



University of California
San Francisco

Report of the Executive Vice Chancellor's

Task Force on Community Partnerships

August, 2005

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EXECUTIVE SUMMARY

The UCSF Task Force on Community Partnerships was convened by Executive Vice Chancellor Washington in July, 2004. Dr. Washington's charge to the Task Force was to:

- Perform an inventory that describes and categorizes UCSF partnerships in community-based programs within California in which UCSF faculty and staff participate as part of their University responsibilities;
- Review what is known about the benefits to the community and university of academic partnerships in community-based programs, and about the key attributes of successful partnerships between communities and academic institutions; and
- Make recommendations for improving the success and impact of UCSF's engagement in community-based programs and partnerships.

The Task Force was chaired by Kevin Grumbach, MD, Professor and Chair of the UCSF Department of Family and Community Medicine, and included 20 members representing diverse sectors of all four UCSF schools as well as the UCSF Medical Center. Between September 2004 and July 2005, the Task Force held a series of meetings of its members, sought consultation from two national experts in community partnership programs (Barbara Holland, PhD, and Joan Reede, MD), held a forum with San Francisco residents and representatives from local community based organizations, and conducted two major investigations to inform development of Task Force findings and recommendations. These investigations consisted of:

- A web-based survey to compile an inventory of existing community partnership programs at UCSF, and
- Examination of community partnership initiatives at other leading universities in the United States to identify "best practices" in organizing and administering community partnership initiatives at the institutional level.

The Task Force on Community Partnerships arrived at the following Findings and Recommendations:

Findings

1. **Community partnerships are not only in the public's interest; civic engagement is in the interest of UCSF to achieve excellence as an academic institution.**

2. UCSF has many existing assets for successful community partnerships. These assets form the substrate for developing a more robust, institutionalized community partnership initiative at UCSF.

- a. *Institutional mission and commitment:* Leaders committed to community engagement hold influential positions on campus, including positions in the Chancellor's Office and the Offices of the Deans of the UCSF Schools, Department Chairs, and Directors of major academic units.
- b. *Experiences and a track record in successful community partnerships:* The Task Force's initial inventory of UCSF community partnership activities found over 60 different programs, involving more than 28 different UCSF departments and units, with focus areas including community-based research, clinical training and service-learning education, among other areas. Many of these programs are exemplary models of academic-community partnerships characterized by sustained relationships between partners, sharing of leadership and power, and lessons humbly learned.
- c. *Resources and infrastructure:* UCSF has tremendous resources to contribute to community partnerships, including the "intellectual capital" of the institution's scholarship and expertise in health care and science; experienced and motivated faculty and staff; and more. These resources are matched by the assets of local communities that are activist in orientation, sophisticated and knowledgeable, culturally competent, and, in many instances, favorably disposed to collaboration with UCSF.
- d. *Timely opportunities:* Events such as the development of the UCSF Mission Bay campus present timely opportunities for renewed efforts in civic engagement, particularly with the southeast communities neighboring Mission Bay.

3. A parallel set of barriers and liabilities also exist at UCSF impeding successful community partnerships.

- a. *A culture not conducive to civic engagement:* The biomedical research culture of UCSF overshadows and depreciates the valuing of community engagement, faculty members do not receive significant recognition and support for community engagement, and there is no explicit requirement for service-learning program participation for all UCSF students and residents.

- b. *Insufficient institutional competence in community partnerships:* Some community members, particularly those in vulnerable communities, distrust UCSF. Although it has many partnership programs that have achieved high credibility and respect among the community, the University also has been perceived to be exploitative of the community.
 - c. *Lack of greater and more formalized resources and infrastructure for community partnerships:* The absence of a more centralized infrastructure remains a limiting factor for more robust civic engagement at UCSF. There is poor coordination across individual UCSF partnership programs, resulting in duplication of effort, missed opportunities for synergy between compatible programs, and lack of collective learning and sharing of experiences. Community members seeking UCSF partners and resources face a largely impenetrable institution without an obvious entry for developing academic-community collaborations. UCSF lacks an internal grants program to provide start-up or other funding support for community partnership projects.
 - d. *Lack of sufficient academic incentives and acknowledgement of the value of community partnerships within the campus setting*
4. **Although no academic institution in the United States has a model of a community partnership infrastructure that will serve as a perfect blueprint for a UCSF initiative, a number of “best practices” at these institutions can be modified and adapted as a base for such an endeavor.**

Recommendations

1. **Create a formal University-Community Partnerships Program that will serve as the campus infrastructure for community partnerships.** This Program should support--not supplant—the diverse ecosystem of organically developed, grass-roots community partnerships that exist at UCSF by “fertilizing” and facilitating community partnerships, incubating new initiatives, and otherwise helping to overcome a number of institutional barriers and liabilities impeding civic engagement.
2. **Designate a leader within the Chancellor’s Office who is responsible for assuring that the functions of the University-Community Partnerships Program are performed.**

3. **Appoint a University-Community Partnerships Council empowered to work with the Chancellor's Office to guide the operations of the Partnership Program.** The Council should consist of UCSF members and community members in approximately equal balance, and have a meaningful decision-making role in the planning and operation of the University-Community Partnerships Program.
4. **Formally adopt explicit principles of civic engagement and community partnerships for UCSF as an institution.**
5. **Prioritize the implementation of the following components of the University-Community Partnerships Program:**
 - a. *Information clearinghouse and coordinating center:* Both the campus and the community need a centralized information clearinghouse that maintains an interactive, updated computerized database on individual UCSF community partnerships. A core staff is needed to administer the inventory, maintain the database, and serve as the human liaison to the public and members of the UCSF community, performing outreach and facilitating and coordinating projects.
 - b. *Faculty development and support:* UCSF requires an infrastructure to assist faculty members to become more adept in civic engagement and to overcome the institutional barriers to successful faculty careers in community service. A centralized infrastructure for community partnerships should provide such a service on a campus wide basis in support of faculty members devoted to community-engaged scholarship.
 - c. *Service-learning curricular development:* UCSF needs to develop a more coherent approach to service-learning for students, residents, and other learners on campus. The campus should support a process for bringing together faculty, staff and learners in disparate community-oriented educational programs to explore shared service-learning curricular needs, clarify expectations for learners, and strengthen processes for enhancing the competence of learners to work effectively with communities.

- d. *Community economic and employment development:* As a component of a new UCSF University-Community Partnerships Program initiative, the economic and workforce development efforts of the existing UCSF Community Partnerships Program administered through the Office of Community and Government Relations should continue and be augmented by additional investments in community-based “pipeline” activities in the areas of job training, partnerships with local and regional educational institutions, and other workforce development projects.
- e. *Internal grants program:* The functions of the UCSF community partnerships infrastructure should include administering a formal small grants program for projects that promote partnership activities. Community based organizations, in addition to UCSF faculty, students and staff, should be eligible to apply for grants, as long as the CBO is partnering with a UCSF department or unit.
- f. *Dissemination, communications, and recognition:* The UCSF University-Community Partnerships Program should actively disseminate accomplishments, lessons, and related information through a proactive communications program, including a high-profile web site, a periodic electronic newsletter, a list serve, and an annual or biannual printed report, community partnership recognition events, and a regular series of symposia to bring together UCSF and community partners.
- g. *Navigation, technical support and endorsement:* An important function for a centralized University-Community Partnerships Program is to assist individuals from UCSF and community based organizations to navigate each other’s customs and procedures in order to embark on and complete successful partnership voyages. New models of community-based participatory research represent highly community engaged approaches to research that involve community members as collaborators in all phases of a research study.
- h. *Champions and leadership:* A key function of the University-Community Partnerships Program is to champion civic engagement and provide visible and influential leadership for community partnerships at the highest levels of UCSF administration. This leadership does not absolve the need for broader leadership at all levels of the campus. However, leadership at the top is a key element for advancing an agenda on civic engagement at UCSF

- i. *Evaluation to assure the quality and integrity of programs:* Ongoing evaluation and assessment is essential for gauging the success of program activities and providing lessons learned to forge more successful partnerships and projects.

I. INTRODUCTION

The UCSF Task Force on Community Partnerships was convened by Executive Vice Chancellor Washington in July, 2004. Dr. Washington's charge to the Task Force was to:

- Perform an inventory that describes and categorizes UCSF partnerships in community-based programs within California in which UCSF faculty and staff participate as part of their University responsibilities;
- Review what is known about the benefits to the community and university of academic partnerships in community-based programs, and about the key attributes of successful partnerships between communities and academic institutions; and
- Make recommendations for improving the success and impact of UCSF's engagement in community-based programs and partnerships.

The Task Force was chaired by Kevin Grumbach, MD, Professor and Chair of the UCSF Department of Family and Community Medicine, and included twenty members representing diverse sectors of all four UCSF schools as well as the UCSF Medical Center. In addition to the members appointed by the Executive Vice Chancellor, the Task Force invited five other UCSF faculty members and staff and two community members with expertise in UCSF-community collaborations to participate in Task Force meetings.

UCSF TASK FORCE ON COMMUNITY PARTNERSHIPS

Appointed Members

Nancy Adler	Psychiatry & Center for Health and Community
Charles Alexander ²	Student Affairs and Dean's Office, Dentistry
Claire Brindis ²	Institute for Health Policy Studies & Pediatrics
Orlando Elizondo	Community & Government Relations
Kathy Flores ²	UCSF-Fresno Latino Center for Medical Education & Research
Ellen Goldstein ¹	Center for AIDS Prevention Studies & Family & Community Medicine
Lisa Gray ²	Community Partnerships Program, Community & Government Relations
Kevin Grumbach, Chair	Family & Community Medicine
Dixie Horning ²	National Center of Excellence in Women's Health
Maryanne Johnson	Geriatrics Division, Veterans Administration Medical Center
Anda Kuo ²	Pediatric Leadership for the Underserved (PLUS) Residency

	Program
Cindy Lima ²	UCSF Medical Center Administration
Nancy Milliken ²	Obstetrics/Gynecology, Center of Excellence in Women's Health, and School of Medicine Dean's Office
Rena Pasick ²	Comprehensive Cancer Center
Howard Pinderhughes ²	Social and Behavioral Sciences, School of Nursing
Sally Rankin	Family Health Care Nursing, School of Nursing
Lori Rice ¹	Dean's Office, School of Pharmacy
Tracy Stevens ²	Center for Science and Education Opportunity
Peter Walter	Biochemistry & Biophysics
Naomi Wortis ²	Community Partnership Resource Center, Family & Community Medicine

Ad Hoc Members

Patricia Caldera	Science and Health Education Partnership
Annemarie Charlesworth ^{1,2}	Institute for Health Policy Studies
Gerri Collins-Bride ¹	Community Health Systems, School of Nursing
Julia Faucett ¹	Community Health Systems, School of Nursing
Laurie Kalter	Center for Health and Community
Karen G. Pierce	San Francisco Department of Public Health, Bayview Hunters Point Health and Environmental Assessment Program
Robert Uhrle ²	Community Partnership Resource Center, Family & Community Medicine

Task Force Staff:

Jay LaPlante ^{1,2}	Community Partnership Resource Center, Family & Community Medicine
Cecilia Populus-Eudave ²	Medical Effectiveness Research Center for Diverse Populations, General Internal Medicine & Obstetrics/Gynecology
Dennis Keane ¹	Center for the Health Professions

¹ Member of the Task Force's UCSF Inventory Working Group

² Member of the Task Force's "Best Practices" Working Group

Between September 2004 and July 2005, the Task Force held a series of meetings to explore members' experiences, insights, and perspectives in regards to community partnership activities, develop strategies for information acquisition to respond to the

committee's charge, and formulate findings and recommendations. The Task Force conducted two major investigations to inform its work:

- A web-based survey to compile an inventory of existing community partnerships programs at UCSF, and
- Examination of community partnerships infrastructures at other leading universities in the United States to identify "best practices" in organizing and administering institutional community partnership initiatives.

Subcommittees of the Task Force took responsibility for conducting these two investigations.

The Task Force also held a forum with several San Francisco residents and representatives from local community based organizations to explore their perceptions of UCSF community partnership activities and solicit their input into Task Force deliberations.* In addition, the Task Force sought consultation from two national experts in community partnerships, Barbara Holland, PhD and Joan Reede, MD, MPH. Dr. Holland is Senior Scholar, Indiana University-Purdue University Indianapolis and past Director (Visiting) of the Office of Community Partnerships in the US Department of Housing and Urban Development. Dr. Reede is Dean for Diversity and Community Partnership at the Harvard School of Medicine, and directs the School's Minority Faculty Development Program and Community Outreach Programs.

Chapter 2 of this report makes the case for the compelling need for community partnerships and civic engagement at UCSF. The survey producing an inventory of existing UCSF community partnerships initiatives is discussed in Chapter 3, and the examination of external institutional models is discussed in Chapter 4. Chapter 5 presents the findings and recommendations of the Task Force. The findings and recommendations are informed not only by the two investigative projects described in Chapters 3 and 4, but also by the many discussions among Task Force members, community input provided at the Task Force community forum, and the insights of the Task Force's two consultants. Although these latter activities played an influential role in the formulation of the Task Force's findings and recommendations, this report does not include detailed descriptions of the content of these meetings and discussions. Minutes of these meetings are available upon request.

*Concepcion Saucedo, German Walteros, Renee Velasquez (Instituto Familiar de la Raza); Angelo King (Southeast Neighborhood Jobs Initiative Roundtable); Dorris Vincent (UCSF Community Partnerships Program Community Action Committee & BVHP Resident); Sharen Hewitt, Trana Scott (Community Leadership Academy and Emergency Response); Laura Critchfield (SF LEARNS/Bayview Healing Arts Center); Elaine Johnson (Biolink & City College of San Francisco)

II. THE CASE FOR COMMUNITY PARTNERSHIPS AND AN ENGAGED CAMPUS

The Mission Statement of the University of California, San Francisco states that one of the missions of the campus is “to serve the community at large through educational and service programs that take advantage of the knowledge and skills of UCSF faculty, staff and students.” Without question, community partnerships fulfill the public service mission of the University. The Task Force’s working definition of a “community partnership” is a program or project involving a collaboration between UCSF faculty, staff and/or students and members of the community, focused on improving community health and well being and empowering community members to play a participatory and influential role in the program.

UCSF has tremendous intellectual, scientific, material and human resources to contribute to improvement in the health and well being of the public. The need for public service dedicated to eliminating the nation’s glaring disparities in health and life opportunities is particularly compelling. Just as these disparities based on race-ethnicity, socioeconomic status, sexual orientation, and other factors mar the national landscape, they stain the local environment of the San Francisco Bay Area and the communities surrounding UCSF. For example, rates of preventable hospitalizations are three times higher in Bayview Hunters Point than in the Marina District. The majority of children in foster care in San Francisco live within walking distance of seven street corners in the city; four of these are located in Bayview Hunters Point and Visitacion Valley, and all but one of these corners is adjacent to public housing complexes. While violence is the ninth leading cause of premature mortality in San Francisco, it ranks 1st, 5th, and 6th in Bayview Hunter’s Point, Visitacion Valley and the Mission District, respectively. Responsible stewardship of the public service mission of UCSF is a strong rationale for developing and sustaining community partnerships that address these inequities.

Although public service is an important motivation for universities to participate in community partnerships, it is an incomplete rationale. The concept of “public service” may be interpreted as implying a unidirectional transfer of resources from the university to the community, by which an academic institution contributes expertise, technical assistance, volunteer effort, or other resources to a community that is the passive recipient of this largesse. The concept of *civic engagement* more accurately captures the broader notion of bi-directional benefit and mutual participation that is fundamental to true community partnerships. Dr. Barbara Holland, one of the Task Force’s consultants, defines an Engaged Academic Institution as one that

“...is committed to direct interaction with external constituencies and communities through the mutually-beneficial exchange, exploration, and application of knowledge, expertise, and

information. These interactions enrich and expand the learning and discovery functions of the academic institution while also enhancing community capacity. The work of the engaged campus is responsive to community-identified needs, opportunities, and goals in ways that are appropriate to the campus' mission and academic strengths. The interaction also builds greater public understanding of the role of the campus as a knowledge asset and resource."

Viewed from this perspective, community partnerships not only benefit the public. *Partnerships are fundamental to the academic institution's self-interest.* As Dr. Joan Reede remarked to the Task Force, community engagement is fundamentally about "excellence" in fulfilling the institution's other core missions: *excellence in education, excellence in research, and excellence in patient care.* High quality education requires that UCSF students and residents interact with diverse populations and gain insights into how different communities perceive the factors affecting health, variation in cultural beliefs about health and medical care, community assets and resources promoting resiliency, and the conditions of people's social and physical environment. Community partners bring unique wisdom and experience that can enrich the learning experiences of students and residents.

Community partnerships enhance the quality and reach of research. Partnerships build the trust necessary for successfully recruiting diverse populations into research studies—a requirement of NIH funded clinical research. Meaningful community participation can identify key research questions and novel hypotheses not otherwise apparent to university investigators. It also provides an opportunity for community-input into interpreting key findings within a community context, thus providing researchers with greater insights as to patterns and pathways pertaining to health outcomes. Furthermore, with the growing importance of studying population health within an environmental framework, important new channels for research are being recognized by funders. A community focus is the necessary final step of translational research, completing the continuum that extends from the molecule to the cell to the patient to the community. Community partnerships also enhance the university's clinical services, such as by developing trust that may overcome community suspicions that the primary goal of university hospitals and clinics is to "experiment" on patients. Partnership projects give the university a presence and visibility in the community that may encourage patients to obtain their care at the UCSF Medical Center, San Francisco General Hospital, or other UCSF-affiliated medical centers.

Community engagement is also vital to the university's self-interest because these partnerships have the potential to improve community relations and build community confidence in the public-spiritedness of the university, which may in turn translate into political support for the institution's strategic planning. Community members quickly

see through disingenuous, primarily self-serving activities conducted by universities under the banner of civic engagement. However, genuine, mutually beneficial partnership programs have the potential to build legitimate trust in the university and increase public confidence in the integrity of the university's leaders. UCSF learned this lesson the hard way over past decades during the fractious neighborhood disputes over facilities planning at the Parnassus and Laurel Heights campuses. The community partnership activities subsequently developed by the UCSF Office of Community and Government Relations, including inviting community members to serve on Community Advisory Groups, created a much more respectful and healthier model of community engagement at UCSF. The less contentious community relations that characterized the recent Mission Bay planning process are in part a result of the university's more thoughtful approach to civic engagement.

A related rationale for civic engagement is investment in the pipeline for the future workforce of UCSF and other academic institutions. Institutions such as UCSF have a critical role to play in developing both the current and future workforce with the intellectual skills, personal integrity, social responsibility, and cultural competence that will allow UCSF to continue to flourish. Through community partnerships, new job opportunities may emerge for community members as part of their involvement in a research project or exposure to a program linking youth in the community to future educational opportunities.

Dr. Holland asserts that civic engagement can exert a positive, transformative influence over the fundamental nature of academia and scholarship. Traditionally, universities have been viewed as generating and transmitting knowledge through research, teaching and service. The emerging role of universities is to create a learning society through discovery, learning and engagement. A robust enterprise in community partnerships at UCSF has the potential to catalyze this transformation and place UCSF at the vanguard of this emerging model of scholarship.

III. INVENTORY OF EXISTING UCSF COMMUNITY PARTNERSHIPS

One of the Executive Vice Chancellor's charges to the Task Force was to:

- Perform an inventory that describes and categorizes UCSF partnerships in community-based programs within California in which UCSF faculty and staff participate as part of their University responsibilities.

To complete this assignment, the Task Force appointed an Inventory Working Group to develop a survey instrument to quantify and characterize the diverse community partnerships currently taking place at UCSF, and to implement the survey in a manner that would optimize the response to the survey from UCSF campus members involved in community partnerships. The Task Force sought a survey methodology that would be "user friendly" and require modest resources to administer.

Survey Methods

The Inventory Working Group developed a self-administered questionnaire that was brief and relatively straightforward, while capturing enough data to be informative for this initial effort to create a UCSF inventory. The Working Group determined priority content areas for the inventory and retained the in-kind services of an experienced UCSF survey administrator, Dennis Keane of the UCSF Center for the Health Professions, to assist in formatting and producing an on-line questionnaire.

The web-based survey was launched to the UCSF campus community on March 2, 2005. Executive Vice Chancellor Washington e-mailed all Deans, Department Chairs and Administrators, and Directors of Organized Research Units asking them to encourage members of their departments or units involved in community partnerships to complete the questionnaire. Dr. Grumbach also requested that all members of the Task Force complete the survey to ensure that their programs were represented in the inventory. In addition, an article about the work of the Task Force with a link to the survey was placed on the UCSF electronic newspaper *UCSF Today*, with an invitation to readers to complete the inventory survey. Respondents were asked to complete one questionnaire for each community partnership initiative in which they were engaged. "Initiative" was defined as "a short- or long-term project, program, or goal initiated by or involving your department in the form of research, provision of education, service learning opportunity, clinical service, etc. that involves one or more partnerships with community-based organizations or members with the ultimate goal of benefiting members of a given community."

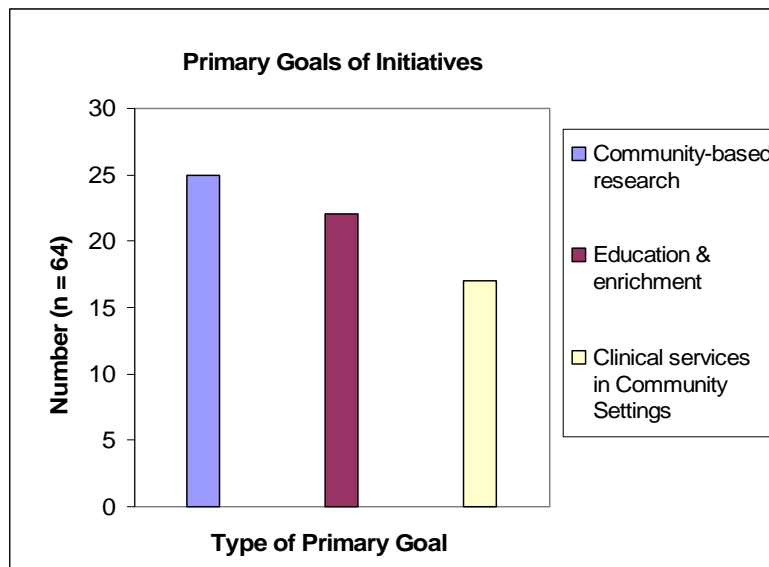
A more detailed description of methods and a copy of the survey instrument are attached as Appendix A.

Inventory Results

The Task Force received 69 responses to the survey. Five responses were excluded due to lack of a community partner in the initiative, resulting in a final inventory of 64 different community partnership initiatives.

The survey generated responses from 28 different UCSF departments and units. Respondents reported on various levels of community partnerships, from single collaborative research projects to entire research institutions, from single course curricula to departmental Centers of Excellence. The level of detail varied from one initiative to another; some respondents provided very specific details of their initiative, while others reported overviews. Despite these differences, the data reveal strong community ties, services to many neighborhoods and populations, and robust opportunities for UCSF students and residents to engage with communities.

In response to questions asking for partnership initiative goals, the categories most frequently described as being either the primary or secondary goal of the initiative were: conducting community based research (25); providing education and enrichment opportunities for community members (22); and providing clinical services in community settings (17).



Overall, many goals were achieved through these partnership initiatives. Respondents were asked to “check all that apply” from a list describing initiative goals, resulting in the following description of goals: Community-based education opportunities for UCSF students, residents, including non-clinical service learning curricula, etc (31); Providing education and enrichment programs for community members (31); Collaborating on

community and social advocacy issues (30); Conducting community-based research in collaboration with community organizations (29); Provision of clinical services in community settings (26); Employment, workforce development, and business development (15); and other (10).

Partnership Initiative Goals		
Initiative Goals	"Check all that apply"	Primary or Secondary Goal
Education for UCSF students/ residents/ service learning	31	12
Education/ enrichment prgms for community members	31	22
Community/ social advocacy	30	13
Collaborative community-based research	29	25
Clinical services in community settings	26	17
Employment/ workforce/ business development	15	7
Other	10	8
No Answer		24

Community partnerships resulted in many community members receiving clinical services. Of the respondents who reported providing such services, 7 initiatives served fewer than 100 people annually, 9 served between 100-1,000 people, and 8 provided clinical services to over 1,000 people.

The 28 initiatives reporting providing educational opportunities to UCSF students and residents estimated that they involved 1,027 students or residents in their programs annually, with an average of 37 per program. (Students and residents may participate in more than one initiative, so it is possible that these are not unduplicated counts of students and residents.)

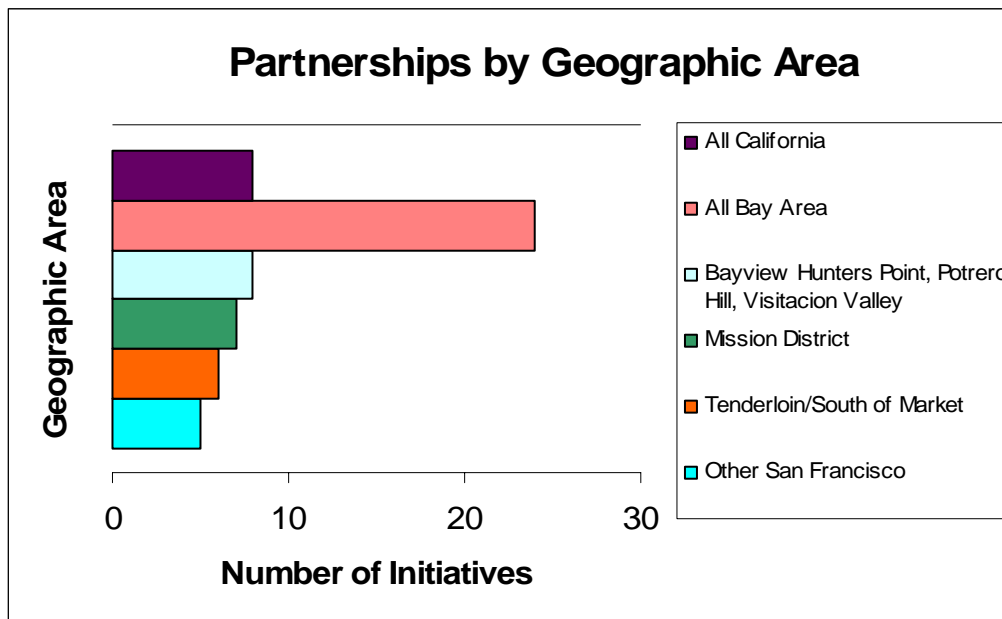
Many community members were touched by UCSF partnership initiatives through education and enrichment programs, with an estimated 142,400 people being reached by 32 separate programs in the past year. These programs included providing San Francisco Unified School District students with math and science education, performing injury assessment for high school athletes, and health education programs in underserved urban communities, among other initiatives.

Departments collaborated not only with community partners, but also with other departments within UCSF. When asked to name other departments within UCSF that

participated in their initiatives, respondents named 43 departments as collaborators on community partnerships. Involving several departments within UCSF is one strategy which may ensure community members have several “gatekeepers” to the university resources and are less likely to pigeon-hole positive experiences as the result of just one exceptional person.

Populations targeted by these community initiatives varied with respect to a focus on race/ethnicity, age, gender, and SES. More than 30 respondents reported focusing their initiatives on youth, women, men, African-Americans, or Latinos. Between 20-29 initiatives address women, elders, GLBT populations, Asians, Native Hawai’ians/ other Pacific Islanders (NAHOP), homeless people, or both women and men. Fewer than 20 respondents reported targeting their work towards immigrants. Those reporting addressing all racial/ ethnic categories, or targeting both children and adolescents, also account for fewer than 20 respondents.

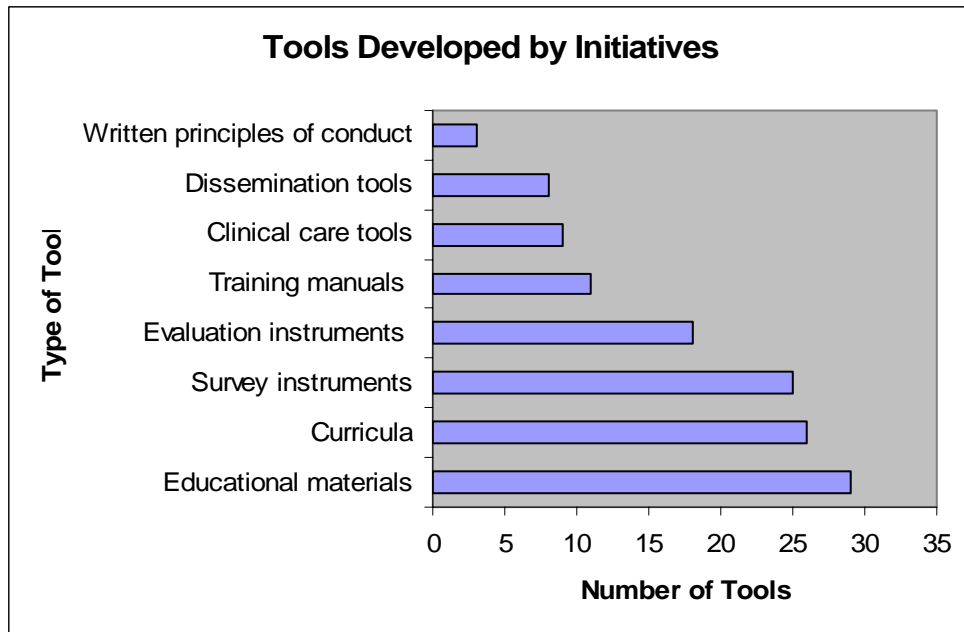
While 8 respondents reported targeting all California, 24 of the initiatives in the survey targeted the Bay Area, and 26 focused only within San Francisco. The most frequent San Francisco neighborhoods involved in partnerships with UCSF were the Southeast San Francisco corridor (Bayview Hunters point, Potrero Hill, Visitacion Valley)(8), the Mission District (7), and the Tenderloin/ South of Market area (6).



With respect to focus areas of these varied initiatives, the responses predominately addressed general health, education, or HIV/ AIDS. More than 20 respondents reported on initiatives focusing on general health or education. Between 15-19 initiatives addressed HIV, mental health, substance use, or health care advocacy. Between 10-14

initiatives concerned cancer, diabetes, asthma, obesity, violence, or career mentoring; and fewer than 9 respondents reported working specifically on cardiovascular disease, reproductive health, disabilities, job development, or business development.

The most common tools created by partnerships were educational materials (29), curricula (26), and survey instruments (25). Other tools created were evaluation instruments (18), training manuals (11), clinical care tools (9), dissemination tools (8), and written principles of conduct (3).



The two final questions on the survey invited respondents to share the accomplishments and challenges of working in partnership with community. It is inspiring to read of the accomplishments achieved by UCSF faculty, staff, residents and students and their community partners. For example, the California Area Health Education Center, administered through the UCSF Fresno campus, has been responsible for distribution of more than \$60 million in federal and other funds in California to support community-based educational programs. Collaborative research at the Center for AIDS Prevention Studies has resulted in more effective treatment programs for state prison inmates that have been replicated throughout the California prison system. The UCSF Community Partnerships Program has contacted over 300 businesses from under-engaged communities, and in 2004, participants received over \$75,000 in business from UCSF. Overall, respondents reported success in providing meaningful community education for residents and students that increases the value and relevance of a UCSF education, publication of many articles in peer reviewed journals, awards, successful funding, provision of necessary services in underserved communities, the development of models that have been replicated nationally,

significant community involvement, support of high school students to succeed in college and especially in health professions, and an increase in support of local workers and businesses.

Working in community partnerships is not without its challenges. The most common challenge mentioned could be predicted in these difficult financial times: funding. Partnership funding is especially hard to secure as the funds must support both sides of the partnership, often making initiatives more expensive. Although some funders are beginning to prioritize investment in university-community partnerships, many funders maintain traditional models of funding that don't facilitate partnerships.

Respondents reported that the University structure and administration posed additional challenges, especially when it came to Institutional Review Board approval processes, recognition of community-oriented activities in faculty promotion, administrative support for the time and effort of developing and sustaining community partnerships, and internal procedures which allow partners to build relationships without incurring additional administrative burden (e.g., cumbersome subcontracting procedures). Beyond internal challenges, respondents reported difficulties in establishing community trust, noted the increased effort often required to work in partnerships, and the struggle to engage with community organizations and residents. The difference in time required to conduct a program or research project internally vs. with a community partner was an additional challenge.

Case Studies

Summaries of all 64 community partnership initiatives reported in the survey are included as Appendix B. We highlight several of these initiatives that reflect the breadth and depth of the community partnerships that exist at UCSF.



Many of the dozens of Center for AIDS Prevention Studies (CAPS) research projects involve community collaborators. Centerforce, a local CBO working with prisons across California, has partnered with Drs. Olga Grinstead and Meagan Comfort to create and investigate strategies for delivering effective HIV prevention programs targeting HIV+ and HIV- inmates, as well as their female partners outside San Quentin State Prison. Walden House, a residential treatment site for recovering addicts, has worked with Dr. Tooru Nemoto's team on developing services for transgenders in recovery. After years of conducting collaborative research, CAPS wrote the manual, *Working Together: A Guide to Collaborative Research in HIV Prevention*.

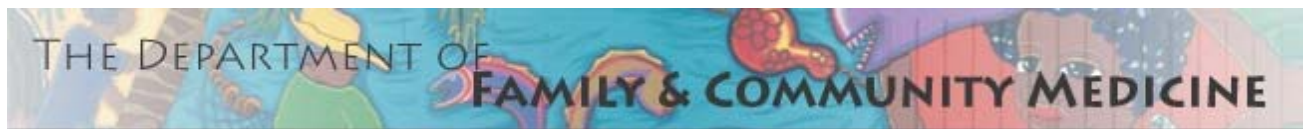


At the Comprehensive Cancer Center, Dr. Robert Hiatt collaborates with community advocates led by the Marin Breast Cancer Watch who play an active role in the science and communications on studies concerning Breast Cancer and the Environment. Multiple town meetings have already been held to discuss the environment and breast cancer. Community advocates participate on scientific teams on an on-going basis. Dr. Rena Pasick of the Cancer Center has participated in the development of an educational and advocacy consortium of five community agencies and clinics addressing breast cancer education among Spanish speakers in Alameda County.

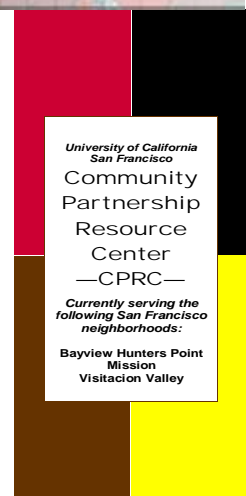


The Science and Health Education Partnership (SEP) in the Department of Biochemistry was founded in 1987 by UCSF faculty member Bruce Alberts, the current President of the National Academy of Sciences. Initially developed as a mechanism to donate surplus UCSF laboratory equipment to local schools, SEP has grown into a multi-faceted outreach effort that supports science and health education in San Francisco's public schools. SEP's mission is to promote partnership between scientists and teachers in support of high quality science education for kindergarten through twelfth grade students. The Interim Director Katherine Nielsen and a team of Academic Coordinators head the

effort that, through a variety of programs, places UCSF students, staff and faculty volunteers into classrooms in partnership with elementary school teachers, and middle and high school science teachers. SEP also offers summer courses in biology and chemistry for elementary and middle school teachers. In addition, SEP supports a High School Student Internship Program, which brings high school juniors into UCSF laboratories for summer internship experiences in scientific research and provides them with college counseling. These programs and other UCSF outreach efforts are supported with science and health equipment and materials from the SEP Daly Ralston Resource Center.



The UCSF Community Partnership Resource Center (CPRC) is a Department of Family and Community Medicine initiative to facilitate partnership activities between UCSF and local communities with the overall goal of improving health status and decreasing health disparities within San Francisco. Growing out of initial community based participatory research and service-learning projects in the Bayview Hunters Point neighborhood, Drs. Naomi Wortis and Kevin Grumbach, co-founder Robert Uhrle, a large group of community partners, and Program Coordinator Jay LaPlante have developed a partnership process focusing on the Southeast corridor of the City which has generated guiding principles of partnership and setting priorities for collaborative work. To date, the CPRC has worked with community based organizations to develop collaborative grant proposals based on community-generated priorities, established a community advisory board, and facilitated partnership projects on topics such as health education in local communities, increased "community competency" among health professionals, community-based participatory research, and social advocacy.





Patricia Jackson, director of UCSF's Advanced Practice Pediatric Nursing Specialty, examines a young patient at Valencia Health Services.

Faculty and graduate students of the School of Nursing provide clinical care and share educational and research activities through a number of faculty practices and community based clinics. Valencia Health Services serving Mission District and Bayview Hunters Point residents, is a full spectrum pediatric practice operated by the UCSF School of Nursing and operated by the Department of Family Health Care Nursing, that partners with SF State University and others to provide comprehensive care. A partnership of Department of Community Health Systems with Glide United Methodist Church and Catholic Healthcare West offers clinical care to serve the uninsured and underinsured, including many of the homeless. Residential care settings for the severely and chronically mentally ill provide a venue for primary care, student education and faculty research through a partnership with the Progress Foundation. UCSF graduate nursing students also benefit from community partnerships with the San Francisco County Jail and juvenile detention centers throughout the Bay Area. Doctoral and MS students learn about the delivery of healthcare services in these community settings; the community benefits from the many hours of care and consultation contributed by the students and faculty.

With UCSF's status as one of the largest employers in the Bay Area, the Community Partnership

Community & Governmental Relations

Program (CPP) administered by the UCSF Department of Community and Governmental Relations plays an important role in providing outreach and community development to promote business and employment opportunities at UCSF for residents of historically disenfranchised areas of the City. The CPP has worked with over 300 businesses from the southeast community, providing education and information to level the playing field and encourage exploration into the UCSF market. Outreach and Business seminars inform businesses about contracting procedures and opportunities while the Customized Business Development Program provides hands on development activities for businesses. In 2004, participants received over \$75,000 in business from the university. The CPP also coordinates a highly successful administrative/clerical training program targeting San Francisco residents from disadvantaged communities. Last year, the CPP workforce program assisted over 20 residents to gain employment with UCSF earning wages at or above \$15.00 an hour. This year, CPP will facilitate several forums for employment and training partners to provide them with information and training that allows them to better provide services to their clients. The most significant modification to CPP programs will be moving from training scenarios to direct placement into employment after the completion of appropriate training.



The Robert Wood Johnson Foundation-sponsored Dental Pipeline Practice: Community Based Dental Education national program has a California initiative based at UCSF.



This partnership program has successfully placed dental students into community clinical programs. The rotation for the senior dental students has increased their total clinical experience and their enthusiasm to consider practice in underserved communities. In addition, students have provided approximately \$800,000 worth of added dental care in one year, with the senior dental student providers spending 15 days each in this rotation.

The UCSF National Center of Excellence (CoE) in Women's Health combines the resources of the university with the energy of the community to promote comprehensive improvements in women's



health that are relevant to women's lives and reflect their priorities. In addition to partnering with individual organizations, the CoE participates in community activities and regularly hosts educational events and programs for girls and women of all ages and with diverse interests including: The Young Women's Health Conference, Women's Health 2020, Mind Over Bladder: Understanding Female Urinary Incontinence, Embracing Menopause, and Living in a Nonviolent Community. Their recent co-sponsorship of the Women's Health Summit brought advocates, health professionals, clinicians, researchers, and policymakers together to develop a health agenda and set of priorities for San Francisco.

The UCSF Institute for Health Policy Studies has been funded by the Center for Disease Control and Prevention to train eight high school-based, student-led research teams in Alameda County. Students are trained in research methods, helped in developing research questions and the development of survey and interview tools. UCSF provides the teams with support as they analyze the data and prepare research reports based upon their findings. Students have successfully presented their results, ranging from adolescent depression and stress to their use of health care systems, to Board of Supervisors, School Board Members, and School Staff to support their recommendations for program improvements. A number of students have indicated that they are interested in pursuing research careers.



UCSF Medical Center

The Department of Food and Nutrition Services at the UCSF Medical Center is involved in a partnership with the Haight-

Ashbury Food Program. The partnership focuses on two main activities. The Food and Nutrition Service donates food to the Haight Ashbury Food Program to distribute to needy individuals and families. The Haight Ashbury Food Program also recruits previously homeless individuals to work as interns at the UCSF Food and Nutrition Services, thereby gaining cooking skills and work experience to assist them to gain employment in the community.

Conclusion

The Task Force's initial survey of UCSF community partnerships reveals a rich, longstanding, and diverse engagement with Bay Area and California communities. The partnership initiatives have delivered many valuable services. Community partnership opportunities for UCSF students and residents have enhanced their education. Initiatives have engaged local businesses and supported workforce development. Collaborative research projects have resulted in model programs and the development of relevant applied theories. Partnerships have produced educational and training tools to share, relationships to nurture, and the opportunity to translate the idealistic spirit of UCSF campus members into action at the community level.

The work of the Task Force in compiling an inventory made apparent the need for an ongoing method of collecting and disseminating information about UCSF community

partnership initiatives. The Task Force repeatedly heard about the sense of isolation felt by many UCSF campus members in pursuing their community partnership activities. There is little institutional knowledge about the variety of partnership activities that are ongoing at UCSF, resulting in poor coordination across individual partnership programs, duplication of effort, missed opportunities for synergy between compatible programs, and lack of collective learning and sharing of experiences. The very process of participating in the Task Force and communicating about experiences proved to be a powerful validating and solidarity-building exercise for Task Force members. There is clearly an internal group of “consumers” who would make use of a database that maintains an updated inventory describing UCSF community partnerships initiatives.

An actively maintained database would have additional institutional value as a means to celebrate and publicize the many commendable ventures in civic engagement that are occurring at UCSF. Currently, UCSF presents no systematically organized “public face” of its community partnership activities – no web site, annual report, or other communications vehicle at the institutional level. The disadvantage to UCSF of lacking such an organized database, and the potential value of supporting a database, were both made starkly apparent to the Task Force in recent months. Prior to the Task Force’s creation of an inventory, one member of the Task Force was invited to attend a major symposium on UC civic engagement programs. All UC campuses were asked to submit information about their programs prior to the symposium. The information submitted by UCSF made mention of only three programs: the Science Education Partnership program, student Registered Campus Organizations, and “organizing volunteer service through student governments and committees.” There was a section on Service Learning, but the UCSF response was simply that clinical training is a form of service learning. The submitted information failed to convey the much more wide-ranging extent of UCSF community partnership initiatives. Other UC campuses reported a much more extensive array of programs. A few months later, when the Task Force was compiling the inventory survey data, the leadership of the UCSF Medical Center contacted the Task Force to inquire if the Task Force could provide information about community partnership programs involving the Medical Center. This information was needed for a report the Medical Center was preparing. Jay LaPlante, one of the Task Force’s staff members, was able to use the survey data to promptly respond with summaries of the three Medical Center partnership initiatives included in the inventory.

The final group of consumers for an ongoing database is the public, particularly community residents and community based organizations interested in collaborative projects with UCSF. Community members seeking UCSF partners and resources face a bewildering and largely impenetrable institution without an obvious portal of entry for developing academic-community collaborations. These groups and individuals would benefit from a searchable, web-based tool that would permit them to identify UCSF partnership resources and direct them to appropriate contact people.

The initial inventory compiled by the Task Force has limitations, and undoubtedly failed to identify many existing noteworthy community partnership initiatives. Nonetheless, the Task Force strongly believes that this first foray into producing a systematic inventory demonstrates the feasibility and utility of developing and maintaining a web-based database on partnership initiatives.

IV. BEST PRACTICES IN COMMUNITY PARTNERSHIPS AT OTHER INSTITUTIONS

The second charge to the Task Force was to:

- Review what is known about the benefits to the community and university of academic partnerships in community-based programs, and about the key attributes of successful partnerships between communities and academic institutions.

To complete this assignment, a Working Group on External Models was formed to research "best models" and "best-practices" for academic-community partnerships existing at other institutions which could provide lessons for principles and potential structures for guiding community partnership programs at UCSF.

The Working Group identified the following research questions to guide its investigation:

1. What types of partnerships exist?
 - a. Undergraduate or graduate?
 - b. Role of the university?
 - c. What does the university gain?
2. How are the partnerships structured?
3. How are the partnerships supported?
 - a. What kind of resources?
 - b. What kind of infrastructure?
 - c. Does the university provide financial support? Do they receive in-kind support?
4. Faculty and staff incentives and rewards
 - a. Academic advancement?
 - b. Financial incentives?

Methods

Task Force members, consultants, and other informants identified a sample of institutions known to have community partnership programs. The Working Group researched models from this sample of institutions, primarily using documents posted on websites. The Group designed a data collection template with 15 questions to investigate each institution's model:

Partnership specific:

1. History – Why was the partnership started?
2. Who led the partnership? – Community driven or University driven? Reaction to a community event?
3. Mission statement
4. How is partnership defined?
5. Are agreed value statements available?
6. What are the goals and objectives of the partnership?
7. Who is the community (internal and external)?
8. What kinds of community projects (training, research, service, etc.)?
9. How is the partnership funded?
10. What are the outcomes? How are the measured? Who measures the outcomes (University or community)?
11. Is there a centralized infrastructure for community partnership? If yes, is there governance? Is the community involved? How well does the governance work?

University specific:

12. Is the university a health science campus? (Y/N)?
13. What is the role of the University?
14. Who comprises the University component of the partnership? All faculty? Staff? Students? (Graduate and/or undergraduate?)
15. What are the reward mechanisms for involvement?

Telephone calls were made to clarify or supplement information from several of the universities. Five questions were developed for these phone calls:

1. Describe the leadership/ decision-making structure in more detail--especially with regard to community input.
2. Has any evaluation been done of their overall model (not just individual programs) and, if so, what have the outcomes been?
3. Are there any incentives for getting students, staff, and faculty more involved?
4. Are there any aspects of their model that they would strongly recommend we replicate?
5. Are there any aspects of their model that they would recommend we NOT replicate?

The Group developed a matrix to summarize the research findings. Only university models were included in this matrix, as non-university models were more challenging to summarize in the same format and deemed not as relevant to the specific goals of the Task Force.

The universities researched (followed by the web sites for their community partnership programs) were:

Cornell:	http://www.psc.cornell.edu http://www.cornell.edu/outreach
Emory:	http://oucp.emory.edu
Harvard:	http://www.hms.harvard.edu/dcp
Johns Hopkins:	http://urbanhealthinstitute.jhu.edu
Morehouse:	http://www.msm.edu/prc/index.htm
UCLA:	http://la.ucla.edu
University of Illinois-Chicago:	http://www.uic.edu/cuppa/gci/uicni http://www.uic.edu/depts/dch/index.html
UPenn:	http://www.upenn.edu/ccp
U of Washington:	http://www.washington.edu/eplt/about
U of Wisconsin-Madison:	http://www.wisc.edu/wiscinfo/outreach
Virginia Commonwealth Univ:	http://www.vcu.edu/ocp/index.html

The Working Group also researched the following non-university models, which were not included in the data summary: Bay Area Organizing Committee, Community Based Participatory Research, Community Campus Partnerships for Health, Health Professions Partnership Initiative (administered by AAMC), HRSA, Tobacco Control and Community Partnerships, WK Kellogg Foundation, Women's Community Health Leadership Program (at UCSF).

Results

Below is a matrix summarizing information about the external university models researched by the group. Each university is listed with a summary of that model's overall structure, target community, leadership structure, mission/values, goals/objectives, outcomes/evaluation, diversity of activities, incentives, funding sources, and replicable components.

MODEL	STRUCTURE	COMMUNITY	LEADERSHIP	MISSION/ VALUES	GOALS/ OBJECTIVES	OUTCOMES/ EVALUATION	DIVERSITY OF ACTIVITIES	INCENTIVES	FUNDING	REPLICABLE COMPONENTS
<p>Cornell Univ (Public Service Center) Est 1991</p> <p>Info from web & phone</p>	<p>Centralized (PSC) and decentralized</p> <p>Outreach Programs and Outreach Systems</p>	Local, state, national, international	Assoc. Provost for Outreach; no community advisory board	Service, citizenship	No clear statement on website; service, service-learning curricula	HUD grant evaluated with mixed results; some neg. impact in comm due to promises not kept	Service-learning, comm dev, envir., research, science and math education	Student awards, funding for projects, seminars for faculty	Internal, external, Revenue from agriculture consulting	Database of service-learning opps; Community Connection newsletter; funding for projects (fac, stud); programs and systems; conference, seminars
<p>Emory (Office of Univ-Comm Partnership Est 2000)</p> <p>Info from web & phone</p>	<p>Centralized</p> <p>4 staff 5-6 fellows</p> <p>They note that their non-dept status means they are sometimes left out of loop of univ planning; they recommend strong connections to a dept or provost-level offices</p>	Greater Atlanta	Faculty and Provost led the creation in order to give comm better access to univ resources; Dir is assoc prof; several different adv committees; CAB for fellows program; working on CAB for whole office	Currently using univ mission statement; developing their own; defines partnership as mutually beneficial, respectful, and equal	Obj: Awareness and collaboration point of entry, explicit pathways for student civic eng	Done by indiv programs; fellows program evaluated; UOCP working on strategic planning for their own evaluation	Service, education, research	Faculty mini-grants; research support from grad fellows; faculty fellows program	Internal, revenue from reading dev corp, min-grant program endowed by alum	Fellows program; searchable database of campus-comm programs; call for proposals from the comm to have fellows do projects designed by comm.; faculty minigrants; meaningful community involvement; holistic (not just volunteer work); collab across disciplines, comm., schools They wish: Strong connection to a dept of provost-level office so not left out of univ planning loop

MODEL	STRUCTURE	COMMUNITY	LEADERSHIP	MISSION/ VALUES	GOALS/ OBJTIVES	OUTCOMES/ EVALUATION	DIVERSITY OF ACTIVITIES	INCENTIVES	FUNDING	REPLICABLE COMPONENTS
<p>Harvard Medical School Office of Diversity and Comm Partnership Est 1999</p> <p>Info from web and group interview</p>	Centralized	<p>Surrounding communities</p> <p>Under-represented minorities</p>	Dean for Diversity and Comm Partnership; no formal role for community in leadership; informal consultations with community	Improve health of comm; address health and healthcare disparity; minority health workforce development	Expand partnerships to improve health of comm; encourage service; comm-oriented and culturally approp training; diverse workforce	Unclear	Focus seems mostly to be on pipeline educational projects	Dean's Comm Service Award for faculty, staff, students assoc w/ \$1,000 awards for CBO partners	Internal, External (all External per discussion with Dr. Reede)	Awards, conferences, website with links to CBO websites
<p>Johns Hopkins Urban Health Institute Est 2000</p> <p>Info from web only</p>	Centralized	East Baltimore, Baltimore City	Result of recomm. of Urban Health Council (univ and community reps); freestanding entity reporting to univ president; board of directors with deans of major schools, pres of JH Health System, comm reps; provost serves as board's chair; Director	Marshall resources to improve the health and well-being of community residents and to promote evidence-based interventions to solve urban health problems nationwide	Economic stimulus via training and employment assistance; enhance community-based research partnerships; enhance community infrastruc; provide 100% access to health care with no disparities	Annual report 2002 online, seems to be evaluation by individual program	Economic developmentresearch, community developmenthealth care access	\$25K grants to faculty for CBPR	Internal (from all schools), External	Result of recommendation from joint univ/comm council; funding from all schools; reports directly to univ president so voice at highest levels of univ; board with univ and comm reps; community forums; grants program

MODEL	STRUCTURE	COMMUNITY	LEADERSHIP	MISSION/ VALUES	GOALS/ OBJECTIVES	OUTCOMES/ EVALUATION	DIVERSITY OF ACTIVITIES	INCENTIVES	FUNDING	REPLICABLE COMPONENTS
<p>Morehouse School of Medicine Prevention Research Center Est 1998</p> <p>Info from web & phone</p>	1 PI 4 co-PI's 4+ staff	<p>African American and other minority communities</p> <p>federal, state, and local health and education agencies, and other universities</p>	Directed by PI; Community Coalition Board works directly with PI; Board composed of comm. reps, agency reps, PI, academic partners and state health officer; Board sets policy, reviews grant proposals, sets research priorities, staffs a comm. IRB	Advance scientific knowledge in field of prevention in African American and other minority communities and to disseminate new info and strategies of prevention	Achieve local and national health objectives focused on gaining knowledge about the best methodology for solving the nation's obstinate health problems	Selected by CDC as the "#1 PRC in the nation" (among the 33 national PRCs); Other outcome/eval info unclear from skimming website; external evaluation by ORC Macro now mandated by CDC	Environ., community develop., research, and dissemination and training	None for faculty; MPH students get paid rotation in PRC; they have not felt need for incentives; mission of whole school in line with what they do	CDC	<p>Strong community involvement; strong infrastructure; CDC funding; all research comm. based and per Board priorities; everyone treated equally; PRC works to improve comm. infrastructure, advocates with comm. agencies, provides free grantwriting workshops for CBO's, funds mini-grants for comm. agencies (not faculty)</p> <p>They warn: People involved must be willing to learn from comm. as much as they bring to table themselves; must continually work on own cultural competence</p>

MODEL	STRUCTURE	COMMUNITY	LEADERSHIP	MISSION/ VALUES	GOALS/ OBJECTIVES	OUTCOMES/ EVALUATION	DIVERSITY OF ACTIVITIES	INCENTIVES	FUNDING	REPLICABLE COMPONENTS
UCLA in LA Center for Comm Partnership Est 2002 Info from web & phone	Centralized 6 staff	Greater LA 501c(3) CBO's	Resulted from Chancellor's initiative; Assoc Vice Chancellor Comm Partnerships; advisory committee w/ equal # comm and campus	Active, engaged, valued partner in LA	Create research agendas that improve quality of life for LA, transfer research knowledge to comm	Done by indiv partnerships; grant coordination and UC student regent looking at broader evaluation	Children, youth, & family; Econ dev; Arts & Culture	Grants \$12K- \$50K; Cash awards (eg \$25K); include partnerships in dept reports	Private donations via UCLA Founda- tion; state and fed \$	Awards program; grant program; Assoc Vice Chanc position; grant coordination provides evaluation consulting to each project; strong infrastructure; meaningful comm. involvement They recommend: Dir=tenured faculty member They wish: Stronger fac mentoring for students; strong, realistic communication with community
U of Illinois- Chicago Neighborhoods Initiative Est 1995 Info from web & phone	Centralized 6 staff per website 64 staff per phone call	2 Chicago neighborhoods adjacent to campus	Conceived by Chancellor; Director is Assistant Dean for Community Health Initiatives; Partners Committee w/ univ and comm members (all- inclusive, 40+ people on list)	provision of services, foster partnerships; nice values statement too long to summarize	Improve quality of life target communities University be more inclusive and include the public and community interest	Annual reports on web to 2001; mostly evaluated by indiv programs	research, teaching, training and tech expertise, service	None	Internal, External (bulk is external)	Strong infrastructure; diverse funding They recommend: Hands-on leader who models values of center

MODEL	STRUCTURE	COMMUNITY	LEADERSHIP	MISSION/ VALUES	GOALS/ OBJECTIVES	OUTCOMES/ EVALUATION	DIVERSITY OF ACTIVITIES	INCENTIVES	FUNDING	REPLICABLE COMPONENTS
<p>UPenn Ctr for Comm Partnerships Est 1992</p> <p>Info from web & phone</p>	<p>Centralized</p> <p>17 staff listed on website</p> <p>40 staff per phone call</p>	West Phil/ Philadelphia	Outgrowth of Penn Program for Public Service; Dir is Assoc Vice Pres and reports to Off of VP for Gov, Comm, & Public Affairs and dotted line report to Provost; Several adv boards: faculty board, student board, comm board	improve quality of life in Phil, advance and transmit knowledge	Improve coordinate and collaborate or all university- wide community service programs; create new and effective partnerships; create and strengthen local, nat'l, int'l networks of univ's committed to civic engagement	Measured by univ; measurements indiv by project; overall statistics on student and comm. participation	School focused	Mini-grants to faculty	Internal, External	<p>Strong infrastructure, meaningful comm. involvement; database of service opportunities</p> <p>They recommend: Need enough liaisons to community; univ needs to view as high priority; funding routed through one central office (their's is not) They wish: More faculty funding avail for course devel and not just research; more training for univ folks on how to work with communities (esp cultural competence)</p>
<p>U of Wash Educational Partnerships and Learning Technologies</p> <p>Info from web only</p>	<p>Centralized</p> <p>2.5 campus staff</p> <p>3 rural staff</p>	Local, state, national, international	Vice Provost and Community Partnerships Director are univ leaders and staff; extent of comm involvement unclear from website	Lots of info on web but no one clear statement	Teaching, learning, research, disseminat., interdisc. work, leverage resources, address concerns of communities, etc.	Some research reports and case studies of specific projects are avail online	Training, research, service	Not clear from website	Internal for campus staff, External for all programs	Clear statements on website about how partnerships can benefit comm. and univ

Case Studies

Emory: Searchable database; Student fellowships; Endowment



Kenneth Cole Community Building Fellowship Program

Emory University's Office of University-Community Partnership illustrates several best practices. They have a Community Partnerships Database which provides information about Emory's involvement in the greater Atlanta community through teaching, research and service activities. The endowment-

funded Emory Community Building Fellowship Program

gives students the opportunity to see first-hand the critical role that collaboration plays in the resolution of important public problems related to affordable housing and community development, health, the environment, and social justice.

Harvard: Faculty recognition & awards; Diversity

Harvard University Medical School's Office for Diversity and Community Partnership instituted Dean's Community Service Awards to recognize faculty, staff and students who have made outstanding personal efforts in serving the local, national, or international community. In addition, HMS makes a donation of \$1,000 to each of the community service programs with which the awardees have partnered.

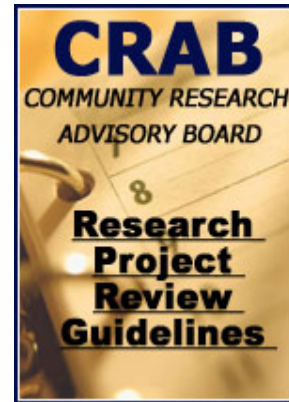


*Harvard Medical School,
Office for Diversity & Community Partnership*

University of Pittsburgh: Community oversight of research

The University Of Pittsburgh's Graduate School of Public Health's Center for Minority Health has a Community Research Advisory Board (CRAB) which reviews proposals for community-based research projects. The CRAB proudly promotes the *Ten Commandments of Community-based Research* and strongly believes in their application to both new and on-going research investigation. These commandments are:

1. Consult the community
2. Value process as you value outcome
3. Hold community objections to be the higher good
4. Do not covet the community data
5. Do not commit analysis of community data without community input
6. Do not bear false witness towards community members
7. Do not release findings before the community is consulted
8. Train and hire community people
9. Do not violate confidentiality
10. Freely confess thyself to be biased



University Of Pittsburgh's Graduate School of Public Health's Center for Minority Health Community Research Advisory Board

UCLA: Visible and influential leadership; Grants program



UCLA in LA and its Center for Community Partnerships were initiated by the University's Chancellor, demonstrating the effect that visible and influential leadership can have in promoting civic engagement and community change. Says UCLA Chancellor Albert Carnasale, "The Center for Community Partnerships is an activity of my office, reflecting the institutional importance of this endeavor and my personal commitment to its success." The new position of Associate Vice Chancellor for Community Partnerships was created and is now filled by Frank Gilliam, a tenured faculty member. UCLA in LA's Community Partnership Grants program provides funding opportunities for new projects that involve a meaningful collaboration between a UCLA partner and a nonprofit organization in the Los Angeles area. All Community Partnership Grants are funded through The UCLA Foundation, a privately funded entity, or with private gifts.

"We approach our community partnerships with mutual respect – we have as much to learn as we have to offer. It means that we understand that effective

partnerships are built on shared responsibility, commitment and goals – it must be a “two-way street.” We understand that the best partnerships are those where both sides benefit – a “win/win” strategy.” – *Frank Gilliam, Vice Chancellor, UCLA Center for Community Partnerships, UCLA in LA*



Morehouse School of Medicine Prevention Research Center: Community empowerment in governance



The Morehouse School of Medicine Prevention Research Center is a model of community empowerment in governance. Their Community Coalition Board determines policy, sets research priorities, reviews grant proposals, and staffs a community IRB. Both the Principal Investigator and the Center Director report to the board. The board is composed of community representatives, agency representatives, academic partners, and a state health officer. The majority of members (60%) are community representatives.

Synthesis and Conclusion

In reviewing these university models for institutionalized support of community partnerships, it became clear to the Task Force that no single model would be an exact fit for UCSF. For instance, many of the external examples are of universities that have a wide array of undergraduate and graduate programs, rather than a focus on graduate health professions training. However, many of these models demonstrate best practices that could be adapted and combined to form a new model that is uniquely suited to the specific assets and needs of UCSF.

The Role of a Centralized Campus Office. Almost all of the external university models researched have a “centralized” partnership office, meaning there is an office dedicated to university-community partnerships that is responsible for

coordination of the partnership activities. They do not always implement the programs, but do serve as a base for those interested in partnerships to get ideas and identify potential partners. These offices can facilitate partnership interactions, set policies for how partnership activities are conducted, provide faculty development, and work to institutionalize partnerships within the university structure.

Commitment of Leadership and Accountability. Many of the models incorporated high-level administrators whose sole responsibility is the oversight and institutionalization of partnership activities within the university system (e.g. UCLA). These administrators often report directly to the top leadership of the university.

University-Community Advisory Board. Some of the most successful models use a board composed of community and university members to set policies and priorities for and to guide the development of university-community partnerships (e.g. Morehouse). These collaborative models of governance aid the development and growth of university-community partnerships and ensure that the community voice is present in determination of policies and implementation of partnership activities.

Clarity of Mission and Principles. Having a clear, well defined mission statement for partnership activities seems to also be significant to the institutionalization process (e.g. University of Illinois-Chicago). UCSF's mission statement refers to public service as a value but does not clearly identify community partnerships as a mechanism to facilitate public service. The university has also defined some Principles of Partnership, which speak to how the institution values partnership.

Specific Goals and Objectives to Guide Partnership Activities. Identifying goals and objectives for university partnerships seems to assist in setting policies and guiding the nature of the types of partnership activities in which the university engages. Goals and objectives should reflect the university's core mission and/or acknowledge its ability to act as an economic catalyst for its partner communities.

Established Evaluation Process and a Mechanism for Reporting Back to the Community-At Large. At most universities, individual programs evaluate their activities and share this information with the central office. Results are compiled into an annual report that illustrates the outcomes of partnership activities (e.g. UCLA).

Creating a variety of incentives to increase community partnerships. Providing incentives to faculty and staff to participate in partnership activities is a practice at 75% of the universities researched. Incentives help to engage faculty, staff, and students and bring visibility to the partnership programs and the University as a whole. Incentives take a variety of forms – fellowships (e.g. Emory), formally incorporating partnership activities into the review process for promotion and tenure, cash awards (e.g. Harvard, UCLA), and grants (e.g. UCLA, UPenn, Johns Hopkins). Some schools provide incentives such as cash awards and grants to their community partners as well as to university members.

Sustaining Community-University Partnerships through Fiscal Commitments. More than half of the partnership programs researched receive internal funding from the university. This may not be the sole support of activities but does assist in maintaining the central infrastructure and ensuring sustainability of the programs. The internal funding comes from a variety of sources including endowments (e.g. Emory, University of Wisconsin) and annual core institutional budgets. At UCLA, the UCLA Foundation provides funding for some of the programs. Schools use significant external funding to support individual programs, for example, through federal and state contracts. An additional funding stream was noted in Cornell, where revenue from a consulting program also sustains the office of community partnerships.

In summary, replicable components include:

- Central office infrastructure to support university-community partnership programs
- A high-level academic administrator leading the central infrastructure
- A board with community and university members
- Well-defined mission statements
- Annual reports including evaluation and outcome information
- Cash awards and other incentives, including university recognition for community partnerships as part of promotions
- A Grants programs
- Some degree of internal funding to sustain the effort
- Endowments to support university-community partnership work
- Conferences/seminars to build capacity for partnership work on the part of both university and community
- Fellowship programs
- Technical assistance to community-based organizations
- Commitment to employment opportunities for community members, as well as educational opportunities for youth living in the community
- Newsletters

- Websites with searchable database of university-community partnership programs
- Mentoring (faculty or staff to student and faculty/ staff to community)

V FINDINGS, RECOMMENDATIONS, & ACTION STEPS

The final charge of the Task Force was to:

- Make recommendations for improving the success and impact of UCSF's engagement in community-based programs and partnerships.

Findings

1. **Community partnerships are not only in the public's interest, but in the interest of UCSF to achieve excellence as an academic institution.**

Academic-community partnerships play a valuable role as a public service to improve the public's health and reduce disparities in health and well-being. Equally important, community partnerships are a strategic form of civic engagement essential for enhancing the quality of UCSF's teaching, research, and clinical programs, and for fostering supportive community relations.

2. **UCSF has many existing assets for successful community partnerships. These assets form the substrate for developing a more robust, institutionalized community partnership initiative at UCSF.**

- a. *Institutional mission and commitment:*

The UCSF Mission Statement includes the call "to serve the community." Leaders committed to community engagement hold influential positions on campus, including positions in the Chancellor's Office and the Offices of the Deans of the UCSF Schools, Department Chairs, and Directors of major academic units.

- b. *Experiences and a track record in successful community partnerships:*

An initial Task Force inventory of the campus' existing community partnership programs identified over 60 different programs, involving more than 30 different UCSF departments and units, with focus areas spanning a spectrum including community-based research, clinical training and service-learning education, neighborhood economic development, and public school partnerships, among other areas. Many of these programs are exemplary models of academic-community partnerships characterized by sustained relationships between partners, sharing of leadership and power, and lessons humbly learned.

- c. *Resources and infrastructure:*

UCSF has tremendous resources to contribute to community partnerships. Among these assets are the "intellectual capital" of the institution's

scholarship and expertise in health care and science; experienced and motivated faculty and staff; idealistic students and residents dedicated to community service; diversity in the demographic characteristics and scientific and professional disciplines of campus members; access to funding agencies; influence in political and policy arenas; scholarly resources; facilities; and credibility as a public institution. These resources are matched by the assets of local communities that are activist in orientation, sophisticated and knowledgeable, culturally competent, and, in many instances, favorably disposed to collaboration with UCSF.

d. *Timely opportunities:*

Events such as the development of the UCSF Mission Bay campus present timely opportunities for renewed efforts in civic engagement, particularly with the southeast communities neighboring Mission Bay. Nationally, heightened attention to health disparities and calls for more translational and community-engaged research present opportunities for UCSF to achieve a leadership role in civic engagement.

3. **A parallel set of barriers and liabilities also exist at UCSF impeding successful community partnerships.**

a. *A culture not conducive to civic engagement:*

The biomedical research culture dominates the institutional character of UCSF, overshadowing and, to a degree, depreciating the valuing of community engagement. Faculty do not receive significant recognition and support for community engagement, and perceive that effort devoted to civic engagement will not serve their aspiration for academic advancement. There is no explicit requirement for service-learning program participation for all UCSF students and residents. The campus lacks a school of public health or similar highly visible institutional base for community programs. Campus operating methods and ways of doing business are often out of synch with those of community partners; examples are students rotating through courses with time-limited projects vs. community desire for sustained collaboration over a longer period, and projects driven by funding agency priorities and requiring long start-up periods vs. community interest in more flexible and responsive project programming.

b. *Insufficient institutional competence in community partnerships:*

Some community members, particularly those in vulnerable communities, distrust UCSF and perceive the institution to be aloof, disengaged in community affairs, racist, and disinclined to allow community members a meaningful role in influencing campus policies and programs. Although

UCSF has many partnership programs that have achieved high credibility and respect among the community, the campus also has had its share of research, clinical, educational and facilities development projects that have been perceived to be exploitative of the community.

c. *Lack of greater and more formalized resources and infrastructure for community partnerships:*

Although the diverse community partnership programs that exist at UCSF may be a testament to the creativity that can occur under a “let a thousand flowers bloom” institutional model without a centralized infrastructure for administering community partnerships, the absence of a more centralized infrastructure remains a limiting factor for more robust civic engagement at UCSF. There is poor coordination across individual partnership programs, resulting in duplication of effort, missed opportunities for synergy between compatible programs, and lack of collective learning and sharing of experiences. Community members seeking UCSF partners and resources face a bewildering and largely impenetrable institution without an obvious portal of entry for developing academic-community collaborations. UCSF has no internal grants program to provide start-up or other funding support for community partnership projects. Community partnership programs are not a priority for the institution’s overall fund-raising strategic plan. In addition, UCSF has no institutionalized program to support mentoring and professional development specifically for faculty with a career focus on community programs. Nor does UCSF have an integrated, career “pipeline” outreach strategy to promote community mentoring and educational opportunities to recruit the next generation of students, particularly those from disadvantaged backgrounds.

4. **Although no academic institution in the United States has a model of a community partnership infrastructure that will serve as a perfect blueprint for a UCSF initiative, a number of “best practices” at these institutions can be modified and adapted as a base for such an endeavor.**

The Task Force examined community partnership models at nearly a dozen US universities to identify best practices and models worth emulating. Although many of these models have certain elements that can inform development of a community partnership infrastructure at UCSF, no existing model can be exported in its entirety to UCSF. Partnership programs and their organizational structures evolve at every university in response to the unique environmental conditions, goals, and resources of the university, within the particular neighborhood context. Most models are based at campuses that include undergraduate education, and are therefore not as directly applicable to a

campus such as UCSF that is exclusively a graduate level health sciences institution. Although there are replicable components from these other institutions, UCSF must develop its own model that is responsive to its own unique circumstances.

Recommendations

1. **Create a formal University-Community Partnerships Program as a campus infrastructure for facilitating community partnership activities without disrupting the healthy ecosystem of existing grass-roots partnerships at UCSF.**

For UCSF to excel at civic engagement requires both a centralized and decentralized approach. The decentralized approach consists of the many successful individual community partnerships that are ongoing at UCSF. These grass roots efforts are characterized by patient development of authentic, collaborative relationships between individuals and departments at UCSF and their community partners, responsive to the interests, needs, and capabilities of those involved in the partnership. These grass roots partnerships form the foundation for a successful campus-wide program of civic engagement. The role for a centralized initiative in community partnerships is to support--not supplant – the diverse ecosystem of organically developed partnerships that occur at the local level. There is a strong need at UCSF for just such an institutional infrastructure for a **University-Community Partnerships Program**¹ that can “fertilize” and facilitate community partnerships, incubate new initiatives, and otherwise help to overcome a number of institutional barriers and liabilities impeding civic engagement noted in Finding #3. The Program would solicit, broker and provide ongoing support for community partnerships.

2. **Designate a leader within the Chancellor’s Office who is responsible for assuring that the functions of the University-Community Partnerships Program are performed.**

The Task Force recognizes that UCSF is not building a community partnerships initiative *de novo*. The Task Force reports to the Executive Vice Chancellor. The existing UCSF Community Partnerships Program, focused on job training and economic development, reports through the Associate Vice Chancellor of University Relations to the Vice Chancellor for University Advancement and

¹ We use the term “University-Community Partnerships Program” to refer to a proposed new structure serving the entire campus for a diverse array of partnership activities. This term should not be confused with the existing UCSF “Community Partnerships Program” operated through the Office of Community and Governmental Relations, which focuses on job training and economic development, and represents one excellent individual partnership program that would be a key asset in a broader campus initiative.

Planning, and has a Community Advisory Group composed of community members. At the departmental level, initiatives such as the Community Partnership Resource Center in the Department of Family and Community Medicine and the Women's Center of Excellence in the Department of Obstetrics, Gynecology, and Reproductive Sciences have their own organizational and governance structures and approaches to empowering community member decision making in program operations.

Although this diversity of operating structures is healthy, the Task Force believes that there should be clear identification of a leader – or leaders – at the level of the Chancellor's Office responsible for assuring that the necessary functions of the UCSF University-Community Partnerships Program are performed, and authorizing the resources necessary to perform these functions.

3. **Appoint a University-Community Partnerships Council empowered to work with the Chancellor's Office to guide the operations of the University-Community Partnerships Program.**

The University-Community Partnerships Council should consist of two types of members in approximately equal balance: 1) members of the UCSF campus community, including faculty, staff, students and other learners who have demonstrated leadership in community service, and 2) residents of local communities and leaders of community based organizations based in these communities, prioritizing those communities experiencing the worst health disparities. Leadership of the Council should be shared equally. Membership terms should be of sufficient length to permit members to have a meaningful, well-informed and sustained role in decision-making for the Council. The Council should function in a more empowered role than simply an advisory committee. The Council should have a meaningful decision-making role in the planning, policies, and operations of the University-Community Partnerships Program, such as delineating criteria for scoring proposals for internal grants for partnership projects and reviewing and judging these proposals; developing guidelines for the content of a community partnerships database and for public sharing of this information; planning symposia and workshops; and related core Program activities. Although the Council would need to respect clear boundaries of authority with the Chancellor's Office, the Task Force strongly believes that UCSF should challenge itself to adopt a model of shared university-community governance for the University-Community Partnerships Program that is truly bilateral, following the example of The Morehouse School of Medicine Prevention Research Center. For example, the council could recommend an operating budget for the University-Community Partnerships Program and assign priority scores to proposals to an internal grants program, with the Chancellor's Office maintaining authority over overall budget

appropriations for the Program.

4. **Formally adopt explicit principles of civic engagement and community partnerships for UCSF as an institution.**

UCSF should at an institutional level commit itself to standards for partnership. There is no need to reinvent the wheel in this regard, as leaders in the field have issued well considered guidelines. For example, the UCSF Community Partnership Resource Center administered by the Department of Family and Community Medicine has adopted, with minor supplementation, the principles promulgated by the organization Community Campus Partnerships for Health (see appendix C).

5. **Prioritize the Implementation of the Following Components of the University-Community Partnerships Program:**

a. **Information clearinghouse and coordinating center**

Both the campus and the community need a centralized information clearinghouse that maintains an interactive, updated computerized database on individual UCSF community partnerships. This database is essential for recognizing and celebrating accomplishments in community partnerships, linking resources and people with shared interests across UCSF departments and community based organizations, coordinating activities, sharing lessons and best practices, building a repository of partnership tools (e.g., training manuals, survey questionnaires), enhancing public access to UCSF partnership programs, and evaluating projects. Annual surveys would be done to update the database and get feedback on how the clearinghouse center is functioning. Special attention would be paid to develop guidelines for access to and use of the database to maintain confidentiality when desired by organizations participating in partnerships and to ensure the integrity of partnership relationships. A core staff is needed to administer the inventory and database and serve as the human liaison to the public and members of the UCSF community, performing outreach and facilitating and coordinating projects. Moreover, the staff would actively solicit participation in partnerships, identify communities with special needs, and nurture university-community relationships.

b. Faculty development and support

UCSF requires an infrastructure to assist faculty members to become more adept in civic engagement and to overcome the institutional barriers to successful faculty careers in community service. This function is analogous to that of the Haile Debas Academy of Medical Educators in the UCSF School of Medicine. The Academy has provided resources such as workshops, mentoring and mini-fellowships to enhance faculty members' skills as teachers, developed tools such as the "educator's portfolio" to assist School of Medicine faculty members in documenting their scholarship as educators, and served as a highly visible and prestigious organization for recognizing "master teachers." A centralized infrastructure for community partnerships should provide a similar service on a campus wide basis in support of faculty members devoted to community-engaged scholarship. In addition to supporting faculty development, the University-Community Partnerships Program should work with offices of the deans, the Committee on Advancement and Promotion, and other relevant bodies to ensure that faculty activities in civic engagement are appropriately valued in the academic advancement and promotion process. Revisions to UC APM Section 210, effective July 1, 2005, stress the importance of this type faculty activity. Section 210 now states: "Teaching, research, professional and public service activities that promote diversity and equal opportunity are to be encouraged and given recognition in the evaluation of the candidate's qualifications. These contributions to diversity and equal opportunity can take a variety of forms including efforts to advance equitable access to education, public service that addresses the needs of California's diverse population, or research in a scholar's area of expertise that highlights inequalities."

c. Service-learning curricular development

UCSF needs to develop a more coherent approach to service-learning² for students, residents, and other learners on campus. The campus should support a process for bringing together faculty, staff and learners in disparate community-oriented educational programs to explore shared service-learning curricular needs, clarify expectations for learners, and strengthen processes for enhancing the competence of learners to work effectively with communities.

² The organization Campus Community Partnership for Health defines "service-learning" as "a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens."

d. Community economic and employment development

The existing UCSF Community Partnerships Program administered through the Office of Community and Government Relations has been very successful in its outreach to disadvantaged communities to promote small business and job training and placement opportunities at UCSF. As a component of a new UCSF University-Community Partnerships Program initiative with a broader scope, the efforts of this unit should continue and be augmented by additional investments in community-based “pipeline” activities in the areas of job training, partnerships with local and regional educational institutions, and other workforce development projects.

e. Internal grants program

UCSF currently lacks an internal grants program dedicated to supporting community partnership projects. The functions of the UCSF community partnership infrastructure should include administering a formal small grants program for projects that promote partnership activities. Community based organizations, in addition to UCSF faculty, students and staff, should be eligible to apply for grants, as long as the CBO is partnering with a UCSF department or unit. A model for this type of program is that of the “UCLA in LA” Center for Community Partnerships, which awards approximately 15 grants annually of \$10,000-50,000 each to support local partnership projects. The UCSF Development Office should make fundraising for this type of internal grants program a priority, and explore ways of engaging foundations and philanthropists as co-sponsors of such an internal grants program and sources of an endowment to sustain a grants program.

f. Dissemination, communications, and recognition

The UCSF University-Community Partnerships Program should actively disseminate accomplishments, lessons, and related information through a proactive communications program. This program should include a high-profile web site, a periodic electronic newsletter, a list serve, and an annual or biannual printed report, among other possible communications vehicles. In addition, UCSF community partnerships recognition events should be consolidated into an annual celebration, including recognition of the accomplishments of both UCSF campus members (e.g., the recipients of the Chancellor’s Awards for Public Service) and community members who have achieved distinction in their participation in UCSF

partnership programs. Another component of this set of functions is sponsorship of a regular series of symposia to bring together UCSF and community partners to discuss community health and social issues, highlight partnership projects addressing these issues, and build joint academic-community capacity to more effectively respond to pressing community needs.

g. Navigation, technical support and endorsement

UCSF and community based organizations have their own cultures, unique bureaucracies, and operating styles and methods. An important function for a centralized University-Community Partnerships Program is to assist individuals from the two worlds to navigate each other's customs and procedures in order to embark on and complete successful partnership voyages. A prominent example is navigating cultures and procedures for conducting community-based research. University researchers typically face scientific standards, expectations from funding agencies, Institutional Review Board requirements, and related demands that are not immediately appreciated by community members. At the same time, university investigators often lack sensitivity to community expectations about research, such as directly informing community members of study results and recruiting study participants in a culturally respectful manner. New models of community-based participatory research represent highly community engaged approaches to research that involve community members as collaborators in all phases of a research study. The Center for Minority Health at the University of Pittsburgh School of Public Health administers a Community Research Advisory Board; University of Pittsburgh researchers are invited to present proposals for community-based research projects to the Advisory Board, which provides feedback and, if the study adheres to principles of conduct, buy in from community members. A UCSF University-Community Partnerships Program should support a similar navigational system. The University-Community Partnerships Program could also provide guidance and support for collaborative fund-raising projects, including technical assistance for grant-writing.

h. Champions and leadership

A key function of the University-Community Partnerships Program is to champion civic engagement and provide visible and influential leadership

for community partnerships at the highest levels of UCSF administration. This leadership does not absolve the need for broader leadership at all levels of the campus. However, leadership at the top is a key element for advancing an agenda on civic engagement at UCSF.

i. Evaluation to assure the quality and integrity of programs

Ongoing evaluation and assessment is essential for gauging the success of program activities and providing lessons learned to forge more successful partnerships and projects.

Action Steps

Should the Chancellor's Office find the above recommendations worthy of adoption, the Task Force proposes the following concrete steps for the first phase of implementation that could feasibly be accomplished within the 2005-2006 academic year:

1. After a 30 day period for internal review of the Task Force Report, the Executive Vice Chancellor should meet with the Task Force and agree on the final content of the Task Force's Report suitable for release to the UCSF community and public. This final version of the Report should be released through University press channels within 60 days of receipt of the initial Task Force Report, with a public announcement that UCSF is officially establishing a University-Community Partnerships Program.
2. Within 30 days of receiving the initial Report, designate the individual in the Chancellor's Office responsible for oversight of the University-Community Partnerships Program.
3. Within 45 days of receiving the Report, constitute a Council to manage and oversee the planning and implementation of the Task Force Report recommendations. We recommend that this body be named the University-Community Partnerships Council of the University of California, San Francisco. Further, we recommend that the Council consist of 20 members, 10 from within UCSF and 10 from non-university community members, be co-chaired by 1 UCSF faculty or staff person and 1 community member, and report to the individual in the Chancellor's office responsible for oversight of the University-Community Partnerships Program. The UCSF members should be named by the Chancellor's Office within 45 days of receiving the Report. By October 31, 2005, these initial members of the Council should submit to the Chancellor's Office a proposal for the process for selecting and appointing the community members of the Council, and for selecting the Council co-chairs. Community members should represent the diverse communities, health issues, and partnership models described in the Report, have previous engagement with University-Community Partnership activities, and have an interest in health and economic development, with special emphasis on underserved communities suffering disproportionate disease burden in San Francisco.

The Council would be charged with reviewing the recommendations of the Task Force Report, and in consultation with the Chancellor's Office, prioritizing and developing implementation plans and timelines for each of the Task Force's

recommendations. This work might be accomplished through sub-committees with ad hoc members, focus groups, community meetings, and University policy meetings.

4. The Council should submit a report to the Chancellor's Office by March 30, 2006 that includes a full implementation plan for the University-Community Partnerships Program, including a proposed budget for the 2006-2007 academic year.
5. Allocate the following resources from the Chancellor's Office in the 2005-2006 academic year to support this implementation plan:
 - a. Salary support for a Coordinator (1.0 FTE) and Administrative Assistant (1.0 FTE). These personnel would staff the University-Community Partnerships Program and provide administrative and management support to the Council, including arranging meetings, performing outreach, preparing reports and documents, organizing the database, and related tasks.
 - b. A non-personnel budget of \$150,000. These funds would pay for consultation and data management for further development of the partnerships inventory database, including developing an interactive web-based database; initial computer and equipment needs for new staff; stipends to Council members and focus group participants; meeting expenses including refreshments, audiovisual services, and space rental; publishing reports; an initial cycle of small grants (approximately 5 grants of \$10,000 each) issued prior to the end of the academic year; community partnerships recognition awards and an awards luncheon; and related expenses. In addition to these funds, the University-Community Partnerships Program and the Council would continue to count on considerable in-kind contributions from UCSF departments and units, such as have already been contributed to the work of the Task Force.
 - c. A dedicated portion of the effort of a Development Officer at the UCSF Foundation. This development officer would work with the Council to create and implement a development plan for attracting extramural funding to support the sustainability of a robust UCSF University-Community Partnerships Program.

Appendix A: UCSF University-Community Partnerships Inventory

The Inventory Working Group developed a self-administered questionnaire that was brief and straightforward, while capturing enough data to be informative for this initial effort to create a UCSF inventory. The Working Group determined priority content areas for the inventory, informed in part by a review of existing survey instruments from other universities. The Working Group decided that the best way to deliver the survey was in a web-based format. The Task Force retained the in-kind services of an experienced UCSF survey administrator, Dennis Keane of the UCSF Center for the Health Professions, to assist in formatting and producing an on-line questionnaire. The initial web-based questionnaire was piloted among a sample of Task Force members, and subsequently revised to produce the final survey instrument.

The web-based survey was launched to the UCSF campus community on March 2, 2005. Executive Vice Chancellor Washington e-mailed all Deans, Department Chairs and Administrators, and Directors of Organized Research Units asking them to encourage members of their departments or units involved in community partnerships to complete the questionnaire. Dr. Grumbach also requested that all members of the Task Force to complete the survey to ensure that their programs were represented in the inventory. In addition, an article about the work of the Task Force with a link to the survey was placed on the UCSF electronic newspaper *UCSF Today*, with an invitation to readers to complete the inventory survey.

Respondents were asked to complete one questionnaire for each community partnership initiative in which they were engaged. "Initiative" was defined as "a short- or long-term project, program, or goal initiated by or involving your department in the form of research, provision of education, service learning opportunity, clinical service, etc. that involves one or more partnerships with community-based organizations or members with the ultimate goal of benefiting members of a given community."

Each initiative might have several community partners. "Partner" was defined as "a community-based or other organization that is involved in a UCSF Initiative, either through formal or informal means and/or agreements, which makes specific contributions toward the success of the Initiative, and which has a vested interest in the outcome of the Initiative." Respondents were asked to name as many as ten community partners collaborating on their initiatives.

Respondents were asked to briefly describe their initiative and to identify the top three overall goals from the following list: 1) provision of clinical services in community settings; 2) community-based education opportunities for UCSF students, residents, including non-clinical service learning curricula, etc; 3) providing education and enrichment programs for community members; 4) conducting community-based

research in collaboration with community organizations; 5) employment, workforce, and business development; 6) collaborating on social and community advocacy activities; and 7) any other categories not listed. Then respondents were asked to list the community-based organizations any other UCSF departments, programs, or units collaborating on the initiative. The questionnaire included items about each initiative's target population served, targeted geographic areas, and the general focus issue for the initiative. Additional questions addressed resources developed through the partnership (e.g., curricula, clinical care tools, survey instruments). Finally, survey respondents were given the opportunity to share any additional information they wanted the Task Force to know about their partnership initiatives, as well as to describe any difficulties or challenges experienced in engaging in community partnership activities.



UCSF Community Partnerships Survey

Thank you for participating in the UCSF Community Partnerships Survey sponsored by the UCSF Task Force on Community Partnerships convened by Executive Vice-Chancellor A. Eugene Washington, MD. The information gathered from this survey will help us better comprehend the diverse spectrum of community partnerships in which UCSF is engaged. It will also help us improve upon the success and impact of UCSF's engagement in community-based programs and partnerships. The survey offers an excellent opportunity to share highlights of the valuable work you are doing in partnership with local communities, neighborhoods, and individuals.

For more information, click [Survey Purpose](#).

One possible outcome of the survey may be the development of a database to be accessed by University faculty, staff, and students and by community members that would facilitate future partnerships and linkages. You will have the chance to include your programs in this new database.

Are you willing to have community-based organizations and/or members contact you directly regarding potential partnership activities?

Yes

No

NOTE: Your responses will be shared with the UCSF Community Partnerships Task Force members. However, the last question will be kept confidential and used to better understand the partnership process.

If you have any questions or need further information, contact Jay LaPlante at 415-206-6961 or jlaplante@sghfcm.ucsf.edu.

Continue to Survey

Purpose of this Survey

As you know, UCSF is engaged in a wide range of Initiatives related to research, education, clinical care, and economic development. Many of these Initiatives could not be accomplished without the involvement of and important contributions made by community-based organizations and individuals. They are vital and invaluable partners to the success of UCSF efforts.

In order to better comprehend the diverse spectrum of community partnerships in which UCSF is engaged, Executive Vice Chancellor A. Eugene Washington, M.D. convened a task force of UCSF faculty, staff, and community members.

The goals of the task force are to:

- Perform an inventory that describes and categorizes UCSF partnerships in community-based programs within California in which UCSF faculty and staff participate as part of their University responsibilities.
- Review what is known about the benefits to the community and university academic partnerships in community-based programs, and about the key attributes of successful partnerships between communities and academic institutions.
- Make recommendations for improving the success and impact of UCSF's engagement in community-based programs and partnerships.

Your participation in this survey will help us to accomplish these goals.

Back to Previous Screen

Please fill out a survey for each major Initiative involving your department, unit, or program.

Remember to scroll to the bottom of the survey and press the "Submit" button when you are finished, otherwise your data will be lost.

You may move between fields with the "Tab" key. Please avoid using the "Enter":key as it will prematurely submit your information

SECTION ONE: DEPARTMENT, UNIT, or PROGRAM INFORMATION

Respondent Information (the person filling out this survey)

* Indicates required field

Department:	<input type="text"/>	*
First Name:	<input type="text"/>	*
Last Name:	<input type="text"/>	*
Telephone (office):	<input type="text"/>	*
Email:	<input type="text"/>	*

SECTION TWO: PARTNERSHIP INITIATIVES [\(see examples\)](#)

Initiative: A short- or long-term project, program, or goal initiated by or involving your department in the form of research, provision of education, service learning opportunity, clinical service, etc. that involves one or more partnerships with community-based organizations or members with the ultimate goal of benefiting members of a given community.

What is the name of the Initiative?

What is the Initiative website URL?

Provide the UCSF contact information for this Initiative.

* Indicates required field

Same as respondent

First Name: *

Last Name: *

Department: *

Telephone (office): *

Email: *

Briefly describe the Initiative. Feel free to cut and paste from another text document. (500 words maximum) *

Select all activities that best describe this Initiative. Then select only one as the primary goal and only one as the secondary goal of this Initiative.

Check all Initiative activities	Check ONE primary goal	Check ONE secondary goal
<input type="checkbox"/> Provision of clinical services in community settings. <i>Estimated number of patients served in the past year.</i> <input type="checkbox"/> <100 <input type="checkbox"/> 100-1000 <input type="checkbox"/> >1000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Community-based education opportunities for UCSF students, residents, including non-clinical service learning curricula, etc. <i>Estimated number of UCSF students/residents participating in the past year</i> <input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Providing education and enrichment programs for community members <i>Estimated number of community members reached in the past year</i> <input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Conducting community-based research in collaboration with community organizations <i>Estimated number of studies active in the past year</i> <input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- Employment, workforce, and business development
- Estimated number of community members participating in the past year*
- <25
- 25-50
- 51-100
- >100

- Collaborating on social and community advocacy activities

- Other:

Please name other UCSF departments, programs, or units collaborating in this Initiative, if applicable. *(list up to 5)*

PARTNER: A community-based or other organization that is involved in a UCSF Initiative, either through formal or informal means and/or agreements, which makes specific contributions toward the success of the Initiative, and which has a vested interest in the outcome of the Initiative.

Please name the community partners collaborating on this Initiative. *(list up to 10)*

Does this Initiative or administering unit have a formal community advisory board?

Yes No

What is/are the target population(s) for this Initiative? *(Select all that apply.)*

- Children
- Youth/Adolescents
- Elders
- Women
- Gay, Lesbian, Bisexual, Transgender
- Men
- African-American
- Asian
- Native Hawaiian and Other Pacific Islanders
- Latino
- Native American
- Other ethnicity: *(Please specify)*
- Immigrant
- Homeless
- Other: *(Please specify)*

What is the geographic target area of this Initiative?

- All California
- Bay Area
- San Francisco
- Specific neighborhoods in S.F.
 - Chinatown
 - Mission District
 - Southeast San Francisco (Bayview Hunters Point, Potrero Hill, Visitacion Valley)
 - Tenderloin/SOMA
 - Western Addition
 - Other Neighborhood *(Please specify)*
 - Other: *(Please specify)*

What is/are the focus area(s) of this Initiative? *(Select all that apply.)*

- General Health
- Cancer
- HIV/AIDS
- Diabetes
- Asthma
- Cardiovascular Disease
- Obesity/Nutrition
- Violence
- Mental Health
- Substance Use
- Environmental Health
- Reproductive Health
- Disabilities
- Job Development
- Business Development

- Career Mentoring
 - Education
 - Health Care Advocacy
 - Other: (Please specify)
-

Do you want to tell us about another Initiative before you complete the survey?

Yes If you would like to save the information you entered for this initiative, please print this page before you click "Yes."

No I am ready to complete the survey.

SECTION THREE - INITIATIVE OUTCOMES

Has/have your Partnership Initiatives developed any of the following tools that may be shared with other partnership programs?

(Please check all that apply)

- Curricula
- Clinical care tools
- Survey instruments
- Evaluation instruments
- Written principles of conduct
- Educational materials (brochures, web site, etc.)
- Dissemination tools
- Training manuals
- Other: (Please specify)

Please tell us anything else we should know about your partnership Initiatives, such as notable accomplishments, successes, and future plans:

An empty rectangular text input field with a light beige background and a thin black border. It features standard scrollbars on the right and bottom edges.

Please share with us any difficulties or challenges you have experienced in engaging in community partnership activities.

(This information will be kept confidential.):

An empty rectangular text input field with a light beige background and a thin black border. It features standard scrollbars on the right and bottom edges.

Thank you for completing the UCSF Community Partnership Survey. In appreciation of your participation you will receive an electronic version of the final report of our study. If you wish, please print a copy of this page before you click the Submit button.

Submit

Appendix B: Profiles of UCSF University-Community Partnerships Initiatives

University Community Partnership Initiative Descriptions

1 Description Addressing Youth Needs in the Mission

Department Family & Community Medicine **Respondent** Joanne Donsky

Family practice residents participate in a longitudinal group project as part of their Community-Oriented Primary Care Curriculum. The group chooses one of three communities (Mission, Visitacion Valley, or Bay View Hunters Point) as the focus of the project. Then, the residents (in groups of 3-4, rotating every 3 months), under the supervision of two faculty mentors, undertake a COPC project in their chosen community. All COPC projects involve forming partnerships with pre-existing community-based organizations. The Family Practice Residency Class of 2006 chose the Mission District. Residents met with community organizations to learn about the health problems of Mission area youth. They found that Horizons Unlimited and the Real Alternatives Program (RAP) were interested in partnering with them to address problems that the three partners would identify. Both Horizons Unlimited and RAP were interested in increasing access to health care for youth. Because of gang territory lines, however, it was not possible to have a clinic that would serve all Mission youth at either of the partners' sites. The partners discussed the possibility of getting a mobile adolescent clinic. The residents met with two groups of adolescents, one from each of the organizations. The teens were not interested in a mobile clinic. One group expressed interest in sex education, and the other felt they did not need it. The residents asked the teens to anonymously write any questions they had regarding the subject. The questions indicated many misconceptions and a need for sex education. The partners have agreed to move ahead with health and sex education for teens. They will explore the possibility of developing a peer leadership/education program around sex education. The residents have written an outline of a curriculum. Planning and implementation of the project will continue over the next 15 months.

Populations:

Adolescents

Focus areas:

General
Sex education, Health care access

Community Partners:

Horizons Unlimited
Real Alternatives Program (RAP)

University Community Partnership Initiative Descriptions

2 Description AIDS Research Institute, CAB

Department Medicine

Respondent John Greenspan

The AIDS Research Institute has an active Community Advisory Board which participates in the peer review and award selection of the internal pilot study funding program. Additionally, the ARI includes all HIV/AIDS service, care, treatment, training, and research activities concerning HIV/AIDS at UCSF. As such, our community efforts are critical to our work. Individual investigators within ARI have collaborative partnerships with community agencies, health departments, and individual advocacy groups, as well as training programs for medical students and practicing clinicians.

Populations:

Men Gay
Black
Latino
Homeless

Focus areas:

HIV/AIDS

Community Partners:

Mission Neighborhood Health Center
SFSU
Project Inform

University Community Partnership Initiative Descriptions

3 *Description* **Area of Concentration in Community Health and Social Advocacy**
Department **Family & Community Medicine** *Respondent* Naomi Wortis

The Area of Concentration (AoC) in Community Health and Social Advocacy offers medical students the opportunity to develop the knowledge, skills, and attitudes needed to improve the health of communities. This AoC is designed to provide students with the opportunity to participate actively in the design and implementation of projects in community health and social advocacy. Our goal is to provide students with the necessary skills to partner with communities in order to effect positive social change.

Populations:

Focus areas:

Service-learning

Community Partners:

Adolescent Health Working Group
New Generations Clinic
Beacon Center, Everett Middle School
Mission Neighborhood Health Center
Vision Youthz

University Community Partnership Initiative Descriptions

4 *Description* **Building Effective Substance Abuse Treatment**

Department **Medicine**

Respondent Joseph Guydish

This is an initiative of the Charles and Helen Schwab Foundation to build organizational capacity in 12 drug abuse treatment programs in San Mateo County. We are doing the evaluation of this initiative.

Populations:

Focus areas:

Substance Use

Community Partners:

Charles and Helen Schwab Foundation
UCSF Institute for Health Policy Studies
Several treatment programs in San Mateo County

University Community Partnership Initiative Descriptions

5 Description California Area Health Education Center

Department Family & Community Medicine

Respondent H. John Blossom

The California AHEC is a 35 year old HRSA program designed to improve access to health care services for otherwise underserved patients through community academic partnerships that support recruitment, training, and retention of the health care workforce in underserved communities. The program office at UCSF Fresno distributes resources to a network of eleven centers throughout California. HRSA and UC funds support the recruitment, training, and retention of health professionals in workforce underservice areas (urban and rural) with emphasis on underrepresented groups. Each center has multiple ties to health professions schools and programs. The central office in Fresno coordinates activities including "Kids into Health Careers" programs and the state's family medicine residencies. Support goes to training of dental practitioners, dentists, nurses, pharmacists, physicians, and community health workers.

Populations:

Focus areas:

Bioterrorism & other public health

Community Partners:

California Academy of Family Physicians
Scripps San Diego AHEC, Chula Vista
Multicultural AHEC, East LA
Harbor Wilmington AHEC, LA
Central Coast AHEC, Santa Cruz/Salinas
South Bay AHEC, San Jose
Shasta AHEC, Redding
Office Statewide Health Planning Development
California Primary Care Association
State EMSA

University Community Partnership Initiative Descriptions

6 *Description* **California Asthma Initiative**

Department **Epidemiology and Biostatistics**

Respondent George Rutherford

Statewide initiative to improve outcomes of children <5 with asthma. Involves community partnerships in 7 counties in California. Primarily uses a case-management model and improved reimbursement through CCS.

Populations:

Children

Focus areas:

Asthma

Community Partners:

California Department of Health Services
California Commission for Families and Children

University Community Partnership Initiative Descriptions

7 Description California Border Health Education and Training Center

Department Family & Community Medicine Respondent Heather Anderson

The mission of the California HETC is to improve and maintain the health of Hispanics/Latinos and underserved populations in California. Our priority areas are: access to healthcare, health professions education (including pipeline development) continuing education for health professionals, community health education and resource development for community partnerships.

Populations:

Adolescents

Latino

Focus areas:

General
Diabetes Asthma
Violence Mental Health
Job Development
Mentoring Education Advocacy

Community Partners:

San Joaquin Valley Health Cons
Multicultural AHEC
University California Irvine
University Calif. San Diego
Western University
Harbor UCLA Dept Fam Medicine
San Diego Border AHEC
Calif. State Univ. Fullerton
American Lung Association
UCSF Fresno Dept. Fam. Medicine

University Community Partnership Initiative Descriptions

8 Description California Childcare Health Program

Department Family Health Care Nursing

Respondent Abbey Alkon

The California Childcare Health Program (CCHP) is a community-oriented, multidisciplinary team dedicated to enhancing the quality of child care for California's children by initiating and strengthening linkages between the health, safety and child care communities and the families they serve. CCHP is administered by UCSF School of Nursing Department of Family Health Care Nursing. CCHP has an active website which includes our bimonthly Connections Newsletter, Health and Safety Notes (English, Spanish), and Parent Notes (English, Spanish). In addition, CCHP has several professional, educational curriculums for child care providers and nurses on health, safety, and child care health consultation. The Child Care Health Linkages Project supports 20 county-level health consultation programs, develops and provides a California Training Institute for Child Care Health Consultants and Advocates, provides technical assistance to the 20 counties, and conducts a formative and an outcome evaluation of the Project. The State Early Childhood Comprehensive Systems Grant is for the development of a strategic plan to integrate statewide services for early childhood. This will be followed by a 2 year implementation grant. The Child Care Healthline provides a statewide, toll-free telephone consultation service on the topics of health and safety in child care for child care providers, the families they serve, and health professionals. The Healthline staff include child care and nursing specialists in children with special needs/inclusion and infant/toddler child care. The CCHP also trains nurses and child care providers about oral health assessment and prevention for children 0-5 years old.

Populations:

Children

Focus areas:

General
 Asthma
 Obesity/Nutrition
 Violence Mental Health
 Environmental
 Education

Community Partners:

Safe Passages
 First 5 California
 Resource and Referral Agencies
 County Maternal and Child Health
 Dental Health Foundation

University Community Partnership Initiative Descriptions

9 *Description* **California Chlamydia Action Coalition**

Department **Epidemiology and Biostatistics**

Respondent George Rutherford

Statewide coalition for control of sexually transmitted chlamydia. Focus is on improving chlamydia screening in public- and private-sector managed care organizations. Wide variety of supplemental activities, including quality initiatives, partner-delivered therapy, data warehouse development and epidemiology.

Populations:

Adolescents
Women Men

Focus areas:

Reproductive
Sexually transmitted diseases

Community Partners:

California Department of Health Services
Kaiser Permanente

University Community Partnership Initiative Descriptions

10 Description Center for AIDS Prevention Studies (CAPS)

Department Medicine

Respondent Ellen Goldstein

The mission of the Center for AIDS Prevention Studies (CAPS) is to conduct domestic and international research to prevent the acquisition of HIV and to optimize health outcomes among HIV-infected individuals. CAPS currently provides services to 86 scientists with scientific projects funded through a variety of sources. These 70 investigator-initiated projects are served by cores designed to help projects meet the specific aims of the Center. (The mission of one Core, the TIE Core, is to link research to practice, in part through promoting and supporting collaborations.) Although not all CAPS studies include a community partnership component, many do. CAPS has an active Community Advisory Board, and many studies convene their own CABs, as well. CAPS has a postdoctoral Traineeship in AIDS Prevention Studies fellowship program, and the fellows often conduct community collaborative research. CAPS researchers conduct HIV prevention research; develop and evaluate prevention and educational programs; stimulate community collaboration; train news scientists and disseminate knowledge, skills and research models. Research projects include studies on AIDS risk behaviors; epidemiology; evaluation and technical assistance; policy and ethical issues; HIV prevention interventions; prevention with positives; substance abuse and HIV; coping with HIV; research methods; and international research. CAPS also provides limited technical assistance in English and Spanish.

Populations:

Adolescents Women Men Gay Black Asian NHOPI Latino Native All Immigrant Homeless
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Focus areas:

HIV/AIDS Substance Use Reproductive

Community Partners:

Centerforce
 Sexual Minority Alliance of Alameda County (SMAAC)
 Cal-PEP
 Continuum
 Isis Inc.
 Gardner Family Health Network
 Transgender Law Center
 Department of Public Health
 Walden House
 The Center for AIDS Services

University Community Partnership Initiative Descriptions

11 Description Center for Science & Education Opportunity

Department Student Academic Affairs

Respondent Tracy Stevens

Each year UCSF’s Center for Science & Education Opportunity (CSEO) works with over 2,000 students and their families, getting them on the college track and helping them stay there. CSEO was founded in 1999 to promote access to higher education for underserved students. Although part of the University of California system, UCSF has no undergraduate programs; our efforts are not targeted to bringing students to UCSF, but to providing students and families with information about the entire higher education system in California and beyond. Efforts are focused on three integrated strategies: Partner-School Site-Based Services Through one-on-one meetings with students; presentations in classrooms and assemblies; and parent-group meetings. CSEO coordinators provide college counseling, transcript review, advice for course choices, timelines for standardized testing, college application assistance, and referral and recruitment into academic enrichment programs. They disseminate information about financial aid, give workshops and individual help with financial aid applications in English, Spanish, and Cantonese. “Plan on College” is an annual event designed to engage students and parents in the process of college readiness as they prepare to enter high school. Eighth grade families receive packets of information on the California higher education systems and local college access resources. An information fair follows with representatives from local education-access programs and high school counselors. A second annual event, “On to College!” brings high school seniors and their parents back to UCSF when they are preparing to apply to college. It offers workshops on financial aid, college applications, writing college essays, and community college transfer programs. Participants also get the opportunity to speak with representatives from college campuses and local college access programs.

Populations:

Adolescents

Focus areas:

Education

Community Partners:

- SFUSD
- JUHSD
- SFSU
- USF
- Upward Bound
- Talent Search
- Gear Up
- SF College Access Center

University Community Partnership Initiative Descriptions

12 Description Center of Excellence in Women's Health: Community Programs

Department OB/Gyn

Respondent Dixie Horning

The UCSF National Center of Excellence in Women's Health is committed to building partnerships with the community to strengthen all its activities. By combining the resources of the university with the energy of the community, we can promote comprehensive improvements in women's health which are relevant to women's lives and reflect their priorities. In addition to partnering with individual organizations, the CoE participates in community activities and regularly hosts educational events and programs for girls and women of all ages and with diverse interests.

Populations:

Children Adolescents Elders Women Gay Black Asian NHOPI Latino Native All Immigrant

Focus areas:

General Cancer HIV/AIDS Diabetes Cardiovascular Obesity/Nutrition Substance Use Violence Mental Health Environmental Reproductive Job Development Mentoring Advocacy

Community Partners:

Office of the Public Defender
 Office of the District Attorney
 Bayview Family (Girls 2000, Safe Haven, Brothers
 Western Addition Resource Center
 Bayview Hunters Point Resource Cente
 Head Start
 SF School District
 International Women's Museum
 American Heart Association
 Chinatown Development Corp.

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University Community Partnership Initiative Descriptions

13 Description Chronic Illness Management in Primary Care

Department Community Health Systems

Respondent Susan Janson

Medical residents, nurse practitioner graduate students, and pharmacy students work in teams to provide chronic illness management through planned visits and interdisciplinary care for community residents registered in the General Medicine clinics at Parnassus and Mt. Zion. The focus of the patient visits is prospective management of potential problems as well as patient education in self-management. Pharmacy and Nurse Practitioner students provide consistent follow-up for medication management and reinforcement of disease management goals. Together the residents and graduate students plan quality improvement projects and group visits for targeted subpopulations of the clinics. Students also have the opportunity to make home visits when indicated and appropriate. Students are supervised by faculty preceptors from medicine, nursing, and pharmacy. The clinic meets weekly with scheduled patient appointments.

Populations:

Elders Women Men Black Asian NHOPI Latino Native All Immigrant Homeless

Focus areas:

General Diabetes Asthma Obesity/Nutrition Cardiovascular
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Community Partners:

University Community Partnership Initiative Descriptions

14 Description Community Advisory Group

Department **Community and Governmental Relations**

Respondent Barbara Bagot-Lopez

The mission of the UCSF Community Advisory Group is: i) to ensure the implementation of the 1996 LRDP Goals and Objectives, serving as a community advisory body and sounding board for UCSF administration on LRDP-related issues, based on a citywide perspective; ii) to assist UCSF in strengthening communication links with the public on broader issues of community concern. Responsibilities of the CAG include: review and discuss prospective plans and goals; facilitate the public's access to UCSF by serving as the community's access point to UCSF on issues of concern; inform constituents about CAG activities; inform UCSF of potential community issues; assist in problem-solving when community concerns arise; reach out to opponents and pull them into the process to give them firsthand access to information. Composition of the CAG; contain independent voices and perspectives; represent the diversity of San Francisco; embody varied points of view, including critics; bring background of particular constituency to the table while keeping in mind a citywide perspective.

Populations:

Focus areas:

Job Development

Business Development

Education

Campus growth and development

Community Partners:

pls see website for member list

University Community Partnership Initiative Descriptions

16 Description Community Health Outreach for FCM 110 Projects

Department Family & Community Medicine **Respondent** Roy Johnston

The primary goal of this initiative is to place third year medical students in medically underserved environments to develop the skills and knowledge needed to: 1. Provide primary care, as physician of first contact and continuity. 2. Assess and manage common medical problems. 3. Work with ambulatory patients in a time efficient manner. 4. Incorporate health care maintenance, clinical primary prevention, health promotion and health education in clinical settings. 5. Communicate effectively in a culturally sensitive manner. 6. Chart progress notes. 7. Employ strategies of preventive medicine. 8. Describe the unique challenges and benefits to providing health care in an urban underserved environment. The students work in primary care clinical settings, including family medicine and primary care internal medicine offices, and attend clinical seminars and didactic sessions. The students will also participate in a community health curriculum, including a preventive medicine project, a community assessment and a home assessment. Students are assigned to many sites all over SF with an emphasis on underserved communities. The goals of the project experience for the medical students are to: learn about a community and its needs and resources, gain experience in the development and/or implementation of health promotion interventions, enhance health education curriculum and school-wide health awareness activities, provide resources/support for family health nights, develop more insight into the different ways in which communities may be "underserved", have direct contact with members of the local community, provide some service to the members of that community in order to see that community health work is a way for physicians to improve the well being of more people than just the ones who come to see them as patients, mentor children in underserved areas for future careers in health care.

Populations:

Children Adolescents Elders Women Black Latino Homeless

Focus areas:

General Asthma Obesity/Nutrition Reproductive Mentoring Education Advocacy

Community Partners:

Adolescent Health Working Group
Baart Geary
Family Health Center (FHC)
Head Start (SFGH)
Jail Health Services
Lakeshore Medical Clinic
Mission Language Edu. Voc. School
New Generation Health Center
San Francisco Unified School District
Potrero Hill Health Center

University Community Partnership Initiative Descriptions

17 Description Community Partnership Resource Center

Department Family & Community Medicine **Respondent** Jay LaPlante

The UCSF Community Partnership Resource Center (CPRC) is a Department of Family and Community Medicine initiative to facilitate partnership activities between UCSF and local communities with the overall goal of improving health status and decreasing health disparities within San Francisco. Following a set of guiding principles of partnership, the CPRC will: Coordinate linkages between community agencies and UCSF faculty, staff, and students with complementary interests; Assist with partnership building; Assist with project development, implementation, and evaluation; Build capacity within UCSF and partner community agencies; and Help ensure long-term sustainability of projects when appropriate. The nature of specific projects will be driven by the needs and priorities of partner communities. Potential programmatic areas include: Health education in local communities; Increased "community competency" among health professionals; Community-based participatory research; and Social advocacy.

Populations:

Children Adolescents Elders Women Men Gay Black Asian NHOPI Latino Native All Immigrant Homeless
--

Focus areas:

General Cancer HIV/AIDS Diabetes Asthma Cardiovascular Obesity/Nutrition Substance Use Violence Mental Health Environmental Reproductive Disabilities Job Development Business Development Mentoring Education Advocacy

Community Partners:

RAP Collaborative--Mission
 Visitacion Valley Beacon Center--Vis Valley
 Visitacion Valley Community Development
 Bayview Hunters Point Community
 Instituto Familiar de la Raza--Mission
 Chinese Affirmative Action--Vis Valley
 Black Coalition on AIDS & Community
 Many many more

University Community Partnership Initiative Descriptions

18 Description Cueing Patient-Clinician Communication to Improve Asthma

Department Community Health Systems

Respondent Susan Janson

This is a funded research study to test two monitoring strategies for chronic asthma: self-monitoring of peak flow trends with interpreted graphic feedback, and monitoring by primary care physicians. The participants are patients registered in the general medicine practices at Parnassus and Mt Zion campuses. All patients reside in San Francisco or the San Francisco Bay Area. The goal is to improve communication and support the collaborative partnership between the patient and his/her doctor or nurse practitioner (clinician). Outcomes include adherence to anti-inflammatory therapy, pulmonary function, markers of asthma morbidity, and health care utilization.

Populations:

Elders
Women Men
Black Asian NHOPI
Latino Native All
Immigrant

Focus areas:

Asthma

Community Partners:

University Community Partnership Initiative Descriptions

19 Description Dental Careers Program

Department Dean's Office, Dental School

Respondent Charles Alexander

The UCSF Dental Careers Program (UCSF-DCP) seeks to establish a comprehensive program that will provide career awareness and academic enrichment activities that will assist disadvantaged students to become competitive applicants for dental school. The UCSF-DCP is based at the UCSF School of Dentistry and collaborates with four high schools, four universities, one community college, and a community based organization. Each educational partner has committed resources and staff to assist in the implementation and execution of the UCSF-DCP. The UCSF-DCP collaborates with each partner to provide recruitment activities, preliminary education during the academic year and summer, financial aid information dissemination, facilitating entry activities, counseling, mentoring and other services to develop a more competitive applicant pool of students to enter and complete training in the field of dentistry

Populations:

Children Adolescents
Women Men Gay
Black Asian NHOPI
Latino Native

Focus areas:

Mentoring
Education
Oral Health Care and Awareness

Community Partners:

Mission High School
John O'Connell High School
Phillip Burton High School
Thurgood Marshall High School
CCSF-Southeast Center
UC-Berkeley
University of San Francisco
San Francisco State University
San Francisco Boys and Girls Clubs

University Community Partnership Initiative Descriptions

20 *Description* **Foster Youth Health Project**

Department **Family Health Care Nursing**

Respondent Susan Kools

The Foster Youth Health Project is a collaborative intervention study, pairing advanced practice nurses and community volunteers to improve health and developmental outcomes in foster youth. The community volunteers are Court Appointed Special Advocates (CASA) from the San Francisco CASA Program.

Populations:

Adolescents

Focus areas:

General
Mental Health
Advocacy
Adolescent development

Community Partners:

San Francisco Court Appointed Special Advocate

University Community Partnership Initiative Descriptions

21 Description Glide Health Services

Department Nursing

Respondent JoAnne Saxe

A community partnership between UCSF School of Nursing, Glide United Memorial Methodist Church and Saint Francis Hospital. This is primary health clinic for individuals who are uninsured, under-insured and often homeless. NP faculty are involved in direct care delivery. NP students and pre-licensure RN students complete clinical rotations at Glide. Patricia Dennehy, RN, MS, FNP is the Clinical Director.

Populations:

Elders
Women Men Gay
Black Asian NHOPI
Latino Native All
Homeless

Focus areas:

General
HIV/AIDS
Violence Substance Use
Mental Health
Advocacy

Community Partners:

Glide United Memorial Methodist Church
Saint Francis Hospital
SF Department of Public Health
San Francisco Community Clinic Consortium

University Community Partnership Initiative Descriptions

22 Description Group Home Visits for Patients with Developmental Delay

Department Family & Community Medicine

Respondent Clarissa Kripke

Clarissa Kripke MD, recognized that her practice included a few patients with severe developmental disabilities, and wondered if the office-based model of care was meeting their needs. After talking to the caregiver who accompanied the patients to visits, it became clear that the faculty practice provided primary care for clients of several group homes in San Francisco and San Mateo. The Golden Gate Regional Center (GGRC) serves as conservator for almost all of the clients in the homes. The patients range in age from 14 to 76 years old, and have a variety of severe medical, psychiatric and developmental problems. Patients residing in intermediate care facilities are required to see a physician every two months. All the patients receive assistance with activities of daily living. Coming to the office for appointments requires group home staff and special wheelchair vans. In July 2003, to better meet the needs of these special patients, Dr. Kripke arranged to transfer all of the group home patients from the practice to her panel. She now makes home visits every two months. The success of this service has led to its expansion to nine homes and 46 patients. Seeing patients in their home has facilitated the development of more efficient protocols, and better tracking systems to ensure all preventive and primary care needs are met. It has improved the efficiency of the communication between the group home staff and the clinic. It has encouraged a better understanding of the community resources, and legal requirements of caring for this patient population. Communication with specialists, social workers and advocates has been closer, easier and more frequent. Most importantly visiting patients on their own turf has led to deeper, more personal relationships with staff, patients and their families. The chief reward of being a family physician is that your skills and your heart grow with time. As your ties to your community deepen, you share in the courage, love and devotion that

Populations:

Focus areas:

General

Mental Health

Disabilities

Education Advocacy

Community Partners:

Golden Gate Regional Center
Del Monte ICF-DDN Homes
Alta Loma ICF-DDN Homes

University Community Partnership Initiative Descriptions

23 Description Haight-Ashbury Food Program: Job Training and Resource Center

Department Nutrition and Food Services

Respondent Jack Henderson

The Department of Nutrition and Food Services has a long association with the Haight-Ashbury Food Program. Not only do we donate food to the program but we also accept interns to work in our kitchen. All interns are previously homeless people who are working to get back into society. The program is designed to be a transition tool to give them cooking skills and work experience. We assist in the program by taking interns for six weeks, working alongside experienced cooks. We also give groups of interns tours of the facility.

Populations:

Homeless

Focus areas:

Job Development
Mentoring Education

Community Partners:

University Community Partnership Initiative Descriptions

24 Description Health Professions Pipeline Program

Department UCSF Fresno

Respondent Katherine Flores

Located in Fresno, the UCSF Latino Center for Medical Education and Research (LaCMER) is a unit of the UCSF Fresno Medical Education Program. LaCMER addresses the serious shortage of Latino physicians and other health care professionals in the area. The mission of LaCMER is to develop individuals to become health care professionals who will ultimately return to the San Joaquin Valley and to provide culturally competent health care services to the medically underserved.

Populations:

Children Adolescents Black Asian NHOP Latino Native All

Focus areas:

Education

Community Partners:

California State University Fresno
Fresno Unified School District
Fresno County Office of Education
Community Medical Centers
Sequoia Community Medical Foundation
San Joaquin Valley Health Consortium
University of California Office of the President
State Center Community College District

University Community Partnership Initiative Descriptions

25 Description HR Outreach

Department Human Resources

Respondent Alexandra Campe

Campus HR is involved in ongoing outreach for recruitment purposes including attending private and community based job fairs such as the SF LGBT Center, SF Veterans Affairs, NAACP Diversity, UCB Hispanic Engineers and Scientists and others. We also attend USF, SFSU, UCB job fairs to reach out to new college graduates who are interested in working for UCSF in a research, management, financial field.

Populations:

Women Men Gay
Black Asian NHOP
Latino Native OtherEth

Focus areas:

Community Partners:

University Community Partnership Initiative Descriptions

26 Description I'm Going To College project

Department Student Financial Services Office Respondent Carrie Steere-Salaz

In conjunction with CHELA Financial, programs brings over 120 first generation 4th graders to UCSF for a day of college. Young students learn about financial aid possibilities, receive backpacks with special materials and attend classes taught by UCSF students. Students are in ER Taylor Elementary School.

Populations:

Children
Black
Latino Native
Immigrant

Focus areas:

Education

Community Partners:

CHELA Financial

University Community Partnership Initiative Descriptions

27 *Description* **Jewish Home for the Aged**

Department **OB/Gyn**

Respondent **Lee**

Learman

I provide unreimbursed gynecology care on-site at the Jewish Home for the Aged of San Francisco on Silver Avenue. I have one half-day session every 6-8 weeks and see 6-8 patients per session. I have been going there for at least 5 years and plan to continue this into the future. First year Ob/Gyn residents join me when they are available.

Populations:

Elders

Focus areas:

General

Community Partners:

University Community Partnership Initiative Descriptions

28 Description Marin Breast Cancer Watch (MBCW) adolescent peer education breast

Department Cancer Resource Center

Respondent Natalie Ledesma

The Adolescent Education project was created to communicate information learned from the Adolescent Risk Factors Study and related research suggesting that puberty and adolescence may be influential periods for the development of breast cancer. The Adolescent Education project came about as a result of concerns expressed by mothers and breast cancer survivors, coupled with MBCW's commitment to developing educational strategies to reduce breast cancer risk for the current generation. MBCW is creating a pilot proposal, which will focus on developing and disseminating breast cancer informational messages using a trained peer health educator communication approach. MBCW is approaching grant and foundation sources to determine project interest and compatibility of this program with the priorities of potential beneficiaries. MBCW is consulting with peer education experts, local educational leaders and others to plan and develop a viable teen breast cancer education outreach pilot project that will meet the needs of the community. MBCW will work to create a model breast cancer health communication program over a two-year period. Program development and pilot testing will take place in 2005. Field testing with a larger student audience would occur in following year, so that the pilot program can be a model for other communities on how best to communicate with adolescent girls about breast cancer risk. Community members, including health educators and health care professionals, youth group representatives, breast cancer survivors and advocates, high school students, teachers and parents will continue to serve as advisors to MBCW in the formation of an adolescent education program.

Populations:

Adolescents

Focus areas:

Cancer
Obesity/Nutrition
Environmental Reproductive

Education

Community Partners:

Marin Cancer Center - Marin General Hospital
Kaiser Medical Center, San Rafael

University Community Partnership Initiative Descriptions

29 Description Mayor's Project Homeless Connect

Department Material Services; UCSF Medical Ctr. **Respondent** Trisha Barrett

Mayor's Project Homeless Connect is a project to provide medical clinic every other month for homeless sponsored by SF Mayor's office under the Housing and Urban Health department. UCSF is contributing medical supplies and minor medical equipment as well as volunteers from our staff to assist at the clinics.

Populations:

Children Adolescents Elders
Women Men Gay
Black Asian
Latino Native
Immigrant Homeless

Focus areas:

General

Community Partners:

Carol Baillie, RN Housing and Urban Health
Judith Klain - Mayors staff

University Community Partnership Initiative Descriptions

30 Description Men of Asia Testing for HIV

Department Medicine

Respondent Tri Do

The Men of Asia Testing for HIV (MATH) study is a national collaboration between several community based organizations, health centers, academic institutions, laboratories, and health agencies. Funded by the National Institute of Child Health and Human Development, this project will study the HIV prevalence, incidence, and behavioral correlates of infection among 2,400 Asian and Pacific Islander men who have sex with men. The study began in September 2004 and will be completed in 2009. MATH uses community-based recruitment and respondent-driven sampling to study participants from six U.S. cities (New York, Boston, Washington DC, Philadelphia, San Francisco, and Los Angeles). Major research questions include the study of risk and resiliency factors associated with HIV infection among API MSM, the contribution of international travel and immigration on HIV risk, and the impact of sociocultural factors in HIV testing patterns (including lack of awareness of HIV status and late stage HIV testing). It is the first national study of this scope in the API MSM population that will include multiple Asian languages and will also have sufficient power to disaggregate by ethnicity and country of origin. The research team has convened a scientific, community-based research consortium and will also evaluate the effectiveness of this model in building the research capacity and HIV testing capacity of nine community partners. This collaborative research infrastructure will be used as the basis for future scientific research. The use of community participatory methods to include the API MSM community members and community-based agencies in the scientific research design and implementation has been successful to date. Process evaluations of the from the consortium building stage show a high level of trust, enthusiasm, and expectation that the research study will succeed – from both scientific and community partners.

Populations:

Adolescents Men Gay Asian NHOPi

Focus areas:

HIV/AIDS Substance Use Mental Health
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Community Partners:

AIDS Services in Asian Communities (ASIAC),
 Asian Americans for Community Involvement (AACI),
 Asian Health Services (AHS, Oakland, CA)
 Asian Pacific AIDS Intervention Team (APAIT, Los
 Asian & Pacific Islander Coalition on HIV/AIDS
 Asian & Pacific Islander Wellness Center (APIWC,
 Filipino Task Force on AIDS (FTFA, San Francisco,
 Massachusetts Asians & Pacific Islanders for
 Asian and Pacific Islander American Health Forum

University Community Partnership Initiative Descriptions

31 Description Model Fresno

Department UCSF Fresno

Respondent Adriana Padilla

Model Fresno addresses health care access barriers by promoting primary health care to rural and underserved populations and by educating medical students about the health care needs and health care systems in the Central Valley. UCSF Fresno's mission includes educating physicians for future practice in the Central Valley. The projected ratio of primary care physicians to 100,000 population is still below that recommended by demand estimates. In an effort to improve the geographical mal-distribution of primary care physicians, Model Fresno attempts to recruit medical students to our residency programs who are interested in rural care and in working with poor and complicated ill patients. Although recruitment of medical students to our residency programs is important, a more pressing need is to educate medical students in rural health and in Central Valley health issues, no matter what their career path is nor where their final practice site is located. Communication skills, as part of "cultural competence", has been included in Model Fresno to enhance the program's effectiveness in addressing health care access barriers within an educational model.

