# UNIVERSITY OF WISCONSIN
# SCHOOL OF MEDICINE AND PUBLIC HEALTH

## TRAINING IN URBAN MEDICINE AND PUBLIC HEALTH

# TRIUMPH

# COMMUNITY AND PUBLIC HEALTH

# PROJECT GUIDELINES

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# I. TRIUMPH COURSE OVERVIEW AND GOALS

## TRIUMPH OVERVIEW

TRIUMPH aims to prepare medical students to become physician leaders with skills to address health disparities and to promote the health of disadvantaged urban communities. TRIUMPH is designed to complement pre-existing, required clerkships that provide clinical training in Milwaukee. The courses will provide students with a sequence of in-depth opportunities to explore health disparities and the social determinants of health, with activities to develop leadership skills and to integrate community and public health with their clinical skills.

The TRIUMPH course sequence will be carefully coordinated with UW SMPH required and elective rotations so that students can complete the program during the course of medical school. TRIUMPH is intended to stimulate interest and to promote competencies in community and public health; it is not intended to substitute for a Masters in Public Health degree.

The content will be delivered through four sequential, two credit courses over the third and fourth years of medical school (TRIUMPH I-IV) as follows:

- TRIUMPH I: M3 Seminar and Community Health Projects
- TRIUMPH II: M3 Community and Public Health Enrichment Experience in Milwaukee
- TRIUMPH III: M4 Leadership Skills for Community and Public Health
- TRIUMPH IV: M4 Advanced Seminar and Community Health Projects

These courses introduce students to urban health through seminars, discussions, and community and public health activities in Milwaukee. While some objectives will be addressed in all of the TRIUMPH courses, each course is unique and builds on the content and skills of the prior course. The courses include a beginning and advanced seminar series and development and completion of community and public health projects during the third (TRIUMPH I) and fourth years of medical school (TRIUMPH IV); a two-week intensive community and public health immersion experience in the third year (TRIUMPH II); and a two-week leadership skill development course in the fourth year (TRIUMPH III). Students will work with a community or public health mentor and organization to apply what they learn through development of a longitudinal project that will be conducted throughout the program (Project Guidelines).

Students will participate in the **TRIUMPH I** Seminar and Community and Public Health Projects from January through June of the third year of medical school. TRIUMPH I is a weekly seminar series that will provide lectures, case discussions and core readings that will introduce students to health disparities in Milwaukee. Students will devote one half-day per week to community and public health projects. Each student will be expected to present an interim community health project report by the end of their third year.

Students will participate in **TRIUMPH II**, a two-week intensive Community and Public Health Enrichment Experience that will introduce them to the social determinants of health including the history, neighborhoods, culture, socioeconomic conditions, and community and public health initiatives in Milwaukee during February of the M3 year.

**TRIUMPH III** will provide a two-week intensive course in Leadership Skills for Community and Public Health that will be held early in the M4 year to build on the content of TRIUMPH II with interactive skill development sessions, core readings, small group discussions and field activities.

Students will participate in the **TRIUMPH IV** Advanced Seminar in Community and Public Health throughout the fourth year of medical school in Milwaukee (July-April). TRIUMPH IV will provide bi-weekly seminars with readings, discussions and exercises that address urban health. Students will continue the community and public health projects that they started in TRIUMPH I; they will devote at least 80 additional hours of work to complete their projects. Each student will present a final community health project report by the end of their fourth year.

The course director and faculty will evaluate students based on their participation and quality of on-line assignments and project updates, and interim and final project reports. Community project mentors will provide feedback on the students' performance and contributions to community health projects.

**Course Director and Key Faculty:**
Dr. Cynthia Haq, Professor of Family Medicine, directs the program. Additional faculty include Dr. Jeffrey Stearns, Associate Dean of the Milwaukee Academic Campus; Dr. John Brill, Director of the Primary Care Clerkship; Marge Stearns MPH, Faculty Consultant; Dr. Kim Puterbaugh, Director of the OB/GYN Clerkship in Milwaukee; Dr. Julia Usatinsky, Director of the Internal Medicine Clerkship in Milwaukee; and Dr. Geoffrey Swain, Medical Director of the City of Milwaukee Health Department.

An advisory committee consisting of UW SMPH faculty and community and public health leaders in Milwaukee provides feedback and guides program development. Carefully selected faculty and community health leaders serve as guest lecturers and project mentors. Each student works closely with a site mentor and team to conduct their community and public health projects.

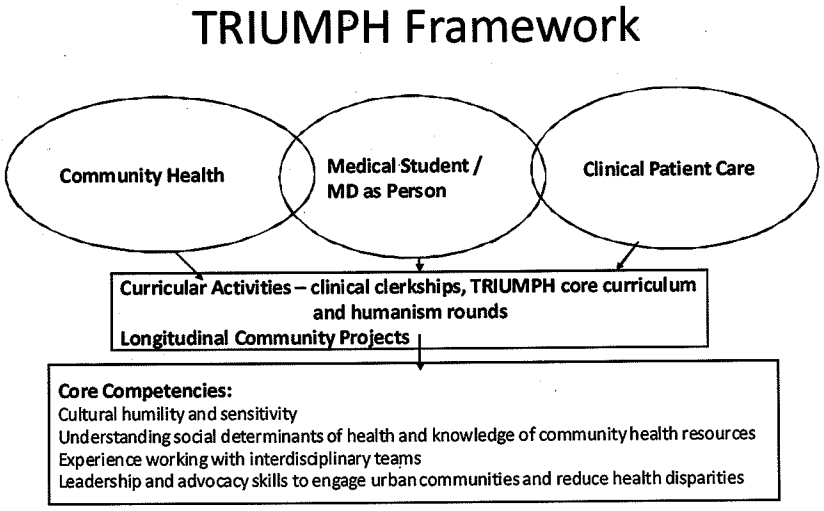
**Intended Audience:**
This sequence of courses is designed for medical students with a strong interest in working with urban, disadvantaged populations. Expected enrollment is 8-16 students per year.

The TRIUMPH program is open to all medical students in good academic standing (GPA 3.0 or higher). Medical students are informed about the program during the M1 year and invited to apply during the fall of the second year of medical school. A selection committee comprised of TRIUMPH faculty and students select new participants by the spring semester of the second year based on their applications, demonstrated commitment, and letters of recommendation.

## TRIUMPH GOALS

The overarching goals of TRIUMPH are to prepare physician leaders who are prepared to care for urban, disadvantaged populations. Skills will be developed sequentially throughout the program. Students use the TRIUMPH Community and Public Health Project Guidelines to design, conduct and report on their projects.

**The following diagram captures the essence of TRIUMPH--a dynamic, student-centered program:**




Each component of TRIUMPH builds on previous content, and invites students to apply what they have learned during the core curriculum and clinical rotations to improve the health of targeted populations. While all of these goals will be addressed during the entire TRIUMPH sequence, particular goals are emphasized in specific courses as follows:

1) Become familiar with essential public health functions including: monitoring population health status; investigating health problems in the community; educating and empowering people about health issues; mobilizing community partnerships; promoting policies and plans to support community health efforts; linking communities to health resources; evaluating population health services and outcomes; and promoting innovative solutions to community health problems – TRIUMPH I-IV
2) Explore Milwaukee communities to develop a deeper understanding of the broad determinants of health, and of the social, economic, historical, political, psychosocial, and cultural factors that influence the health of urban populations – TRIUMPH II and III
3) Access and analyze epidemiological data regarding health status and health disparities in Milwaukee – TRIUMPH I-IV
4) Assess community assets and resources, and public health and prevention strategies and challenges to reduce health disparities in urban settings – TRIUMPH I-IV
5) Improve population health skills through participation in community and public health outreach programs – TRIUMPH I and IV
6) Explore Milwaukee healthcare systems and financing including traditional, community-based, private, and public health care – TRIUMPH II and III
7) Enhance cross-cultural communication and language skills for community health education and patient care – TRIUMPH I and IV
8) Engage with community and public health teams to reduce health disparities and deliver evidence based community health promotion – TRIUMPH I and IV
9) Learn to balance personal and professional responsibilities and healthy ways of coping with professional stress – TRIUMPH I, II and IV

## TRIUMPH OUTCOME COMPETENCIES

In addition to meeting the competencies required of all UW medical students, TRIUMPH graduates will be expected to demonstrate the following competencies:

**Knowledge:**

- Discuss the social, economic and cultural determinants of health for individuals and populations.
- Assess the health status of communities using available data.
- Describe the organization and financing of the US healthcare system and impact on health care delivery in Wisconsin.
- Discuss the structure and functions of public health systems and identify areas of collaboration with clinicians.
- Identify quality improvement methods to improve the health of communities.

**Problem Solving:**

- Participate in population health improvement strategies.
- Demonstrate community engagement strategies that may be used to reduce health disparities.
- Collect and share quantitative and qualitative information to improve the health of a defined population.

**Practice Based Learning and Improvement:**

- Assess the quality of public health evidence and apply that evidence to community and public health projects.

**Systems Based Practice:**

- Identify community assets and resources that may be used to improve the health of populations.
- Apply quality improvement methods to improve population health.

**Professionalism:**

- Model the public health roles of physicians-in-training including engagement in health policy, advocacy, prevention and health promotion.
- Apply principles of social justice and human rights when addressing individual and community and population health needs.
- Engage effectively with local stakeholders, modeling cultural sensitivity, humility and effective team leadership traits.

**Interpersonal and Communication Skills:**

- Effectively present evidence-based public health practices, programs and policies to specific audiences including patients, communities, stakeholders, media, health system leaders and policy makers.
- Collaborate with stakeholders including government officials, advocacy groups, community leaders, educational leaders and clinicians to promote the health and safety of a community.
- Demonstrate leadership, team building, negotiation and conflict management skills.

## II. DETERMINANTS OF HEALTH MODEL

The TRIUMPH curriculum addresses the social determinants of health and utilizes the Mobilizing Action Toward Community Health (MATCH) model for population health, considering the multiple factors that affect the health of populations, including health care, health behaviors, social and economic factors, and the physical and built environment. Using this model, the health of the City of Milwaukee ranks last in the state—even worse for some neighborhoods in the City (see http://uwphi.pophealth.wisc.edu/pha/match.htm).

The University Of Wisconsin School of Medicine and Public Health's Population Health Institute developed the figure below to describe various determinants of health and their impact on health outcomes. Access to health care is estimated to account for only 10% of the determinants of health; whereas, health behaviors of individuals and socioeconomic factors account for 80% and the physical environment another 10%. Therefore to improve health outcomes in the population of Wisconsin, it is important for physician leaders to develop skills to work with individuals, community organizations and policy makers to improve behaviors, socioeconomic indicators and the physical environment.

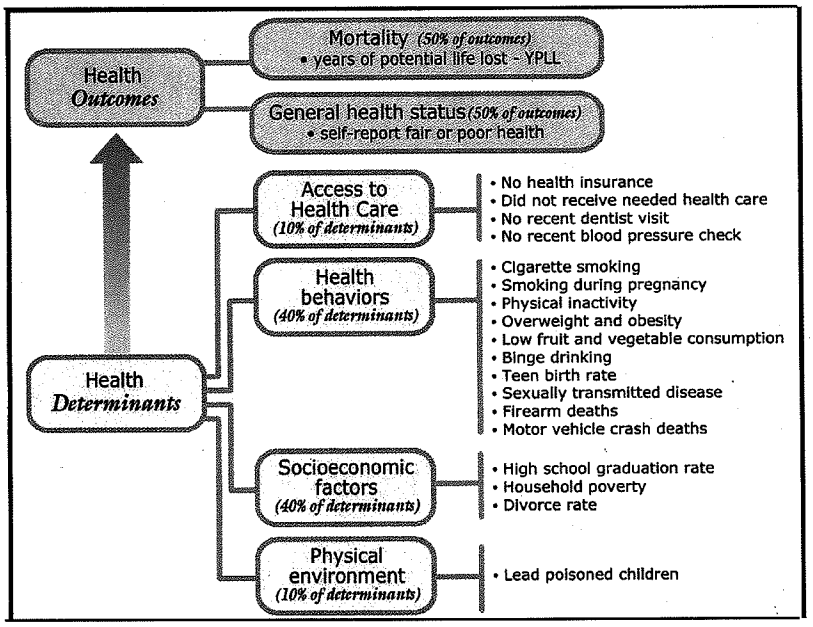



**Figure 1.** Health Determinants Model *from* Wisconsin County Health Rankings, UW Population Health Institute.[1]

## III. RATIONALE FOR INTEGRATING PROJECTS WITH CLINICAL TRAINING

Integrating community health and clinical medicine in the curriculum nurtures competencies that lead to the development of community-responsive physicians—physicians with characteristics that will facilitate practice in rural and urban environments as well as leadership abilities to work

with communities to improve health determinants for the target population.[2] In addition to mastering clinical skills, students need to enhance their cultural sensitivity; assess community health needs and resources; and develop skills to work with and for communities to promote health. Community and public health projects provide opportunities for students to learn, develop and apply skills to real problems in Milwaukee and to meet and join others who are working to address urban community and public health needs.

## IV. DEFINITIONS OF CULTURE, CULTURAL COMPETENCE, AND COMMUNITY [3]

### CULTURE

Culture is defined as the totality of the humanly created world, from material culture and cultivated landscapes, via social institutions (political, religious, economic etc.), to knowledge and meaning. Culture has also been defined as the symbolic, linguistic and meaningful aspects of human collectivities. A widely cited definition follows: Culture, or civilization, taken in its broad, ethnographic sense, is that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society." (Edward B. Tyler, 1871)

Arthur Kleinman, psychiatrist and anthropologist who has studied and extensively published on culture and health argues that ***health and illness are cultural constructs***. Kleinman states, "Because illness experience is an intimate part of social systems of meaning and rules for behavior, it is strongly influenced by culture: it is, culturally constructed." (A Kleinman, L Eisenberg and B Good; Culture, Illness, and Care: Clinical Lessons From Anthropologic and Cross-Cultural Research American Psychiatric Association Focus 4:140-149, 2006)

### CULTURAL COMPETENCE

In health care settings, cultural competence is defined as the ability of systems and individuals to provide care to patients with diverse values, beliefs and behaviors, including tailoring care to meet patients' social, cultural and linguistic needs (Betancourt, Green & Carrillo, 2002).

Culturally competent organizations and individuals:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and utilize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve;
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities. (Cross et al., 1989)

It is recognized that cultural competence is not a skill that is mastered once, but rather assumes an ongoing commitment to a process where individuals conduct "self evaluation and self critique, to redressing power imbalances...and to developing mutually beneficial and non paternalistic partnerships with communities on behalf of individuals and defined populations."

(Tervalon et. al., 1998). Therefore we prefer the term 'cultural humility' to indicate that learning about and responding to diverse cultures is an ongoing process that requires deep introspection and openness to multiple world-views and beliefs.

### COMMUNITY

The term 'community ' refers to target populations that may be defined by: geography; culture; race; ethnicity; gender; sexual orientation; disability; socioeconomic class; illness or other health condition; or to groups that have a common interest or cause, such as health or service agencies and organizations, health care of public health practitioners or providers, policy makers, or lay public groups with public health concerns. [*Modified from the definition given in NIH Program Announcement # PA-08-077*]

## V. COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)[4]

### WHAT IS COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)?

CBPR is a mutually respectful research partnership between the University and a community that combines the wisdom and experience of both to address health, social and economic challenges.

TRIUMPH strives to embody many of the core principles of CBPR regardless of whether the projects include research, quality improvement, health education or service learning. Students will gain an appreciation of the nature of collaborating with community and develop skills that facilitate the development of trusting relationships, equitable partnerships, and shared decision-making. Students will learn approaches to developing, implementing and evaluating community and public health improvement projects that are "community-centered."

In CBPR projects:

- research is initiated in partnership with a community;
- the community has a voice in the design of the research, its implementation in the community and the dissemination of the results;
- clear roles and expectations are defined;
- the research values and engages the knowledge, experiences, strengths and resources within the community;
- the research develops and relies upon partnerships that balance power, responsibilities and share resources equitably among all partners;
- both community and academic partners gain valuable and transferable benefits (e.g. knowledge, new skill sets, resources/technologies that can be used in the community, economic development/jobs, etc.); and
- action is taken based on the results obtained from the research.

### TOP 10 CBPR "DO's"

1. Do establish trusting relationships in order build a successful research partnership.
2. Do be prepared to listen and learn from the community. The community has expertise to contribute.
3. Do plan on longer time frames to meet with the community, develop the research question, identify funding, conduct the research and disseminate results.

4. Do remain flexible and open to new ideas and approaches. There will be tension between scientific rigor and community acceptability/feasibility.
5. Be visible. Communicate regularly – by phone, mail, email and in person.
6. Do learn to deal with different and sometimes competing priorities.
7. Do implement a clear and mutually agreed upon process for shared decision making.
8. Do be prepared to return results to the community and collaboratively interpret data.
9. Do share the benefits of the partnership's accomplishments.
10. Do be prepared for some partnerships to dissolve and prepare an "exit strategy".

**TOP 10 CBPR "DON'Ts"**

1. Don't assume the community speaks with one voice or that there is only one community leader.
2. Don't go to a community with a defined research question and expect automatic collaboration or participation.
3. Don't assume that CBPR is always the best option to use (it may not be a good fit for every community nor every research question).
4. Don't use "research language" when meeting with community partners.
5. Don't overestimate or over promote what one project can accomplish.
6. Don't underestimate the impact of past research experiences on potential future projects (by you or others).
7. Don't ignore community dynamics and different spheres of power/decision making.
8. Don't make decisions "behind closed doors", but do respect information shared in confidence.
9. Don't make hollow promises.
10. Don't fail to communicate about issues that can affect project timelines (e.g. IRB approval process/timeline, community approval processes, dates of funds being released etc.)

## VI. COMMUNITY-ORIENTED PRIMARY CARE (COPC) [5, 6]

COPC offers a useful model for medical students to work with community organizations to develop a community health improvement project. The Steps in COPC include:

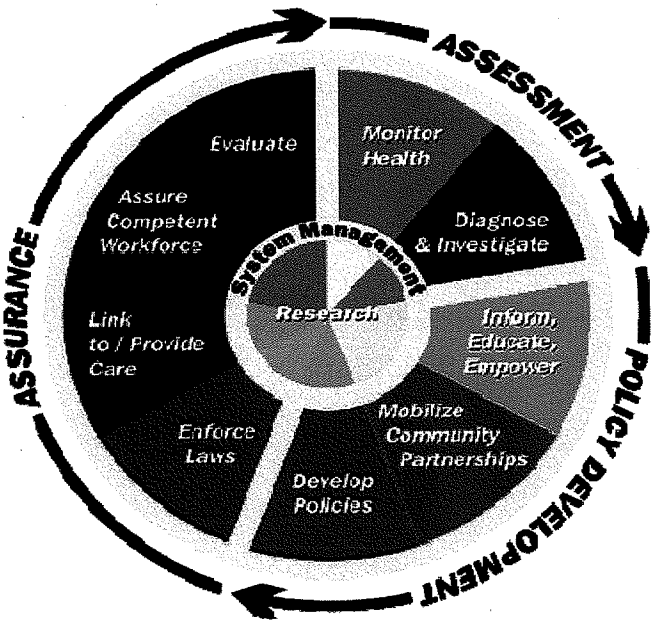
**Step 1: Define and Characterize the Community**—what is your target population for the health improvement project and what are their demographics and other characteristics?
**Step 2: Identify and assess the community health assets and challenges of this population**—What are the prevalent health issues? What are the health resources available to this population? What are the barriers and challenges this population faces?
**Step 3: Develop an intervention**—adapt evidence-based programs to fit your needs.
**Step 4: Evaluate the impact of the intervention**—look at process and outcomes indicators; revise and refine as indicated based on feedback from the intervention.

***IN ALL STEPS, INVOLVE the COMMUNITY as a PARTNER in the process.***

## VII. ESSENTIAL PUBLIC HEALTH FUNCTIONS

TRIUMPH projects should be designed to address at least one of the core functions of public health including:[7]

- Prevent epidemics and spread of diseases
- Prevent injuries
- Protect against environmental hazards
- Promote and encourage healthy behaviors
- Assure quality and accessibility of services
- Cross cutting issues such as:
    - Community health assessment
    - Community outreach and education
    - Epidemiology and surveillance
- Respond to disasters and/or assist communities in recovery




Essential Public Health Services Figure [8]

Students will work closely with faculty advisors, community mentors, site directors and team members to define a specific population and an area of need; collect evidence on how to address the problem; join or assemble a project team; design and/or contribute to a project or intervention; assess quality and/or impact of the intervention as time allows; and provide recommendations to sustain and/or improve the efforts.

Projects should be designed to enhance ongoing efforts at the community site. Students are expected to form and/or join local teams and existing projects; they are encouraged to develop programs that could be continued or sustained by the host sites after they leave; they are not expected to bring their projects to completion.

The TRIUMPH project can be used to meet the requirements of both the Primary Care Clerkship community and the Longitudinal Preceptorship community project assignments. (http://www.fammed.wisc.edu/med-student/pcc/community-projects and http://www.med.wisc.edu/education/md/curriculum/preceptorship/milwaukee/689 )

Students are expected to complete and present their projects as outlined in the project timeline; they will complete a brief summary, logic model, interim and final project report, as well as a student evaluation. They will present project summaries and findings at events with preceptors, community faculty and students, and post presentations to the course web site so that subsequent students can build on their experiences.

## VIII. LEADERSHIP IN TEAM BUILDING AND COACHING[9]

The TRIUMPH student will enhance their leadership skills by working with a team comprised of the community mentor, staff from community agency(ies), and project participants. Together they will initiate change--they will work together to assess the current situation and then design, implement and evaluate a defined health improvement initiative or policy.

A team approach to stimulating change involves: creating a sense of urgency; building a guiding team; developing a change vision and strategy; understanding and buy-in; empowering others; achieving short-term wins; being relentless, and creating a new culture.

**Team Structure:** *"The ratio of the We's to I's is the best indicator of the development of a team." (Lewis B. Ergen)*

**High-Performing teams:**

- Hold shared mental models
- Have clear roles and responsibilities
- Have clear, valued, and shared vision
- Optimize resources
- Have strong team leadership
- Engage in a regular discipline of feedback
- Develop a strong sense of collective trust and confidence
- Create mechanisms to cooperate and coordinate
- Manage and optimize performance outcomes. *(Salas et al. 2004)*

**Leadership:** A leader is the person assigned to lead and organize a designated core team, establish clear goals, and facilitate open communication and teamwork among team members. Effective team leaders: organize the team, articulate clear goals, make decisions through collective input of members, empower members to speak up, actively promote and facilitate good teamwork, and are skillful at conflict resolution.

**Coaching:** The role of the coach is to....

- Establish and clarify goals of the session
- Develop a plan to accomplish the tasks and responsibilities
- Ensure team members have a clear definition and understanding of their roles and responsibilities
- Align expectations with members of the team
- Advise, instruct and demonstrate desired teamwork behaviors and skills
- Encourage and provide feedback for improvement
- Acknowledge and reinforce desired behaviors when observed.

The coach is a motivator. The coach provides descriptive and nonjudgmental feedback that is meant to improve individual and team performance. Coaching is an effective form of leadership given the role that a TRIUMPH student plays--you are not an employee rather a consultant and co-worker on a project that has been deemed to be of value to the agency and its community.

**Coaching Process:**[10]

This Coaching Process was introduced to 2010 TRIUMPH students during a Public Allies seminar conducted by Michelle Dobbs. We have adopted it as the format for our meetings. It is a good strategy to use when working with our community project teams! This process involves the following steps:

**CELEBRATION>>>>>>>>DISCOVERY>>>>>>>>INTENTION>>>>>>>>ACTION**

1) **Celebration:** The coach invites the participant(s) to share stories of their celebrations during the past week. The intention of this is for the participant or team member to contribute from a place of affirmation and strength.

2) **Discovery:** The coach then invites the participant to discover what were the key findings from that particular victory. The coach also invites the participant to review what did not get done and list their energy drainers. These are then reframed into what s/he ideally wants.

3) **Intention:** The participant(s) determines among the discoveries his/her key intentions for the coming week and prioritize the most important/urgent ones.

4) **Action:** During this final phase of the conversation, the coach assists the participant to invent multiple strategies around manifesting his/her intentions. At the end of idea generation, the coach invites the participant to select the actions they intend to implement in the coming week.

***"Individual commitment to a group effort--that is what makes a team work, a company work, a society work, a civilization work." Vince Lombardi***

# IX. SUGGESTED STEPS FOR COMMUNITY-BASED HEALTH PROJECTS

TRIUMPH students are encouraged to complete the following steps in the conduct of their projects. The steps do not necessarily need to be completed in this sequence. In many cases you will revisit and revise steps over the course of the project. A primary resource for these guidelines is the National Cancer Institute's *Using What Works: Adapting Evidence-Based Programs to Fit your Needs.*[11]

In most cases, students will have opportunities to review potential projects that have been proposed by community partner organizations. Each project description will describe the project's overall goal; how the project aligns with agency goals; what the intended outcome of the project is; a list of the specific types of activities involved and the timeline for completion of each activity; and specific skills or attributes that the student should or is preferred to have. Each student will match his/her interest with the proposal and/or needs of the community agency and submit their preferences to the faculty advisor. Once the student is notified of the assigned project, he/she will meet with the community mentor and begin to follow these developmental steps:

**1) Explore and describe population served and services provided by host organization**

- Review organization's annual reports, descriptive materials, and grant proposals.
- Interview program director and relevant staff and/or community leaders. Suggested questions for a good Key Informant Interview can be found in this handout: Module 2: Handout #8, Open-Ended Question Guide for Needs Assessment from *Using What Works.* Available at: http://cancercontrol.cancer.gov/use_what_works/mod2/Module_2_Handout_8.pdf
- Perform chart or program audit.
- Conduct a *brief* **windshield survey** of the community proximate to the host organization. Windshield surveys are a form of direct observation that involves making visual observations of a neighborhood or community while driving (or walking)—literally "looking through the windshield." Windshield surveys are a relatively inexpensive, time-efficient method for assessing the social environment of a community. For more information on how to conduct windshield surveys see the CDC citation.[12] Community characteristics to look for as you survey the community include:[13]
    - Economic: where do people work, shop, are there signs of unemployment or decay (e.g., empty stores, boarded up buildings, vacant lots, abandoned vehicles, and homeless people); signs of prosperity (types of cars, clothing, shops, services, etc.)?
    - Education: primary/secondary schools, libraries, colleges, proprietary schools
    - Food: liquor stores vs. grocery stores, family-owned restaurants vs. chains vs. fast food
    - Health care and medical: hospitals, health-related businesses, alternative providers
    - Housing: types, condition of buildings and yards
    - Interactive: where do people 'hang out'
    - People: ethnic groups, ages, gender mix
    - Political: county or city courthouse, government buildings

- Recreational: what recreational facilities are available, and who participates?
- Religious and expressive: churches/synagogues/mosques/other places of worship
- Topographic and geographic major features, obstacles and physical barriers (e.g., freeways, hills)
- Transportation: condition of roads, public transportation
- Violence: signs of gang activity or crime (e.g., trash, graffiti, people with evidence of past injury)
- Pollution: environmental health risk factors.

- Conduct an "objective" assessment of your community using secondary data sources. (see list of Global, US and WI Public Health Data Websites, Section XII.) Look at demographics, socioeconomic data, risk factors, incidence/prevalence rates, trends, compare to other populations.
- Participate in community immersion activities, including TRIUMPH's Community and Public Health Enrichment Experience (CAPHENE).

**2) Review and finalize potential project plans with your community mentor and site director (may be same person)**

- Learn about the specific population and health issue for the project
- Review the literature on the particular health issue. Look for articles on the health issue as well as on evidence-based initiatives that have been developed, implemented and evaluated to address the issue in similar target populations.
- Discuss with your faculty advisor and your community mentor. Share the information that you find as well as discuss what strategies the organization has used or would like to use to address the specific issue.
- Your community mentor should be kept fully informed of the project's progress on a regular basis.
- *At the end of each meeting with your community mentor, set up a time for the next meeting.*

**3) Visit the Community and Conduct a Community Assessment**

It's important to get to know as much as you can about the community—it's history, diversity, culture, businesses and economy, geography, and environment before you get started. Remember, history did not begin with you. All communities have rich histories that precede your involvement.

The **Asset Based Community Development (ABCD) Model** developed by Kretzmann and McKnight (see Figure 3) is a powerful guide to community assessment. [14]

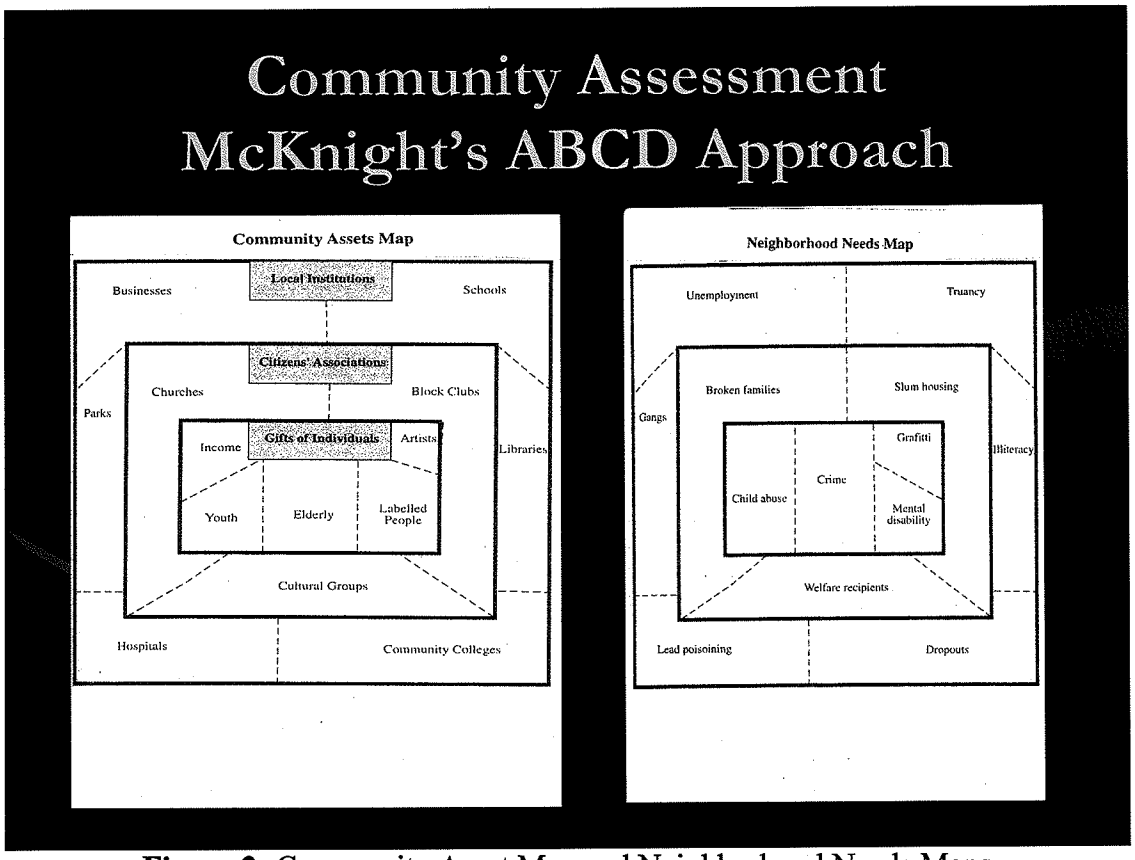



**Figure 3:** Community Asset Map and Neighborhood Needs Maps.

The traditional approach to community assessment, the "needs assessment," has focused on community needs, problems and deficiencies. These negative images create a mental map of the community that focuses on the community's deficits or needs and is therefore not the whole picture. Viewing a community as an endless list of problems can lead to a negative mind-set, and fragmentation of efforts that doesn't acknowledge or empower the community's problem-solving capacities. Targeting resources based on needs often directs resources to service providers rather than local leaders. Reliance on the needs map as the exclusive guide to resource gathering can further a cycle of dependency rather than build self-reliance.

The asset based approach leads to development that strengthens capacities, and promotes policies and activities based on the skills, interests and assets of communities and neighborhoods. It starts with developing a map of assets of the individuals, associations and institutions in the defined community. The map may include an inventory of citizen's associations such as the formal institutions that are located in the community--the businesses, schools, churches, etc. Look for these institutions; ask others where to find them. Be patient and observant. Your knowledge and understanding of the community will grow as community members learn about you and know they can trust you as their advocate.

Groups of students will gather "subjective" information about the community proximate to your project and/or community health center. Time will be allotted for this assessment during the February CAPHENE experience. Take your digital camera and a notebook and make a record of your findings to share with TRIUMPH students and faculty.

The UWSMPH MPH program developed the following tool to use as a worksheet for doing the community assessment. Use the criteria in the grid below to make observations about the community and guide you as you gather information from key informants. You may supplement your impressions with information from the census, schools, chamber of commerce, health department, etc. After collecting data and the opinions, views and concerns of the members of the community, you might attempt to answer this question:

***WHAT DO YOU THINK THE COMMUNITY WOULD VIEW AS THE MAJOR HEALTH CONCERNS?***

| **UW SMPH MPH Program**<br>***Community Assessment Survey Tool*** [15] | |
|---|---|
| **1. Location of the Community** | **Date of visit:** |
| **History** – What can you gather by looking (e.g., old, established neighborhoods, new subdivisions)? Ask people willing to talk: How long have you lived here? Has the area changed? As you talk, ask if there is someone who can provide you with some history of the community. | |
| **Demographics** – What sorts of people do you see? Young? Old? Homeless? Alone? Families? Is the population homogeneous? | |
| **Diversity and Culture** – Do you note indicators of different racial and ethnic groups (e.g. restaurants, festivals, etc)? What signs do you see of different cultural groups? | |
| **Values & Beliefs** – Are there churches, mosques, temples? Does it appear to be homogeneous? Are the lawns cared for? With flowers? Gardens? Are the sidewalks shoveled? Signs of art? Culture? Heritage? Historical markers? | |
| | |
| **2. Systems and Subsystems** | |
| **Physical Environment** - How does the community look? What do you note about air quality, flora, housing, zoning, space, green areas, animals, people, human-made structures, natural beauty, water, and climate? Can you find or develop a map of the area? What is the size (e.g. square miles, blocks, etc.) | |
| **Health & Social Services** – Evidence of acute or chronic conditions? Shelters? Alternative therapists/healers? Are there clinics, hospitals, practitioners' offices, public health services, home health agencies, emergency centers, nursing homes, social service facilities, mental health services? Are there resources outside the community but readily accessible? | |

| |
|---|
| **Economy** – Is it a thriving community or does it feel depressed? Are there industries, stores, places for employment? Where do people shop? Are there signs that food stamps are used/accepted? What is the unemployment rate? |
| **Transportation & Safety** – How do people get around? What type of private and public transportation is available? Do you see buses, bicycles, taxis? Are there sidewalks, bike trails? Is getting around in the community possible for people with disabilities? What types of protective services are there (e.g., fire, police, sanitation)? Is air quality monitored? What types of crimes are committed? Do people feel safe? Do you feel safe? |
| **Politics & Government** – Are there signs of political activity (e.g., posters, meetings?) What party affiliation predominates? What is the governmental jurisdiction of the community (e.g., elected mayor, city council with single member districts)? Are people involved in decision making in their local government? |
| **Communication** – Are there "common areas" where people gather? What newspapers do you see in the stands? Do people have TVs or radios? What do they watch or listen to? What are the formal and informal ways of communication? |
| **Education** – Are there schools in the area? How do they look? Are there libraries? Is there a local board of education? How does it function? What is the reputation of the school(s)? What are the major educational issues? What are the dropout rates? Are extracurricular activities available? Are they used? Is there a school health service? A school nurse? |
| **Recreation** – Where do children play? What are the major forms of recreation? Who participates? What facilities for recreation do you see? |

**4) Define the health issue or problem:** Delineate the scope of the health problem this project will attempt to improve. Make sure the project is realistic and achievable—or that there is a good possibility that you will see some progress during the time you work on the project.

