Community Oriented Primary Care Summer Assistantship

This section provides tools for implementing the Community Oriented Primary Care Summer Assistantship. It begins with an overview of the program, “At-a-Glance” and is followed by the “Student Manual” which includes the summer training schedule, activities the students need to complete and resources.

Following the manual are “Administrative Tools” which include a year-long planning timeline, tools for student and site recruitment and placement of students, tools and evaluation tools.

Please see the Links: “Teaching Tools: COPC, Cultural Competency and Healthy People 2010” for further information on some of the didactics that accompany the COPC Summer Assistantship.

Tools are delineated by pink highlights.
At a Glance
Summer Community Oriented Primary Care Assistantship:
An Interdisciplinary Training Program

Goals: To provide students with an experiential (field) opportunity to learn more about community oriented primary care (COPC) and the clinician’s role in the community.; To address unmet health care needs within the local community.

Objectives:
• define what is meant by “community oriented primary care”
• plan a COPC effort based on health data
• access and utilize Healthy People 2010 objectives in program planning
• list the 6 focus areas for eliminating racial and ethnic health disparities
• discuss the relationship between individuals’ concepts of health and their ethnocultural background and how this affects delivery and acceptance of care
• discuss the role of various health care personnel at a health center
• define the meaning of the team approach to health care

Participants/Educational level: Approximately 20 interdisciplinary, primarily pre-clinical students including: second year MD and DO, 2nd yr. physician assistant, 2nd year masters level social work, masters level nurse practitioner students, PsyD, clinical psychology students.

Timeframe: Summer assistantship, 8 weeks full-time - early June to early August

Format/organization/features: Non-credit, students are paid a stipend. Students apply to program, includes weekly meetings with students for didactic component – seminars/field trips, independent student project either individually or in pairs with faculty advising, ½ day clinical shadowing, student poster session to conclude program. An advisory committee comprised of community sites, university faculty and former COPC participants guides the development of each year’s program.

Community Partners: The Assistantship is sponsored and coordinated through a partnership of three organizations – two University departments (family medicine and the physician assistant program) and the NJ Primary Care Association-National Health Service Corps NJ SEARCH program. Program co-directors are an interdisciplinary team: health educator, physician assistant and social worker, representing the sponsoring organizations respectively as listed above. Family Medicine and the NJPCA both have grants to fund the program. The Physician Assistant Program is a full contributing partner without funding support. This past summer we partnered with 16 community sites hosting 20 students in the program (some pairs at sites). In addition to providing opportunities for students to implement projects, some also hosted field trips or sent staff to provide training as part of our didactic series. Community sites were paid a stipend through this partnership.

Teaching/learning methods:
Didactics/field trips: Students attend 2-day orientation and weekly meetings that include seminars, small group activities and field trips aimed at increasing skills in COPC, cultural
competency, interdisciplinary collaboration, advocacy, education/outreach, increasing understanding of particular underserved populations (e.g. migrant farmworkers, immigrants/refugees), particular health issues (e.g. substance use, domestic violence, TB), rewards and challenges of working with underserved, and programs available to assist with funding (e.g. NHSC scholarship program, loan redemption). Part of each weekly training is devoted to a large-group discussion of student projects so they can advise one another. Teaching faculty include staff of community organizations, program directors, university faculty.

**Student self-directed activities/requirements:** Students complete an independent project based on the needs of the organization using the relevant HP 2010 objectives and COPC process as a guiding framework. They prepare a workplan/timeline, IRB application if needed, conduct a mini-community assessment, prepare a final project report/product as required by project, reflection paper, poster presentation and abstract.

**Student-Site matching process/site placement:** All student applicants are interviewed and asked to rank their preferences of sites. Sites are asked in advance for preferences regarding discipline or language skills. Students who are accepted are provided with 2-3 community sites with whom they can interview. Both students and sites rank their preferences after the interviewing process. Program directors make the final match based on preferences from community sites and students.

**Interdisciplinary Activities:** Service-learning Projects: Several service-learning projects are implemented by an interdisciplinary pair of students, however this is not a requirement- some projects are completed by individuals and some by a pair from the same discipline. Students always have the opportunity to interact with staff from other disciplines at their community sites. During each weekly training session when we bring all of the students together, time is spent in both a large group and small group format, having students provide updates and solicit feedback on their projects from their peers and faculty. Students benefit from the perspectives of the different disciplines represented in the group.

Interdisciplinary Training: One morning of the training program is devoted to interdisciplinary team care. It includes 3 activities: “TEAMWORKS: Learning about the Health Care Disciplines”; “Mock Team Meeting: Analyzing Team Functioning; and “Conducting an Interdisciplinary Meeting for Miranda. The “Team Skills Inventory” is used as part of another activity. In addition to these activities, ice-breaker activities, an opening barbecue during the orientation and field trips enhance group cohesion.

**Evaluation:** Multiple methods of evaluation include completion of a pre-post survey, satisfaction survey at the end of each seminar or field trip day, and an evaluation focus group on the last day of the program. This past summer a student health education intern was available to coordinate these evaluation opportunities as well as to conduct individual student interviews, community site interviews and serve as a “participant observer.”

**Recognition/appreciation.** Program concludes with a student poster session with accompanying booklet of abstracts. This is followed by a guest speaker, appreciation dinner and presentation of framed certificates of completion to students and certificates of appreciation to community partners. Students, community site representatives, and selected faculty are invited. Besides providing recognition, this serves as an excellent networking opportunity to share the projects with other sites.

Resources needed:

Personnel:
Team of program directors to: organize program (it is a year-round endeavor): recruit students and community partners, coordinate placements, coordinate training schedule, conduct portions of training, advise on student projects, serve as liaison with IRB, coordinate evaluation, oversee budget. Approximate percentage of personnel time: Averages 25% FTE per program director but can be 75% time per person in month leading up to summer and during first month of program summer, than tapers off)

Summer intern to assist with evaluation is ideal
Administrative support for: putting together manual, doing mailings, certificates, abstract booklet, appreciation dinner program, etc, coordinating payments
Faculty for training (university and community)

Community partners: for 20 students we worked with 16 community organizations (some host more than one student)

Other expenses: tee-shirts for students, stipends to students, stipends to sites hosting students/projects, stipends to sites hosting field trips, food for didactic sessions/opening barbecue, closing appreciation dinner, bus transportation to selected field trips, parking reimbursement for appreciation dinner, framed certificates/plaques, stipends to speakers from community organizations, end of program “gift bag” for students.

Our grant funding: DHHS Predoctoral Training Grant, NHSC SEARCH grant

Challenges of Coordinating Program:
Very labor intensive for number of students involved per summer (20), working with IRB-their turnaround time can impede the start of the 8-week projects since projects are only fully defined once the student begins

Rewards: Since students apply to program this is a self-selected motivated group that is eager to learn and serve. Student projects greatly benefit the community organizations. We enjoy working as team in coordinating the program. Building and strengthening community partnerships is very satisfying.
Community-Oriented Primary Care
Summer Assistantship
Student Manual

June 9 – August 1, 2003

Program Co-Directors

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GOALS AND OBJECTIVES

GOALS: 1) To provide students with an experiential (field) opportunity to learn more about community oriented primary care (COPC) and the clinician’s role in the community.
     2) To address unmet health care needs within the local community.

OBJECTIVES: After completing the Assistantship, participants will be able to:

COPC
• describe the demographic shifts in population in the US and New Jersey and implications for health care delivery
• define what is meant by “community oriented primary care” and its relationship to both primary care and public health
• describe procedures for: collecting health related data, organizing the information, producing a “community diagnosis,” addressing identified issues, monitoring and evaluating programs
• discuss how data is used in health planning
• access and utilize Healthy People 2010 objectives in program planning
• list the 6 focus areas for eliminating racial and ethnic health disparities
• plan a COPC effort based on health data

Cultural
• discuss the relationship between individuals’ concepts of health and their ethnocultural background and how this affects delivery and acceptance of care
• recognize the barriers imposed by biomedical health care delivery systems when dealing with different cultural groups
• describe ways to manage the discrepancies between the practitioner’s and patient’s approach to health, illness, and health care

Clinical
• appreciate how community-based care is different from hospital or tertiary care
• identify basic referral resources in the community that can provide assistance to the primary care practitioner
• discuss the role of various health care personnel at a health center
• define the meaning of the team approach to health care
<table>
<thead>
<tr>
<th>Monday 6/9</th>
<th>Tuesday 6/10</th>
<th>Wednesday 6/11</th>
<th>Thursday 6/12</th>
<th>Friday 6/13</th>
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<tr>
<td><strong>9:00 - 10:00</strong>&lt;br&gt;Welcome &amp; Intros/Icebreaker&lt;br&gt;Student goals/expectations/&lt;br&gt;/Overview of COPC&lt;br&gt;/SEARCH/ binder preview,&lt;br&gt;Program Co-directors&lt;br&gt;<strong>10-11:00</strong> Intro to Community Assessment and Planning and Healthy People 2010, <em>Justine Ceserano, MPA, Jan Gottlieb, MPH&lt;br&gt;Introduce treasure hunt</em>*&lt;br&gt;<strong>11:00 – 11:30</strong> Food break&lt;br&gt;<strong>11:30 – 1:00</strong>&lt;br&gt;Writing Measurable Objectives/ Formulating a Workplan/ Evaluation/&lt;br&gt;J. Gottlieb&lt;br&gt;IRB, Claire O’Connell, PA-C, MPH&lt;br&gt;<strong>1:00 – 2:30</strong> Domestic Violence - SCREAM THEATER&lt;br&gt;<strong>2:30 - 4:00</strong> Barbecue</td>
<td>Sites</td>
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<td>Sites</td>
<td><strong>9:30 – 10:30</strong>&lt;br&gt;of Creating N&lt;br&gt;Programs, <em>J.&lt;br&gt;Ph.D.</em>&lt;br&gt;<strong>10:30 – 11:30</strong>&lt;br&gt;Health of the through COP&lt;br&gt;Rodgers, MD&lt;br&gt;<strong>11:45-12:30</strong>&lt;br&gt;Literature – C</td>
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### COPC Training Schedule cont.

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<tr>
<th>Monday 6/16</th>
<th>Monday 6/23</th>
<th>Sunday 6/29</th>
<th>Wednesday 7/2</th>
<th>Tues 7/8</th>
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<tr>
<td><strong>9:30 – 12:00</strong>&lt;br&gt;Teamworks: Learning about the Health Disciplines, <em>J. Gottlieb</em>, (9:30-10:45)&lt;br&gt;Observe team in action- (10:45-11:15)&lt;br&gt;Case/small groups – <em>C. O'Connell</em>, (11:15-12:00)&lt;br&gt;Literature: <em>C. O'Connell</em></td>
<td><strong>9:30 – 10:15</strong>&lt;br&gt;Understanding and working with Drug Users&lt;br&gt;Roya Alaie, CDA</td>
<td><strong>Field Trip:</strong> 7:00 a.m. - 3:00 p.m:&lt;br&gt;<em>Health Fair</em>&lt;br&gt;<em>Migrant Farm Camp</em>, Hammonton (Bring medical equipment – stethoscope, bp cuff)&lt;br&gt;<strong>Meet at NJ Primary Care Association at 7:00 a.m.</strong></td>
<td><strong>Field Trip:</strong> Tour of Botanica and Bodega&lt;br&gt;Group 1 (10 students)&lt;br&gt;10:00 - 11:00 <em>Literature-</em>&lt;br&gt;<em>C. O'Connell</em>&lt;br&gt;11:00 – 12:00 Tour of Botanica/Bodega, New Brunswick – <em>M. Merced, R. Escobar</em>&lt;br&gt;Group 2 stays for lunch</td>
<td><strong>Field Trip:</strong>&lt;br&gt;9:00 - 2:00 <em>E</em> soup kitchen- serve lunch; <em>MacLaughlin Homelessness</em>&lt;br&gt;(10 students w Tuesday and Thursday)</td>
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<td><strong>1:00 – 1:30</strong>&lt;br&gt;Rural health issues, <em>J. Cesarano</em></td>
<td><strong>1:30-2:30</strong> The Bilingual Interview – Working with Interpreters and LEP Patients- <em>J. Gottlieb</em></td>
<td><strong>1:30 - 4:00</strong>&lt;br&gt;Treasure Hunt Discussion/ discuss workplans/ reflection on first week</td>
<td><strong>1:00 – 1:00</strong>&lt;br&gt;<em>Lunch/talk – Suydam St. Reformed Church, Rev. Martinez (inv.)</em>&lt;br&gt;1:00 – 2:00 Tour of Botanica/Bodega- Group 2 (10 students)&lt;br&gt;2:00 - 3:00 <em>Literature-</em>&lt;br&gt;<em>C. O'Connell</em></td>
<td><strong>1:00 – 2:30</strong>&lt;br&gt;<strong>1:30-2:30</strong></td>
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<td>Sunday, July 13</td>
<td>Week of July 14 (TBA)</td>
<td>Friday 7/25</td>
<td>Thurs 7/31</td>
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<td>Migrant Farm Camp Blueberry Festival Hammonton</td>
<td>Meet at PA building for bus to Newark</td>
<td>NJPCA-Princeton Jct</td>
<td>Clinical Academic Building, Rm. 13 New Brunswick</td>
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**Field Trip:** 1:00 - 5:00  
Those who could not attend on 6/29. Own transportation, mileage reimbursed.

**Field Trip:** 9:00 - 3:30  
UMDNJ-TB Center and Broadway House (HIV)

**Literature - C. O'Connell**

Discuss projects

**9:30 – 10:30**  
Policy/Advocacy – C. O’Connell, Kathy Grant-Davis

**10:30 – 12:00** Health Insurance/Issues of the Uninsured, Buster Soaries (invited), staff from Middlesex County Board of Social Services.

**12:00 – 1:00** lunch at NJPCA

**1:00– 2:30:** Panel of Health Professionals Working with the Underserved

**2:30 – 3:30** Literature - C. O'Connell

**3:00 – 4:00** – focus group with student evaluation, poster set-up

**4:00 – 6:30 (approximate time, invite)**  
Dinner, poster session  
Awards/recognition
## Community-Oriented Primary Care Summer Assistantship

### Timeline for Completion of COPC Project

Use the following as a guide when developing your project workplan.

<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATES</th>
<th>General Goals and Tasks</th>
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<tbody>
<tr>
<td>1</td>
<td>Week of 6/9</td>
<td>General Goals: Learn principles of COPC, learn about your site &amp; community</td>
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<td>- Attend orientation.</td>
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<td>- Meet site supervisor and site staff.</td>
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<td>- Meet and consult with faculty advisor.</td>
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<td>- Complete site assessment survey (treasure hunt)/report to the group on 6/16.</td>
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<td>- Begin working on IRB application</td>
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<td>- Begin working on project workplan</td>
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<td>2</td>
<td>Week of 6/16</td>
<td>General Goals: Enhance COPC skills, complete IRB, develop workplan</td>
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<td>- Attend weekly training</td>
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<td>- Complete IRB application by 6/20 – send to C. O’Connell by e-mail.</td>
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<td>- Consult with faculty advisor.</td>
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<td>- Briefly report on treasure hunt on 6/16</td>
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<td>- Formulate work plan for COPC project</td>
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<td>3</td>
<td>Week of 6/23</td>
<td>General Goals: Enhance COPC skills, finalize IRB application and workplan</td>
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<td>- Attend weekly training</td>
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<td>- Consult with faculty advisor as needed.</td>
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<td>- Revise and submit final IRB application to C. O’Connell by 6/23</td>
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<td>- Submit work plan on 6/24 to program co-director and site supervisor.</td>
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<td>4</td>
<td>Week of 6/30</td>
<td>General Goals: Enhance COPC skills, work on project</td>
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<td>- Attend weekly training</td>
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<td>- Consult with faculty advisor as needed.</td>
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<td>- Evaluate and revise workplan as needed.</td>
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<td>- Enjoy your day off on 7/4!</td>
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<td>5</td>
<td>Week of 7/7</td>
<td>General Goals: Enhance COPC skills, work on project</td>
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<td>- Attend weekly meeting</td>
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<td>- Consult with faculty advisor</td>
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<td>6</td>
<td>Week of 7/14</td>
<td>General Goals: Enhance COPC skills, work on project</td>
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<td>- Attend weekly training</td>
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<td>- Consult with faculty advisor as needed.</td>
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<td>7</td>
<td>Week of 7/21</td>
<td>General Goals: Enhance COPC skills, begin wrapping up project</td>
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<td>- Bring project near to completion.</td>
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<td>- Consult with faculty advisor</td>
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<td>8</td>
<td>Week of 7/28</td>
<td>General Goals: Complete and reflect on project and summer experience, Share it.</td>
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<td>- Present project to community site staff. Discuss future needs of project.</td>
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<td>- Present poster on 7/31.</td>
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<td>- Submit written reflection paper and copy of completed project by 8/1.</td>
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<td>- Evaluate summer experience and make recommendations.</td>
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Outline for Workplan

The purpose of the workplan is to ensure that your project is “do-able” in the 8-week timeframe. Please develop this in collaboration with your site supervisor and faculty advisor and submit to the program directors (hard copy or e-mail) by the end of the second week of the program.

Problem Statement: What problem is your project designed to address? Refer to data presented in Healthy People 2010 (www.health.gov/healthypeople) or Healthy NJ 2010 (www.state.nj.us/health/chs) as well as data the agency may have. Example: Statistics and a needs assessment have indicated that smoking among teens is on the rise and that teens in our town have easy access to cigarettes because vendors do not check identification.

Goal Statement: General statement of what will be accomplished by your project (e.g. the program will attempt to reduce the incidence of infant mortality, or the program will improve the nutritional status of school aged children). Refer to the Healthy People objectives, and discuss how your project addresses one or more of them.

Project Objectives: Measurable statements about how the program will accomplish its goal. The objectives can be used to evaluate program success. Examples of objectives follow:

- 25 teens will be recruited and trained as peer educators by (date);
- Spanish language materials will be produced on the following topics by (date);
- There will be a 10% increase in the utilization of prenatal health services by (date)

Specific methods/action plan/timeline: Think through how you will use the COPC process in carrying out your project. Be sure to involve the community in whatever step of the COPC process you are working on. List the specific tasks you will need to do in order to accomplish the objectives. Organize them by which tasks you will accomplish in each week of the 8-week program. For example, for the objective: Develop Spanish language materials, think through the tasks involved:

  week 1: research existing materials in Spanish that may be adapted; identify translator;
  week 2: translate materials and “back-translate” them to assure accuracy;
  week 3: pilot-test materials with 10 clients to obtain feedback, etc.

(see sample Timelines in “Samples” section of manual)

The development of Spanish language materials is the “implementation step” of COPC, which presumably was preceded by characterizing and identifying the needs of the Spanish-speaking population (one of the first COPC steps). Pilot-testing is part of the evaluation step of COPC which can occur throughout a project.

Resources needed: Determine the resources needed to implement the project. (e.g. staff, volunteers, money, food, and supplies)

Evaluation Plan: What measures will be used to determine whether or not the program objectives are achieved? For example, to evaluate the objective of a 10% increase in utilization of prenatal services, one outcome measure would be looking on the appointment schedule to see if prenatal appointments have increased since a new system (e.g. set days devoted exclusively to prenatal appointments) was implemented. A process evaluation might involve interviewing staff to see how the new system is working. (See material in evaluation section of manual)
Sample Workplan
Brent Lampert, MSII
COPC Summer Assistantship 2002 Work Plan

Culturally Appropriate TB Patient Education Materials

**Problem Statement:** More than 90 million Americans have limited literacy skills. Almost two million US residents cannot speak English, and millions more speak it poorly. The stigma of illiteracy or the inability to speak a country's predominant language often prevents patients from receiving adequate health care. This barrier is especially prominent in Tuberculosis, in which significant groups at risk include foreign-born persons and low-income and homeless populations. Statistics dramatically demonstrate the high cost of neglecting these needs. Patients who do not understand their plan of care do not comply with instructions and, therefore, suffer unnecessary complications and potentially infect many others.

**Goal Statement:** The overall purpose of this project is to develop culturally and linguistically appropriate patient education materials that target populations identified as having the highest incidence rates of TB. These materials will be used nationally by TB programs to supplement or replace existing materials and to provide a more comprehensive and inclusive resource for basic TB information for the purposes of patient education. The project has a timeline of over two years with completion targeted for the fall of 2003. The final project will develop materials for Hispanic/Latino, Vietnamese, Filipino, and general low literacy patients. Due to the extent of the project, I will be focusing on only the general low literacy component. This project addresses several Healthy People Objectives. Examples include objective 14-11, “Reduce Tuberculosis,” and objective 7-8, “Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.”

**Project Objectives:**
- Provide summary of published research findings and inventory of existing patient education materials
- Review and summarize the findings of focus groups held to date with low literacy groups in order to incorporate that information in the development of patient education materials
- Produce draft patient education materials for the general low literacy population
- Field test draft materials in the clinic
- Summarize findings and suggestions for final general low literacy patient education materials

**Methods/Timeline:**

**Week 1 (6/10-6/14):**
⇒ Orientation

**Week 2 (6/17-6/21):**
⇒ Weekly training
⇒ Formulate work plan for COPC project
⇒ Begin summary of research and existing education materials
⇒ Follow outreach worker during Directly Observed Therapy (DOT)

**Week 3 (6/24-6/28):**
⇒ Weekly training
⇒ Submit work plan for COPC project (by 6/24)
⇒ Complete summary of research and existing education materials
⇒ Begin review of focus group materials (if available)
⇒ Follow outreach worker during (DOT) and follow clinician if possible

**Week 4 (7/1-7/5)**
⇒ Weekly training
⇒ Continue review of focus group materials
⇒ Evaluate and revise work plan if needed
⇒ Begin producing draft patient education materials (flipchart)

**Week 5 (7/8-7/12)**
⇒ Weekly training
⇒ Complete review of focus group materials
⇒ Complete draft patient education materials (flipchart)
⇒ Follow outreach worker during (DOT) and follow clinician if possible

**Week 6 (7/15-7/19)**
⇒ Weekly training
⇒ Field test draft materials in the clinic
⇒ Follow outreach worker during (DOT) and follow clinician if possible

**Week 7 (7/22-7/26)**
⇒ Weekly training
⇒ Summarize findings and suggestions for final general low literacy patient education materials (flipchart)
⇒ Follow outreach worker during (DOT) and follow clinician if possible
⇒ Bring project near completion

**Week 8 (7/29-8/2)**
⇒ Present project to staff at National TB center
⇒ Present poster on 8/1
⇒ Submit written reflection paper and copy of completed project on 8/1

**Resources Needed:** published research findings, existing patient education materials, focus group materials, computer access, New Jersey Tuberculosis Center staff

**Evaluation Plan:** Given the large scale and extended timeframe of the project, immediate and direct evaluation of my part may be difficult. However, a preliminary assessment will occur during the field-testing step. Long term evaluation will require determining if the educational materials better inform the target population. Improved adherence to TB therapy and a decline in the TB rates among foreign born and low-income populations can indirectly determine this.
Final COPC Program Deliverables

1. **The final product(s) developed through your project:** (e.g. curriculum, resource guide, survey/report of results, etc.) – copy for site and one copy for program directors. Your last paycheck is contingent on completion of the project.

2. **Poster presentation:** On the final day of the assistantship, you will present a poster to your fellow COPC students, community site staff and faculty. You are encouraged to be creative with the format for the poster (e.g. photos make posters more interesting.)

3. **Present project to site staff** who will not be attending poster session.

4. **Brief reflection paper** (3-5 pages, not including cover page and abstract): This paper is in addition to any report you are expected to write for your site/project although it may be combined with the report. The instructions below are for the reflection paper only. You can be flexible with the format, as long as each element is addressed. Submit one copy to Program Co-Directors and one to site supervisor.

**Elements for Inclusion in the Written COPC Reflection Paper**

1. Cover page with the title of the project, the name of the community site, and your full name, mailing address, phone number, and email address. **Include your full name on every page.**

2. Project Abstract page - Please include a separate page with the following information:
   - project title
   - Community site to which you were assigned
   - date
   - abstract - a one-paragraph summary of the project
   - Indicate on the bottom whether you give permission for this page to be reproduced in future promotional or grant application materials.
   - Please provide a copy of the abstract on disk or as an e-mail attachment
   - Along with the e-mail include the name/address of the Dean or Dept. Chair in your school to whom a letter of reference can be sent for your file.

3. Community/Site Description - Provide a brief description of the community site and population served.

4. Briefly describe your project in terms of the COPC process (include the project’s goals and objectives in this section)

5. What Healthy People 2010 or Healthy NJ 2010 objectives did your project address?

6. Discuss how the project can be sustained in the site or community.

7. What contribution have you made to your site? What will you leave behind?

8. What did you learn from your COPC experience? Has it changed your view of how health care should be provided? If yes, how? How can you apply what you learned from your community experience to your future clinical practice/community involvement?

9. How, if at all, will this experience affect your future career decisions?
Instructions for Abstract: Due 7/22 by e-mail

Please prepare a 150 word abstract (give or take a word) of your project and submit by e-mail to Jan at gottlija@umdnj.edu by Tuesday, July 22nd. This will be included in the program for the poster session/appreciation dinner. The abstract should include:

**Title of your project**

**Name of community site, followed by your name**

(Below should be 150 words or less)

- the objectives or purpose of your project
- the need it is filling or problem it was designed to address
- description of your project/intervention
- results (if applicable/available)
- future plans for implementation of your project

Please also include with this e-mail, the name of the person in your school to whom a letter of reference should be sent (e.g. Dean, Chair) and the address.

**Sample Abstract**

**Identifying Roadblocks-Building Bridges—Elijah’s Promise Soup Kitchen**

Erin Baker, PA student

Identifying Roadblocks-Building Bridges is a grass-roots approach to improving access to care for Elijah’s Promise Soup Kitchen patrons. A 1999 survey indicated several barriers to vision care, dental services and shelter accommodations for Elijah’s Promise clients. These barriers include lack of knowledge of relevant community resources, long waiting lists for services at known resources and lack of an organized compendium of available community services and referral networks for use by the onsite social worker. A proactive approach was taken to navigate these barriers. Weekly meetings were held with community leaders and health center administrators to define problems of care access and to see solutions to these problems. The result of this effort was the construction of a resource manual for social worker reference and information summary sheets for the clients. These sheets provide health strategies for disease prevention and wellness tips for health promotion in this population as well as available resources.

**Instructions for Poster**

Try to make it visually appealing through:

- large print (at least 18pt. font for text, much larger for title)
- use of color
- clip art or photos

Include:

- Title of your project (can be shortened version of what you’ve been using)
- Your Name(s)
- Name of community site, site supervisor(s) name(s) and very brief blurb about site (e.g. its mission)
- Project Objectives/Healthy People 2010 objectives it’s meeting
- Display strategies used/products developed through project (e.g. survey, brochure, table of contents of curriculum, sample lesson plan)
- Results (if applicable/available)
**Tips on Preparing for Work in the Community**

**General**
- Find out as much as you can about your population from your site supervisor so you know what to expect. Be aware of your assumptions about a population/organization and be open to changing them!
- Find out from site supervisor, best ways to gain trust/rapport – be prepared for that to take awhile– several weeks before people feel comfortable with you.
- Be open to learning from your population – they can teach you a lot.
- Always call the day before or even day of, to confirm a meeting or presentation.
- Think about what you’d like to get out of the experience and pursue it!
- Make the organization aware of your skills and what you might contribute.
- Think broadly in terms of how this experience can help you in your future clinical practice even if it is not a clinical experience (e.g. gaining more understanding of a population-- they may be your future patients; presentation skills, how to talk with people in lay terms; how to evaluate written material for the layperson, etc.)
- Immerse yourself – take initiative

**Doing community presentations**
- Get a sense of your audience (knowledge level, attitudes, behaviors) in advance if possible or at least at the start, so you can tailor your workshop. Talk with your site supervisor about what you are planning to do - they usually know what will work with their population.
- Make presentations as interactive as possible: ask questions, discussion, hands-on, visuals, props, ask questions of the group. People retain less than 10% of what they hear from lecture and learn most from hands-on experiential activities. Never lecture more than 20 minutes. With adult learners especially, be sure to create opportunities for them to share their experiences- they bring a wealth of expertise from their “life experience.”
- Don’t assume “games” are too amateurish, most people enjoy them, regardless of their age, if you approach it with a sense of humor and confidence
- Refreshments always help (must be appropriate for talk – e.g. no candy at a nutrition talk!)
- Recognize that some participants may not be at your workshop by choice and may not want to be there (don’t take it personally, stay positive)
- Provide opportunity for people to ask questions anonymously (e.g. have them write on index cards)
- Be flexible and prepared to change course – don’t feel you have to go by curriculum strictly if it’s not working for your group.
- Have alternate plans if audiovisual equipment is not there or malfunctioning. Don’t depend on it for your presentation.
- Assess understanding throughout. Do a quick evaluation at the end of a workshop to assess whether goals have been achieved, what group liked best and least and what they’ll remember most.
- Debrief with someone when you’re done and pat yourself on the back!
COMMUNITY ORIENTED PRIMARY CARE (COPC): OVERVIEW

Definition: Community oriented primary care (COPC) is a model in which a primary care practice or program systematically identifies and addresses the health problems of a defined population.¹

COPC is generally divided into four steps, involving the community in each:
1. Define and characterize the community;
2. Identify community health problems and community assets & prioritize for action;
3. Develop programs/interventions to address the identified health problems; and,
4. Monitor the impact of programs/interventions.

Rationale: Health depends on many factors beyond what goes on in the examining room. Individual lifestyle factors as well as economic, social, cultural, environmental and political factors influence the health of patients, families and communities. COPC combines the practice of primary care with public health in an effort to promote health, prevent illness, and provide accessible, comprehensive and coordinated preventive, curative, supportive and rehabilitative services.

COPC Practitioners:²
- are interested not only in people who seek their care, but also in those in the community who are at-risk but may not seek care;
- use epidemiological and ethnographic data from both their practice and the identified community to define health needs of the community (community diagnosis);
- determine, with community members, the underlying economic, social, cultural, environmental and political causes of health problems and together address the causes;
- emphasize prevention and wellness so that people with risk factors can be prevented from getting ill;
- involve the patient, family and community in developing treatment plans and programs, recognizing the presence of consumer expertise in a community;
- build partnerships with other community organizations to practice comprehensive, community-based, coordinated health care which addresses the economic, political and cultural needs of the community; and,
- evaluate the effect of their practice on the community's health status.

Guidelines for Developing a
Community Oriented Primary Care (COPC) Project

Below are some ways of identifying potential COPC projects and carrying them out. While developing and carrying out a “full-fledged” COPC initiative can take years, there are many steps that can be accomplished in small pieces, providing a valuable service to the site.

How to identify issues:
- Something that health center/organization/practice/student has a “passion” about that will create energy and action - (does not necessarily need to be the most “important” problem)
- Crisis issue such as an epidemic, major flood
- Common problems such as teen pregnancy, chemical dependency, depression
- Use info from surveys (patients, community surveys)
- Internal clinic/organization concerns (e.g. limited interpreter services)
- Healthy People 2010 focus areas or leading health indicators (see attached)
- Issue may be a specific clinical disease or process, a risk factor, a leading cause of morbidity or mortality, or a systems issue such as access to or delivery of health care services

COPC Step 1: Involve the Community Throughout the COPC Effort
Consider collaboration/partnership at various levels: e.g. 1) with patient’s family, other health/social care providers/advisors to patient (e.g. spiritist, caseworker) 2) with community organizations: schools, homeless shelter, food kitchen, religious organizations, businesses; city/state/national; health department, WIC programs, legislators

COPC Step 2: Define/characterize population
A COPC process could focus on:
- Geographically defined populations such as a town or county;
- Specific population groups, such as infants and their mothers, school-age children, or the elderly;
- People congregated at particular sites such as a workplace, school, senior center
- The population you are currently providing services to or the population you wish you could reach

COPC Step 3: Identify and Assess/prioritize the Community’s Health Problems/Assets
- Collect data from clinic (charts, registration info, lab logs, patient satisfaction survey, interviews with staff)
- Obtain comparison data (rates for other clinics/programs, county/state/national statistics from health department or other sources)
- Determine “impact of problem on population” (e.g. increased ER visits for asthma,)
- Assess reasons for particular problems (barriers: access, education, root causes – e.g. poverty – interviews of clients, staff, surveys, literature review)
- Assess systems that clinic/organization has in place with respect to the problem (e.g. patient screening procedures – screening for domestic violence, asking about occupational hazards?, anticipatory guidance – counseling on reducing lead exposure in infants?, hours – is clinic open at times easiest for working mothers to attend?)
• Determine existing resources for addressing problem (community agencies?), staff availability/interest/motivation, financial resources (e.g. funds to purchase medical equipment for diabetes management)

COPC Step 4: Develop, Implement an Intervention to Address Problem
Consider interventions at various levels: 1) patient/client (care plan), 2) clinic/organization (improve process or new initiative, 3) community (community health campaign), 4) city/state/national: policy, guidelines, legislation:
Examples:
• Develop clinic “screening tool” to identify risk behaviors (screening during patient visit, survey in waiting room)
• Develop resource manual of community referral agencies
• Identify/develop patient education material
• Develop peer counseling program or start support group
• Develop outreach program to identify those in need of immunizations
• Reduce “missed” opportunities to vaccinate
• Make birth control available (e.g. free condoms in exam rooms)
• Increase access to services: make clinical visits to schools, churches
• Advocacy – make presentations to school boards, state medical associations, develop policies that support improvement of particular health issue (e.g. policy allowing school clinics to dispense birth control)

COPC Step 5: Evaluate the Intervention
This is tied directly to data from initial assessment and objectives for improvement/change – it can be at various levels: 1)patient/client: follow-up visit, 2) clinic/organization: process measures (improvements in screening for teen sexual activity) or intermediate outcome measures (increasing immunization rates within clinic population); 3) community improvements; 4) city/state/national: population-based data – reductions in morbidity and mortality
Examples:
• Clinic pregnancy and chlamydia rate assessment - lab test review
• Data comparison with local measures (health dept. reports of pregnancy, chlamydia rates
• Compliance with screening protocol (chart audits)
• Clinic outreach (contact sheets)
• Support group attendance
• Adoption of proposed policy

Criteria for COPC/service-learning projects
• Project should be identified by the site based on needs of the organization/population served
• Students should be given the opportunity to involve the population to be addressed through the COPC project, in the project’s development.
• Students should have access to data from site (grants, annual reports specifying need for service)
• Students should have access to a site contact for project guidance
• Project must be “do-able” in time frame

Sample COPC Intervention following Steps of COPC

Problem:
Pneumonia and influenza together constitute the fifth leading cause of death among NJ residents; almost 90% of these deaths occur in persons aged 65 and older. High death rates for pneumonia persist despite the existence of an effective vaccine against pneumococcus. Relatively low rates of pneumococcal vaccination, particularly among black non-Hispanic population are related to the high volume of deaths. People living in institutionalized settings are at particularly high risk. CDC recommends that everyone over 65 and over have at least one lifetime does of pneumococcal vaccine. Half of these deaths could be prevented through use of vaccine.

<table>
<thead>
<tr>
<th>Populations (over 65)</th>
<th>1999 Baseline</th>
<th>2010 Endpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>55.1%</td>
<td>90%</td>
</tr>
<tr>
<td>Black</td>
<td>42.1</td>
<td>90</td>
</tr>
<tr>
<td>Asian/Pacific Isl</td>
<td>Statistically unreliable</td>
<td>90</td>
</tr>
<tr>
<td>Hispanic</td>
<td>66.9%</td>
<td>90</td>
</tr>
<tr>
<td>Institutionalized</td>
<td>Not avail.</td>
<td>90%</td>
</tr>
</tbody>
</table>

Ref: Healthier NJ 2010

Ways to assess this problem in your population from least labor intensive to most:
1. Level 1: Your impression from seeing patients—gut feeling that this is a problem
2. Level 2: Generalize from outside data – Healthy New Jersey 2010 stats show that vaccination rates are low in the senior population, since 20% of your practice is comprised of seniors, you can generalize from secondary data collected about seniors and assume that problem exists in your practice as well, review literature.
3. Level 3: survey of population – collect own data (e.g. through chart review, survey, interview) on prevalence and causes
4. Level 4: put processes into place for data to be collected routinely

Possible Causes for low vaccination rate: (ideally elicited from patients, discussion with preceptor, or the literature):
Lack of access
Lack of knowledge about problem
Fear/myths

Services currently provided:
Office provides vaccine - offered when patient comes in. Problem is you may only immunize those patients visiting in the fall when the vaccine is typically given.

Objective: Increase the percentage of persons 65 and over who have ever received a pneumococcal vaccine to 90% by 2005 (this may be your patient population or a community population with whom you are working (e.g. senior group)
Intervention:
Team: physician, nurse, front-desk staff, patient if possible
Potential community partners: Local Health dept, pharmacy, NJ Peer Review Organization, newspapers, nursing homes and senior centers in your community.

Potential Strategies (individual level, practice level, community level, advocacy):
- Find out what other organizations are doing to increase immunizations and see if you can help (e.g. Collaborate with health dept- volunteer to give immunizations at health fair.)
- Put reminder on the patient charts to prompt you to ask and discuss.
- Identify/develop culturally appropriate literature to explain/dispel myths
- Do mailing to your senior patients suggesting they come in for the vaccine.
- Write health column on the issue for local weekly newspaper. Identify press release material from a website and forward to an editor.
- Present to senior groups on the topic.

How would you involve patients/community? There are several ways to involve patients/community in the assessment, implementation and evaluation phase– some may best be done by a partnering organization but following are strategies: Conduct one-on one interviews with patients to explore reasons for not getting the vaccine; conduct focus groups with seniors at a senior center, participate in a committee that includes seniors and community agencies concerned with the issue. Pilot-test literature or videos with patients (have them review and provide you comments on appropriateness). Work with an organization in recruiting “lay health advisors”- seniors that can promote this issue to others.

Evaluation:
Chart review to see if number of vaccinations has increased
Statistics from NJ Peer Review Organization by zip code- they collect this data.
Track numbers of seniors attending a health fair for immunizations.

Challenges:
Will depend on particular intervention chosen. Generally, challenges include staff time to implement, resources to carry it out. However, COPC can happen incrementally, starting as small and manageable as necessary.

Potential Benefits:
Satisfaction in seeing a change as a result of your efforts. One practice saw a dramatic increase (evaluated through chart review) in number of seniors vaccinated over a 5-year period. They associated this change with their efforts (through chart reminders) to discuss immunizations with their patients.
The following books are excellent resources for guidance on community assessment including how to conduct focus groups, key informant interviews, preparing surveys and sources for obtaining secondary health data about a community. Students conduct a very basic community assessment (see Treasure Hunt earlier in text).


Community Assessment – Treasure Hunt  
(students complete during first week of program)

Directions
The way you approach a community can make or break the success of any health promotion effort. Working with different cultural groups can be challenging, but if you approach it with an open and inquiring mind, you will find the rewards and treasures. Spending time in the community gives you an opportunity to observe and listen before you start asking questions.

Here are some things to keep in mind as you begin your treasure hunt:

- Since our cultures determine how we interpret and interact with the world, it can have a profound effect on the way we define and experience health. Be non-judgmental in your attempts to understand beliefs and practices, as well as how they differ from your own.
- Avoid cultural stereotypes (oversimplifications, inaccurate assumptions).
- Keep in mind what have been and are the major social, economic and political concerns of the community.

Getting Started:
- Avail yourself of census data, maps, and other government documents, reports and statistics. Local newspapers and libraries are a good source of information about the community.
- Get to know the physical layout of the community. Try to learn the major streets, buildings or other landmarks in the different neighborhoods.
- Try using public transportation if it is available.
- Select places where you can observe and have informal observations. Take notes on the types of activities you observe. How do people interact with one another? How do they greet one another (embrace vs handshake)?
- Informally talk to at least 5 people in the community to try to gather some of the information on the next 2 pages. During informal conversations just listen – don’t take notes. Don’t forget to explain who you are and what you are doing.
- Attend community events your site is sponsoring (e.g. church picnic, health fair)
- Feel free to discuss this assignment with your site supervisor and ask for additional resources.

Gathering information for this treasure hunt is a process that will give you an opportunity to learn and understand more about the community (and its treasures) your agency/facility serves. Find out what you can about the cultural context of the community as well as what problems and assets present in that community.

Geographics
1) Define your “geographic community”. Conduct a drive/walk through of the area. Write down your first impressions of the area. Notice the housing, schools, streets, etc. Is it clean? Well maintained? Residential or business?

2) Locate any schools and daycare centers and describe.
3) Locate any health facilities and/or hospitals. Note their location, services offered.

4) Locate and visit food stores (what kind of food is sold there?).

5) Locate services for seniors, describe.

6) Locate services for teenagers, describe.

7) What kind of businesses are in the area?

8) What public transportation is available?

9) What evidence is there of local law enforcement?

Demographics
Much of the following can be obtained from the census (your site may have this information in grant applications.) You can also ask people who live there or staff at the site.

10) Who lives in the area? What are the predominant family structures (i.e. two parent household, single parent or extended family)?

11) What kinds of jobs do people have (e.g. blue/white collar?) What is their annual income?

12) What are the socioeconomic levels? (upper-middle-lower)

13) What is the cost of an average house in the area? Do people rent or own?

14) What are the political statuses? (i.e. undocumented, refugee, legal immigrant, citizen)

15) What is the predominant ethnic group(s)?

16) What are the languages or dialects that are spoken?

17) What are the different religions?

Medical Orientation

18) What are some beliefs about the cause, prevention, diagnosis and treatment of disease?

19) To what extent is there use of traditional medicine or healers?

20) What roles do foods play in health and religion?

Reflection

Summarize your feelings about the area. Imagine living there. What would it be like?

What was it like observing people? Talking to people?

How did you open up conversation/build rapport?

What were their reactions to you? Were they open/trusting or suspicious? Were they able to provide answers to your questions?

Prepared by Linda Whitfield-Spinner, LCSW, Director, National Health Service Corps New Jersey SEARCH program for the Community Oriented Primary Care Summer Assistantship. Adapted from Gonzalez, VM, Gonzalez, JT, Freeman, V., Howard-Pitney, B, Health Promotion in Diverse Cultural Communities, Palo Alto, CA: Health Promotion Resource Center, Stanford Center for Disease Prevention, 1991.

Assessment of your Community/Project Site

Find out the following information about your community site. Not all of these will be relevant to your site. It is not necessary to write this up as part of the treasure hunt but it will be helpful for your final reflection paper.

- Its history and mission
- Funding sources
- What are the demographics (age, sex, cultural/ethnic background, residence and the predominate social, economic issues) of the population served? Does this reflect the demographics of the surrounding community?
- Who works there?: number, disciplines, roles, do they reflect population served in terms of race/ethnicity/language?
- What services does the community agency provide?
- How do clients/patients access services? Who is eligible to receive services? What are the barriers if any, to clients accessing services?
- How many patients/clients are generally helped on average in a given month? Is this meeting the actual need in the community?
- How are “undocumented immigrants” handled– can they utilize agency’s services?
- What % of patients/clients have no health insurance?
- What type of health insurance do patients/clients have?
- What are the prevalent health problems of the population?
- What partnerships has the community site has established with other agencies to better meet the needs of clients?
- What are the community site’s efforts to reduce barriers to accessing health care?
- Find out from staff, what are the challenges and the rewards of working with an underserved population?
**Team Skills Inventory**

Student Name: ____________________________

We ask students to complete this during a session on community assessment as an example of a method for learning about the skills and resources within a community. After students complete it, we collate the responses and record the students’ names next to the skills they indicated and distribute to the class. It can also be used to find out and make explicit, the skills and resources within an interdisciplinary team. Students can interview each other in pairs using the inventory or it can be discussed and recorded in a group. The questions below are geared toward the skills needed to carry out COPC projects in our summer program. Inventory can be adapted to meet your needs.

We are interested in learning about your skills and abilities in order to create a resource list of colleagues you can turn to for advice in carrying our your COPC project. Please check those areas in which you have some knowledge or experience and would be willing to assist others as needed:

<table>
<thead>
<tr>
<th>Health issues:</th>
<th>Populations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Children</td>
</tr>
<tr>
<td>Nutrition/eating disorders</td>
<td>Teens</td>
</tr>
<tr>
<td>Physical Fitness</td>
<td>Adults</td>
</tr>
<tr>
<td>Lead</td>
<td>Seniors</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Black/African Americans</td>
</tr>
<tr>
<td>Cancer</td>
<td>Latino/Hispanics</td>
</tr>
<tr>
<td>STDs</td>
<td>Asians; specify: __________________</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>Asian Indians</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Migrant Farm Workers</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Homeless/indigent</td>
</tr>
<tr>
<td></td>
<td>“Underserved populations”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Development:</th>
<th>Computer skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing health education</td>
<td>Computer Graphics</td>
</tr>
<tr>
<td>curricula/presentations</td>
<td>Desktop publishing</td>
</tr>
<tr>
<td>Developing brochures</td>
<td>Powerpoint</td>
</tr>
<tr>
<td>Teaching</td>
<td>Excel</td>
</tr>
<tr>
<td>Conducting focus groups/facilitating</td>
<td>Data Analysis</td>
</tr>
<tr>
<td>meetings or groups</td>
<td>The Internet</td>
</tr>
<tr>
<td>Conducting interviews</td>
<td></td>
</tr>
<tr>
<td>Developing surveys</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Completing an Internal Review</td>
<td></td>
</tr>
<tr>
<td>Board (IRB) application</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>Organizing events</td>
<td></td>
</tr>
</tbody>
</table>

| Other language-related skills:        | Language Skills:                    |
| Specify those you are fluent in besides English: |                                     |

**The Arts***:
- Singing
- Playing an instrument; specify:
- Dance
- Photography
- Developing a poster (e.g. for poster presentation at end of program)

* This helps us identify talent for our appreciation dinner. Last year a student played her cello for the group.

Please list or describe any other areas in which you might be a resource for the group:

Thank you!

Sample Focus Group Outline and Format for Notes of Meeting
(Be sure to have a representative from the organization and/or population review your draft questions before conducting the focus group)

Outline for Homeless Shelter Focus Group
Thank you for participating in this focus group. As you may know, residents have been coming over the last 2 yrs or so to discuss health issues with you. This is part of their training in community medicine – we want these talks to be helpful to you, but we also want the residents to learn more about giving community presentations and more about issues relevant to certain populations in the community. Residents have had a wonderful experience and they tell us they learn as much from you as they teach you, which is what we want. Our purpose in speaking with you tonight is to learn from you, what would be of interest in terms of health topics, or maybe there’s a better use of the resident’s time when he/she comes here besides presentations. After the focus group we’ll type up the notes and provide you and the Executive Director with a copy. Thank you for taking the time to meet with us.

About 1 hour
Confidentiality
No right or wrong answers, it’s your ideas, opinions, experiences that are important to us
Want everyone to have a chance to talk and want to get through our questions, may cut off to stay on track.
Introductions – introduce people running focus group and have participants introduce themselves by first name, consider warm up activity if group does not know each other

1. We understand that you have a lot of pressing issues on your mind (e.g. finding work, place to live, etc.) How relevant is it to you at this point to discuss health issues? If the most pressing, biggest problem on your mind is a 10, where on a scale of 1-10 would you put health? What would make it more relevant?

2. We recognize that the issues that come up with people who spend time sleeping/living outside are different from those that have shelter. How many of you have had to spend time sleeping outside? What concerns does this raise for you with respect to health? Regarding living in relatively close quarters in the shelter, what issues does that raise for you? What causes you to get sick? What could be done to prevent you from getting sick?

3. When you are ill, do you seek help from a doctor right away; do you seek help from other sources, ie. friends family, first? Do you wait until the illness progresses to seek medical attention? Do you know where you can get access to medical care at no cost or little cost?

4. What are some health issues you’d like to learn more about? Probes: Illnesses, diseases? (e.g. asthma, TB, hepatitis?, substance use) What’s your interest in hearing about these, vs. prevention issues (e.g. nutrition, exercise, hygiene?) If nothing comes up, provide list given during tour and ask for show of hands who is interested in these?

5. When we say “preventive health” what comes to mind? What are some of the measures you take to be healthy? Simple measures like personal hygiene, smoking, diet? Exercise?
Immunizations? Screening (blood pressure, cholesterol, cancer)? What resources do you have that support you in staying healthy? What resources would you like to have?

6. Is the group discussion format helpful? Do you feel comfortable/see a benefit from talking in a group about health issues vs. one on one with the resident? Rather one on one health advising, much like the nursing services? Best format? Are handouts beneficial?

7. Who has ever attended a presentation by one of the residents? What did you think of them (it?) What advice do you have for future residents coming to present? What should they know about “the audience” (you) that would help them be more relevant/effective?

8. Do you have any questions for us? How can we help you with the topics above?

Reiterate what will become of the focus group information collected- what will it be used for, what you hope will happen as a result. People feel it is a waste of time to discuss these issues if they think nothing will come of it.

Thanks for your time - refreshments

Format for Focus Group Notes

1. Organization or Population for which focus group was conducted, topic discussed Number in attendance; Do not provide names to assure anonymity.

2. Write the questions followed by participant responses/discussion that ensued. Try to record as many direct quotes/stories as possible. Do not include your analysis of what was said here, save that for #4.

3. Miscellaneous – this section is for issues that came up unrelated to the questions you asked- again, no analysis here.

4. Analysis/Recommendations. This is the place to analyze what was said and to make recommendations based on that.

5. State who conducted the focus group and prepared the notes.
COPC Program Planning Tools

The following books are excellent resources for guidance in developing community programs including writing objectives, designing culturally appropriate programs, developing written materials for low-literacy audiences, principles of adult learning, etc.


PROGRAM PLANNING GUIDELINES*

Problem Statement
Describe the problem, how extensive it is and its relative importance. Describe how the problem emerges in the specific population of interest.

Goal Statement
Describe the goal that is to be accomplished and the expected outcome (e.g., the program will attempt to reduce the incidence of infant mortality or, the program will improve the nutritional status of school aged children.)

Program Description

Needs Assessment: Describe how the program will meet the needs of those you intend to reach and how the population will be involved in its development.

Program Strategies: Develop a list of strategies (e.g., look at what has been tried before in this setting/community, what has been tried elsewhere with similar populations, new ideas). Evaluate the feasibility of each strategy to determine the best approach. Consider the following:

- Will there be enough resources (personnel, time, money, facilities) to implement the program?
- Is the program cost-effective (will outcomes achieved justify the resources spent or difficulties in implementation?)
- To what extent does the strategy duplicate existing programs in the community?
- How can the new strategy build on the successes or failures of other programs?
- How can the program be sustained in the health center or community?

Program Objectives

Once the strategy is determined, develop measurable statements about how the program will accomplish the goal. The objectives can be used to evaluate program success.

e.g. Twenty-five teens will be recruited and trained as peer educators by (date).
Spanish language materials on the following topics will be produced by (date).
There will be a 10% increase in the utilization of prenatal health services by (date).

Specific Methods/Action Plan (to implement the strategy)

Resources Needed

Implement Plan

Evaluate Program/Strategy (see evaluation guidelines)

*Adapted from Gonzalez, VM, Gonzalez, JT, Freeman, V, Howard-Pitney, B, Health Promotion in Diverse Cultural Communities, Palo Alto, CA; Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1991.
Evaluation is part of program planning and implementation. "Process evaluation" looks at the way the programs are working. "Outcome evaluation" indicates how effective the program was. Under process evaluation, the kinds of questions one asks are:

- How many people came?
- Did people like the program?
- Which activities did people prefer?
- Were activities implemented as planned?
- How or where did people learn about the program?
- What did the program cost?
- What types of resources were used?
- Were the materials developed appropriate?
- What were the volunteers’ and community members’ comments about the program?

Outcome evaluations examine whether or not the program accomplished its goals and objectives.

- Did people stop smoking or change health behaviors?
- Did participants have better health outcomes, such as reduced blood pressure or cholesterol?
- Did people utilize care services more or less?
- Was access to preventive care increased?
- Can the program be sustained in the community, and how?

If possible, it is best to do both process and outcome evaluations, the latter being especially important to maintain funding or in trying to attract new funding for the program. At the very least, evaluation should include some monitoring of program activities on a regular basis. This information can then be used to revise or modify objectives, strategies, activities and/or materials if needed.

**Determining Evaluation Questions**

When deciding questions to ask, find out who wants to know what and why? The "who" includes the advisory committee, community members, other agencies, your own organization and the funding organizations. These people will want to know many things about the program. To determine which are the most important, ask why they need to be known. Then, prioritize the answers. Look for assistance in choosing the most important questions to ask. Try to limit these to about three to five areas, for two reasons. Surveys or interviews should not be so long that people will not complete them. Nor should more data be collected than you will have the time or ability to analyze. Keep it short and simple. Also, choose an evaluation method that is appropriate to the target community. This includes selecting the best format (e.g. survey, interview, focus group, etc.) as well as the right wording for the questions.

The following book is an excellent resource for guidance in evaluating community programs including: Variables to Determine Program Effectiveness and Efficiency; Do’s and Don’ts for Management of the Evaluation Process, designing process and outcome evaluations.


All students are required to think through the evaluation of their project and describe it in their workplan and final reflection paper.

**Background on Interdisciplinary Collaborative Care**

**Definition of Interdisciplinary Teams**

1. Representatives of 2 or more disciplines work collaboratively and interdependently to meet a common goal. Respect for the unique skills of each team member leads to role clarity and more egalitarian relationships. Responsibility for assessment, decision-making, delivery of service, and evaluation is shared among the team members.

2. A group of people with a specific task or tasks, the accomplishment of which requires interdependent and collaborative efforts of its members.

**Characteristics of Successful Interdisciplinary Health Care Teams**

**Team members:**
- provide care to a common group of patients
- develop common goals for patient outcome and work to reach goals
- assign appropriate roles & functions to each team member. Each member recognizes, accepts, and respects roles of others.

**Team possesses mechanism:**
- that enables all to contribute and share essential information (e.g. through records, team conferences, informal communication) about both tasks and group processes
- to ensure that patient care plans are administered, and the performance of the team is evaluated.

**Ten Ingredients for a Successful Team**

Clarity in team goals
Clearly defined roles
Clear Communication
Beneficial Team Behaviors
Well-defined process for making decisions
Balanced participation
Effective ways of managing conflict

Established Ground Rules
Awareness of Group Process
Periodic evaluation of team functioning

References:

AMSA, Interdisciplinary Health Care Teams in Practice, A project of the Bureau of Primary Health Care, 1995. (703) 620-5873
Primary Care Providers, a Partial list

I. **Dental Workers**

A. **Dentist**
   A dentist (Doctor of Dental Surgery, DDS, or Doctor of Dental Medicine, DMD) examines and treats patients with oral diseases and conditions. He or she is also involved in prevention and early detection of gum disease and tooth loss and instructs patients about good oral health practice. Services provided by a dentist include diagnosis of oral conditions, development of treatment plans for optimal oral health restoration and maintenance, administration of anesthetics, detection and filling of cavities and removal or replacement of missing or untreatable teeth.

Requirements for entrance into a college of dentistry include a four-year college/university degree and passage of an entrance examination. To practice, most states require a state board examination. Specialty practice requires additional training (1-4 years) and practical experience in the specialty.

For more information about dentistry, contact:
- American Dental Association
  211 East Chicago Avenue
  Chicago, IL 60611
  312-440-2500
- American Association of Dental Examiners
  211 East Chicago Avenue, Suite 844
  Chicago, IL 60611
  312-440-7464

B. **Dental Hygienist**
   A dental hygienist is a preventive oral health professional who provides education, clinical and therapeutic services to the public. Her or his role on the dental team is to provide treatment to prevent oral disease (e.g., cavities and periodontal diseases) and education. A dental hygienist, for example, examines teeth and oral structures, cleans and polishes teeth, exposes, processes and interprets dental X-rays, provides temporary fillings and designs/implements community dental health programs.

Requirement to become a registered dental hygienist include graduation from either a two-year certificate program or a four-year bachelor’s degree program and successful passage of the National Board of Dental Examiners licensing exam.

For more information about dental hygienists, contact:
- The American Dental Hygienists’ Association
  444 N. Michigan Avenue, Suite 3400
  Chicago, IL 60611
  800-243-2342

II. **Mental Health Providers**
   There are a number of health providers that provide primary care mental health services. They include psychiatrists, psychologists, psychiatric nurse specialists, clinical social workers, and marriage and family therapists. Mental health providers assist individuals, groups and families with emotional, developmental, behavioral, social and environmental problems such as crisis intervention, addictive behaviors, long and short term counseling and psychotherapy.
Described below are examples of three mental health providers commonly found as members of interdisciplinary teams:

A. **Clinical Social Worker**
Clinical social workers (CSWs) enable individuals, families and communities to obtain social services and provide counseling to improve social and health services.

Social workers, for example, conduct interviews with clients and families regarding physical, social and psychological concerns, keep records of clients’ activities, reaction and progress and refer clients to job placement agencies. They are trained as counselors and advocates and work for child or adult protection agencies, as substance abuse or mental health case managers, and as hospital discharge planners.

A student can receive either a bachelor’s degree in social work (BSW) or a master’s degree (MSW). A licensed clinical social workers (LCSW) must complete extra coursework and go through the individual state’s licensing procedure.

For more information about social workers, contact:
National Association of Social Workers
750 First Street, NE
Washington, DC 20002
202-408-8600

B. **Psychiatrist**
A psychiatrist is a physician who specializes in dealing with the study, treatment and prevention of mental illness. Like all physicians, a psychiatrist must complete a program at an accredited medical school and enter a psychiatric residency program. The advanced specialty requirements include four years of additional training a written and oral examination.

For more information on psychiatrists, contact:
American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
202-682-6000

American Board of Psychiatry & Neurology
500 lake Cook Road, Suite 355
Deerfield, IL 60015
708-945-7900

C. **Psychologist**
A psychologist studies human behavior in order to understand, compare and explain the way humans act and respond. Common functions performed by psychologists include providing counseling, diagnosing and treating mental disorders, developing, selecting, administering and interpreting psychological tests, and collecting data through interviews, case histories and observation.

To be licensed as a professional psychologist, most states require a PhD degree from an accredited college or university. A few states permit independent practice with a master’s degree.
II. Nursing Service Providers

A. Certified Nurse Midwife
A certified nurse midwife (CNM) is a registered nurse with specialized training in the care and management of normal newborns and healthy pregnant women. CNMs focus particularly on pregnancy, childbirth, the postpartum period, care of the newborn, family planning and the gynecological needs of women. The nurse-midwifery model is one of prevention, patient education and family-centered care. A CNM practices in a setting which provides for consultation, collaboration, and/or referral to a physician or another appropriate provider.

Common functions performed by the CNM include care and emotional support for pregnant women, gynecological services (i.e. pelvic exams, breast exams, and Pap smears), assistance with breast and bottle feeding and self-care and consultation with a physician in cases of abnormal findings.

CNM training is offered as a post-RN program or at the master’s level. Eligibility to take the American College of Nurse-Midwives national examination for certification is granted upon graduation.

For more information about certified nurse midwives, contact:
American College of Nurse Midwives
818 Connecticut Ave, NW, Suite 900
Washington, DC 20006
202-728-9860

B. Nurse Practitioner
A nurse practitioner (NP) is a registered nurse with advanced specialized education in health assessment who functions in an expanded nursing role providing comprehensive health care to patients, usually with a collaborative emphasis, working with and referring to physicians. Nurse practitioners are trained to diagnose and manage common acute outpatient conditions and common stable chronic conditions. Services provided include taking medical histories, performing physical exams, providing treatment programs, prescribing and/or dispensing medications and educating and counseling with particular emphasis on health promotion.

To become an NP, completion of an accredited NP program (i.e. certificate or master’s degree) and passage of a certification exam is usually required. NP specialties include adult, family, pediatric, women’s or geriatric health. The requirements to become certified in these specialties is provided following the licensing information.
C. Registered Nurse
A registered nurse (RN) provides treatment, care and counseling to the sick and injured. He or she promotes health maintenance and prevention and assists in the management of illness, injury and disability. Functions commonly performed by RNs include assessing the nursing and health needs of patients, assisting physicians during treatments and examinations, administering medications, assisting in rehabilitation, and instructing and counseling patients and their families in proper care.

RN training can be achieved by completing a two-year associate’s degree program, a two- or three-year diploma program, a four-year baccalaureate program, or a master’s degree program with a clinical specialty. To be licensed, passage of a state board examination is required.

For more information about registered nurses, contact:
American Nurses’ Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024-2571
202-554-4444

IV. Physician
A physician prevents, diagnoses and treat human diseases, disorders and injuries. Some physicians combine their medical practice with research or teaching in medical schools. There are two types of physicians in the United States: those receiving MD degrees are doctors of allopathic medicine or doctors of medicine while those receiving DO degrees are doctors of osteopathic medicine or doctors of osteopathy. Both are licensed to perform surgery and prescribe medication in all 50 states. Dos place special emphasis on the role of the musculoskeletal system in the health functioning body.

Typically, physicians perform medical examinations, diagnose illness, prescribe and administer medications and treatment, vaccinate patients against communicable diseases, conduct research to aid in the control and cure of disease, supervise medical treatments of patients, develop and test new medical techniques, advise patients on diet, hygiene and preventive health care and perform manipulative therapy (DOs).

An MD or DO degree is granted upon graduation from an accredited medical program. Most physicians then enter a period of post-graduate training called a residency (1-6 years) during which they receive specialty training such as family medicine, pediatrics, and internal medicine. To be licensed by a state, an applicant must be at least 18 years old, meet all education and training requirements of the Board of Medicine, complete one year of satisfactory post-graduate training at a hospital in the US or Canada, and pass an examination.
For more information about MDs or DOs, contact:
American Osteopathic Association   American Medical Association
142 East Ontario Street   515 North State Street
Chicago, IL 60611   Chicago, IL 60610
312-280-3800   312-464-5000

V. **Physician Assistant**

A physician assistant (PA) practices medicine with supervision and responsibility of a doctor of medicine or osteopathy. He or she may work alone, but may perform only those activities permitted by law and by the supervising physician. PAs provide a broad range of services that otherwise would be provided by the physician, such as taking medical histories, performing routine diagnostic tests and physical exams, rendering emergency care, diagnosing common illnesses and diseases, ordering and interpreting results of laboratory and diagnostic tests, assisting in surgery, counseling on physical and mental health, establishing treatment plans, promoting wellness and prescribing and/or dispensing medication.

Physician assistants and nurse practitioners provide many of the same health services. The main differences between the professions are that PAs treat patients with a greater medical emphasis, while NPs take a nursing or more preventive approach. PAs work as a dependent yet autonomous practitioner while NPs may work independently.

For more information about physician assistants, contact:
American Academy of Physician Assistants
950 North Washington Street
Alexandria, VA 22314
703-836-2272

**References:**


“Primary Care Resource Guide: Generalist Physicians in Training.” (Fall 1994) AMSA Foundation publication, compiled by the GPIT Coordinating Committee.
**What Is Healthy People 2010?**

Healthy People 2010 is a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the first decade of the new century. Created by scientists both inside and outside of Government, it identifies a wide range of public health priorities and specific, measurable objectives.

**Overarching Goals:**
1. Increase quality and years of healthy life
2. Eliminate health disparities

**Focus Areas**

<table>
<thead>
<tr>
<th>1. Access to Quality Health Services</th>
<th>15. Injury and Violence Prevention</th>
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<td>4. Chronic Kidney Disease</td>
<td>18. Mental Health and Mental Disorders</td>
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<td>7. Educational and Community-Based Programs</td>
<td>21. Oral Health</td>
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<td>8. Environmental Health</td>
<td>22. Physical Activity and Fitness</td>
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<td>10. Food Safety</td>
<td>24. Respiratory Diseases</td>
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<td>11. Health Communication</td>
<td>25. Sexually Transmitted Diseases</td>
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<tr>
<td>12. Heart Disease and Stroke</td>
<td>26. Substance Abuse</td>
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<tr>
<td>13. HIV</td>
<td>27. Tobacco Use</td>
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What Are the Leading Health Indicators (LHI)?

The Leading Health Indicators are 10 major health issues for the nation.

The LHIs are:

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<tr>
<td>1. Physical Activity</td>
<td>6. Mental Health</td>
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<tr>
<td>2. Overweight and Obesity</td>
<td>7. Injury and Violence</td>
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<td>3. Tobacco Use</td>
<td>8. Environmental Quality</td>
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<tr>
<td>4. Substance Abuse</td>
<td>9. Substance Abuse</td>
</tr>
<tr>
<td>5. Responsible Sexual Behavior</td>
<td>10. Access to Health Care</td>
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Healthy People 2010
http://www.healthypeople.gov
Healthy People Information line: 1 (800) 367-4725
healthfinder®
http://www.healthfinder.gov
Office of Disease Prevention and Health Promotion
http://odphp.osophs.dhhs.gov
last updated 11/02
Healthy People 2010, a broad-based collaborative effort among Federal, State, and Territorial governments, as well as hundreds of private, public, and nonprofit organizations, has set national disease prevention and health promotion objectives to be achieved by the end of this decade (www.healthypeople.gov). The effort has two overarching goals: to increase the quality and years of healthy life and to eliminate health disparities. Healthy People 2010 features 467 science-based objectives and 10 Leading Health Indicators, which use a smaller set of issues and objectives to track progress toward meeting Healthy People 2010 goals. More information on the Leading Health Indicators, including links to Federal Web sites with data, planning tools, scientific information, and details about various programs are available at http://www.healthypeople.gov/lhi.

Listed in this handout are the 10 Leading Health Indicators, with corresponding sample resources available from the Federal government. The Federal consumer health information Web site, www.healthfinder.gov, is also a good starting point for more information on these topics.

PHYSICAL ACTIVITY

President's Council on Physical Fitness and Sports  
202-690-9000  
http://www.fitness.gov

Centers for Disease Control and Prevention (CDC)  
888-232-3228  
http://www.cdc.gov/nccdphp/dnpa

OVERWEIGHT AND OBESITY

Obesity Education Initiative, National Heart, Lung, and Blood Institute Information Center  
301-592-8573  
http://www.nhlbi.nih.gov/about/oei/index.htm

The Weight-Control Information Network  
National Institutes of Health (NIH)  
877-946-4627  

TOBACCO USE

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC  
800-CDC-1311  
http://www.cdc.gov/tobacco

Cancer Information Service, NIH  
800-4-CANCER  
http://cis.nci.nih.gov
SUBSTANCE ABUSE
National Clearinghouse for Alcohol and Drug Information Substance Abuse and Mental Health Services Administration (SAMHSA)
800-729-6686; 800-487-4889 (TDD)
http://www.health.org

National Institute on Drug Abuse, NIH
301-443-1124
http://www.nida.nih.gov

National Institute on Alcohol Abuse and Alcoholism, NIH
301-443-3860
http://www.niaaa.nih.gov

RESPONSIBLE SEXUAL BEHAVIOR
CDC National AIDS Hotline
800-342-AIDS (800-342-2437)
http://www.cdc.gov/hiv/hivinfo/nah.htm

CDC National Sexually Transmitted Diseases (STD) Hotline
800-227-8922
http://www.cdc.gov/nchstp/dstd/dstdp.html

CDC National Prevention Information Network
800-458-5231
http://www.cdcnpin.org

Office of Population Affairs
301-654-6190
http://opa.osophs.dhhs.gov

MENTAL HEALTH
Center for Mental Health Services, SAMHSA
http://www.mentalhealth.org/cmhs/index.htm

National Mental Health Information Center, SAMHSA
800-789-2647
http://www.mentalhealth.org

National Institute of Mental Health Information Line, NIH
800-421-4211
http://www.nimh.nih.gov/publicat/depressionmenu.cfm

INJURY AND VIOLENCE
National Center for Injury Prevention and Control, CDC
770-488-1506
http://www.cdc.gov/ncipc/ncipchm.htm

Office of Justice Programs, U.S. Department of Justice
202-307-0703

For more health promotion and disease prevention information—


For health promotion and disease prevention information in Spanish—
Visit http://www.healthfinder.gov/espanol/.

For print resources—
Write to the ODPHP Communication Support Center (OCSC), P.O. Box 37366, Washington, DC 20013-7366, for
- Federal Health Information Centers and Clearinghouses
- Toll-Free Numbers for Health Information
- Resources for Action in Spanish.

For more information about Healthy People 2010, visit http://www.healthypeople.gov or call 800-367-4725.

Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services

10/02
**Racial and Ethnic Disparities in Health**

Despite great improvements in the overall health of the nation, Americans who are members of racial and ethnic minority groups, including African Americans, Alaska Natives, American Indians, Asian Americans, Hispanic Americans, and Pacific Islanders, are more likely than whites to have poor health and to die prematurely, as the following examples illustrate:

- **Breast and cervical cancer**: Although death rates from breast cancer declined significantly during 1992–1998, they remain higher among black women than among white women. In addition, women of racial and ethnic minorities are less likely than white women to receive Pap tests, which can prevent invasive cervical cancer by detecting precancerous changes in the cervix.

- **Cardiovascular disease**: In 1999, rates of death from diseases of the heart were 29% higher among African Americans than among whites, and death rates from stroke were 40% higher.

- **Diabetes**: Compared with whites, American Indians and Alaska Natives are 2.6 times, African Americans are 2.0 times, and Hispanics are 1.9 times more likely to have diagnosed diabetes.

**Prevalence of Cardiovascular Disease, by Race/Ethnicity**

![Graph showing prevalence of cardiovascular disease by race/ethnicity.]


- **HIV/AIDS**: Although African Americans and Hispanics represent only 25% of the U.S. population, they account for roughly 56% of adult AIDS cases, 73% of new HIV infections among U.S. adults, and 82% of pediatric AIDS cases.

- **Immunizations**: In the 1998–2000 National Immunization Survey, 11 major urban areas reported racial/ethnic disparities of greater than 10% for at least one age-appropriate childhood immunization. Additionally, in 2001, Hispanics and African Americans aged 65 or older were less likely than whites to have received influenza and pneumococcal vaccines.
• **Infant mortality**: Although the 2000 U.S. infant mortality rate of 6.9 infant deaths per 1,000 live births was the lowest ever recorded, African American, American Indian, and Puerto Rican infants continue to have higher mortality rates than white infants. In 2000, the black-to-white ratio in infant mortality was 2.5.

![U.S. Infant Mortality Rates, by Race/Ethnicity of Mother, 1998](image)

Source: National Center for Health Statistics, CDC

Because racial and ethnic minority groups are expected to comprise an increasingly larger proportion of the U.S. population in coming years, the number of people affected by disparities in health care will only increase without a concerted effort to eliminate these disparities. Culturally appropriate, community-driven programs are critical for eliminating racial and ethnic disparities in health. To be successful, these programs need to be based on sound prevention research and supported by new and innovative partnerships among federal, state, local, and tribal governments and communities.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Mail Stop K-45
4770 Buford Highway, NE
Atlanta, GA 30341-3717
(770) 488-5269
ccdinfo@cdc.gov
http://www.cdc.gov/reach2010
Community-Oriented Primary Care
Selected Readings and Resources

Video: *Community Oriented Primary Care*, by Marc E. Babitz, M.D. and the National Health Service Corps.
To order this video, contact (1) your NHSC regional office or, JSI Research and Training Institute, Video Library, 1738 Wynkoop St., Suite 201, Denver, CO 80202-1116; phone (303) 293-2405; fax (303) 293-2813; email: denver@jsi.com for rental, $10.

Community Oriented Primary Care


Healthy People 2010 (www.health.gov/healthypeople) or Healthy NJ 2010 (www.state.nj.us/health/chs)


Kretzmann, J.P. & McKnight, J.L. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community’s Assets*, Evanston, IL, Center for Urban Affairs and Policy Research, (1993), (800) 397-2282 or (708) 491-3395


National Health Service Corps Health Promotion Disease Prevention Project Student Orientation Manual 1995, AMSA, Reston VA, (703) 620-5873


Cultural Competence


Buchwald, D., Caralis, P., Gany, F., Hardt, E., Muecke, M., Putsch, R. The Medical Interview Across Cultures, Patient Care, April 15, 1993, pp. 141-166.


National Health Service Corps Health Promotion Disease Prevention Project Student Orientation Manual 1995, AMSA, Reston VA, (703) 620-5873


Useful Websites

Healthy People 2010 objectives http://www.health.gov/healthypeople: On top if page (beneath Healthy People 2010 title, click “search”, and then “objectives”. At homepage, click “Healthfinder” for education resources/websites on your topic of interest.