Populations:

Children Adolescents Elders Women Men Black Asian Latino Immigrant Homeless

Focus areas:

General Violence Job Development Mentoring Education Rural Health Care
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Community Partners:

Sequoia Community Health Foundation
United Health Centers
Latino Center for Medical Education and Research
Community Health Systems
Holy Cross Clinic at Poverello
Stone Soup
Fresno County Health Department
EOC-The Sanctuary Youth Center
Fresno Unified School District
Area Health Education Training Program-Fresno

University Community Partnership Initiative Descriptions

32 *Description* **North Coast Perinatal Access System, Regional Perinatal Programs of**

Department **Department of Family Health Care** *Respondent* Mary Lynch
Nursing

The Regional Perinatal Programs of California involves a 14-region focus of quality improvement in perinatal and neonatal health care in California. I am the Director of Region 1, North Coast Perinatal Access System and our region encompasses 21 health care facilities along coastal regions through the California-Oregon boarder.

Populations:

Focus areas:

Community Partners:

Maternal-Child Health Branch, DHS
UCSF Medical Center

University Community Partnership Initiative Descriptions

33 Description Northern California Geriatric Education Center

Department Medicine

Respondent Joan Wood

The Northern California Geriatric Education Center (NorCal GEC) is a consortium composed of the University of California, San Francisco (UCSF); the University of California, Berkeley; the University of California, Davis; and the Monterey Bay Geriatric Resource Center (MBayGRC), a community-based, non-profit consortium in the Monterey Bay region (Monterey, Santa Cruz, and San Benito counties). The foci of the NorCal GEC are on addressing a) faculty and curriculum development needs in geriatrics on the campuses of the consortium members, and b) unmet needs for geriatric education among health professionals in the San Francisco Bay Area, in the Monterey Bay Area, and in the rural counties of Northern California.

Populations:

Focus areas:

General
 Cancer HIV/AIDS
 Diabetes Asthma Cardiovascular
 Obesity/Nutrition Substance Use
 Violence Mental Health
 Environmental
 Disabilities Advocacy
 Education
 Health care for older adults

Community Partners:

- California Area Health Education Center (AHEC)
- California Association of Homes and Services to the
- California Department of Aging
- California Department of Developmental Services
- Institute on Aging, San Francisco
- Laguna Honda Hospital, San Francisco
- Northern Sierra Rural Health Network
- OnLok, Inc.
- San Francisco Community Clinic Consortium
- San Francisco Adult Day Services Network

University Community Partnership Initiative Descriptions

34 Description Nutrition Education in Visitation Valley

Department Family & Community Medicine

Respondent Joanne Donsky

Family practice residents participate in a longitudinal group project as part of their Community-Oriented Primary Care Curriculum. The group chooses one of three communities (Mission, Visitation Valley, or Bay View Hunters Point) as the focus of the project. Then, the residents (in groups of 3-4, rotating every 3 months), under the supervision of two faculty mentors, undertake a COPC project in their chosen community, forming partnerships with pre-existing community-based organizations. The Family Practice Residency Class of 2005 chose to work with Visitation Valley. They partnered at first with the Visitation Valley Middle School. The residents developed lesson plans for four classes. The students learned to read labels on junk food packaging. The residents used innovative ways of illustrating the amount of sugar and fat per serving of junk food. The students were also asked to bring in a cultural dish of their choosing from home. Later, the residents partnered with Visitation Valley Community Center (VVCC) which had just completed a series of cooking classes for childcare providers by professional chefs. The two other organizations that partnered with the VVCC were Nextcourse and the Children's Council of San Francisco. Nextcourse is a non-profit organization that promotes the access to and use of healthier foods, and it has connections with professional chefs. The Children's Council of San Francisco works to improve the well-being of children, parents, families and child care providers. They provided the links to numerous childcare providers. Both organizations leveraged their resources to cover the costs of the cooking classes. The family practice residents will continue to work with these three organizations. They will help to expand the partnership to other organizations and Visitation Valley residents. They will also develop a health education component to the cooking class series.

Populations:

Children Adolescents Women Men Black Asian Latino
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Focus areas:

Nutrition

Community Partners:

Visitation Valley Middle School
Visitation Valley Community Center
Nextcourse
Children's Council of San Francisco

University Community Partnership Initiative Descriptions

35 *Description* **Operation Access**

Department **Orofacial Science**

Respondent Francina Lozada-Nur

I provide clinical service in oral medicine to indigenous people without dental or medical insurance, from the Bay Area. Any patient unable to pay for a clinical visit who present with an oral lesion suspected to be oral cancer will be refer to me for evaluation and biopsy.

Populations:

Elders
Women Men
Black Asian NHOP
Latino Native All
Immigrant Homeless

Focus areas:

Cancer

Community Partners:

UCSF medical school faculty
Kaiser

University Community Partnership Initiative Descriptions

**36 Description Pacific AIDS Education and Training Center and International Training and
 Department Family & Community Medicine Respondent Susan Foster**

The Pacific AIDS Education and Training Center (PAETC) provides AIDS-related training, education and information services to health care providers. PAETC has 15 local sites in California, Arizona, Hawai'i and Nevada that provide services in their local region. PAETC is an affiliate of the University of California, San Francisco AIDS Research Institute, and is funded by the Health Resources and Services Administration under the Ryan White CARE Act. Mission: To provide health care professionals with the knowledge and skills necessary to care for HIV-infected patients in underserved and vulnerable populations. To increase the numbers of trained health care professionals working with HIV-infected patients. To respond to the needs of high-risk populations and the changing face of the epidemic. Target Audience. PAETC offers education and training programs specifically designed for

Physicians, Nurses, Physician Assistants, Nurse Practitioners, Dentists, Dental Hygienists, Pharmacists, Other health care professionals. Clinical Training Programs: PAETC offers clinical training programs for busy practitioners with the most current information on the management of HIV-infected patients and interventions to prevent high-risk behavior. Training is adapted to high, medium, or low volume providers. Information Dissemination: PAETC provides resources to assist clinicians with difficult care decisions. Resources include treatment guidelines, slides, videos, and landmark journal articles. Special Areas of Interest: PAETC has projects to build and expand provider capacity in the following settings: Correctional institutions, U.S. - Mexico border, Community-based organizations serving at-risk minorities, Collaborations to address STD, HIV and TB provider training together

Populations:

Children Adolescents Elders Women Men Gay Black Asian NHOPI Latino Native All Immigrant Homeless
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Focus areas:

HIV/AIDS

Community Partners:

East Bay AETC
 North Coast AETC
 UC Davis AETC
 San Joaquin Valley AETC
 UCLA AETC
 USC AETC
 Drew University AETC
 UCSD AETC
 University of HI AETC
 University of Washington

University Community Partnership Initiative Descriptions

37 Description Pediatric Leadership for the Underserved

Department Pediatric

Respondent Anda Kuo

Inspired by the health inequities suffered by children in the US and around the world, as well as the urgency to train pediatricians to lead change in the health care system, the UCSF Pediatrics residency program has developed an innovative program, Pediatric Leadership for the UnderServed (PLUS). The vision of the PLUS program is to train and inspire future leaders in pediatrics to identify and address the varied issues that affect the health of underserved children. The PLUS curriculum is based on three pillars: Critical thinking, Leadership, Community engagement. These pillars create a framework for the skills, knowledge and mentorship our graduates need to build careers in research, policy, and advocacy for underserved children. To create a network of support, the PLUS residents all have continuity clinic based at San Francisco General Hospital and are clustered into advising groups with senior residents and a faculty member. PLUS-specific program details include conferences with local and national leaders in health care, core skill sessions (i.e. media training, grant writing, epidemiology), PLUS activity group meetings, mentorship with experienced faculty and community leaders, journal clubs, and leadership involvement with community organizations. The four individuals matched to PLUS each year work together on projects and share outpatient rotations. The training for PLUS is fully integrated with the General Pediatric Residency Program at UCSF to include all components of clinical training to achieve the high standard of clinical care required to practice General Pediatrics. Each resident is expected to develop collaborative projects that incorporate the skills they both bring to the program and learn through the curriculum. With appropriate training, PLUS residents will also apply for a community-based grant and present their projects at a meeting or as a journal article.

Populations:

Children Adolescents Black Asian Latino Native Immigrant Homeless
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Focus areas:

Mentoring Education Advocacy These are the broad goals. We will be
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Community Partners:

Adolescent Health Working Group
 Hamilton Family Services
 Bayview Hunters Point Community Advocates
 Bayview Learns
 Coleman Advocates for Youth
 Family Mosaic Project
 Raphael House
 Youth Guidance Center
 Children Now

University Community Partnership Initiative Descriptions

38 Description PLAYSAFE

Department Orthopaedic Surgery

Respondent Marc Safran

PLAYSAFE (Protecting the Livelihood of Athletic Youth of San Francisco) is a groundbreaking community program between UCSF Division of Sports Medicine within the Department of Orthopaedic Surgery and the San Francisco Unified School District (SFUSD). The UCSF Sports Medicine Outreach Outpatient Program is dedicated to providing excellent medical care to all SFUSD high school athletes, to prevent student injuries and deaths, to mentor students in the field of health care, specifically in sports medicine and physical therapy, and to make participation in extracurricular sports safe for students. Currently, there are almost 1,000 San Francisco students playing high school football, and there were approximately 3,000 high school athletes who participated in extra-curricular sports in the eight SFUSD high schools last year. In October 2001, the UCSF Sports Medicine Outreach Outpatient Program was founded and began a pilot Play Safe project to provide preventive and urgent injury medical care to the student-athletes of the SFUSD high schools. Dr. Marc Safran, Director of Sports Medicine at UCSF, and a team of athletic trainers began volunteering their time to provide medical care during George Washington High School's varsity football games and once a week during practices. For the fall season, Dr. Safran's medical team offered a weekly Saturday morning (8-10 a.m.) drop-in clinic open to all San Francisco high school athletes for evaluations and treatments by orthopedic surgeons, physical therapists and certified athletic trainers. The Saturday clinic also offered pre-participation physical exams to SFUSD high school athletes. Since 2002, this program has continued to grow, including having a specific sports medicine physician and athletic trainer at each high school with football, having the trainer attend at least one practice per week, and continuing with the fall walk in high school injury clinic. We have accepted all students from any high school and any sport.

Populations:

Adolescents

Focus areas:

General
 Obesity/Nutrition
 Mentoring
 Education Advocacy

Community Partners:

San Francisco Unified School District

University Community Partnership Initiative Descriptions

39 Description Preventive Health Care for the Aging

Department Institute for Health & Aging

Respondent Patrick Fox

In collaboration with local health departments, the program provide health promotion and disease prevention screenings by public health nurses in 14 California counties to low income people over age 50 years.

Populations:

Elders
Women

Latino

Focus areas:

General
Cancer
Diabetes Cardiovascular
Obesity/Nutrition Substance Use

Education Advocacy

Community Partners:

Local health departments in the following counties:
Humboldt, Kern,
Kings, Lake,
Orange, San Bernardino,
Shasta, Stanislaus, Tulare, Ventura
El Dorado, Fresno

University Community Partnership Initiative Descriptions

40 Description Primary Care of High Risk Populations: PrimeRISK

Department Family Health Care Nursing **Respondent** Meg Scott

The Primary Care of High Risk Populations (PrimeRISK)Project is a partnership with the Family Nurse Practitioner Program and the City and County of San Francisco, Department of Public Health and Sheriff's Department to provide medical care to high risk (incarcerated, homeless, mentally ill, substance abusing) populations. The purpose of the program is twofold: 1) to improve access to expert, quality, comprehensive primary care for high risk populations; and 2) to educate Family Nurse Practitioner students to provide culturally appropriate, sensitive health care to this underserved and medically marginalized population. The program achieves its stated goals by training students in the delivery of clinical care at the San Francisco County Jail, juvenile detention centers throughout the Bay area, and at numerous county community and hospital-based clinics. An enhanced course of study focusing on nursing, biomedical, social, cultural, political, and ethical issues in caring for high risk populations has been implemented and is required for all FNP students in the program.

Populations:

Adolescents
 Women Men Gay
 Black Asian NHOPI
 Latino Native
 Immigrant Homeless

Focus areas:

General
 Diabetes HIV/AIDS
 Asthma Cardiovascular
 Violence Substance Use
 Mental Health
 Disabilities

Community Partners:

San Francisco, Department of Public Health
 San Francisco, Sheriff's Dept
 Alameda County Juvenile Hall
 Alameda County Healthcare for the Homeless
 Native American Health Center
 Mission Neighborhood Health Center
 Haight Ashbury Free Medical Clinics
 San Francisco, Sheriff's Dept.
 St. Anthony Medical Clinic

University Community Partnership Initiative Descriptions

41 Description Progress Foundation

Department Student Health Services

Respondent Henry Kahn

I am the medical consultant for the UCSF School of Nursing Faculty Practice at Progress Foundation. This residential treatment program provides services to clients with psychiatric disabilities, diverted from acute and long-term institutional settings. Clients are often homeless or marginally housed with co-morbid substance use and chronic medical disease. Services include: Integrated psychiatric & primary care. Health promotion & psycho education groups for clients. Staff education and consultation. On-call triage consultation program. Shelter support nursing program. Clinical research.

Populations:

Adolescents Women Men Gay Black Asian NHOPI Latino Native Immigrant Homeless
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Focus areas:

General Diabetes HIV/AIDS Asthma Cardiovascular Substance Use Mental Health

Community Partners:

Progress Foundation
The San Francisco Foundation
SFDPH Mental Health System

University Community Partnership Initiative Descriptions

42 Description Protecting the 'Hood Against Tobacco (PHAT)

Department Social & Behavioral Science

Respondent Ruth Malone

This is a community-academic research collaboration focused on smoking cessation among African Americans. Funded by the California Tobacco-Related Disease Research Program, it involves the San Francisco African American Tobacco Free Project and UCSF in designing and testing an innovative smoking cessation program, and other activities related to tobacco-related education among African Americans in San Francisco.

Populations:

Elders
Women Men
Black

Focus areas:

General
Cancer
Cardiovascular
Substance Use
Smoking cessation

Community Partners:

San Francisco African American Tobacco Free
Southeast Health Clinic
City College Southeast Campus
Charter High School
PHAT

University Community Partnership Initiative Descriptions

43 Description Providing Assistance to Caregivers in Transition (PACT)

Department Social & Behavioral Science

Respondent Robert Newcomer

PACT began in 2001 under a 36 month grant from the US Administration on Aging, and has since received two annual extensions. The program is conducted by the Aging and Adult Service Bureau (within California's Contra Costa County Employment and Human Services Department). PACT is predominantly a "broker" model of case management. It operates largely by identifying caregiver and care recipient needs through assessment and case conferencing and then facilitating access to existing resources. Facilitation includes assisting caregivers with applications for programs like Medicaid personal care and home and community-based care. PACT also educates caregivers about such community resources as respite care, assistive technology, specialized transportation, and support groups. PACT eligibility is limited to (1) applicants where either the potential care recipient and/or the caregiver is age 60 or over, (2) the caregiver is willing and able to provide adequate support, (3) and the care recipient resides within Contra Costa County and has an eligible caregiver residing within 50 miles.

Populations:

Elders

Focus areas:

Nursing home discharge planning

Community Partners:

University Community Partnership Initiative Descriptions

44 Description Redes en Accion: A Cancer Awareness, Training and Research Network

Department **Medicine**

Respondent Marynieve Diaz-Mendez

Redes En Acción is a major initiative funded by the National Cancer Institute which brings together the most extensive collection of organizations ever assembled nationwide to collaborate in the fight against cancer among this country's Latino populations. One component of this national coalition is the Northwest Regional Network Center at UCSF, directed by Eliseo J. Pérez-Stable, MD. The Specific Aims of the program are:1) To establish a national infrastructure of investigators and organizations using the existing collaboration of the National Hispanic Leadership Initiative on Cancer (NHLIC): En Acción.2) To establish a Regional Network Committee with representatives from scientific, clinical, community-based, and government organizations that will advise and work with the UCSF site in recommending cancer among Latinos topics to be addressed and future direction.3) To build capacity for Latino cancer research and education at the investigator and leadership level by creating a mentoring relationship with designated faculty or participants within the Northwest Region Network.4) To promote and assist in the development of grant proposals for research and education on Latino cancer-related issues.

Populations:

Elders Women Men Gay Latino Immigrant
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Focus areas:

Cancer

Community Partners:

Cancer Information Service-NCCC
 Women's Cancer Resource Center
 Tiburcio Vasquez Health Center, Inc
 The Wellness Community
 American Cancer Society
 Circulo de Vida
 Samaritan House Free Clinics
 \"Una Mano Amiga\" Latina Support Group
 Alameda County Latino Cancer Collaborative
 El Concilio of San Mateo County

University Community Partnership Initiative Descriptions

46 Description Safe Passages: Promoting Children's Literacy and Social - Emotional

Department Family Health Care Nursing **Respondent** Jane Bernzweig

Safe Passages: Promoting Children's Literacy and Social-Emotional Development for School Readiness is an 18-month project funded by the Early Learning Opportunities Act of the DHHS/ACF to coordinate inter-related strategies that promote school readiness for young children prior to entering kindergarten. This comprehensive model includes the following five components: 1) Enhancing the early literacy curriculum provided to young children and families already enrolled in pre-school settings; 2) Providing a social skills curriculum that encompasses early literacy techniques and provides conflict resolution skills to young children, pre-school staff and parents; 3) Providing site-based early intervention services to children and their families who have been exposed to community violence, 4) Providing parent training that outlines K-12 school standards, teaches positive discipline approaches that are developmentally appropriate, and encourages parents to be the best advocate for their child and, 5) Providing site based training to pre-school administrators, teachers, and support staff on how to work with service providers, nurture positive social-emotional development of young children, enrich their pre-school settings to promote early literacy, and reinforce positive discipline techniques. Four to seven pre-school sites, including faith-based programs, located in neighborhoods with high crime and a prevalence of violence will be selected to receive the full complement of services. Two additional sites will serve as comparison or control sites to examine the impact of the intervention on children's outcomes. The sites will be in Oakland, with one or two sites in East Alameda County, where there is a scarcity of services for low-income residents. A total of 250 children and their families will be part of the intervention and another 100 families will be part of the comparison group. A comprehensive evaluation plan addresses each of the intervention activities.

Populations:

Children

Focus areas:

Mental Health

Community Partners:

Alameda County Behavioral Health Services
San Francisco Department of Public Health

University Community Partnership Initiative Descriptions

47 *Description* Samaritan House Medical Clinic of San Mateo

Department OB/Gyn

Respondent Lee

Learman

For at least 5 years I have provided one half day per month of unreimbursed gynecology care at this community-based free medical clinic in the community where I live (San Mateo). No trainees are involved.

Populations:

Focus areas:

General

Community Partners:

University Community Partnership Initiative Descriptions

48 Description San Francisco Area AIDS Education and Training Center

Department Family & Community Medicine **Respondent** Bob Teague,

The San Francisco Area AIDS Education and Training Center (SFAETC) is a Ryan White CARE Act clinical education resource for health care providers caring for people with HIV and AIDS. The SFAETC helps improve the care of people living with HIV and AIDS by supporting state-of-the-art clinical consultation, education, and training for health care professionals and organizations in San Francisco, San Mateo, and Marin counties. We offer a variety of low- or no-cost training and educational programs, clinical consultation services, and other resources designed to give busy clinicians the latest information and integrated clinical decision support they need to provide quality care to HIV-positive patients and their families.

