

TIME	SATURDAY JUNE 3	LOCATION
6:00 am – 7:00 am	Health Walk through the Skyways of Downtown Minneapolis –Free CCPH walkman radio to first 150 people!	1 st Floor Nicollet Promenade
7:30 am – 5:00 pm	Registration	1 st Floor Nicollet Promenade
7:30 am – 8:30 am	Breakfast	1 st Floor Nicollet Ballroom
7:30 am – 7:30 pm	Exhibit Hall - see inside program covers for descriptions of exhibitors	1 st Floor Nicollet Ballroom
7:30 am – 7:30 pm	Poster Hall - see pages 87-109 for poster descriptions	1 st Floor Nicollet Ballroom
8:30 am - 10:00 am	Plenary Panel of Funding Agency Perspectives – see pages 62-63 for more information	1 st Floor Nicollet Ballroom
10:15 am - 10:30 am	Break	2 nd Floor Greenway Promenade
10:30 am - 12:00 noon	Concurrent Sessions – Workshops, Stories and Thematic Posters – see pages 64-71	2 nd Floor Greenways
	Skill-Building Workshops – see pages 64-66	
	<input type="checkbox"/> Community-Engaged Scholarship: Methods and Strategies for Institutional Assessment ~ <i>Assessing, Documenting and Realizing the Benefits of Community-Campus Partnerships to All Partners</i>	Greenway B
	<input type="checkbox"/> Building Full Partnership Through the Comprehensive Participatory Planning and Evaluation Model ~ <i>Campus Strategies for Community Engagement</i>	Greenway C
	<input type="checkbox"/> Nurturing the Next Generation of Social Entrepreneurs, Community Leaders, and Healthcare Advocates ~ <i>Student Leadership and Activism in Community-Campus Partnerships</i>	Greenway G
	<input type="checkbox"/> Using CHAT, an Interactive Computer Program, to Develop a Community Based Health Care Plan ~ <i>Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice</i>	Greenway H
	<input type="checkbox"/> A Self-Assessment Tool: Understanding the Strengths and Challenges of a Coalition ~ <i>Assessing, Documenting, and Realizing the</i>	Greenway I

Benefits of Community-Campus Partnerships to All Partners

Story Sessions – see page 67

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

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

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

12:00 noon – 1:30 pm

Brown Bag Lunch Sessions – please pick up a lunch in the Greenway Promenade and proceed to the session of your choice, descriptions on pages 72-74. 2nd Floor Greenway Promenade

Building Evidence for Environmental and Policy Studies to Prevent Childhood Obesity: The Healthy Eating Research Program Greenway B

Challenges, Issues & Benefits for Rural Partnerships Greenway C

What is the National Diabetes Education Program and How Can We Work Together? Greenway D

Health Workforce Development with American Indians and Alaska Natives: Challenges and Opportunities Greenway E

Meet the 2006 Recipient of the CCPH Annual Award: The REACH 2010: Charleston and Georgetown Diabetes Coalition Greenway F

Community Engagement and the Carnegie Classification: Insights from the Pilot Project Greenway G

Rewarding the Community-Engaged Scholar: Proposed Review, Promotion and Tenure Guidelines for Evaluating the Community-Engaged Scholar Greenway H

Starting and Sustaining a Student-Run Clinic Greenway I

1:30 pm – 2:00 pm

Break Greenway Promenade

2:00 pm - 3:15pm

Issue Thrash, Part 2 - see page 75 2nd Floor-Greenways

If you attended Part 1, you are encouraged to attend the same topic for Part 2

	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
3:15 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 76-81	2 nd Floor Greenways
	<i>Skill-Building Workshops</i> – see pages 76-77	
	<input type="checkbox"/> Beyond Anecdotes: Challenges and Benefits of Identifying and Reporting Quantitative Indicators of Faculty Engagement ~ <i>Campus Strategies for Community Engagement</i>	Greenway D
	<input type="checkbox"/> El Proyecto Bienestar: An Authentic CBPR Partnership in the Yakima Valley Around Environmental Justice ~ <i>Student Leadership and Activism in Community-Campus Partnerships</i>	Greenway H
	<input type="checkbox"/> Strategies for Addressing the Many Challenges of Research Ethics in Diverse Partnerships ~ <i>Ethical Issues Raised by Community-Campus Partnerships</i>	Greenway I
	<i>Story Sessions</i> – see pages 78-79	
	<input type="checkbox"/> Engaging a University in Self-Assessment and Strategic Planning to Build Partnership Capacity ~ <i>Community Strategies for Campus Engagement</i>	Greenway B
	<input type="checkbox"/> Critical Reflections on Community-Campus Partnerships: Promise and Performance ~	Greenway C

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

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

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

- **Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice** Greenway A

5:00 pm – 7:30 pm

Closing Dinner & Award Ceremony – see pages 82-84

1st Floor
Nicollet Ballroom

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

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

Presentation of CCPH Annual Award

- Sarena D. Seifer, Executive Director, CCPH

Closing Remarks & Introduction of Closing Keynote Speaker

- Renee Bayer, Chair, CCPH Board of Directors

Closing Keynote Presentation

- Angela Glover Blackwell, Founder and Executive Director, PolicyLink

PLENARY PANEL OF FUNDING PERSPECTIVES

Saturday, June 3
8:30 am to 10:00 am
Nicollet Ballroom

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

Louis Pasteur

PLENARY PANEL OF FUNDING AGENCY PERSPECTIVES

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

Room: Nicollet Ballroom

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

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

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

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

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

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

Cheryl is Senior Associate Dean for Public and Community Health at the Medical College of Wisconsin. She has received national recognition for her work in public health research and community partnerships.

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

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

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

**WORKSHOPS, STORIES
& THEMATIC POSTERS
Saturday, June 3
10:30 am to 12:00 noon**

"Never...stop at the boundaries of what you think your knowledge or training would suggest. If a problem grabs you, run with it and try to better understand it from beginning to end, even if that means learning new techniques or developing them yourself."

Judith Rodin, President, Rockefeller Foundation

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

SKILL-BUILDING WORKSHOPS

COMMUNITY-ENGAGED SCHOLARSHIP: METHODS AND STRATEGIES FOR INSTITUTIONAL ASSESSMENT

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

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

Room: Greenway B

This session illustrates a new set of methods to measure institutional change with respect to support of community-engaged scholarship that have been developed as part of the CCPH-sponsored national Community-Engaged Scholarship for Health Collaborative funded by the US Department of Education's Fund for the Improvement of Postsecondary Education. These methods include a self-assessment conducted at both the school/department and institutional levels, a protocol for assessing promotion and tenure guidelines, and a protocol for Web site analysis. Each method is used to determine baseline status and then monitor progress as institutional change progresses. Representatives of schools participating in the collaborative offer their perspectives on the value and uses of these methods.

Session Goals and Learning Objectives:

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

BUILDING FULL PARTNERSHIP THROUGH THE COMPREHENSIVE PARTICIPATORY PLANNING AND EVALUATION MODEL

Beginner ~ Campus Strategies for Community Engagement

Beverly J. McCabe-Sellers, Agricultural Research Service of the U.S. Department of Agriculture; Kathy Yadrick and Amanda L. Avis, University of Southern Mississippi; Anna Wright Huff, Mid Delta Community Consortium

Room: Greenway C

The Comprehensive Participatory Planning and Evaluation (CPPE) model is a participatory process tool that has been used internationally to engage and empower community members in underdeveloped

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

Session Goals and Learning Objectives:

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

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

Intermediate ~ Student Leadership and Activism in Community-Campus Partnerships

Patricia Keener and Stephen Kirchoff, Office of Medical Service-Learning, Indiana University School of Medicine

Room: Greenway G

**AMSA Student Track*

This workshop showcases representative projects, illustrating how a student project develops from an idea through implementation to institutionalization. Key milestones in the project planning and development process include exploration of community needs, working with community partners, preparation of budgets, fundraising, orientation and training, and opportunities for reflection and evaluation. Throughout these phases, the student's ideas are tested, nurtured, and enhanced by supportive faculty, staff, community, and student mentors (senior members of the Student Advisory Group). The Office of Medical Service Learning at Indiana University School of Medicine offers an innovative model of service-learning which promotes a lifelong service ethic. Service-learning refers to organized volunteer service activities which further the educational objectives of medical school competencies and which foster a growing sense of civic responsibility in student participants. Student projects are related to the competency, "Understanding the Social and Community Contexts of Health Care."

