Overcoming Health Disparities: Global Experiences from Partnerships between Communities, Health Services and Health Professional Schools

October 6–10, 2004 | Atlanta, Georgia, USA

Preceded by: a special day on 25-years The Network: TUFH October 5, 2004

Sponsored by: Community-Campus Partnerships for Health
The Network: Towards Unity for Health

INTERNATIONAL CONFERENCE
CALL FOR ABSTRACTS & REGISTRATION BROCHURE
INTRODUCTION

COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH

Community-Campus Partnerships for Health is a USA-based organization that promotes health through partnerships between communities and higher educational institutions. CCPH members - over 1,000 communities and campuses in over a dozen countries - are pursuing service-learning, community-based research, coalitions and other partnership strategies as powerful tools for civic engagement and healthier communities. Community-campus partnerships that increase the diversity of the health workforce and eliminate health disparities are strategic priorities for CCPH. Founded in 1996, the organization is interdisciplinary; includes all sectors of higher education, including students; and serves both academic and community-based constituencies. CCPH advances its mission primarily through information dissemination, training and technical assistance, research and evaluation, policy development and advocacy, and coalition-building.

THE NETWORK: TOWARDS UNITY FOR HEALTH (TUFH)

The Network: TUFH is an international collaborative effort of some 185 institutions and organizations for health and health professions education and over 200 individuals. Member institutions and organizations are dedicated to optimally adjust their missions in education, service and research to the health needs of their client populations.

The Network: TUFH was established in 1979 as the Network of Community-Oriented Educational Institutions for Health Sciences. In 1999, the organization changed its name to “The Network: Community Partnerships for Health through Innovative Education, Service, and Research”, in recognition of the organization’s broader role in health and greater diversity of stakeholders who need to collaborate for achieving better community health. In 2002, The Network amalgamated with World Health Organization’s (WHO’s) “Towards Unity for Health” project and consequently its name became: “The Network: Towards Unity for Health”.

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Maastricht University in the Netherlands, WHO, national governments and major foundations, support The Network: TUFH. It is a non-governmental organization in official relationships with WHO.

The Student Network Organisation (SNO) - established in 1993 by students in Network institutions - is the student chapter of The Network: TUFH. SNO’s goals are to promote interaction between students of Network: TUFH Member institutions and to facilitate their participation in Network: TUFH activities.

"Inequity refers to differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust."

World Health Organization
commerce, links many of these issues and can be a force for both good and ill. Abject poverty is strongly associated with poor health, both as cause and as effect. And economic issues often drive both physical and social factors. While health risks from deteriorating environmental conditions represent a global threat, those living in developing countries pay the highest price, often bearing the double burden of traditional environmental risks associated with poverty and population density, and the modern environmental hazards of growing industrialization with weak regulation.

The Conference theme is intended to focus attention on the persistent problem of health disparities within nations and between nations around the world, to highlight promising strategies for overcoming health disparities, and to stimulate constructive actions that can be taken at multiple levels. Effective responses to these concerns requires cross sector cooperation and coordination that bring communities, health services, and health professional schools together as partners for change.

**CONFERENCE THEME**

Community-Campus Partnerships for Health (CCPH) and The Network: Towards Unity for Health (The Network: TUFH) are co-sponsoring an international Conference this year that replaces our individual annual Conferences for 2004. By collaborating in these and other ways, we hope to strengthen the many wonderful partnerships already underway around the world to improve health, as well as to engage new individuals and organizations in this important work.

Health is more than not being sick. Health is a resource for everyday living. It’s the ability to realize hopes, satisfy needs, change or cope with life experiences, and participate fully in society. Health has physical, mental, social and spiritual dimensions. Achieving optimal health means attending to the important influences of health. This vision is bigger than our systems of public health and health care. All individuals, systems and institutions in the community share responsibility for - and reap the rewards of - optimal health. Health is influenced by important factors such as the physical environment, health practices and coping skills, biology, health care service and the social and economic environment (the social conditions, or the social determinants of health) in which people live their daily lives.

Many of the world’s health disparities derive from underlying environmental conditions. Unsafe and unjust social factors, such as grossly unequal access to health care, risky behavior, violence, substance abuse, gender inequity, family-structure breakdown and political instability, undermine the health and well being of individuals and communities. An increasing number of crises are having a negative impact on the health of families and communities around the world. Military and political conflicts, natural disasters, environmental catastrophes and collapsing economies result in injuries and death, psycho-social trauma, rapid spread of communicable diseases, food insecurity, nutritional deficiencies, sexual abuses and the breakdown of health services. The economic environment, from the household level to systems of global commerce, links many of these issues and can be a force for both good and ill. Abject poverty is strongly associated with poor health, both as cause and as effect. And economic issues often drive both physical and social factors. While health risks from deteriorating environmental conditions represent a global threat, those living in developing countries pay the highest price, often bearing the double burden of traditional environmental risks associated with poverty and population density, and the modern environmental hazards of growing industrialization with weak regulation.

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CONFERENCE GOALS AND OBJECTIVES
The Conference will provide diverse and exciting opportunities for learning and sharing, networking and connecting as well as debating and shaping visions and plans for the future. By focusing on overcoming health disparities, the Conference aims to:

• Demonstrate the power and potential of partnerships between communities, health services and health professional schools to overcome health disparities and celebrate and learn from the accomplishments.
• Build the capacity of communities, health services and health professional schools to develop and sustain partnerships that address health disparities.
• Facilitate participants’ commitment to specific actions they can take to overcome health disparities.
• Identify methods of translating the key elements of effective academic and community collaborations across cultures.
• Provide an inclusive and dynamic forum for networking, information-sharing and skill-building among all stakeholders involved in overcoming health disparities.
• Create an ongoing dialogue and exchange by engaging a growing network of health-promoting community-campus partnerships, at international, national and regional levels.
• Shape the program and policy agendas for CCPH and The Network: TUFH.

Through their active involvement in the Conference, participants will:

• Develop a deeper understanding of the root causes of health disparities and promising practices to overcome them.
• Commit to concrete and specific actions they will take to overcome health disparities.
• Achieve their most important learning objectives.
• Establish a peer group for continued learning and information sharing.
• Leave the Conference energized and motivated!

WHO SHOULD ATTEND?
The Conference will be of interest to a wide range of constituencies. We expect more than 750 Conference participants from around the world, including representatives of community agencies, government organizations, foundations, health care delivery organizations, health care providers, and faculty, administrators, and students of educational institutions for health and social care professions.

DATES AND VENUES PRE-CONFERENCE WORKSHOPS/CONFERENCE
On Wednesday 6 October a number of pre-conference Workshops will be offered (page 6). The Conference commences on the evening of Wednesday October 6 with an opening ceremony followed by a welcome reception. The Conference will continue until the end of the afternoon on Sunday October 10. The Conference venue is Sheraton Hotel Atlanta.
The objectives of the workshop are to:
• Make participants aware of the importance of communication.
• Learn some basics of communication techniques.

Formats in the workshop will be a mix of presentations, discussions and simulations.

Target audience: students and young health professionals. Also those who received communication skills training in their curriculum are encouraged to participate.

ESSENTIALS OF COMMUNITY-BASED PARTICIPATORY RESEARCH
Presented by the Community-Institutional Partnerships for Prevention Research Group, a collaborative funded by the U.S. Centers for Disease Control and Prevention

Community-based participatory research (CBPR) is a "collaborative approach to research that equitably involves all partners in the research process and recog-
nizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.” (WK Kellogg Foundation Community Health Scholars Program)

In recent years, U.S organizations, funding agencies and researchers have begun to emphasize a community-based participatory approach to public health research. This recommended approach is due to many converging factors, including our increased understanding of the complex social, economic and political issues that affect health; the importance of both qualitative and quantitative research methods; and the need to translate research findings into changes in practice and policy at the community level. This session will provide an introduction to community-based participatory research.

The objectives of this workshop are to:
- Help participants understand and apply the basic principles of CBPR
- Provide examples of CBPR projects that are addressing health disparities
- Demonstrate the essential components of CBPR and common challenges that arise along the way

Formats in the workshop will be a mix of presentations, discussions and case studies.

Target audience: Health professions faculty, administrators, students, and staff of community-based organizations.

GETTING AN ARTICLE PUBLISHED
Presented by representatives of The Network: TUFH

Many of us are so indulged in daily occupations that we can hardly find the time to write about it, e.g. for a scientific journal. You feel reproached by the hassle of writing the manuscript, the severe comments from reviewers and possible having to adapt the manuscript for re-submission to another journal. Even a one-day workshop on writing scientific publications may make the job of writing a manuscript a lot easier.

The workshop will address:
- Characteristics of effective writing for academic journals
- Challenges faced by authors
- Key steps in the writing process

The objectives of the workshop are to:
- Make participants aware of challenges and steps in the writing process
- Identify and practise some of the steps and skills involved in writing
- Formulate a personal work plan to
continue to work on writing for academic journals.

Formats of the workshops will be short presentations, discussions and exercises.

Target audience: Any conference participant experiencing a slight or significant “writers block”.

SERVICE-LEARNING AS A STRATEGY FOR ADDRESSING HEALTH DISPARITIES
Presented by Community-Campus Partnerships for Health consultants and staff

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as global citizens. This session provides an introduction to service-learning, providing specific examples of service-learning as a strategy for addressing health disparities within the United States and internationally.

The objectives of the workshop are to:
• Help participants understand and apply the basic principles of service-learning
• Provide examples of service-learning as teaching methodology in the health professions
• Specifically discuss the use of service-learning as a strategy for addressing and raising student awareness of health disparities

Formats in the workshop will be a mix of presentations, discussions and simulations.

Target audience: Health professions faculty, administrators, students, and staff of community-based organizations.
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Conference Tracks

The Conference tracks for which workshop and poster presentations are being solicited are:

1. Promising Practices for Advocacy and Policy Change
For example:
- Health education of the public by health organizations and health authorities
- Media advocacy
- Partnerships of communities, academic institutions, policy makers, health managers and professionals
- Planning, training and deployment of human resources for health
- Sharing of tasks over professional boundaries

2. Promising Practices for Health Promotion and Disease Prevention
For example:
- Community health workers
- Healthcare stakeholder partnerships for prevention
- Innovations in primary care
- Integration of public health and medicine
- Multi-professional practice

CONFERENCE AGENDA, THURSDAY 7 - SUNDAY 10 OCTOBER

The Conference agenda will - in alphabetical order - include brown bag lunch sessions, community site visits of local community-campus partnerships and Network: TUFH members (including some that include a service component), didactic sessions, keynote addresses, mini workshops, partnership blooper sessions, PEARL sessions, poster hall, story sessions, thematic poster sessions, and opportunities for informal networking. Workshop and poster proposals will be solicited for 8 major Conference tracks, described below.

Awards will be given to the best poster, as determined by Conference participants. Conference participants will have the opportunity to vote for the Viewer's Choice Best Poster Award, to be presented at the closing luncheon. In addition, the CCPH Annual Award will be presented during the closing luncheon. The CCPH Annual Award recognizes exemplary partnerships between communities and higher educational institutions that build on each other's strengths to improve health professions education, civic responsibility, and the overall health of communities. Nominations for the CCPH Annual Award may be submitted by any community-campus partnership for health across the globe. More information on the Annual Award will be available early 2004. To learn more about previous CCPH Annual Award winners please visit: www.futurehealth.ucsf.edu/ccph/awards.html
3. Promising Practices for Building a Representative and Culturally Competent Health Workforce
For example:
• Curricula for preparing practitioners to eliminate health disparities
• Introduction of international health in curricula
• New models for health professional education at undergraduate, graduate and post-graduate levels
• Pipeline programs that interest students in health care careers
• Strategies for reducing "brain drain" across countries and regions

4. Promising Practices for Creating Healthy Settings
For example:
• Building and urban planning designs that promote active lifestyles and social networking
• Comprehensive school health programs
• Health-promoting universities
• Healthy hospitals
• Healthy workplaces

5. Promising Practices for Translating Research into Practice
For example:
• Applying research principles in addressing health disparities
• Broad stakeholder involvement in setting research agendas
• Creative research dissemination strategies
• Community-based participatory research
• Outcome measures of community based health professions education, both proposed and tested

6. Promising Practices for Building Regional and International Networks for Change
For example:
• Joint meetings and activities of associations of different health professionals
• Linking international organizations involved in changing health services, health professions education and essential health research
• Regional and international advocacy strategies
• Strategic planning processes

7. Promising Practices for Addressing the Social Determinants of Health
For example:
• Basic education and literacy
• Building social capital
• Increasing civic engagement
• Income redistribution
• Multi-sector partnerships

8. Promising practices for innovation of health professions education
For example:
• Community-based education
• Distance learning
• Multiprofessional education
• Problem based learning
• Student-centred education

• Sustainable funding strategies for network infrastructure
Conference formats
The Conference language will be English.
The Conference formats are chosen to encourage active participation by all Conference attendees. We are seeking abstracts for the formats marked with an * below.

Brown bag lunch sessions. Participants are invited to attend one of these informal discussions offered during lunchtime. A box lunch will be available for all participants.

Community site visits. Community site visits provide an opportunity for Conference participants to learn in-depth from community-campus and other partnerships in Atlanta, GA by spending approximately 3 hours touring and talking with the partnership’s major stakeholders. We plan to select at least one site visit for each of the Conference themes. Transportation between the site and the hotel is provided by Conference Organizers. Upon returning to the hotel, site visit participants engage in a facilitated reflective discussion about their experiences and observations.

Didactic sessions. Some experts will be invited to conduct didactic sessions, to update novices on the latest in health professions education, service and research. Essentially they will give a lecture for a group of up to 60-80 participants after which there will be plenty of time to ask questions or to discuss specific topics with the expert.

Keynote addresses. Invited addresses on content areas relevant to the Conference theme.

* Mini-workshops. Mini-workshops are instructional sessions in which presenters teach and discuss particular skills and techniques. The session should accomplish specific learning objectives designed to provide participants with increased competence in some area of importance to the Conference theme and goals. The session should include opportunities for practice and feedback. When this is not possible, the session should include time to discuss how the covered skills and techniques can be applied in the participants’ settings. Mini-workshop sessions will be 2 hours in length, and will average 40 participants.

* Partnership bloopers. Partnership “bloopers” sessions will present a brief case study or story of “what didn’t work and why”, lessons learned from mistakes, group discussion, strategies for addressing the challenges discussed, and collective recommendations for future practice. Partnership Bloopers sessions will be 2 hours in length and will average 40 participants.
PEARL sessions. This format is a variant of the medium-size mini workshops described above. It is based on the format for ‘PErsonally ARranged Learning Sessions (PEARLS) as described by P.L. Schwartz & C.J. Heath (British Medical Journal 1985, 290, 453-4). The key difference with other formats is that any participant may take the initiative to ask for a session on a certain topic or to announce his or her interest to lead a session on some topic.

* Poster hall. Poster abstracts that are not selected to participate in a Thematic Poster Session will be considered for display in the Poster Hall. The Poster Hall will feature posters on issues and topics related to the Conference theme, and may include research or program evaluation findings and their implications for practice, policy or further study. A 2 foot (height) x 4 foot (width) (or .61 meters x 1.2 meters) poster board and tacks will be provided for each poster presentation.

* Story sessions. Story sessions are designed to solicit greater input from community members, students and others whose experiences can be overlooked in formal Conference settings. Stories reflect the genuine and authentic experience of an individual or a community, which has importance and value. Stories should be consistent with the Conference theme, goals and objectives. For example, story sessions could involve a story of a successful or less than successful attempt to involve health professional students in worksite health promotion, or to change promotion and tenure policies to reward faculty involvement in community-based clinical care. Story sessions will be 2 hours in length, and will average 40 participants.

* Thematic poster sessions. This format encourages an active role for Conference participants. For each thematic poster session, a maximum of five - seven contributions will be selected. At the Conference, poster presenters and Conference attendees will meet in groups of about 40 persons for two-hour sessions. These two hours include about 30 minutes for participants to inspect the posters, another 20 minutes for oral summaries by the poster presenters and one hour for the group to discuss issues common to the posters presented. To direct this discussion, a moderator will chair the session. The moderator will invite the participants to bring forward their questions and to share experiences pertinent to themes brought up in the posters. At thematic poster sessions the use of overheads, slides, PowerPoint presentations, etc. will not be permitted. A 2 foot (height) x 4 foot (width) (or .61 meters x 1.2 meters) poster board and tacks will be provided for each poster presentation.
Call for Abstracts
In soliciting abstracts, the Conference planning committee has the following objectives:
• To achieve the Conference goals.
• To highlight models of community-campus partnerships around the world that have demonstrated their ability to achieve significant outcomes and sustain change.
• To promote collaborative proposals among program partners.
• To value the involvement of community partners and students as presenters.
• To emphasize highly interactive discussion and creative experiential teaching styles.

The abstracts submitted may contain a report of research undertaken, a description of a partnership, program, a course or curriculum that may be instructive for other participants, or an innovative solution to an old problem. Any contribution reflecting progress or containing new ideas in one of the 8 themes mentioned will be considered.

Deadline for Abstracts for Mini-Workshops, Story Sessions & Blooper Sessions: April 1, 2004
Abstracts should be submitted online at www.the-networktuffh.org/conference/abstract.asp
If you are unable to use the online format, you may e-mail your abstract to secretariat@network.unimaas.nl

Abstracts should not exceed 300 words, and should address the following categories:
• Proposal title
• Session format (mini-workshop, story session or blooper session)
• Goals and specific learning objectives of the session
• Description of the skill area, issue, topic or story to be addressed and how it relates to the Conference theme
• Description of the method(s) used to facilitate interactive discussion
• A brief agenda for the session

A sample workshop abstract is provided on the next page.

"This Conference aims to focus on overcoming health disparities"
Title: Building a Partnership for Cervical Cancer Awareness and Prevention in a local Indigenous Community in Cameroon
A. Eno, University of Yaounde, Akarem Association Cameroon, Ejagham Njemaya Women’s Association, Yaounde, Cameroon

Session format: Story Session

Goals and specific learning objectives of the session:
• To demonstrate the application of a skill (focus groups) learned in the 2002 CCPH conference, to develop a partnership and collaboration.
• To learn how to strengthen and sustain our community-campus partnership, so as to improve on the outcome of our study.
• To identify common interest groups, share information and build a network for collaboration.
• To learn how to engage the community to develop and sustain an agenda for continuously improving the cervical cancer situation, after our departure.

Description of the skills area, issue, topic or story to be addressed and how it relates to the conference theme:
Cervical cancer « the other silent killer » ranks second after breast cancer, in Cameroonian women. Unfortunately, since its inception in 1990, the National Committee for the Fight against Cancer has limited its routine cervical screenings in the big cities. Consequently, we decided to carry out a long term program in a local indigenous community with limited access to health care, and where the predisposing factors to cervical cancer are very common. In the course of this study, we are going to build the first community-campus partnership in this area, create an awareness of cervical cancer, and help prevent cervical cancer in the area by developing an agenda which can be continued by the community subjects. Hopefully, our example will be copied by other organizations, and the prevention efforts carried out by the state in big cities will be assessed. Our study is also intended to encourage the national program, to reach out to the grass roots.

Description of the method(s) used to facilitate interactive discussion:
• Presentation of our project.
• Discussions, preferably in two separate groups i.e. community partners and local government officials versus faculty members.
• Question and answer session.
• Evaluation.
• Suggestions.

A brief agenda for the session:
• Introduction.
• General Description of Partnership.
• Reflection.
• Discussion.
• Administer questionnaire.
Abstracts should be submitted online at www.the-networktufh.org/conference/abstract.asp
If you are unable to use the online format, you may e-mail your abstract to secretariat@network.unimaas.nl

Abstracts should not exceed 300 words and should follow the example given below. Elements to be considered (but not all need be used) are context, setting, objectives, design, subjects, interventions, main outcome, results, findings, measures, conclusions.

Title: Profiling Rural Health in Jamaica through Students’ Research

T. Paul, A. Mitchell and S. Maharaj
University of the West Indies, Faculty of Medical Sciences, Kingston, Jamaica

Context: The University of the West Indies' medical curriculum has, for many decades, taken approaches to foster students’ exposure to rural community health problems. To achieve this aim, students conducted small, supervised research studies on health issues of their choice, in a community.

Objectives: To describe the findings of medical students’ research done between 1975 and 1991 and to construct a profile of rural health issues.

Methods: Research reports completed by fourth and final year clinical students were reviewed. Findings were tabulated and analyzed for trends and similarities.

Main outcomes: The 153 projects analyzed showed that personal hygiene and housing conditions in the community were good but water quality and food storage was poor. Knowledge, attitudes and practices towards water purification were good. Health facilities were adequate but underutilized, more so by men than by women. Medication availability was poor. Immunization programmes were insufficient and women had better knowledge and attitude on immunization than men. Alternative medicine usage was common but involvement of traditional birth attendants declined over the years. Children of 2 years and younger were well-nourished; older children were above average weight and height and adult obesity was as high as 50%. Thirty-three projects, related to sexuality and associated diseases, revealed good knowledge on contraceptive use and family planning, however unplanned and teenage pregnancies and sexually transmitted infections were prevalent. Dermatological lesions were prevalent among children, most being infectious. There were 14 reports on dental health. Despite good knowledge and attitudes on dental health, practices tended to be poor and dental caries prevalent.

Conclusion: Research in rural Jamaican communities by medical students has provided a relevant platform for understanding rural health issues.

Key-word: Community-oriented and Community-based Education
Proposal Review Process
Proposals will be reviewed by members of the Conference planning committee. In reviewing the proposals, the following minimum criteria will be used:
- Adherence to proposal submission instructions.
- Relevance to the Conference theme and goals.
- Potential for engaging participants in meaningful discussion through experiential learning techniques.
- Clarity of writing.

Conference Proceedings
The collaboration between Community-Campus Partnerships for Health and the Network: Towards Unity for Health present two high-profile venues for disseminating Conference sessions and outcomes.

CCPH's Magazine Partnership Perspectives
More of a practice publication than a scholarly one, we will devote the 2005 magazine issue to the 2004 Conference. Articles will include edited transcripts of the invited addresses, at least one invited article from each Conference theme track, and a summary of Conference outcomes/recommendations. A selected group of authors accepted to present a workshop and/or poster at the 2004 conference will be invited to write an article based on their abstract for the 2005 magazine issues. Past issues of Partnership Perspectives magazine are described on CCPH’s website at www.ccph.info

The Network: TUFH’s MEDLINE indexed Journal: Education for Health Change in Learning & Practice (EfH)
We encourage you to submit your presentation as a full paper to be considered for publication in EfH. To do so, please submit the full text electronically in one of two ways: either as an electronic file sent to us as an attachment to an e-mail message or, if electronic submission is not possible, on a diskette (along with two paper copies). In either case, the paper should be double-spaced and should not contain more than 2500 words, exclusive of abstract and references. The abstract is important and should be structured. The electronic file can be sent to the journal office at: efh@network.unimaas.nl. The diskette (and two paper copies) should be sent to The Network: TUFH Office, P.O. Box 616, 6200 MD Maastricht, the Netherlands. Before finalizing your paper please review the full set of the journal’s Instructions for Authors. It is available at: www.the-network.org/efh/instructions or, write to The Network: TUFH Office to have a copy of the Instructions sent to you.

Exhibit Hall
Exhibits provide an opportunity for Conference participants to learn about resources that can help them in their daily work. These include, for example, funding opportunities, books and other print materials, products such as computer programs, advocacy and professional organizations, etc. If you are interested in hosting an exhibit table, please contact us at ccphuw@u.washington.edu or call (01) (206) 543-8010.
Conference Organisers
Dr. Sarena D. Seifer
Community-Campus Partnerships for Health

Ms. Rachel L. Vaughn
Community-Campus Partnerships for Health

Dr. Jan van Dalen
The Network: TUFH

Ms. Pauline M.J. Vluggen
The Network: TUFH

"CCPH promotes health through partnerships between communities and higher educational institutions"

"The Network: TUFH is a global network of individuals and groups, of institutions and organizations committed to improving the health of communities"
REGISTRATION
Registration for the Conference is through the enclosed registration form or through the electronic registration form provided at www.the-network.org/usa/registration
Please note that the deadline for early registration is 1 July 2004!

Participants (Members of CCPH or The Network: TUFH*)
The Conference registration fee** is US$ 500 until July 1, 2004 and US$ 550 thereafter.
The Pre-conference workshop fee*** is US$ 100. Hotel deposit is US$ 150. We prefer a credit card to guarantee your reservation.

Participants (Non-members of CCPH or The Network: TUFH)
The Conference registration fee** is US$ 550 until July 1, 2004 and US$ 600 thereafter.
The Pre-conference workshop fee*** is US$ 100. Hotel deposit is US$ 150. We prefer a credit card to guarantee your reservation.

Student Participants
Students are encouraged to attend the Conference and Pre-conference workshops and contribute to it. Registration should be submitted before July 1, 2004.

Students are offered a reduced Conference registration fee** of US $ 200 and pre-Conference workshop registration fee*** of US $ 50. Together with the registration form students should send a copy of their student card.

*The reduced registration fee only applies to members of CCPH or The Network: TUFH who have paid their membership fees up to and including 2003. If you are a CCPH Member, please make sure to fill in your CCPH Member ID Number on the registration form. To join CCPH visit www.ccph.info -> membership. To join The Network: TUFH visit www.the-network.org -> membership.

**Conference fee includes
• admission to all Conference sessions
• community site visit
• welcome reception on Wednesday
• breakfast and lunches on Thursday, Friday, Saturday and Sunday
• dinner dance
• coffee/tea breaks
• conference abstract booklet

***Pre-Conference workshop fee includes
• admission to the pre-Conference workshop
• articles on the topic of the workshop, handouts
• coffee/tea breaks and lunch on Wednesday
Overcoming Health Disparities: Global Experiences from Partnerships between Communities, Health Services and Health Professional Schools

Secretariat before July 1, 2004 by e-mailing secretariat@network.unimaas.nl

The condition for being considered for a fellowship is submitting an abstract for a poster and/or workshop and full participation in the conference activities.

CCPH may have limited scholarship funds available to help offset travel and registration expenses for community-based and student presenters. Accepted presenters will be notified of any scholarship opportunities when they receive their notification of acceptance.

In some cases, the World Health Organization (WHO) may provide some support. Please make an early contact with your WHO Regional Office.

Accompanying Persons
Registration of accompanying persons is possible, at an additional fee of US $100 they may attend: the opening ceremony and welcome reception; the dancing dinner; and the community site visit. No lunches are included.

Please fill in the appropriate boxes on the registration form and add the amount indicated on the registration form to your registration fee.

Registration fee(s) + hotel deposit should be paid by:
A) Credit card (Visa or MasterCard - see attached registration form)
B) Bank transfer: account no. 46.47.45.497, ABN-AMRO Bank, Avenue Ceramique 27, 6221 KV Maastricht, the Netherlands. BIC: ABNANL2A / IBAN: NL22 ABNA 0464 7454 97. Please indicate 1) your name; 2) 2004 Atlanta Conference; 3) without costs for the receiver
C) Cheque (preferably drawn on a Dutch Bank) to the attention of: 2004 Atlanta Conference

Please use only 1 cheque for registration fee(s) + hotel deposit.

Cancellation of Registration
Cancellation of registration and requests for refunds must be made in writing, addressed to the Network: TUFH office, no later than August 1, 2004. A US $100 cancellation fee plus bank commission will be deducted from refund cheques. No refunds can be given after August 1, 2004. Hotel deposits cannot be refunded after August 1, 2004. If you find that after August 1, 2004 you are unable to attend the conference, we suggest that you attempt to send a substitute in your place.

Fellowships
The Network: TUFH has a limited number of fellowships available for participants from developing countries. These fellowships amount to a maximum of US $500 per participant. Priority will be given to participants from Network: TUFH Member Institutions in developing countries. Please apply directly to the Conference Secretariat.
VISA APPLICATION
You may need a visa to enter the United States. Because of world events, visa applications are subject to a greater degree of scrutiny than in the past. Because greater scrutiny means a longer waiting period, the State Department recommends that you begin your visa application process well in advance of your travel dates.

Visa Requirements Vary from Country to Country
Contact the U.S. Embassy or Consulate in the country where you live to determine if you will need a visa and/or a visa support letter to visit the United States. (You may apply for a visa at any U.S. consular office, but it may be more difficult to qualify if you apply from outside your country of permanent residence.) For contact points for consular offices: [www.travel.state.gov/links.html](http://www.travel.state.gov/links.html)

Need an Invitation Letter for Visa Purpose?
At your request the Conference secretariat ([secretariat@network.unimaas.nl](mailto:secretariat@network.unimaas.nl)) will send a letter to support your visa application. Please include the following information in your e-mail request:
- Full names (including title)
- Date, place and country of birth
- Passport number
- Date, place and country of passport issue
- If the U.S. Embassy or Consulate in your country provided guidelines for support letters, please include these in the e-mail

Requests for visa support letters must be received by August 30, 2004. Please note that we recommend you begin the visa application process, and request a letter, well in advance of this deadline.

Schedule an Appointment with the Embassy/Consulate
For more information on applying for a visa, visit the U.S. State Department Web site at [www.travel.state.gov/visa_services.html](http://www.travel.state.gov/visa_services.html)
Overcoming Health Disparities: Global Experiences from Partnerships between Communities, Health Services and Health Professional Schools

The decision to grant visas belongs solely to the embassy/consulate.

CCPH/The Network: TUFH cannot promise that you or your colleagues will receive a visa. Likewise, CCPH/The Network: TUFH cannot change the decision of the governmental agency should your application be denied.

GENERAL INFORMATION About Atlanta

Atlanta is an international city, rich in culture, history and diversity. Numerous museums, attractions and entertainment options await visitors. Atlanta was founded in 1837 as the end of the Western & Atlantic railroad line. Today the fast-growing city remains a transportation hub, not just for the country but also for the world: More than 1,000 international businesses operate here and the more than 50 countries have representation in the city through consulates, trade offices, and chambers of commerce. Did you know that Atlanta’s Sister Cities include Montego Bay, Jamaica, Bucharest, Romania, Deagu, Korea, and Lagos, Nigeria?

Atlanta is the capital city of the southeast, a city of the future with strong ties to its past. The old in new Atlanta is the soul of the city, the heritage that enhances the quality of life in a contemporary city. For more than four decades Atlanta has been linked to the civil rights movement. Civil Rights leaders moved forward, they were the visionaries who saw a new south, a new Atlanta. They believed in peace. They made monumental sacrifices for that peace. And because of them Atlanta became a fast-paced modern city which opened its doors to the 1996 Olympics.

In the past two decades Atlanta has experienced unprecedented growth - the official city population remains steady, at about 420,000, but the metro population has grown in the past decade by nearly 40%, from 2.9 million to 4.1 million people. A good measure of this growth is the ever-changing downtown skyline, along with skyscrapers constructed in the Midtown, Buckhead, and outer perimeter business districts.
Today Atlanta is a leading destination for trade, investment and tourism. During your visit, learn the history of one of the most popular drinks at the World of Coke. Tour the home of the Braves at Turner Field, see exotic plant life at the Atlanta Botanical Garden or come face to face with wild animals at Zoo Atlanta. Make sure to visit The King Center, established in 1968 by Coretta Scott King, which is the official, living memorial dedicated to the advancement of the legacy of Dr. Martin Luther King, Jr., leader of America’s greatest non-violent movement for justice, equality and peace. Walk the streets of Underground Atlanta and you’ll hear the melodious sounds of a dozen languages. From world-class ethnic restaurants to exciting cultural festivals, the economic and cultural life of Atlanta is flourishing. For more information about Atlanta, visit www.atlanta.com

Quarantine Regulations
Prohibited and restricted articles to bring in to the United States are detailed at www.nrlinks.com/usa/customs/nr_17.htm

Electrical Power
120 volts and 60 Hz

Vaccination
Vaccinations are no longer required for temporary travel to the United States.

Climate
During October the weather in Atlanta ranges from highs in the 60-70 degree Fahrenheit (15-21 Celsius) to lows in the range of 40-50 degrees Fahrenheit (4-10 Celsius), with moderate rain. Please check www.atlanta.com before traveling for up to date weather forecasts.

Currency
US Dollars (US$)

Credit Cards
All major international credit cards are accepted

Travellers' Cheques
Yes, preferably in US$
Available through Internet

Call for Abstracts  www.the-networktufh.org/conference
Registration form  www.the-networktufh.org/conference/registration.asp
Abstract submission  www.the-networktufh.org/conference/abstract.asp
Information on CCPH  www.ccph.info
Information on The Network: TUFH  www.the-network.org and www.the-networktufh.org
Information on United States of America  www.lonelyplanet.com/destinations/north_america/usa
Information on Atlanta  www.lonelyplanet.com/destinations/north_america/Atlanta
www.atlanta.com
Flights  www.cheapairplaneticketsearch.com
www.onetravel.com
www.economytravel.com
www.travelbureauonline.com
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