

Principle 4: The partnership balances the power among partners and enables resources among partners to be shared



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Balance!—A critical factor for success for an individual perched precariously high above a hushed circus crowd taking deliberate, precise steps across a high wire, or purposefully entwined as a dynamic component of power within a partnership in action. The latter, perhaps, is more difficult and challenging to maneuver as it involves the coalescence of individual actions into a shared process. It is the process of sharing power among partners, especially in an academic-community partnership, that must be held as a priority—not only to share available resources, but also, even more importantly, to increase the resource infrastructure or capacity building of the partnership.

Traditional thinking directs partners to create “collaborative” agendas that, while possibly including the interests of all of the partners, tend to be unfairly power-weighted towards the interests of the larger partners with broader scope of services, greater fiscal resources, or better-marketed reputations. This approach includes many challenges or impediments and is not healthy for a partnership; it creates attitudes that are devaluing and distrustful and forces individual agendas to remain hidden. However, by initially including the facilitators of respecting the value of each partner and acknowledging the importance of the unique resources of each partner as the partnership is developed, the work of creating a balance of power begins. There are numerous facilitators and challenges, including:

Facilitators	Challenges/Impediments
<ul style="list-style-type: none"> • <i>Future thinking</i> • <i>Advocacy for new initiatives</i> • <i>Respect the value of each partner</i> • <i>Acknowledge the importance of partner resources</i> • <i>Inclusion of self-directed agenda</i> • <i>Allow for control and accountability of different interests</i> • <i>Ability to develop larger projects and attract resources</i> • <i>Mutually established responsibility and authority</i> 	<ul style="list-style-type: none"> • <i>Traditional thinking</i> • <i>Institutional resistance to change</i> • <i>Understanding the cultural parameters of partners</i> • <i>Territory, turf and limited resources</i> • <i>Distrust of project at the grassroots level</i> • <i>Agendas given priority or hidden</i> • <i>Competing interests power-brokering</i> • <i>Relying on partners resources to achieve stated objectives</i>

This article will discuss how facilitators and challenges affect the power balance of partnerships. Knowledge of underlying influences, both motivating and limiting, is critical to understand the dynamics within a partnership. In planning for the purposeful involvement of partners, facilitators and challenges need to be contemplated as both formative and summative elements of the partnership.

Discussion in the planning process encouraged open expression of how the partnership could assist each partner in meeting their agenda, which could be strengthened as a result of shared resources.

A Model Community-Campus Partnership

In 1995, an innovative academic-community model partnership consisting of Northern Virginia Community College (NVCC) and thirty community-based agencies was formed to create a Nurse-Managed Health Center Network (Network). The Network project has two main goals: to provide practice sites in community-based primary care settings to serve as student clinical rotations; and to increase access to free primary health care, including health promotion and disease prevention for disadvantaged, underserved individuals in northern Virginia. The Network serves over 5,000 individuals annually. Using a process that encouraged each partner to define the value that they believed they brought or represented, the Network partnership has implemented over ten community-based primary care clinics composed of faculty-student practices. While some of the community-based agencies were small in comparison to NVCC, they had resources that NVCC could not provide, i.e., community trust, interpreters, cultural expertise, and translation services. By incorporating a process that acknowledged the value of these unique resources, the partnership began with a power-sharing understanding. During the formative stage of partnership development, it was established clearly that meeting an agency's own agenda through the partnership was to be the expectation rather than the exception. Discussion in the planning process encouraged open expression of how the partnership could assist each partner in meeting their agenda, which could be strengthened as a result of shared resources.

Resources can be shared within a community organization and academic institution partnership in many ways. First, each partner must define the resources important to the partnership; each also must define their needs. A *need* for one partner might become an important *resource* to another. Various examples of Network programs will be used to illustrate how the need to provide free primary care services for thousands of individuals has become a significant resource for the partnership.

Opportunities of Resource Sharing and Balance of Power

Sharing Staff, Space, & Financial Resources

- NVCC and The George Washington University Medical Center's Breast Health Mobile Mammography Program (the GW program) each had a

resource and a need. A major outreach of the GW program is to provide free clinical breast examinations and mammograms to disadvantaged women. They had the resources of a mobile mammography unit and radiographer, but no resources to provide the clinical breast examinations (CBE). NVCC had the faculty and students who could readily provide the CBEs and self-breast exam education, but no resources to provide free mammograms. Through the partnership, each institution was able to meet their agenda, which was strengthened as a result of the collaboration.

- Through the Network, NVCC sought to increase clinical rotations for nursing students in community-based settings and had the resources of nurse practitioner-prepared faculty and students, but they did not have direct access or space to provide care within the community. Several non-profit agencies in the region—such as the Ethiopian Community Development Council, a refugee resettlement agency; Culmore Community Center, a local center providing social services to a predominantly Latino population; the Franconia Family Resource Center, a center providing services for Latino and African-American populations; and the LAMB Center, a day-time drop in center for the homeless and needy—had thousands of clients, but no way to provide health care services. By community agencies’ agreeing to join the Network as “Clinical Network Partners,” they committed to providing referrals to the Network Clinics for individuals with little or no access to health care, as well as providing other resources, such as space for clinics within their agencies. The community-based clinical rotations for the students have become rich and diversely robust experiences and the capacity of these agencies to provide health care services has greatly increased as a result of this partnership.
- A similar capacity building outcome occurred between the Network and the American Lung Association of Northern Virginia (ALA). The ALA identified a community outreach mission that went beyond lung health to include other disease prevention efforts. The agency’s goal, which they believed was readily achievable, was to raise enough capital to purchase a “Lung Mobile” to provide health care services within the region, yet they had no way to staff the project. In the initial planning for the Network, the NVCC included the use of a mobile van, but had no funding to purchase it. Creating a partnership between the two groups resulted in the sharing of resources—ALA donated funds to NVCC to purchase a van. The NVCC and ALA partnership then was able to provide free health care screenings and primary care at three pediatric school-based asthma clinics and five community-based women’s health centers, focusing on early detection of cervical and breast cancer and HIV/STD prevention.

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Sharing Resources to Obtain Funding

- Other ways of sharing resources involve combining efforts in obtaining external funding using the sustainability of the academic institution and the networking established through community-based organizations. Because of the successful outcomes that academic-community partnerships have demonstrated, more and more funding sources are requiring a relationship among the applicants, specifically requiring institutions of higher education to collaborate with community-based agencies. The balance of this partnering centers on the resources brought into the partnership by the community-based group of having reached significant stakeholders and garnering community trust through outreach and collaborating with the academic institution's resources such as grant writing experience and academic department support.

Sharing Cultural Knowledge & Skills

- Sharing resources within an academic-community partnership providing health care might involve the use of the community-based agency's interpretation and translation services in support of partnership goals. Paramount to this are the significant resources that community-based agencies possess regarding the knowledge of various cultures of persons served and how the mores and norms of those cultures influence the use of health care services. Sharing this knowledge with practitioners and students as part of direct health care services can involve many different components. For example, the community partner may be able to teach the clinical/academic partner how to approach the topic of HIV prevention or sexuality in women whose cultures do not acknowledge the existence of certain diseases or do not allow their involvement in making decisions about themselves. These are resources, shared by the community partner, which are vital to the success of many projects.

These examples of shared resources weave a tapestry depicting the benefits of shared power and resources within a partnership. Completing the fabric of such benefits, one must also look at other advantages that occur, such as the ability to develop larger projects than those that could be accomplished by each individual partner, the increased capability to attract new sources of funds and the potential for a positive influence in the future of the community.

Benefits of the Facilitators

Using the facilitators to build a partnership results in a stronger commitment and clarity of partners as part of the project's asset base. Clarity of partners associated with the valuing of their particular resources is essential to a productive partnership and should be a part of the planning process. In identifying different types of partners, a project begins to establish responsibility and authority. For the Network, partner categories were established that included Clinical Network Sites, Referral (to and from the Network Clinics), Funding, Resource, and Service. Each partner identified

themselves with one or more partner categories, creating a balance of power and control and making a productive partnership achievable, which benefited each partner and the project as a whole.

Another way power and resources are shared is by establishing a Project Advisory Board consisting of members drawn from a wide range of expertise and experience, including individuals served by the project and community leaders. Power is redistributed among the group through joint planning and decision-making responsibilities, including policy making, project direction, accountability, and management of assets. Accessibility to public, private, or community interests and influence is immediately apparent through this model. Sharing power and resources enhances the education of each partner regarding the mission and focus of each agency while helping to increase the “championing” of the purpose of the project.

Tensions in the Resource Sharing Process

Finding consensus is not always easy, particularly around the facilitators of inclusion of a self-directed agenda and allowing for control and accountability of different interests for each partner. For the Network, the members of the partnership represented a diverse group of agencies and institutions whose unique differences, the very reasons for inclusion in the partnership, became barriers to sharing resources that had to be overcome.

Challenges facing the partnership process early on included cultural influences that prohibited comfort with voicing an agency’s interest as part of the interest of the group and the perception of community agencies that academic institutions were huge “agenda-driving” dominating monoliths. In some cases, previous academic-community partnerships were viewed by the community as having “used” the community for the other partner’s agenda. Community agencies also distrusted partners with whom they had not previously worked at the grassroots level. Group dynamic processes leading towards consensus were put into action focusing on self-directed agendas and sharing resources and actually had partners repeating the mantra of “This is what I want to gain from this partnership” or “By sharing the resources we have with you I can achieve...for our clients.” Working through these issues was critical to the partnership. Permitting the partners to reach a comfort level with their different interests resulted in an ability to develop larger projects, provide more services, and attract new resources through the partnership. Commitments to share resources between the community and academic institutions were reached through this open process.

Sometimes resources that could be shared are not brought to the partnership table, as a community agency may view them as insignificant when

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compared to those that an academic institution or larger community-based agency might provide. An example of this is the provision of transportation vouchers for use to and from Network clinics for disadvantaged individuals, thereby increasing their access to health care services—critical for those families who otherwise would be prevented from accessing the clinic. While this may be a relatively small budget item for community agencies, it is something that academic institutions can rarely fund.

The concept of shared power and resources is frequently accompanied by challenges based on issues of partner territory, turf, and competition for what is viewed as limited and easily depleted opportunities for resources. This is a challenging area of a partnership and requires immediate attention; it usually surfaces early in the process and needs to be discussed openly. Responses tend to be based more on the emotional rather than factual circumstances. For example, during the start-up phase of the Network, some of the project partners voiced concern about the Network's supplanting services provided by other "free" or "sliding scale" clinics in the area. This concern existed even though the number of disadvantaged individuals without access to health care was greater than could be served by existing projects and a lottery system was in place to obtain health care services. This challenge was met, however, through discussion and planning during the partnering process—the dynamics became focus-driven on how best to meet the needs of those individuals not currently being served, rather than competing for those already receiving care. For example, referral agreements were established among the other clinics as part of the Network partnership; those individuals who were not successful in the lottery and required immediate medical attention were sent to Network clinics.

Measuring Your Success

How can you tell if you have successfully achieved this principle of partnership? When can you know if the balance that exists among project partners is working? Having the partners respond to the following checklist will help to identify whether you all have successfully crossed that high wire, or whether you have become tangled in the net below and need to find a better balance.

- *The partnership process has been initiated incorporating ground rules based on open discussion.*
- *A clear vision exists regarding what the partnership will do and how it will support local needs.*
- *The value and resources of each of the partners has been acknowledged.*
- *The structure of the partnership's power has been defined as equal for all partners.*
- *Partners were given the opportunity to clarify their own aims and objectives in forming the partnerships.*
- *The Advisory Board members represent a broad range of stakeholders*

including persons served.

- *A business plan or partnership agreement has been developed identifying partner commitment of shared resources.*
- *Required resources have been identified to accomplish each objective and outcome of the project.*
- *Human resources are the most valued component of the partnership.*

An assessment tool that can be used to determine success is the case study. Create a case study that envisions where the partnership will be in five years based on a healthy balance of power and shared resources. The following framework may be helpful in accomplishing this exercise, although you may wish to add other concepts to the case study to make it more meaningful to your partnership. (Remember that you are to visualize where the partnership ideally should be in five years.)

- Title
- Mission or Purpose
- Management structure-how do things get done
- Geographic area served by the partnership
- Persons served by the partnership
- Goals and objectives of the partnership
- Outcome measures
- Identification of partners
- Partner categories
- Value/resources of each partner
- Demonstrate that there is a willingness to listen and involve all partners
- Who are the “champions” for this project
- Source of funds
- Relationship with other organizations
- Evidence of capacity building through shared resources
- What has been accomplished to date?
- Other projects started within or as a result of the partnership
- Compare and contrast the balance of power in the partnership from the inception to where it is today
- What are major differences or improvements made within the partnership?
- What would you do differently to be successful for the next five years?
- How will your objectives change for the next phase of the partnership?



Conclusion

Have you found the balance that has enabled you to successfully cross that high wire? Understanding the components of the fourth principle of partnerships as a process greatly improves the potential for successful, sustained outcomes as energies become focused and resources are shared. Expect the balance to shift occasionally because of the dynamic nature of partnerships. Anticipating that this will happen could serve as a safety net and a sign to “re-center” your thinking to assist in creating a more balanced partnership. Remember to keep the balance of power as a priority within the partnership. *The crowd becomes hushed once again, watching the balance within an academic-community partnership perfectly executed, successfully enabling resources to be shared and outcomes to be enhanced for the benefit of all involved.*

Charlene Connolly serves in the capacity of Division Chair, Health Technologies at Northern Virginia Community College (NVCC), Annandale, Virginia. The division is seen as a critical partner of the region-each year’s graduating class provides service to over 500,000 individuals annually. She provides leadership for forty full-time faculty, over 100 adjunct faculty and clinical instructors and clerical and instructional program staff. Charlene is engaged in the planning process for the new Medical Education Campus of NVCC. Charlene serves as director for two major service-learning initiatives funded by the Corporation for National Service, the Mobile Nurse-Managed Health Center and a college-wide health promotion and a service-learning project sponsored by the American Association of Community Colleges (AACC) which has designated NVCC as one of ten “Bridges to Healthy Communities Colleges” in the nation focusing on comprehensive health and HIV prevention for community college students. Charlene will join as a faculty mentor for the Partners in Caring and Community: Service-Learning in Nursing Education Program along with a NVCC nursing student and a community partner involved in the service-learning program at NVCC (student and community partner will be confirmed in late January).

About Community-Campus Partnerships for Health

Community-Campus Partnerships for Health (CCPH) is a non-profit organization based at the Center for the Health Professions at the University of California-San Francisco. Founded in 1996, our mission is to

Foster partnerships between communities and educational institutions that build on each other's strengths and develop their role as change agents for improving health professions education, civic responsibility, and the overall health of communities

CCPH has a focus and characteristics that are unique in that:

- We work collaboratively across sectors of higher education, communities and disciplines to achieve successful community-campus partnerships nationwide.
- We identify community members, students, administrators, faculty and staff as equal constituencies, and our board of directors reflects those diverse constituencies.
- We serve as a welcoming bridge between the many government and foundation-sponsored initiatives in community-oriented health professions education and community health improvement.
- We define health broadly to encompass emotional, physical and spiritual well-being within the context of self, family and community.

In order to achieve our mission, CCPH works collaboratively to:

- Create and expand opportunities for individuals and organizations to collaborate and exchange resources and information relevant to community-campus partnerships.
- Promote awareness about the benefits of community-campus partnerships.
- Advocate for policies needed in the public and private sectors that facilitate and support community-campus partnerships.
- Promote service-learning as a core component of health professions education.

CCPH's major programs include:

- The CCPH Mentor Network - our training and technical assistance network, is comprised of individuals from higher education, health professions, and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. CCPH Mentors conduct training workshops, provide consultation, and coach partnerships to fully realize their potential.

- Partners in Caring and Community: Service-Learning in Nursing Education - sponsored by the Helene Fuld Health Trust, HSBC Bank USA, Trustee, this national initiative is working with nine teams of nursing faculty, nursing students, and community partners to develop models of service-learning in nursing education.
- Service-Learning Institutes - training institutes for campus-based and community-based health professions faculty and program staff who wish to integrate service-learning into their courses. Applications are now available on our website for our up to date introductory and advanced level institutes.
- Annual National Conference - our annual conference is the premier training and networking event for community and campus leaders who are pursuing or involved in community-campus partnerships.
- Healthy People 2010 Curriculum Project - this project is developing tools for integrating the Healthy People 2010 objectives into the curriculum of health professional schools across the country
- Community Scholarship Project - this project seeks to elevate the recognition and rewards for faculty who are engaged in community-based scholarship
- National Health Service Corps Educational Partnership Agreement - funded by the National Health Service Corps, this project is assisting dental school participants in the development of service-learning and other partnership opportunities in underserved communities.

As a member of CCPH, you join a movement of leaders committed to building healthier communities. You also receive a wide range of benefits and services:

By joining CCPH, you will increase your knowledge about issues impacting and contributing to successful community-campus partnerships. We believe our programs and products will provide you with rich resources to learn from and to share with your peers from across the country, and around the world. **Be a leader - join CCPH - and you will receive: ***

- a free copy of our resource guide to *Developing Community-Responsive Models in Health Professions Education* and a free subscription to *Partnership Perspectives* magazine
- a membership packet, including a membership directory designed to facilitate networking and information sharing among CCPH members
- discounts on registration fees for our conferences and training institutes
- discounts on consulting and technical assistance services tailored to your specific strengths and needs
- access to the CCPH electronic discussion group
- access to friendly and responsive staff

Please contact CCPH to receive a membership brochure or to learn more about our programs and products.

* Contributions to CCPH are tax-deductible to the extent allowable by law. Membership benefits are subject to change.

The CCPH Mentor Network

A training network committed to successful community-campus partnerships

“I really enjoyed your commitment to the participants by providing materials, soliciting feedback, sending follow-up information and offering to serve as a resource. It was not just you giving information; I felt like you were fostering a relationship with each participant.”

~ A training participant, 1999

The CCPH Mentor Network is a multidisciplinary network of individuals from higher education, health professions and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. The Network is designed to assist you, your organization, your community or your program in developing and sustaining successful community-campus partnerships. The Network works with schools, colleges, universities, community-based organizations, student organizations, government agencies and others to strengthen health-promoting community-campus partnerships.

Our mentors are skilled and actively engaged in community-campus partnership building, leadership development, faculty development, program evaluation, strategic planning and fundraising and other areas that underlie successful community-campus partnerships. They are available to give presentations, design and lead training workshops, conduct external evaluations and provide telephone or on-site technical assistance. The mentors are trained in incorporating a blend of didactic and interactive experiential learning techniques into various consultative arrangements.

The Goals of the Mentor Network

The goals of the CCPH Mentor Network are to foster partnerships between communities and educational institutions through high-quality and effective training and consultation services. These services are intended to:

- Foster the development and sustainability of health-promoting community-campus partnerships
- Strengthen the ability of these partnerships to improve health professions education, civic responsibility and the overall health of communities
- Provide CCPH with a continuous source of information about contemporary issues facing community-campus partnerships, enabling us to be more responsive to new and emerging trends

Types of Training and Consultation

Training and consultation provided by the CCPH Mentor Network takes many forms. For training, these include but are not limited to:

- Workshops and presentations during conferences and training institutes that are sponsored or cosponsored by CCPH

- Workshops and presentations during conferences and training institutes that are sponsored by organizations other than CCPH
- Workshops and presentations held at the Mentee location.

Training Scenarios

The following scenarios provide a sample of training options. All training experiences are complemented by tested training tools, handouts and other resource materials. The following training options can be provided in 1-2 days.

- **Community-responsive curriculum development.** How can your curriculum be more student and community-responsive? This training would address the “process” and implications for designing a curriculum that meets both the institutions objectives for academic learning, the student’s learning and professional growth objectives, and the “service” objectives of community clinician and agency partners. Trainers can assist the faculty and their team members in designing an action plan in follow-up to the training.
- **Faculty development and leadership.** How can faculty leadership in community-based education be fostered? What are the faculty competencies for working in community-based settings? Trainers can assist faculty in discovering their leadership abilities and develop strategies for effectively “channeling” these abilities in community settings.
- **Community leaders involved in community-campus partnerships.** Would you like to learn more about working in partnership with a health professions school in your area? This training provides community clinicians and agency staff with the skills and competencies to effectively build partnerships with campus faculty and staff, and to “navigate” through the academic system. In addition, participants learn important strategies for developing a partnership agreement with other stakeholders and the “nuts and bolts” of working with students in community-based settings.
- **Student leadership and development.** How can we foster student leadership skills and abilities? This training is modeled from tested student leadership institutes held by CCPH. Student learners engage in interactive hands-on sessions focused on developing their leadership skills in the area of communication, community organizing and advocacy, partnership building, and working with the media. Students work with trainers to design an action plan for implementation following the training.
- **Service-learning in the health professions.** This training focuses on service-learning as an effective educational methodology for improving student education and community health. Trainers work with faculty and program staff to understand the theory of service-learning, effective “reflection” strategies for classroom and community-based settings, partnership building strategies, service-learning assessment, and service-learning curriculum design.

Members of the Mentor Network can design a training or consultation that reflects your desires, and builds upon your knowledge and skill base. Prior to any training or consultation, members of the Mentor Network will work with you to assess your most pressing issues based on your completion of the Network Skills and Needs Inventory Tool. Your completion of the inventory tool will also reveal the learning method(s) desired by your and/or your organization.

In addition to customized trainings, Community-Campus Partnerships for Health also sponsors regularly scheduled introductory and advanced service-learning institutes for community and campus faculty and staff. Institute information and application materials can be obtained by completing the enclosed index card, downloading the application from our website (www.futurehealth.ucsf.edu/ccph.html), or by contacting our fax on demand service by calling 1-888-267-9183 and selecting documenting # 206.

CCPH Mentor Network Fees

CCPH Mentor Network services are usually provided on a fee-for-service basis according to a fee schedule, plus reimbursement of travel expenses where applicable. Discounts are provided to CCPH members and to programs paying for services with federal funds. As an organizational member of CCPH, you will receive a free one hour consultation on the topic of your choice.

Our Mentors

Our mentors include:

Barbara Aranda-Naranjo, University of Texas Health Sciences Center
Patricia Bailey, University of Scranton-Department of Nursing
J. Herman Blake, Iowa State University-Department of African American Studies
Diane Calleson
Kate Cauley, Wright State University-Center for Healthy Communities
Kara Connors, Community-Campus Partnerships for Health
Hilda Heady, West Virginia Rural Health Education Partnerships
Kris Hermanns, Brown University-Sweaver Center for Public Service
Sherril Gelmon, Portland State University
Barbara Holland, Northern Kentucky University
Mick Huppert, University of Massachusetts Medical Center, Office of Community Programs
Cheryl Maurana, The Medical College of Wisconsin-Center for Healthy Communities
Nan Ottenritter, American Association of Community Colleges
Tom O'Toole, Johns Hopkins University Department of Family and Community Medicine
Letitia Paez, Institute for Community Health Education
Mike Prelip, University of California-Los Angeles-School of Public Health

Monte Roulier, Roulier Associates

Julie Sebastian, University of Kentucky College of Nursing

Sarena Seifer, Community-Campus Partnerships for Health and the
University of Washington School of Public Health

Ira SenGupta, Cross Cultural Health Care Program

More information about our mentors can be obtained by contacting CCPH.

Examples of Recent Mentor Network Activities include:

- Engaging Colleges and Universities in the Healthy Communities Movement. Coalition of Healthier Cities and Communities national meeting (workshop).
- Building Partnerships Between Communities and Higher Educational Institutions. East San Gabriel Valley Community Health Council meeting (facilitated meeting).
- Assessing the Impact of Service-Learning. Rutgers University School of Nursing Center for Families and Communities (presentation).
- Joining Forces with Health Professional Schools to Close the Access Gap. Robert Wood Johnson Foundation Reach Out Initiative annual meeting (presentation).
- Leadership for the Engaged Campus: Dental Schools and Their Surrounding Communities. Council of Deans annual meeting, American Association of Dental Schools (presentation).
- Service-learning in Nursing Education. Minnesota Campus Compact (presentation and training institute).
- Service-learning Institute in the Health Professions. Congress of Health Professions Educators, Association of Academic Health Centers (training institute).
- Building a Strong Interdisciplinary Team. WK Kellogg Interdisciplinary Community Health Fellowship Program, American Medical Student Association (training workshop).
- Developing a Community-based Nursing Education Curriculum. Colby-Sawyer College (strategic planning meeting).
- Achieving Healthy People Objectives through Service-learning, Association of Teachers of Preventive Medicine (presentation).

We're ready to assist you

Please complete and submit the enclosed insert card and we will follow-up with you to discuss how the CCPH Mentor Network can help you realize your community-campus partnership goals. Or, you may contact us by phone: 415/476-7081; email: ccph@itsa.ucsf.edu; or fax: 415/476-4113. We look forward to working with you.