Populations:

Women Men Gay
Black Asian NHOP
Latino Native All
Homeless

Focus areas:

HIV/AIDS

Community Partners:

SF Dept. of Public Health, Community Health
SFDPH HIV Health Services
SF Community Clinic Consortium
CA State Office of AIDS
San Francisco General Hospital

University Community Partnership Initiative Descriptions

49 Description San Francisco Mammography Registry

Department Medicine

Respondent Karla Kerlikowske

The San Francisco Mammography Registry (SFMR) is an ethnically and economically diverse population-based mammography registry. Its overall goal is to collect demographic, clinical, and risk factor information, as well as mammographic interpretations, cancer outcomes obtained through linkage with the regional population-based Northern California Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, and vital status through linkage with the California Department of Health Services Vital Records. The registry data collection provides investigators the opportunity to use robust data, have access to a well-characterized population, conduct high quality, clinically significant research related to breast health and breast cancer. Possible uses of the data include analyses to evaluate 1) the performance of mammography according to the characteristics of women, radiologist's experience and practice, and tumor biology, 2) associations between risk factors and types of breast cancer, 3) secular trends in breast cancer risk factors, health habits and mammography, and 4) quality of breast health care. Also, access to women undergoing mammography allows for development of cohorts, enrollment in randomized controlled trials, and participation in cross-sectional and case-controls studies to examine breast health and health services related issues. The SFMR began prospective data collection in San Francisco in 1995 and expanded data collection to Marin County in 2003. The diverse cohort of over 265,000 women that participate in the SFMR includes 47% non-Hispanic whites, 33% Asian/Pacific Islanders, 5% Hispanics, and 6% African Americans. Since the registry's inception, information on over 800,000 mammography examinations and 13,000 breast cancers has been collected from 20 radiology facilities. Annually, information is collected on about 111,000 mammography examinations and 1,000 cancers.

Populations:

Women Black Asian NHOPi Latino Native All

Focus areas:

Cancer Breast health

Community Partners:

UCSF
 Kaiser SF and SR
 CPMC
 St. FRancis
 St. Lukes
 SFGH
 St. Mary's
 Chinese Hospital
 Marin General
 Northeast Medical Center

University Community Partnership Initiative Descriptions

50 Description Science & Health Education Partnership

Department Biochemistry

Respondent Patricia Caldera

History and Mission: Science & Health Education Partnership (SEP) was founded in 1987 by Dr. Bruce Alberts, UCSF professor of biochemistry and biophysics and current president of the National Academy of Sciences. Initiated as a mechanism to donate surplus UCSF laboratory equipment to local schools, SEP has grown into a multifaceted outreach effort that supports science and health education for all of San Francisco public school students. SEP is nationally recognized as a model partnership between a university and a local public school system. As a collaboration between UCSF and the San Francisco Unified School District (SFUSD), SEP's mission is to promote partnership between scientists and educators in support of high quality science education for K-12 students. To these ends, SEP develops and implements programs that (1) support teaching and learning among teachers, students, and scientists; (2) promote an understanding of science as a creative discipline, a process, and a body of integrated concepts; (3) contribute to a deeper understanding of partnership; and (4) provide models and strategies for other institutions interested in fostering partnerships between scientific and education communities. All SEP programs take place within the context of SFUSD, a large and diverse urban school district with a long history of achievement in science education reform. These programs would not be possible without the contributions of volunteers, teachers, and students.

Populations:

Children Adolescents
Women Men

Focus areas:

Education
Science & Health Education

Community Partners:

San Francisco Unified School District

University Community Partnership Initiative Descriptions

51 *Description* **Smoking Cessation Leadership Center**

Department **Medicine**

Respondent Steven Schroeder

Our center works with national health professional and health care organizational groups to help smokers quit.

Populations:

Focus areas:

Substance Use

Community Partners:

University Community Partnership Initiative Descriptions

52 *Description* **SOM Student and Curricular Affairs**

Department **Dean's Office, School of Medicine** *Respondent* Kathleen Healy

My entire office (Student & Curricular Affairs) is involved with students and their projects: research, volunteer activities, community outreach (such as the Homeless Health Clinics), health fairs, electives that focus on community-based, public health, health policy, etc. issues. Often their projects are linked to existing clinical services.

Populations:

Children Adolescents
Gay
Black Asian NHOPI
Latino Native All
Homeless

Community Partners:

Focus areas:

General
HIV/AIDS
Asthma
Violence
Mental Health
Reproductive
Education Advocacy

University Community Partnership Initiative Descriptions

53 *Description* **St. James Infirmary**

Department **OB/Gyn**

Respondent Deborah Cohan

St. James Infirmary is a peer-based occupational health and safety clinic for male, female and transgender sex workers in the Bay Area. The project includes a medical clinic (staffed by volunteer attending physicians, nurse practitioners, physician assistants, and nurses as well as UCSF fellows, residents and medical students), peer counseling, smoking cessation, acupuncture, Reiki, massage, STD/HIV counseling/screening/treatment, street-based and venue-based outreach, support groups, and community education (including an elective for UCSF students.)

Populations:

Women Men Gay
Homeless

Focus areas:

General
HIV/AIDS
Violence
Substance Use
Mental Health
Reproductive

Community Partners:

St. James Infirmary
SF Dept of Public Health

University Community Partnership Initiative Descriptions

54 Description Studies on the Health of Incarcerated Populations (SHIP)

Department Nursing

Respondent Mary

White

SHIP (Studies on the Health of Incarcerated Populations) is a program of research that is providing critical information on the health and health services to incarcerated persons and is also the basis for formal and informal evidence-based education in the area of correctional health and links between the correctional setting and community health. In close collaboration with the San Francisco City and County Jail Health Services, we have conducted several federally-funded research projects in the jails in the area of tuberculosis, HIV/AIDS, cancer screening, and diabetes. Graduate students in nursing and sociology as well as medical students and medical residents have participated in the research opportunities available as a result of this collaboration. Further, Jail Health Services is a collaborator in the education of nurse practitioners, with faculty practices in the jails as a link between the service providers in the jail and the university.

Populations:

Women Men Gay Black Asian NHOPI Latino Native All Immigrant Homeless

Focus areas:

General Cancer HIV/AIDS Diabetes Substance Use Mental Health Health care access

Community Partners:

San Francisco Department of Public Health, Jail
SFDeptof Public Health, Div. of Tuberculosis Control

University Community Partnership Initiative Descriptions

55 *Description* **Telepharmacy Within Community Clinics**

Department **Clinical Pharmacy**

Respondent Clifton Louie

This initiative is to promote the development of a telepharmacy network for urban center indigent clinics and a school of pharmacy. The urban center of San Francisco has 10 community indigent clinics throughout the city. They are generally located in neighborhoods where there is a heavy concentration of the urban poor, organized according to ethnic or gender service orientations, i.e. the Native American Free Clinic, Asian Health Center, Mission Neighborhood Health Center, and Lyon-Martin Women's Health Clinic. Pharmaceutical Services offered in these indigent clinics are mixed. Few of the clinics have full functioning pharmacies. Some have dispensary licenses where the physician is responsible for dispensing medications. Many of the clinics belong to the San Francisco Community Clinics Consortium (SFCCC). The SFCCC provides a structure for group effort among the community clinics in order to effect efficiencies. We've been discussing efforts to expand pharmaceutical services for the indigent patients served by the community clinics with the SDCCC. From these discussions, the concept of "focused therapeutics" was embraced as a possible strategy. A pharmaceutical dispensing machine, coupled with a video-consulting system that connect pharmacists to patients, will address the unmet operational and health needs in a community clinic. This system offers: Point-of-care pharmaceutical dispensing machines located within the community clinics The pharmaceutical dispensing machines only store medications dedicated to the community clinics' "focused therapeutics" A video-consulting link to connected to SFCCC's network and routed to the school of pharmacy. Patients will receive pharmaceutical care from pharmacists/pharmacy students through teleconferencing system. Physicians will dispensed medications from the dispensing machines to the patients

Populations:

Children Elders

Focus areas:

Pharmaceutical care

Community Partners:

San Francisco Community Clinics Consortium
St. Anthony's Free Clinic
McKesson Foundation

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University Community Partnership Initiative Descriptions

56 *Description* **The Bay Area Breast Cancer and the Environment Research Center**

Department **Comprehensive Cancer Center** *Respondent* Robert Hiatt

BABCERC is a 7-year NIH supported project to better understand the environmental factors that might influence pubertal maturation and thus the risk of breast cancer later in life. One of two projects studies the factors responsible for breast development in the mouse model: a second, follows 400 7 year old girls through puberty and examines multiple factors including environmental exposures, diet, physical activity, and psychosocial factors. Community advocates led by the Marin Breast Cancer Watch play an active role in the science and in communications with various Bay Area communities.

Populations:

Adolescents

Focus areas:

Cancer Obesity/Nutrition Environmental
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Community Partners:

Marin Breast Cancer Watch
SF Dept of Health
Marin Dept of Health
Breast Cancer Fund

University Community Partnership Initiative Descriptions

57 Description UCSF Community Partnerships Program

Department Community and Governmental Relations **Respondent** Lisa Gray

UCSF began its Community Partnerships Program (CPP) in 1998 to affect positive change in the economic conditions of communities near its Mission Bay campus. The idea for the partnerships centered on the belief that the university could function as an economic catalyst that could provide a variety of opportunities for the southeast sector. The projects conducted by the CPP focus on increasing information and access to workforce and business opportunities for residents of this isolated and historically disenfranchised area of the City.

Populations:

Adolescents
Women Men
Black Asian NHOPI

Focus areas:

Job Development
Mentoring Business Development
Education

Community Partners:

Florence Crittenton Services
Jewish Vocational Services
Vistacion Valley Jobs Education and Training
Young COmmunity Developers
Chinese for Affirmative Action
The Family School
Bayview Business Resource Center
Small Business Developmant Center
Southeast Neighborhood Jobs Initiative
Arriba Juntos

University Community Partnership Initiative Descriptions

58 Description UCSF Community-Cancer Partnership (UCSF-CCP)

Department Comprehensive Cancer Center **Respondent** Rena Pasick

Purpose: The University of California, San Francisco Comprehensive Cancer Center is committed to reducing the cancer problem in this region not only through research but through highly responsive and inclusive community education and service. The UCSF Community Cancer Partnership (UCSF CCP) is a coalition of community members from around the Bay and UCSF faculty and staff working together to develop a program to identify and meet cancer-related needs for education, information, and resources. Still in the early stages of development, the CCP team is meeting with community groups to learn about cancer-related needs, particularly in low-income communities. From the information we have collected so far, it seems that some appropriate goals for the CCP would be to provide ongoing technical assistance in grant writing and community organizing in order to help community organizations develop their own ongoing programs; to develop and distribute cancer information in languages currently unserved; to initiate or in some way support events that would bring cancer information and services to communities; and to do much more to get the word out about the many programs currently available through UCSF such as free mammograms and free prostate cancer treatment. More ideas are welcomed and needed. Current Activities: CCP team members would like the opportunity to visit your community in order to hear from your friends, colleagues, and other community leaders as to how the CCP can involve and serve your community. Our aim is to form a broad team to set the goals and priorities for the program. The UCSF staff will then develop a grant proposal to turn the plan into reality. The CCP is seeking partners and ideas. Please let us know how we might work together to fight cancer in the San Francisco Bay Area.

Populations:

Women Men Black Asian NHOPI Latino
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Focus areas:

Cancer

Community Partners:

Alameda County Latino Cancer Coalition
 Russian-Speaking Health Task Force
 African American Health Initiative
 Taulama for Health
 West Bay Pilipino Multi-Services Ctr

University Community Partnership Initiative Descriptions

59 Description UCSF Preventive Medicine Residency -SFDPH

Department Epidemiology and Biostatistics

Respondent George Rutherford

Residency education in general preventive medicine and public health, primarily done in concert with SFDPH. There are a variety of projects, including bioterrorism preparedness, communicable disease control, STD control and TB control.

Populations:

Children Adolescents Elders
Women Men Gay
Black Asian NHOP
Latino Native All
Immigrant Homeless

Focus areas:

General
HIV/AIDS

Community Partners:

San Francisco Department of Public Health

University Community Partnership Initiative Descriptions

60 Description UCSF-SFSU U-56 Outreach Program (REDUCE Cancer)

Department Comprehensive Cancer Center **Respondent** Tung Nguyen

The U-56 is a collaborative grant funded by the National Cancer Institute to develop research infrastructure at San Francisco State University and increase the capacity of the UCSF Comprehensive Cancer Center in ethnic minority communities. The Outreach component of the U-56, entitled the REDUCE (Reducing Ethnic Disparities through University and Community Empowerment) Cancer Program, aims to increase cancer outreach and education in minority communities in Northern California through awareness events, coalition development, and training. The REDUCE Cancer program is committed in investing in community organizations and coalitions to develop their capacity in cancer education and awareness through provision of materials, expertise, and funding. The REDUCE Cancer program is also committed to formal and rigorous evaluations of its activities using the principles of community-based participatory research.

Populations:

Elders Women Men Black Asian NHOP Latino Native All Immigrant

Focus areas:

Cancer Obesity/Nutrition Education Advocacy

Community Partners:

NICOS Chinese Health Coalition
San Francisco State University

University Community Partnership Initiative Descriptions

61 *Description* **UFO Study**

Department **Medicine**

Respondent Kimberly Page Shafer

The UFO Study is a research project of HCV infection in young injection drug users (IDU) in San Francisco. Young IDU constitute a distinctive high risk and understudied group with high rates of hepatitis C virus (HCV) infection. Our group has successfully initiated prospective research to identify and study early HCV infection in this population. The UFO study works in collaboration with community partners to conduct the research in a setting where medical, mental health and ancillary social service and referrals can occur.

Populations:

Adolescents
Homeless

Focus areas:

HIV/AIDS
Substance Use
Hepatitis C infection

Community Partners:

San Francisco Community Clinic Consortium
Tenderloin AIDS Resource Consortium
San Francisco Department of Public Health
Blood Systems Research Institute

University Community Partnership Initiative Descriptions

62 Description Valencia Health Services

Department Family Health Care Nursing

Respondent Sally Rankin

Valencia Health Services (VHS) is a full-spectrum, state-licensed clinic pediatric clinic that is owned, staffed and managed by the Department of Family Health Care Nursing. The clinic is located in the Mission District of San Francisco, but the catchment area also includes Bayview Hunters Point. It is a training site for UCSF primary care nursing students (PNP and FNP) and also serves as a training site for San Francisco State (SFSU) students (nursing and public health). VHS collaborates with SFSU, other community clinics and hospitals, and has an Advisory Board composed of community members. It is funded by patient revenue, private foundations, and a grant from HRSA. The majority of the clinic population is either Hispanic/Latino (55%) or African American (25%). The practice is open 5 days a week from 8:30 a.m. to 5:30 p.m. for primary care. Health services include well, urgent and chronic care for pediatric patients, a drop-in clinic for teens, and family planning for Family Planning Access Care and Treatment-eligible patients. Nurse practitioners provide on-call telephone advice and a pediatrician group provides on-call service on weekends and holidays. UCSF faculty and staff provide patient care. The NPs, one PNP, and five FNPs are all master's prepared and speak Spanish; one is also bicultural. All have extensive experience working with ethnically and socially diverse children and families, including new immigrants, migrant farm workers, child and adult survivors of physical and sexual abuse, and low-income and underserved populations. Interdisciplinary clinicians include an onsite psychologist from the Division of Child and Adolescent Psychiatry at SFGHI and a bilingual, Hispanic, licensed clinical social worker (LCSW). Advanced practice nursing students from UCSF and SFSU, under the supervision of faculty nurse practitioners, and social work students, under the supervision of the LCSW, assist in providing patient care.

Populations:

Children Adolescents Black Latino Immigrant Homeless

Focus areas:

General Diabetes Asthma Obesity/Nutrition Mental Health Education

Community Partners:

San Francisco State University
 SF Head Start & Early Head Start
 Americorps
 St. Luke's Hospital
 SFGH- Dept. of Social Work
 Mission Planning Council
 SF Division of Child & Adolescent Psychiatry
 Raising a Reader
 SF Human Services Network
 SF Community Clinic Consortium Technology Group

University Community Partnership Initiative Descriptions

63 Description Vietnamese Community Health Promotion Project

Department Medicine

Respondent Stephen McPhee

The Vietnamese Community Health Promotion Project (VCHPP) exemplifies true capacity building in research regarding an ethnic minority community. In 1986, Dr. McPhee and Christopher N.H. Jenkins, M.A., M.P.H. conducted a needs assessment of the local Vietnamese population and then established the VCHPP to target the health problems identified by community members. Since then, the VCHPP has conducted more than 20 community-based research projects targeting cervical and breast cancer screening among Vietnamese women, colorectal cancer screening among Vietnamese men and women, tobacco prevention and cessation among Vietnamese men and youth, and hepatitis B immunization of Vietnamese youth. The VCHPP staff members are the nation's most prolific peer-reviewed grant winners (> 20 grants) and authors (>35 peer-reviewed publications) regarding studies of cancer in Vietnamese Americans. We now have a satellite office in San Jose, CA. A Vietnamese Community Advisory Board has met quarterly to assist it in its work, assisting in choice of research foci, development of intervention methods, and selection of vendors; have ratified research plans; and have provided introductions, letters of support and access to media outlets. In 2000 the VCHPP convened a coalition of community-based organizations in Santa Clara County to develop and carry out a community action plan of interventions to promote cervical and breast cancer screening among Vietnamese American women. The VCHPP is the SF Bay Area site of the Asian American Network for Cancer Awareness, Research and Training, an NCI-funded cooperative agreement with 7 sites across the U.S.. Current VCHPP activities and Vietnamese language health education materials are summarized on our Website: www.healthisgold.org or www.suckhoelavang.org. Current AANCART activities are summarized at www.healthisgold.org/aancart.

Populations:

Children Adolescents Elders Women Men Asian

Focus areas:

General Cancer Education Advocacy

Community Partners:

American Cancer Society, Silicon Valley/Central Asian Americans for Community Involvement (AACI) Catholic Charities, Youth Empowered for Success Community Health Partnership of Santa Clara Immigrant Resettlement and Cultural Center, Inc. Southeast Asian Community Center (SEACC) Vietnamese Physician Association of Northern Vietnamese Voluntary Foundation, Inc. Blue Cross of California Kaiser Permanente

University Community Partnership Initiative Descriptions

64 Description Women's Community Clinic

Department OB/Gyn

Respondent Karen Meckstroth

The Women's Community Clinic is a Free reproductive health clinic for women. Our mission is to improve health by providing free, respectful, quality care for women, by women. We believe that preventive, educational care is essential to lifelong health and is best achieved in a safe, welcoming environment that encourages women to seek the care they need. In February 1999, after 30 years of service to the community, the Women's Needs Center closed its doors. As the only totally free women's clinic in San Francisco, the Women's Needs Center served approximately 4,000 low income and uninsured women per year in a safe, woman-only environment. Less than six months after the closing -- due to the hard work of volunteers, the interest of individuals across the City and country, and the dedication of our clients -- the Women's Needs Center reopened on June 28, 1999 as the Women's Community Clinic. No longer part of the Haight Ashbury Free Clinic, Inc., the Women's Community Clinic carries on the tradition of providing free health care for women, by women while designing innovative ways to meet the evolving needs of our clients. We have grown to nearly 60 women who provide approximately 2,000 visits yearly.

Populations:

Women

Focus areas:

Reproductive

Community Partners:

Tides Center
San Francisco City Clinic
Americorps/Healthcorps
Haight Ashbury Free Clinic

Appendix C: Community-Campus Partnerships for Health (CCPH) Principles of Partnerships

The UCSF Community Partnership Resource Center (CPRC), administered through the UCSF Department of Family and Community Medicine, has agreed to adopt in full the "Principles of Partnership" that were developed by Community-Campus Partnerships for Health (CCPH). We have also developed 4 principles specific to the CPRC.

CCPH Principles of Partnership:

Community-campus partnerships involve communities and higher educational institutions as partners, and may address such areas as health professions education (i.e., service-learning), health care delivery, research, community service, community-wide health improvement, and community/economic development. By engaging their board, members, and participants in their 1997 and 1998 conferences in an open dialogue, CCPH developed the following principles to help facilitate and strengthen community-campus partnerships:

1. Partners have agreed upon mission, values, goals, and measurable outcomes for the partnership.
2. The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
3. The partnership builds upon identified strengths and assets, but also addresses areas that need improvement.
4. The partnership balances power among partners and enables resources among partners to be shared.
5. There is clear, open and accessible communication between partners, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.
6. Roles, norms, and processes for the partnership are established with the input and agreement of all partners.
7. There is feedback to, among, and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
8. Partners share the credit for the partnership's accomplishments.
9. Partnerships take time to develop and evolve over time

The CPRC has added the following four specific principles for its operations:

1. The activities of the CPRC will be community/consumer driven.
2. The CPRC will focus on capacity-building activities that enhance direct services provided by community agencies.

3. Partners embrace the art of evaluation: whenever possible, the CPRC and its partners will document our process and measure our interventions to create transparency, accountability, and replicability. The evaluation goals of the CPRC will be reached using high quality scholarship based on identified outcomes and with a commitment to obtain accuracy and truth from all its perspectives.
4. The CPRC will be inclusive.