPPORT THROUGHOUT THE BEHAVIORAL HEALTH CONTINUUM OF CARE**

**Presenters:** *Jon Gudeman, Medical College of Wisconsin; Joan Lawrence, Our Space, Inc.*

The purpose is to create a recovery-driven continuum of behavioral health care by integrating Peer Support throughout service delivery systems, which care for individuals with behavioral health needs. The goal is to change the form, function, values and culture of the behavioral health continuum of care to better meet the needs of the individuals and families it is designed to serve. Peer Support Services will be utilized to implement successful self-determination approaches, which will bring about changes in beliefs and practices, and drive system-wide change.

**FRIDAY, APRIL 13 AT 8:30 AM – 10:00 AM**

## **SETTING UP A PEER REVIEW PROCESS FOR CBOS: CONFLICTS AND CHALLENGES**

**Session Format:** Challenges consultation session

**Intended Skill Level:** Intermediate, Advanced

**Presenters:** *Michael T. Wright, Martina Block, Hella von Unger, Research Group Public Health, Social Science Center Berlin; Karl Lemmen, Deutsche AIDS-Hilfe*

The Social Science Research Center Berlin is working with the Deutsche AIDS-Hilfe, the national German AIDS Organization, to set up a peer review system for community-based organizations (CBOs). This structure will allow CBOs to receive on a voluntary basis systematic feedback on the quality of their HIV prevention work from others in the same field. Participating in the review process will be CBOs, community representatives, funders, and researchers. The conflicts and challenges associated with setting up this system will be presented, and participants will be asked for their comments and suggestions.

### **Session Goals:**

- To describe the theoretical background to the peer review process being set up at the national level for German AIDS Service Organizations.
- To describe how the peer review process is intended to work.
- To describe the challenges and conflicts arising in setting up the peer review process.

### **Session Learning Objectives:**

- To examine the theoretical background for setting up a peer review process
- To describe how one model for a peer review process is intended to work
- To consider how the challenges and conflicts associated with a peer review process can be addressed

### **Session Agenda:**

- Introduction of the Presenters
- Description of the Collaboration between the Social Science Research Center Berlin and the Deutsche AIDS-Hilfe
- Description of the Peer Review Process
- Presentation of the Challenges and Conflicts Arising in Setting up the Peer Review Process
- Feedback and Discussion

## MITIGATING CONFLICT IN STUDENT RESEARCH PLACEMENTS

**Session Format:** Challenges consultation session

**Intended Skill Level:** Intermediate

**Presenters:** *Natalie C Comeau, Client Participation Coordinator, The Client Access to Integrated Services and Information (CAISI) Project; Tomislav J Svoboda, Client, Access to Integrated Services and Information (CAISI) Project*

Involving students as researchers can build capacity within community programs. However, conflicts arise between academic and community organizations when they have different timeframes and expectations about their roles, the goals and impacts of the project, the learning objectives, and the value of the work. A responsive, community-based evaluation of the CAISI Project is used as a case study. Clarity and organizational activism are suggested as strategies to minimize conflict and its effects.

### Session Goals:

- To identify and discuss different types of conflict that can arise when engaging student researchers in community programs.
- To create a set of questions that uncover salient issues to consider when planning or supporting student placements.
- To explore methods of research collaboration that can produce outcomes that meet the needs for both academic rigor and community relevance.

### Session Learning Objectives:

- To identify areas of potential conflict or misunderstanding between academic and community organizations about student research.
- To identify the impact of these conflicts on students and their work.
- To think of a range of potential solutions for conflict based on clarity and individual, group, and organizational change.

### Session Agenda:

- Challenges experienced in completing a responsive evaluation of, and with, the CAISI Project are presented, including a set of key questions for reflection, planning and activism. (30 min)
- As a large group, brainstorm other instances and types of conflict not mentioned. (15 min)
- In small groups, pick 3 conflicts/issues and propose 2 solutions for each. Explain how academic rigor and community relevance are maintained. Report back to large group. (30 min)
- Discussion. (15 min)

## FACES AND VOICES IN THE STRUGGLE TO REDUCE HEALTH DISPARITIES

**Session Format:** Film screening and discussion

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Martha Monroy, Center for Health Equality(CHE); Mel and Enid Zuckerman College of Public Health, University of Arizona; Brandon Protas, Sunnyside Family Resource and Wellness Center, Sunnyside Unified School District; Maya Castillo, Valencia Branch Library; Cecilia Rosales, Mel and Enid Zuckerman College of Public Health, University of Arizona; Brenda Manuelito, Mel and Enid Zuckerman College of Public Health, University of Arizona; Salvador Barajas, Mel and Enid Zuckerman College of Public Health, University of Arizona*

This session will present some of the products of an effective campus-community partnership. The stories shared in this session are personal accounts of struggles with diabetes, environmental racism and substance abuse written and produced by the community members dealing with these issues from an underserved community. Digital stories lend a voice and a face to health disparities and the plight of underserved communities. Stories related to the impact of environmental racism, diabetes and substance abuse issues will be presented. Digital stories are powerful tools to overcoming barriers to health, providing competent health education and bridging the gap between policy makers and communities.

### Session Goals:

- To present the role of digital stories and their power in providing culturally competent information and in community based participatory research
- To provide a basic understanding of how digital storytelling techniques can strengthen community campus partnerships

- To provide a basic understanding of how digital stories can be used in the struggle to reduce health disparities in underserved communities

**Session Learning Objectives:**

- To understand the value of digital stories in disseminating culturally competent health education
- To understand the role digital stories play in providing a voice for the community
- To understand the value of digital stories in community advocacy and policy change

**Session Agenda:**

- Brief introduction to digital stories and the Community Campus Partnership
- Screen *No Es Una Clase Cualquiera* in Spanish and English and discussion
- Screen *What the Water Gave Me* and discussion
- Screen *The Road to Loneliness* and discussion

**A DAY IN THE LIFE: STORIES AND PHOTOS OF HEALTH AND HOMELESSNESS IN TORONTO**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Erika Khandor, Street Health Community Nursing Foundation*

The A day in the life community-based research (CBR) project explores 3 social determinants of health: housing/homelessness, income/poverty and social exclusion. The project facilitated a strong academic-community partnership, mentored underserved people in arts-informed CBR, and created photographs and stories that bring to life the conditions faced by homeless people in Toronto. Our session will present these photos and stories, share experiences from the project, and explore the benefits and challenges of using an arts-informed approach to CBR.

**Session Goals:**

- To present project members' stories and photographs representing their lived experiences of the social determinants of health (housing/homelessness, income/poverty and social exclusion)
- To discuss our experiences of using an arts-informed approach to community-based research through presentation, multimedia and facilitated discussion
- To share our experiences of the processes of project development and partnership building in arts-informed community-based research, using our project as a case study

**Session Learning Objectives:**

- To have an understanding of the benefits, opportunities, challenges and limitations of an arts-informed, community-based approach to research
- To have increased insight into the process of project development, building partnerships and sustaining and maintaining these projects and partnerships
- To consider how this approach to arts-informed community-based research could apply to the conference participants' own contexts, communities and groups

**Session Agenda:**

- Introduction
- Who we are (History, Process, Partnership, Funding)
- Why Photography and Story: Exploring the Social Determinants of Health Using The Arts (Project Examples: health stories and photographs from Toronto streets, Challenges and Limitations of Arts-informed CBR)
- Conversations with Conference Participants (Sharing Stories: small group breakout, large group discussion)
- Endings and Beginnings: How to use it in your community
- Final comments and feedback

## COMMUNITY-CAMPUS PARTNERSHIPS: THE VIEW FROM THE FUNDER'S BALCONY

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Sandra R Lopacki, Local Initiative Funding Partners; Carol A Friesen, Family and Consumer Sciences, Ball State University; Anne Willaert, Health Education Industry Partnership, Minnesota State University*

Local Initiative Funding Partners (LIFP), a national program office of the Robert Wood Johnson Foundation (RWJF), has an 18-year history of supporting innovative programs to improve health outcomes for vulnerable populations. Projects are selected through a highly competitive process and require a funding match from local philanthropy. A subset of LIFP's portfolio represents community-campus partnerships. Many are successful and have sustained for years. Others have been less successful, and these have also provided valuable lessons. This session will focus on engaging grassroots support for health programs, including the authentic voice of the community in developing programs, and in monitoring key differences between research in the laboratory and service in the neighborhood.

### Session Goals:

- To present successful campus-community partnerships supported by Local Initiative Funding Partners, a national program of the Robert Wood Johnson Foundation.
- To identify major obstacles to successful partnerships and funding applications.
- To share and discuss best practices to sustain, adapt, and replicate innovative community programs.

### Session Learning Objectives:

- To describe the role of non-traditional partners in community-campus partnerships
- To identify core competencies in strong community-campus partnerships
- To appreciate the role and limitations of philanthropy in sustaining, adapting, and replicating programs developed as community-campus partnerships

### Session Agenda:

The session will begin with an overview of the role of philanthropy in community-campus partnerships, discussion of 5 best practices illustrated by LIFP projects and 5 practices best avoided; small group discussions of case study elements and sharing comments with the larger audience follow; then Operation Wellness will be presented (community input, university expectations, building of trust); followed by the Community Health Worker program (partnerships and sustainability); Q and A and summarization.

## EARLY CHILDHOOD DEVELOPMENT COMMUNITY MAPPING PROJECT

**Session Format:** Story session

**Intended Skill Level:** Beginner

**Presenters:** *Susan A. Lynch, Community University Partnership for the Study of Children, Youth and Families, University of Alberta*

The Early Childhood Development Community Mapping Project gathered data on how well the preschool children of Edmonton are developing, examined the nature of the community supports for families with young children, and explored ways to help communities improve the support for families in achieving optimal early childhood outcomes. The project responds to both of the first two themes of the CCPH call for proposals: Early childhood development as a determinant of health; and community mobilization for change.

### Session Goals:

- To show how a cross-sectoral team came together to map the early childhood development (ecd) outcomes in the city of Edmonton and used those maps to inform and mobilize to improve ecd outcomes.
- To show how population data on ecd and ecd support services can be displayed on geographic maps and used to reveal patterns in that development at the neighbourhood level
- To describe how neighbourhood maps can be used by those living in the neighbourhoods to ground discussions around improving early childhood outcomes and anchor the planning for improved outcomes.

**Session Learning Objectives:**

- To describe how the Early Development Instrument (EDI) can be used to collect early childhood development population data.
- To describe how early childhood development outcomes can be displayed on geographic maps to inform and focus discussions
- To describe how the partnering agencies and policy makers in Edmonton used the early childhood data to inform policy at the provincial and municipal levels of government.

**Session Agenda:**

- Introduction to the project (10 minutes)
- Introduction to the Early Development Instrument (EDI) and its use in the project (10 mins)
- Overview of maps of EDI data (20 mins)
- Small group analysis of the maps (20 mins)
- Report on the results of the project and community mobilization (20 mins)
- Question and answer (10 mins)

**PHOTOVOICE WITH RURAL AFRICAN AMERICAN AND HISPANIC ADOLESCENTS**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Michael A Yonas, Department of Health Education and Health Behavior, University of North Carolina at Chapel Hill; Cedric Lee Michael Cotten, Community Health Promotion and Advocacy Division, Chatham County Public Health Department*

This collaborative project focused on exploring, illustrating, and ultimately designing an intervention to address the conflict that African American and Hispanic adolescents, focusing on racism and prejudice. Our methods, process and findings address such social determinants of health and illustrate how academic and a county health department partners can collaborate to explore such dynamics. This CBPR effort involved an extensive relationship building component and illustrates clearly how communities may serve as centers of learning, discovery and engagement.

**Session Goals:**

- To illustrate a health department's focus to end institutional racism and the development of a community and academic partnership to address the experience of adolescents
- To illustrate the CBPR process with adolescents, and developing a project to explore dynamics of race, culture and ethnicity
- To illustrate the photovoice process and related discussion sessions with youth to explore issues of conflict and the creation of an arts-based intervention model

**Session Learning Objectives:**

- To anticipate the types of conflict associated with utilizing a CBPR approach within a rural organizational and community setting
- To anticipate the process for organizing and conducting a participatory research project which incorporates the photovoice methodology
- To describe the process for bringing exploratory research findings together quickly to develop a culturally sensitive intervention

**Session Agenda:**

- Introductions (5 minutes)
- Stand and declare exercise to get a feel for how people feel about CBPR and working with communities and youth and what their experiences have been (10 minutes)
- Interactive session describing our organization and community efforts and process to date, highlighting challenges and how these have been negotiated (15 minutes)
- Facilitated discussion of key points (10 minutes)
- Discussion/examples of the participatory photovoice process (20 minutes)

## **MOBILIZING COMMUNITIES FOR SOCIAL CHANGE THROUGH PRIMARY PREVENTION: THE DELTA EXPERIENCE**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Joshua B. Edward, Alaska Network on Domestic Violence and Sexual Assault; Rhonda Johnson, Health Sciences, University of Alaska Anchorage; Shannon Major, Advocates for Victims of Violence; Julia Smith Sitkans Against Family Violence*

Four Alaska communities have been funded for coordinated community response based primary prevention efforts since 2003. Content will address how local, community-based knowledge and wisdom has succeeded in fostering locally developed “practice based evidence” related to community mobilization and primary prevention of intimate partner violence. Presenters will review activities, curriculums, and capacity development efforts that have proven successful in fostering community-level social change over the life of the project.

### **Session Goals:**

- To provide participants with useful tools and strategies for community capacity development related to primary prevention of intimate partner violence
- To review “lessons learned” in community mobilization and grass roots organization as a result of long-term funding for community based social change
- To discuss efforts to make primary prevention and community mobilization efforts sustainable, including funding and state-level capacity development

### **Session Learning Objectives:**

- To gain specific strategies to use within local communities to increase individual and community capacity as social change agents
- To increase knowledge related to existing resources and activities for working with youth in intimate partner violence prevention
- To understand development and implementation of a coordinated community response model for prevention of intimate partner violence

### **Session Agenda:**

Presenters will facilitate an activity designed to encourage conceptualization of primary prevention of intimate partner violence (15 min.), review the history of the DELTA project, and local, state, and national efforts related to coordinated community response development within the project (45 min), facilitate small group exercises related to community capacity development and primary prevention of intimate partner violence (15 min.), and close with participant questions (15 min.).

## **FLINT YOUTH AT THE INTERSECTION OF UNIVERSITY-COMMUNITY PARTNERSHIPS**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Ebony Sandusky, School of Public Health, University of Michigan; Ella Green Moton and Renee Bayer, Community Based Public Health, University of Michigan*

The Ruth Mott Community Health Careers Program is a partnership between the school of public health, the local health department, and community-based organizations (CBOs) in Flint, Michigan. Since 2002, African-American high school students have worked with public health graduate students and CBO staff to carry out projects addressing CBO-identified priority health issues, such as tobacco advertising to teens, HIV/AIDS awareness, and youth violence. Youth participate as true partners in addressing these issues by engaging in public health research, education and advocacy, and in disseminating their knowledge to their families, community leaders, funders, and policymakers. Youth can provide a unique voice in framing what and how questions are asked.

### **Session Goals:**

- To describe Ruth Mott Community Health Careers pipeline program
- To gain perspectives on how youth view themselves in the community as collaborators

- To learn how collaborative relationships between a university, community-based organizations and high school students can be successful in generating, disseminating and using knowledge in the community

#### **Session Learning Objectives:**

- To describe how universities and CBOs partner to create programming to empower youth while they explore public health careers and prepare for higher education
- To formulate a basic strategic plan that uses community assets, culture, mentoring, whole learning, and technology to engage youth in contributing to community solutions to public health problems
- To illustrate how youth can be effective advocates in disseminating knowledge back to their families, community leaders, funders, and policymakers

#### **Session Agenda:**

- Introduction
- Presentation: Program Overview from Different Partner Perspectives
- Presentation: The HIV 'Zine: A Model for Engaging Youth in Research, Advocacy and Practice
- Discussion: The Challenge of Engaging Youth in Community-Academic Collaborations
- Concluding Remarks and Evaluation

## **PARTNERSHIPS FOR ABORIGINAL AND INDIGENOUS PEOPLES' HEALTH**

**Session Format:** Thematic Poster Session

**Intended Skill Level:** Beginner, Intermediate, Advanced

This thematic poster session is comprised of the 6 posters (AIPH#1-#6) below:

### **AIPH#1: SETTING OUR MINDS TO DO IT: COMMUNITY CENTRED RESEARCH FOR HEALTH POLICY**

**Presenters:** *Karen Edwards, University of Alberta; Ginger V. Gibson, University of British Columbia; Nancy L. Gibson, CIETcanada, University of Ottawa*

The four Dogrib communities held two workshops: the first was held in 2004 to identify the indicators of healthy daily living as a Dogrib. Then their agreement with the federal government was signed, and a second workshop was held to carry the indicators through a qualitative analysis process that was enhanced by analysis of traditional songs and stories. The outcome was draft policies for the environment and for the Tâichô Community Services Agency.

### **AIPH#2: DEFINING THE CBPR APPROACH THROUGH THE PERSPECTIVES OF TRIBAL PEOPLE AND LEADERS**

**Presenters:** *Randy E. Elliott Northwest Indian Colleges; Janice V. Brendible, Northwest Indian College; Rosalina D. James, University of Washington*

Community based participatory research has emerged as an important approach for framing academic/Tribal collaborations. The extent of Tribally shared control over research, however, has not been well established, and is rarely found in published literature resulting from these collaborations. The goal of this project is to use qualitative methods to define the perspectives of American Indian and Alaska Native members and leaders on how the CBPR process works best when partnering with academics to do health research.

### **AIHP#3: PATHWAYS INTO HEALTH**

**Intended Skill Level:** Intermediate

**Presenters:** *James M. Galloway, Native American Cardiology Program, College of Public Health, College of Medicine, Pathways Into Health, University of Arizona, Indian Health Service*

"Native American students are frequently forced to endure educational environments that violate their rights to equal educational opportunity and ignore their cultural identities." (From the U.S. Commission on Civil Rights, "A Quiet Crisis", July 2003). Requirements that mandate on-site education at academic institutions far distant from home communities and cultural responsibilities hamper the professional education of American Indian and Alaska Natives.

#### **AIHP#4: OUR LIFE: A COMMUNITY PARTNERSHIP TO PROMOTE NATIVE HEALTH BY ADDRESSING HISTORICAL TRAUMA AND EMPHASIZING TRADITIONAL CULTURAL HEALING**

**Presenters:** *Jessica R. Goodkind, Center for Health Promotion and Disease Prevention, Department of Pediatrics, University of New Mexico; Sage Walters, To'Hajiilee Behavioral Health Services; Eugene Tsinajinnie, Center for Health Promotion and Disease Prevention, Department of Pediatrics, University of New Mexico*

The Our Life project is a CBPR partnership between a Native Community Coalition and University of New Mexico. Our objective is to promote the mental health of Native families by addressing root causes of community trauma and violence. Our goal is to analyze the effects of 500 years of oppression and genocide and to build a community-wide effort to heal and strengthen family relationships through traditional cultural practices, culturally appropriate parenting strategies, and equine activities.

#### **AIHP#5: INTEGRATING 'COMMUNITY ETHICS' IN ABORIGINAL COMMUNITY-BASED RESEARCH PARTNERSHIPS**

**Presenters:** *Jann Ticknor, Renee Masching, and Randy Jackson, Canadian Aboriginal AIDS Network*

This poster addresses questions regarding meaningful community-based research (CBR) community-academic partnerships and the standards that guide them in the context of work with Aboriginal peoples. Experiences from the Canadian Aboriginal AIDS Network Research Unit will ground dialogue about the influence of history and culture in research. More culturally competent approaches to engaging in and conducting research that meets 'community ethics' protocols, while still maintaining institutional guidelines, will be presented with special emphasis on working with Aboriginal communities. Principles of Aboriginal research ethics, recommendations and tools for negotiating ethics agreements will be offered.

#### **AIHP#6: FROM PROCESS TO PRODUCT: A PARTICIPATORY ACTION APPROACH TO EXPLORING BRAIN INJURY IN ABORIGINAL COMMUNITIES**

**Presenters:** *Michelle Keightley, Department of Occupational Science and Occupational Therapy, University of Toronto*

This poster describes the journey of University of Toronto researchers and northwestern Ontario Aboriginal communities during the implementation of a participatory-action approach to explore brain injury from an Aboriginal perspective. The presentation will share reciprocal and transformative learning experiences through personal narrative. It will also present preliminary data and discuss how community research findings can be both embedded in context and generalized to other communities. The poster describes community-based participatory research, with special emphasis on methods for establishing community-researcher relationships. It also provides an example of how a community-campus relationship is attempting to understand the lived experiences of Aboriginal people recovering from brain injuries, and how particular community characteristics (e.g. geographical isolation) influence outcomes.

### **FRIDAY, APRIL 13 AT 10:30 AM – 12 NOON**

#### **USE OF FILM TO MOBILIZE PARTNERSHIPS FOR SOCIAL AND ENVIRONMENTAL CHANGE**

**Session Format:** Film screening and discussion

**Intended Skill Level:** Intermediate

**Presenters:** *Dorothy Goldin Rosenberg, Theory and Policy Studies, Ontario Institute for Studies in Education, University of Toronto, Women's Healthy Environments Network (WHEN); Helen Ziral, Community Outreach and Programs, Women's Healthy Environments Network (WHEN); Lana Choi, Women's Healthy Environments Network (WHEN)*

Toxic Trespass: Children's Health and the Environment is a documentary film that poses important questions about a world that is becoming increasingly toxic for our children and future generations. The film explores social and environmental determinants of health. The film and its related resources will help to inform audiences of the complex web of connections between environmental degradation and its impact on children's health, while highlighting what people can do to bring about personal, social and policy change toward sustainability.

**Session Goals:**

- To introduce and screen film, and engage in discussion – a process to be emulated by ‘multipliers’ and other potential presenters.
- To engage participants and apply participatory learning approaches to mobilize knowledge and opinion for personal, social and structural change.
- To strengthen community partnerships by making new contacts for future activism, using the film for education in participants’ respective communities.

**Session Learning Objectives:**

- Build bridges between communities and academia; create awareness of the complex connections between air, land, water pollution and children's health.
- Stimulate group insights and highlight safe alternatives to most toxic processes and products, using toxic use reduction strategies.
- Identify ways that people can help bring about personal, social, community change and thereby ensure healthy communities and ecological sustainability.

**Session Agenda:**

Do introductions and a go-around to find out where people are at in terms of children’s environmental health. Introduce and screen Toxic Trespass: Children’s Health and the Environment (48 min); do QandA following the film; discuss how the film has impacted participants; brainstorm actions for creating personal, social, and structural change; foster a support network for following up on proposed actions; and strengthen ties to larger entities.

**THE OVERTOWN COMMUNITY-CAMPUS PARTNERSHIP: COMMON GROUND**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *David Brown, School of Medicine, University of Miami; David Brown, Department of Family Medicine and Community Health, University of Miami School of Medicine; Denise Perry, PowerU Center for Social Change*

Overtown was a thriving center for Greater Miami’s African-American community. Tragically, the construction of a highway through the heart of Overtown, and subsequent public policies has negatively impacted the health, economy and culture of the community. This story session will outline the steps taken by a community-campus partnership to halt another state sponsored transportation plan in Overtown and the lessons learned regarding social determinants of health. It will discuss the process of facilitating community awareness, action and a protocol for preventing future health risks.

**Session Goals:**

- To describe the negative health implications transportation initiatives have created in a historic African American community in South Florida.
- To describe the case study of community-campus partnership to oppose a state transportation project.
- To explain how a community-campus partnership was able to accurately assess and communicate health risk and translate resident awareness into action.

**Session Learning Objectives:**

- To understand how to use community-campus partnerships to assess policies that may negatively impact social determinants of health.
- To be able to assess health impacts of transportation initiatives and how to develop evidence based counter-recommendations.
- To be able to develop a protocol to inform policy makers of potential health risks associated with health and non-health related policy.

**Session Agenda**

- Understand - 20 minute slide presentation (embedded video interviews of community partners and residents)
- Address - Open discussion of the community-campus partnership (Share lived experiences and Q and A)
- Advocate - Review the Overtown Community-Campus Partnership toolkit

## **OVERCOMING DIFFERENCES IN THE CREATION OF A SUCCESSFUL COMMUNITY UNIVERSITY PARTNERSHIP. THE EXPERIENCES OF THE RESEARCH ACTION ALLIANCE ON THE CONSEQUENCES OF WORK INJURY**

**Session Format:** Story session

**Intended Skill Level:** Intermediate

**Presenters:** *Steve A Mantis, Research Action Alliance on the Consequences of Work Injury (RAACWI), Ontario Network of Injured Workers Groups (ONIWG); Emile Tompa, Population/Workforce Studies, Institute for Work and Health; Marion Endicott, Injured Workers Consultants; Sabrina Pacini, Research Action Alliance on the Consequence of Work Injury; Pat Vienneau, Research Action Alliance on the Consequence of Work Injury*

Our presentation will follow the development of our community/University research alliance from the Fall of 2003 at a community meeting to the building of our team of 35 members, to developing our research agenda, to creating our terms of reference, principles and partnership structure. We will cover some of history leading to this partnership and highlighting the challenges we faced and how we overcame them as well as the challenges ahead. We will share some of our successes so far including securing over \$1.5 million, publishing our first articles before funds were approved, building trust in our team and engaging academic researchers in our social struggle.

### **Session Goals:**

- To promote a greater understanding of the challenges facing community/University partnerships including the negative perceptions of research in the (injured) worker community.
- To encourage sharing our experiences in building partnerships between vulnerable communities and researchers in order to strengthen future partnerships and build effective social movements.
- To explore how to use a research partnership to build capacity in the community to address public policy issues.

### **Session Learning Objectives:**

- To begin to understand the assumptions, attitudes and values that both University and vulnerable community partners bring to a developing partnership.
- To share the lessons learned building the community/university partnership and explore the process and dynamics of learning those lessons.
- To identify ways to building sustained involvement of the community as the initiative matures and research intensifies.

### **Session Agenda:**

- Overview of the session including goals
- Introduction of presenters (and audience participants if numbers permit)
- Background of our partnership project
- Presentation from the injured/disabled worker point of view
- Discussion – flip chart
- Presentation from the community agency point of view
- Discussion – flip chart
- Presentation from the University researcher point of view
- Discussion – flip chart
- Summarize discussion, lessons learned and questions to be answered.
- Wrap up and thanks

## **HONOURING THE MARGINS: THEIR KNOWLEDGE, PRAXIS AND REALITIES**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Chrystal Ocean and Daphne G. Moldowin, WISE - Wellbeing through Inclusion Socially and Economically*

Led by women in poverty, WISE is a BC group that is growing nationally. In this session, we'll share our experiences of trying to mobilize for change while challenged to function without money or the recognition and respect for our capacity to effect that change. We'll focus on the policies and climate working against our efforts and how we're dealing with them. Potential topics: Autonomy vs the Charity Act; Funding - research vs action; universities as the purported holders of Truth.

**Session Goals:**

- To improve the understanding by academics of the realities groups face in working to address the social determinants of health in their communities.
- To have community groups respected by participant funders and academics for their knowledge, skills and praxis, and to gain new allies.
- To have community groups granted the same legitimacy as academics in terms of funding and respect for their autonomy and leadership.

**Session Learning Objectives:**

- To have an understanding of the realities facing marginalized groups that are trying to address the social determinants of health in their communities.
- To have an appreciation for the knowledge, skills and talent – the existing capacity – of groups working in communities.
- To have an understanding of how the lack of respect and the funding climate undermine the health promotion efforts of community groups.

**Session Agenda:**

- Introductions, 10 mins.
- Interactive PowerPoint presentation, 30 mins. WISE introduction. Challenges: policy, lack of respect, funding climate. Successes. Will use Internet, if available.
- Small group activity with handouts, 20 mins. What can community groups and their academic allies do about policy? lack of respect? funding climate? 1 topic per group.
- Large group discussion, 20 mins. Creating our collective ACTION plan.
- Wrap up, 10 mins. ACTING on our action plan.

**BUILDING CAPACITY FOR COMMUNITY-DRIVEN POLICY CHANGE**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Victor Rubin, PolicyLink; Pamela Moore, University of Minnesota, Minnesota Youth Community Learning Initiative, Konopka Institute for Best Practices in Adolescent Health; Robin Berger, Minnesota Youth Community Learning Initiative, Learning Links; Kisha Braithewaite, Department of Psychiatry Morehouse School of Medicine, Community Voices*

Grantmakers and university researchers increasingly recognize that community-informed policy change is essential to improving community health. This session presents the experiences of two multiyear, multisite foundation initiatives, each of which engages a University-based intermediary and seven community-based partners in an effort to build community capacity to effect policy change around community health. Speakers will include two University-based participants, two community-based participants, and an evaluator that works with both initiatives. This session complements the conference theme "From Grassroots Movements to Policy Change," focusing on the competencies and support structures necessary to achieve policy changes that benefit communities.

**Session Goals:**

- To present the goals and structures of two multi-site foundation initiatives aimed at building community capacity to effect systems and policy change to improve health.
- To enable community and University participants in two multi-site initiatives to share their experiences and engage in cross-site learning.
- To discuss the findings of national evaluators on the dimensions of policy capacity and methods that intermediaries can use to increase community policy capacity.

**Session Learning Objectives:**

- To identify different dimensions of community capacity to effect policy change and understand some challenges faced by communities in doing this work.
- To explain methods used by University-based intermediaries to build the capacity of communities to work toward policy and systems change.
- To understand how grantmakers and intermediaries can reorient their activities toward community-driven policy change.

**Session Agenda:**

0-10 minutes: Moderator frames session topic of building policy capacity and introduces the panelists from two national initiatives. 10-40 minutes: Each of four panelists makes a 5 to 8 minute presentation about their experience with developing community policy capacity. 40-90 minutes: Moderator asks targeted questions about challenges and lessons learned through participation in the initiative. Session attendees are also invited to ask questions of the panelists and share relevant experiences.

**ABORIGINAL COMMUNITY ENGAGEMENT IN HEALTH PROFESSIONAL EDUCATION**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Elizabeth K Stacy, Faculty of Medicine, Continuing Professional Development and Knowledge Translation, University of British Columbia; Yolanda S Liman, Faculty of Medicine, Continuing Professional Development and Knowledge Translation, University of British Columbia; Judith Gohn Tsewultun Health Centre; Rachel Andrew, Mount Currie Health Centre*

This session will present a “lived experience” of how a University-community partnership was incorporated into conventional University of British Columbia health curriculum, bringing a much needed Aboriginal perspective to health professional training. Course content was developed and delivered by Aboriginal community members - in recognition of their expertise in Aboriginal health. The focus of this course highlighted the importance of cross-cultural understanding in balance with clinical skills.

**Session Goals:**

- To provide key insights into challenges and rewards of establishing positive working relationships between universities and Aboriginal communities.
- To share strategies for implementing practice-based, interprofessional education and service learning within an Aboriginal community context.
- To provide an example of the importance of culture as a social determinant of health for Aboriginal wellness.

**Session Learning Objectives:**

- To appreciate the impact of diverse values, priorities and perspectives when developing collaborative, University-community relationships.
- To reflect on an example of community-capacity building, and the roles and responsibilities of each partner in developing those outcomes.
- To gain an appreciation of how University systems can be adapted to enable improvements in health professional education through community engagement.

**Session Agenda:**

The ‘letter home’ (first 25 minutes of the session) will provide a personal account of the project while situating the context of the project. The project’s goals, method, outcomes, and lessons learned will be detailed while sharing photos and student materials. The two community partners will recount their experiences in the course (20 minutes each). Remaining time (20 minutes) will be devoted to audience members’ suggestions and experiences as well as a question and answer period.

**USING PHOTOVOICE METHODS TO WORK FOR CHANGE. THE STORY OF "LOOKING OUT/LOOKING IN: WOMEN, POVERTY AND PUBLIC POLICY"**

**Session Format:** Story session

**Intended Skill Level:** Intermediate

**Presenters:** *Kay Willson, Prairie Women's Health Centre of Excellence; Vanessa Charles, Saskatoon Anti Poverty Coalition*

Low income women are often subject to surveillance and scrutiny by others. In this project, we were behind the lens, not under it. We describe our community campus partnership and how we created a successful photovoice exhibit "Looking Out/Looking In: Women, Poverty and Public Policy." We share part of the exhibit and discuss ways it has contributed to

personal empowerment and social change. Our session gives voice to the knowledge and creativity of marginalized women and profiles grassroots actions that contribute to the development of healthy public policy.

**Session Goals:**

- To describe how low income women used a photovoice process to work for social change in the group, the wider community and public policy.
- To raise awareness of the effect of public policies on women's poverty and their health and wellbeing.
- To demonstrate how those directly affected by poverty and other conditions of marginalization can use creative strategies to voice their concerns.

**Session Learning Objectives:**

- To identify some of the necessary steps and challenges in developing a successful community-based photovoice project with support from community and University partners.
- To deepen their understanding of the connections between women's health, poverty and public policies.
- To explore various ways to use photovoice methods to empower community members and influence public opinion, service providers and policymakers.

**Session Agenda:**

- Presentation: How we worked together to develop a photovoice project: partnership, participation and empowerment.
- Invite questions and group discussion.
- Powerpoint Presentation of images from Looking Out/Looking In: Women, Poverty and Public Policy.
- Participant discussion of responses to the images
- Presentation on ways we've used photovoice to work for social change
- Participant discussion of how they might apply this in their own communities.

**THREE CASE STUDIES OF PARTNERSHIP ACHIEVEMENTS: CREATING COMMUNITY AND INSTITUTIONAL PARTNERSHIPS FOR SOCIAL CHANGE IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH**

**Session Format:** Story session

**Intended Skill Level:** Beginner

**Presenters:** *Sharon Bonython-Ericson, School of Public Health, Sydney University; Annabelle Hartnell, School of Public Health, Sydney University; Sophia Leon de la Barra, School of Public Health, Sydney University*

Three research projects were generated by post-graduate students at Sydney University, and utilised community partnerships to identify and address areas of need within the community. By working collaboratively with community members, organizations, and academic institutions, these students were able to generate pathways for healthy communities through research. All three projects incorporate capacity building, community engagement and ownership, and sustainability in principle and practice.

**Session Goals:**

- To share information about how students facilitate partnerships and create pathways for research into communities
- To illustrate how research students mobilise communities as partners in descriptive and intervention-based research
- To demonstrate how mentoring programs can foster the development of early career professionals in public health

**Session Learning Objectives:**

- To demonstrate how students can become engaged in meaningful partnership projects.
- To demonstrate how students can develop partnerships by building bridges between academic institutions, organizations and communities.
- To demonstrate the importance of experiential learning opportunities such as mentoring relationships and work placement experiences

**Session Agenda:**

- (20min)1: introduce case study of medication compliance
- (20min)2: descriptive study of community knowledge about diabetes among ATSI adolescents
- (20min)3: mentoring program developed for early career professionals
- (30min)4: discussion

## CONSIDERATIONS AND GUIDELINES FOR COMMUNITY REVIEWERS IN COMMUNITY-BASED PARTICIPATORY RESEARCH

**Session Format:** Skill-building workshop

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Darius Tandon, School of Medicine, Johns Hopkins University; Crystal Wiley, MD, MPH, General Internal Medicine, Johns Hopkins University School of Medicine; Pamela Brown, Baltimore Medical Systems: Highlandtown Community Health Center; Miyong Kim, School of Nursing, Johns Hopkins University; Kathleen Cagney, University of Chicago; Darius Tandon, Department of Pediatrics, School of Medicine, Johns Hopkins University*

Publishing manuscripts in peer reviewed journals such as *Progress in Community Health Partnerships* (PCPH, the journal represented by the presenters) is important to advance the field of CBPR. PCPH also provides opportunities to advance the field of CBPR by enhancing the skills of editors and reviewers who can provide feedback to community and academic partners conducting CBPR. Because the journal seeks to strengthen academic and community partnerships and ensure that published work is relevant to community partners, community reviewers are necessary collaborators in the review process. By giving feedback to authors, reviewers help to clarify expectations and strengthen the quality of manuscripts.

### Session Goals:

- To be a co-learning process where together we will develop strategies to make effective use of community input in PCPH's review process.
- To contribute to the guidelines and instructions for community reviewers for the new journal, "Progress in Community Health Partnerships: Research, Education, and Action."
- To provide feedback to the editorial board regarding this workshop and to prepare a manuscript for publication.

### Session Learning Objectives:

- To describe the peer review process and identify unique contributions of community reviewers.
- To describe different options for obtaining community input/review.
- To discuss the pros and cons of different options and critique current reviewer guidelines, and design "new" guidelines/strategies.

### Session Agenda:

- Introductions (5 min)
- Elements of a Peer Review Process (15 min)
- Unique Contributions of Community Reviewers (Audience Discussion) (15 min)
- Break out Groups: Critique Guidelines and Design New Guidelines or Strategies (discuss pros and cons of new approaches) (30 min)
- Group Reports (25 min)

## EMERGING LEADERS: LEADERSHIP AND ACTIVISM

**Session Format:** Thematic Poster Session

**Intended Skill Level:** Beginner, Intermediate, Advanced

This thematic poster session is comprised of the 6 posters (EL#1-#6) below:

### EL#1: AGENCY-BASED COURSES FOR STUDENTS IN PUBLIC HEALTH: STEPPING STONES TO UNIVERSITY-COMMUNITY PARTNERSHIPS

**Presenters:** *Natasha A. Brown, Department of Behavioral and Community Health Sciences, University of Pittsburgh Graduate School of Public Health*

The Department of Behavioral and Community Health Sci. at the University of Pittsburgh recently began a partnership with Hosanna House, Inc., a local community center. We used student journals, course evaluations and key informant interviews to describe attitudes and perspectives towards holding a departmental community development course at Hosanna House. Overall, the experience positively affected students' personal and professional development and was well-received by faculty and staff at both organizations.

## **EL#2: HEALTH OF PHILADELPHIA PHOTO-DOCUMENTATION PROJECT (HOPPP)**

**Presenters:** *Rachel Xiaolu Han, College of Arts and Sciences, University of Pennsylvania; Jeannette Schroeder, College of Arts and Sciences, University of Pennsylvania; Jeremy Kaplan, College of Arts and Sciences, University of Pennsylvania; Michelle Holshue, College of Arts and Sciences, University of Pennsylvania; Ahmed Whitt, College of Arts and Sciences, University of Pennsylvania*

HOPPP is a documentary initiative that employs community-generated images and interviews to examine Philadelphia residents' health priorities and concerns. The purpose is to ask, "Is Philadelphia a healthy place to live?" and to visualize answers through the eyes of Philadelphians. Three types of photos are used to record the physical and social environments: staff ("outsider") images, residents' ("insiders") images, and collaborative staff-resident images.

## **EL#3: COLLABORATION IN ACTION - THE BEDLAM LONGITUDINAL CLINIC: MEETING A NEED IN THE COMMUNITY**

**Presenters:** *Emma J. Kientz, College of Nursing, The University of Oklahoma - Tulsa; Ron Saizow, College of Medicine, The University of Oklahoma - Tulsa; Benjamin I Panter, College of Medicine, The University of Oklahoma; Elizabeth Klenda, College of Medicine, The University of Oklahoma-Tulsa; Jennifer Skaistis, College of Nursing, The University of Oklahoma; Brenda Brooks, College of Nursing, The University of Oklahoma-Tulsa*

Tulsa, OK has a high rate of uninsured/underinsured populations, many living below poverty level. Strategies to follow-up care and management of the population with chronic disease and illness, combined with student learning needs, provided the impetus to the Bedlam Longitudinal Clinic. Goals include: 1. Greater student understanding of patient population and impact on care 2. Participation in a creative application of innovative community oriented systems of care and 3. Enhanced communication.

## **EL#4: PREPARING REHABILITATION STUDENTS FOR COMMUNITY DEVELOPMENT**

**Presenters:** *Heidi M. Lauckner, School of Rehabilitation Therapy, Queen's University, Kingston*

In order to better prepare occupational therapy students to work with communities, a new occupational therapy course on community development, with a fieldwork component, was developed. Community development placements enabled students to learn about the complex interplay between health and the environment while working on community-identified projects. The placements also fostered the development of an emerging partnership between the school of rehabilitation and these community agencies

## **EL#5: HE LAST STRAW: A SOCIAL DETERMINANTS OF HEALTH BOARD GAME!**

**Presenters:** *Kate Rossiter, Department of Public Health, University of Toronto; Kate Reeve, School of Medicine, McMaster University*

This board game was created by two graduate students at University of Toronto as a tool for teaching the social determinants of health (SDOH). "The Last Straw" is designed to help players experience social roles other than their own in order to understand broad factors that influence health. The game reflects current research on the SDOH, including the importance of race, gender and SES. The game's underlying values stem from a position of social justice and equity. Over the last 2 years, The Last Straw has been played as an interactive workshop with many community health agencies across Toronto who aim to utilize an SDOH approach. In this poster, following the game itself, discussion will revolve around the incorporation of academic SDOH research into community work and the role of creativity in campus/community partnerships.

## **EL#6: MEDICAL STUDENTS BRIDGING THE GAP IN A COMMUNITY CAMPUS PARTNERSHIP TO IMPROVE HEALTH IN AN OVER-BURDENED URBAN NEIGHBORHOOD**

**Presenters:** *Sharon L. Younkin University of Wisconsin School of Medicine and Public Health; Travelle Franklin-Ford University of Wisconsin School of Medicine and Public Health*

This presentation will describe the development over the past three years of a partnership between an academic health center and a neighborhood wellness center. Medical students gathered information from community members and area service agencies in order to develop health education programming designed to meet the needs and address the barriers of an urban underserved community. The objective of the partnership is to address the broad determinants of health and improve community well being.

## **SATURDAY, APRIL 14 AT 8:30 AM – 10:00 AM**

### **TOWARDS A BETTER UNDERSTANDING OF KNOWLEDGE MOBILIZATION**

**Session Format:** Challenges consultation session

**Intended Skill Level:** Intermediate

**Presenters:** *Lily K Tsui, Community-University Partnership for the Study of Children, Youth, and Families, University of Alberta; Sherry Ann Chapman, Community-University Partnership for the Study of Children, Youth, and Families, University of Alberta*

Organizations and individuals engage in knowledge-mobilization activities to promote evidence-based practice and policy, yet the activities themselves are not-evidence based. This session is a call to action for those engaged in knowledge mobilization to include evaluation and research alongside their knowledge-mobilization activities so that a body of evidence on effective knowledge mobilization can be created and shared. This body of evidence can in turn inform our future knowledge-mobilization efforts and increase the likelihood that knowledge is mobilized.

#### **Session Goals:**

- To discuss the need for those engaged in knowledge mobilization to contribute to a body of evidence on effective knowledge mobilization strategies.
- To learn from one another ways to engage in knowledge-mobilization activities and how to evaluate their effectiveness.
- To discuss the potential benefits of knowledge-mobilization research and how it relates to the promotion of evidence-based practice and policy.

#### **Session Learning Objectives:**

- To distinguish between what is taken-for-granted about the knowledge-mobilization process and what is actually known to be effective.
- To consider knowledge mobilization as not just a process used to promote evidence-based practice and policy, but as a subject that requires further inquiry in and of itself.
- To work together towards building a body of evidence on effective knowledge mobilization, which will inform future knowledge-mobilization activities.

#### **Session Agenda:**

- Introductions (facilitators, participants) (5 min.)
- Review of knowledge-mobilization terminology (10 min.)
- State of the current literature on knowledge mobilization (15 min.)
- Discuss gaps in what we know about knowledge mobilization (breakout groups, 15 min)
- Addressing those gaps: Questions that need answers (large group summary, 15 min.)
- Strategies to answer questions (breakout groups, 15 min.)
- Summarize strategies (large group summary, 10 min.)
- Conclusion (5 min.)

### **RAISING 100,000 VOICES: TEEN DOCUMENTARIES ON EMERGING ADULthood**

**Session Format:** Film screening and discussion

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Ann Marie White, Department of Psychiatry, University of Rochester School of Medicine and Dentistry*

The utility/feasibility of documentary education for a) advancing at-risk teens' core attitude, skills and knowledge in effecting change in their communities, b) supporting youth-serving organizations especially those health-related missions to provide greater opportunities for "consumers" to participate more in these adult-led environments. This approach driven by an academic-community partnership, for engaging typically disconnected youth in developing as an agent of change is presented.

**Session Goals:**

- To present a compilation of 3-5 short documentaries on emerging adulthood self-produced by urban and rural 15-24 year olds in Central and Western NY during the Spring of 2006.
- To demonstrate the power and persuasion older teens and young adults possess when they engage actively and channel back their daily observations to a broader audience through this medium.
- To describe the process and outcomes (filmmaker/organization/community levels) for a video. "Video-voice" community education partnership led by a University-community collaborative team.

**Session Learning Objectives:**

- To identify topics on health and development of importance to urban/rural teens and young adults.
- To understand better the videovoice process and promotion of community health cultivators of 15-24 year olds from traditionally disadvantaged backgrounds.
- To articulate back the viable solutions and opportunities these teens seek to pressing demands around their healthy and positive development.

**Session Agenda:**

- Introduce project - 5 min
- Review VideoVoice Steps, Aims and Outcomes - 10 min
- Watch compilation of 5 films taken from the full set on DVD already sent - QandA. Conduct a guided "deep" discussion after 2 selected films. See discussion questions in item (2) in the "Methods" section of this proposal - 45 min
- Form small groups to simulate "preproduction" and "production" phases of the "videovoice" process. See items (b) and (c) in the "Methods" section for specific details - 25 min
- Wrap-up -5 min

**RESEARCH, MOBILIZATION, AND ADVOCACY: EFFECTIVE COLLABORATION**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Michael Goldberg, First Call: BC Child and Youth Advocacy Coalition; Penny Gurstein, School of Community and Regional Planning, University of British Columbia*

This session focuses on the collaboration of a province-wide child and youth advocacy organization with a university-based team of researchers. The goal of this collaboration is to "combine the knowledge and wisdom" of university and community partners to develop evidence-based research to inform community mobilization and public policy. The role of advocacy both during and following the research process will be discussed.

**Session Goals:**

- To identify how to do effective community mobilization to influence public policy
- To examine the case of First Call, a Child and Youth Advocacy Coalition and its collaboration with the CHILD Research Project
- To identify the often missing components of community mobilization and political pressure in translating research into policy

**Session Learning Objectives:**

- To understand the history, dynamics, challenges and successes of the collaboration between First Call and the CHILD Research Project
- To understand the dynamics and tensions between research and advocacy
- To identify and discuss the challenges for community mobilization and the challenges of translating research into policy and practice

**Session Agenda:**

- What is community mobilization and how can it effect public policy - Michael
- Issues surrounding community mobilization in University-Community partnerships – Penny
- Case Study - First Call's partnership in the CHILD project - Michael and Penny
- Discussion – The "diamond" of policy change and who funds community mobilization and advocacy once the research is completed – Michael

- What can be learned from the case study for effective community mobilization – Michael and Penny

## **EVALUATING INTEGRATED AFFORDABLE AND ACCESSIBLE HOUSING**

**Session Format:** Story session

**Intended Skill Level:** Intermediate

**Presenters:** *Joy Hammel, Occupational Therapy and Disability Studies, University of Illinois at Chicago; Janet Smith, Urban Planning and Policy, University of Illinois at Chicago; Darrell Price, Housing Team, Access Living Independent Living Center; Andrea Gossett, Occupational Therapy, University of Illinois at Chicago; Beto Barrera, Housing Team, Access Living Independent Living Center;*

This session focuses on a participatory action research project to increase integrated affordable and accessible housing options. Done by a consortium of disability and aging activism and community housing groups, the project responds to the Olmstead decision mandating choice to live in least restrictive settings. Needs and barriers documented by a team of access auditors and peer evaluators with disabilities, and system change initiatives with policy makers will be shared.

### **Session Goals:**

- To identify community-based participatory strategies for evaluating integrated housing needs and accessible and affordable features.
- To summarize environmental barriers and strategies to increase integrated, affordable and accessible housing with people with disabilities.
- To strategize methods to effect systems change and raise consciousness of constituents with disabilities and community organizations on housing rights.

### **Session Learning Objectives:**

- To compare and contrast assessment tools and methods to evaluate housing and community access features.
- To evaluate home and community settings to identify key barriers and supports to community living identified by people with disabilities.
- To strategize ways to audit and change housing policies at the local, state and national levels to reflect access legislation and constituency needs.

### **Session Agenda:**

The session will start with a presentation of the project, tools used, and summary of results, followed by a facilitated discussion with participants about housing policy specific to meeting the Americans with Disabilities Act, Fair Housing and Olmstead mandates, including sharing of strategies to effect systems change at local and state levels.

## **SITUATING WHITENESS: PRODUCING KNOWLEDGE WITH RACIALISED AND INDIGENOUS GIRLS**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Jo-Anne Lee, Department of Women's Studies, University of Victoria; Veronica Pacini Ketchabaw, Child and Youth Care, University of Victoria; Winnie Chow Anti-dote, A Network for Racialised Girls and Young Women; Linley Faulkner, University of Victoria, Anti-dote and University of Victoria; Sandrina De Finney, School of Child and Youth Care, University of Victoria*

Panelists present case studies from collaborative research projects that Anti-dote, a grassroots network for racialised and Indigenous girls and young women and faculty from the University of Victoria have undertaken in the last five years. The case studies reflect issues identified by racialised girls and young women, such as immigrant girls providing care for younger siblings, horizontal violence among racialised and Indigenous girls, dating violence and intergenerational communication, and discourses of denial by service providers. While modeling exemplary practice, presenters question how, given structural, cultural and ideological constraints to equality, community and campus actors can build and sustain the capacity and structures needed to bring about meaningful social change.

**Session Goals:**

- To introduce multi-method, hybrid, community development/PAR with indigenous and racialized (Canadian-born and immigrant ) girls in a context of hegemonic whiteness
- To identify engaged partnership and research models useful for amplifying the voices of racialised girls and young women who seek peace, equality and non-racism as preconditions for health.
- To present the diverse voices of girls and young women as peer researchers through the development of Anti-dote.

**Session Learning Objectives:**

- To develop a fuller understanding of the lived realities of racialised and Indigenous girls who confront and contest their marginality
- To identify several principles to guide PAR when working in community/University partnerships with racialised youth where Whiteness remains socially dominant
- To critically reflect on discourses of PAR/community-campus partnerships from the view of racialised and Indigenous girls and young women as generators of knowledge and action.

**Session Agenda:**

- Introductions and welcome 5 min.
- Panel Presentations including multi-media presentations 45 minutes
- Dyads and Structured Group Discussions 15 minutes
- Question and Answer period 25 minutes

**SPARCING CHANGE: ADVENTURES OF A STUDENT ADVOCACY GROUP AT JHSPH**

**Session Format:** Story session

**Intended Skill Level:** Beginner, Intermediate

**Presenters:** *Amanda L. Vogel, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health; Susan A. Ghanbarpour, Department of Population and Family Health Sciences, Johns Hopkins Bloomberg School of Public Health; Kamila Mistry, Department of Population and Family Health Sciences, Johns Hopkins Bloomberg School of Public Health; Mindi B. Levin, Student Outreach Resource Center (SOURCE), Johns Hopkins University Schools of Medicine, Nursing and Public Health*

SPARC (Students for a Positive Academic paRtnership with the East Baltimore Community) is a student advocacy group at the Johns Hopkins Bloomberg School of Public Health promoting a greater institutional commitment to our community. We will: 1) describe how SPARC created an organized student advocacy group; 2) highlight major SPARC activities; 3) discuss the strategic thinking behind these activities; and 4) describe how SPARC has contributed to change at JHSPH.

**Session Goals:**

- To describe how students at JHSPH created SPARC, an advocacy group to promote greater institutional commitment to East Baltimore.
- To describe SPARC activities to mobilize students, faculty, and administrators around the need for greater institutional commitment to the community.
- To explain the strategic thinking behind this choice of activities, and to discuss how SPARC has contributed to change at the institution.

**Session Learning Objectives:**

- To follow steps to develop a student advocacy group, such as creating an organizational structure, a communications system, and a strategic plan.
- To think strategically about what advocacy goals and mobilization activities would be appropriate to their own institutional settings.
- To understand how to develop a student body survey, a student assembly resolution, and a faculty-student discussion series similar to SPARC's.

**Session Agenda:**

- Overview of SPARC: mission, vision
- Origins: Uniting around shared interests
- Mobilizing support: Student body survey; publicizing results to administrators, faculty, students
- Creating a formal advocacy group: organization, communications, strategic planning

- Actions: Student Assembly resolution, faculty discussion series, awareness raising events
- Influencing organizational culture: Serving as student representatives on committees
- How SPARC has contributed to change

## **INVOLVING COMMUNITIES IN DEVELOPING BEST PRACTICE MODELS**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Beginner, Intermediate, Advanced

**Presenters:** *Yin-Yuan B. Chen, Committee for Accessible AIDS Treatment; Alan Li, Regent Park Community Health Centre*

This workshop is grounded in the experiences of a community-based research that aims at improving mental health service access for immigrants/refugees living with HIV/AIDS (landR-PHAs). The session focuses on how the research team involves landR-PHAs to develop best practice models. This collaborative process challenges dominant methods of service development. It seeks to promote social inclusion by moving marginalized communities beyond the role of passive service users to become active contributors to the service planning process.

### **Session Goals:**

- To highlight the importance of community-academic partnerships in developing service models that best fulfill the needs of the community.
- To promote meaningful engagement of the marginalized communities in shaping a comprehensive strategy to overcome systemic service access barriers.
- To showcase a successful example of how community-based and academic researchers cooperate to facilitate community capacity building and empowerment.

### **Session Learning Objectives:**

- To develop skills in engaging community stakeholders in the service development and reorientation processes.
- To apply "concept mapping" in service model development as a strategy to facilitate community participation and empowerment.
- To gain insights into the barriers and success factors in working with communities to develop a service model that reduces disparity and exclusion.

### **Session Agenda:**

First, facilitators will provide the background and the principles underpinning the study on improving landR-PHAs' mental health service access. Then, participants will undergo a concept mapping exercise to see how landR-PHAs, service providers and other stakeholders work collaboratively to develop best practice models. Finally, the facilitators and participants will discuss barriers and success factors in engaging marginalized groups, like landR-PHAs, in the development of inclusive services.

## **THE SCIENCE/ART OF LATINO COMMUNITY AND ACADEMIC RESEARCH PARTNERSHIPS**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Advanced

**Presenters:** *Marie E. Dahlstrom, School of Nursing, Oregon Health and Science University; Rosemary C Celaya-Alston, Desarrollo Integral de la Familia; Rebecca Hernandez, Hacienda Community Development Corporation*

This workshop will provide a framework for the development of equitable Latino Community Based Participatory Research. Competencies are necessary for teams to identify cultural differences, systemic barriers and develop strategies that can support the development of an approach that can build upon cultural differences of community and researchers. Enhanced multicultural skills will ensure the development of strengths based research which can effect sustainable change.

### **Session Goals:**

- To enhance skills in building equitable community/academic research teams
- To increase knowledge of how cultural differences between communities and academia can serve as strengths and opportunities for collaboration

- To enhance participant research skills in Latino Community Based Participatory Research

**Session Learning Objectives:**

- To compare and contrast cultural differences between Latino and mainstream approaches to CBPR
- To understand relationship based research
- To develop strategies for enhanced cross cultural communication and team building

**Session Agenda:**

- La Comunidad: Relationships Based Research
- Challenges to Equitable CBPR
- Culture and Research
- Research Strata
- Small Group Discussion
- Multicultural Collaboration
- Beyond Cultural Competency Training
- Tapping Latina Leadership: Comadres for Change
- Best Practice Models for Latino Community Based Participatory Research
- Conclusion
- Questions and comments

**REACHING BEYOND EXPECTATIONS: BLACK, ELDERLY AND FIGHTING HEALTH EQUITY AND JUSTICE!**

**Session Format:** Skill-building workshop

**Intended Skill Level:** Intermediate

**Presenters:** *April J. Taylor, Boston Public Health Commission; Beverley Russell, Northeastern University, Center for Community Health Education (CCHERS); Laura B. Morris, REACH Boston Elders 2010 Coalition*

The majority of Black Elders live in 3 neighborhoods of Boston: Roxbury, Dorchester and Mattapan and Blacks suffer a disproportionately from diabetes, heart disease, stroke and premature death. The experiences of racism, inequitable access to health services, and limited neighborhood resources places Black Elders in a complex situation. The REACH Boston Elders program has changed health perceptions for Black Elders in Boston as the only community based, health coalition for Black Elders, REACH Elders has created a dynamic presence and impact in the city landscape in the areas of: activism, health policy reform, disparities research and as community change agents. Success of the REACH Boston Elders program is a best practice for how to engage Elders in CBPR and community building.

**Session Goals:**

- To describe the context of health disparities for Black Elders living in the Boston area.
- To demonstrate the CBPR approaches to the success of the REACH Boston Elders 2010 Coalition as a community based model.
- To replicate the knowledge and the experience of community based elders in Boston who face the challenges of ageism, discrimination and societal marginalization.

**Session Learning Objectives:**

- To describe in detail the disparities experienced by Black Elders in the city of Boston.
- To describe the building components of a successful Coalition using a creative CBPR model
- To obtain details and tools on how to replicate a community based coalition which impacts policy, legislation and advocacy in their communities.

**Session Agenda:**

- REACH Boston Elders 2010 Program Overview, Context of Disparities in Boston and Framework, April J. Taylor, Program Director
- Community Based Participatory Research and Evaluation Models from a Community Partnership Perspective, Beverley Russell, Director of Health Education, Northeastern University
- An Elder on the Front Line, Interactive Discussion and presentation by Laura B. Morris, proud 86 year young whose 'chronologically gifted.'

## **INNOVATIONS IN COMMUNITY-BASED PARTICIPATORY RESEARCH**

**Session Format:** Thematic Poster Session

**Intended Skill Level:** Beginner, Intermediate, Advanced

This thematic poster session is comprised of the 6 posters (CBPR#1-#6) below:

### **CBPR#1: TRANSLATING CBPR WORDS INTO MEANINGFUL ACTIONS**

**Presenters:** *Chad Cheriell, Institute on Aging, Portland State University; David Rebanal, Northwest Health Foundation; Leda Garside, Tuality Healthcare*

This poster will focus on creative community solutions developed through CBPR efforts in Oregon. Based on experiences of Northwest Health Foundation's CBPR projects and community skills-building workshops, discussion leaders will engage the audience on challenges, tensions and benefits of CBPR in addressing community health problems. Discussion themes will include: 1) garnering community acceptance for academic proposals through recognition and acceptance of unique cultural values and norms of ethnic communities; 2) finding the right balance among needs and expectations of the academic, community and funding partners; 3) overcoming CBPR challenges through openness and creative solutions; 4) defining the roles of funding agencies in promoting community engagement and capacity building.

### **CBPR#2: ACTION RESEARCH BY AND FOR MARGINALIZED WOMEN**

**Presenters:** *Tekla Hendrickson, Ontario Women's Health Network*

Participants will learn about an approach to community-based research that seeks to redress the power imbalance between the 'researcher' and the 'researched.' Inclusion research enables 'professional' researchers to partner with marginalized groups, to collectively define research questions, collect and analyze data, and advocate for social change. Participants will hear from inclusion researchers about their experiences.

### **CBPR#3: ANALYZING QUALITATIVE DATA IN A PARTICIPATORY WAY**

**Presenters:** *Suzanne F. Jackson, Centre for Health Promotion, University of Toronto*

Two projects in Ontario worked with marginalized women to describe their experiences of inclusion/exclusion in interacting with health/social services. One focused on homeless women in Toronto, the second on marginalized women's understanding of stroke in Sudbury, Peel and Toronto. Women were trained as "Inclusion Researchers" and facilitated focus groups. This poster's author was asked by local/provincial organization partners to facilitate analysis of their data in a participatory way.

### **CBPR#4: FAMILIAS EN ACCION VIOLENCE PREVENTION: A CBPR PROJECT**

**Presenters:** *Janna Lesser, School of Nursing, University of Texas Health Science Center at San Antonio; Leah M. Trevino, School of Nursing, University of Texas Health Science Center at San Antonio; Daniel Pineda, Pat Kelly, School of Nursing, University of Missouri-Kansas City*

CBPR methods are being used to engage a Hispanic community as they seek to improve violence prevention efficacy. Community residents, school district personnel, community based organization staff and academics are partnering in this multi-level intervention project and together have guided all components of the intervention plan, the evaluation, and a long-term plan for sustaining the partnership. Effects of a culturally-based curriculum on families and on the community are being tested.

### **CBPR#5: BUILDING RESEARCH CAPACITY IN COMMUNITY BASED ORGANIZATIONS**

**Presenters:** *Marlynn L. May, School of Rural Public Health, Texas AandM Health Sciences Center; Jon G. Law, Center for Border Health Research*

A year-long research training demonstration project with three Research Teams created from each of three CBOs. Through a unique curriculum, each team designed and implemented a project grounded in a research problem in the community(ies) served. Each team created its instruments and data bases, and conducted data analysis. Final reports have been written,

findings presented to community stakeholders, proposals for further research written, and conference presentations made by each team.

#### **CBPR#6: CBPR: A TOOL FOR ADDRESSING YOUTH SEXUAL HEALTH IN A DIVERSE URBAN CENTRE**

**Presenters:** *Sarah Flicker, Faculty of Environmental Studies, York University; Susan Flynn, Planned Parenthood of Toronto; Youth Advisory Committee*

The Toronto Teen Survey is a community-based participatory research project designed to support a comprehensive youth sexual health strategy for one of the worlds' most ethno-racially diverse cities. Our project is a partnership between a diverse group of youth, academics, service providers, and policy-makers. Our goal is to identify and address the gaps and barriers that exist for youth in accessing appropriate sexual health services and resources.

### **POSTERS**

**The Poster Hall will be open Thursday April 12 – Saturday April 14.**

#### **ESTABLISHING THE ACADEMIC END OF A PARTICIPATORY RESEARCH ENTERPRISE**

**Presenters:** *Martha I. Arrieta, Center for Healthy Communities, University of South Alabama*

The aims of the program are: to foster the integration of University of South Alabama faculty into a multi-disciplinary group with an emphasis on community based participatory research to address health disparities, to promote the interaction of faculty and community to advance community based participatory research, and to develop and implement a plan to insure sustainability of the group within the University of South Alabama.

#### **COMMUNITY EMPOWERED RECRUITMENT FOR UNIVERSITY STUDIES**

**Presenters:** *Amabel G. Ada-Ganzo, University of the Philippines Manila – School of Health Sciences, U.P.*

The University of the Philippines Manila – School of Health Sciences is a ladder-type medical school where students who do not end up becoming a doctor exit from the ladder as a nurse or a midwife. Students cannot enroll on their own. The school clients are the remote communities of the country needing health manpower. They are empowered to choose their future health worker and send them to the university as student scholars. Return service to the community is 95-100%.

#### **COMMUNITY LED HIV/AIDS INITIATIVES – CHALLENGS AND LESSONS FROM THE FIELD: A CASE FOR UGANDA - HOW CAN WE BUILD THE COMMUNITY CAPACITY THROUGH RESEARCH?**

**Presenters:** *Patrick Arinaitwe and Berina Kamahoro, Participatory Rural Development Organisation, Uganda*

The role of communities in research, discovery and transfer of local knowledge through effective interventions. The goals of this poster are to establish future community campus partnership between Ugandan communities and institutions abroad through research; to have a deeper understanding of the importance of community led Initiatives; and to develop future networks as vehicles for social change.

#### **MOBILIZING FOR BLACK FATHERS OF CHILDREN WITH SPECIAL NEEDS**

**Presenters:** *James C. Bridgers, Jr., Department of Family Studies, University of Maryland, College Park (FMST/UMCP), The MayaTech Corporation; Cecil H. Doggette, Communications & Marketing, Health Services for Children with Special Needs (HSCSN); Suzanne M. Randolph, FMST/UMCP; Jessie MacKinnon, Communications and Program Development, HSC Foundation; Oliver L. Roy HSCSN; Lynwood F. McAllister, Community Prevention Treatment and Research, MayaTech*

Goal: Improve well-being and advocacy of Black fathers of children with special needs. Objective: Implement culturally sensitive intervention to increase fathers' coping, parenting, & advocacy. Methods: Activities with partners at HSCSN Pediatric Center (Washington, DC) resulted in: ecological/risk-resiliency framework; logic model; evidence-based program selection;

funding; training for staff/fathers; cultural adaptation of intervention/evaluation; family strengthening; community enhancements.

## **ADDRESSING CHALLENGES IN KNOWLEDGE MOBILIZATION**

**Presenters:** *Jaime L. Brown, Centre for Families, Work and Well-being, University of Guelph*

The Father Involvement Research Alliance is a national partnership with fathers, policy makers, researchers, and practitioners, including researchers from 8 universities, and community participation from over 30 agencies that serve fathers & families. A knowledge mobilization (KM) workshop was held to build capacity of researchers to address needs arising from community based research and served as a model for how KM could be built into complex research projects as both process and product.

## **KNOWLEDGE AND BEHAVIOR CHANGE TO EMPOWER DIABETES SELF-MANAGEMENT**

**Presenters:** *D. Darlene Cass, Division of Community Outreach, University of Texas Medical Branch Galveston*

Partnerships forged between the university and the community under the Community Access Program Grant lead to the Robert Wood Johnson Foundation funding the Community Health Coach Program. Take Action – A Diabetes Self-Management Program empowers participants to take control of their diabetes through an interactive program which includes basic diabetes education, readiness for change, worksheets and action plans. Each class participants report on their goals and write new goals. Community Health Coaches teach the program and provide ongoing support in non-hospital settings such as churches, community center and social service agencies.

## **COMMUNITY PARTNERSHIP FOR PUBLIC HEALTH**

**Presenters:** *Lalithkumar P. Chaudhari, Institute For Sustainable Development And Research; Anand G. Bhole, Nagpur University, ISDR; Mr.Eknathrao G. Khadse, Maharashtra Legislative assembly; Annette P Kimmich, Open University Geological society, CGSI; Prof. Narendrakumar K. Choudhary, Education consultant and ISDR; Gurumukh M. Jagwani, Maharashtra Legislative Council*

This poster will address the systems and policies needed within academic institutions, funding agencies and governments to support their sustained partnerships with communities for social change in developing and industrialised countries. The poster will cover the issues such as changing social systems and promotion and tenure systems to recognize community partnership.

## **FUNDING STRUCTURES AS INSTITUTIONAL BARRIERS TO EMANCIPATORY KNOWLEDGE AND COMMUNITY-BASED PARTICIPATORY RESEARCH**

**Presenters:** *Antony W.H. Chum, Department of Adult Education & Counseling Psychology, Ontario Institute for Studies in Education, University of Toronto (OISE/UT); Sara C. Carpenter, Department of Adult Education & Counseling Psychology, Ontario Institute for Studies in Education, University of Toronto (OISE/UT); Jennifer Hompoth, Department of Theory and Policy Studies, Ontario Institute for Studies in Education, University of Toronto (OISE/UT)*

CBPR is an approach which seeks to analyse the attitudes and interests of its partners, in order to produce emancipatory knowledge. Practitioners' critiques lead us to speculate that funding systems reflect conventional requirements of academic knowledge production which limit the emancipatory potential of CBPR. This results in a disproportionate allocation of power to rational-technical and practical knowledge-interests, which it turn limit the legitimation of community knowledge-interests.

## **POWER STUDY: ACTION ORIENTED PERFORMANCE MEASUREMENT IN WOMEN'S HEALTH**

**Presenters:** *Jocalyn P Clark, Arlene Bierman, Mandana Vahabi, and Gladys Honein, Centre for Research in Inner City Health, St Michael's Hospital, University of Toronto*

POWER study will develop a Women's Health Report Card that aims to improve the health of and reduce inequities among women. Report cards are an increasingly popular way to measure and monitor the performance of the health system,

including how well systems and policies respond to disparities in health. A key challenge lies in developing them with community input so they address issues of concern to and provide meaningful information for women's health stakeholders.

### **BRINGING EVIDENCE INTO ACTION AND ACTION INTO EVIDENCE: USING EVIDENCE TO ENHANCE CANADA'S PUBLIC HEALTH DECISION-MAKING CAPACITY**

**Presenters:** *Mary Patricia Dressler, Marie DesMeules, Nina Jetha, Vincent Turgeon, Grace Wan, and Y. Anita Li, Public Health Agency of Canada, Centre for Chronic Disease Prevention and Control*

The key elements of a Population Health Approach are instrumental in providing a comprehensive approach to best practice decision-making for community-based programs addressing chronic disease, and building a stronger evidence-base derived from practice. A Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention enhances access to practice-based evidence.

### **SALISH KOOTENAI COLLEGE AND UNIVERSITY OF ARIZONA HEALTH PROMOTION PARTNERSHIP WITH THE SELISH, KSANKA AND QLISPE PEOPLE**

**Presenters:** *Anita L. Dupuis, Community Health and Development, Salish Kootenai College; Cheryl K. Ritenbaugh, Family and Community Medicine, University of Arizona*

This poster shares the evolution of the Traditional Living Challenge intervention for prevention of heart disease, the partners, and lessons learned. This is an example of researcher as advocate and insider as researcher. This research was initiated out of the Salish and Kootenai Community and the Site PI, Ms. Anita Dupuis through her masters level work. Ms. Dupuis is an enrolled member of the Salish and Kootenai Tribes. She has created the Department of Community Health and Development at Salish Kootenai College and forged the partnership with Ritenbaugh and the Department of Family and Community Medicine at the University of Arizona, a major academic research institution. This is truly a grassroots driven partnership with the academic research community.

### **REACHING HOMELESS PREGNANT YOUTH: "MY BABY AND ME" INFANT PASSPORT AND INCENTIVE PROGRAM**

**Presenters:** *Darlene E. Dzendoletas, Women's Health Care Centre, St. Michael's Hospital; Alice Gorman, Urban Issues, Toronto Public Health*

An infant health passport and incentive program was developed by a hospital and community partnership to help coordinate perinatal care for at risk homeless pregnant youth in Toronto and is currently under evaluation. The goal is to improve maternal and child health. The evaluation of the program will look at the usefulness of the passport from patient and care giver perspectives using key informant interviews, service provider focus groups. Preliminary results will be shared with the audience.

### **AHAH! ABORIGINAL HEALTH AND HEALING: ADDRESSING HEALTH DISPARITIES AMONG URBAN ABORIGINAL COMMUNITIES WITH NEW PARTNERSHIPS**

**Presenters:** *Denielle A. Elliott, Department of Sociology and Anthropology, Simon Fraser University, Vancouver Native Health Society; Doreen Littlejohn, Vancouver Native Health Society; Marian Krawczyk, Department of Sociology, Simon Fraser University, Vancouver Native Health Society*

The goal of this project is to identify barriers in access to & up-take of ARV and HEP C treatment among urban Aboriginal people living in Vancouver's Downtown Eastside and to raise awareness around culturally-competent HIV/HCV treatment for Aboriginal people. Our research methodology is primarily qualitative. We utilized a participatory action research (PAR) approach that emphasizes a partnership model that focuses on the creation of social change rather than on merely gathering information.

## **RESTRUCTURING A HEALTH SCIENCES FACULTY TO INCLUDE COMMUNITY SERVICE AND INTERACTION: CHALLENGES AND EARLY SUCCESSES**

**Presenters:** *Therese D. Fish, University of Stellenbosch*

The contents will cover the interaction between academic health departments and the government health providers in the South African environment. It will describe the challenges being experienced by universities in SA with health sciences faculties. The new structure within the faculty will be described and early successes evaluated. This corresponds to the call for proposals on different levels - it looks at how an academic institution uses the public sector health provider as a partner as well as exploring the scholarship of clinical services.

## **NATIVE HEALTH INITIATIVE: EMPOWERING COMMUNITIES TO HEALTH**

**Presenters:** *Anthony N. Fleg, University of North Carolina at Chapel Hill, School of Medicine/School of Public Health, Native Health Initiative Program; Shannon M. Fleg (Navajo), University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention, Native Health Initiative Program*

The Native Health Initiative (NHI) established a partnership between American Indian communities of North Carolina with U.S. and International health professions students, to address the unmet health needs of these communities. NHI's community-driven model provides a mutual learning process to improve health issues and disparities of American Indian tribes; by educating on American Indian values and tradition, sustainability through diverse projects, youth empowerment, and cultural exchange.

## **CULTURAL TAILORING OF COMMUNITY-BASED DIABETES MANAGEMENT**

**Presenters:** *Cheza C. Garvin, Chronic Disease Prevention & Healthy Aging and School of Public Health & Community Medicine Social & Behavioral Sciences, Public Health - Seattle & King County and University of Washington; Roxana V. Chen, Chronic Disease Prevention & Healthy Aging, Public Health - Seattle & King County*

REACH 2010 Seattle aims to reduce health disparities for African Americans, Asian Americans, Latinos/Hispanics and Pacific Islanders. Objectives are to improve knowledge and self-care, create coalition leadership and system change. Methods are culturally specific diabetes education, self-management and support groups, survey and qualitative data collection, promotion of new systems. Findings are improved knowledge, self-efficacy and care; unique approaches; clinic and policy integration.

## **PARTNERING TO RAISE COMMUNITY AWARENESS OF COLORECTAL CANCER**

**Presenters:** *Sandra B. Good, University of Kentucky Prevention Research Center, Kentucky River Community Advisory Board*

The Kentucky River Community Advisory Board (KRCAB) serves as a liaison between communities in Appalachian Kentucky and the UK Prevention Research Center. The KRCAB conducted a campaign in March 2006 to increase awareness of colorectal cancer. The KRCAB distributed brochures to employees and the general public; conducted a survey with employees to assess knowledge; and WYMT-TV provided media coverage. Findings from the campaign and survey as well as implications of findings will be presented.

## **HEALTH & DISEASE IN CONTEXT: A COMMUNITY BASED SOCIAL MEDICINE CURRICULUM**

**Presenters:** *Jessica L. Gregg, Internal Medicine, Oregon Health and Science University*

We developed a community-based social medicine curriculum for medical residents in order to: 1. Increase residents' knowledge of the nature and extent of health disparities 2. Improve residents' sociocultural awareness and improve attitudes toward indigent health/health care 3. Provide residents the skills to begin to address health care for indigent individuals and to address health system gaps 4. Promote project-based learning in order to foster an ethic of social responsibility in residents

## **PARTICIPATORY NATURAL RESOURCE MANAGEMENT AND SUSTAINABLE LIVELIHOODS: EVIDENCES FROM NORTHWEST PAKISTAN**

**Presenters:** *Khurram Iqbal, University of Agriculture, Faisalabad, Pakistan, University of Agriculture, Faisalabad, Pakistan*

The developing countries are threatened by increasing livelihoods insecurity caused by globalization, global inequalities and processes of global change. Depletion of natural resources (for example forests) is also a global phenomenon. The present paper analyzes the impact of decentralized forest management upon livelihoods of forest dependent people living in marginal rural areas of Pakistan.

## **WORLDS APART, HEARTS TOGETHER: A COMMUNITY-UNIVERSITY PARTNERSHIP FOR RECONCILIATION**

**Presenters:** *Katie Johnston-GoodStar, Department of Social Welfare, School of Social Work, University of Washington*

This poster will explore local patterns of educational segregation and an int'l comm-university partnership which was developed to increase awareness of these spaces and the structural patterns associated w/ segregation. Through the use of a transformative education curriculum (Boal, 1985, Parker, 2005, Hanley, 1998) developed by community and academic members and administered by peer-facilitators from South Africa, the youth of this community learned about the history of apartheid and it's relation to their own experiences. Following participation, in-depth interviews with 6 youth (3 African American, 1 African American/Latino, 2 Caucasian, 50% advanced learning, 50% regular program) were conducted. Preliminary thematic data and lessons learned will be presented.

## **AN INTERVENTION IN SEVERE MALARIA TREATMENT IN CHILDREN**

**Presenters:** *Frederick A.D. Kaona, Mwengu Social and Health Research Centre; Mary Tuba, Social Sciences Unit, Mwengu SHRC, Zambia*

A variety of methods are applied determinants of behaviours are often exposed to epidemiological analysis. Data on malaria management and experiences were collected by ethnographic community interviews. Mistrust and poor understanding of field tools are major methodological issues hindering interventions success. Theory of Reasoned Act explains issues that affect cultural and communities social values.

## **FRANCOPHONE PRIMARY HEALTH INITIATIVE PROGRAM (FPHIP)**

**Presenters:** *Evelyn P. Kennedy, St Francis Xavier- Cape Breton University Nursing Program, Cape Breton University; Corrine Mclsaac, St Francis Xavier-Cape Breton University Nursing Program, Cape Breton University*

Cheticamp, a small Francophone community has been isolated from other French speaking areas for two centuries but it has proudly preserved its bilingual heritage. Our role was to plan, measure progress and evaluate impacts of the project. Half of the initiatives target seniors and focus on improving heart health; the remainder addresses the identified needs of the Francophone youth. FPHIP has had amazing success. Initiatives have potential to continue after the project ends.

## **IMPROVING COMMUNITY PARTICIPATION IN A HEALTH PROJECT**

**Presenters:** *Sue Latter, School of Nursing & Midwifery, University of Southampton*

An action research study to identify factors which influence community participation in a health programme. 7 co-researchers from the lay community and the health programme used qualitative methods and a survey to provide an in-depth, longitudinal analysis. 3 main findings emerged 1. community participation is best conceptualised as a journey 2. all components of an organisation system must be oriented to participation 3. attitudes towards the community influence participation in a programme.

## **BREAST HEALTH MATTERS! A NATIVE COMMUNITY TAKES CHARGE**

**Presenters:** *Jolene Luna Pine Hill Health Clinic; Glennetta Jake-Henio Pine Hill Health Clinic; Carolyn Finster Pine Hill Health Clinic; Connie Garcia Albuquerque Area Indian Health Board, Inc; Henrietta Vigil Albuquerque Area Indian Health Board, Inc.*

In 2003 the Ramah Band of Navajos was issued the sobering news that only 5.5% of Ramah community women over the age of 40 had had a mammogram. No time was wasted in responding to the alarming statistic. By 2004 the tribal community mobilized a grassroots effort to bolster mammography screenings. A task force targeted multiple leverage points to craft a culturally relevant intervention, which blends community based participatory principles with a culturally appropriate capacity building framework developed by Natives for Natives. Over 125 community women have received a screening mammogram, many for the first time. The intervention is a valuable contribution to research on partnerships and social change, and can serve as a replicable model for similar initiatives in Native communities.

## **REDUCING PARENTAL STRESS AND SOCIAL ISOLATION AMONG NEW IMMIGRANT AND REFUGEE MOTHERS: A COMMUNITY HEALTH CENTER HOME VISITATION PROGRAM**

**Presenters:** *Danelle E. Marable, Community Benefit Program, Massachusetts General Hospital; Sarah A. Oo, Community Health Team, Massachusetts General Hospital, Chelsea HealthCare Center; Fadumo Hirsi, Community Health Team, Massachusetts General Hospital, Chelsea HealthCare Center*

The Visiting Moms Program (VMP) at the MGH Chelsea HealthCare Center focuses on refugees and immigrant women having their first child in the US who all have at least two major 'risk factors', such as depression, domestic violence, isolation undocumented status, low cognitive function, extreme poverty, unwanted pregnancy, and so forth. The VMP offers weekly home visits to provide emotional support, parenting education, and referrals to resources to support the mother and her baby. The VMP staff are women who themselves are immigrants or refugees who are raising children in the US. This program continually addresses and responds to the social determinants of health among immigrant and refugee women.

## **RAISING COMMUNITY VOICE: A COMMUNITY-TEACHING HOSPITAL'S JOURNEY**

**Presenters:** *AnnMarie E. Marcolin, Community Integration and Urban Health, St. Joseph's Health Centre, Toronto; Sandra R. Kendal, Community Integration and Urban Health, St. Joseph's Health Centre, Toronto*

This poster tells the story of a hospital changing the nature of its relationship with its community stakeholders through the development of a Community-Hospital Integration Program (CHIP). Working in partnership with diverse stakeholders, this Program seeks to improve community wellness by addressing local health needs with community engagement. This program is dedicated "Raise Community Voices" in health planning, decision-making, and service delivery both within our hospital and across the continuum of care. However, in establishing the infrastructure necessary to learn from the community and implement their recommendations, we have faced multiple challenges, and difficult decisions regarding whose voice counts, and why.

## **"FREE TO BE HEALTHY"— INCREASING ACCESS TO HEALTH CARE FOR OBESITY**

**Presenters:** *Deborah Marino, School of Family & Consumers Sciences, The University of Akron; Evelyn Taylor, School of Family & Consumer Sciences, The University of Akron*

Free clinic patients face health disparities & poor access to health services. Food insecurity, obesity & limited resources for improved nutrition elevate risk for chronic disease & reduce quality of life. The Free to be Healthy Program collaborative partnership of The University of Akron & Opportunity Parish Ecumenical Neighborhood Ministry-OPEN M free clinic is a self-management program addressing barriers & access to health services for weight management in a low-income uninsured population.

## **THE UNDERWOOD HEALTH PROJECT: AN ACADEMIC COMMUNITY PARTNERSHIP WITH PUBLIC HOUSING RESIDENTS**

**Presenters:** *Jacqueline S. Miller, School of Nursing, Medical College of Georgia; Corliss G. Derrick, School of Nursing, Medical College of Georgia*

Academicians inadvertently impose their research, education, and practice agendas without engaging the community. Approaches with a public housing community were fragmented, failing to assist the community to prosper and thrive. Using a community-driven approach to develop an authentic partnership, a community advisory board was formed. Community leaders supplied leverage for change resulting in responsive CBPR, meaningful service learning for students, and a focused practice plan.

## **COMMUNITY NUTRITION IN THE RURAL SETTING: TRAIN THE TRAINER MODEL**

**Presenters:** *Mary W. Murimi, School of Human Ecology, Louisiana Tech University; Beth G. Fife, Division of Nursing, Louisiana Tech University; Brian J. Coyne, WellnesWorks*

The purpose of this project is to empower community leaders to promote sustainable behavior change, and to expose students to strategies of combating obesity and related chronic diseases in the community. Critical to this project is the establishment of a consortium and the use of the train-the-trainer model. Students are involved in teaching topics in nutrition and health. About 400 individuals were screened, 100 of those screened are participating in the exercise groups.

## **GETTING THE LEAD OUT: FROM THE CLASSROOM TO THE COMMUNITY**

**Presenters:** *Jody S. Nicholson, Christine Janesheski, Mary Beckman, Jaelyn R. Farris and Kathryn K. Baron, University of Notre Dame, Department of Psychology, Notre Dame Center for Children and Families; Sue Taylor Women, Infants, and Children (WIC)*

This poster presents the "Get the Lead Out" project, an excellent example of community-campus partnerships for health. It discusses challenges and advantages of community/university partnerships.

## **HEALTHY CHOICES THROUGH FAMILY HEALTH HISTORY AWARENESS**

**Presenters:** *Claudia L. Petruccio, Institute for Cultural Partnerships; Fredrika M. McKain, Institute for Cultural Partnerships*

The Healthy Choices through Family Health History Awareness project is a two year initiative to increase the genetic literacy of African American and Latino families in Harrisburg, PA. The community-focused project engaged folklorists, anthropologists, genetic health specialists and consumers to create a family health history toolkit that empowers consumers by placing the medical model of family health history in a broader social context of family stories, traditions, photos and recipes.

## **ADDRESSING DETERMINANTS OF HEALTH TOGETHER: A RESOURCE GUIDE ON HOSPITAL-COMMUNITY COLLABORATION**

**Presenters:** *Blake D. Poland, Department of Public Health Sciences, University of Toronto*

A federally-funded campus-community research partnership initiative was undertaken to document experiences of hospital-community collaboration in Ontario that address determinants of health in the community, and to identify barriers and critical success factors at the organizational, community, and policy levels. Using tips, strategies and advice from the field, a Resource Guide has been developed to assist staff from hospitals and community organizations in their collaborative undertakings

## **EXAMPLES OF GOOD PRACTICES ON WORKING WITH 'VULNERABLE' POPULATIONS IN HEALTH RESEARCH IN CANADA**

**Presenters:** *Roxana Salehi, Faculty of Environmental Studies, York University*

This poster presents examples of good practices on working with vulnerable populations in Canada. It will discuss health related CBR projects that had success incorporating innovative elements in various stages of the research - from study design to dissemination and evaluation. The poster portrays the point of view of academics working closely with community partners. Academic refereed journal articles are the primary source of information for this poster.

## **COMMUNITY-BASED PARTICIPATORY RESEARCH: POLICY AND PRACTICE**

**Presenters:** *Kim D. Sydnor, School of Public Health and Policy, Morgan State University; Gayle Headen Union Baptist Head Start Center Program*

Goals: Partnership - Establish academic-community partnership and meet community need. Research - Expand the context for evaluating Head Start effectiveness. Methods: Cross sectional observational study with 30 parent-child pairs; data collected via parent and child interviews. Results: Education and personal development were central in the research findings. Also, Head Start seemed to impact parent political involvement. The partnership had been created with an agenda to meet community need.

## **MPH CAPSTONE PROJECTS: COMBINING COMMUNITY WITH RESEARCH**

**Presenters:** *Jessica B. Tschirren, Master of Public Health Program, University of Nebraska-Omaha Medical Center; Alice M. Schumaker, School of Public Administration, University of Nebraska at Omaha*

The MPH program, a joint program of two universities in Nebraska has a culminating experience that combines practical experience and research in a community organization. This Service Learning/Capstone Experience, guided by a faculty/preceptor committee is unique to each student. Research techniques include surveys, interviews, utilizing existing data, and program evaluation. Preceptors form a link to persons in the community that facilitates student involvement.

## **HOUSING STATUS AND HEALTH-RELATED QUALITY OF LIFE IN HIV**

**Presenters:** *Ruthann Tucker, Fife House; Saara Greene, School of Social Work; Sean B. Rourke, Ontario HIV Treatment Network; Amrita Ahluwalia, Fife House*

Positive Spaces Healthy Places is the first CBR initiative in Canada to examine housing status and stability and their relationship to health outcomes and health-related quality of life (HRQOL) in the context of HIV. Surveys were conducted with 565 PHAs across Ontario. Findings: Housed clients with support services had the highest quality of life; Dramatic differences in HRQOL were related to sense of belonging to one's neighborhood; Number of moves in past year had negative on HRQOL.

## **THE SHORTEST DISTANCE BETWEEN 2 COUNTRIES = A HUMOR EXCHANGE**

**Presenters:** *Kathleen J. Welch, Department of Community Health and Recreation, University of Maine at Farmington*

The goals: help students in Russia and Maine learn how to manage stress and promote social well-being. The objectives: 1) students become aware of their stressors and use humor as a coping strategy; 2) students learn to share positive humor and provide social support. The University of Maine, Farmington (UMF) has established a Blackboard web-based exchange with two schools in Russia. Students report that they understand each other's humor and positive humor transcends any language barrier.

## **THE PUBLIC HEALTH REENTRY PROJECT FOR EX-OFFENDERS RETURNING TO THE COMMUNITY**

**Presenters:** *Eugene Williams III, Regional Congregations & Neighborhood Organizatio;*

The State of California operates the third largest penal system in the world. RCNO will form a task force consisting of faith based organizations, public health officials and community based health care providers to develop a set of public health reentry policy recommendations to be considered by the San Diego County Board of Supervisors. A process and outcome evaluation driven by a Logic Model is part of the effort.

## **KITCHEN DIVAS; RISK REDUCTION FOR BLACK WOMEN**

**Presenters:** *Shahrazad Bazargan-Hejazi, Psychiatry, Charles R. Drew University; Janette Robinson Flint, Black Women for Wellness*

Goal: To evaluate an interactive nutrition workshop as a community-based model for sharing health education and prevention messages. Objectives: 1) to assess attitude, beliefs, and behavior of participating women 2) To explore the impact of workshop on attitude and behaviors regarding healthy cooking, diet, and life style. Method: Exploratory prospective pilot study, Intervention/workshop; Enrolled women in cooking and nutrition classes. Results: Workshop sample evaluation data

## **PATIENTS' AND COMMUNITY VOICES IN HEALTH PROFESSIONAL EDUCATION**

**Presenters:** *Angela Towle, College of Health Disciplines, University of British Columbia; William Godolphin, College of Health Disciplines, University of British Columbia; Cathy Kline, College of Health Disciplines, University of British Columbia*

The lay voice becomes attenuated throughout the education of professionals. How can health professionals learn to work with patients and community members as partners in care and research when their education mostly occurs in settings where patients have little autonomy and no voice? How can activities such as service-learning fit into curricula so students receive consistent messages and role modeling about partnerships with individual patients and the community.