Session Goals and Learning Objectives:

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

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

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

Jennifer Franks Mineo, Barbara Breier and John F. Thomas, University of Texas Medical Branch

Room: Greenway H

The details of the development process of Galveston County's 3-share plan are presented during this session. This process, which involves an innovative, community based assessment and has been mutually driven by the business community and the University of Texas Medical Branch, is what makes this experience distinctive. In addition to traditional assessment methods, Galveston's survey includes the

use of an interactive computer program called CHAT-Choosing Healthplans All Together. This program was created by the University of Michigan with support from the National Institutes of Health. Session attendees play a round of the CHAT game as well as see an aggregate of Galveston County's selections and how the 3-share benefits package is based on these choices. In accordance with the themes of the conference, this session illustrates how a university and the community of employers and employees are working together to translate research into practice and policy and create a successful and sustained health access solution for the working uninsured

Session Goals and Learning Objectives:

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

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

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

Nicolette I. Teufel-Shone, College of Public Health, University of Arizona; Sandra Irwin, Laurie Crozier, Thomas Siyuja, and Helen Watahomigie, Hualapai Health Department

Room: Greenway I

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

Session Goals and Learning Objectives:

- Implement a self-assessment method using meeting minutes to identify strengths and challenges of a community-campus coalition.
- Analyze outcomes of this analytical method to create a picture of how the coalition works effectively and to identify barriers that negatively impact progress.
- Describe how one coalition in a tribal community used this method to improve their ability to address health disparities impacting youth.

STORY SESSION

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

Intermediate ~ Sharing Power and Resources in Community-Campus Partnerships

Saida Abdi, Massachusetts General Hospital Chelsea Healthcare Center; Danielle Marable and Elizabeth Miller, Massachusetts General Hospital Community Benefit Program

Room: Greenway D

**AMSA Student Track*

Resettled refugees have complex needs that often challenge the resources of existing health and social service agencies. Increased social isolation for refugees and underutilization of services can be the result of language barriers, long-term sequel of traumatic experiences, possible fear and mistrust of authority, economic stresses and inadequate cultural understanding between refugee and service provider. The MGH Chelsea HealthCare Center is a community health center affiliated with a large teaching hospital that serves a large number of new immigrant and refugee families. In order to address the complex needs of these families, the health center has partnered with numerous community agencies and institutions, including public schools, police, domestic violence agencies, social services, and refugee resettlement agencies. This story session discusses the continuous reassessment of the program through intensive contact and needs assessment of refugee families through home visitation and related support activities.

Session Goals and Learning Objectives:

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

THEMATIC POSTER SESSIONS

SUSTAINING COMMUNITY-CAMPUS PARTNERSHIPS

Moderator: Renee Bayer, University of Michigan School of Public Health & Member, CCPH Board of Directors

Room: Greenway A

- **The Rise of Community-Based Participatory Research at NIEHS: An Historical Policy Analysis**
Holly Felix, Department of Health Policy and Management, College of Public Health, University of Arkansas Medical School

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

- **Understanding the Administration of Community-Campus Partnerships**
Chamika Hawkins-Taylor, Office of Education; Jennifer Stumpf Kertz, Minnesota Area Health Education Center; Barbara Bettelyoun, Woodlands Wisdom; Judy Beniak, Health Careers Center, Academic Health Center, University of Minnesota

The administration of community-campus partnerships is an often overlooked, but essential function of successful partnerships. The Vital Workforce Unit of the University of Minnesota Academic Health Center Office of Education work cooperatively to develop and share strategies and models that effectively support a wide range community-campus partnerships, including those focused on urban and rural health and diversity, diabetes prevention among Native Americans and health careers development for undergraduate and 9-12 students. Aspects of partnership administration that will be discussed include: financial modeling for partnership sustainability, defining roles and responsibilities in the partnerships, building capacity among partners (world view, appropriate types of engagement, understanding systems of various partners, shared responsibility, etc) and strategies for managing affiliate data to support partnership outcomes.

- **The Role of Local Media in Affecting Health Behavior: What Works?**
Donna H. Harward, Kidney Center, School of Medicine, University of North Carolina at Chapel Hill

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

- **A Survey of Community Based Research (CBR) in Canada: from Barriers to Solutions**
Sarah Flicker, The Wellesley Institute; Beth Savan, Environmental Studies Program, University of Toronto, Canada

We have recently completed a web based cross-sectional survey of barriers and facilitators to community-based research (CBR) in Canada. We had 308 responses: 50% academics and hospital based researchers; 28% community members and 22% other important stakeholders (e.g. funders, government bureaucrats, independent researchers). Come and learn what the community of CBR practitioners told us about their experiences doing CBR in Canada. We will *briefly* summarize our findings and propose recommendations targeted to various stakeholders: community activists, university administrators and research funders. We welcome and invite feedback on our report and recommendations. We would like to take this opportunity to brainstorm with participants how to get the message out to wider audiences and build the CBR movement in Canada and across North America. We look forward to sharing our results and welcome your contributions, insights and strategy recommendations on our continued advocacy efforts.

- **Connecting with Communities: The Community Liaison**
Beverly Johnson, College of Nursing, Seattle University

Communication among community partners [community providers, community residents and nursing faculty] at sites where students have clinical experiences must be dynamic, relevant, and thorough. Faculty at Seattle University's College of Nursing implemented their community based curriculum in 2000 and identified the need to develop a position description for faculty with expertise in Community Health Nursing who would serve as the primary faculty contacts with multicultural neighborhoods in the greater Seattle area. These neighborhoods provide a range of student experiences in the community throughout the nursing program. Since May of 2001 the position description has been revised and a final working document was approved by faculty in October of 2002. During the implementation of this role of Community Liaison, faculty who participate in this role have met together on a regular basis to discuss implementation of this role and have revised the role and associated activities.

**PARTNERSHIP KALEIDOSCOPE: THE HEALTHIER WISCONSIN PARTNERSHIP PROGRAM
MOSAIC OF COMMUNITIES, ACADEMIA AND FUNDER
Community-Campus Partnerships that Address the Major Determinants of Health and Social
Justice**

Moderator: Mick Huppert, University of Massachusetts Medical School

Room: Greenway J

The Healthier Wisconsin Partnership Program (HWPP) is an extraordinary opportunity for both community and academic partners to "walk the talk" of partnership. The Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin, funds partnership projects and is a key factor in developing an institutional culture that promotes community-academic partnership as an authentic health improvement strategy. Currently in its second award cycle with forty-nine funded community-academic partnership projects throughout the Wisconsin, the Program has embarked on a vision with the community to make Wisconsin the healthiest state.

This is an ambitious vision, a vision that faces imposing health needs, broad geographic regions and their populations, and a variety of community and academic approaches towards health prevention. This thematic poster session will look through a partnership "lens" and investigate the funder role in pulling these fragments together into a stunning mosaic, acting as a virtual kaleidoscope that leverages institutional and community change and creates symmetry to positively impact state health.

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

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

- **Healthier Wisconsin Partnership Program**

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

See above description of program as a whole.

- **Project HOPE (Health of People Everywhere): An Agape/Stritch/MCW Partnership**
Sharon Garrett, School of Nursing, Cardinal Stritch University; Barbra Beck, Department of Family and Community Medicine, Medical College of Wisconsin

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

- **The Holistic Health Planning Partnership for Women Offenders: How a Community Academic Partnership can Become a Catalyst for Change**

Connie Shaver and Linda Pate-Hall, Horizons, Inc.; Ann Maguire, Department of Internal Medicine, Medical College of Wisconsin

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

- **"Salud para Todos- ¡Querer es Poder!": Community-Campus Partners Bridge Cultural Barriers in Milwaukee with Bilingual Chronic Care Project**

Mary Mueller, Sixteenth Street Community Health Center; Lisa Rodríguez, United Community Center; Christine Cronk, Department of Pediatrics, Medical College of Wisconsin

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

- **Implementing Community Health Improvement: Identification of Health Priorities through Participatory Action**

Mary Jo Baisch, College of Nursing, University of Wisconsin-Milwaukee; James Sanders, Department of Family and Community Medicine, Medical College of Wisconsin

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

- **Wisconsin Injury Prevention Coalitions: Translating Evidence into Practice**

Barbara Hill, Population Health Institute, University of Wisconsin, Madison; Ann Christiansen, Injury Research Center, Medical College of Wisconsin

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

BROWN BAG LUNCH SESSIONS
Saturday, June 3
12:00 noon - 1:30 pm

Please grab a lunch from the Greenway Promenade area, and join one of the following brown bag lunch sessions.

BUILDING EVIDENCE FOR ENVIRONMENTAL AND POLICY STUDIES TO PREVENT CHILDHOOD OBESITY: THE HEALTHY EATING RESEARCH PROGRAM

Discussion Leader: Mary Story, Professor, Division of Epidemiology and Community Health, School of Public Health & Adjunct Professor, Department of Pediatrics, School of Medicine, University of Minnesota

Room: Greenway B

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

CHALLENGES, ISSUES AND BENEFITS FOR RURAL PARTNERSHIPS

Discussion Leader: Chris Parker, Senior Research Associate, Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University

Room: Greenway C

Partnerships between urban-based academic institutions and rurally-located health collaboratives have demonstrated ability to strengthen communities and improve health. Often little local capacity exists to study the problem though invariably there is great local energy willing to find solutions. Patience, time and understanding lead to the establishment of trust and a shared learning environment that contributes to the body of knowledge about health improvement and improves local health systems. In this session the Georgia Health Policy Center will share its experiences working in and with rural communities to improve health. Please join us for what promises to be a lively discussion.

WHAT IS THE NATIONAL DIABETES EDUCATION PROGRAM AND HOW CAN WE WORK TOGETHER?

Discussion Leader: Quanza Brooks-Griffin, Public Health Advisor, National Diabetes Education Program

Room: Greenway D

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

HEALTH WORKFORCE DEVELOPMENT WITH AMERICAN INDIANS AND ALASKA NATIVES: CHALLENGES AND OPPORTUNITIES

Discussion Leader: Rhonda Johnson, Chair, Department of Health Sciences & Associate Professor of Public Health, University of Alaska-Anchorage

Room: Greenway E

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

MEET THE 2006 RECIPIENT OF THE CCPH ANNUAL AWARD: THE REACH 2010: CHARLESTON AND GEORGETOWN DIABETES COALITION

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

Room: Greenway F

The REACH 2010: Charleston and Georgetown Diabetes Coalition is a partnership between the Charleston and Georgetown communities and the Medical University of South Carolina College of Nursing that is eliminating disparities for African Americans with diabetes. Local community groups, health care professionals and people with diabetes identify assets, implement and evaluate community actions. For a more complete description of the partnership and its accomplishments, see page 82. During this brown bag session, meet with representatives of the partnership and learn from their challenges and successes.

COMMUNITY ENGAGEMENT AND THE CARNEGIE CLASSIFICATION: INSIGHTS FROM THE PILOT PROJECT

Discussion Leaders: Laurel Hirt, Service-Learning and Community Involvement Director, Career and Community Learning Center, University of Minnesota; Carole Beere, Associate Provost for Outreach & Dean of Graduate Studies, Northern Kentucky University

Room: Greenway G

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

REWARDING THE COMMUNITY-ENGAGED SCHOLAR: PROPOSED REVIEW, PROMOTION AND TENURE GUIDELINES FOR EVALUATING THE COMMUNITY-ENGAGED SCHOLAR

Discussion Leader: Catherine Jordan, Executive Director, Children, Youth and Family Consortium & Assistant Professor of Pediatrics, University of Minnesota and Chair, Peer Review Work Group, Community-Engaged Scholarship for Health Collaborative

Room: Greenway H

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

STARTING AND SUSTAINING A STUDENT-RUN CLINIC

Discussion Leader: Andrew Morgan, 3rd year medical student, University of British Columbia

Room: Greenway I

**AMSA Student Track*

This student-facilitated discussion will center around the why, when and how to start a student-run clinic that expands access to care for the underserved and strategies for sustaining the effort. Learn from the experiences of a successful student-run clinic in Vancouver, BC as you explore such issues as recruiting and retaining volunteers, supervision, services provided, hours of operation, liability, and assessing impact.

ISSUE THRASH, PART 2
Saturday, June 3
2:00 pm to 3:15 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: 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**
Saturday, June 3
3:30 pm to 5:00 pm

*"A different world cannot be built by indifferent people."
Peter Marshall*

***Please note – Beginner, Intermediate, and Advanced indicate the intended audience for each workshop session as determined by the presenters.** The conference topic area that the session corresponds to is indicated right after the intended skill level.

SKILL-BUILDING WORKSHOPS

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

Intermediate ~ Campus Strategies for Community Engagement

Hiram E. Fitzgerald, Michigan State University

Room: Greenway D

This workshop is designed to stimulate a sharing of ideas and experiences about assessing university commitment to engaging with communities. While the skill area is higher education institutional research—assessment and measurement—the workshop relates to the overall theme of the conference in that the measurement is of the work of faculty engaged with communities through teaching, research, and service. The topic looks at how a university can assess its commitment to community partnerships through resource investment, addressing of significant social issues, geographical distribution, and involvement of students; and ways it can quantify the community's investment of resources, including in-kind contributions and volunteerism. Beyond investment, a measurement tool should also look to identify revenues generated by and for both university and community as one indicator of the mutuality of the partnerships.

Session Goals and Learning Objectives:

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

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

Intermediate ~ Student Leadership and Activism in Community-Campus Partnerships

Vickie Ybarra, Yakima Valley Farm Workers Clinic; Julie Postma, University of Washington School of Nursing

Room: Greenway H

Participants will learn and use successful strategies in negotiating power and resource sharing as they develop authentic community-university research partnerships. Partners' use of strategies in successful negotiation of power and resource sharing in the development of El Proyecto Bienestar include transparent grant process; shared budget; consensus decision making; regular meetings and shared work; and bonding and trust. Successful power and resource sharing are essential components of authentic community-university partnerships. The community's use of strategies to assert short- and long-term interests in El Proyecto Bienestar include a community research review; multiple organizational

representatives; relationships; local data collection; and involvement of local students. Communities are often at a disadvantage in community-university partnerships, and it is only when communities can assert both their short- and long-term interest in such partnerships that they will truly be authentic.

Session Goals and Learning Objectives:

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

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

Intermediate ~ Ethical Issues Raised by Community-Campus Partnerships

Linda Silka, Center for Family, Work, and Community, University of Massachusetts-Lowell; Paulette Renault-Caragianes, Lowell Community Health Center

Room: Greenway I

Both workshop presenters have been involved in partnership ethics from a number of vantage points. They participate in several of the National Institute of Environmental Health Sciences (NIEHS)-funded environmental justice partnerships that bring together refugee and immigrant community members, health providers, and university researchers; one serves as the community member on a university's institutional review board; and the other teaches graduate courses on "Research Ethics with Underserved Groups" and has been a partner in the National Institutes of Health (NIH)-funded consortium developing materials on research ethics for partnerships that bring together diverse groups. They will use these experiences in a hands-on skill building workshop for community members and their campus partners. Using a model of a research cycle, they will point out ethical issues that can emerge at each stage of a research partnership from how groups come together, who selects the focus of research, who collects the data, how the data are analyzed, and how the results are translated into change.

Session Goals and Learning Objectives:

- Invite participants to consider some of the dilemmas of research ethics that emerge in research partnerships that involve diverse groups.
- Suggest strategies for organizing these dilemmas within a research cycle model.
- Show how the research cycle model can help partnerships anticipate and address some of the ongoing complexities.

STORY SESSIONS

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

Intermediate ~ Community Strategies for Campus Engagement

Naomi Wortis, Roberto Ariel Vargas and Ellen Goldstein, Department of Family and Community Medicine, University of California, San Francisco

Room: Greenway B

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

Session Goals and Learning Objectives:

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

CRITICAL REFLECTIONS ON COMMUNITY-CAMPUS PARTNERSHIPS: PROMISE AND PERFORMANCE

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

Dana K. Natale, Center for Community-Based Learning, Montclair State University; Beverly Riddick, Homes of Montclair Ecumenical Corporation (HOME Corp); Kenneth Brook, Department of Anthropology, Montclair State University

Room: Greenway C

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

University (MSU). MSU COPC partners identified many of the barriers and challenges to successful and effective MSU COPC partnerships as the result of risk-averse, control oriented behaviors among and between partners. Behaviors such as: the exclusion of controversial entities/personalities; the avoidance of conflict; a lack of willingness among partners to create and be accountable for an independent partnership identity; an imbalance in governance and decision-making; and unclear communication between partners, resulted in partners perceiving one another as untrustworthy, disrespectful and insincere. Conversely, partners spoke of risk oriented behaviors such as: an openness to multiple, even conflicting, partner perspectives; a willingness to openly confront conflict; and a willingness on the part of all partners to assume accountability for the partnership regardless of the consequences and circumstances, leading to increased partnership related goal achievement and greater partnership satisfaction. The story of the MSU COPC addresses the gap between an ideal conception of partnership and the reality of partnership as it is experienced in practice, answering many of the questions proposed for the conference including: How do we fully realize authentic partnerships between communities and higher educational institutions? How do we balance power and share resources among partners? What are the barriers and challenges getting in our way? How do we overcome these, individually and collectively? How do we translate "principles" and "best practices" into widespread, expected practice?

Session Goals and Learning Objectives:

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

SHARING INTELLECTUAL AUTHORITY: COMMUNITY ELDERS AND UNIVERSITY FACULTY TEACHING TOGETHER

Intermediate ~ Sharing Power and Resources in Community-Campus Partnerships

Semerit Seankh-Ka, Powderhorn-Phillips Cultural Wellness Center; Sara Axtell, Educational Development, University of Minnesota Medical School

Room: Greenway G

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

Session Goals and Learning Objectives:

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

THEMATIC POSTER SESSION

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

Moderator: Barbara Gottlieb, Brookside Community Health Center; Harvard Medical School & Member, CCPH Board of Directors

Room: Greenway A

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

Angela Williams, Susan Davies and Trudi Horton, University of Alabama at Birmingham School of Public Health; Cynthia Rogers, The Family Clinic, Children's Midtown Center; Katharine Stewart, University of Arkansas for Medical Sciences

The MOMS Project aims to reduce stress and improve social support among HIV+ mothers. This session will describe and illustrate how MOMS used creativity, commitment and reciprocity to gain the support and collaboration of 7 HIV community service providers in developing and implementing a unique, culturally appropriate community-based program. In this thematic poster session, we will discuss how MOMS strengthened alliances and got partners to sing its' praises.

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

Donald E. Proulx, College of Public Health, Health Sciences, University of Arizona; E. Lee Rosenthal, Department of Health Promotion, University of El Texas Paso; Anne Willaert, Healthcare Education Industry Partnership, Minnesota State Colleges and University System; Garciela Camarena, Migrant Health Promotion

This poster describes a "National Community of Practice" partnership for the application of "Best Practices" for the provision of college-supported curricula responsive to the nation's community health worker workforce. As a three-year initiative supported by the U.S. Department of Education's Fund for the Improvement of Postsecondary Education, fifteen (15) adapter community-campuses are supported by a partnership of six (6) collaborating technical assistance universities and college partners. The project is also supported by several nationally recognized experts and by national community health worker leaders, themselves. A National Advisory Council plays an imperative role in assuring that the voices of active/experienced community health workers are reflected in the development of postsecondary responsive educational programs. This National Education Collaborative is responsive to non-traditional, disadvantaged, and ethnically diverse community health workers, including U.S./Mexico border health "promotores" and Native American tribal and Pacific Islander "community health representatives" working in resource-poor and medically needy neighborhoods.

- **Minnesota Community Health Worker Project**

Anne Willaert, Healthcare Education Industry Partnership, Minnesota State Colleges and Universities System; Doris Williams, Twin Cities Healthy Start; Eric McCoy, Council on Crime and Justice

The overall goal of this project is to create a standardized, accredited Community Health Worker (CHW) training program within the Minnesota State Colleges and Universities (MnSCU) system and create an employment market for CHWs. The curriculum is being integrated in the state's public higher education system as an articulated pathway in nursing and allied health. This state-wide project will change health professional education, provide a new career option for diverse, bi-lingual individuals, change how health care is delivered to diverse population in the state and reduce health disparities. Two piloted classes have already been held at Community Technical Colleges graduating 35 students and will be expanding to four other schools within the next two years.

