



***HEALTH For All in 2010:
Confirming Our Commitment ~ Taking Action
Descriptions of Workshops, Posters and Site Visits***

Community-Campus Partnerships for Health's 5th Annual Conference
May 5 – 8, 2001 ~ San Antonio, Texas

January 2000 marked the launch of the Healthy People 2010 Objectives for the Nation, which set the nation's public health goals for the next decade: to increase quality and years of healthy life; and to eliminate health disparities that are associated with race, ethnicity and socioeconomic status (www.healthypeople.gov). Achieving these goals will require community partnerships that involve ordinary citizens, grass roots organizations, community agencies, hospitals and health systems, businesses, government, philanthropy and other partners. U.S. Surgeon General David Satcher has specifically called upon health professional schools to be essential partners in achieving the Healthy People 2010 objectives. Indeed, higher educational institutions as a whole can make significant contributions to advancing the health of the nation – through their roles as educators, researchers, service providers, employers, campuses, community assets and citizens.

Community-Campus Partnerships for Health's 5th anniversary conference seeks to demonstrate the contribution that community-campus partnerships can make to promoting health, reducing health disparities and improving quality of life. Although our focus as an organization is on community-campus partnerships that involve health professional education, our 5th annual conference seeks to engage our colleagues across higher education as a whole to confirm our collective commitment to Health for All in 2010.

THE GOALS OF THE CONFERENCE ARE TO:

- Foster a strategic linkage between the missions and roles of colleges, universities, health professional schools and community-based organizations and the Healthy People 2010 objectives for the nation.
- Broaden and deepen participants' understanding of the ways in which individuals, organizations and communities can promote health.
- Facilitate participants' commitment to specific actions they can take – as individuals and within the context of their organizations and communities – to advance the Healthy People 2010 objectives for the nation.
- Enhance the ability of participants to advocate for policies that support the role of community-campus partnerships in advancing the Healthy People 2010 objectives for the nation.
- Provide an inclusive and dynamic forum for networking, information-sharing and skill-building among all stakeholders involved in health-promoting community-campus partnerships.
- Build and sustain a growing interdisciplinary network of health-promoting community-campus partnerships.
- Shape the program and policy agendas for community-campus partnerships and for CCPH.

This document contains descriptions of the conference workshops, poster presentations and site visits. In disseminating these descriptions, we aim to convey the breadth, depth and diversity of health-promoting activities that CCPH members are involved in, and the many opportunities for learning that take place at our annual conferences. We thank the workshop and poster presenters, and site visit hosts, for generously sharing their experiences and expertise at the conference.

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INTENSIVE WORKSHOP DESCRIPTIONS

Service-Learning for Beginners: The Essentials

Facilitators: Kate Cauley & Annette Canfield, Center for Healthy Communities, Wright State University and Sheranita Hemphill, Sinclair Community College

- What is service-learning (SL), what are its key components, and how is it similar or different from other forms of experiential learning in the health professions?
- What are best practices of curricular integration of SL? Of orienting and preparing students? Of combining service and learning objectives? Of community participation and partnership? Of promoting reflection and critical thinking? Of evaluating student learning and community outcomes?
- What resources (ie, trainings, funding, publications) are available to support service-learning in the health professions?

From Service-Learning to the Engaged Campus

Facilitators: Cynthia Boyd, UIC Neighborhood Initiative & Lauri Alpern, Great Cities Institute, University of Illinois, and Angela Ellison, West Side Future

- What is an engaged campus?
- What are some examples of engaged campuses across the country? What have we learned from their experiences that would benefit campuses that aren't as far along?
- What resources are available to support campuses that seek to embrace the community as a genuine partner?

Community-Based Participatory Research: Principles, Methods and Best Practices

Facilitators: Richard Lichtenstein, University of Michigan School of Public Health & Alex Allen, Butzel Family Center

- What is the definition of community-based participatory research?
- What are the principles, key components and "best practices" of community-based participatory research? How does one begin a community-based participatory research initiative?
- What resources (i.e., funding, books, articles, fellowship programs) are available to support CBPR?

Gaining Support For Your Community-Based Programs: The Nuts and Bolts of Grantwriting and Fundraising

Facilitator: Barry Daneman, University of Missouri-Kansas City School of Dentistry

- What are creative approaches to raising funds for community-based programs? How do you identify prospective grantmakers?
- What are techniques for writing successful "letters of intent", concept papers and proposals?
- What resources are available (ie, trainings, on-line resources) to further develop skills in grantwriting and fundraising?

Developing Partnerships with Colleges and Universities: A Primer for Community Agencies

Facilitators: Tom O'Toole, Johns Hopkins University Hospital & Laura Gillis, Health Care for the Homeless, Inc.

- What factors affect the involvement of higher educational institutions in communities? What are the issues and challenges affecting higher education today?
- What are the resources and assets of higher educational institutions that can be beneficial to communities? How do communities effectively access these resources and assets?
- What are the resources and assets of communities that can be beneficial to universities?
- What are the benefits to communities of collaboration with higher educational institutions on service-learning and community-based participatory research? What are the strategies and methods for developing these as genuine partnerships? What are the pitfalls to watch out for?

Assessing and Improving the Functioning of Your Community-Campus Partnership

Facilitator: Jerry Schultz, Work Group on Health Promotion and Community Development, University of Kansas

- What do we mean by “partnership,” “partnership functioning” and “successful partnership?”
- What factors contribute to successful community partnerships? What are strategies and methods for assessing and improving the functioning of a community partnership?
- What resources are available (ie, training, publications, grants) to support and strengthen community partnerships?

Building Culturally Competent Community-Campus Partnerships

Facilitator: Ira Sengupta, The Cross Cultural Health Care Program

- What is the definition of cultural competence? What is the rationale for cultural competence?
- How does one assess cultural competence in individuals and organizations?
- What are strategies and methods for building culturally competent systems of higher education and of health care? What are strategies and methods for building culturally competent partnerships between communities and higher educational institutions?

SESSION DESCRIPTIONS BY TRACK

Track: PROMOTING HEALTH FOR ALL THROUGH ACCESS TO EDUCATION

LESSONS FROM UNIVERSITY-COMMUNITY COLLABORATION TO PREVENT YOUTH TOBACCO USE

Peter C. Olden, University of Scranton and the Tobacco Free Initiative Project

This session will give participants skills to create collaborative relationships between a university and a local health coalition. It relates to the conference theme and conference goals by:

- Joining campus and community members to interact for the common purpose of developing collaboration skills
- Engaging a higher education colleague with community colleagues to collectively commit to and develop collaboration skills for working toward Health for All in 2010
- Teaching collaboration to foster linkage between a university and a community-based health coalition
- Broadening and deepening participants' understanding of collaboration as a way to promote health
- Facilitating participants' commitment to collaboration as a specific action in support of Healthy People 2010
- Enhancing the ability of participants, through collaboration, to advocate for community-campus partnerships
- Providing an inclusive and dynamic forum for skill-building among stakeholders for promoting health

In this session, participants will:

- Describe actual collaboration between a university, a community anti-tobacco coalition, and ten school districts
- Explain collaboration problems that arose among the people and organizations that were trying to reduce tobacco use in the community
- Describe techniques, methods, and practical solutions to these collaboration problems
- Take home a "collaboration tool kit" to use in their own community for collaboration and partnerships

RESPONSIBLE ADOLESCENTS DETERMINE SUCCESS: A COMMUNITY SERVICE/RESEARCH PROJECT TO ENHANCE NUTRITION EDUCATION AND PHYSICAL ACTIVITY IN SCHOOLS

Rosemarie Cannarella, West Virginia University– Rural Family Medicine Residency Program; Donna Printz, Shepherd College; Lynne Albright Brown, Jefferson High School; Cheryl Stockett, West Virginia University School of Medicine

This project was a cooperative effort of a team consisting of local high school health teachers and school nurses, health professional students doing clinical rotations in our community (MD, DO, PA students) a local college instructor and her exercise physiology students and a local family doctor who teaches in a rural residency program. Over a 12 week period, this team entered the classroom 2 days a week - one a teaching nutrition /physical activity day and one an actual physical activity class day where all students participated e.g. Tai Bo, yoga, aerobics, weigh lifting. Before and after surveys were done to assess results of baseline interventions, post intervention parameters, behaviors and attitudes. Over 400 high school students were involved in the intervention.

This successful project met with many obstacles. From the outset, securing IRB permission to work with adolescents, convincing high school principal and health teachers to buy into the program. Keeping with state educational objectives and securing commitments from all involved was challenging. Sharing these with the group and encouraging group discussion regarding these issues and other alternatives for solving the roadblocks that occurred may help others to get similar projects started in their communities.

In this session, participants will:

- Discuss various methods used to do a community needs assessment in reference to specific HP 2010 goals (in this case, reduce adolescent obesity 10%)
- Identify local resources for the project and steps to secure their assistance.
- Outline steps needed to secure Institutional Board Review (IRB) approval to do community research.
- Review various cooperative activities we did to enhance classroom learning experiences
- Review the results

BREAKING BARRIERS: USING INFORMATION TECHNOLOGY TO TEACH MEDICAL STUDENTS ABOUT BARRIERS TO HEALTH CARE AND HEALTH DISPARITIES

Steve Landers, Shadia Garrison, American Medical Student Association/Foundation

This session will share with participants the story about how the American Medical Student Association/Foundation, in partnership with the Health Resources Service Administration (HRSA), has created a multi-media curriculum designed to introduce medical students to the subject of barriers to health care and health disparities. The curriculum also tries to engage medical students in a dialogue about why medical students should be concerned about barriers to health care and what they can do to help break down these barriers.

This session goes along with one of the conference's main themes of creating campus-community partnerships to reach the goals of Healthy People 2010. More specifically, this project works toward the goal of eliminating racial, ethnic, and socioeconomic health disparities by introducing these problems to medical students who may not have known about the issues, and the project facilitates their involvement in community programs that work to eliminate health disparities.

Additionally, discussion will touch on the broader topic of the usefulness and limits of this type of project for educating health professions students about public health issues that may be left out of traditional curricula.

In this session, participants will:

- View a multi-media presentation designed to introduce medical students to the subject of barriers to health care and health disparities
- Learn about the history of the project and the process used to create the curriculum
- Discuss the early successes and failures of the module from pilot tests at the American Medical Student Association's national convention
- Share thoughts about the usefulness and limits of this type of project for educating health professions students about public health issues that may be left out of traditional curricula.
- Propose suggestions for improving and distributing the "Breaking Barriers" module.

APPLYING PARTNERSHIP DESIGN TO THE DEVELOPMENT OF CONTINUING EDUCATION FOR PROFESSIONALS

Patricia M. Christopherson, University of Wisconsin-Eau Claire, HSS Dean's Office and Department of Social Work; Debra R. King, University of Wisconsin-Eau Claire Continuing Education

Analysis of and application to other partnerships of an eighteen-month, broad-based coalition for continuing education of social workers in 31 rural, impoverished Wisconsin public human service agencies that serve adult clients predominantly. On-going project does not have extramural public or private funding; model will include charging counties per capita population based on census data. A model contract between counties and the university will be presented. A second contract with the State of Wisconsin to develop and deliver training in support of Family Care, a system-wide redesign of long-term care is in development and may be shared. Funding initiatives, methodology, and committee development will be used for problem-identification and problem solving. Intent is to use this broad-based, three institutional model as the basis for application in other settings. Innovative application of a listserv for committees whose members are hundreds of miles apart will be presented and discussed.

Core curriculum and specializations in gerontology; mental, physical, and cognitive disabilities; alcohol and other drug abuse; supervision and administration; and adult protective services will be shared and analyzed. Practical, outcome-based curriculum development will be stressed.

The future charge of this project is the incorporation of the Long-Term Support training needs of 6 bands of the Chippewa Tribe, 1 Band of the Potawatomi Tribe, and 1 Band of the HoChunk Nation.

In this session, participants will:

- Examine design used to create coalition between 31 County Human Service Departments serving predominantly impoverished, rural counties; two Wisconsin Departments of Health and Family Services Regional Offices; and two University of Wisconsin-Eau Claire units (Social Work; Continuing Education) to provide on-going training for social workers in those counties who serve adult clients.
- Analyze instrument created to identify core training needs for on-going certification and continuing education needs.
- Compare and contrast professional core curriculum to specialized interventions to meet specific client needs. (e.g. Alcohol and other Drug Abuse, Developmental Disabilities, Mental Illness and the frail elderly.)
- Explore and build possible private and public funding strategies for under-recognized professional training needs.
- Apply concepts and learned skills from this project to other public and private service delivery system in human services, education, and health-related agencies.

Track: PROMOTING HEALTH FOR ALL THROUGH TEACHING AND LEARNING

TAKING ACTION ON THE SURGEON GENERAL'S REPORT: INTEGRATING ORAL HEALTH OBJECTIVES INTO COMMUNITY HEALTH PROGRAMS

Charlotte J. Wyche, University of Detroit Mercy School of Dentistry; Karen M. Yoder, Indiana University School of Dentistry

This critical issues forum will explore the Surgeon General's Report on Oral Health in America (SGR), correlate the findings in the report with the Oral Health Objectives in the HP 2010 document, and generate ideas for taking action on oral health needs. Methods used to facilitate interactive discussion would be small, interdisciplinary and inter-agency "Action Brainstorming" groups that would generate ideas and then share the information in the larger group. The large group sharing would create a written list of broad spectrum action ideas that could be shared with agencies seeking to integrate oral health into community programs.

In this session, participants will:

- Identify and make a connection between the oral needs outlined in the SGR and the oral needs of the communities they serve.
- Utilize the Oral Health Objectives of the HP 2010 document (Chapter 21) to generate and share action ideas for addressing oral needs in their own community-based health programs.

LEARNING TO TEACH

Patty J. Ellison, Tammy Robinson, Stephen F. Austin State University

Much health education literature is written at levels greater than the national average of peoples' reading and comprehension skills. In order to make the most of teaching opportunities and prepare people to care for themselves, it is imperative that materials are developed at a level most can read and understand. In order to be effective patient educators, one must learn to assess the appropriateness of teaching materials used.

In this session, participants will:

- Discuss two tools for assessing reading and comprehension levels of asthma health education literature to assist nurses, student nurses, and patient educators to recognize and develop appropriate materials for teaching health information
- Participate in small groups to assess various examples of asthma health education literature
- Develop examples of asthma health education literature for 4th – 6th grade reading and comprehension level utilizing principles from presentation
- Share examples of developed materials

HEALTHY COMMUNITIES: FROM DREAMS TO REALITIES

Nan Carle, Associate Director; Center for Native American Health; Tommy Begay, Coordinator for Service Learning; Mark Veazie, Assistant Director for Community Health Practice; Amanda Soliz, student intern, University of Arizona.

The Center for Native American Health (CNAH) has worked collaboratively with its Advisory Council made up of Tribal and urban Indian health leaders, the Arizona College of Public Health, and the Indian Health Service. Together we are moving in new directions to create a Service Learning Internship Program for people working with Tribal or urban health programs. We have developed a curricular framework that weaves together public health culture and the multiple cultural historic views of Native American Tribes. The critical issue we will address in this session is how we can best learn together to hear each others dreams and realities and to move forward to make a difference in the health status of Native American people. This is particularly relevant to the conference theme of teaching and learning together to promote health for all. It is also relevant to broad-based community partnerships.

In this session, participants will:

- Share knowledge about translating and interpreting health issues between two types of cultures: Public Health and Historical cultural perspectives of Native American Tribes.

- Discuss experience and knowledge gained in (a) developing community-campus partnerships in service learning; (b) developing projects related to Healthy People 2010 with Native American cultural perspectives (c) developing a public health curriculum that is relevant to meeting the needs of the communities involved.
- Explore new ideas about working across cultures in ways that recognize common ground and respects differences.
- Develop a set of guidelines for Native and non-Native people learning and working together in a way that best enhances the public health needs and interests of the communities involved.

DEVELOPING CROSS CULTURAL CURRICULA WITH THE COMMUNITY

Judy Lewis, Stacey Brown Lindsay, Jennifer Unger, Ashish Shah, Belachew Tessema, University of Connecticut Health Center; Suzette Benn, Urban League of Hartford

The need for improvement of cross cultural skills to improve health promotion, health care access, communication and treatment outcomes for minority populations has been well documented. Most recently, the LCME has included cultural competency of faculty and students as an accreditation requirement for US medical schools. The University of Connecticut School of Medicine, in collaboration with many community partners has begun to address this issue. In the academic year 1999-2000, 12 focus groups were held with 3 student, 2 faculty and 7 community groups. This process began to identify issues for curriculum development. A curriculum workshop was held in the spring with community, faculty and student representation; and this was followed by a retreat of the Community Curriculum Planning Committee. A plan for addressing cultural skills in the curriculum was developed and the first stage is being implemented in 2000-2001. This has included working with patients and translators, patients with communication difficulties, reviewing videotapes of these interactions and small group discussion with faculty about cross cultural communication.

In this session, participants will:

- Explore focus group methods as a way to engage community and university groups in the development of health professions curricula in cross cultural skills
- Review strategies and outcomes of the process of community collaboration on curriculum development
- Develop skills to use in their home institutions to promote cross cultural skills

Track: PROMOTING HEALTH FOR ALL THROUGH RESEARCH

PARTNERING FOR COMMUNITY CAPACITY BUILDING: THE COMMUNITY ORGANIZING PARTICIPATIVE ACTION RESEARCH (COPAR) MODEL AS A GUIDE FOR DEVELOPMENT

Sara Kolb, Irene Gilliland, Sylvia Ruiz, Oralia Cavazos, Marisela Moreno, and Jean Deliganis: Ministerio de Salud, University of the Incarnate Word, and St. Philip of Jesus Parish, San Antonio, Texas.

The purpose of the *Ministerio de Salud*, a partnership for health between the University of the Incarnate Word and St. Philip of Jesus parish is to improve the health and well-being of a predominantly Hispanic community through collaboration and capacity building. The Community Organizing Participative Action Research (COPAR) model is a tool that serves as a framework for achieving this goal. The COPAR model has been developed and refined at the St. Paul University, College of Nursing in the Philippines over the past 15 years. The model has been used to guide community capacity building in depressed and underserved areas, and to develop capacity of residents for management of their own health concerns. When exploring ways to approach capacity building, the partnership selected the COPAR model because of its congruence with the purposes of the partnership. Through teaching each other and learning together, community members, faculty and students have developed an action plan based on the phases and activities of the COPAR model.

In this session, participants will:

- Examine the dimensions the COPAR Model as it applies to the process of community capacity building.
- Discuss methods for community and university collaboration in application of the COPAR model in a faith-based partnership for health.
- Compare experiences and lessons learned in the process from both community and university perspectives

ENCOURAGING COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH THROUGH UNDERSTANDING AND DIMINISHING BARRIERS

Pamela Reynolds, Gannon University

The purpose of this session is to define community-based participatory research (CBPR) and differentiate it from traditional research. Community-based action research seeks a collaborative approach to explore a problem and endeavors to engage “subjects” as equal or full participants in the research process. Traditional research operates at a distance from people’s everyday lives and does not make its way into the experience of reality in day-to day life. It often reflects an authoritarian style. CBPR seeks to build and sustain social and personal interactions that are not exploitative, and that enrich the social and emotional lives of all those who participate. There is a positive focus on maintaining positive working relationships. All CBPR participants need to engage in styles and forms of well-balanced communication that facilitates productive, collegial relationships. As an inquiry method, CBPR seeks inclusion and participation of stakeholders in both the investigation process and formulation of solutions to the problems confronting them in their everyday community and organization lives.

In a couple of the CCPH sessions at the conference last year, the dissonance between the community partners and academic institutions related to research was acknowledged. There was a willingness on both sides to identify the issues and work towards reducing the differences, but there was no opportunity to begin this process. The objective of the interactive component of this session will be to begin this dialogue

In this session, participants will:

- Discuss how to develop a productive working relationship among all co-researchers
- Examine characteristics of effective communication
- Propose qualities that will yield the most effective participation
- Identify the who, what, how of an inclusion model for a CBPR.

CREATING AND EVALUATING A PROJECT OF OUTREACH TO HOMELESS SUBSTANCE ABUSERS

Anthony C. Tommasello, University of Maryland School of Pharmacy, Office of Substance Abuse Studies; Laura Gillis, Health Care for the Homeless, Baltimore, MD

This workshop describes the initiation, evolution, and current status of a very successful community-campus partnership between the University of Maryland Office of Substance Abuse Studies and the Baltimore Health Care for the Homeless clinic. Skills developed in the session include using program theory evaluation methods to assess project success, using evaluation data to improve program performance, and building on evaluation findings to create new initiatives that foster further collaborations.

In this session, participants will:

- Discuss how to eliminate health disparities that are associated with race, ethnicity, and socioeconomic status
- Explore collaborations to develop community-campus projects
- Learn to work productively with collaborators by understanding their motivations and needs.
- Construct a plan to evaluate a community service intervention

HEALTHY PEOPLE 2010: A CHALLENGE IN RESEARCHING AND BUILDING COMMUNITY CAPACITY

Carol Huddleston, Turning Point Coalition, Cochise County, Arizona; Yolanda Caruso, Douglas Unified Schools, Arizona; Nicolette Teufel-Shone, University of Arizona, College of Public Health; Mark A. Veazie, University of Arizona, College of Public Health

Meeting the challenge posed by Healthy People 2010 will depend on effective and sustainable community-based interventions and policy changes. Thus, understanding and building the capacity of communities and their public health systems to marshal and sustain collective health improvement efforts will be central to meeting Healthy People 2010 goals. As promising initiatives such as Turning Point and Healthy Cities have shown, focusing research and action on "healthy community" and "systems change", rather than specific issues and interventions is sometimes difficult. Community partners often prefer a focus on specific problems and interventions. Academics find that community systems can not be easily studied within traditional public health research paradigms. The primary question posed by this critical issues forum is how can community-campus partnerships engage in researching and building their community's capacity to address Healthy People 2010 objectives?

In this session, participants will:

- Define community capacity to effectively address the goals and objectives of Healthy People (HP) 2010.
- Identify at least two strategies/methods for community-campus partnerships to research and build their community's capacity to effectively address HP 2010 objectives
- Identify the roles and needs of different stakeholders in this process
- Form an opinion about whether the capacity needed by the community varies by the type of HP 2010 objective addressed.

Track: PROMOTING HEALTH FOR ALL THROUGH BROAD-BASED COMMUNITY PARTNERSHIPS

PHYSICIANS AND THE COMMUNITY? CAN THEY COLLABORATE EFFECTIVELY FOR VIOLENCE PREVENTION?

Margaret Gadon, Baystate Medical Center, Springfield, MA; Ronald Johnson, Center for Human Development, Springfield, MA; Tony Pettaway, Department of Health & Human Services

The health of much of the populace is adversely affected by the high societal level of violence. The Healthy People of 2010 Objectives include a target decrease of 20% in the rate of child maltreatment and intimate partner violence, and a 50% decrease in the rate of homicides. Effective violence prevention requires collaboration between multiple elements of society: the schools, community organizations, justice, and the faith and health communities. Medical residents are in an ideal position to learn of their role as advocates for the health of both the population and individuals, and ways in which they can form an integral member of a community coalition to achieve this. This forum is intended to solicit ideas for both mobilizing physicians for, and increasing their effectiveness in, a community based public health coalition.

In this session, participants will:

- Learn about ways in which health professionals from a teaching hospital and its affiliated community health centers can work in collaboration with the local community to decrease its gun, youth and family violence.
- Review the steps involved in violence prevention coalition building between this academic medical community and the local community. Discuss barriers to creation of the coalition from both perspectives, and methods by which these can be overcome.
- Discuss failures and successes of this coalition during the past 8 years. In conjunction with the audience, identify factors to be avoided or replicated in future coalition activities of this nature.
- Solicit feedback from members of the audience about ways to further expand the role, and optimally utilize the medical community in a coalition of this nature.

LESSONS IN COMMUNITY BUILDING: FROM DIALOGUE TO ACTION

Barbra Beck, Gail L. Newton, and Cheryl A. Maurana, Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin; Thelma Newby, S.E.T. Ministry, Inc.

This session is designed to provide a successful model that assesses community-identified assets and needs of an underserved community that at the same time builds capacity within the community by empowering residents to address concerns that will improve their quality of life.

In this session, participants will:

- Discuss *Neighbors Helping Neighbors: Turning Ideas into Action*, a two-step model program consisting of a Community Dialogue and small grants program (Community Action Fund) that assesses the strengths and needs of a community while building the community's capacity;
- Understand, within the context of a community-academic partnership, the critical role community partners play in developing and implementing this type of a program;
- Explore the benefits of using this alternative approach in place of more traditional community needs assessment processes;
- Understand some of the barriers and challenges to implementing such a program and effective strategies to overcome these challenges

Adapt and implement the model in their own communities

SPIRITUAL AND RELIGIOUS PARTNERS: ESSENTIAL ELEMENTS OF BUILDING A HEALTHY RURAL COMMUNITY

Sarah Beversdorf, Trinitie Wilke, Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin; Mark Ziemer, St. John's Lutheran Church

Information presented will be primarily from the partnership between the Marion area of Wisconsin (rural) and the Center for Healthy Communities at the Medical College of Wisconsin. Stories may include: how the pastors began their inter-denominational meetings; how an inter-denominational, youth-focused grant was obtained and implemented; interesting incidents that have occurred as a result of the clergy

advocating for youth; bridging the gap between parents and schools by helping empower parents to be positive and influential in their children's lives. Stories will help demonstrate the variety of ways that clergy and their congregations can be involved in creating healthy communities. The stories will also highlight how the religious community in a rural area is pivotal in creating a strong community-campus partnership.

In this session, participants will:

- Discuss the unique strengths of rural churches and clergy
- Explore the clergy's effect on community health
- Identify significant roles of the religious community in creating healthier communities

BREAST HEALTH AND CANCER SCREENING: A COLLABORATIVE PROJECT

Barbara Joyce-Nagata, Jenenne Nelson, Jewell Chambers, Beth-El College of Nursing of the University of Colorado at Colorado Springs; Debi Krause-Reinsch, Wagon Wheel Council, Girl Scouts of America; Ann Zobec, Penrose-St. Francis Health Care System

In 2000, approximately 182,000 new cases of invasive breast cancer are expected to be diagnosed, and 40,800 women are expected to die from this disease. This collaborative project between Beth-El College of Nursing of the University of Colorado at Colorado Springs, the Girl Scouts of America Wagon Wheel Council and Centura Health/Penrose-St. Francis Health Services targets low income and diverse groups of Girl Scouts and their female family members and adult friends. The project includes breast health education, self-examination demonstration and practice and a clinical breast examination.

This story session will describe involvement of health professional students across the educational spectrum in this community-based project. Problems and achievements will be described. A model will be provided for replication that will provide opportunities for development of interdisciplinary networks at local and State levels. Methods of follow up to evaluate the impact on preventive and health promotion self care behaviors will be described.

In this session, participants will:

- Discuss a partnership that provides community based practice experience for undergraduate, registered nurse and advanced practice students
- Debate the meaning and practice of nursing in the community across the educational spectrum.
- Recognize opportunities for faculty practice that facilitates academic/community partnerships
- Examine steps and skills necessary for replication of the partnership in other states
- Describe program methodologies necessary to meet specific Healthy People 2010 objectives
- Recognize the value of support systems in facilitating progress to a Healthy Nation.

Track: PROMOTING HEALTH FOR ALL THROUGH POLICY AND ADVOCACY

ADVOCATING FOR PRACTICE-BASED SCHOLARSHIP: CONCEPT & MODELS FROM PUBLIC HEALTH

Margaret A. Potter, University of Pittsburgh (CCPH liaison to the Council of Practice Coordinators, Association of Schools of Public Health); Beth Quill, University of Texas; Kate Wright, St. Louis University; all are members of the Council of Practice Coordinators, Association of Schools of Public Health

Practice-based scholarship is the academic side of community-campus collaboration. Its strength, vitality, and sustainability depends on being recognized and rewarded within academic institutions. To date, faculty participation in community-campus partnerships has suffered due to a perceived lack of scholarship in the research, teaching, and service activities that occur in this context. "Demonstrating Excellence" was written by practice-oriented faculty from all of the 28 fully accredited schools of public health that are members of ASPH. This document articulated a rationale and criteria for practice-based scholarship in public health, and these can be applied as well to other academic health professions. This framework for scholarly standards, and concrete examples of documenting practice-based scholarship, can provide a foundation for advocating change in the perceived value of academic engagement with communities and in the faculty reward systems that reflect this value.

In this session, participants will:

- Understand the conceptual model of practice-based scholarship
- Identify whether and to what extent this public health model is applicable to academic institutions in other health professions;
- Know a uniform set of criteria for documenting, evaluating, and recognizing scholarship in public health practice-based research, teaching, and service; and
- Apply these criteria to scholarship in other health-professions academic contexts.

BRIDGING THE GAP BETWEEN INSTITUTIONS AND COMMUNITIES: HEALTH PROFESSIONS STUDENTS AND COMMUNITY MEMBERS PROMOTING HEALTH FOR ALL THROUGH POLICY AND ADVOCACY

Marcus Speaker, WVU School of Medicine; Frankie Tomblin, WVU School of Pharmacy; Dennis McCutcheon, Rivers & Bridges Consortium, WVRHEP; Annie McIntosh, Winding Roads Consortium, Community Member, WVRHEP; Lisa Hileman, Eastern West Virginia Rural Health Education Consortium

A panel of presenters will provide participants with information and stories about the particular struggles and successes between the partnership of community members and health profession students. The students and community members have been the backbone of the West Virginia Rural Health Education Partnerships Program since its inception in 1991. However, the Student Advisory Panel and Community Member Group were not formed until several years after the start of WVRHEP. The process of the development of grass roots advocacy takes time and effort, but can be a successful leap in the development of addressing health care needs of rural communities. With community members and health profession students working as a team in a rural community, there is a greater sense of trust, accountability and continuity of care.

In this session, participants will:

- Discuss the process and stories of how community members and health profession students were brought together
- Explore the importance of involving the consumer in their health care needs
- Give feedback on the structure and makeup of the advocacy group
- Learn about the strengths and weaknesses of the partnership and how advocacy using a grass roots approach can be a bridge for change

MEDIA ADVOCACY-STRATEGIC COMMUNICATIONS

Lisa Erk, American Medical Association Office of Alcohol and Other Drug Abuse

In this session, participants will:

- Define media advocacy: How does this differ from traditional communications?
- Discuss the strategic use of media to drive public policy change or raise awareness about important social/public issues
- Review “what makes news“
- Explore tools of the media advocate: - how to conduct editorial board sessions; conducting media events to get coverage, particularly on TV; op-eds; letters to editor; news releases and pitches to media
- Explore other issues: message development, spokesperson training, resource development
- Review strategic development

MAKING THE MOST OF COLLABORATION

Roz D. Lasker, The Center for the Advancement of Collaborative Strategies in Health, The New York Academy of Medicine; Nancy Cavanaugh and Julia Smith, Sitka Turning Point Towards Health Partnership

A key reason for the growing interest in health partnerships is that collaboration provides a way for residents, community organizations, and academic institutions to combine their different perspectives, resources, and skills so they can accomplish important objectives they are unable to bring about alone. Yet many partnerships are finding it very difficult to engage and establish fruitful collaborative relationships among diverse people and organizations, particularly when they attempt to bring residents most affected by health problems together with professionals and service providers. Building on the validated measures and findings of a national study of 63 health partnerships and on lessons learned in a joint-learning workgroup of community Turning Point partnerships, this workshop will provide participants with practical approaches and strategies for assessing and strengthening their collaborative efforts.

In this session, participants will:

- Clarify how the involvement of a broad array of people and organizations strengthens the ability of their partnership to achieve its goals
- Identify a set of questions that can help their partnership determine the extent to which the involvement of diverse partners is strengthening the thinking and actions of the group (i.e., how well the people and organizations in the partnership are actually collaborating)
- Learn practical strategies that can make participation in their partnership meaningful and feasible for different kinds of partners
- Discuss the realities of implementing these strategies with representatives of a partnership that has substantial experience and expertise in community engagement

Track: PROMOTING HEALTH FOR ALL THROUGH CLINICAL AND COMMUNITY SERVICE

ACADEMIC NURSING CENTERS: COMMUNITY PARTNERSHIPS IN CARING FOR THE UNDERSERVED

Alwilda Scholler-Jaquish, M. Christina R. Esperat, Virginia G. Miller, Texas Tech University Health Sciences Center School of Nursing

Stories of three successful nursing academic health centers will provide deeper understanding for participants about the value of forming community partnerships to address current health needs of underserved populations. In sharing individual experiences, the presentation will address the process of planning, implementation and evaluation of these campus-community partnerships.

In this session, participants will:

- Describe a conceptual framework useful in the planning, developing, implementing, and evaluating of programs designed to respond to the health of the underserved populations.
- Discuss how partnerships are formed and maintained between academic nursing programs and the underserved communities.
- Explore issues of sustainability of programs to address health needs of the underserved populations and established nursing centers and community partnerships.
- Identify reciprocal benefits of these community partnerships.

SERVICE-LEARNING VIA A COMMUNITY RESOURCE CENTER (CRC) IN A FAMILY PRACTICE RESIDENCY

Rajesh Parikh, Illinois AHEC Program; Augustine Wong, Mount Sinai Family Practice Residency of Chicago; Dan Mukundan, Access Community Health Network; Michael Malone, Mount Sinai Family Practice Residency of Chicago

In 1999, Mount Sinai Family Practice Residency of Chicago, partnering with Illinois AHEC, set up a Community Resource Center (CRC) to coordinate its outreach activities with its COPC rotations. Starting as a community library for residents to meet with local community leaders in the vacant space above the Residency's family practice center (FPC), the CRC soon established five committees—Extramural Activities, Editorial, Health Education, Intramural Activities and Library Committees—to plan and implement on-site and off-site activities, standardize health education material, maintain the library and publish a newsletter. These committee structures minimize the need for ancillary support. The outreach activities, during which epidemiological data are collected, target the homeless, churchgoers, school-children (not just established FPC patients), etc and are funded by grants. The affiliated Access Community Health Network is adopting this concept by dividing its 20 clinics into 4 medical regions, each with a CRC to organize outreach activities and to allocate resources for secondary and tertiary care for all clinics in its region. The session highlights the conference themes of 'Promoting Health For All Through Teaching and Learning' and 'Promoting Health For All Through Broad-Based Community Partnerships' by examining the challenges and successes in developing service-learning through partnership.

In this session, participants will:

- Discuss community-based service-learning for residents and students in a family practice residency
- Explore the concept of CRC in a multi-site ambulatory care system serving underserved neighborhoods
- Discuss ways to eliminate health disparities associated with race, ethnicity and socio-economic status

NARRATIVE TOOLS FOR CULTURAL COMPETENCY

Lorraine Higgins, Western Pennsylvania Writing Project, University of Pittsburgh;
Thuy Bui, Division of General Internal Medicine, University of Pittsburgh School of Medicine; Jean Siepers, Department of English, Literary and Cultural Theory, Carnegie Mellon University

This workshop will be useful to human service and health professionals who are interested in developing problem-solving partnerships with their patients through writing and discussion. Based on five years of

action research in community-based clinics and hospitals, we have developed a model for “intercultural deliberation” that results in community health handbooks co-authored by patients and health providers.

In this session, participants will:

- Develop a set of writing and discussion-based activities that draw out patient and staff perspectives on health issues relevant to their site
- Identify key conflicts and differences between their own models of health and communication and those of the community in which they work
- Develop with patients (in writing) a set of grassroots problem narratives (based on patients’ stories) plus follow-up commentary and recommendations for the future
- Develop ways to use these booklets for health education projects that increase cultural awareness of new patients and health professionals and offer concrete strategies for learning about their misconceptions and closing communication gaps.

USING THE PROBLEM-BASED LEARNING METHOD TO IDENTIFY HEALTH ISSUES AND SERVICE-LEARNING

April L. Vestal, WV University Office of Rural Health CCPH Board Member); Rosemarie Cannarella, Eastern WV Rural Health Education Consortium; Daniel Brody, Cabwaylingo Health Education Consortium

The conference focus in partnerships is one that has been the focus in West Virginia in community learning. The health professional students in WV are away from the academic environment in most cases at least three months per year, and in some cases as long as nine months. We have utilized interdisciplinary teaching sessions (IDS) as a way to connect these students in the communities in which they are studying, to the specific health issues going on in that community. We use resources such as Healthy People 2010 to identify the statewide and national health focus and then use county data to compare this to the area they are working in. An interdisciplinary session may focus on several health issues, and from this, service learning opportunities are developed for the students. Solving community problems from an interdisciplinary focus has the ability to open the students’ eyes to the ways that each discipline contributes in handling cases in the “real community setting”. The method used is the problem-based learning method; taking a situation and having students from various disciplines solve the problem from their point of reference. The skill needed by clinical and community faculty is facilitation and development of the case in an orderly fashion.

In this session, participants will:

- Recognize the skills needed to facilitate an interdisciplinary session
- Explore the need for faculty development in the teaching arena, so that community preceptors can effectively manage a cooperative learning session
- Understand the problem based learning method
- Select service projects and utilize them as learning experiences in these sessions

Track: PROMOTING HEALTH FOR ALL THROUGH COMMUNITY AND ECONOMIC DEVELOPMENT

EAST PARKSIDE WELLNESS PROJECT- A PARTNERSHIP FOR COMMUNITY HEALTH

Autumn Grice, Student Fellow-Interdisciplinary Community Health Fellowship Program (Social Work Graduate Student); Milda Saunders, Student Fellow-Interdisciplinary Community Health Fellowship Program (Medical Student); Kyro Carter, East Parkside Wellness Project

Through our story about East Parkside Wellness Project (EPWP), we will synthesize the ideas of health with developing partnerships and the social and economic development of a community. The framework of the project will clearly illustrate the multi-tiered partnerships that were developed between disciplines, community organizations, and community members. The range of initiatives that were involved in EPWP emphasizes the centrality of the community's development when considering the health of the community members

In this session, participants will:

- Explore how the well-being of a community and the health of its individual members are dependent on each other and what it means to build community capacity
- Discuss the importance of conducting community focused needs assessments
- Discuss the significance of broadening the definition of *community health*
- Learn about the benefits of being process oriented when working with an interdisciplinary team
- Understand how essential empowerment and broad-based participation are in community intervention projects
- Reflect on the necessity of flexibility in implementing community health projects

WHAT IS A CRACK PIPE? SUBSTANCE ABUSE SERVICE-LEARNING THROUGH COMMUNITY PARTNERSHIPS

Adam J. Gordon, University of Pittsburgh, Program for Health Care to Underserved Populations; Paul J. Freyder, Public Inebriate Program of The Salvation Army, Pittsburgh PA (CCPH Board Member)

The intense social, economic, and health consequences of alcohol and substance abuse is not easily appreciated through classroom education. Since 1994, The Public Inebriate Program and The Harbor Light Program of The Salvation Army of Pittsburgh Pennsylvania has partnered with The Program for Health Care to Underserved Populations at the University of Pittsburgh to provide a unique service learning environment revolving around the clinical, social, and research issues of substance abuse in underserved communities. Over 300 health professional students serve over 500 clients annually in detoxification and long-term rehabilitation programs. Clinics occur in the community where medical, pharmacy, and nursing students perform history and physical exams, provide health education talks, and interact with community staff. Students volunteer for this service, and it has become a popular learning activity outside the classroom. Structured didactic and clinical teaching techniques are employed by volunteer faculty preceptors to supplement student education. Formal reflection sessions regarding experiences with clients are emphasized. In addition, students and physicians-in-training have initiated community-based participatory research which aids community partners while advancing medical knowledge.

In this session, participants will:

- Learn about the evolution of some successful and popular programs for students, clients, researchers, and administrators
- Discuss pitfalls and roadblocks particular to community substance abuse service learning environments
- Practice skills of innovative educational techniques including interactive focused interview, community mentoring workshops, and student reflection
- Gain perspectives of what student learn through an interactive role play
- Explore community and academic perspectives to this type of collaboration
- Explore initiation or evaluation of participant community collaborations with active audience participation.

FULFILLMENT OF THE HEALTHY PEOPLE 2010 OBJECTIVES: A CURRICULUM DEVELOPMENT APPROACH FOR THE HEALTH PROFESSIONS

Kara Connors, Bridgeway Associates; Sandy Bulmer, Southern Connecticut State University Department of Public Health; Suzanne Cashman, University of Massachusetts School of Medicine, Department of Family and Community Health

In the journal of the Association of American Medical Colleges, the Surgeon General's former deputy Dr. Nicole Lurie has recommended that community service experiences be a required component of health professions education, writing that "projects that focus on one or more of the leading health indicators, or other Healthy People objectives, are great places to start. Through such experiences students learn to see their roles more broadly, and can facilitate sustainable relationships with others in the community." Potential strategies for achieving the national health objectives include curriculum development efforts that build the capacity of health professions students with prevention expertise and the skills to share their knowledge with the public.

This workshop will describe Community-Campus Partnerships for Health (CCPH)'s efforts to expand the health promotion and disease prevention content in community-based health professions education. The workshop will discuss the CCPH Healthy People 2010 Curriculum Development Model and will provide useful handouts describing potential strategies for applying the model in community-based courses. This session is designed for faculty from health related fields who are interested in learning the "how to" of Healthy People curriculum development. Particular emphasis will be placed on service-learning as a tool for achieving the health objectives.

In this session, participants will:

- Increase their understanding of the Healthy People 2010 Objectives and the rationale for addressing the health objectives in health promotion/disease prevention courses
- Be introduced to a curriculum development guide that provides a framework for educators to use as they develop community-based experiences that are tied to the Healthy People 2010 Objectives
- Gain a greater understanding of other program models applying service-learning as a curricular strategy for achieving the Healthy People 2010 Objectives

COMMUNITY AND ECONOMIC DEVELOPMENT TO PROMOTE HEALTH FOR ALL: "Focus 92411"

Richard M. Eberst, Community-University Partnerships, California State University; Jace Baker, Focus 92411

The purpose of this presentation is to share the community and economic development aspects of a long-term neighborhood project aimed at improving the over-all quality of life and health in a Zip Code housing 27,000 diverse individuals. The focus will be on exploring the theoretical and programmatic efforts, and the current outcomes for this project. "Focus 92411" is led by the residents of the 92411 Zip Code in partnership with Community Hospital of San Bernardino, the San Bernardino County Public Health Department, many local community based organizations (CBOs), and California State University's Community-University Partnerships.

In this session, participants will:

- Identify the philosophical and organizational challenges required in refocusing traditional health approaches to address broader community health priorities, such as economic development, within an ethnically diverse region of Southern California
- Explore the benefits of utilizing a community-university partnership approach to community health enhancement which involves community residents, local CBOs, and university faculty, staff, and students
- Comprehend the on-going mechanisms of the planners in bringing community partners together to focus on economic priorities and actions to enhance health.
- Explain five specific methods which can be used in building community economic development as a method to advance community health priorities.

- Discuss the special concerns in working within an extremely racially and ethnically diverse community.
- Translate pivotal points of the session to their own community health enhancement efforts.

Track: PROMOTING HEALTH FOR ALL AS AN EMPLOYER OR AS A CAMPUS

HEALTHY CAMPUSES AND HIV/STD PREVENTION

Nan Ottenritter, American Association of Community Colleges; Mary Hoban, American College Health Association

This session addresses 3 Healthy People 2010 goals:

1. Goal 7-3 Educational and Community-Based Programs “increase the proportion of college and university students who receive information from their institution on each of the 6 health-risk behavior areas.”
2. Goal 13 HIV “prevent HIV infection and its related illness and death.”
3. Goal 25 Sexually Transmitted Diseases “promote responsible sexual behaviors, strengthen community capacity, and increase access to quality services to prevent STDs and their complications.”

In this session, participants will:

- Learn about a systems approach to assessing and moving a campus towards health
- Apply the approach to HIV prevention efforts on their campuses
- Evaluate the approach’s effectiveness in helping campuses achieve Health People 2010 goals

THE HEALTHY WORKERS PROGRAM: A COMPREHENSIVE WORKSITE HEALTH PROMOTION PROGRAM

Julia Bryan, Healthy Workers Program, University of Maryland; Sacred Bodison, Clinical Director, University Health Center, University of Maryland

The Healthy Workers Program has developed a model that can be used by campuses to guide the implementation of culturally appropriate, comprehensive, work-site health promotion programs. The story will describe the Healthy Workers Program, the strategies used to offer services to workers, and the stages and challenges the program has passed through. This story session will deepen participants’ understanding of how such programs can increase the access of low-income employees to health care and improve their capacity to make healthy decisions that will lead to a better quality of life both for themselves and their families. The session will also explore strategies for building community-campus partnerships in the context of work-site health promotion programs.

In this session, participants will:

- Hear the success story of the Healthy Workers program and the two-year partnership between the University Health Center and Dining Services to meet the medical needs of over 800 seasonal campus employees who have no health insurance
- Discuss “lessons learned” in implementing a comprehensive program of services including HIV counseling and testing, smoking cessation, free primary and dental care, screening, and health education programs
- Share challenges faced in providing culturally-appropriate services to this diverse population of workers with limited English proficiency skills
- Work together to develop a community-campus partnership model for developing culturally appropriate, work-site based comprehensive health promotion programs
- Explore strategies for building health-promoting partnerships and networks on and off campus

ACADEMICS IN THE MIX: BENEFITS AND CHALLENGES OF EVIDENCE-BASED SAFETY NET ACCESS PROGRAMS FOR THE URBAN UNINSURED

Cheryl Maurana, Medical College of Wisconsin (CCPH Board Member); Sally Peck Lundeen, University of Wisconsin-Milwaukee (UWM) School of Nursing; Paula Lucey, Milwaukee County Division of Health Programs; Alice M. Akers, Milwaukee County Division of Health Programs; Jean Bell-Calvin, UWM Silver Spring Community Nursing Center; Joseph Cooper, Milwaukee County Division of Health Programs

Marketplace and political pressure forced the Milwaukee County Hospital to close in 1995 and become a purchaser of medical care for the indigent. Over the past five years, the General Assistance Medical

Provider (GAMP) system has evolved as a public/private partnership to include all the hospitals in the community as well as a network of 16 independent, community-based clinics with 28 separate service sites across the county. GAMP operates as the safety net, or payer of last resort, where there is no other health care coverage. Community health centers or neighborhood-based clinics, the primary point of access for most GAMP clients, serve as the central care coordinator. The clinics become managers of the care provided to clients. The UWM Silver Spring Community y Nursing Center is the only academic nursing center in this network. The SSCNC collaborative model brings a major community-based social service agency into the GAMP delivery system as well. This session will explore the benefits and challenges of this unique partnership.

In this session, participants will:

- Describe an academic/community partnership that provides access to primary care services to uninsured urban residents, including delivery model and outcomes of care.
- Identify and discuss benefits and barriers to this innovative partnership model
- Discuss/debate issues related to the implementation and maintenance of this model
- Present recommendations for future partnerships

TOUCH @ FEEL: DEVELOPING A CLUB-BASED PEER EDUCATION AND OUTREACH PROGRAM TO PROMOTE SAFER SEX AND MINIMIZE HARM RELATED TO DRUG USE – THE EXPERIENCE OF THE UNIVERSITY OF CENTRAL LANCASHIRE, UK

Mark Dooris, Department of Health Studies, University of Central Lancashire

The session will describe a specific project developed within the context of the University of Central Lancashire's overall Health Promoting University initiative. The development of innovative and sustainable programs for promoting safer sex and minimizing harm associated with drug use, among both students and the wider community, is an important and challenging goal. This work is of clear relevance to the conference theme, in that it is considered with exploring and demonstrating how universities can work in partnership with external agencies to promote health, reduce inequalities, and improve quality of life.

In this session, participants will:

- Discuss the *touch@feel* peer education and outreach project
- Review examples of educational and informational materials developed for and used by the project
- Discuss how the project has developed collaboration between the University and external agencies
- Discuss successes and challenges identified during the first two years of the program

POSTER DESCRIPTIONS

Please Note: Those posters marked with a * represent those team members and mentors who are involved in the Partners in Caring and Community: Service-Learning in Nursing Education Program, a National Initiative of Community-Campus Partnerships for Health, Sponsored by the Helene Fuld Health Trust, HSBC, Trustee. [Kat: hyperlink Partners in Caring and Community: Service-Learning in Nursing Education to futurehealth.ucsf.edu/ccph/pcc.html]

ALTERNATIVELY DELIVERED, COMMUNITY-BASED PRACTICAL NURSING EDUCATION: A COLLABORATIVE PROGRAM IN VERMONT

Danielle Benware Thompson, Community College of Vermont

There is a crucial need to provide nursing homes, community-based care such as home health, and hospitals with qualified, trained Licensed Practical Nurses. In Vermont, this need is the greatest in the Northeast Kingdom, Lamoille County and the Middlebury areas, although the lack of LPN's is apparent statewide. Since the demise of the Norwich University Associate Degree in Nursing in 1997, there has been no alternative program available to students interested in pursuing a nursing career who live a distance from the Vermont Technical College campus. The Community College of Vermont (CCV) and the Vermont Technical College (VTC) have launched an innovative practical nursing program that will provide a convenient way to earn a certificate in practical nursing from VTC. Without having to travel long distances or relocate, and it allows students flexibility in both attending and completing classes. This program fills an existing gap in nursing education in the state of Vermont. The curriculum is designed to accommodate both incumbent workers and new students interested in nursing careers, and is especially suited to adult learners. This program is currently being piloted in three locations in the state and is supported in part by a state WETF grant and employer/community partners. This is the first year of a continuing program.

BEYOND THE CLINICAL ROTATION: WEST VIRGINIA'S HEALTH PROFESSIONS STUDENTS TOUCHING LIVES

Jacquelynn A. Copenhaver, Rivers & Bridges WVRHEP Consortium; Chuck Conner, Winding Roads WVRHEP Consortium; Shannon Bell, Cabin Creek WVRHEP Health Consortium

The National Health Service Corps SEARCH program is a federally funded and locally administrated program designed to help local communities recruit students and residents by providing stipends for health profession students/residents wishing to enhance and extend their training in rural, underserved areas. Students applying for the stipend must be interested in pursuing primary care and it is preferred that they indicate interest in staying in rural West Virginia. If awarded the stipend, in addition to primary care clinical work, students are required to participate in weekly interdisciplinary sessions and in a community project.

The long-term impact in terms of numbers and statistics may be difficult to pin down but the immediate value to the students and our communities is obvious. Through these projects community members learn about health topics that are of importance and they have the opportunity to talk directly with a health profession student who is able to answer their questions. This "in-the-moment", one-to-one contact and education is more important than any numerical value we could assign to these projects in terms of number of community contacts or statistical differences in health outcomes in these communities. The personal touch these students give our community members is the most worthwhile outcome both for the students and the community members.

BRIDGING THE GAPS COMMUNITY HEALTH INTERNSHIP PROGRAM

Thuy Bui, University of Pittsburgh, Program for Health Care to Underserved Populations; Robert Cook, University of Pittsburgh, Center for Research on Health Care; Joyce Holl, University of Pittsburgh, Program for Health Care to Underserved Populations; Thistle Elias, University of Pittsburgh, Women's Studies Program; Joanne Cyganovich, Lydia's Place, Pittsburgh, PA; Michelle Dorsten, University of Pittsburgh, School of Medicine

This poster presentation will demonstrate that interdisciplinary problem-solving and the health impact of environmental and social factors can be successfully taught while providing meaningful health-related

service in underserved communities. Bridging the Gaps: Community Health Internship Program (BTG:CHIP) is administered by a consortium of seven academic health centers in Pennsylvania. Evaluation data demonstrate that the program assists community organizations in helping underserved populations, and also exposes students to diverse populations, major public health problems and interdisciplinary approaches to problem-solving at the community level. New collaborations that are being explored for the 2001 program year include exposing high school students from BTG's partnering communities to health careers through mentorship from BTG students and to link this effort with the Pennsylvania Governor's School for Health Care.

COLLABORATING FOR FACULTY & WORKFORCE DEVELOPMENT IN ALLEGHENY COUNTY, PA

Margaret A. Potter, University of Pittsburgh Graduate School of Public Health (CCPH liaison to the Council of Practice Coordinators, Association of Schools of Public Health); Alice Kindling, Allegheny County (Pennsylvania) Health Department

In the summer of 1999, the Allegheny County (Pennsylvania) Health Department (ACHD) and the Graduate School of Public Health, University of Pittsburgh (GSPH) committed themselves to creating a formal collaboration. Its mission was to improve health and prevent disease in the county population through the pursuit of excellence in public health practice. The two organizations established a joint Steering Committee to identify areas of common and mutual interest in which their respective capabilities would be maximized. This collaborative would enable the two organizations to translate cutting-edge research into public health practice and to bring excitement and timeliness to the education of students. It was their belief that, by working together, they could achieve the best outcomes for the population they both serve. The foundation for all future work was to foster mutual recognition, understanding, and collegiality among faculty members and staff professionals. This infrastructure-building objective directed the collaboration's first-year projects, each of which contributed to acquainting ACHD staff and GSPH faculty with each other's responsibilities, work methods, and areas of expertise.

COLLABORATIVE MODEL OF SERVICE LEARNING IN NURSING EDUCATION

Jennifer Dziuba, Theresa Hale, McMaster University, School of Nursing

The collaborative model of service learning in nursing education was created by students using a theoretical foundation deeply rooted in service learning and related literature. A review and comparison of existing and theoretical models of service learning models of nursing and health professionals education and practice as well as pedagogical and andragogical principles were utilized in the creation of this model. A direction of learning in this model is demonstrated with the shift from pedagogical emphasis towards an andragogical emphasis. This model begins with the interaction of the educational institution, the student and the community. Each of the participants share specific objectives to be reached through collaboration and partnership. The objectives identified by participants are discussed and considered when strategically planning to reach a specific goal intended to meet the needs and objectives of all participants. The goal or desired outcome entails the community having a requested service provided by a student in a service learning environment appreciated by the educational institution. This model is unique from other models of service learning as it emphasizes the role of the student as a negotiator and collaborator in the service learning objective creation while it emphasizes the shift from pedagogical to andragogical learning principles. Service learning has been considered by many to incorporate aspects and principles found in either volunteer placements or clinical education. Basic principles of service learning are depicted in the model.

COMMUNITY COLLABORATION: THE WORK STABILIZATION PROGRAM

Adam J. Gordon, University of Pittsburgh, Program for Health Care to Underserved Populations; Paul J. Freyder, Public Inebriate Program of The Salvation Army, Pittsburgh PA (CCPH Board Member); Jeanette Gibbon, University of Pittsburgh, Center for Research on Health Care; Thomas O'Toole, The Johns Hopkins University (CCPH Board Member)

Community and academic partnerships can be a powerful impetus to promote health and social services. Homeless populations are at risk for significant morbidity and mortality and often lack continuity of health and social care. Many homeless individuals abuse alcohol and other drugs, yet care for the homeless substance abuser is often disjointed and does not address social, vocational, and financial needs. A work stabilization program for substance abusing homeless individuals is an innovative means to link

community and academic collaborators to improve the health and social welfare of these distressed individuals.

The goal of this project was to initiate a work stabilization program and evaluate its effectiveness as a collaboration of health care providers, social service agencies, private sector resources, and charitable organizations to 1) identify homeless persons with drug and alcohol problems, 2) provide case management and ongoing substance abuse treatment, and 3) link recovery to employment in a structured, supportive setting. Further objectives included evaluation of the 1) effect of the program on the economic, social, criminal, and health care consequences of homelessness 2) ability of the program to empower individuals to change unhealthy behaviors, reduce homeless status, and promote skill-building, and 3) ability to improve continuity of care and case management through community to academic collaboration.

CSU SERVICE LEARNING FOR FAMILY HEALTH AMERICORPS PROGRAM

Season Eckardt, California State University Chancellor's Office; Ignacio Ferrey, San Jose State University

The poster session will showcase a statewide and multi-site Americorps program focusing on health needs of the community. The uniqueness of Service Learning for Family Health (SLFH) is the partnership of five California State Universities with their local community-based family health organizations. All Americorps members receive training at the state and local level on civic responsibility, service-learning as a pedagogy, socioeconomic, environmental, and cultural determinants on health. The poster session will show the different Americorps sites and activities, recognizing the role of our partners, and the program's impact on the community.

***DARING: RAISING THE BAR.... INTEGRATION OF HEALTHY PEOPLE 2010 & SERVICE-LEARNING**

Partners in Caring Community: DARING to Reach the Heartland Team - Char Herman, Nebraska Methodist College of Nursing and Allied Health; Connie Wallace: Nebraska Methodist College of Nursing and Allied Health; Jean Sassatelli: Catholic Charities of the Archdiocese of Omaha; Margaret Schumacher: Nebraska Methodist Nursing Student

The goals of our program are to:

- Promote sustainability of the current collaboration for service-learning
- Refine and continue to develop the present level of collaboration in service-learning to a higher level of expertise, implementation, and evaluation
- Create a forum where citizens, students, educators and human services professionals share experiences and expertise to enhance understanding of service-learning and community-based needs in nursing
- Disseminate experiences and research information to a regional and national audience
- Foster community partners with a holistic and service-learning perspective for nursing education

DELTA COMMUNITY PARTNERS IN CARE: OVERCOMING BARRIERS TO HEALTH CARE THROUGH PARTNERSHIPS

Dennis A. Frate, University of Mississippi Medical Center, Jackson, MS

Residents in the Mississippi Delta daily encounter multiple barriers to receiving quality chronic disease management. A project, including active participation by consumers and providers at 13 clinical sites in 5 counties and a research university was designed to overcome those barriers. The project, Delta Community Partners In Care, centered on the case management of hypertension and diabetes, two burdensome chronic diseases here. The project goals were not only to impact on disease control, but also to affect hospitalizations, emergency room use, bed days and sick days, and overall quality-of-life of the patients.

DENTAL STUDENT PARTICIPATION IN AN INTERDISCIPLINARY HEALTH CARE DELIVERY COURSE

Fotinos Panagakos, University of Medicine and Dentistry of New Jersey (UMDNJ)-New Jersey Dental School

Until recently most dental practice settings focused solely on the delivery of oral health care and the education of dental professionals largely ignored preparation for working in an interdisciplinary environment. Within the traditional dental education curriculum, few opportunities exist for students to participate in interdisciplinary courses or clinical settings. The University of Medicine and Dentistry of New Jersey (UMDNJ) and an Area Health Education Center (AHEC) developed an innovative 60-hour course entitled *"Principles and Practice of Health Care Delivery"*. In academic year 1999-2000, five senior dental students from UMDNJ-New Jersey Dental School participated in this interdisciplinary course offered as part of the school's selective/elective program, along with a mixed group of 17 graduate-level health professions students drawn from the university's other eight schools. The main purpose of the course was to offer this group of students opportunities to join professionals from other health care disciplines in an exploration into the needs of diverse and changing populations of health care recipients. The course also provided an opportunity for these students to develop the necessary skills for effective practice based on an interdisciplinary approach to primary care. Topics included communication, negotiation, team building, conflict resolution, expanded health care roles, leadership strategies, critical thinking and problem solving. These topics were presented through seven facilitated classroom experiences, written assignments and three days of observational field experience in a variety of interdisciplinary practice settings. Extensive outcomes assessment was conducted using pre- and post-tests and focus groups with the dental student participants.

DEVELOPING A HEALTH PROMOTING UNIVERSITY INITIATIVE AND BUILDING PARTNERSHIPS BETWEEN SETTINGS-BASED INITIATIVES – THE EXPERIENCE OF THE UNIVERSITY OF CENTRAL LANCASHIRE, UK

Mark Dooris, University of Central Lancashire

The poster will provide overview information on the University of Central Lancashire's overall Health Promoting University initiative. The initiative forms part of the emerging movement for settings-based health promotion, which reflects the Ottawa Charter for Health Promotion's observation that:

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love."

Established in 1995, the initiative has the following aims:

- to integrate within the University's culture, processes and structures a commitment to health and to developing its health promoting potential
- to promote the health and well-being of staff, students and the wider community.

DEVELOPING AN INTERDISCIPLINARY COMMUNITY-BASED SERVICE-LEARNING COURSE FOR NURSING, MEDICAL AND SOCIAL WORK STUDENTS

Meryl McNeal, Morehouse School of Medicine, Department of Community Health and Preventive Medicine

The poster will present the course objectives, participating faculty and institutions, outlines of course components, course activities, grading components and students responses to pre and post test on attitudes about working in interdisciplinary teams.

FROM 0 TO 80 HEALTH COMMUNITY PROJECTS: LESSONS LEARNED

Mario César Petersen, College of Medicine, University of Tennessee Health Science Center

The poster will describe how a small, optional community program at the UTHCS College of Medicine, carried out by the medical students (MS) during extra-curricular hours evolved to a mandatory two-years longitudinal health community program (HCP) for all the first (M-1) and second year MS. The program intends to introduce medical students to community health issues. In 1996, the College of Medicine started an optional program for 40 M-1 students. Each MS visited one family during the Fall semester and learned about the health risk factors, the family's health history and cultural issues. In the Spring of 1997, MS worked with a community agency dedicated to serving families affected by violence. MS received credit for their participation. In 1997, the community program was modified to include all the M-1s. Each M-1 chose one of 25 community agencies, and worked with the agency for one year during extracurricular hours. In 1998, each M-1 had the option of developing a community health project by themselves. The

success of the students' projects, coupled with a curricular modification initiated by the School's administration lead to the present program format. Now, during the first week of medical school, the students attend a "community health fair" where they interact with community agencies interested in working with MS. MS can develop a project for/with one of those agencies or they can develop their own project. They have 24 protected hours per semester to work on the two-year project. MS have to define their learning goals and evaluate them at the end of each year. Students receive a grade for their initial project, and for the reports at the end of each year.

HEALTH OPPORTUNITIES WITH PHYSICAL EXERCISE (HOPE): A RANDOMIZED TRIAL TO REDUCE SEDENTARY BEHAVIOR IN AN URBAN DWELLING COMMUNITY

Mace Coday, Department of Preventive Medicine, The University of Tennessee Health Science Center; Lisa Vasser, Hope and Healing - A Ministry of The Church Health Center, Inc.

One of the most pervasive problems that contribute substantially to ill health in the US, particularly of African Americans, is inadequate physical activity. Urban dwelling African Americans suffer disproportionately higher rates, compared to European Americans, of all forms of cardiovascular disease. It is likely that a portion of this wide disparity in cardiovascular health results from inadequate physical activity. This poster describes an innovative new approach to addressing sedentary behavior through a collaborative research effort between a Church-based community prevention center, Hope and Healing, and The University of Tennessee Health Science Center (UTHSC). Through this campus-community partnership innovative and state-of-the-art interventions have been designed and are being introduced in a community whose residents may be among the most sedentary in the US. This intervention addresses an intractable problem contributing to ill health in urban-dwelling low-SES adults, sedentary behavior. Effective physical activity interventions targeting social environments of the urban poor are needed to improve health outcomes in underserved communities. HOPE will test the efficacy of two behavior change models to increase physical activity.

IDENTIFYING FACTORS ASSOCIATED WITH BREASTFEEDING

Jennifer Tieman, Mount Sinai Family Practice Residency of Chicago; Ihab Aziz, Mount Sinai Family Practice Residency of Chicago; Mary Kay Smith, Sinai Health System; Shari Wenokur, Sinai Community Institute

Despite much emphasis on the benefits of breastfeeding, only 64% of US women breastfed in early postpartum period according to a study in 1998, and this dropped to 29% at 6 months postpartum. One of the targets of Healthy People 2010 Objectives for the Nation is 75% and 50% breastfeeding during early postpartum period and at 6 months respectively. Identifying the factors associated with non-breastfeeding may help allocate resources to assist the women at high risk of not breastfeeding. A survey of women attending WIC classes on Chicago's Westside was carried out as part of the Community Oriented Primary Care project in a family practice residency. Respondents were African-American of low socio-economic background. Questionnaires covering sociodemographic variables, previous breastfeeding experiences, previous education on breastfeeding and respondents' attitudes were handed to attendees in these WIC classes. Logistic regression was performed to identify associated factors for those who breastfed versus factors for those did not.

IMPLEMENTATION AND EVALUATION OF A LONGITUDINAL, COMMUNITY-BASED PRACTICE PROGRAM IN PHARMACY EDUCATION

Janelle L. Krueger, Auburn University School of Pharmacy

Longitudinal community-based practice experiences were implemented at Auburn University School of Pharmacy as the School converted to an entry-level Doctor of Pharmacy (Pharm.D.) degree. The primary goal is to allow students opportunities to provide community-based pharmaceutical care (outside the four walls of a pharmacy) using a service-learning framework throughout their entire educational process. These experiences should better equip students to be caring and competent health care providers. Students spend time each week assisting community-based patients with health and wellness needs and assume greater responsibility for patients' health outcomes as their knowledge base expands. They document their activities and meet weekly with a team of peers and faculty for discussions. The program was implemented over a three-year period until all levels of pharmacy students were participating in the program.

IMPROVING ORAL HEALTH THROUGH CAMPUS COMMUNITY PARTNERSHIPS

Jeanette DeCastro, University of Medicine and Dentistry of New Jersey – New Jersey Dental School

The recent report on oral health from the U.S. Surgeon General's Office pointed out alarming discrepancies in the oral health of diverse populations. Higher disease levels are found in the New Jersey's racial and ethnic minority groups, children from low-income families and people who have less than a high school education. Since dental caries is a largely preventable disease, prevention and intervention strategies including education and health promotion programs can be highly successful in lowering the disease rate. The UMDNJ-New Jersey Dental School meets its goal of improving the oral health of the most vulnerable people in the underserved communities of the state by expanding its community outreach programs through large-scale screening and oral health promotion activities. Recently, a team of ten students, ten dental assistants and two supervising faculty screened approximately 3,000 children, including pre-schoolers, elementary and middle-school children in depressed areas of Camden and Atlantic counties. The schools distributed and collected consent forms in advance. Parents/ caretakers and the school's health workers were informed of the child's oral health status immediately after screening. The participating schools took on the task of ensuring that children identified as needing treatment followed through to obtain care.

***IOWA'S HOPE FOR COMMUNITY-BASED CARE**

Penny Warren, Indian Hills Community College; Deb Cardin, Jefferson County Hospital; Susan Daniels, Indian Hills Community College

The goal of our program is to affect a positive change in the health behaviors of school-age children and the elderly in rural Southeastern Iowa. Specific Healthy People 2010 objectives addressed in the poster will include activities implemented to:

- reduce the proportion of adults who perform physical activities that enhance and maintain flexibility
- increase the number of adults who are at a healthy weight
- reduce initiation of tobacco use among children and adolescents
- increase the number of persons seen in primary health care who receive mental health screening and assessment
- reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
- increase the proportion of adults with high blood pressure whose blood pressure is under control
- reduce coronary heart disease deaths

THE JACKSON HEART STUDY: COMMUNITY PARTNERSHIPS FOR ENGAGING RESEARCH PARTICIPATION OF AFRICAN AMERICANS; BUILDING COMMUNITY PARTNERSHIPS FOR EDUCATION AFRICAN AMERICAN RESEARCHERS; BUILDING COMMUNITY PARTNERSHIPS FOR HEALTH AWARENESS

Sonja Fuqua, Evelyn Jones, Cynthia Smith, Jackson Heart Study, University of Mississippi Medical Center; Donna Antoine-Lavigne, Jackson State University; The Jackson Heart Study Council of Elders; Nimr Fahmy, Coretta Cochran, Tougaloo College

The excessive burdens of cardiovascular disease (CVD) and stroke in African-Americans continue as unanswered problems. Despite overall reduction in death rates from CVD over the past 25 years, the gap between blacks and whites is increasing. Research dedicated to a better understanding of the relationships between health status and different racial and ethnic minority backgrounds will help us acquire new insights into eliminating the disparities and developing new ways to apply our existing knowledge toward this goal. The Jackson Heart Study (JHS), with an anticipated cohort of 6500, is the largest epidemiological cohort study of the risk factors and causes of heart disease in African Americans. The findings of this study promise to contribute unique knowledge toward improving cardiovascular health and quality of life for African Americans and others. Awareness of the JHS in the study community and ongoing dissemination of findings are important to recruitment and to improving community health outcomes. Discovering a balance between achieving the goals of the research effort and achieving the goals of the community in solving real life problems is a recognized challenge of research in any population, and especially with those who have been historically disenfranchised.

Engaging minority populations as research participants is a recognized challenge. Improving research participation will require working more closely with communities to identify culturally sensitive implementation strategies. Based on findings from a prospective Participant Recruitment Study undertaken with the potential JHS population, a community-driven model of gathering JHS research participants as co-investigators was identified. This model is built on community partnerships that recognize communal and family values to support and engender research participation among African Americans in the study area. One of these new research partnerships is a Council of Elders comprised of members of the ARIC existing cohort. This Council formed to provide a supportive presence to the larger community in deciding to take part in the JHS.

Explicit community-campus partnerships are one approach to expanding minority participation in cardiovascular epidemiology training. One such partnership is the JHS Scholars program at Tougaloo College. Tougaloo is a collaborating partner in the JHS with an outstanding history of developing minority health students who excel as health professionals, especially in the areas of medicine and dentistry. The JHS Scholars matriculate through a program of training that includes public health, epidemiology and biostatistics course work, and community outreach. They are involved in all aspects of the JHS, learning with community co-investigators and JHS scientists. Two other community-campus partnerships aimed at reducing disparities in public health careers are conducted during summer months. They are the High School Outreach Program and an intensive six-day course in the fundamentals of epidemiology. Seventy students have already matriculated through the summer High School programs during the past two summers. Twenty-four students have completed public health course offerings, six of whom are pursuing graduate education in public health. Approximately 75 students have completed the Summer Epidemiology course over the past three summers. Providing focused public health education for African American student-scholars within existing community-campus partnerships for learning in the JHS offers possibilities for increasing the pool of qualified minority investigators.

***JOINING HANDS FOR A HEALTHY EAST TEXAS**

Claudia Whitlatch, Stephen F. Austin State University-Division of Nursing

The senior nursing students successfully developed and implemented a service-learning project for health screening of elderly citizens in three local communities within an eight-week time frame in the fall of 2000. Faculty members were able to successfully blend two courses to facilitate students' learning. Students benefit from the application of Leadership/Management principles and theories in community health settings to promote preventative screening, access to health care and education in accordance with Healthy People 2010 goals and objectives.

LINKING RESEARCH AND PRACTICE: A COLLABORATION APPROACH TO MODEL DEVELOPMENT FOR EDUCATION ABOUT REFUGEES

Nina Hrycak, Department of Nursing, University of Calgary

The main purpose of this research is to discover knowledge about the help seeking process and identify the problems and strengths of the Canadian health care system from the perspective of Central American refugee women in Canada. The qualitative research study, using the grounded theory method was designed to thematically analyze the processes of help seeking from the experiences of six Central American refugee women as they sought to find help with their physical and mental health concerns. The findings from this study provide a greater understanding of the Central American refugee women's experience of resistance and negotiation processes of seeking help for their physical and mental health concerns. Promoting health for all through an advocacy approach, a model was developed and policies were articulated that focus on strengthening culturally appropriate health services for Central American refugees. This study provides a worthwhile contribution to the literature in the education of health care personnel to be responsive to and culturally competent to serve the subcultural variation in our society.

MEASURING COALITION EFFECTIVENESS

Sarah Beversdorf, Barbra Beck, and Cheryl A. Maurana (CCPH Board Member), Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin

Marion, Wisconsin and surrounding communities have partnered with the Center for Healthy Communities in the Department of Family and Community Medicine at the Medical College of Wisconsin (MCW) since 1996. The overall focus of the partnership is to create healthier communities; for the past 3 years, the specific focus has been to reduce multigenerational substance abuse in the Marion area by increasing youth assets and decreasing risk factors, and by establishing and strengthening collaboration among public and private institutions in the community. The partnership has worked to meet this goal through the development of the Marion Area Coalition for Healthy Communities that includes local government, the public school system, civic organizations, religious organizations, MCW and others. The coalition is comprised of community members, with a smaller workgroup that meets on a monthly basis. Literature on coalition building states that effective coalitions can improve delivery of programs and use of resources, increase communication among community groups, energize community members, help plan and launch community-wide activities, and create social change (*Community Tool Box*). Members of the Marion Area Coalition for Healthy Communities and members of the smaller Coalition workgroup completed a confidential, written questionnaire to determine how well the Coalition has addressed the topics listed above. Workgroup members are representatives of various sectors in the community who agree to meet at least every other month to help guide the Coalition. Because of this higher level of participation, workgroup members received a version of the questionnaire that included additional questions. Both sets of individuals, Coalition and Coalition workgroup, received common questions on coalition effectiveness.

MULTICULTURAL CLINICAL TRAINING VIA INTERDISCIPLINARY SERVICE-LEARNING PARTNERSHIPS IN LATINO COMMUNITIES

Theresa A. Salazar, University of Denver and University of California, Santa Barbara Counseling and Career Center

This poster proposes a service-learning model for specialized clinical training in working with Latino populations. This model has been based on a Latino outreach-training program at the University of Denver where community-academic partnerships were established between a Latino community resource center and a community medical center. This program is intended to 1) help eliminate health disparities that are associated with race, ethnicity, and socioeconomic status, 2) to decrease the problem of inadequate training with Latino populations, and 3) to provide culturally-competent services to the Latino community. The program described will be discussed as a model for other graduate training programs, to disseminate resources and to inspire similar efforts.

The partnerships have been implemented and students and faculty are providing mental health services, individual, group therapy, and psychoeducational workshops. In order to ensure sustainability of the program, funding has been solicited through research and training, social services and educational grants. Currently, the program is meeting its goals of increasing graduate students training and competence in working with Latino populations as well as providing much needed services to the Latino community. This poster will delineate the steps and review the process and outcomes of the Latino outreach project to inspire similar replication efforts.

PARTNERS FOR PROGRESS: A PARTNERSHIP TO IMPROVE HEALTH IN MILWAUKEE PUBLIC HOUSING

Staci Young, Marie Wolff, Tovah Bates, Barbra Beck, Gail Newton and Cheryl A. Maurana (CCPH Board Member), Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin

Within public housing, there are numerous health and social concerns typically associated with low-income populations. Dedicated to addressing these concerns, Partners for Progress is a community-academic partnership between the Center for Healthy Communities, located in the Department of Family and Community Medicine at the Medical College of Wisconsin, S.E.T. Ministry, Inc. and the City of Milwaukee Housing Authority. The partnership also provides valuable hands-on, community-based learning experiences for medical students and medical residents.

Our partnership has developed three programs to address the above concerns. The *Community Health Advocate* program selects opinion leaders in public housing to serve as liaisons between the housing residents and service providers in the building. The goal is to address community-identified health issues in the developments. Another program is *Chat and Chew*, a service learning experience in which medical students and/or medical residents give health presentations to a primarily elderly housing community. This is followed by interaction with the housing residents while enjoying a healthy snack. The format of the program encourages students and medical residents to learn from the community and benefit from their life histories and experiences with the health care system. The third program is *Neighbors Helping Neighbors: Turning Ideas into Action*. Housing residents have a community dialogue in which they discuss what makes them proud of their community, as well as their concerns. The community action fund is a component of the program that allows residents to apply for funds to develop activities to address their concerns.

PARTNERSHIP BETWEEN SOCIOLOGY AND PUBLIC HEALTH: ASSESSMENT OF RISK FACTORS FOR LOW BIRTH WEIGHT DELIVERIES

Judith N. Lasker, Michael Ortynsky, Lehigh University; Bonnie Coyle, St. Luke's Hospital and Bethlehem Health Bureau

Sociology masters-level students in a required applied research internship collaborated with a local hospital's Department of Community Health to identify factors associated with the region's higher-than-average incidence of low birth weight and very low birth weight deliveries and to track the distribution of these births within the region. With hospital IRB permission, and under the combined supervision of their sociology professor and the hospital's Director of Community Health, they analyzed the hospital's very detailed pregnancy and birth records over the course of the last three years. These results are compared to the literature on national trends. The geographical analysis, carried out using Geographic Information Systems software, helped to identify specific areas in the region in which patients were particularly likely to have low birth weight babies.

***A PARTNERSHIP FOR IMPROVED ASTHMA MANAGEMENT AT THE COMMUNITY HEALTH IMPROVEMENT CENTER**

Barbara Dunn, Community Health Improvement Center; Jo Carter, Public Health Nursing, Millikin University; Amy Zajac, Millikin University

Outcomes of a Robert Wood Johnson and Kellogg Foundation Turning Point Grant in Decatur, Illinois, resulted in the development of an initiative to improve the quality of life for citizens with Asthma. A partnership was developed between the Community Health Improvement Center, Millikin University School of Nursing and Department of Physical Education, Pfizer Pharmaceutical Company, Decatur Community Partnerships, and the Decatur School District #61 to improve the self-management of children and adults with asthma. The nursing students created an Asthma Fair that was designed to case-find children and their families and to provide one-on-one self-management education to children with asthma and their families. The student nurses "coached" children and families to preserve lung function by early recognition of symptoms, self-monitoring, lifestyle change and environmental control, and encouragement and support for active lives. A goal of the project was to prevent acute episodes of illness by the monitoring of symptoms and early recognition of problems. Trending data regarding the number of emergency room visits and hospitalizations and increased school and work attendance were collected. This specific project was created through the support of the *Partners in Caring and Community Program* of the *Community –Campus Partnerships for Health* funded by the *Helene Fuld Trust*.

***PARTNERSHIPS IN CAPSTONE COURSE EMPHASIZE HEALTH FOR ALL**

Lauren Clark, Amy Stanwood, Sue Hagedorn, Richard Redman, University of Colorado Health Sciences Center School of Nursing; Angelina Milan, La Clinica Tepeyac

The goal of the Capstone course is to build partnerships between the School of Nursing and community agencies and efforts that exemplify a commitment to social justice. When nursing students from four academic programs (BS, MS, ND, PhD) enroll in the Capstone course, they are encouraged to view their nursing education as preparatory to their professional and civic engagement in working for Health for All. By linking their Capstone coursework with a service-learning experience with one of the community partner agencies, students actively work for social justice.

PARTNERSHIP TO CREATE A WORK SITE HEALTH PROMOTION PROGRAM

Lynda W. Slimmer, Elmhurst College; Karen C. Fuist, The Center: Resources for Teaching and Learning

Objective 7.6 identified in the Healthy People 2010 objectives for the Nation challenges work sites to increase the proportion of employees who participate in employer sponsored health promotion activities. According to the National Health Interview Survey, in 1994 the total mean percent of employees who participated in such programs was 28%, most of whom were Caucasian and salaried. Only 16% of Hispanic/Latino employees participated, representing service employees with greater health risks. The goal of this partnership among Marriott Hickory Ridge Hotel and Conference Center, The Center: Resources for Teaching and Learning, and Elmhurst College is to increase access to health promotion activities for the hotel's Hispanic/Latino housekeeping staff. The first objective of the partnership program is to enhance the staff's English language and literacy skills through ESL classes taught at the work site by The Center with assistance from Elmhurst College Education majors in service-learning courses. Improved literacy increases access to printed health promotion materials. The second objective of the partnership program is to provide health education classes requested by the staff and taught by Elmhurst College nursing students in service-learning courses.

THE PROCESS FOR DEVELOPING COMMUNITY HEALTH WORK GROUPS

Barbara J. Quiram, Raymond G. LeMay III, Griselda Rubio, Paul S. Crews, Stacey Stevens, The Texas A&M University System Health Science Center School of Rural Public Health

We were invited by a private foundation located in a rural Texas community, to partner in accomplishing three goals: to conduct a community health assessment, to create a sense of oneness between two neighboring communities, and to engage residents in working together for a healthier community. Phase I, community health assessment completed June 2000. The community returned a total of 579 surveys. Discussion groups were also held in order to speak freely of other concerns based on five key questions. Via Statistical Analysis Software (SAS) and tabulation of discussion groups, comments identified three major topics areas: Active Aging, Emergency Care, and Youth Activities. Held Town Hall Presentation to share findings and identify next steps. Phase II-Developing Community Health Work Groups, the topic of this poster presentation, is exemplified by the following goals: To identify areas of needed improvement; to develop an action plan, and to implement work group activities.

PROMOTING HEALTH FOR ALL THROUGH CLINICAL AND COMMUNITY SERVICE

Susan Baker, Baylor College of Medicine; Rosemary Pine, Houston Baptist University; Kalu Ogbonnaya, Baylor College of Medicine; Cathy Wielgus, Baylor College of Medicine; Alicia Reyes, Harris County Hospital District; Jean Dols, Harris County Hospital District

The community-based clinical and outreach programs supported by Baylor College of Medicine's Department of Family and Community Medicine (DFCM) and the Harris County Hospital District (HCHD) have effectively linked the clinical, research, teaching and public health activities of a college of medicine with community-based primary, secondary, and tertiary care for the medically underserved of a large metropolitan area. Community services are based in 11 community health centers (CHC) and 6 school-based clinics that predominantly serve uninsured residents of the county. The CHC's provide primary care services for approximately 300,000 persons. Baylor and The University of Texas Health Science Center provide physician services. The CHC's provide care administered by physicians, nurses, pharmacists, nutritionists, social workers, and health educators, as well as podiatry and dental services, specialty services in hospital-based clinics, and tertiary services at two full-service HCHD hospitals. Community services are provided through collaboration with community organizations, such as health agencies, universities, civic centers, churches, schools, libraries, and fire stations.

PROMOTING THE HEALTH AND SAFETY OF RURAL POPULATIONS: AN INTERDISCIPLINARY APPROACH

David Dunn, David Coffey, Western Kentucky University

Approximately 25% of the U.S. population resides in rural areas. Trends indicate this population is increasing in both numbers and diversity. Traditionally, the unique health and safety needs of this targeted population have not been addressed in formal academic courses. Two years ago, faculty at a

regional university in south central Kentucky collaborated to achieve a common goal: the development of an interdisciplinary academic course that would provide students the opportunities to address the unique needs of selected rural populations. The goal was to design an academic course that would allow students the opportunity to: 1) learn to function on an interdisciplinary team to conduct a community project related to rural health and safety issues; and 2) demonstrate the use of appropriate strategies in addressing health and safety issues unique to rural populations. The key players in the course design included faculty members from the disciplines of agriculture, public health and nursing along with the Director of the South Central Kentucky Area Health Education Center (AHEC). The three credit hour course, titled Rural Health & Safety, is restricted to junior, senior or graduate student enrollment. The course is a week-end class with Friday evenings reserved for group discussions led by guest speakers with expertise in specific topics including rurality, folk medicine, the health care system, and environmental issues. Travels to selected rural communities (e.g., Mennonite farms, rural hospitals and nursing homes, farms with migrant workers) are planned on Saturdays to allow students, assigned to interdisciplinary teams, the opportunity to complete a community assessment, analyze the assessment data to determine the priority health needs of the selected population, and design educational posters addressing each priority need. A capstone event was planned in an informal setting, where each interdisciplinary student group presented findings from the community assessment and presented the educational program designed to meet priority health and safety needs identified. The interdisciplinary team concept was used throughout the course to foster collaboration and sharing expertise of students and faculty.

***PUTTING HOPE IN MIDWIFERY**

Donna Scheideberg, Rae Farrell, University of Missouri-Columbia; Rene Renick, Hope House, Inc.

This poster session will present the service-learning experience of graduate nurse-midwifery students at Hope House, Inc., a comprehensive agency serving the needs of battered women and their children. The poster will describe Hope House services, an overview of nurse-midwifery and specific service-learning activities. Emphasis will be placed on presenting the impact of this collaboration on the student's perception of working with victims of domestic violence and implications for future practice. Also highlighted will be the outcomes of the collaboration on the agency, resulting program changes and the impact on battered women served.

REACHING OUT TO URBAN UNINSURED POPULATIONS: A COMMUNITY-BASED EXPERIENCE IN UNDERGRADUATE MEDICAL EDUCATION

Staci Young and Cheryl A. Maurana (CCPH Board Member), Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin

The goal of the Isaac Coggs Saturday Clinic for the Uninsured is to provide needed health services to Milwaukee's uninsured population, as well as provide a community-based experience for undergraduate medical students. The partners include the Physicians for Social Responsibility (PSR) student chapter at the Medical College of Wisconsin, the Center for Healthy Communities, the Department of Family and Community Medicine residency programs and Milwaukee Health Services, which provides clinic space and covers all pharmacy expenses for the Saturday clinic. Conceived and designed by PSR students in 1991, the clinic continues to be organized, staffed and run by students. Located in the central city of Milwaukee, the clinic principally serves the African-American community. The patients who utilize the walk-in clinic often suffer from a wide variety of illnesses ranging from high blood pressure to sexually transmitted diseases. Patients are seen by volunteer physicians, primarily from family practice residency programs. The clinic regularly sees 15 to 25 patients on a first come, first serve basis. Medical students from all four grade levels volunteer their services at the clinic. They are responsible for registering the patients, taking vital signs, the chief complaint, medical history, and as much of the physical exam as is appropriate. The medical students and physicians then consult with one another and decide upon the proper course of treatment. In this way, the clinic serves as a teaching facility for students, with family physicians acting as mentors to the students. Despite receiving no academic credit or recognition for their participation and work at the clinic, each school year well over 300 medical students from the Medical College of Wisconsin volunteer to work at the clinic on a rotating basis.

RIGHT BITE PROGRAM: AN EXAMPLE OF A SUCCESSFUL COLLEGE INTERVENTION PROGRAM

Danielle L. Garcia, University of the Incarnate Word

The Right Bite program is a federally funded nutrition intervention program, at The University of the Incarnate Word, a small private university. The University is located in San Antonio Texas, which has a primarily Mexican American population. The purpose of the program is: (1) to change dietary patterns among Mexican American college students, specifically to increase fruit and vegetable consumption and (2) decrease total fat intake.

This program is meant to influence the students' behavior by manipulation of their environment; Manipulation of environmental factors creates an arena for change. Thus far the most effective intervention components have been small group education classes, role model poster campaign and general nutrition information tables.

***SERVICE-LEARNING IN ASSOCIATE DEGREE NURSING**

Anne Holloway, Kapi'olani Community College; Goldie Brangman Dumpson, American Red Cross Hawaii State Chapter

In Honolulu, Hawaii Kapi'olani Community College's Associate Degree Nursing program has been developing service-learning in nursing for several years. Service-learning has been offered in psychiatric, maternal-child, medical-surgical, and LPN to RN transition classes. Partnerships with various community health care agencies have provided service-learning sites for nursing students to promote health for all. Campus and community service-learning objectives, guidelines, and outcomes will be presented.

TRAINING FAMILY MEDICINE RESIDENTS IN HEALTHY AGING: A SERVICE-LEARNING EXPERIENCE IN THE COMMUNITY

Tovah Bates, Staci Young, and Cheryl A. Maurana (CCPH Board Member), all from the Center for Healthy Communities, Department of Family & Community Medicine, Medical College of Wisconsin, Milwaukee, WI

This service learning program in aging grew out of a need for elderly public housing residents to have more health promotion and prevention information and for medical residents to receive training in aging in a community setting. Named "Chat and Chew" to appeal to community interest, the goals of this academic-community program are to 1) generate resident awareness and interest in community health, aging, and diversity, 2) train residents on presenting health information to a diverse community in race, age, and education, 3) encourage residents to view community members as "teachers" as well as patients, and 4) provide needed health information to elderly public housing residents. Each month, the medical resident prepares a health presentation for housing residents on a community-selected topic, such as diabetes, heart disease, or depression. Prior to the program, and following the program, the medical resident meets with the program coordinator to engage in reflection and evaluation of his or her experience. To date, 12 residents have participated, and the program is being expanded to include a second public housing site and residency program.

For this presentation, data from the reflection pre and post interviews with the medical residents were analyzed using content analysis. Several quantitative questions from the interviews were also summarized. This preliminary analysis focuses on the benefits gained by medical residents through participation in the program.

SITE VISIT DESCRIPTIONS

BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER

Carole S. Chamberlin

This center provides comprehensive primary health care to the medically indigent. Services include medical, dental, health education, pharmacy, laboratory and x-ray.

CENTER FOR JUVENILE MANAGEMENT

Joe Rodriguez

This organization works to combat and reduce escalating juvenile delinquency through accessing and meeting the needs of the whole person by addressing and reconciling critical issues surrounding school achievements, substance abuse, and homelessness, among others.

CYBER-SISTERS INTERGENERATIONAL PERSONAL COMPUTER SKILLS TUTORING PROGRAM

Fred Bock

This project is a partnership between the University of the Incarnate Word Information Systems Program and the Incarnate Word Retirement Center. Business students participate in this service-learning program by tutoring the Center's elderly residents in personal computer skills.

MARTINEZ STREET WOMEN'S CENTER

Patricia Kelly

This agency sponsors several health promotion programs for girls and women, in partnership with the School of Nursing at the University of Texas Health Science Center in San Antonio. It has an empowerment and gender-specific philosophy with a diverse board, including two UTHSCSA School of Nursing faculty.

MINISTERIO DE SALUD

Sara Kolb

Located in a predominately Hispanic community in near downtown San Antonio, where 33% of the families are living below poverty level, the Ministerio de Salud engages in health promotion activities to increase the awareness of health needs of the community and of the importance of health promotion and health maintenance. The Ministerio de Salud is a partnership between University of the Incarnate Word School of Nursing and St. Phillip of Jesus Parish.

THE PATRICIAN MOVEMENT

Patrick Clancey

The Patrician Movement is a private not for profit substance abuse rehabilitation program serving youth and adults through a full continuum of care. This organization works to provide medical, physical and psychological support to individuals who are experiencing withdrawal due to the cessation or reduction in alcohol and/or substance abuse.

POSITIVELY AGING

Linda Pruski

The Positively Aging project contains a curriculum component and a teacher training component. The Positively Aging: Choices and Changes curriculum is an innovative, interdisciplinary, instructional program that has developed from an active 7 year partnership between the working scientists of University of Texas Health Science Center at San Antonio (UTHSCSA) and educators from Northside and North East Independent School Districts. This partnership uses examples from the gerontologic sciences to infuse health promotion and disease prevention into all middle school disciplines. The project has important long-term goals, including helping students develop a sensitivity to the needs and concerns of the aging population.

SAN ANTONIO SAFE FAMILY COALITION

Margaret Brackley

This coalition sponsors several initiatives to support their mission to, "strengthen the network of community resources that support non-violent relationships." This coalition is composed of partners including the University of Texas Health Science Center, Family Violence Prevention Services Inc, San

Antonio Police Department, Bexar County District Attorney's Office, San Antonio Metropolitan Health District.

WOMEN, INFANT AND CHILDREN'S CLINIC (WIC) #73/01 SUPPLEMENTAL NUTRITION PROGRAM

Carlos Nurko

Baby teeth, are not just baby teeth at WIC! Since the summer of 1997 the Department of Pediatric Dentistry at the University of Texas Health Science Center at San Antonio has developed an ongoing Infant Oral Health Educational Program at a Women, Infants and Children Clinic (WIC). Postdoctoral Pediatric Residents, Predoctoral Students and Faculty members have examined over 1000 infants. In addition, they have interviewed mothers, as well as identified infants and mothers that are in need of interceptive or comprehensive dental care. This program has been a partnership with the WIC # 73/01 which is a federally funded program operated by the El Centro del Barrio for low income pregnant, breast feeding, postpartum women, and children under five years of age, who have nutrition-related problems. El Cento del Barrio is a Health and Human Service Organization multidisciplinary clinic setting which serves medically underserved population in San Antonio. The objectives of this program are: To promote perinatal and postnatal oral health education, to identify those children with early signs of Early Childhood Caries (ECC) and those with high risk factors to ECC, to intercept and modify detrimental feeding habits, to optimize fluoride exposure, and to increase the training and exposure of dental students and postdoctoral pediatric residents to very young children and their mothers.