**5) Enlist a team of local staff and/or community members to develop ideas and contribute to efforts—work as a team to develop a common vision and project goals, discuss the health needs of the community, community resources and assets—clarify the project's focus.**

- See Module 2: Handout #7, Steps for Involving Partners in the Program from *Using What Works.* Available at: http://cancercontrol.cancer.gov/use_what_works/mod2/Module_2_Handout_7.pdf
- This team might include students from other health and service professions who are training in your location, providing your project an interdisciplinary approach.
- Develop Project Goal(s)—Brainstorm with the team
    - In the long run, what effect do we hope to have on this community?
    - What is the overall improvement I want to achieve?
    - Goal statements should be simple and concise. They should include who will be affected and what will change as a result of the program.

**6) Collect evidence on how to address the problem** (i.e., collect references of evidence-based interventions/best practices that have been shown to be effective for a particular health issue in the populations and settings in which they are studied):

- Look at systematic review guides such as The Community Guide (www.thecommunityguide.org) or The Guide to Clinical Preventive Services. (www.ahrq.gov/Clinic/pocketgd.htm ).
- Perform literature review using MEDLINE/PubMed. Find intervention studies. When you find these studies, look at the procedures, evaluation methods and target populations. Read the conclusions and discussion sections of the article, where the researcher discuses the strengths and weaknesses of the study. By talking with the Principle Investigator, you can often obtain the evidence-based materials from the original intervention studies.
- Identify local expertise and engage them and their resources in the project—e.g., UW Center for Tobacco Research and Intervention (UW CTRI) for a tobacco cessation project.

**7) As a team, review possible evidence-based strategies, develop project objectives, design the project activities using and/or adapting evidence-based interventions, and develop a project Logic Model and Work Plan.**

**Develop Project Objectives**—Objectives are more specific than goals. They state how much of the goal will be accomplished within a certain timeframe. They are specific accomplishments or benchmarks that show step-be-step progress toward the goal. Objectives focus on outcomes and should follow these **SMART** rules:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime-framed

A good description of SMART objectives and help with constructing them can be found at: http://www.thepracticeofleadership.net/2006/03/11/setting-smart-objectives

There are different types of objectives—Behavioral; Learner; Outcome or Program; and Process or Administrative. Examples of each type:

- Behavioral: "Among women attending the program, yearly mammograms will increase by 50% over the following 2 years.
- Learner: "The women will list three things they should not do before a pelvic exam."
- Outcome/Program: "Within 3 years, breast cancer deaths will decrease by 15 percent in Monroe County."
- Process/Administrative: "Develop a system to contact at least 10 Ob/Gyn physicians per year to gather support for the program."

**Develop a Logic Model** to describe the project's inputs, activities, outputs, and intended outcomes. This is best done as a team effort—as different perspectives and insights will then be built into the model. For more information on Logic Models see:

- University of Wisconsin Extension: Logic Models. Available at: http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html
- *W. K. Kellogg Foundation Logic Model Development Guide* Available at: http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

**Develop Project Work Plan:** A project Work Plan lays out a timeline for project implementation in alignment with the project goals, objectives, intended outcomes and evaluation measures. Activities are described, as are roles and responsibilities. The Wisconsin Partnership Fund Attachment C provides a template that can be used for the Project Work Plan (available at: http://www.med.wisc.edu/files/smph/docs/community_public_health/partnership/community_academic_partnership/cap_app_section1.doc --scroll down to Attachment C in application.)

**Implement, Develop or improve/adapt an intervention**

- Recommended Adaptation Guidelines from *Using What Works* –Module 4, Handout #2, Adaptation Guidelines. Available at: http://cancercontrol.cancer.gov/use_what_works/mod4/Module_4_Handout_2.pdf:
    - Determine the needs of your audience and whether the program addresses those needs
    - Review the program and its materials with your intended audience for feedback on its appropriateness.
    - Define the extent of adaptation needed and potential ways to implement it
    - Develop "mock-up" version of the adapted projects.
    - Work with expert advisors to ensure that the adapted projects maintain the accuracy of the originals.
    - Pilot test the adaptation with representatives from your audience.
    - Modify and revise the adapted program and products based on pilot test feedback.
    - Implement the program.
    - Evaluate the effectiveness of your adapted program and projects.
- Projects often develop patient education materials. It is important to develop materials that are appropriate to the readability level/health literacy of your target population. See Module 4: Handout #4, Readability Guidelines and Module 4: Handout #5, Key Elements of Plain Language Printed Materials. Available at: http://cancercontrol.cancer.gov/use_what_works/mod4/Module_4_Handout_4.pdf and http://cancercontrol.cancer.gov/use_what_works/mod4/Module_4_Handout_5.pdf

**Develop a "one page" description** of the project—a useful handout. This description of the project should discuss the rationale, target population, goals/objectives, intervention, and intended outcomes, partners involved, and give contact information.

**8) Assess the impact and/or quality of the intervention**

- Program evaluation helps you see if program objectives were met and document the strengths and weaknesses of the program
    - Process Evaluation: Tracks activities, number of people involved, materials distributed, etc.
    - Impact Evaluation can tell if the program has a short-term effect on the behavior, knowledge, and attitudes of your population—and measures the extent to which you have met your objectives.
    - Outcome Evaluation looks to see if the long-term program goals were met—such as changing the health status of the population.
- Evaluation Procedure:
    - Planning—Develop the questions, consult with program stakeholders, make a timeline
    - Data Collection
    - Data Analysis
    - Reporting—who will report and how and to whom and when?
    - Application—how will the results of evaluation be used?
    - See *Using What Works*—Module 5: Handout#2, Evaluation Worksheet; Handout #3, Evaluation Procedure; Handout #4, Matching Objectives with Evaluation Methods, and Handout #5, Evaluation Methods. Available at: http://cancercontrol.cancer.gov/use_what_works/mod5/Module_5_Handout_2.pdf http://cancercontrol.cancer.gov/use_what_works/mod5/Module_5_Handout_3.pdf http://cancercontrol.cancer.gov/use_what_works/mod5/Module_5_Handout_4.pdf http://cancercontrol.cancer.gov/use_what_works/mod5/Module_5_Handout_5.pdf

**9) Provide recommendations for next steps for future efforts:** To provide for sustainability, you and your team at the host site along with the faculty advisor should discuss next steps for future efforts. You might think about finishing up your work at the organization by conducting a strategic planning session related to the project. Conduct a **SWOT Analysis** (Strengths, Weaknesses, Opportunities, and Threats--see Appendix for SWOT Worksheet). This is a relatively simple model that facilitates brainstorming. It is time efficient and allows for participants to be creative in reviewing the project's successes and failures and can facilitate future planning.

Build a discussion of sustainability strategies into the final presentation.

**10) Summarize and present findings:** The TRIUMPH Project Timeline will establish specific points in time when you will be asked to report on project progress, providing a description of your work to date either in person or via an email report.

Interim project reports and posters will be expected by the end of the M3 year. Final project presentations will consist of a PowerPoint and narrative presented to an audience composed of your community mentor, UW faculty advisor and administration, other community stakeholders and fellow students. Prior to the final project presentations (about a month before) there will be an opportunity to present a "draft" presentation and you will receive feedback with suggestions for how to fine-tune the presentation. Students will also complete a final project report and evaluation of the project (see forms).

# X. TIMELINE FOR COMMUNITY-BASED HEALTH PROJECTS

**Student will have ½ day per week designated for projects during the M3 year; they are expected to devote at least 1 full day per month towards their projects during the M4 year. Total time commitment at least 160 hours.**

**This is a suggested Project Timeline.**
**It is expected that each project team will develop a unique timeline to fit its needs.**

| Months | Activity | Outcome |
|---|---|---|
| January (M3) | • Review assigned project with community mentor and faculty advisor.<br>• Explore host organization—learn about its services and the target population. (Step 1)<br>• Meet with community mentor at site to discuss project. (Step 2)<br>• Agreement to work on project—roles defined, scope of work discussed.<br>• Develop a Timeline specific to the project (this will be reviewed periodically and updated.)<br>• Become knowledgeable about the health issue involved in the project. (Step 2) | Project determined.<br><br>Learn about host organization and target population.<br><br>Meet with community mentor. |
| February | • Describe the population and its community—use secondary data; tour the community to look for assets as well as learn about needs/challenges. (Step 3)<br>• Define the health issue and delineate the scope of the project and clearly define your role now that you are more knowledgeable. (Step 4)<br>• Meet regularly with community mentor. Update faculty advisor regularly on what you are doing and learning.<br>• Begin to develop a team of local staff, community members, and local experts to work on project. (Step 5)<br>• Meet with team to define Project goals—write them down. (Step 5) | Project is more clearly defined with knowledge of community, target population and health issues.<br><br>Project team is conceptualized and meets to discuss project goals, community assets and needs. |

| | | |
|---|---|---|
| March-May (M3 year) | • Collect evidence on how to address the problem. Find evidence-based initiatives that have worked with similar populations to address the same type of problems. (Step 6)<br>• Select/modify/improve an appropriate intervention for your project.<br>• Develop SMART objectives. (Step 7)<br>• With input from the project team, mentor and advisor, develop a Project Logic Model, Work Plan and one page description of project that discusses rationale, target population, goals/objectives, intervention, and intended outcomes. (Step 7)<br>• Complete CITI Human Research Subject Training during Spring semester.<br>http://healthcare.partners.org/phsirb/education/CITI_BASIC_Instructions.5.10.pdf | Information on evidence-based interventions presented to project team.<br><br>Evidence-based Interventions identified and adapted.<br><br>Objectives, Logic Model, Work Plan and one page description developed. |
| **Milestones**: (fulfills PCC Project requirement for TRIUMPH students)<br>• By end of April, complete Logic Model, one page description, and work plan.<br>• Prepare poster on project planning to date and present to TRIUMPH advisors and faculty. | | |
| May-October or longer if possible (time for senior year electives) | • Implement the project. (Step 7)<br>• Develop materials needed to implement project (patient education materials, databases, etc.) (Step 7)<br>• Collect data to assess impact and quality of the intervention. (Step 8)<br>• Meet regularly with community mentor and faculty advisor. | Project implemented and evaluated. |
| **July:** One-third to one-half of the month of July will be available for community project work. | | |
| **Milestone:**<br>• By the end of community health clerkship in July, update Logic Model, work plan and one page description. Present to peers and faculty on progress to date when hosting group at the community organization.<br>• By the end of July, complete CITI Human Research Subject training.<br>• Complete Interim Project Report using Community Project Report Template (see page 24-28.) | | |

| | | |
|---|---|---|
| February or March | • Student and team discuss and plan for sustainability of successful projects--SWOT Analysis/Strategic Planning related to Project. (Step 9)<br>• Present preliminary presentation to faculty advisor, peers and community mentors. (Step 10)<br>• Integrate feedback into preparation for final presentation and project report. | Project outcomes summarized<br><br>Preliminary Presentation and Project Report completed.<br><br>Sustainability planning |
| **Milestone:** By March, share preliminary final project plans. | | |
| April or May (M4 year) | • Present Final Project. (Step 10)<br>• Complete Project Report Template. (Step 10)<br>• Complete Project Student Evaluation questions. (Step 10) | Final Presentation & Celebration! |
| **Milestone:** During April or May, present final project presentation. Submit project to fulfill Preceptorship requirement. Complete Final Project Report and Student Evaluation (see pages 28-32.) | | |

## XI: PROJECT EXPECTATIONS AND FORMS

A. Community Mentor, Student and Faculty Advisor Expectations
B. Project Budget Request Form
C. SWOT Analysis Worksheet
D. TRIUMPH Community Project Report Template
E. Student's Evaluation of Project
F. Mentor's Evaluation of Student

## A. TRIUMPH COMMUNITY HEALTH IMPROVEMENT PROJECT COMMUNITY MENTOR, STUDENT, AND FACULTY ADVISOR EXPECTATIONS

**COMMUNITY MENTOR GUIDELINES AND EXPECTATIONS:**

- Mentor expectations are provided as a general framework to guide the level of engagement with the student throughout the experience to guarantee that the project serves the needs of the community.
- The mentor holds jurisdiction over each individual project. Advisement, supervision and procedures will vary vastly for each individual project.
- The mentor is responsible for informing students of rules and regulations for the site/s in which the project takes place.
- The mentor will *not* be responsible for grading the student on the project; however, his/her input will be solicited on student performance as well as feedback on the process and program.
- **The mentor is expected to contact the faculty advisor if there are any concerns regarding the student's performance.**

***Time Commitment:***

- Provide mentorship to the student throughout the project. Plan on meeting once a month to review progress.
- Develop a project timeline with the student and input from the faculty advisor.
- Develop a mechanism for checking in with the student to track progress on project, help with community connections, troubleshoot, etc.
- Provide an appropriate level of support and supervision.

***Program Proposal:***

- Guide and support planning of project proposal, describing study topic, goals and objectives, methods/procedures, and projected outcomes.

***Program Review Requirement:***

- Mentors must devote time to meet with student and faculty advisor to review progress.

***Program Project:***

- Mentors should introduce the student to the organization's staff and invite the student to attend relevant staff, board and community events.
- Mentors should help student develop a project Timeline that will ensure that the final project will be completed by the end of the program.
- Mentors should meet with the student and the project team to ensure that others are engaged in the project.
- Mentors should preview project presentations and reports and offer suggestions for revisions.
- Mentors are encouraged to attend the final presentation of project to support and commend students on their accomplishments.

## STUDENT GUIDELINES AND EXPECTATIONS:

- Students are in the third year of their medical school training, have been exposed to a foundation of public health concepts, and are capable of working independently within the parameters established by the community mentor and faculty advisor. They bring with them a variety of skills as indicated on their personal interest forms.
- Students adhere to a schedule developed and agreed to by the student, mentor and faculty advisor. This may require modification of the Proposed Community Project Timeline.
- Student will devote time to meet with community mentor and faculty advisor to review project plan in progress.
- **Students are expected to meet requirements of core clinical rotations; projects are intended to enhance and not detract from clinical training.**

***Time Commitment:*** Approximately 4 hours per week throughout the TRIUMPH experience during the third year (5 months), and 16 hours per month during the fourth year of medical school (at least 5 months; details vary by student). Students are expected to contribute at least 160 hours of service to the community agency working on this project (80 hours during the third year and 80 hours during the fourth year).

***Project Proposal:*** Prior to implementing project, develop a brief description of the project including background information/rationale, goals, objectives, methods, and expected outcomes (a.k.a. "one page description.") Also, develop a Project Logic Model and Project Work Plan. This will be approved by community mentor and faculty advisor.

***Project Preliminary Presentation, Report, Final Presentation and Evaluation:*** During the last two months of the project, the student will develop a preliminary PowerPoint presentation. A small group, including fellow students, faculty and mentors, will provide feedback. The student will complete a final report using Community Project Report Template and then present a final version of the PPT presentation to a larger group of community stakeholders. Finally, the student will complete a written project evaluation.

## FACULTY ADVISOR GUIDELINES AND EXPECTATIONS:

- The role of the student's faculty advisor will be served by a member of the University of Wisconsin School of Medicine and Public Health faculty who is affiliated with TRIUMPH program.
- The faculty advisor will initially work with the community mentor to finalize the Project Proposal, and, then will meet with each student as he/she selects a project. The faculty advisor, community mentor and student will collaborate on establishing a project timeline and in periodic team meetings to assess project progress.
- The faculty advisor will meet regularly with the students and discuss progress on projects in group as well as individual settings; recommend meeting with student at least once a month and more frequently in the beginning.
- The faculty advisor can approve funding to provide project deliverables, such as patient education brochures. Students must submit request for funding using the Project Budget Request Form (see Appendices.)
- The faculty advisor will be available to both the community mentor and student to assist with any issues that may arise.
- The faculty advisor will be responsible for student assessment and program evaluation activities.

## B. TRIUMPH PROJECT—BUDGET REQUEST FORM*

**PROJECT:**

**STUDENT:**

**COMMUNITY BASED ORGANIZATION:**

**TOTAL REQUESTED AMOUNT:**

**PURPOSE/RATIONALE FOR REQUEST:**

**COST INFORMATION: (QUANTITY, COST/ITEM)**

**ATTACH SAMPLE IF APPLICABLE**

**APPROVED BY:** **DATE:**

*** Submit to Cindy Haq, MD for approval.**

## C. SWOT Analysis Worksheet / TRIUMPH Community Project

| **Strengths:**<br>What is going well with the community project?<br>What unique resources can we draw on?<br>What do others see as the strengths of this project? | **Weaknesses:**<br>What could be done to improve the TRIUMPH community project?<br>Has this project had good access to resources?<br>What are others likely to see as weaknesses? |
|---|---|
| | |
| **Opportunities:**<br>What good opportunities are available for future projects or to enhance the current project?<br>What trends can we take advantage of?<br>How can the strengths be turned into opportunities? | **Threats:**<br>What treats could undermine the success of the project?<br>What treats do the weaknesses expose the project to? |
| | |

## D. TRIUMPH COMMUNITY PROJECT REPORT

(TO BE USED FOR INTERIM AND FINAL PROJECT REPORTS)

**<< INSERT PROGRAM TITLE HERE >>**

---

**Date Started: __/__/__ Program Date: __/__/__ Report Submission Date: __/__/__**

**Instructional Note:** If more space is needed in the text box, just press enter and it will get larger. ***If it starts overlapping with the text below, please move the text down with the enter key.***

**Program Goal(s) and Objectives:**

**How was this program/objective achieved?—Methods used:**

**Please include the basic demographics for all community who attended this program:**

Number per Age Group:

____Senior

____Adult

____Teen

____Child

Gender: ____F ____M

Ethnicity:

Number of people who have participated in a previous program: ____

**Describe Participant Evaluation:** ☐ Blank Form Attached ☐ Summary Data Attached

**Summary of Program:**

**List community partners/organizations who participated, and what they did**

| Organization | Contact Name | Email | Phone # | Involvement |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Were community members involved in planning or executing the program?**

☐ **Many** ☐ **Some** ☐ **Few** ☐ **None**

**Please include the basic demographics for all community members involved in planning/execution of this program:**

Number per Age Group:

____Senior

____Adult

____Teen

____Child

Gender: ____F ____M

Ethnicity:

Number of people who have participated in a previous program: ____

**List of Every Person Involved in Planning the Program/Objective (include names of any community members mentioned above):**

| |
|---|
| |

**List strategies used to inform the community about the program:**

| |
|---|
| Where flyers were posted, number of door to door campaigns, where announcements were made (include organizations, radio, print) |

☐ Flyers, ads attached

**What professional supervision was involved?**

| Name | Contact Info | Involvement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**List of Contacts (not already mentioned above):**

| Name | Contact Info | Involvement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Items Purchased with UW SMPH funds:**

| |
|---|
| |

**Items Purchased from other funds:**

| |
|---|
| Specify where funds came from. (Items we purchase with non cfc funds) |

**Items Donated:**

| |
|---|
| Specify donor (Items others purchase for cfc programs) |

**Suggestions for Improving this Program:**

| |
|---|
| |

**Project Leader Reflection:**

What was the most rewarding part of this project for you, and why?

How did leading this project add value to your medical school education?

Identify three ways leading this project enhanced your sensitivity to others?

Identify two determinants of health that were connected to this program, and your thoughts about their significance and the challenge of ameliorating them.

What was the most important lesson you learned through this experience, and how will you use that knowledge?

**Also attach the following, if applicable:**

- ☐ **Participant evaluation (1 blank, plus summary data)**
- ☐ **Press releases**
- ☐ **Flyers**
- ☐ **Photos**
- ☐ **Other** _____

***Based on Community Project Report Template developed by Sharon Younkin***

## E. TRIUMPH COMMUNITY HEALTH IMPROVEMENT PROJECT STUDENT'S FINAL EVALUATION OF PROJECT

***Please completely answer the following questions, either individually or in essay format.***

***Due date:***

1. Identify and discuss at least 3 things you believe went well that:
   a. you accomplished individually
   b. you accomplished as a team

2. What are three things you've learned about yourself, and how have you used (how are you using) this information to improve yourself?

3. How did your participation in this project add value to your overall educational experience?

4. What would you want to share with the program participants and the broader community about your project?

5. What was the community impact of your project?

6. How would the participants describe their experiences with you and with the project in general?

7. Identify at least three obstacles or problems you've faced during the course of this project, how you dealt with them, and strategies for dealing with them more effectively in the future.

8. What disappointed you and why? How have you dealt with your disappointment?

9. What would you have done differently and why?

10. Did the project turn out as you expected? Why or why not?

11. What advice do you have for future TRIUMPH students? Specifically, suggest 3 things you would recommend that future students do and three things they should not do, providing reasons for each suggestion.

12. How could TRIUMPH faculty advisor improve the experience in the future?

13. What could the community mentor done to improve the experience in the future?

14. What are you most proud of in regard to your project?

15. Please share any additional thoughts, ideas or insights you might have.

*Based on "End of Semester Questions" developed for WIF Projects by Sharon Younkin*

## F. TRIUMPH COMMUNITY HEALTH IMPROVEMENT PROJECT

**University of Wisconsin-Madison**
**School of Medicine and Public Health**
**Training in Urban Medicine and Public Health**

### Community Project Mentor Evaluation Form

Student Name: _____
Location: _____
Dates From: _____ To: _____
Preceptor's Name: _____

ASSESSMENT OF STUDENT'S ABILITIES

| | Not Observed | Unacceptable | Below Expectations | Meets Expectations | Exceeds Expectations | Outstanding |
|---|---|---|---|---|---|---|
| *Cultural Skills* | | | | | | |
| Respect & Recognize Cultural Differences | | | | | | |
| Flexibility in Cross Cultural settings | | | | | | |
| Cultural Humility | | | | | | |
| *Professionalism* | | | | | | |
| Interactions with health care team | | | | | | |
| Interactions with community members | | | | | | |
| Communication skills including active listening | | | | | | |
| *Work Habits* | | | | | | |
| Reliability | | | | | | |
| Initiative | | | | | | |
| Effectiveness | | | | | | |
| *Knowledge* | | | | | | |
| General knowledge of community | | | | | | |
| Awareness of other pertinent information | | | | | | |
| **OVERALL** | | | | | | |

Written assessment of student:

Other suggestions or comments for student:

# XII. GLOBAL, NATIONAL AND WISCONSIN PUBLIC HEALTH DATA WEBSITES AND COMMUNITY HEALTH RESOURCES

**NATIONAL:**

http://www.cdc.gov/nchs National Center for Health Statistics
NCHS is the Federal Government's principal vital and health statistics agency. NCHS data systems include data on vital events as well as information on health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care.

http://www.healthypeople.gov/Publications Healthy People 2020—the nation's health improvement objectives for this decade

http://www.cdc.gov/nchs/ahcd.htm National Ambulatory Health Care Data—gives you perspective on what you are seeing in your practice.

http://wonder.cdc.gov CDC Wonder
CDC WONDER is an easy-to-use system that provides a single point of access to a wide variety of CDC reports, guidelines, and numeric public health data. On this site you can search for and retrieve MMWR articles and Prevention Guidelines published by CDC; and query dozens of numeric data sets on CDC's mainframe and other computers, via "fill-in-the blank" request screens. Public-use data sets about mortality, cancer incidence, hospital discharges, AIDS, behavioral risk factors, diabetes, and many other topics are available for query, and the requested data can be readily summarized and analyzed.

http://www.cdc.gov/injury/wisqars/index.html Web-based Injury Statistics Query and Reporting System
WISQARS™(Web-based Injury Statistics Query and Reporting System) is an interactive database system that provides customized reports of injury-related data.

http://www.census.gov/ftp/pub/population/www/ US Census Population and Household Economic Topics. Another good US Census website: http://www.censusscope.org –a "portal" to the US Census data.

http://factfinder.census.gov/servlet/BasicFactsServlet American Fact Finder
American FactFinder is your source for population, housing, economic and geographic data from Census 2000, the 1990 Census, the 1997 Economic Census, and the American Community Survey. Information provided in table or map format.

http://www.fedstats.gov Fed Stats
FedStats is the gateway to the full range of official statistical information available to the public from the Federal Government. Use the Internet's powerful linking and searching capabilities to track economic and population trends, health care costs, aviation safety, foreign trade, energy use, farm production, and more. Access official statistics collected and published by more than 70 Federal agencies without having to know in advance which agency produces them.

http://phpartners.org/health_stats.html Health Data Tools and Statistics: Links to health statistics and data sets as well as resources to support data collection.

http://www.cdc.gov/brfss Behavioral Risk Factor Survey--The BRFSS, the world's largest telephone survey, tracks health risks in the United States. Information from the survey is used to improve the health of the American people.

http://phpartners.org/hp Information Access Project—NLM and Healthy People 2020
The purpose of this site is to make information and evidence-based strategies related to the Healthy People 2020 objectives easier to find.

http://www.surgeongeneral.gov/library/index.html Office of Surgeon General
Lots of information and links. Access recent publications on mental health, reducing tobacco use, oral health in America, youth violence, women and smoking, physical activity and health, etc.
http://www.cdc.gov/mmwr/ CDC's Morbidity and Mortality Weekly Report
Did you know that you can have the MMWR emailed to you every Thursday? Great way to keep up with surveillance data and prevention news. Go to website and register for a Free Subscription (see left sidebar).

http://www.childstats.gov/americaschildren/ *America's Children: Key National Indicators of Well-Being, 2008*, developed by the Federal Interagency Forum on Child and Family Statistics, is the sixth annual synthesis of information on the status of the Nation's most valuable resource, our children. This report presents 24 key indicators of the well-being of children.

http://www.kff.org Kaiser Family Foundation
The Kaiser Family Foundation's State Health Facts Online contains the latest state-level
data on demographics, health, and health policy, including health coverage, access, financing, and state legislation.

http://www.kff.org/minorityhealth/index.cfm Kaiser Family Foundation: Key Facts about Race, Ethnicity and Health: This chartbook is intended to serve as a quick reference on racial/ethnic disparities in health, health insurance coverage, and health care access and quality. The document highlights the best available data and research, providing a selective review of the literature. Section One gives an overview of the demographic characteristics of the U.S. population. Section Two presents measures of health status. Section Three profiles patterns of health insurance coverage. Section Four describes findings on access to primary and preventive care. Section Five documents findings on the use of specialty care for heart disease, cancer, asthma, and HIV/AIDS. Whenever possible, data are stratified by both race/ethnicity and by a measure of socioeconomic status.

http://pewhispanic.org/ Pew Hispanic Center—Founded in 2001, the Pew Hispanic Center is a nonpartisan research organization that seeks to improve understanding of the U.S. Hispanic population and to chronicle Latinos' growing impact on the nation. The Center does not take positions on policy issues. It is a project of the Pew Research Center, a nonpartisan "fact tank" in Washington, DC that provides information on the issues, attitudes and trends shaping America and the world. It is funded by The Pew Charitable Trusts, a public charity based in Philadelphia.

http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx Anne E. Casey Foundation Kids Count
KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S., and provide policy makers and citizens with benchmarks of child well-being.

http://www.bls.gov/opub/gp/laugp.htm Geographic Profile of Employment and Unemployment, 2000. Information provided by the Current Population Survey (CPS) and the Local Area Unemployment Statistics (LAUS), this annual report highlights data on the labor force, employment, and unemployment in states and sub-state areas. Viewable in Adobe Acrobat (.pdf) format, this report is equipped with 28 tables displaying labor force estimates for census regions and divisions, along with annual average rates, ratios, and percent distributions from the CPS.

http://www.urban.org/publications/310844.html THE NEW NEIGHBORS
"The New Neighbors: A User's Guide to Data on Immigrants in U.S. Communities," by Randolph Capps, Jeffrey Passel, Dan Perez-Lopez, and Michael Fix. This new resource prepared by the Urban Institute can help local policymakers, program administrators, and advocates use U.S. Census and other data to identify the characteristics, contributions, and needs of immigrants in their communities.

**WISCONSIN:**
http://dhfs.wisconsin.gov/StateHealthPlan
Healthiest Wisconsin 2020—Wisconsin State Health Plan

http://uwphi.pophealth.wisc.edu/pha/wchr.htm Wisconsin County Health Rankings. These reports are prepared annually by the UW Population Health Institute.

http://dhs.wisconsin.gov/wish/ Wisconsin Interactive Statistics on Health
This is a "wish" come true for those in need of data…developed by the Bureau of Health Information currently provides information about Maternal and Child Health (MCH) indicators in Wisconsin. Topics include: all births, low birth weight, teen births, prenatal care and fertility, infant mortality, and mortality, etc.

http://dhs.wisconsin.gov/reference.htm Wisconsin Dept. of Health and Family Services Reference Center
From this page you can locate forms, publications, statistics and other reference materials.

http://www.aurorahealthcare.org/yourhealth/comm-health-reports/index.asp Community Health Surveys completed by Aurora Health Care and local health departments. These reports cover approximately 1/3 of the counties and many of the eastern cities in the state of WI.

**MILWAUKEE:**
http://www.cuph.org/mhr/ *Milwaukee Health Report 2009 and 2010: Health Disparities in Milwaukee by Socioeconomic Status.* This report was prepared by the Center for Urban Population Health.

http://www.mapmilwaukee.org Milwaukee Geographic Information Services / Map Milwaukee
Map Milwaukee is our online parcel information and map display application that allows users to gather City of Milwaukee geographic information via the web.

http://www.ci.mil.wi.us/ City of Milwaukee (home page)

http://city.milwaukee.gov/PublicApplications Compass—Community Mapping
The Milwaukee COMPASS Project is a federally funded initiative that aims to build and support collaborative efforts to improve and sustain cities. The Community Mapping application can be used to track safety and other trends in a neighborhood, or anywhere in Milwaukee. Check out the links throughout these pages to other leading-edge research, best practices and achievements in other places.

http://www.hud.gov/local/index.cfm?state=wi HUD maps of Milwaukee—population density, poverty, minority population, low-moderate income housing, etc.

**USEFUL SITES FOR PROJECT BUILDING/COMMUNITY BASED PARTICIPATORY RESEARCH:**

http://ctb.ku.edu/en/ Community Tool Box
The core of the Tool Box is the "how-to tools." These how-to sections explain how to do the different tasks necessary for community health and development. For instance, there are sections on leadership, strategic planning, community assessment, advocacy, grant writing, and evaluation to give just a few examples. Each section includes a description of the task, advantages of doing it, step-by-step guidelines, examples, checklists of points to review, and training materials. There are also links to hundreds of other helpful web pages and listservs in areas such as funding, health, education, and community issues.

http://www.thecommunityguide.org The Community Guide
The Guide to Community Preventive Services (Community Guide) tries to answer questions related to community or "population-based" interventions. The Community Guide, led by the independent Task Force on Community Preventive Services addresses a variety of health topics important to communities, public health agencies and health care systems. It summarizes what is known about the effectiveness and cost-effectiveness of population-based interventions designed to promote health, prevent disease, injury, disability and premature death as well as exposure to environmental hazards

http://www.prevent.org Partnership for Prevention
Partnership for Prevention works to coordinate and focus the efforts of its members to make prevention a visible and viable means to improve the nation's health. Members of Partnership for Prevention represent the nation's leading employers, health-related professional and trade associations, universities and academic health centers, nonprofit policy and research institutions, health plans, and state health departments. It provides analyses of health promotion and disease prevention issues and interventions.

http://www.nci.nih.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf Theory at a Glance—developed by the NCI to make the theoretical underpinning for community and individual health promotion interventions understandable. Great Resource.

USDHHS (1992). *Making Health Communication Programs Work*, NIH publication No. 92-1493. (available on WWW)
This resource was also developed by NCI—teaches one how to write patient education materials for a lower literacy level. http://www.cancer.gov/pinkbook

http://cancercontrol.cancer.gov/use_what_works/start.htm *Using What Works: Adapting Evidence-Based Programs to Fit Your Needs* is a train-the-trainer course. It is designed for health promoters and educators on the national, regional, State, and local levels. This course teaches users how to plan a health program using what are called evidence-based programs, also known as research-tested programs. Evidence-based programs have already been conducted, evaluated, and shown to be effective in a given community. After completing this course, participants will be able to use these evidence-based programs as a starting place for their own programs. They will know how to choose an evidence-based program that has the potential to be successful in their communities. They will know how to modify the program to meet the unique characteristics of their audiences. Finally, they will know how to evaluate the success of their program.

http://www.ahrq.gov/clinic/ppipix.htm Put Prevention into Practice
The Agency for Healthcare Research and Quality's Put Prevention Into Practice (PPIP) program presents a system that makes the delivery of preventive services routine.

http://www.innovations.ahrq.gov/ AHRQ's Innovation Exchange. The Innovations Exchange aims to increase awareness of innovative strategies and activities among health care providers in a timely manner. Every day, health care practitioners find better and more effective ways of delivering health care. However, the diffusion of their innovative ideas is slow and rarely reaches beyond institutional walls or across health care settings (e.g. from hospitals to nursing homes, or from private physician practices to community health clinics). As a result, health care providers unnecessarily duplicate each other's efforts.

http://www.healthfinder.gov/Health Finder
healthfinder® is a free guide to reliable consumer health and human services information, developed by the U.S. Department of Health and Human Services. healthfinder® links to selected online publications, clearinghouses, databases, Web sites, and support and self-help groups, as well as government agencies and not-for-profit organizations that produce reliable information for the public.

http://www.hhs.gov Health and Human Services website. Links to lots of good stuff.

http://healthcare.partners.org/phsirb/education/CITI_BASIC_Instructions.5.10.pdf The Collaborative Institutional Training Initiative (CITI) program was developed by experts in the "IRB community" and consists of two "Basic" courses in the **protection of human research subjects** for Biomedical and Social/Behavioral Research. Researchers and staff from the BWH/FH/MGH clinical research community are required to complete an initial CITI certification with completion of *one* of two basic course selections: Biomedical or Social-Behavioral.

http://www.free.ed.gov/subjects.cfm?subject_id=60 Extreme List of federal government resources…easy to use.

http://www.nlm.nih.gov/nichsr/usestats/index.html Health Statistics…Finding them and using them—A teaching module.

**CULTURAL COMPETENCE:**
http://ethnomed.org/ Ethnomed
Contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrant and refugee groups.

http://crosshealth.com/links.htm Center for Cross-Cultural Health's Cross Cultural Links
Long list of links to websites with information on cultural diversity and health.

http://www11.georgetown.edu/research/gucchd/nccc/ National Center for Cultural Competence, Georgetown University. The mission of the National Center for Cultural Competence is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity.

http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English The Provider's Guide to Quality and Culture. The Provider's Guide to Quality & Culture does not include information about all cultures or all issues related to cultural competence. Thus, throughout the site you will find links to other web sites containing useful information related to cultural competence and health care. They have served as valuable references for us in the development of this site. The Provider's Guide is a "work in progress" that will be continuously improved and periodically updated.

https://www.thinkculturalhealth.org Think Cultural Health: Bridging the Healthcare Gap through continuing education in cultural competency. Developed by RWJ and HHS, this site links to CME and CEU to increase cultural awareness and cross-cultural communication.

**GLOBAL HEALTH:**

http://www.who.int/research/en World Health Organization: Data and Statistics. A source for global health data on all health topics.

US WI community health data websites/ Rev 12/6/10
List developed for UW Primary Care Clerkship, TRIUMPH and RUSCH, Milwaukee Academic Campus/Marge Stearns, MA, MPH

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