NJ Dept. of Health http://www.state.nj.us/health/chs: click icon Healthy NJ 2010, click volume 1 and volume 2)

UMDNJ website for information and links specific to health in NJ http://www.healthynj.org

US Census information http://www.census.gov

Centers for Disease Control and Prevention http://www.cdc.gov/


EthnoMed  
http://www.ethnomed.org

Resources for Cross Cultural Health Care
http://www.diversityrx.org

Center for Healthy Families and Cultural Diversity
http://www2.umdnj.edu/fmedweb/chfcd/INDEX.HTM

Association of Clinicians for the Underserved
http://www.clinicians.org/

County level statistics on health from HRSA
http://www.communityhealth.hrsa.gov/

National Center for Health Statistics
http://www.cdc.gov/nchs/default.htm


NJ Medicaid and Family Care site:
http://www.state.nj.us/humanservices/DMAHS/dhshc1.html

Forum on Child and Family Statistics
http://childstats.gov/

Campus Community Partnerships for Health
http://www.cceph.info
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<th>October 02</th>
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</thead>
<tbody>
<tr>
<td>Take a break</td>
<td>Hold first COPC meeting for planning following summer program. Plan calendar (start-end date of program, other key dates on timeline) Begin confirming/recruiting comm. sites, completing “site applications” through February</td>
<td>COPC meeting</td>
<td>COPC meeting Begin confirming COPC projects with sites</td>
<td>COPC meeting Update student recruitment flyer and application Jan. 6: E-mail students about info/recruitment session; e-mail students on other university campuses about program; post announcement on medical school website Jan. 13: Poster session to recruit for Med. School summer programs (present COPC program poster, student posters from last year Jan. 23 Hold 1-hr Informational/Recruitment session, invite student participants from previous year to help “sell program” Start planning summer training schedule (workshops and site visits) Begin entering 2003 info in database (e.g. sites, students, contact info, etc); update letters/forms</td>
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### COPC Summer Assistantship Planning Timeline cont.

<table>
<thead>
<tr>
<th>March 03</th>
<th>April 03</th>
<th>May 03</th>
<th>June 03</th>
<th>July 03</th>
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<tbody>
<tr>
<td>3/3 COPC meeting to determine preliminary match – provide students with 2-3 sites for interviews; e-mail students with acceptance into program and sites to interview; e-mail/call/fax sites with students they can expect to interview</td>
<td>Begin weekly COPC meetings or as needed.</td>
<td>Weekly COPC meetings</td>
<td>June 9 – COPC program starts- 2-3 full days of orientation, weekly meetings thereafter</td>
<td>July 31- COPC program ends</td>
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<td></td>
<td>By April 1, e-mail students and sites with table that lists sites and assigned students</td>
<td>Finalize student manuals/duplicate</td>
<td>Administer pre-test</td>
<td>7/23 Student poster abstracts due</td>
</tr>
<tr>
<td></td>
<td>By late-April, send confirmation letters to students and sites with specifics of program.</td>
<td>Send relevant portions of manual to comm. sites</td>
<td>Complete IRB applications with students as needed by week 2-3 of summer</td>
<td>Prepare Apprec. Event certificates, program, booklet of project abstracts</td>
</tr>
<tr>
<td>3/25 Meet to determine final match of students to sites</td>
<td>Finalize training schedule- send confirmation letters/directions/ parking permits to speakers/site visits</td>
<td>Determine faculty advisors/consultants, recruit clinicians for students to shadow ½ day/week</td>
<td>Student workplans due by week 2-3 of program</td>
<td>7/31 Final written eval/focus group with students, administer post-test; student reflection paper due</td>
</tr>
<tr>
<td>Start updating student manual</td>
<td>Weekly COPC meetings</td>
<td>Arrange first day barbecue, lunches for training days</td>
<td>Send speaker/site visit thank-you notes following talks/visits</td>
<td>7/31 Appreciation Event- dinner/ certificates/ student poster session</td>
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<td></td>
<td>By April 1, e-mail students and sites with table that lists sites and assigned students</td>
<td>Update pre-post-test and prepare daily evaluation forms</td>
<td>Day 1 of program, initiate check request for first student payment</td>
<td>Send speaker/site visit thank-you notes following talks</td>
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<td>By late-April, send confirmation letters to students and sites with specifics of program.</td>
<td>Set up system for student payment</td>
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<td></td>
<td>Finalize training schedule- send confirmation letters/directions/ parking permits to speakers/site visits</td>
<td>Determine parking arrangements/permits needed for students</td>
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<td></td>
<td>Weekly COPC meetings</td>
<td>Prepare paperwork for temporary IDs for non-UMDNJ/Rutgers students</td>
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<td>Finalize student manuals/duplicate</td>
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<td>Send relevant portions of manual to comm. sites</td>
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<td></td>
<td>Determine faculty advisors/consultants, recruit clinicians for students to shadow ½ day/week</td>
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<td>Arrange first day barbecue, lunches for training days</td>
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Student Recruitment and Site Placement Tools

Recruitment E-mail to Students
(Sent to students at start of second semester when they are starting to make their summer plans – this includes all of our Dept.’s summer programs)

Dear First and Second Year Students:

It’s not too early to start making your summer plans and we’ve got some great opportunities for you, especially if you’re looking for an alternative to “bench (lab?) research!”

Learn about three summer programs (with stipends available) offered through the Department of Family Medicine by attending a lunchtime meeting on Tuesday January 15th, 12:30 - 1:30 p.m. in RWJMS Link rooms 201-202. Soda and cookies will be served.

Briefly, the programs are:

1. Community Oriented Primary Care Assistantship: Make a difference in the health of an underserved community this summer and develop the skills needed to work on community health interventions in the future. This is an interdisciplinary program that involves implementing a community-based project with a health/social service community organization. Sites include: Suydam St. Reformed Church ♦ Robert Wood Johnson AIDS Program ♦ St. Peter’s Pediatric Clinic and the Dorothy B. Hersh Regional Child Protection Center ♦ St. John’s Family Health Center and many more throughout New Jersey. (8 weeks full-time)

2. Summer Research Assistantship: work with faculty in the areas of primary care and health services research or design your own project with a faculty mentor. Existing research projects include “investigating inappropriate antibiotic use,” “assessing primary care practice productivity,” and “looking at approaches that family physicians use for managing patients with multiple cardiovascular risk factors.” (8 weeks full-time)

3. Family Medicine Preceptorship: Work with a board certified family physician seeing patients in the office. Student’s role will range from “shadowing” to participating in history taking and physical exams, based on level of experience and training. This is primarily geared toward students considering a career in family medicine. (2-4 weeks full-time)

For more information and an application (due February 25, 2003) contact Lisa Dooley, Family Medicine Office, UBHC - D350, e-mail: dooleylc@umdnj.edu, phone: 235-4200.

HOPE TO SEE YOU ON Tuesday, JANUARY 15TH AT 12:30! RSVP is appreciated.

Joyce Afran, M.D. and Jan Gottlieb, M.P.H.
Student Application

The Community Oriented Primary Care “COPC” Summer Assistantship

Sponsored by the UMDNJ-Robert Wood Johnson Medical School-Department of Family Medicine, UMDNJ School of Health Related Professions-Physician Assistant Program and the National Health Service Corps SEARCH Program

What is the COPC Summer Assistantship?
Make a difference in the health of an underserved community this summer and develop the skills needed to work on community health interventions in the future.

“An outstanding experience. I gained exposure to COPC and community service. It sparked my interest in public health. Anyone interested in serving the community should participate in this program.”—former student participant

Program Components
• Spend 4 days/week implementing community-based health intervention (hours/time of day will vary by site/project)
• Specific project is identified in advance by community site; students have opportunity to be involved in site placement.
• Interdisciplinary group of students including medical, osteopathic, physician assistant, nurse practitioner, social work, dental.
• Weekly training meetings including workshops, site visits, faculty advising, socializing
• ½ day/week clinical experience with preceptor
• Final brief project report and poster presentation

Timeframe: June 9 – August 1, 2003, 8 weeks full-time
Stipend: $2400 for the summer
Eligibility: Students in the class of 2006 in good academic standing may apply. Priority is given to RWJ medical students and New Jersey residents.

Spanish-speaking students are encouraged to apply - many opportunities exist to utilize your language skills!

Application Deadline: February 17, 2003
Return attached application to Lisa Dooley, Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School, UBHC, rmD350, 671 Hoes Lane, Piscataway, NJ 08854

Questions: call or e-mail Jan Gottlieb, M.P.H. or Lisa Dooley at 732-235-4200, (gottlija@umdnj.edu), (dooleylc@umdnj.edu)
More about the Community Oriented Primary Care “COPC” Summer Assistantship

Selected Training Activities:

♦ Improving the Health of Underserved, Minority Individuals & Families through COPC
♦ Resources for the Uninsured
♦ Interdisciplinary Care
♦ Tour of Botanica/Bodega
♦ Visit to Migrant Farm Camp/Health Center
♦ Advocacy: A day in Trenton

“I truly enjoyed the COPC experience – group meetings and guest speakers were incredibly relevant – I learned so much from the speakers and my peers. Any participating students will grow tremendously in their ability to ascertain the problems of a community” – former student participant

Types of Community Projects previously implemented:

♦ Developing health education curricula/teaching workshops
♦ Conducting needs assessments through focus groups/and or surveys
♦ Developing community resource directories
♦ Assessing/adapting patient education literature
♦ Preparing and implementing training program for lay health workers, caregivers
♦ Researching need for/interest in new patient services
♦ Conducting patient satisfaction surveys

Community Sites being recruited for Summer 2003

Central NJ: Elijah’s Promise Soup Kitchen ♦ Plainfield Health Center ♦ Suydam St. Reformed Church: Club You Belong for Seniors ♦ Chandler Health Center ♦ Robert Wood Johnson AIDS Program ♦ South Brunswick Health Department ♦ St. Peter’s Pediatric Clinic and the Dorothy B. Hersh Regional Child Protection Center ♦ St. John’s Family Health Center ♦ New Brunswick Counseling Center

South Jersey: CamCare ♦ Southern Jersey Family Health Center

North Jersey: Jersey City Family Health Center ♦ New Jersey TB Center-Newark

Program Co-Directors:
Jan Gottlieb, M.P.H., Family Medicine; Claire O’Connell, M.P.H., P.A.-C, Physician Assistant Program; Linda Whitfield-Spinner, LCSW, National Health Service Corps NJ SEARCH Program

SUMMER COPC ASSISTANTSHIP APPLICATION
Department of Family Medicine

Name: ___________________________ Soc. Sec.#________________ Date: ________________

School: ___________________________ Degree program(s): _______

Year in Program: (e.g. 1st) ___________ Year of Graduation: _______

Current address: _______________________________________________________

Summer address if different from above: _____________________________________

Phone: ___________________________ Preferred E-mail address: ________________

Permanent Address/phone: _______________________________________________

Where will you be living this summer?
current address permanent/summer address flexible

(For following, feel free to use reverse side or attach a typewritten sheet, otherwise write neatly in pen)

Have you participated in HIPHOP programs (RWJMS students only)? No Yes, If Yes, specify: _______________________________________________________________________

What other community health experience do you have? _______________________________________________________________________

What skills or personal attributes do you possess that would help you succeed in this program? _______________________________________________________________________

What do you hope to learn by participating in this program? _______________________________________________________________________

In what settings or with what populations would you be interested in working through this experience? __________________________________________________________

Languages spoken in addition to English _______________________________________

Do you expect to have any scheduling conflicts or special circumstances during the timeframe of this program (full-time, 6/9-8/1/03)? No Yes, please specify __________________________________________________________

Attach a resume and return to Lisa Dooley, Department of Family Medicine, UMDNJ-RWJMS, UBHC, rmD350, 671 Hoes Lane, Piscataway, NJ 08854 by February 17, 2003
Interview Questions for Student Applicants

COPC Summer Assistantship

(COPC Program Co-director interviews all students who apply - approximately 20-½ hour interviews in person or by phone if they are at another school)

Introduce self, outline interview: describe program, learn about your interests, experience, site preferences, discuss selection process, answer questions

Did you attend recruitment lunch?

Features of program: project, training/site visits - barbecue, project write-up, final poster session - networking dinner, faculty advising, ½ day/week shadowing

Ask about activities noted in application – warm up

Career aspirations? Populations interested in working with? Why?

Geographic location preference

Rank sites/discuss reasons for selections

Been in situations where you had to take initiative/leadership, maybe task was not so clear cut -- How handled that?

How would you feel about working in a pair vs. alone

Scheduling conflicts

Academic standing?

Languages you speak fluently besides English?

Preference for various family medicine summer programs applied to (e.g., COPC, preceptorship, research)?

Other:
Please rank your top 5 preferences (1=most preferred, 5=least preferred)

<table>
<thead>
<tr>
<th>Site/city</th>
<th>Projects</th>
<th>Rank</th>
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<tbody>
<tr>
<td>Central New Jersey</td>
<td></td>
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<tr>
<td><strong>Healthier New Brunswick 2010 Lead Initiative</strong>&lt;br&gt;New Brunswick</td>
<td>Lead project: identify concentrations of high lead levels in New Brunswick by accessing data from several sources and mapping it geographically. Assist the Healthy Mothers/Healthy Babies Coalition in preparing for and delivering lead education initiative on new mobile health van.&lt;br&gt;&lt;strong&gt;Population:&lt;/strong&gt; parents and children  (2 students)</td>
<td></td>
</tr>
<tr>
<td><strong>Eric B. Chandler Health Center:</strong> New Brunswick</td>
<td>Work with pediatrician in designing intervention to promote language development in children with delayed speech. Would involve meeting with parents and children, recommending strategies for parents.&lt;br&gt;&lt;strong&gt;Population:&lt;/strong&gt; pediatrics and parents (1 students, Spanish helpful)</td>
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</tr>
<tr>
<td><strong>Elijah’s Promise, Inc.: New Brunswick</strong></td>
<td>1) oral health project- identify services to come to EP and for referral, provide education on oral health&lt;br&gt;3) men’s health project: assess educational needs, develop and deliver workshops and help plan relevant field trips for clients&lt;br&gt;&lt;strong&gt;Population:&lt;/strong&gt; indigent clients of soup kitchen, 75% adult men (1-2 students, Spanish helpful)</td>
<td></td>
</tr>
<tr>
<td><strong>South Brunswick Health Dept:</strong> (South Brunswick)</td>
<td>Strategies for Reaching Minority Ethnic Populations in South Brunswick Township: Health Ambassador (HA) Project (HA are lay people who are trained to help the health dept reach out to residents who do not currently access health dept. services): Project will specifically focus on File of Life Initiative- an emergency information card containing mini-health history.&lt;br&gt;&lt;strong&gt;Population:&lt;/strong&gt; Asian Indian and Chinese Adults, non- English speaking – will have interpreters (2 students, Indian or Chinese language helpful)</td>
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<tr>
<td><strong>St. John’s Health Center:</strong> New Brunswick</td>
<td>Community/Patient Perceptions of Nurse Practitioners and Physician Assistants as Primary Care Providers&lt;br&gt;&lt;strong&gt;Population:&lt;/strong&gt; uninsured/immigrant population (1-2 students, Spanish helpful)</td>
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<tr>
<td><strong>St. Peter’s Pediatric Clinic/Dorothy B. Hersh Regional Child Protection Center:</strong> New Brunswick</td>
<td>EPIC SCAN (Educating Physicians in the Community about Suspected Child Abuse and Neglect) – will involve actual training and program evaluation.&lt;br&gt;&lt;strong&gt;Population:&lt;/strong&gt; Physicians and indirectly children (1 student)</td>
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<tr>
<td>Site Rank Form Cont.</td>
<td><strong>Site</strong></td>
<td><strong>Purpose</strong></td>
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<tr>
<td><strong>Suydam St. Reformed Church:</strong> “Club You Belong”</td>
<td>New Brunswick</td>
<td>Addressing Depression and Loneliness among Seniors: develop workshop on the topic for seniors; train seniors to provide peer support to friends who are depressed or lonely; train staff to identify and refer for depression and loneliness</td>
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<tr>
<td><strong>Renaissance Youth Program of First Baptist Community Development Corporation, Somerset</strong></td>
<td></td>
<td>Develop intervention to promote fitness and nutrition among youth. May include establishment of incentive-based walking program.</td>
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<tr>
<td><strong>Robert Wood Johnson AIDS Program:</strong> New Brunswick</td>
<td></td>
<td>Develop resource compendium with &quot;vocational/educational resources&quot; for pre-teens and teens to help them through the process of choosing colleges, filling out applications, finding internships, etc. Advise youth and parents.</td>
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<tr>
<td><strong>Women’s Health without Walls:</strong> St. John’s, Trinity, Women’s Health and Counseling Center</td>
<td>New Brunswick, Perth Amboy Somerset respectively</td>
<td>Comprehensive Evaluation of the Women’s Health Without Walls Program: program provides specialized services such as paps/colposcopy/endometrial biopsies, treatment of STDS to women). Participate in survey design, distribution, analysis, perform individual interviews with patients, students, residents and administrators, perform chart reviews, compose and present an evaluation of the program</td>
</tr>
<tr>
<td><strong>Women’s Health and Counseling Center, Somerville,</strong></td>
<td>Somerville, provides family planning and primary care services primarily to adolescents, women but also some men</td>
<td>Assess existing patient education materials- brochures/videos for appropriateness (cultural, reading level, comprehension) by having a mix of community members review and provide feedback. Develop a new brochure for clients on sexual assault, assist in updating clinic’s policies and procedures regarding sexual assault based on examples from other settings. Population: teens and adults, including Latinos, African Americans, Asians (2 students, Spanish helpful)</td>
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<tr>
<td><strong>North Jersey</strong></td>
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<tr>
<td><strong>Jersey City Family Health Center:</strong> (Jersey City)</td>
<td></td>
<td>Diabetes electronic care project for the National Diabetes Collaborative: help input and analyze data; make preliminary graphs, tables as the information is gathered. Recommend/develop interventions based on the data.</td>
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<tr>
<td><strong>Broadway House (HIV)</strong> Residential facility for adults with HIV/AIDS-Newark</td>
<td></td>
<td>Assist with updating volunteer resource manual. Promote services of Broadway House in the community.</td>
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</table>

Feel free to add anything that would help us with site placement:
E-Mail to Students Accepted into Program
(followed by more formal letter after site matching process is complete)

Congratulations! We are pleased to accept you into the summer COPC Assistantship Program. Please let me know by Sunday, 3/9 if you accept the offer (or not).

We will be in touch with you by e-mail next week to tell you which sites you may interview with. If you have any questions please feel free to e-mail me at gottlija@umdnj.edu.

I look forward to hearing from you.

Thank you,

Jan Gottlieb
Community Partner Recruitment and Placement Tools

Recruitment Letter to Potential Sites
(We begin recruiting as early as the October prior to the summer.)

February 3, 2003

Name
Executive Director
Organization
Address

Dear Name:

Thanks so much for your interest in our summer Community Oriented Primary Care (COPC) Assistantship. The information below and attached should be helpful in thinking about potential projects. I’m looking forward to meeting with you on Wednesday, February 10th at 10:00 a.m.

Timeframe of COPC program: June 9- August 2, 2003; 4 days/week – we convene students one day/wk for training.

We ask sites to:

• Define a project that meets your needs (a great way to get that “back-burner project off the ground.) See the next section for the types of projects that are typically done. Our main requirement is that the student interacts with the population in carrying out the project (as opposed to a project that is exclusively a chart review or computer/desk project where there is no interaction with clients/patients). Interaction may take the form of interviews, focus groups, educational sessions, etc.
• Complete the attached “Site Application Form.” This helps us all better define the project
• Be available to interview several students during March and provide feedback to us so we can assign the best student for the project.
• Identify a site supervisor to provide direction on project - may translate into meeting one hour/week with more time at the beginning.

Types of projects implemented in the past (See attached sheet for actual projects last summer- COPC Projects02)
• Developing health education curricula/teaching workshops
• Conducting needs assessments through focus groups/and or surveys
• Developing community resource directories
• Assessing/adapting patient education literature
• Researching need for/interest in new patient services
• Conducting patient satisfaction survey

If you need to reach me before we meet my number is 732-235-4200. See you next week.

Sincerely,

Recruitment Brochure

(This is shared during initial recruitment meeting with a potential site)
Overall Program Goals

- To instill an ethic of community service and social responsibility in health professions students/residents by training them in the context of community service
- To foster partnerships between community organizations and the medical school to promote the health of underserved/vulnerable populations
- To equip the next generation of health professionals with the community-oriented/culturally sensitive competencies needed to make a difference in the lives of their patients/clients and the communities they serve

Benefits to Collaborating Community Organizations

- An opportunity to impact the training and attitudes of future health professionals
- A chance to expand/enhance the services your organization currently provides

Opportunities for Collaboration Overview

- Community Oriented Primary Care Summer Assistantship: Teams of pre-clinical students (including medical, physician assistant, nurse practitioner and social work) spend 8 weeks, full-time, on a project to address a community health issue identified by a community organization.

- Community Service by 3rd Year Medical Students: Teams of clinical-level medical students spend 8 half-days over an eight-week period, to provide a community service identified by the community organization. Participating organizations will work with a new team of students every 8 weeks over the course of the year.

- Cross-Cultural Community Medicine Rotation for Family Practice Residents: Each month a second-year family practice resident is available to provide community-based health promotion services including community presentations, one-on-one health education/counseling and preventive clinical services (such as health screenings).

- Introduction to the Patient Course – Community-Based Experiences: Sites host first year (non-clinical) medical students for 3-hour sessions approximately twice a month. The experience is primarily observational, however hands-on activities are encouraged.

Want to learn more? Contact:

Jan Gottlieb, MPH, Instructor
Department of Family Medicine
UMDNJ-Robert Wood Johnson Medical School
One Robert Wood Johnson Place
New Brunswick, NJ 08903
(732) 235-7574, gottlija@umdnj.edu
<table>
<thead>
<tr>
<th>Student/Discipline</th>
<th>Community Partner</th>
<th>Project</th>
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<tbody>
<tr>
<td>Kelly Baier, PA</td>
<td>CamCare Health Center</td>
<td>Evaluation of Patient Assessment Tool for Diabetes Self-Management</td>
</tr>
<tr>
<td>Laura Buckley, MD</td>
<td>Eric B. Chandler Health Center</td>
<td>Assessment of the Quality of Care Provided to a Population of Adult Patients with Diabetes</td>
</tr>
<tr>
<td>Jennifer Caudle, DO</td>
<td>Heureka Center</td>
<td>Black Infant Mortality Project</td>
</tr>
<tr>
<td>Carissa Ferguson, PsyD</td>
<td>Project Hope: Lady of Lourdes</td>
<td>Health Education programs for homeless population</td>
</tr>
<tr>
<td>Clare Hack, MD</td>
<td>St. Peter’s Pediatric Clinic and the Dorothy B. Hersh Regional Child Protection Center</td>
<td>The Utilization of an Assessment of OSCE Scenario Modules as an Educational Tool to Improve Recognition, Reporting, and Prevention of Child Abuse Among Health Care Providers</td>
</tr>
<tr>
<td>Beth Hellstern, PA</td>
<td>Plainfield Health Center</td>
<td>Managing Type 2 Diabetes: A COPC Approach</td>
</tr>
<tr>
<td>Brent Lampert, MD</td>
<td>National TB Center-UMDNJ-NJMS</td>
<td>Culturally Appropriate Tuberculosis Patient Education Materials</td>
</tr>
<tr>
<td>Scott Miller, MD</td>
<td>Plainfield Health Center</td>
<td>Facing Lead Poisoning in Children: Identifying Knowledge Gaps and Geographic Hot Spots</td>
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<tr>
<td>Priti Mody, MD</td>
<td>Jersey City Family Health Center</td>
<td>Eating Well with Diabetes-South Asian Style</td>
</tr>
<tr>
<td>Amy Morano, MD</td>
<td>Elijah’s Promise Soup Kitchen</td>
<td>Nutritional Project for HIV/AIDS Clients and System for Tracking Soup Kitchen Referrals</td>
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<tr>
<td>Stephen Pasquini, PA</td>
<td>Jersey Shore Medical Center A-Team</td>
<td>Hepatitis and Community Awareness</td>
</tr>
<tr>
<td>Seema Patel, MD</td>
<td>South Brunswick Health Dept.</td>
<td>Asian-Indian Breast Health Awareness Program</td>
</tr>
<tr>
<td>Tasha Profit, MD</td>
<td>Renaissance Youth Center</td>
<td>A Needs Assessment of the Franklin Township Area Concerning Unintended Teen Pregnancies and Risky Sexual Behavior</td>
</tr>
<tr>
<td>Adaliz Rivera, MD</td>
<td>Southern Jersey Family Health Center</td>
<td>STD Awareness Program for Migrant Farm Workers</td>
</tr>
<tr>
<td>Ellen See, PA</td>
<td>St. John’s Health Center of Catholic Charities</td>
<td>Managing Type 2 Diabetes: Assessing Patient and Practitioner Needs in an Underserved Population</td>
</tr>
<tr>
<td>Lauren Simington, PA</td>
<td>Suydam St. Reformed Church</td>
<td>Keep Your Home Safe and Secure: Project to Educate Seniors about Home Safety Hazards and Prevention</td>
</tr>
<tr>
<td>Reetu Grewal, MD</td>
<td>Eric B. Chandler Health Center</td>
<td>An Assessment of Knowledge, Attitudes, and Barriers Toward Lead Screening of Young Children among Parent Population at Chandler</td>
</tr>
<tr>
<td>Aisosiya Simmons, MD</td>
<td>RWJUH Community Health Promotion</td>
<td>Fitness and Exercise: A Curriculum to Reduce Obesity and Improve Health</td>
</tr>
</tbody>
</table>
Community Site Data Form  
COPC Summer Assistantship  

We ask sites to complete this form during the “site recruitment process” to help clarify projects prior to interviewing students. Sites either complete it on their own or we complete it during a meeting with them.

Name of Site Supervisor(s):

Organization:

Phone:  
e-mail:  
fax:

Address:

Location where student will be working if different from above:

Title of Project:

Brief Description of Project (e.g.: goal of project, what student will be doing to accomplish project, expected deliverables/ products to be developed):

Population to be served by the project (e.g. Latino youth, patients with diabetes). Describe the involvement students will have with the population served.

Please list 2-3 student learning objectives (what you hope student will gain from working with your organization and on this project)

“As a result of working with our organization and on the project the student will:”
1.  
2.  
3.  

Language preferences:

Preference for discipline of student (MD, Social Work, PA, Nurse Practitioner)?

Preference for one or two students?

Please fax to Lisa Dooley, fax: 732-235-4202, ph: 732-235-4200  

Thank you!
E-mails or Faxes to Sites and Students regarding site interviews

Dear Site Supervisor (name):

Hello! Below are the students who will be contacting you for an interview for the summer COPC program. Local students will be able to meet with you in person but others may need to speak with you over the phone. We will send you the students’ resumes via fax. The timeframe for interviewing is between tomorrow and April 17th - we will encourage students to contact you as soon as possible to set up an interview. After you’ve interviewed all of the students please tell us your preferences by **Monday, April 21st** by either ranking them, 1st choice, 2nd choice, etc or by giving us some indication of who is acceptable and who is not. Please contact me (insert your name and contact info) by e-mail (gottlija@umdnj.edu), phone: 732-235-7574 or fax: 732-235-4202. The COPC co-directors will make the final decision on where students are placed based on your preferences and those of the students. Please do not offer the position to anyone during the interview process. We will notify you of the final placements by early May. The program runs from June 9th to August 2nd. Thank you so much for working with us this summer. We hope you enjoy meeting our students!

List students’ names, disciplines and schools

Sincerely,

Jan Gottlieb

Dear Student (name):

Hello! Below are the names of the sites and contacts with whom we’d like you to interview for the summer COPC program. We will fax your resume to them but it’s a good idea to bring it with you as well. For local students we encourage you to visit the site in-person. The timeframe for interviewing is between tomorrow and April 17th. **PLEASE CONTACT THE SITES EARLY** to set up an interview. This will ensure that they can fit you in during the interviewing period as sites are interviewing several students. After you’ve interviewed with all of your sites please tell me your preferences by e-mail (gottlija@umdnj.edu) by **Monday, April 21st** by ranking them, 1st choice, 2nd choice, etc. Feel free to call me at 732-235-7574 to discuss anything during the interview process. The COPC co-directors will make the final decision on where students are placed based on the site’s preferences and your preferences. We will notify you of the final placements by April 25th. Please ask the sites for directions or use MAPQUEST and just confirm with them. Enjoy your visits to the sites!

List site contact name, address, phone, e-mail, etc.

Enjoy your visits to the sites!

Sincerely,
Formal Acceptance Letter to Students
(Students are notified informally by e-mail by the third week of April)

May 14, 2003

«FirstName» «LastName»
«SummerAddress»
«SummerCity», «SummerState»  «SummerPostalCode»

Dear «FirstName»:

Congratulations and welcome to the Community-Oriented Primary Care Summer Assistantship scheduled for June 9 – August 1, 2003. Enclosed is the preliminary training agenda. Directions are enclosed for the UMDNJ–School of Health Related Professions, Physician Assistant Program in Piscataway where we will meet. Please complete the enclosed pre-survey and bring with you on June 9th. You have been assigned to the following site:

«SiteName» «SiteName2»
«SiteAddress1» «SiteAddress2»
«SiteCity», «SiteState»  «PostalCode»
Site Supervisor: «SiteSupv1FirstName» «SiteSupv1LastName», «SiteSupv1Title»
Telephone: «Phone1» Ext: «Extension» Email: «EmailAddress»
Project(s): «Project»
Please notify us if the project changed during the interviewing process

Please contact your site supervisor prior to the start of the program to confirm your initial meeting date and time which should be on Tuesday, June 10. We recommend that you complete a brief (3 hour) WebCT course on the IRB (see attached) prior to June 9th. You will have the opportunity to shadow a clinician for up to one half day per week. You will receive information concerning this on the first day of the program.

You will receive a stipend of $2400 made in 3 payments: two payments during the 8 week program and the last, upon completion of your project, which you will receive within a month after the program ends. If you have not already done so, please provide Lisa Dooley the address to which you would like your first two checks mailed and a summer e-mail address. We’ll confirm your address again for the final check. Questions concerning payment may be directed to Lisa Dooley at (732) 235-4200 or dooleylc@umdnj.edu. We look forward to meeting you on June 9 at 9:00 a.m. If you have any questions, contact us by email or phone.

With warm regards,

Jan Gottlieb, MPH
MPH, PA-C
Instructor/Coordinator

Justine Ceserano, MPA
SEARCH Program Director

Claire O’Connell,
Associate Professor/Clinical

Welcome to the World of the IRB!

The University of Medicine and Dentistry of New Jersey (UMDNJ) is guided by ethical principles regarding all research involving human subjects. These principles are regulated by the Department of Health and Human Services (DHHS). The UMDNJ Institutional Review Board (IRB) oversees all research on human subjects conducted by faculty, students, and staff of the school. All research projects must be reviewed by the IRB. This includes the projects you will be completing through the Community Oriented Primary Care summer assistantship. We will work with you in completing your application to the IRB during the first week of the summer program. Going through this process will be valuable to you, particularly if you plan to be involved in any research involving patients in the future.

Before any application for approval can be submitted, the University requires that all key personnel involved complete the Research Protections for Human Subjects Training Course and provide a copy of their certificate to the Office of Research and Sponsored Programs. This course is offered through WebCT and takes approximately 3 hours to complete.

Please follow the instructions below to register for the Research course. We recommended that you complete the course prior to the beginning of the summer assistantship. Please bring a copy of your certificate with you on the first day of the COPC Program.

1. **Go to:** [www.umdnj.edu/riteweb](http://www.umdnj.edu/riteweb)

2. **Click:** registration

3. **Click:** Ready to Register (green check in a box)

4. **Enter Name:** riteumdnj

5. **Enter Password:** j120560f

6. **Click:** OK

7. **Click:** Research Protection for Human Subjects

8. **Enter:** Your UMDNJ WebCt account name

9. **Enter:** Your WebCt password

You are now registered for the course. Click on the Course name and begin the course. You should complete all parts of the course before attempting to take the final exam. Once you pass the final exam you will be instructed to complete your certificate.

Once you have completed the course, you must also create a GENIUS profile. This is a management system that the University uses to track all research and grant funding by individuals. Follow the directions below:

1. **Go to:** [http://grants.umdnj.edu](http://grants.umdnj.edu)
2. **Select:** Access InfoOffice (large icon), **then** InfoSearch (oblong icon)

3. **Select:** SMARTS/GENIUS (upper right icon), **then** Create New Profile (link, top of page.

4. **Choose:** UMDNJ (from list), then **press** Select

5. **Enter:** First name, Last name, e-mail address

6. **Select:** school and department (from scroll list–RWJMS-Family Medicine OR SHRP-Primary Care)

7. **Enter:** User name and password (recommend using email account or WebCt if different than email); re-enter password to ensure accuracy, **then** Submit

8. **Select:** General; input all data you wish to be included in your profile. This system will allow you to receive notification about upcoming grants and announcements. You can leave it blank if you wish. You decide if you want to receive email announcements or not.

9. **Click:** Save Changes

10. **Select:** Keyword

11. **Click:** any areas of general research interest. This will tell the system which announcements to send you.

12. **Click:** Save Changes

13. **Select:** Return

14. **Log Out**

You can edit your profile any time you wish by returning to this page and selecting “Edit an Existing Profile.”

If you have any difficulty registering for either the Human Subjects course or creating your GENIUS profile, contact Claire O’Connell at 732-235-4445 or oconnecb@umdnj.edu
Formal Confirmation Letter to Site Informatin them of Student Placement
(Sites are notified informally by e-mail or fax by the third week of April)

May 14, 2003

«SiteSupv1FirstName» «SiteSupv1LastName», «SiteSupv1Title»
«SiteName»
«SiteName2»
«SiteAddress1»
«SiteCity», «SiteState»  «PostalCode»

Dear «SiteSupv1FirstName»:

Thank you for agreeing to participate in the 2003 Community Oriented Primary Care summer program. The following student(s) have been assigned to your site:

Name:  «FirstName» «LastName»
Phone:  «SummerPhone»   e-mail:  «EmailName»
Project:  «Project»

Please notify us if the project changed during the interviewing process

Student’s Schedule (attached)
The summer program runs Monday, June 9 – Friday, August 1, 2003. Students may contact you prior to the start of the program to begin working on the background needs for the project. The attached preliminary schedule shows all training events the students are required to attend. You are welcome to attend any of the sessions. The first day the students will be at your site is Tuesday, June 10 at 9:30 a.m. If you will be unable to accommodate the student(s) on this date, please contact one of the program directors as soon as possible to arrange an alternative. Please mark your calendar for our appreciation dinner/poster session on Thursday, July 31, approximately 4:00 – 6:30 p.m. – invitation to follow.

Students will be working on the project approximately 4 days per week. Please work out a specific schedule with the student while accommodating for the training events. Students have been offered up to one half day per week of clinical shadowing which they will schedule around project needs. Students will receive additional guidance on the project from a faculty advisor. You are not expected to grade the student but we will ask you to complete an evaluation and survey of satisfaction at the end of the program.

Orientation to your site and community
As part of your orientation, please discuss what the student hopes to learn from the experience as well as what you hope the student will gain. If you have not already completed the “Community site application” (see attached) this format may help you think through your project service-learning objectives. During the first week, students will need to complete a very basic “Site and Community Assessment” to learn as much as they can about your site, the population you serve and the community. It would be helpful if you or a member of your staff could arrange a walking/driving tour of the community served by your organization. In addition, your assistance in directing the student to sources that would help them learn more about the
community is greatly appreciated. By the second week, students will be expected to complete a workplan and timeline and in some cases an Institutional Review Board Application (which co-directors will advise them on). Meetings with the student may need to be more frequent initially, during this early phase.

Site Stipend
The New Jersey Primary Care Association (NJPCA) SEARCH (Student/Resident Experiences and Rotations in Community Health) Program will provide a $450 stipend to your site per student. This stipend is a small token of our appreciation for hosting a student and is meant to offset any project-related expenses incurred by the site. The NJPCA will be in touch with you regarding payment.

Final Presentation of Projects
Students will present the end-product of their summer project to you and your staff at the site (see attached COPC Deliverables). They will also present their project to the entire COPC group at our Appreciation Dinner/Poster Session on Thursday, July 31, 2003. The event will be an excellent opportunity to learn about all of the COPC projects completed by students, some of which may be relevant to your organization. You will receive more information with your invitation in a separate mailing. Please plan to attend this event and share in our celebration.

If you have any further questions or concerns, please feel free to contact the program co-directors at any time.

Thanks so much for participating in the Summer 2003 COPC Program!

Jan Gottlieb, MPH       Justine Ceserano, MPA       Claire O’Connell, MPH, PA-C
Instructor              SEARCH Program Director     Associate Professor/Clinical Coordinator
RWJMS                   NHSC                         SHRP
(732) 235-4200          (609) 275-1145              (732) 235-4445
Faculty Advisor will be expected to:

- have expertise in the project area
- meet with student(s) to advise on their project (approximately 4 times over course of the summer though some of this can be accomplished by phone.)
- advise students on initial workplan/timeline (to assure feasibility of project) as well as drafts of any materials developed.
- be accessible by phone/e-mail if possible

Optional:
- Attend at least one of the weekly group meetings to provide feedback on students’ projects
- Attend students’ final poster session at UMDNJ-New Brunswick on Thursday, July 31, 2003

Timeframe: June 9 – August 1, 8 weeks

Requirements:

- Expertise in particular project
- Advisor does not need to be an M.D. or Ph.D. – can be any health-related discipline
- Available at the start of the summer program unless another arrangement can be worked out.
Sample Confirmation Letter to Speaker for Training Program

June 4, 2002

Speaker Name
Address

Dear Name:

Thanks so much for agreeing to participate in our Community Oriented Primary Care Summer Assistantship, as part of a panel of health Professionals Working with the Underserved. The panel is scheduled for **Friday, July 26, 1:30 – 3:00 p.m.** at the New Jersey Primary Care Association. (Directions enclosed).

There are 20 students in the group and 3 faculty. It is an interdisciplinary group of students including medical, physician assistant, social work and psychology students. We will have an overhead projector available. As we discussed it would be helpful to briefly describe your center and your job, discuss why you chose this kind of work, the challenges and rewards/benefits of working with the underserved in your setting, It’s always interesting to provide anecdotes of patients that made a particular impact on you, advice or take-home message you would leave with the students. We had also discussed having you describe a program that is particularly community-oriented.

We will have an overhead projector available. Please let me know if you need any other equipment.

Thank you again. We are greatly looking forward to your talk.

Sincerely,

Jan Gottlieb, MPH
Instructor

(A thank you note is sent after the presentation)
Evaluation of COPC Summer Assistantship Training Sessions
(Students complete an evaluation at the end of each training/field trip day)

Date: ______________________

Please rate today’s sessions or field visit:

Title of Session: ______________________

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<tr>
<td>Worthwhile repeating next year?</td>
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Comments:

Title of Session: ______________________

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Comments:

Title of Session: ______________________

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Comments:

Title of Session: ______________________

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Comments:

Thank You!
COPC Summer Assistantship
Final Evaluation – Tell Us What You Really Think!
(Students complete on the last day of the program. This is followed by a focus group evaluation meeting)

Please rate the following components of your summer experience.

<table>
<thead>
<tr>
<th>How satisfied were you with:</th>
<th>Not at all</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Overall (Orientation Week, Weekly seminars and site tours)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Facilities for training (PA building)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Food</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How well did the training prepare you for your summer project?</td>
<td>Not at all</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The Student Manual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How informative?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>How interesting?</td>
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<tr>
<td>How helpful?</td>
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<tr>
<td>Worthwhile distributing next year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________

What I liked most about the COPC program was… _________________________

What I liked least about the COPC program was …________________________

What I will remember most was… _______________________________________

Would you recommend this assistantship to future students?
__ Yes     __ No

Explain: _____________________________________________________________

How, if at all, has this summer experience influenced your future career interests with respect to working with undeserved populations? (circle one and explain)

_____ More interested now
_____ Less interested now
_____ Was always interested- this had little effect
_____ Never interested- still not

What recommendations do you have for improving the experience next summer? (Please consider the following in your answer – process of site placement and project identification, the orientation week, ongoing weekly seminars, site tours, advising, what could be cut, what could be added)

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Thank you!
Please detach this sheet from the first part of the evaluation

COPC Site:_____________________________________________________

If more than one person at site with different projects, specify project: ___________

<table>
<thead>
<tr>
<th>How satisfied were you with</th>
<th>Not at all Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your specific COPC project</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Your site</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>The direction you received from COPC program directors/</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>faculty advisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your site experience overall</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Working with other students at your site</td>
<td>1 2 3 4 5</td>
<td>5 N/A</td>
</tr>
<tr>
<td>Working alone</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Would you recommend this site in the future?  ___ Yes  ___ No

If no, why not:

If yes, what advice do you have for future students placed at this site:

Other comments:
Thank you letter to Site Supervisors Followed by Evaluation form

September 3, 2002

«SiteSupv1FirstName» «SiteSupv1LastName» «SiteSupv1Title»
«SiteName»
«SiteName2»
«SiteAddress1»
«SiteAddress2»
«SiteCity», «SiteState» «PostalCode»

Dear «SiteSupv1FirstName»:

Thank you so much for serving as a supervisor for the Summer 2002 Community-Oriented Primary Care (COPC) Assistantship. We greatly appreciate all of the time and effort you and your staff dedicated to making the COPC program a meaningful and enjoyable learning opportunity for «FirstName» «LastName». We hope you were pleased with the project(s): «Project»

It would be very helpful to us if you and/or the direct supervisors would take a few minutes to complete and return the enclosed evaluation in the self-addressed envelope or by fax 732-235-4202. We are always aiming to improve the program and your feedback would be invaluable to us. We look forward to working with you in the future.

With warm regards,

Jan Gottlieb, MPH
Instructor
RWJMS

Linda Whitfield-Spinner, LCSW
SEARCH Program Director
NHSC

Claire O’Connell, MPH, PA-C
Associate Professor/Clinical Coordinator
SHRP
COPC Summer Assistantship Site Supervisor Evaluation

Thank you for taking a few minutes to complete this evaluation of the summer program. Please circle the number or response that corresponds most closely with your opinions on each of the questions. Written comments are appreciated. Please use an additional sheet as needed.

Site _______________________ Name_____________________  Date_______________________

Please rate the following aspects of the program:

<table>
<thead>
<tr>
<th></th>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>1. Clarity of goals, objectives and expectations for the summer program?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Communication with program director(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Student(s)’ project(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Student poster session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>5. Appreciation dinner</td>
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</table>

*6. If unable to attend or send a representative what prevented you? (time/date, distance, other reason?)

7. Any suggestions for closing the program besides poster session/appreciation dinner?

8. Please comment on the student(s)’ professional demeanor, interaction with staff/clients/patients, etc.

9. Please provide comments, suggested changes if any, regarding the process for placing students:

10. Please describe any specific problems encountered over the summer with respect to this program and suggestions to help overcome these problems or other suggestions for improving the program.

11. Would you like to host a student(s) next summer? □ No □ Yes, If yes, please answer a & b

   a. Ideas for next summer’s project(s) if you know at this point (Please be specific.)
   b. Would you consider hosting a pair of students to work together on a project?

     □ No □ Yes

12. Would you be interested in providing a workshop to the group of students as part of their training?

     □ No □ Yes

If yes, on what topic(s) ____________________________________________________________

Additional comments: _______________________________________________________________

Please return in self-addressed envelope or fax to 732-235-4202.

Thank you!
Letter to Dean for Student’s File
(sent to student’s Dean at the conclusion of the program)

TO: Dean of Students (Name)

FROM: Joyce Afran, MD
       Jan Gottlieb, MPH

SUBJECT: Summer Program Participation

DATE: November 19, 2002

This letter acknowledges «FirstName» «LastName»’s successful completion of the Community-Oriented Primary Care (COPC) Summer Assistantship during the summer of 2002. This eight-week program is jointly offered by the RWJMS Department of Family Medicine, the SHRP Physician Assistant Program, and the New Jersey Primary Care Association’s NHSC SEARCH Program.

Comment: «FirstName» «LastName» completed a project entitled: “«Project»” at «SiteName» «SiteName2» and made a significant contribution to the organization. The site supervisor was very pleased with the student’s performance. «FirstName» did an outstanding job on the final project paper and poster presentation.