- **Health Sciences LEAP: A Four-Year Educational Pipeline Program**
Sunny Nakae-Gibson, Diversity & Community Outreach; University of Utah School of Medicine; Ronald M. Harris, Office of the Senior Vice President, University of Utah Health Sciences Center

Begun in 2001, Health Sciences LEAP is a four-year-long pipeline program designed to assist students interested in careers in medicine, nursing, pharmacy or health who come from populations traditionally underrepresented in the health professions. This population includes students from minority backgrounds, but also those who meet definitions of educational, social, or economic disadvantage. We currently have four cohorts of students in the program, with 96% from minority backgrounds. The goal of the program is to provide comprehensive support and guidance for students to prepare for careers in the health sciences. We offer four years across the undergraduate experience that include humanities courses, shadowing, lab skills training, research, and service learning through community partnerships. We also have annual events celebrating student accomplishments and facilitating mentorship of students between cohorts and by ethnic minority faculty on campus. Several campus entities have come together to provide the instruction and services offered in the program. We collaborate with colleges and departments in the Health Sciences as well as Biology and Service learning entities.

- **A Community-Campus Partnership: From a Field Behavioral Assessment of the Problem of Malaria to Establishing a Sustainable Partnership toward Overcoming an Enormous Public Health Program in Ghana**
Gertrude Adobea Owusu, Institute of Statistical, Social and Economic Research, University of Ghana

Malaria accounts for a quarter of the disease burden in Ghana and has an increasing resistance to Chloroquine, the first-line drug. Pregnant women and children under 5 are particularly vulnerable. These have called for a critical review of the policies and national communication plan on malaria. The main goal is to generate information to help develop messages to promote positive health behaviors related to malaria – primarily care-seeking, treatment, and prevention during pregnancy and among children under 5 years. Three regions in the three ecological zones of the country, using two districts per region: one urban, non-Global Fund district, and one rural, Global Fund district. Objective: To strengthen the capacity of government, decision makers and opinion leaders to advocate in support of programs and activities, and expand social marketing of products and services to influence positive behavior change in preventing and treating malaria. Community members participated in the data collection.

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

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

CLOSING DINNER & CCPH AWARD CEREMONY

Saturday, June 3
5:00 pm to 7:30 pm
Nicollet Ballroom

Closing Dinner & CCPH Award Ceremony Room: Nicollet Ballroom

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

CONGRATULATIONS TO THE 2006 CCPH ANNUAL AWARD RECIPIENT: THE REACH 2010 CHARLESTON AND GEORGETOWN DIABETES COALITION

<http://reach.musc.edu>

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

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

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



CCPH also extends congratulations to the **2006 CCPH Award Honorable Mentions:**

BRAZOS VALLEY HEALTH PARTNERSHIP

www.bvhp.org

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

THE STEPPING UP PROJECT

www.uiowa.edu/~stepping

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

FLINT HEALTHCARE EMPLOYMENT OPPORTUNITIES PROJECT

www.gfhc.org

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

CLOSING REMARKS

Renee Bayer, Chair, Community-Campus Partnerships for Health Board of Directors



Ms. Bayer is Community-Academic Liaison Coordinator at the University of Michigan, School of Public Health, Office of Community-Based Public Health. The goal of this Office is to promote community-based public health research, teaching, and practice. Ms. Bayer facilitates relationships and activities between the faculty and students at the School of Public Health and community-based organizations and local health departments. She spends about half-time working with community-based organizations and coalitions. The other part of her time is spent consulting with faculty about curriculum and research and coordinating community-based internships. She is staff/liaison to the following projects: 1) Michigan Neighborhood AmeriCorps Program; 2) Detroit-Community Academic Urban Research Center; 3) Prevention Research Center of Michigan; 4) Michigan Center for the Environment and

Children's Health; 5) Community-Health Scholars Program (Kellogg-funded post-doctoral program); and 6) Community Health Investigator Project (STD prevention curriculum for middle schools in Detroit) Renee has a master's degree in health services administration.

CLOSING KEYNOTE SPEAKER

Angela Glover Blackwell, Founder & Chief Executive Officer, PolicyLink



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

Learn more about PolicyLink on page 120.

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:

