

POSTER HALL
Nicollet Ballroom

"Imagination is more important than knowledge."

Albert Einstein

This is a comprehensive list of all posters presented in the Poster Hall, including all poster presented in thematic poster sessions throughout the conference.

Poster Hall hours

Thursday, June 1	12:00 pm – 5:30 pm
*Friday, June 2	7:30 am – 7:00 pm
Saturday, June 3	7:30 am – 7:30 pm

**Cocktail Poster Session & Exhibitor Reception from 5:00 pm – 7:00 pm, Friday June 2*

POSTER DESCRIPTIONS

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

Vida Huber, Jane Hubbell and Emily Akerson, James Madison University, Institute for Innovation in Health and Human Services

The poster describes how one community in Virginia started an early literacy coalition in 2001 and received a 17-month 1 million dollar grant in 2002 to start the "Reading Road Show, Gus Bus" mobile literacy program. When the grant ended, how sustainability was developed after October 2004, (this would be the painful part) was challenging but successful. Walking the talk and having core values promoting innovation opened the door to new partnership possibilities. In September 2005 the coalition received another 17-month \$700,000 grant to grow the program to include a rural health and home visiting component. What we will convey is that community partnerships are messy and fragile but with innovation, care, respect and authenticity become stronger and more resilient.

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

Amelia McGregor and Rita McComber, community members, Kahnawake, Mohawk Territory, Canada

Poster presentation on the role of a community advisory board.

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

Christopher A. Parker and Tina Anderson-Smith, Georgia Health Policy Center (GHPC), Georgia State University; Nancy Kennedy and America Gruner, Northwest Georgia Healthcare Partnership (NGHP)

This poster examines the issue of stage-setting activities for successful community-based participatory research relationships between rural communities and more urban academic institutions. The development of trust and a common commitment to build capacity over time are identified in the literature as being key components of this success. The nuances of how this is actually achieved in varied community settings are not however well described. This poster will practically enable and empower participants to purposeful approaches at shoring up community/campus relationships prior to working together on jointly defined research agendas. The model will highlight knowledge gained to date from the breadth of relationships between the Georgia Health Policy Center and rural communities in the state. In particular, focus will be placed on an ongoing partnership between the GHPC and the NGHP.

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

Ana Natale-Pereira, University of Medicine and Dentistry of New Jersey-New Jersey Medical School

The purpose of the study is to explore the issue of lack of knowledge regarding Colorectal Cancer (CRC) and screening modalities among African Americans and Hispanics, and to empower community leaders with the knowledge and skills necessary to disseminate CRC information to their community. The main objectives are to: 1) Assess the CRC knowledge among an older minority population and community leaders of the City of Newark; 2) Develop a comprehensive CRC educational module to educate community leaders; and 3) Train these leaders to use the module as a tool that will facilitate the dissemination of CRC information, enhance awareness and education, and increase screening rates. The project will also determine whether using an outreach worker/patient navigator to facilitate access to care and follow-up (for those with positive screening tests) has a positive impact on health outcomes. This is a cross-sectional study composed of two phases: a data collection and educational module development phase, and a testing and implementation phase.

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 include 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) Emersion of self into clients' environment to facilitate effectiveness (learn about and work with extant cultural mores); and 4. Necessity of flexibility, adaptability, and non-judgmental attitude of all concerned.

BUILDING CAPACITY THROUGH A COMMUNITY-DRIVEN MINI-GRANT PROCESS

James M. Frabutt and Mary H. Kendrick, Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro

The Guilford County Disproportionate Minority Contact project began with the convening of a group of representatives from our local Juvenile Crime Prevention Council in November 2003 and now includes representatives from county organizations that address concerns of children and youth. This poster is centered on sharing experiences and knowledge gained from orchestrating a community-driven mini-grant process as part of this larger initiative designed to reduce disproportionate minority contact in the juvenile justice system. Since this project was supported by federal funding, channeled through a university-based center to local service providers and non-profits, it provides insight into resource sharing and processes of shared accountability. Moreover, the mini-grant process (e.g., writing the proposals, implementing the programs, documenting outcomes) contributed to increased community capacity and community sustainability of this initiative.

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 poster 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 our strategies for confronting some of the challenges we all face in building authentic community-campus partnerships.

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.

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

James M. Frabutt, Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro

The primary objective of this poster is to describe the research partnership that has evolved over the past three years as part of the Middle District of North Carolina's involvement in the nationwide Project Safe Neighborhoods (PSN) initiative. PSN is a federal effort to increase community safety by reducing violent gun crime. One of the hallmarks of the PSN framework is a commitment to locally-driven, research-based, strategic problem solving. Indeed, the federal commitment to support research partnerships in nearly a hundred jurisdictions across the country represents perhaps the most significant investment in criminal justice research partnerships ever made by the Department of Justice. This poster will highlight the joint, community-academic partnership that has brought research-based knowledge and analytic methodologies to PSN's community-based efforts to prevent violence. It will document the process of a) responding to communities' needs for tailored data or responses to specific questions and b) the challenges and opportunities of federal, state, and local partners working together to understand, prosecute, and prevent firearm-related violent crime.

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

C. Chris Payne and Tenisha Tolbert, University of North Carolina at Greensboro; Sharon Sprinkle, Guilford Child Development

The purpose of this poster is to increase understanding of how to effectively implement university community collaborative partnerships in applied research and program demonstration. An overview of the "Baby First" project will be presented to demonstrate the effectiveness of these partnerships to address how combining evidence-based approaches, best practice models of supervision, and collaborative implementation feedback can be used to develop a model program for improving maternal and child health and developmental outcomes for first-time, low-income expectant mothers. This work is grounded in our beliefs about the power of campus-community partnerships to effect change in critical health services for children and families: Community-based research, evaluation and programming call for

a dynamic and synergistic interplay of research, theory, policy, and practice. It is most effective when it is collaborative, developmental, multidisciplinary, strength-based, and respectful of all partners.

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

Seunghyun Yoo, Graduate School of Public Health, University of Pittsburgh

This poster introduces a community forum (Blue Ribbon Health Panels) and strategies utilized to develop such a forum that are community-based participatory in nature involving a university, community agency, and residents to achieve a collective goal of community health. Residents of twelve senior high-rises under Allegheny County Housing Authority, Pennsylvania, have established a Blue Ribbon Health Panel at each building through which they identify and address health and social issues in collaboration with partners at the University of Pittsburgh and Allegheny County Housing Authority. A 6-step community collaboration strategy is employed to guide the partnership building process of: (1) Entrée into community; (2) Issue identification; (3) Issue prioritization; (4) Strategy building (5) Implementation of action plans; and (6) Transition of leadership. With partner facilitation by the university and operational support by the housing authority, Blue Ribbon Health Panels have accomplished quick health and social determinant outcomes in the first year of partnership and thrive to enhance their partnerships in the second year on the issues of healthy aging.

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. Our objectives are 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.

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.

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

Rhonda M. Johnson, University of Alaska, Anchorage; Nicky Teufel-Shone, University of Arizona; Lily Velarde, University of New Mexico

This poster tells the story of an emerging community-academic-practice partnership to improve maternal and child health in frontier regions of the West. We have a small amount of funding to develop distance education-continuing education materials and have decided as a group that we want to support and highlight community knowledge and leadership in solving local MCH concerns. We plan to take a 'case-based' and visual approach to telling the stories of the community leaders, using methods such as 'photo-voice', digital scrapbooks, and other. This is the first year of a three year project, so we plan to report on the groundwork laid for a truly participatory CE offering (with information exchange going more than one way, and different types of expertise explicitly acknowledged and valued in the final product). We are actively talking with community members and expect content and the format of our educational products to evolve over time.

COMMUNIVERCITY SAN JOSE: COLLABORATING THROUGH SERVICE-LEARNING FOR NEIGHBORHOOD HEALTH

Debra David, Center for Service-Learning, San Jose State University; Elizabeth Sills, The Health Trust

CommUniverCity San Jose is an initiative that weaves together the resources of university, the city, residents, and community organizations to address residents' priorities in an economically disadvantaged, ethnically and linguistically diverse neighborhood. The "heart" of the initiative involves engaging students from across disciplines through service-learning in collaboration with other stakeholders. One major project area is community health education. The main goal of this poster will be to profile this evolving collaborative that is structured to balance the power and share the resources of all stakeholders, with a focus on its implications for the health of the neighborhood. Objectives are: 1) to outline the evolution, structure, and process of the collaborative; 2) to describe two health projects that involve service-learners from many disciplines - community mapping of the built environment and a semi-annual health fair; 3) to describe how we are utilizing two AmeriCorps programs to support those health projects; and 4) to discuss how we are assessing the impact of our efforts on the health and quality of life of neighborhood residents.

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

David I. Gregorio, University of Connecticut School of Medicine

The University of Connecticut Public Health Program administers a required service-learning practicum for which all 2nd year students are expected to working alongside and in partnership with community-based stakeholders across Connecticut to examine the extent, causes and public health responses to a selected public health topic confronting citizens of Connecticut. The 2005 topic was 'Halting Childhood Obesity in Connecticut'. Through group-directed activities facilitated by state and local public health department personnel, 25 students completed 2,083 hours of service-learning addressing answers to 3 interrelated questions: (1) Can the present and future burden of childhood obesity be estimated for Connecticut? (2) What is the current capacity of Connecticut's health and social service system to address the crisis we confront today? and (3) Can new policy and regulatory strategies be put forth to reduce the severity and scope of the problem? A summary report was printed and issued to stakeholders and presented through a televised public forum at the CT State Legislative offices.

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.

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

Robin Toof and Melissa Wall, University of Massachusetts Lowell; Sidney Liang, Lowell Community Health Center

The Center for Family, Work and Community (CFWC) at the University of Massachusetts Lowell has been a partner for 6 years in the CDC funded Cambodian Community Health 2010 program. The lead agency is Lowell Community Health Center. This comprehensive program seeks to reduce health disparities in Cambodian elders in cardiovascular disease and diabetes. The collaboration has provided rich learning experiences not only for Cambodian elders but also for program staff and the evaluators at CFWC. The seasoned evaluators quickly learned that doing business as usual was not going to work. From changing titles of data gathering methods (i.e. focus groups to community conversations) to setting aside many hours for proper translation and back translation, evaluators developed an understanding of how important it is to know your target community in order to gather the most accurate information that will help track and improve outcomes.

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

Sharon L. Barbieri and Tina Stein, University of Texas Health Science Center at San Antonio

The University of Texas Health Sciences Center at San Antonio Dental Hygiene Program serves the South Texas Community. A significant percentage of this population is underserved and falls within the federal guidelines for poverty. Therefore, essential dental healthcare is often unattainable. In an effort to address the healthcare needs of our community the DH program has established liaisons with numerous community clinics to provide oral prophylaxis, patient education and other preventive services. The goals of student participation in community rotations address the healthcare needs of the community and the learning requirements of the student. By providing needed oral health care for underserved populations students gain competence in their professional skills and learn to interact with diverse population groups.

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 highlights two campus strategies to increase community partnership between Vanderbilt and the Nashville community. It also addresses 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 poster highlights 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.

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

Michael T. Wright and Martina Block, Research Group Public Health, Social Science Research Center Berlin; Raimund Greene and Marco Zieseemer, Gesundheit Berlin, Germany

Germany is in the process of institutionalizing prevention as an integrated part of the health care system, with an emphasis on interventions for socially disadvantaged groups. This will be achieved through campaigns at the national level and interventions tailored to the needs of specific target groups at the local level. Quality assurance (QA) and evaluation will be required for interventions financed under the new structures. In a pilot project financed by the Ministry of Research the authors are working with NGO partners to set up a national structure to promote participatory action research as the primary means for achieving this goal. Providing opportunities for formal collaborations between researchers and community groups is a central aspect of the project. The national structure consists of five integrated components : skill-building workshops on methods of QA and evaluation; an internet based, interactive handbook providing re-sources for developing appropriate QA and evaluation strategies; individualized consultation with each project to develop a tailored approach to QA and evaluation; and a peer review process at the national level.

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

Asha Subramanian and Donna Cameron, Georgetown University Department of Family Medicine; Seiji Hayashi, George Washington University School of Public Health

In this poster, we describe the Georgetown University Department of Family Medicine's extensive work with Unity Health Care, Inc., the largest provider of health care to the underserved in the District of Columbia. Our partnership significantly impacts 3 levels of medical education: medical student, residency, and fellowship, and has proven to be meaningful and sustainable for both the academic and community partners involved. From our 5 year partnership, many strategies have been developed to creatively and effectively address common problems which occur in this type of partnership. Our poster strongly relates to the conference themes of utilizing campus/community partnerships as a catalyst for social justice, improving the health of our underserved communities, and increasing the pipeline and diversity of future health care providers in our communities.

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.

FOSTERING COMMUNITY AND PUBLIC HEALTH COLLABORATIONS TO IMPROVE HEALTH

Audrey Stevenson and Iliana MacDonald, Salt Lake Valley Health Department

The poster outlines the process of collaborating with community, public health and educational institutions to meet the growing healthcare needs of an underserved population. The poster presents the innovative

steps that were taken to ensure the highest level, most culturally sensitive delivery of healthcare services. The successes of the South Main Clinical Collaborations will be outlined, including the lessons learned and steps taken to incorporate changes to improve services and strengthen the partnerships between SLVHD, University of Utah Dept of Medicine, and other community partners. Finally, the poster offers ideas and resources for developing similar collaborations in other cities or states.

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.

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

Ruth C. Browne, Arthur Ashe Institute for Urban Health

The Office of the Brooklyn Borough President commissioned a report from The New School to assess the need for a health disparities center in Brooklyn. The report stated not only that the Brooklyn community needs to have its health disparities issues addressed through a comprehensive research center, but also that the logical site for the creation of this center is at SUNY Downstate in collaboration with the Arthur Ashe Institute for Urban Health (AAIUH). In response to The New School report, a proposal was developed following guidelines for the Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Centers of Excellence, RFA-MD-04-002) also known as EXPORT program at NIH. This kind of methodology focuses on utilizing existing resources in the community as messengers of health information. The AAIUH serves as an integral part of the Center through its community health information dissemination efforts in the Community Outreach and Information Dissemination (COID) core of the Center. The Institute will create and pilot test a curriculum on cardiovascular health to train stylists to deliver health messages to their customers.

THE HEALTH CAREERS PARTNERSHIP: A MODEL OF WORKFORCE DEVELOPMENT

Jane Foote and Faye Uppman, Minneapolis Community and Technical College; Cindy Bloom, Project for Pride in Living

In the late 1990's the Phillips neighborhood in Minneapolis was dangerous and crumbling, prompting *The New York Times* to dub our city "Murderapolis." As Minneapolis' largest neighborhood in size and population, and Minnesota's most culturally diverse community, the Phillips neighborhood became a negative symbol of urban blight in the city's core. With leadership from local business executives and creative private and public fundraising, a partnership was created to address long-term quality-of-life issues revolving around jobs, housing and education. Key to this partnership has been the *Health Careers Institute (HCI)* – with Minneapolis Community and Technical College (MCTC) serving as the higher education partner. The HCI has been a cooperative alliance with several of the areas largest hospitals – Abbott Northwestern Hospital, Children's Hospitals & Clinics, and Hennepin County Medical Center.

HEALTH 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, Piciryaratggun Calritllerkaq

This poster 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.

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.

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

Alexandra Adams, University of Wisconsin; Nancy Miller-Korth and SuAnne Vannatter, Great Lakes Inter-Tribal Council

This poster addresses our ongoing partnership between academic researchers in Dept. of Family Medicine at the University of Wisconsin and the Great Lakes Inter-Tribal Council, a consortium of 11 Wisconsin Tribes. Our partnership is addressing the significant health disparity of pediatric obesity in Native communities. Beginning in 2000, with a small pilot project on the prevalence of pediatric obesity in one tribe, the partnership has expanded to obtain several large research grants, including a large NIH funded Native American Research Centers for Health grant. The poster addresses the conference themes of sharing power and resources, ethical issues of partnerships and the issue of obesity prevention as a major health issue relating to diabetes and cardiovascular disease.

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. 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. Together, we forged a mutually beneficial partnership.

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

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

Access Alliance has been leading a collaborative process to develop a research agenda to reduce health disparities for racialised groups in Toronto. As a community agency, however, they are not eligible to be a Principal Investigator on grants from the Canadian Institutes of Health Research. Determined to establish community organizations as equal and capable partners in research, they have been faced with the dilemma of knowing when and how to best advocate for fair participation in research. They decided to submit a proposal with a trusted academic partner as the P.I. In this poster, the community and academic partners will share how they have negotiated power both among themselves and with the university where the faculty member is employed. They will talk about the arrangements they have agreed to and about what they feel it takes (at the individual, organizational and systemic levels) for community agencies to be able to engage in equitable research partnerships with academics.

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.

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 IRB approval, a convenience sample of subjects was recruited at the KWHF registration station; informed consent was obtained from 51 of the total 262 health fair participants (19%). We collected demographic information and, using an orally-administered true/false questionnaire, we assessed the subject's level of knowledge about hypertension, high cholesterol, and diabetes mellitus. Trained medical students then used a standard student-to-patient education protocol to teach patients about chronic disease knowledge.

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.

THE IMPORTANCE OF COMMUNITY PARTNERSHIPS IN EFFECTIVE CANCER CLINICAL TRIALS EDUCATION

Kimberly Harris and Margo Michaels, The Education Network to Advance Cancer Clinical Trials

Less than 5 percent of all adult cancer patients participate in clinical trials; rates are even lower among cancer patients of color and the medically underserved, which tend to have higher cancer mortality rates than the population as a whole. Access to cancer clinical trials is an important quality measure for delivery of health care services. Moreover, the more people participate in clinical trials, the faster critical research questions can be answered. This will lead to better treatment options for all cancers, for all people. Through an innovative demonstration project, the Education Network to Advance Cancer Clinical Trials (ENACCT) is assisting 3 partnerships in the development of a community-driven education program, to increase awareness about cancer clinical trials, enhance their acceptability, and improve access to them.

IMPROVING PATIENT CARE THROUGH RESEARCH PARTNERSHIPS

Darlene Bjorklund, Densford Clinical Scholars Program; Joanne Disch, University of Minnesota School of Nursing

The Densford Clinical Scholars Program pairs a faculty member and advanced practice nurse (APN) to jointly develop a proposal for a clinical intervention to improve patient care. The objectives of the program are (1) to create partnerships between faculty and community clinicians for addressing clinically important problems through a clinical research project; (2) assist faculty members in establishing effective linkages with clinicians in clinical facilities; (3) assist APNs in gaining skills in the conduct of clinical nursing research; (4) engage nursing staff in the conduct of clinical nursing research; and (5) contribute to the professional literature, policy and practice formation, and improvement of patient care. Issues addressed in the projects include: Fatigue in women undergoing cancer treatment; pain assessment in cognitively impaired elders; strengthening continuity of care; comparison of 3 methods of sheath removal; establishing a common practice for tapering opioids in children receiving bone marrow transplant, to name

only a few. Outcomes from the 12 projects have resulted in practice changes for nurses, physicians, pharmacists, and other care providers; development of new documentation tools and instruments, e.g., a patient satisfaction survey used by children in assessing their hospital stays; grant awards from local and national funding sources; presentations at local, national and international meetings; publications in peer-reviewed journals; creation of ongoing community partnerships to tackle issues of common concern.

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

Piyumika M. Kularatne, Columbia University, School of Dental & Oral Surgery, Division of Community Health

Recognized disparities in oral health and access to care are most severe among populations with psychosocial and co-morbidities. This project establishes a successful, multi-disciplinary model for community-academic partnership to address those individuals with oral health needs, and lack oral health services. Our objective was to address unmet needs for dental care among exclusively HIV+ adults at Harlem United Community AIDS Center in NY City (HU) through a community-academic partnership. Through a Health Resources and Services Administration (HRSA) grant, the academic partner, Columbia University School of Dental & Oral Surgery co-funded a dental facility at HU, a community-based adult day care center for individuals living with HIV/AIDS and social, psychological and other co-morbidities. A multi-disciplinary management team comprised of staff from both partners was established to coordinate facility development, service delivery, and resident training.

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

Sibitse Mirriam Tlhapane, Faculty of Health Sciences, Department of Nursing Sciences, Tshwane University of Technology, Republic of South Africa

In 1992 the Faculty of Health and Social Sciences, started offering distance education programs in other provinces including. The venues are located 300-400 kilometers away from the main campus. This was seen as an outreach program for the faculty thus making tertiary education programs accessible to remote areas of the country. There was specific institutional policy regarding these off campus venues hence there were no formal institutional structures provided to support these programs. The main challenge came with the introduction of Problem Based Learning in 2003, as a directive from the National Department of Education supported by the South African Nursing Council.

"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.

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

Ruth White, Lydia McAllister, and Katherine Camacho Carr, Seattle University

The goal of this poster is to use the example of the Maama Omwaana Project to present the issues, challenges and rewards of building sustainable partnerships between a US campus and a peri-urban community in a low-resource country. The issues outlined below are integral to the building of authentic partnerships. These topics are some of the challenges that must be confronted when there is an inherent imbalance in the resources of the campus and the community due to their geopolitical and economic differences. The skills to be developed are the skills needed to effectively address these challenges, particularly in international collaborations.

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

Laura Hall, The Kettering Foundation, The University of Kentucky College of Public Health

A partnership between UK, College of Public Health and one rural Appalachian high school exemplifies how photovoice can be used to tap into segments of the community who have been left out of health discussions. Photovoice is a participatory action research approach that provides local residents with cameras so that they can photograph their everyday lives to generate and encourage knowledge about their community. Photographs are used to start important conversations about local strengths and concerns. In this project, local youth were identified as an important voice that was missing from community discussions about health. Photovoice was used to place the power of community assessment directly in the hands of local youth. Photovoice techniques can be employed in various settings for local citizens to map assets in their community and conduct a visual health needs assessment. This poster highlights an innovative technique that works towards ensuring all community members are represented in discussions about local health.

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 the 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 the 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.

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

Scott M. Jacoby and Nicholas Metcalf, Center for HIV/STI Intervention and Prevention Studies, University of Minnesota

Several US cities have reported a significant rise in sexually transmitted infections (STIs) among Men who have Sex with Men (MSM), and especially among MSM previously diagnosed with HIV (HIV+MSM).

The Positive Connections Study, funded by the National Institute of Mental Health, is partnering with community-based organizations to find new ways to lower the sexual risk behavior of these men. Power is most vulnerable to be misused when resources are limited. In order to be a good steward of a large NIMH grant, the most important step we took to avoid power imbalances was to create clear and common objectives that drove the decision making process when difficult choices had to be made. Positive Connections is a community-campus partnership that is combating the spread of HIV. We are studying the long term attitudinal and behavioral impact of a new sexual health intervention focused exclusively on HIV+MSM, specifically men of color. We are comparing this new intervention against HIV prevention interventions that target MSM in general, regardless of HIV status. Until recently, most HIV prevention efforts have targeted HIV-negative MSM. The new intervention designed by collaborators from university-based researchers, community-based organizations, and HIV+MSM leaders address the complex concerns and unique health needs of HIV+MSM.

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 Community Health Workers. 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.

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

Michael D. Dwyer, Natalie Largent, Jill May, and Michael Summers, Baldwin-Wallace College

A goal of our department is to provide experiential learning opportunities in both applied and basic psychological research. In the present example, we have developed a means for providing extensive experiential learning through an applied research experience to large numbers of students. The applied research is in the form of a longitudinal evaluation of an early childhood, school and home-based violence prevention program. The grant-supported program is called Expanding Children's Caring About Other's (ECCAO©, Dwyer, 2003). The students are involved in every facet of the program from implementation of parent education classes, workshops for school personnel, creating and submitting IRB proposals, repeated measures and naturalistic observations of nearly 4500 kindergarten and second grade children, in home observations of parent-child dyads, creating and maintaining confidential files on all the participants, creating and managing an enormous data base, reviewing scientific literature and presenting posters about small studies carried out on variables that are part of the database, and communicating to the community the results of the program.

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

Gail L. Newton, Center for Rochester's Health, University of Rochester Medical Center

The Center for Rochester's Health (CRH) is a unique partnership between the Monroe County Department of Public Health (MCDPH) and the University of Rochester Medical Center (URMC) to address community-identified priority health needs of the community. Through this unified effort, the CRH engages with the community at multiple levels, and each CRH program has its own community advisory board. The partnership has the full support from the leadership of both organizations, as indicated by the signing of a memorandum of understanding in 1997, as well as being led by a Steering Committee that includes the Director of the MCDPH and Deans from the School of Medicine and Dentistry and School of

Nursing. All CRH programs include community-based educational opportunities available to health professions students. The CRH has been sustained by an authentic commitment by both organizations where monetary and non-monetary (e.g. space, equipment) resources are shared. The philosophy of the CRH is centered in partnerships and the realization that by combining university and county resources, more can be accomplished than by working in isolation.

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 poster 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 poster, we present how MOMS strengthened alliances and got partners to sing its' praises: 1) Partner talent show: humorous skits, musical acts and heartrending poetry that embodied MOMS messages. Attendees joined in finale chorus of "We Are the World." Encore 2nd annual event called on partners' strategy, not singing skills, to highlight MOMS themes, with partners competing in MOMS-related games. 2) Community event led by MOMS for World AIDS Day 2004: "Faith, Facts and Fashion" a fashion show in which models (faith leaders/ wives, clinicians, consumers, and community advocates) used the stage to provide facts about HIV while also showcasing the beauty and solidarity of Women Leading Change. 3) MOMS supports its partners (arguing before City Council on their behalf; participating in summits, meetings, staff retreats and health fairs.

PARTNERING WITH COMMUNITIES: THE TEXAS TELEHEALTH DISPARITIES NETWORK

John F. Thomas and Jennifer Mineo, Center for the Elimination of Health Disparities, University of Texas Medical Branch

The primary purposed of this network is to reduce disparities in health through the development of a telehealth network in three distinct and geographically distant areas of Texas: Galveston, Brownsville and Tyler. A secondary purpose is to determine if the appropriate use of telehealth can reduce health disparities and improve access to healthcare. The partners in the Texas Telehealth Disparities Network are the three large academic and medical centers in each county named and the respective communities in each of these locations. The project provides an opportunity for the communities to consider utilizing telehealth resources as an alternative system for healthcare delivery, education and health information services among low income, predominately minority populations.

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

Sonia Keiner Flynn, The Engaged University Initiative of the Democracy Collaborative, University of Maryland; Gabriel Albornoz, Maryland Multicultural Youth Center

This poster demonstrates how power and resources were harnessed and shared among a middle school, the university, and two community-based organizations to develop a four week summer enrichment camp for 120 students. Workshop offerings included poetry, painting, hip-hop, multi-media production, instrument making, photography, and organic gardening. We celebrate not only the power of the partnership through its' accomplishments, but the pitfalls we experienced and the challenges we continue to face with regard to issues of politics, limited resources, differences across the way in which we work, and cultural differences. Furthermore, the poster will address how our collaborative work is tackling local education inequity issues, especially as they relate to intersections of race and class. Finally, we will share current strategies and plans to develop a university/community partnership center to offer quality programs and instruction for children, their parents and the community at large.

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

Joan Cleary, Blue Cross and Blue Shield of Minnesota Foundation; Anne Willaert, Healthcare Education-Industry Partnership

Successful partnerships build on their achievements and strive to sustain their outcomes in order to create healthier communities. This poster addresses the issue of sustainable financing for the emerging role of the community health worker (CHW) in the United States with a focus on Minnesota where the Healthcare Industry Education Partnership (HEIP) is designing and implementing a standardized curriculum at the community college level to train CHWs with support from the Blue Cross and Blue Shield of Minnesota Foundation, the Minnesota Department of Health, the Robert Wood Johnson Foundation through the Local Initiatives Funding Partnership and many others. This partnership models authenticity, a strategic focus and shared learning values. The poster demonstrates how partnerships can inform policy.

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

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

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.

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

Suzanne Leonard Harrison and Jose Rodriguez, Florida State University College of Medicine

Intimate Partner Violence is an enormous public health concern, with more than 25% of women and 8% of men experiencing some form of domestic violence in their lives. Training of physicians has been less than optimal, even when part of medical school or residency curriculum is dedicated to the issue. Routine screening for violence in relationships is not yet commonplace. To improve the likelihood of routine screening, and to provide exposure to patients with such issues, a free clinic was established at Refuge House, the local domestic violence shelter in our community. The free medical clinic provides an opportunity for medical students and victims of domestic violence to come together in a safe and supportive environment. The students learn while the women share their stories and are provided with appropriate medical care. It also provides an excellent opportunity for the FSU COM to partner with Refuge House. The Family Medicine Residency has also been involved in the partnership. The students learn the importance of screening for violence early in their medical careers and thus have a greater likelihood to impact the issue in a positive way in the future.

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

Suzanne Selig and Charlene Acker, Urban Health and Wellness Center, University of Michigan-Flint

Project EXPORT is a three-year NIH funded community-based participatory research project administered by the Office of Health Disparities in the Urban Health and Wellness Center of the University of Michigan-Flint. Operations utilize three primary strategies: (1) Community is educated on the prevalence of health disparities, the factors that contribute to health disparities, personal risk and how

community members can join the local efforts as leaders and agents of change (2) Research interventions to reduce health disparities specific to HIV/AIDS and Diabetes Mellitus for African Americans has been developed and will be evaluated to establish cultural responsiveness and effectiveness (3) Present and future health researchers are being trained on the prevalence of health disparities, factors that contribute to health disparities, factors that reduce the disparities and practice principles for conducting community-based participatory research. To ensure that the project is community driven, the community has been involved in all aspects of the research, from program announcement to grant application to dissemination of research findings.

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 will compare and contrast 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 will 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.

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 poster 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.

PROMOTING COMMUNITY HEALTH

Deborah Sturtevant, Hope College, Holland Hospital Foundation

"Promoting Community Health" is a WK Kellogg/Holland Hospital Foundation/Hope College three year partnership project to examine ways to reinvigorate the foundation and to develop public/private partnerships in the community. The project has a data driven side and a values driven side for studying health. The data driven side examined social indicators data and local data and is largely concerned with smoking cessation programs and with childhood obesity. The values driven side sought to examine attitudes around health issues in the community. The values driven side conducted research called, "Investigating Community Health," for the purpose of examining the community's perspective on health. Focus groups were held at twelve sites in order to hear from a diverse cross section of the community.

PROMOTING EQUAL ACCESS TO HEALTH INFORMATION: LIBRARIES AS COMMUNITY PARTNERS

Angela Ruffin and Keith Cogdill, National Library of Medicine

It is the mission of the National Network of Libraries of Medicine (NN/LM) to improve the public's health by providing U.S. health professionals with equal access to biomedical information and by improving the public's access to information to enable them to make informed decisions. With funding from the National Library of Medicine, the NN/LM supports the efforts of more than 5,000 member libraries and community partners to enhance access to information in local communities. This poster highlights specific projects led by community-based organizations (CBOs) as well as projects led by academic medical libraries in partnership with CBOs.

READY, 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. A policy and process was established across the AHC that required all AHC students upon admission to complete HIPAA Education and all required immunizations. 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 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.

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 prevalence 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 uses local radio stations public service announcements (PSAs), newspaper articles, and local billboards. The second model comprises 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 is 6 months and the exposure period for the TV PSAs is 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 examine whether more primary care physicians were running GFR's relative to the media mix used in a respective county.

"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- ¡Querere 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.

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.

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

Tangerine A. Holt, Centre for Medical and Health Sciences Education, Monash University, Australia

The poster presents a case study of the Community Partnerships Program (CPP), which is a partnership between Monash University and community organizations to address major determinants of health and social justice. Key strategies for campus and community engagement will focus on service learning, community-based participatory research, teaching and learning in relation to specific learning objectives established by student and community supervisor. Assessment and evaluation are integral components of the CPP program to advance knowledge, skills and attitudes of medical students from an interprofessional perspective. The poster addresses the conference theme of Walking the Talk and showcases how CPP challenges both medical students and community-based educators to move beyond traditional discipline-bound educational models to future-oriented interprofessional teaching/learning models to address the issue of social justice and responsiveness for future medical practitioners.

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

Priscilla Gonzalez, Stanford University Patient Advocacy Program; Tiffany N. Castillo, Stanford School of Medicine Office of Community Health

Stanford University's Patient Advocacy Program was established in 2004 to meet three critical needs: the need among area clinics for trained volunteers to enhance patient care; and the desire among students for substantive clinical and community-based experiences with underserved populations; and the increasing demand for building a diverse and culturally competent healthcare workforce. In its pilot year, the program had 14 students who were enrolled in a year-long course and had weekly service commitments at two area clinics. The Year One goals for the program were to teach students about the context of care in community clinics and train them to provide culturally competent clinical support. By providing students with this background and training, the program's additional goals were to provide the partner clinics with consistent staffing support that would result in improved patient care and increased patient satisfaction with the clinic experience. At year-end, evaluations were administered to both students and to clinic staff in order to assess the program's effectiveness in reaching these goals.

A SURVEY OF COMMUNITY BASED RESEARCH 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. The poster summarizes our findings and proposes recommendations targeted to various stakeholders: community activists, university administrators and research funders. We welcome and invite feedback on our report and recommendations. During the cocktail poster session, we hope to brainstorm with participants on how to get the message out to wider audiences and build the CBR movement in Canada and across North America.

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.

TIES THE BIND: COMMUNITIES IN PARTNERSHIP WITH AN INTERDISCIPLINARY SERVICE LEARNING PROGRAM

Nancy Freeborne and Jessica Scheer, George Washington University; Kathy Gold, Health Care for the Homeless

For the past 10 years, the Interdisciplinary Student Community Oriented Prevention Enhancement Service (ISCOPEs) has inspired 1,600 student members of over 150 teams working with more than 45 community sites to make a life-long commitment to serving vulnerable populations and to approach patient care with a community-oriented perspective. At the same time, communities and their faculty representatives have valued their relationships with students and the health promotion activities they implement. Some of these partnerships have been sustained for as long as ten years. Principles of adult learning have been the foundation of the George Washington University-George Mason University service learning program since its inception in 1995. Unexpectedly, these same principles have also been central in guiding students and staff to successfully sustain community-campus relationships. Understanding how these adult learning principles operate illuminated the range and types of ties that bind.

TRIPLE-LAYER CHESS: A METAPHOR FOR HEALTH POLICY

Karen J. Minyard, Georgia Health Policy Center; Marcia Brand, Office of Rural Health Policy, Health Resources and Service Administration; Charles Owens, Georgia Office of Rural Health Services; Frank Selgrath, Coastal Medical Access Program

What began in 1996 as an intensive approach to understand and facilitate the development of rural health networks in 30 rural health systems has since become a dynamic, iterative process of research, translation, and implementation of policy and practice at the local, state, and national levels - a virtual game of triple-layer chess. The presenters of this poster will share their experiences in understanding one another's objectives and working in partnership with the Georgia Health Policy Center to achieve the policy and resource alignment needed to create success on all three levels. This poster imparts knowledge about how to sustain a partnership; strategies for diversifying funding and ideas for developing creative revenue streams. It is an example of communities and researchers working and learning together to line up resources to improve health at the local level.

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.

USING CONSUMER AND ADVOCATES REFERENCE GROUPS TO DEVELOP RESEARCH FUNDING AGENDAS

Peter Norman Levesque, Centre of Excellence for Child and Youth Mental Health, Canada

The goal of this poster is to communicate the use of Consumer and Advocate Reference Groups to assist in the development of research priorities and allocation of appropriate funds in a diverse range of health care specialties. The skill areas this poster focuses on are knowledge exchange, brokering, and translation; community mobilization; effective priority setting; leveraging of existing community resources for research synthesis, meta-analysis, and systematic review to improve the utilization research findings. Allocations of real dollars are often where power issues rise to the surface. By building consumer and advocate reference groups into the operational structure, discussions of priorities better reflect competing needs and desires. Consensus is reached with lower transactions costs. The costs of uptake and utilization are also reduced.

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

Sandra L. Turner, Medical College of Georgia, School of Nursing

A health need was identified by students and faculty in a rural community. Students and faculty worked with 2 community agencies to establish an ongoing free clinic to support the health care needs of this area. Students, faculty and community volunteers work together to meet the needs of the uninsured on a weekly basis. Patient dialogue regarding specific problems was recorded as a part of a qualitative study. Patient concerns and answers to specific questions will be shared as well as specifics about the ongoing partnership as it works to address the community needs. This poster will be centered on proactive ways in which health care needs can be addressed to increase the health of the community.

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

Cevadne Lee, Orange County Asian & Pacific Islander Community Alliance

WINCART is a consortium of community-based groups and interdisciplinary researchers, representing public health, community and health psychology, cancer epidemiology, preventive medicine, anthropology, health communication, and health policy with a common goal to reduce cancer disparities among Pacific Islander (PI) groups in Southern California. WINCART proposes community-based participatory research processes to develop a sustainable network infrastructure for cancer disparity prevention and control research for PIs. Our aims are: (1) Identify individual, community, and health service barriers to cancer control among PIs. (2) Improve access to and utilization of existing cancer prevention and control services among PIs (3) Facilitate the development, implementation, and evaluation of community-based participatory research studies. (4) Mentor and increase # of PI Researchers. (5) Sustain community-based education, training, and research activities by increasing partnerships. (6) Disseminate research findings at all levels to aid in reduction of cancer health disparities among PIs.

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

Katharina Kovacs Burns, Faculty of Nursing, University of Alberta, Canada

When one Community Advisory Committee (consisting of community service providers, decision makers, and people experiencing socioeconomic challenges including low income and homelessness) meet with researchers to discuss issues or gaps around how people with socioeconomic challenges access or do not access services they need in the community, they are quick to identify that the services are available and accessible contrary to what the latter group of people say. Community groups also say that they are not sure why people are not accessing their services. This has become the identified issue within one urban center in Alberta, Canada. The goal of the Committee is to develop an integrated community service delivery model that includes inter/intra agency interaction and a case management approaches for people with low income and who are homeless.

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.

THE WORLD ACROSS: EXTENDING EDUCATION TO THE NEIGHBOURHOOD

Roopali Sircar Gaur, Youth Under Voluntary Action for Transformation India, Sri Venkateswara College, Delhi University, India

This poster tells the story of one young girl Shabana and her family. She lives in a shanty town in the neighbourhood of the University's plush affluent surroundings. A group of young students, some of whom are now in Harvard and Cambridge, took time off to bring these young people across to the campus and taught them to aspire. A play called Jawab Doh --"I want an Answer" brought together college kids, the shanty town kids, and the children of unskilled workers on the campus. It is all about collaboration and partnership, which has led to wonderful developments in the lives of these young people.