

TIME	THURSDAY JUNE 1	LOCATION
7:30 am – 5:30 pm	Registration	1 st Floor Nicollet Promenade
7:30 am – 5:30 pm	Community Site Visit Sign-Up Desk Open – see pages 43-48 for descriptions	1 st Floor Nicollet Promenade
7:30 am - 8:30 am	Breakfast	1 st Floor Nicollet Promenade
8:30 am - 10:00 am	Welcome Remarks <ul style="list-style-type: none"> Sarena D. Seifer, Executive Director, CCPH Introduction of Opening Keynote Speaker <ul style="list-style-type: none"> Ella Greene-Moton, Chair-Elect, CCPH Board of Directors Opening Keynote Presentation <ul style="list-style-type: none"> Loretta Jones, Founder & Executive Director, Healthy African American Families II 	1 st Floor Nicollet Ballroom
10:00 am – 10:30 am	Break	1 st Floor Nicollet Promenade
10:30 am -12:00 noon	Concurrent Sessions – Workshops, Stories and Thematic Posters – see pages 24-30 The conference topic area that each session corresponds to is indicated in <i>italics</i> Skill-Building Workshops – see pages 24-25 <ul style="list-style-type: none"> <input type="checkbox"/> Collaboration for Health: A Partnership for Physical Activity ~ <i>Community Strategies for Campus Engagement</i> <input type="checkbox"/> Building Community Campus Partnerships to Reduce Oral Health Disparities ~ <i>Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice</i> <input type="checkbox"/> Resource Development Strategies for Sustaining Community Partnerships ~ <i>Sustaining Community-Campus Partnerships</i> Story Sessions – see pages 25-27 <ul style="list-style-type: none"> <input type="checkbox"/> Narrating the Journey: Immersion Education and Community Partnerships ~ <i>Student Leadership and Activism in Community-Campus Partnerships</i> <input type="checkbox"/> Ownership of Intellectual Property Work Involving Immigrant & Aboriginal Communities ~ <i>Ethical Issues raised by Community-Campus Partnerships</i> 	2 nd Floor Greenway Breakout Rooms Greenway B Greenway C Greenway G Greenway D Greenway H

	<input type="checkbox"/> Lessons from Initiatives and Collaboration: Diabetes Prevention in New Haven Churches ~ <i>Sharing Power and Resources in Community-Campus Partnerships</i>	Greenway I
	Thematic Poster Sessions – see pages 27-30 for descriptions of posters being presented in these sessions	
	<input type="checkbox"/> Assessing, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners	Greenway A
	<input type="checkbox"/> Campus Strategies for Community Engagement	Greenway J
12:00 noon – 5:30 pm	Poster Hall – see pages 87-109 for poster descriptions	1 st Floor Nicollet Ballroom
12:00 noon - 1:30 pm	Lunch	1 st Floor Nicollet Ballroom
1:30 pm - 3:00pm	Issue Thrash, Part 1 ~ see page 31	2 nd Floor-Greenways
	Sharing Power and Resources in Community-Campus Partnerships	Greenway B
	Ethical Issues Raised by Community-Campus Partnerships	Greenway C
	Community-Campus Partnerships that Address Major Determinants of Health and Social Justice	Greenway D
	Sustaining Community-Campus Partnerships	Greenway E
	Assessing, Documenting and Realizing the Benefits of Community-Campus Partnerships to All Partners	Greenway F
	Student Leadership and Activism in Community-Campus Partnerships	Greenway G
	Community Strategies for Campus Engagement	Greenway H
	Campus Strategies for Community Engagement	Greenway I
3:00 pm – 3:30 pm	Break	2 nd Floor Greenway Promenade
3:30 pm - 5:00 pm	Concurrent Sessions – Workshops, Stories and Thematic Posters – see pages 32-38	2 nd Floor - Greenways
	The conference topic area that each session corresponds to is indicated in <i>italics</i>	

Skill-Building Workshops – see pages 32-34

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

Story Sessions – see pages 34-36

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

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

- Student Leadership and Activism in Community-Campus Partnerships** Greenway A

5:30 pm - 7:30 pm

Movie Showcase
See the Message Board for details

1st Floor
Nicollet Ballroom

OPENING KEYNOTE PRESENTATION
THURSDAY June 1
8:30 am – 10:00 am
Nicollet Ballroom

WELCOME REMARKS

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



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

Sarena is a graduate of Washington University in St. Louis, and received her master's degree in physiology and her medical degree from Georgetown University School of Medicine. After completing her medical education, Sarena served as the American Medical Student Association's legislative affairs director and subsequently as

founding director of its Center for Health Policy Studies. She was a health policy analyst for the Washington State Senate and director of recruitment and retention for Northwest Regional Primary Care Association, a membership organization of community and migrant health centers. In 1995, Sarena completed a postdoctoral fellowship program in health policy at the University of California-San Francisco. A year after CCPH was launched, she was recognized in 1997 for her work as a "Young Leader of the Academy" by the American Association of Higher Education. As a medical student and throughout her professional career, Sarena has advocated for change in health professions education to better meet societal needs.

INTRODUCTION OF OPENING KEYNOTE SPEAKER

Ella Greene-Moton, Chair-Elect, Community-Campus Partnerships for Health Board of Directors



Ella has an extensive background in community organizing and advocacy that spans over the past thirty-five years in the Flint area. Her commitment to the empowerment of community residents reaches across local, state, national, and international levels. She currently serves as a Community-Academic Consultant with the Flint Odyssey House Health Awareness Center and the University of Michigan School of Public Health. Her experience includes: Associate Director of Flint Odyssey House Health Awareness Center, Past Chair of McCree North Advisory Board; member of The Broome Team Collaborative, a community-

based organization, university, and health department partnership established to implement and sustain Community Based Public Health activities; Vice-Chair of the Community Based Organization Partners (CBOP); member of the Community Based Public Health Committee; Past Vice-Chair of the Programs and services Committee of the PRIDE (Programs to Reduce Infant Deaths Effectively) Coalition; Board of Directors Vice- President of the Community Health Outreach Workers (CHOW), a state wide coalition with a focus on HIV/AIDS; member of the HIV/AIDS Regional Community Planning Group; Coordinator of the FOHIHAC HIV/AIDS Counseling and Testing Site; Coordinator of the in-house student intern placement from the University of Michigan Flint and Ann Arbor; member of the Michigan Prevention Research Center (PRC); National PRC Community Advisory Board Representative; Co-Chair of the National PRC Community Committee; member of the National PRC Steering Committee; member of the National Chronic Disease and Prevention Research Conference Planning Committee; member of the National PRC Program Committee; member of the Michigan Public Health Training Center (MPHTC) Curriculum Committee; and member of the MPHTC Steering Committee.

OPENING KEYNOTE SPEAKER

Loretta Jones, Founder & Executive Director, Healthy African American Families II



As a “Community Gatekeeper,” Loretta has dedicated her entire life towards the hope and healing of community and society-at-large. Her career as a civil rights activist, health policy advocate, and social architect has spanned more than 30 years. In an effort to level the playing field for all people, Loretta continues her unyielding commitment as a change agent against disparities in human health, development, and opportunity. She is a member of the Advisory Council planning the National Institute of Child Health and Human Development’s longitudinal child health study and chairs its Social Justice committee. She is a co-investigator of the National Institute of Mental Health’s University of California Los Angeles (UCLA)/RAND Center for Research on Quality in Managed Care, the National Institute on Aging UCLA Center for Health Improvement in Minority

Elderly (CHIME), and the National Institutes of Health Drew/UCLA Project EXPORT, as well as a recipient of numerous Centers for Disease Control and Prevention (CDC) grants and contracts. She is a member of the UCLA Institutional Review Board for protection of human subjects. Loretta was recently honored by the CDC as their first recipient of an award for public leadership in overcoming health disparities.

Learn more about Healthy African American Families II on page 119.

**WORKSHOPS, STORIES
& THEMATIC POSTERS**
Thursday, June 1
10:30 am to 12:00 noon

"Accomplishment always brings change."

Jim Turney

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

SKILL-BUILDING WORKSHOPS

COLLABORATION FOR HEALTH: A PARTNERSHIP FOR PHYSICAL ACTIVITY

Intermediate ~ Community Strategies for Campus Engagement

Suzanne B. Cashman, University of Massachusetts Medical School; Patricia Flanagan, YWCA of Central Massachusetts; Lucy Candib, Family Health Center

Room: Greenway B

**AMSA Student Track*

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

Session Goals and Learning Objectives:

Explain how a community health center, a local YWCA, and a university can partner to provide opportunities for physical activity for an inner city population that has few chances to be physically active.

Specific objectives include:

- Understand how organizational resources can be leveraged to provide opportunity for physical activity among inner city dwellers with multiple health problems.
- Appreciate the importance of articulating ending racism as a goal for successful multiracial/multiethnic partnerships.
- Describe the successes and challenges of developing and sustaining a collaborative community partnership.
- Identify ingredients needed for replication.

BUILDING COMMUNITY CAMPUS PARTNERSHIPS TO REDUCE ORAL HEALTH DISPARITIES

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

Joan Gluch, School of Dental Medicine, University of Pennsylvania; Peter Berthold, School of Dentistry, University of Minnesota; Karl Self, Community-University Health Care Center

Room: Greenway C

Oral health is an essential part of general health, and greater disparities in oral health status exist among racial and ethnic minorities, the poor, the elderly and the disabled. Clearly, more creative and substantive

measures are needed to increase access to oral health care and reduce oral health disparities. This session focuses on increasing participants' knowledge in oral health, and skills in cultivating community campus partnerships around oral health issues. This session focuses on developing creative and authentic partnerships that address major determinants of health and social injustice, specifically disparities in oral health status and access to dental care.

Session Goals and Learning Objectives:

This session is designed to provide participants with the knowledge and skills to address oral health disparities in their communities, and to provoke discussion of the wide range of opportunities that community-campus partnerships can provide to reduce the burden of oral health diseases and increase access to dental care. Specific objectives include:

- Explain the national and regional scope of oral health disparities.
- Describe examples of successful community-campus partnerships that have reduced dental diseases and increased access to oral health care.
- Given a simulated case study, discuss a wide range of creative opportunities for partnerships to reduce oral health disparities.
- Analyze ways that creative partnerships can be formed to address oral health disparities in order to develop a range of oral health programs to reduce oral health disparities in their communities.

RESOURCE DEVELOPMENT STRATEGIES FOR SUSTAINING COMMUNITY PARTNERSHIPS

Beginner/Intermediate/Advanced ~ Sustaining Community-Campus Partnerships

Joseph Swaba, Community College National Center for Community Engagement

Room: Greenway G

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

Session Goals and Learning Objectives:

To facilitate understanding the key critical components of collaboratively developing successful grant applications (federal and non-federal). Specific objectives include:

- Understand the best practices in planning a collaborative proposal.
- Identify critical elements of conducting a needs assessment.
- Identifying and describing key project objectives and measurable outcomes.
- Identifying partner roles and responsibilities.

STORY SESSIONS

NARRATING THE JOURNEY: IMMERSION EDUCATION AND COMMUNITY PARTNERSHIPS

Intermediate ~ Student Leadership and Activism in Community-Campus Partnerships

Michael Bassman and Kendra Harris, The University Honors Program, East Carolina University

Room: Greenway D

**AMSA Student Track*

This partnership demonstrates the value of campus-community partnerships, both for the university community and students as well as for the elementary school students and their community. The partnership provided a chronically underserved public school with English language tutors and mentors for primarily Spanish-speaking K - 2nd-grade students. Through academic service-learning, it provided critical professional preparation for emerging health care professionals by developing understanding of

the cultural, social and occupational and other health issues in a rural Latino population. The University students involved are better prepared to serve the health care needs of Latino migrant farm workers and other clients in rural Eastern North Carolina and the elementary school students have developed English language and reading skills, an increased awareness of health and safety issues and have garnered the benefits of mentoring through positive partnerships with ECU students.

Session Goals and Learning Objectives:

This session will outline the process of developing a campus-community partnership, highlight an immersion learning program and narrate the successes and results of our unique partnership. Specific objectives include:

- Identify challenges, supports and benefits of campus-community partnerships in rural settings
- Demonstrate how an immersion learning program formed the basis for an effective partnership that served the community and the students

OWNERSHIP OF INTELLECTUAL PROPERTY WORK INVOLVING IMMIGRANT & ABORIGINAL COMMUNITIES

Intermediate ~ Ethical Issues Raised by Community-Campus Partnerships

Hélène Grégoire, Access Alliance Multicultural Community Health Centre; June Ying Yee, School of Social Work, Ryerson University

Room: Greenway H

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

Session Goals and Learning Objectives:

The goal of this story session is to explore the challenges of recognizing, affirming and protecting ownership and intellectual property rights in community-university partnerships and to engage participants in a discussion on practical strategies. More specifically, the community and academic presenters will:

- Reflect on their own experiences conducting research and authoring an article together.
- Share the outcomes from a roundtable in which researchers working with immigrants and aboriginal communities learned from each other.
- Engage participants in offering strategies to put CBR ethical principles in practice.

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

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

Lindsey Greene and Maurice Williams, Yale-Griffin Prevention Research Center; Sharon Bradford, New Haven Family Alliance; Lillian Richardson, Bethel African Methodist Episcopal Church

Room: Greenway I

The Yale-Griffin Prevention Research Center (PRC) developed a community partnership team (CPT) to address diabetes in the African-American community in New Haven. The CPT was instrumental in finalizing the design of the eventual intervention. Key elements of the intervention included: a 10 week training session, outreach activities, additional educational and networking opportunities for community health advisors (CHAs) and participation in community events. The curriculum was informed by the

Diabetes Prevention Program (DPP). The development of the partnership structure in this project is of particular interest. It began with the CPT members and evolved to include local churches and expanded further to include individual community members in the form of CHAs. Thus, partnerships were formed at both organizational and individual levels. Examination of the role and contribution of each partnership is also of interest. A CHA council was formed to ensure sustainability and survey evaluations were conducted at the beginning and end of CHA sharing/teaching.

Session Goals and Learning Objectives:

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

THEMATIC POSTER SESSIONS

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

Moderator: Richard Redman, University of Michigan School of Nursing & CCPH board member

Room: Greenway A

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

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

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

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

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

Elaine Drew, Center for Alaska Native Health Research, University of Alaska Fairbanks; Cécile Lardon, Department of Psychology, University of Alaska Fairbanks; Douglas Kernak, Piciryaratgun Calritllerkaq

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

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

Avonne A. Yang and Eslee Vang, College of St. Catherine

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

- **"ITrWe" Student Technology Assistance for Neighborhood Development Center Urban Businesses**

Carole Bagley, Mari Heltne, Michael Morgen, John Schriver and Rachel Paul, University of St Thomas; Dave Bonko, Neighborhood Development Corporation

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

CAMPUS STRATEGIES FOR COMMUNITY ENGAGEMENT

Moderator: Cynthia Barnes-Boyd, University of Illinois-Chicago Neighborhoods Initiative & Member, CCPH Board of Directors

Room: Greenway J

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

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

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

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

- **The Science of How People Learn: Foundation for Effective Community-based Educational Outreach**
Donna H. Harward and Caroline Jennette, Kidney Center, University of North Carolina at Chapel Hill

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

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

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

ISSUE THRASH, PART 1
Thursday, June 1
1:30 pm to 3:00 pm

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

Sharing Power and Resources in Community-Campus Partnerships

Facilitator: Monique Barber, University of Texas Prevention Research Center; Chuck Conner, West Virginia Rural Health Education Partnership and CCPH board member

Room: Greenway B

Ethical Issues Raised by Community-Campus Partnerships

Facilitators: Ella Greene-Moton, The Flint Odyssey House, Inc. Health Awareness Center, University of Michigan School of Public Health and CCPH board member; Renee Bayer, University of Michigan School of Public Health and CCPH board member

Room: Greenway C

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

Facilitator: Holly Felix, College of Public Health, University of Arkansas for Medical Sciences; Suzanne Selig, School of Health Professions and Studies, University of Michigan-Flint

Room: Greenway D

Sustaining Community-Campus Partnerships

Facilitators: Donald Mowry, Center for Service-Learning, University of Wisconsin, Eau Claire; Anne Willaert, Minnesota State Colleges and Universities

Room: Greenway E

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

Facilitator: Jason Patnosh, National Association of Community Health Centers; Linda Silka, University of Massachusetts, Lowell; Barbara Kruger, University of North Florida

Room: Greenway F

Student Leadership and Activism in Community-Campus Partnerships

Facilitator: Darcy Freedman, Vanderbilt University; Ann Banchoff, Stanford University

Room: Greenway G

** AMSA Student Track*

Community Strategies for Campus Engagement

Facilitator: Marilyn White, Arthur Ashe Institute for Urban Health

Room: Greenway H

Campus Strategies for Community Engagement

Facilitators: Julie Plaut, Minnesota Campus Compact; Rohinee Lal, Simon Fraser University Faculty of Health Sciences and Institute for Health Research and Education

Room: Greenway I

**WORKSHOPS, STORIES
& THEMATIC POSTERS**
Thursday, June 1
3:30 pm to 5:00 pm

"I was taught that the world had a lot of problems; that I could struggle and change them; that intellectual and material gifts brought the privilege and responsibility of sharing with others less fortunate; and that service is the rent each of us pays for living-the very purpose of life and not something you do in your spare time or after you have reached your personal goals."

Marian Wright Edelman

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

SKILL-BUILDING WORKSHOPS

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

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

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

Room: Greenway I

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

Session Goals and Learning Objectives:

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

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

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

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

Room: Greenway C

In 1993, Susan Gust, a community activist, and Cathy Jordan, then a University of Minnesota pediatric neuropsychology post-doctorate, were two of the founding members of the Phillips Neighborhood Healthy Housing Collaborative (PNHHC). Though we were unfamiliar with the concept at the time, the PNHHC

designed and implemented two community-based participatory research (CBPR) projects. In our implementation of CBPR, the model of shared power of the PNHHC was of parallel importance to the research projects. Susan and Cathy have captured the best practices of the PNHHC, integrated them with Susan's construction experience and knowledge of Environmental Impact Statements (EIS), and drafted a Community Impact Statement (CIS). The CIS outlines a process for community and university partners to discuss issues such as project design, identifying participant assets and self-interests, addressing cultural/class differences and conflict, establishing understanding of each other's mutual knowledge, and anticipating the benefits to, and potential negative impact on, the community and the institution.

Session Goals and Learning Objectives:

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

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

WALK IN MY SHOES: PARTICIPATORY LEARNING THAT STRENGTHENS PARTNERSHIPS Beginning/Intermediate ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice

Deborah Katz, Community Catalyst; Suzanne Cashman, Department of Family Medicine & Community Health, University of Massachusetts Medical School

Room: Greenway E/F

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

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

This skill-building workshop will include an opportunity to experience a component of this exciting and unique teaching tool. It will include a brief presentation on the experience of health professional schools that have utilized it and a discussion among participants about using Walk in My Shoes and other participatory learning experiences to broaden and invigorate curriculum, reinforce and enhance service-learning, and strengthen community-campus partnerships.

Session Goals and Learning Objectives:

- Describe the Walk in My Shoes simulation.
- Articulate the benefits of participatory learning experiences to achieving professional training goals and community-campus partnerships.
- Articulate the benefits and outcomes from participation in Walk in My Shoes Program in relation to health professional training, service learning and community-campus partnerships.
- Identify ways this tool can be applied in health professional training, service-learning and community-campus partnerships.

STORY SESSIONS

MEN ON THE MOVE

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

Alfonzo Branch and Victor Motton, Pemiscot County Community Coalition; Freda Motton and Elizabeth Baker, Saint Louis University School of Public Health

Room: Greenway B

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

Session Goals and Learning Objectives:

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

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

Beginner/Intermediate/Advanced ~ Campus Strategies for Community Engagement

Michaelann Jundt and Rachel Vaughn, Carlson Leadership & Public Service Center, University of Washington

Room: Greenway D

Can the "broker" model achieve the goal of deepened learning? How well can a centralized center inspire colleges and communities to work together? Much of the literature in service learning and civic engagement focuses on building and sustaining partnerships between individual faculty and community partners. We will contribute to this conversation by discussing how centralized university public service centers can build and sustain enduring community-campus partnerships. Through the lens of the Principles of Partnership, we will discuss how service center staff work with students, community partners, and faculty to facilitate and coordinate partnerships, dissect the challenges inherent in the "broker" model, and begin to identify how a centralized center's philosophy and processes can contribute to your work.

Session Goals and Learning Objectives:

- Contribute to the dialogue about community-campus partnerships by introducing the important role of centralized university public service centers.
- Increase knowledge and understanding about centralized centers, including how centralized centers work to build and sustain partnerships.
- Stimulate thinking about the principles of partnership in the context of time, scale, and scope. (e.g. multiple partnerships between faculty and community organizations sustained over time)
- Apply centralized "concepts" to one's own setting.

CAMPUS POLICIES AND PROCEDURES: HOW TO AVOID STUMBLING WHILE "WALKING THE TALK"

Beginning/Intermediate/Advanced ~ Ethical Issues Raised by Community-Campus Partnerships

Terry. L. Shelton and Jim Frabutt, Center for Youth, Family and Community Partnerships, University of North Carolina at Greensboro

Room: Greenway G

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

Session Goals and Learning Objectives:

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

THE ROLE OF A UNIVERSITY-BASED HEALTH POLICY CENTER IN INFORMING, ENGAGING, AND ENERGIZING THE PHILANTHROPIC COMMUNITY ON HEALTH-RELATED ISSUES IN GEORGIA

Beginner ~ Sustaining Community-Campus Partnerships

Mary Ann Phillips, Georgia Health Policy Center, Georgia State University; Bobby Cleveland, Tull Charitable Foundation

Room: Greenway H

Representatives of the Georgia philanthropic community joined forces to enhance the ability of foundations to identify, fund, and evaluate health grant-making opportunities throughout the state. This community, the Philanthropic Collaborative for a Healthy Georgia, asked and funded the Georgia Health Policy Center (GHPC) to provide research, programmatic, and administrative support for its efforts. During this five-year partnership, GHPC prepared several user-friendly publications for the Collaborative that have been disseminated to over 200 foundations around the state, served as the liaison between the

foundations and the state's Department of Community Health and the Division of Public Health, and monitored and provided technical assistance to 13 school health and 9 rural health Collaborative-funded communities. In addition to school health and rural health, GHPC and the Philanthropic Collaborative have partnered on cancer prevention and, currently, an initiative that engages foundations in addressing childhood obesity.

Session Goals and Learning Objectives:

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

THEMATIC POSTER SESSION

STUDENT LEADERSHIP AND ACTIVISM IN COMMUNITY-CAMPUS PARTNERSHIPS

Moderator: Carmen Patrick, Context - the Journal of Health Students Taking Action Together in Partnership with the Student Health Alliance & CCPH board member

Room: Greenway A

**AMSA Student Track*

- **Making the Links: A Vertical Theme in Social Accountability**

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

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

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

Andrew W. Morgan, University of British Columbia, Canada

CHIUS (Community Health Initiative by University Students) is an interprofessional student-led clinic in the Downtown Eastside (DTES) of Vancouver, an area of the city afflicted by extreme poverty, drug use, and crime. Hearts@work is a community-based organization that leads heart health workshops for employees at local businesses. Based on student experiences volunteering at the CHIUS clinic it was felt that "heart health" issues, hypertension, exercise, and proper nutrition in particular, were not being addressed. This

was felt to be due largely to the fact that many patients have medical conditions such as HIV and/or Hepatitis C infection, mental illness, and substance use that are much more prominent health concerns than the relatively silent signs of heart disease. Thus an interprofessional group of students, representing the faculties of Medicine, Pharmacy, Dietetics, Nursing, and Occupational Therapy was established in an attempt to adapt the hearts@work program to suit the needs of the patient population, all while uniting the university, the hearts@work program, the Carnegie Community Centre, CHIUS, and DTES community itself in a health education intervention.

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

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

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

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

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

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

African American young adults through the college curriculum and engaging them in service learning activities may be an important step to improving their health now and later.

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

Three things that surprised me today are:

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

Some memorable quotes from today are:

