20th Anniversary Symposium

Advancing Partnerships, Research, and Equity in Detroit

January 21, 2016

Crowne Plaza Downtown Detroit Riverfront
2 Washington Blvd
Detroit, MI 48226

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DETROIT URC BOARD WELCOME

Health inequities represent one of the most pressing public health problems facing the United States. Academic researchers must be in the forefront of efforts to eliminate such inequities, especially in communities, like Detroit, where they are pronounced. To effectively address health inequities researchers must move beyond collecting, analyzing, and drawing conclusions from data collected "in" the community, to engaging in truly equal partnerships "with" community leaders, conducting action-oriented participatory research designed to benefit the community.

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The Detroit Community-Academic Urban Research Center (Detroit URC) is a world-renowned partnership that involves diverse, multidisciplinary academic researchers, community leaders, and health and human service providers. The three overarching goals of the Detroit URC are to:

1) foster and support the development of equitable, community-based participatory research (CBPR) partnerships between academic institutions and Detroit-based organizations. Such partnerships conduct basic etiologic and intervention research to understand and address the social and physical environmental determinants of health and to promote health equity;

2) enhance the capacity of academic, community and health practice entities to conduct and promote CBPR as a viable approach to promoting health equity; and

3) increase the capacity of academic, community, and health practice entities to engage in policy advocacy processes, including translating research findings to policy formulation, and dissemination and education at organizational, local, state and federal levels.

For more than 20 years, the Detroit URC has been very effective in fostering the establishment of over 10 affiliated CBPR partnerships, which have conducted research that has improved the health and environment of communities in Detroit. This success, well documented in the peer-reviewed literature and presentations at national meetings, has been supported by more than $40 million in grants secured. These partnerships have hired 400+ Detroit residents to work on these projects, and trained more than 600 students and post-doctoral fellows. Based on its record of success, and principle-driven, egalitarian model of sharing expertise and power among community and academic entities, the Detroit URC is internationally recognized as the "gold standard" for conducting CBPR.

The work of the Detroit URC and its affiliated partnerships has had a major impact in a number of areas, including: improved health of Detroit residents (e.g., reduced blood glucose levels for adults with diabetes, improved control of asthma in children, reduced high blood pressure among adults); increased influence of adults and youth in policy decision making; enhanced physical environment and access to resources (e.g., fresh food, safe places to be physically active); increased grant funding and research-related jobs; and improved trust between diverse communities.

This event is convened as a celebration of 20 years of CBPR, partnership, and scholarship, and to reaffirm the Detroit URC's commitment to advancing health equity in Detroit. We are very excited to welcome and honor our acclaimed keynote speaker Dr. David Satcher, who, in 1995, as Director of the Centers for Disease Control and Prevention, was pivotal in our establishment.

We greatly appreciate the gracious contributions of our sponsors and all who have supported this Symposium. We will be describing some of our efforts to meet our goals through the four concurrent sessions in which community and academic partners will co-present. Thank you all for coming!

Sincerely,
Detroit URC Board (members listed at the end of the Program)

AGENDA

Thursday, January 21, 2016 *Location: Crowne Plaza Downtown Detroit Riverfront*

8:00-9:00 AM **Registration and Coffee/Light Breakfast**

Location: Windsor Ballroom

9:00-9:15 AM **Opening Remarks: Barbara A. Israel and Angela G. Reyes**

Welcome: Dr. Martin Philbert
Dean, School of Public Health, University of Michigan

Location: Windsor Ballroom

9:15-10:15 AM **Keynote Speaker Introduction: Dr. Kimberlydawn Wisdom**
Senior Vice President of Community Health & Equity and Chief Wellness and Diversity Officer, Henry Ford Health System

Keynote Address: Leadership Needs in the Quest for Health Equity
Dr. David Satcher
Founding Director and Senior Advisor, The Satcher Health Leadership Institute, Morehouse School of Medicine, 16th Surgeon General of the United States

Location: Windsor Ballroom

10:15-10:30 AM **Break**

10:30-12:00 PM **Sessions (1, 2, 3, 4)**

Session 1 - Basic Research on Social & Physical Environmental Determinants of Health and Health Inequities
Location: Plaza A

Session 2 - Intervention Research Involving Community Health Workers
Location: Pontchartrain Room

Session 3 - Capacity Building in Community-Based Participatory Research
Location: Plaza C

Session 4 - Policy Translation: Training, Research, and Application
Location: Plaza B

12:00-1:00 PM **Lunch**

Honor Recognition of Dr. David Satcher
Presentation by City of Detroit Deputy Mayor Isaiah McKinnon
Presentation by Detroit URC Board Members Amy J. Schulz and Guy O. Williams

Detroit URC Video
Location: Windsor Ballroom

1:00-1:15 PM **Break**

1:15-2:45 PM **Repeat Sessions (1, 2, 3, 4)**

Repeat Session 1
Location: Plaza A

Repeat Session 2
Location: Pontchartrain Room

Respeat Session 3
Location: Plaza C

Repeat Session 4
Location: Plaza B

2:45-3:00 PM **Break**

3:00-4:00 PM **Panel Discussion: The Detroit URC Promoting Health Equity through CBPR: Past, Present, and Future**

Moderator: Dr. Kimberlydawn Wisdom

Panelists: Barbara A. Israel, J. Ricardo Guzman, Richard Lichtenstein, Angela G. Reyes, Zachary Rowe, Amy J. Schulz

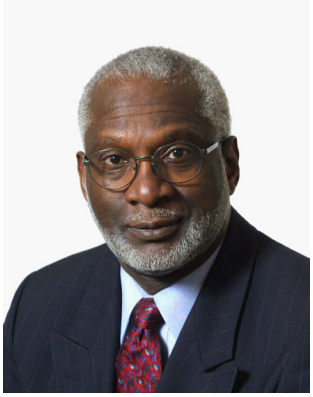
Location: Windsor Ballroom

4:00-5:00 PM **Closing Remarks: Barbara A. Israel**

Reception and Poster Session
Location: Windsor Ballroom

KEYNOTE SPEAKER: DAVID SATCHER, MD, PhD

KEYNOTE ADDRESS: LEADERSHIP NEEDS IN THE QUEST FOR HEALTH EQUITY



David Satcher, MD, PhD is Founding Director and Senior Advisor of The Satcher Health Leadership Institute. The mission of the Institute is to develop a diverse group of public health leaders, foster and support leadership strategies, and influence policies toward the reduction and ultimate elimination of disparities in health. The Institute's programs reflect Dr. Satcher's experience in improving public health policy and his commitment to eliminating health disparities for underserved groups, such as minorities and the poor and shedding light on neglected issues, such as mental and sexual health.

Dr. Satcher was sworn in as the 16th Surgeon General of the United States in February 1998 and served until 2002. He also served as the 10th Assistant Secretary for Health in the Department of Health and Human Services making him only the second person in history to have held both positions simultaneously. His tenure of public service also includes serving as Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Toxic Substances and Disease Registry from 1993 to 1998. He was the first person to have served as Director of the CDC and Surgeon General of the United States.

During his tenure with the CDC, Dr. Satcher established the CDC's Urban Research Center (URC) Program in 1995. The aim of the Program was to support the development of community-based participatory research partnerships to address public health priorities in socio-economically stressed urban communities. Seattle, Washington, New York City, New York, and Detroit, Michigan were the cities chosen for the URC Program. Dr. Satcher has remained an advocate for the Detroit URC since its founding.

Dr. Satcher has held top leadership positions at the Charles R. Drew University for Medicine and Science, Meharry Medical College, and the Morehouse School of Medicine. He has been a Macy Foundation Fellow, Robert Wood Johnson Foundation Clinical Scholar, and a Senior Visiting Fellow of the Kaiser Family Foundation. Dr. Satcher held the position of Director of the National Center for Primary Care (NCPC) at the Morehouse School of Medicine from 2002 to 2004. He presently occupies the Poussaint-Satcher-Cosby Chair in Mental Health at the Morehouse School of Medicine. In 2005, he was appointed to serve on the World Health Organization Commission on Social Determinants of Health. Dr. Satcher has received more than 50 honorary degrees and numerous distinguished honors including top awards from the National Medical Association, the American Medical Association, and the American Academy of Family Physicians.

Previously, Dr. Satcher served on the Board of Directors of Johnson and Johnson and MetLife. He has also served locally on the board of United Way of Greater Atlanta and The Community Foundation for Greater Atlanta. Currently, he sits on the Board of the CDC Foundation. Dr. Satcher graduated from Morehouse College in Atlanta, Georgia in 1963 and is a member of Phi Beta Kappa. He holds MD and PhD degrees from Case Western Reserve University in Cleveland, Ohio. He is a member of Alpha Omega Alpha Honor Society and a Fellow of the American Academy of Family Physicians, the American College of Preventive Medicine and the American College of Physicians. He is a member of the Institute of Medicine, National Academy of Sciences, the 100 Black Men of Atlanta, and the American Academy of Arts and Sciences.

SESSION 1

Session 1: Basic Research on Social and Physical Environmental Determinants of Health and Health Inequities

Moderated by: Sheryl Weir (AM) and Cleopatra Caldwell (PM)

Session Description: One of the goals of the Detroit URC is to foster the establishment of CBPR partnerships aimed at enhancing our understanding of the social and physical environmental determinants of health and health inequities. These determinants are the conditions in which we live that affect our health, such as, educational and employment opportunities, access to healthy food and clean air, housing quality, and neighborhood built environment. Many of the Detroit URC affiliated partnerships have focused their research on examining these social and physical environmental determinants of health. In this session, the work of three of these partnerships is presented: the Healthy Environments Partnership, Community Action Against Asthma, and Community Action to Promote Healthy Environments.

Presentation Descriptions:

The Healthy Environments Partnership: Social Determinants of Health and Cardiovascular Risk

Amy Schulz, Alex Allen, Barbara A. Israel, Graciela B. Mentz, J. T. Dvonch, Causandra Gaines, Srimathi Kannan, Mary Koch, Betty Izumi, Angela G. Reyes, Zachary Rowe, Sharon L. Sand, Carmen Stokes, Denise White Perkins, Shannon Zenk

The Healthy Environments Partnership (HEP) was formed in 2000 in response to priorities identified by the Detroit URC Board to understand environmental conditions as these contribute to health inequities that disproportionately affect Detroit residents. Made up of representatives from Detroit-based community-based organizations, health service providers, and academic researchers, HEP has used a CBPR approach to examine how social determinants of health affect cardiovascular disease risk in Detroit. We will provide an overview of the conceptual model that informs HEP's research, outlining multiple pathways through which social and economic inequalities shape cardiovascular health inequities.

During the 16 years that HEP has been actively working together, we have conducted multiple studies using both qualitative and quantitative methods, including: two waves of a random sample community survey of Detroit residents that included psychosocial, anthropometric (e.g., height, weight) and clinical (e.g., blood pressure, lipid levels) measures; focus groups; systematic social observation of food, physical activity, and neighborhood environments; and air quality monitoring data. Drawing on findings from these multiple sources, we will highlight results from studies examining four major environmental pathways linking social and economic inequities to inequities in cardiovascular risk: physical activity environments; food environments; air pollutants; and environmental conditions conducive to stress. We will close with a discussion of the implications of these findings for programmatic and policy interventions to promote health equity, and will provide examples of intervention research that emerged from the basic etiologic research on social determinants of health presented as part of this session.

Indoor and Outdoor Air Quality in Detroit and its Relationship to the Health of Children with Asthma

Thomas Robins, Zachary Rowe, Stuart Batterman, Toby Lewis, Graciela Mentz, Bhramar Mukherjee, Edith Parker, Barbara Israel, Xiaodan Ren, J. Timothy Dvonch, Laprisha Berry Vaughn, Kathy Edgren, Sonya Grant, The Community Action Against Asthma Steering Committee

Air pollution has been known to have a negative health impact on susceptible populations, including children and those with pre-existing conditions, such as asthma. Community Action Against Asthma (CAAA) has conducted several large environmental studies to characterize the indoor and outdoor environments experienced by high-risk urban children with asthma. CAAA has highlighted key characteristics of pollution exposure associated with health effects as well as identifying vulnerable subgroups, and has contributed to advancement in environmental exposure assessment methods. For example, in an early study: outdoor PM2.5, PM10, 8-Hour Peak, and 1-Hour Peak O3 concentrations were associated with increased odds of respiratory symptoms, particularly among children using corticosteroid medication and among children living in Detroit's southwest community. In a more recent epidemiology study, children living near highways, particularly those exposed to high truck traffic, were documented as having lower lung function than children living farther away from highways. Finally, we have conducted extensive measures of indoor air quality of children with asthma participating in home environmental interventions, documenting high levels of particulate matter and potential toxicants.

In this presentation we will describe our CBPR approach to examining these physical environmental determinants of health. We will provide an overview of the methods used and summary of key findings across several studies. We will discuss how these findings have contributed to: refining our understanding of spatial and temporal variability in exposure, broadening our appreciation of who is at risk for pollution health effects, and informing air quality regulation and urban planning policy.

Community Action to Promote Healthy Environments: Moving Research to Action to Reduce Adverse Health Effects of Air Pollution

Amy Schulz, **Stuart Batterman,** Barbara Israel, Toby Lewis, Graciela Mentz, Angie Reyes, **Guy Williams,** Kathy Stott, and Kristina Rice

Community Action to Promote Healthy Environments (CAPHE) builds on, and substantially extends, more than 15 years of community-based participatory research conducted by the Healthy Environmental Partnership (HEP) and Community Action Against Asthma (CAAA), as well as new research aimed at understanding and addressing issues of air pollution and health in Detroit. CAPHE engages community, academic, and public health practice partners in research designed to culminate in the development and implementation of a public health action plan to reduce exposure to air pollutants, mitigate adverse health effects, and provide additional environmental benefits. CAPHE is working to increase knowledge about factors influencing exposure to air pollution and health effects, translate findings into a public health action plan, and following the development of the action plan, engage both community and academic partners to implement campaigns, interventions, and policies to reduce pollutant exposure and mitigate adverse health impacts.

SESSION 2

(Continued from previous page)
Our presentation will describe the CBPR process used to prioritize pollutant sources and mitigation strategies, such as the use of vegetative buffers to reduce impacts from pollutant sources, for example industry and highways, on nearby and vulnerable populations, e.g., residences and schools. Such strategies are innovative, broadly applicable, and have many additional co-benefits, e.g., noise reduction, thermal cooling, watershed protection, and recreation. Our presentation will also summarize the potential benefits of selected mitigation strategies in Detroit, including buffers, and the process used to bring together research findings and inform the development of a multi-level, integrated, and scientifically informed public health action plan.

Session 2: Intervention Research Involving Community Health Workers

Moderated by: Edith Parker (AM) and Yolanda Hill-Ashford (PM)

Session Description: One of the goals of the Detroit URC is to promote the establishment of CBPR partnerships aimed at conducting interventions designed to promote health equity. There is a growing evidence base of the effectiveness of interventions involving community health workers (CHWs) at the individual, family, organizational, community, and policy change levels. CHWs are trusted community members who often serve as a bridge between community members and professionals in carrying out interventions. Many of the Detroit URC affiliated partnerships have conducted successful CHW interventions addressing a number of health issues. In this session, the work of four of these partnerships will be presented: the Healthy Environments Partnership, Community Action Against Asthma, REACH Detroit Partnership, and Insure Detroit.

Presentation Descriptions:

Walk Your Heart To Health: The Role of Community Health Promoters in Supporting Physical Activity and Cardiovascular Health

Cindy Gamboa, Sharon Sand, Angela Reyes, Zachary Rowe, Causandra Gaines, Goya Diaz, Graciela Mentz, Amy Schulz, Barbara Israel

Walk Your Heart to Health (WYHH) is part of a multi-level, evidence-based intervention designed to promote racial, ethnic, and socioeconomic health equity by supporting walking groups in low-to moderate-income predominantly African-American and Hispanic urban neighborhoods. WYHH was developed

and implemented by the Healthy Environments Partnership (HEP) using a CBPR process. Intervention objectives include: promoting health equity through sustained walking, engaging community organizations in supporting walking groups, and building community health promoter capacity to facilitate increased and ongoing physical activity.

The WYHH program randomly assigned participants into intervention or lagged-intervention walking groups. Walkers met three times each week at a community site to participate in walks led by Community Health Workers referred to as Community Health Promoters (CHPs) who emphasized social support and group cohesion. Psychosocial and anthropometric data were collected at three points in time: baseline, eight weeks, and 32 weeks after the start of the intervention. Extensive facilitation training was provided to theCHPs to enable them to effectively facilitate the WYHH walking groups. This training was designed to prepare CHPs to facilitate community efforts to support ongoing physical activity.

We will present findings from the WYHH intervention study, describe the training and technical assistance provided to CHPs to start and maintain walking groups, and discuss challenges, facilitating factors, and lessons learned. Finally, preliminary evaluation results of efforts to support community-based organizations and faith-based organizations to implement and maintain this evidence-based intervention to promote physical activity and reduce cardiovascular risk will be presented.

Community-Based Environmental Interventions to Improve Indoor Air Quality and Health of Urban Children with Asthma

Toby Lewis, Wilma Brakefield-Caldwell, Edith Parker, Tom Robins, Stuart Batterman, Graciela Mentz, Bhramar Mukherjee, Barbara Israel, Xiaodan Ren, Kathy Edgren, Ashley Weigl, Maria Salinas, Sonya Grant, Erminia Ramirez, J. Timothy Dvonch, Xihong Lin, Community Action Against Asthma Steering Committee

Asthma is an important public health problem, affecting more than seven million U.S. children. In the 1990s, studies showed that standardized home environmental interventions could reduce exposure to asthma triggers and improve health of children with asthma, but they lacked tailoring to needs of individual families and had limited generalizability to low-resource communities in that they required staffing by health professionals. To address these gaps, Community Action Against Asthma conducted two home environmental interventions delivered by community health workers (CHWs) to families of children with asthma in Detroit.

The first intervention tested a program to help families reduce asthma triggers in the home by CHWs in which the order and intensity of intervention modules was determined with families based on in-home exposure measures and family priorities. This intervention showed improvements in some measures of trigger exposure and had positive impacts on children's lung function and symptoms. The second intervention tested an expanded version, evaluating the supplemental benefit of an air filter in the child's bedroom as an enhancement to the CHW intervention. When used consistently, air filters reduced indoor particulate matter concentrations, and were associated with improvements in asthma health.

In this presentation, we will describe the CBPR process used to design, implement, and evaluate the interventions. We will present the intervention strategies, data collection methods used, and key results. We will also discuss challenges, facilitating factors and lessons learned, including how these interventions have expanded options for communities, health systems, and public health agencies to improve asthma health.

Clinical and Psychosocial Outcomes from a Randomized Community Health Worker Intervention for Latinos with Diabetes in Detroit, Michigan

Michael Spencer, Edith Kieffer, Brandy Sinco, Gretchen Piatt, Gloria Palmisano, Ricardo Guzman, Alana LeBron, Michele Heisler, **Claudia Gutierrez**

The objective of this study was to assess changes in clinical and psychosocial diabetes outcomes over six months among participants in a Community Health Worker (CHW)-led diabetes intervention for Latinos, compared to an enhanced usual care (EUC) group.
This study was conducted by the REACH Detroit Partnership, a CBPR partnership established in 2000 with Community Health and Social Services (CHASS), a federally qualified health center, as the lead organization. The intervention group received a culturally tailored 11-session healthy lifestyle and diabetes self-management curriculum taught by trained CHWs, who also accompanied participants to at least one clinic visit and conducted a home visit. The EUC group received one class on understanding diabetes-related clinical values.

The results of this study found mean hemoglobin HbA1c decreased 0.5% in the intervention group, compared to 0.0% in the EUC group ($p<.05$). Relative to the EUC group, the intervention group had significant improvements in diabetes distress ($p<.05$), diabetes social support ($p<.01$), understanding diabetes self-management ($p<.05$), systolic and diastolic blood pressure, waist and hip circumference, and depression ($p<.05$).

In this presentation, we describe the use of a CBPR approach in designing, conducting and evaluating this intervention. We present the intervention strategies and data methods used, and provide an overview of key findings. We will discuss the implications of the findings regarding the positive impact of a CBPR culturally tailored CHW intervention, and the contributions of this study to the growing literature on the vital role that CHWs can play in eliminating health disparities.

Insure Detroit: A Collaborative Approach to Health Care Literacy through Storytelling

Minal R. Patel, Michelle Famulare, Jacquetta Hinton, Alison Jensen, Erin Knott, Theresa Kowalski-Dobson, Ian Lang, Margaret Meyers, Joslyn Pettway, Erminia Ramirez, Lidia Reyes-Flores, Julietta Saluzzo, **Madiha Tariq**, Julie Tatko, Lindsay TerHaar, Katherine Worthington, Richard Lichtenstein

The Affordable Care Act (ACA) has afforded millions of Americans with both greater access to and greater affordability of health insurance and its associated benefits. However, limited resources have been devoted for effective ACA outreach and enrollment. It has been shown that enrollment and use of coverage is especially challenging for low-income, ethnically diverse communities in Detroit, MI. Our project's goal is to enhance the ability of the Detroit community to navigate, obtain, and use health insurance. Affiliated with the Detroit URC this project has established a CBPR partnership with eight community partners who serve on the project's Steering Committee and have been instrumental in the creation and implementation of this project.

SESSION 3

(Continued from previous page)
The intervention has been informed through completion of 10 focus groups with both enrollment assisters and participants from the community at our partner organizations. A total of 87 community members and eight enrollment assisters participated. Qualitative analysis of the focus group data directly informed the content and format of the intervention. Currently, a web-based intervention utilizing storytelling methods to teach and encourage the Detroit community about enrolling and using healthcare services is being created. The evaluation plan will use a randomized, crossover lagged research design with follow-up data collection planned at six and nine months after initial participation in the intervention. Our presentation will focus on the findings of the focus group and the development of the intervention to date.

Session 3: Capacity Building in Community-Based Participatory Research

Moderated by: Robert McGranaghan (AM) and Sonya Grant (PM)

Session Description: One of the goals of the Detroit URC is to enhance the capacity of academic, community, and health practice entities to conduct and promote CBPR as a viable approach to promoting health equity. Recognizing that in order to successfully engage in CBPR efforts there are knowledge and skills that are essential for both academic and community entities, the Detroit URC has been involved in several projects aimed at meeting this goal with different audiences (e.g., community-based organizations (CBO), academic-community teams). In this session, three key components of the Detroit URC's capacity building work will be presented: 1) Collaborative Research Training for CBOs, 2) CBPR Partnership Academy, and 3) Small Planning Grant Program (NSO/Bell Oakland University Partnership).

Presentation Descriptions:

Enhancing Capacity of Community-Based Organizations to Engage in Collaborative Research

Julia Weinert, Sherita Smith, C. M. Coombe, Z. Rowe, A. Reyes, B. A. Israel, A. J. Schulz

There is growing recognition of the importance of engaging communities in research to understand and address health inequities. However, there is an understandable distrust of research on the part of communities, based on a history of research that has not always benefited the communities involved. As community organizations increasingly enter into research relationships with academic institutions, there is a need to enhance their capacity to ensure that such partnerships are collaborative, equitable, and beneficial to communities most affected by health inequities.

To this end, the Detroit URC designed, implemented, and evaluated a training curriculum to enhance capacity of community organizations to engage in collaborative research with outside institutions and researchers. The purpose of the training is to expand knowledge and skills for ensuring equitable relationships in research partnerships. Training content includes: benefits and challenges of engaging in research; questions to ask potential academic partners; community rights in research; tools for enhancing equity; and CBPR principles. We describe the rationale for community capacity building in collaborative research, curriculum content, and experiential training approach used. Drawing upon evaluation results from multiple workshops, we discuss and analyze facilitating factors, challenges, and lessons learned for enhancing capacity of community-based organizations to engage in equitable research partnerships.

Community-Based Participatory Research (CBPR) Partnership Academy: Enhancing CBPR Capacity to Promote Health Equity

Chris Coombe, **Barbara Israel, Ricardo Guzman,** Angela Reyes, Julia Weinert, Carol Gray, Lindsay TerHaar, Lisa Pappas

CBPR is widely recognized as an effective approach for understanding and addressing health inequities. As opportunities to expand CBPR increase, so does the need for enhanced skills and knowledge to conduct effective CBPR. To this end, the Detroit URC has established the CBPR Partnership Academy. The Academy is a four-year national initiative funded by the National Institutes of Health that each year brings together 12 community-academic pairs for intensive training, support, and networking facilitated by experienced Detroit URC community and academic partners.

In this presentation, we will describe and analyze the development and implementation of the Partnership Academy which includes three core components: 1) a one-week intensive course, 2) a full year of structured mentoring and learning activities, and 3) access to a Community-Academic Scholars Network for ongoing networking and support. Training content includes: CBPR principles; partnership development; innovative research designs; integrated use of mixed methods; research ethics; and examples of Detroit partnerships' research, interventions, and policy change. Participant teams apply the learning, mentoring, and a mini-grant to support development of a CBPR partnership in their own community.

We will describe and analyze findings from the inaugural year of the Academy, including: program reach; description of academic-community teams; evaluation of intensive course and ongoing learning activities; and initial phases of partnership formation. We will also discuss facilitating factors, challenges, and lessons learned for using an integrated training,

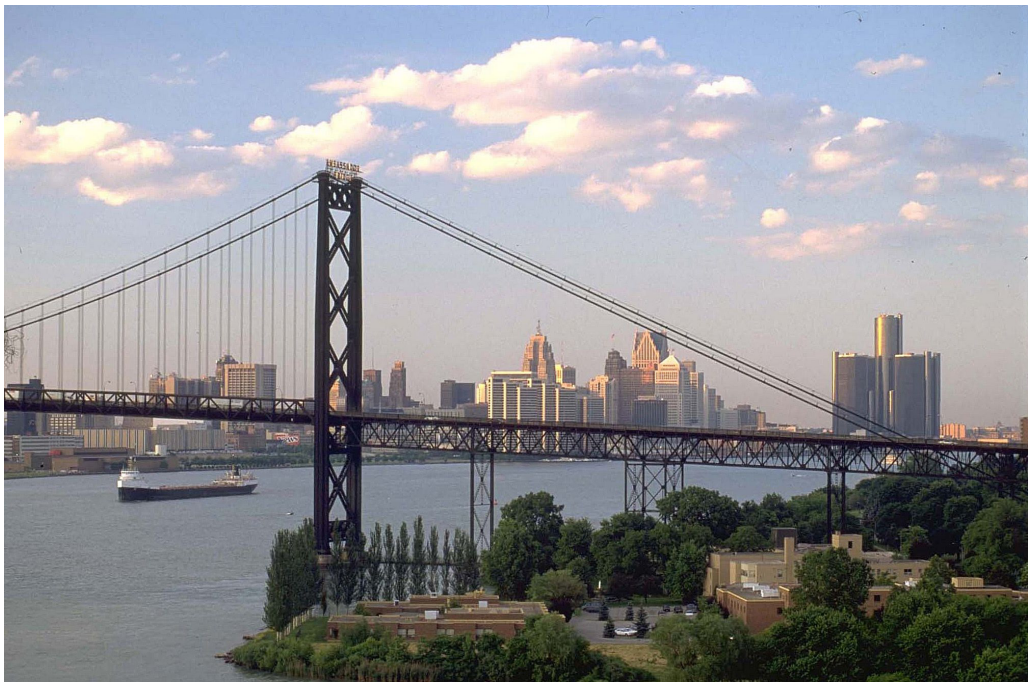
support, and network approach to enhance community-academic capacity to use CBPR to promote health equity.

The NSO/Bell-Oakland University Partnership: A Description of the Initial Development of a CBPR Partnership Involving Housing First Tenants

Rebecca Cheezum, Tia Cobb, Matthew Rosso, **Ellis Carter, Keith Jenkins, Lucretia Gaulden**

CBPR is an approach to research where community members are engaged in all phases of a study. This presentation will describe the development of a CBPR partnership between the Bell Building, a program of Neighborhood Services Organization (NSO), a human service agency providing diverse and comprehensive programs for vulnerable populations in Detroit, and Oakland University (OU). The Bell Building provides permanent housing, using a Housing First model that includes wrap-around services, to disabled individuals who have experienced chronic homelessness.

Through the receipt of a small planning grant from the Detroit URC, the NSO/Bell-OU Partnership was initiated in January 2013 and has been working to establish a CBPR partnership that not only engages staff of NSO, but also the tenants themselves. We will provide an overview of the purpose, components and results of the Detroit URC's Small Planning Grant program, aimed at enhancing capacity and fostering the development of CBPR partnerships. We will also describe and analyze the partnership activities that took place during the partnership formation stage. These included workshops for tenants conducted by OU faculty, field trips to the Detroit Institute of Arts and OU, visits to Bell by OU students, and implementation of a PhotoVoice project. We will also discuss the role of funding, including the small planning grant, to sustain the partnership during these activities and provide an update on the partnership's current efforts. Lastly, two tenants of Bell will describe their reasons for participating in the partnership activities, including benefits and challenges.



SESSION 4

Session 4: Policy Translation: Training, Research, and Application

Moderated by: Barbara Brush (AM) and LaNeice Jones (PM)

Session Description: One of the goals of the Detroit URC is to increase the capacity of academic, community and health practice entities to engage in policy advocacy processes, including translating research findings to advance policy formulation, dissemination and education at all levels of government and within organizations, agencies and systems. Several of the Detroit URC affiliated partnerships have involved capacity building training for policy advocacy and the translation of research into policy. In this session, the work of four of these partnerships is presented: the Healthy Environments Partnership, Neighborhoods Working in Partnership, Healthy Neighborhoods for a Healthy Detroit, and the Michigan Community Health Worker Alliance.

Presentation Descriptions:

The One-Pager: A Practical Policy Advocacy Tool for Translating Community-Based Participatory Research Into Action

Betty T. Izumi, Amy J. Schulz, Barbara A. Israel, **Angela G. Reyes,** Jennifer Martin, Richard L. Lichtenstein, Christine Wilson, Sharon L. Sand

The multiple and diverse perspectives, skills, and experiences inherent in community–academic partnerships make them uniquely positioned to educate policy makers and advocate for health equity. Effective communication tools are critical to successfully engage in the policy-making process. Yet few resources emphasize the development and use of practical tools for translating CBPR findings into action. In this presentation we will describe the CBPR process used by the Healthy Environments Partnership (HEP) in developing and using a one-page summary, or "one-pager," of research findings and their policy implications. HEP develops, implements, and evaluates interventions in Detroit to reduce racial/ethnic and socioeconomic inequities in cardiovascular disease. The focus of the one-pager described in this presentation is healthy food access in Detroit.

Engaging Youth Leadership in Policy Advocacy

Akosua Burris, **Jaye Clement,** Chris Coombe, Sonya Grant, Barbara Israel, **Rich Lichtenstein,** Angela Reyes, Amy Schulz, Sherita Smith, Conja Wright

The Detroit URC's early projects were successful at improving the specific health problems on which they focused (e.g. asthma, heart disease, diabetes). However, these results stopped short of translating into policy change at the local, state or national levels. Thus, the Detroit URC decided that the partnership would place greater emphasis on training community residents in policy advocacy and policy change. In 2007, the Detroit URC established the Neighborhoods Working in Partnership (NWP): Building Capacity for Policy Change effort with funding from The Skillman Foundation. The objectives of NWP were to: (1) strengthen policy advocacy skills among neighborhood residents within Detroit; (2) extend community voices to the policy-making arena; and (3) impact policies aimed at creating healthy neighborhoods.

To achieve these objectives, staff from PolicyLink, a national research and action institute advancing equity based in Oakland, California, worked with Detroit URC members to develop and implement "train-the-trainers" workshops in policy advocacy. Drawing upon those trainings, we designed workshops for Detroit residents focused on basic principles of the policy change process (e.g., designing an advocacy campaign, power mapping), and on effective strategies for impacting policy change (e.g., coalition building). Initial programming focused on seven Detroit neighborhoods and

included both adults and youth, novices and established leaders. Workshops were later extended citywide, to other cities, and to three youth-based initiatives in Detroit (Cody-Rouge Community Action Alliance, Detroit Hispanic Development Corporation, Neighborhood Service Organization's Youth Initiative Project). This presentation will focus on the workshop design, evaluation, and lessons learned, with a focus on our youth engagement efforts.

Health Impact Assessment of Detroit Future City Regeneration Framework on People Living in High Vacancy Neighborhoods

Chris Coombe, Donele Wilkins, Angela G. Reyes, Amy J. Schulz, Barbara A. Israel, Kurt Metzger, Ben Cave, Danielle Jacobs

Detroit has experienced substantial loss of jobs and population, resulting in widespread disinvestment and vacancy in historically vibrant neighborhoods. To address this, the Detroit Future City (DFC) strategic framework was developed to guide the revitalization of Detroit. A key strategy is to redistribute resources for infrastructure maintenance and renewal toward stabilizing the most populated areas, and to eventually transition high vacancy neighborhoods to non-residential land uses. Currently 90,000 people live in areas classified as high vacancy.

Healthy Neighborhoods for a Healthy Detroit – Health Impact Assessment (D-HIA), a community-academic partnership affiliated with the Detroit URC, conducted a health impact assessment to look at how DFC "strategic renewal" may affect the health of those living in high vacancy neighborhoods. We examined impacts on neighborhood determinants of health: stability/population density, social networks, social cohesion, safety, crime dispersion, displacement, gentrification, and exposure to environmental hazards such as lead and demolition debris. D-HIA looked at potential positive and negative impacts depending on whether people remain or leave, and the distribution of impacts on vulnerable groups (impoverished, children, youth, women, and elderly) and equity.

We will present and analyze key findings, including potential health impacts of reduced infrastructure investment on mortality, heart disease, violence, asthma, lead poisoning, and cancer. Recommendations include: provide basic services for all neighborhoods; implement community-based planning; mitigate detrimental impacts of displacement and establish policies to protect against negative effects of gentrification. We will discuss strengths, challenges, and lessons learned for using HIA to promote health and equity in urban regeneration.

Translating Successful Projects to Sustained Community Health Worker Programs in Michigan

Edie Kieffer, Marta Lugo-Rodriguez, Katie Mitchell, Gloria Palmisano, **Claireta Thomas,** Michael Spencer, Michele Heisler, Ricardo Guzman

Community Health Workers (CHWs) are trusted community members who promote the health of community residents and reduce social inequities. In the U.S., despite evidence of positive community, family and individual outcomes, most CHW programs remain reliant on short-term grants. This unreliable funding makes CHW programs, employment and success in empowering individuals and communities, unsustainable. CHWs have been central to the success of several Detroit URC-affiliated partnership projects. For example, CHWs are the heart of the REACH Detroit Partnership and Healthy Mothers on the Move interventions. These CBPR projects resulted in development of community resources, and significant improvements in dietary behaviors, depressive symptoms, glucose control, diabetes-related distress and other outcomes. These results led to policies affecting clinical

practice at the Community Health and Social Services (CHASS) Center, Inc., including integration of CHWs within health care teams, albeit dependent on grant support. In 2011, initiated by several Detroit URC partners, CHWs and their allies met to discuss strategies to address CHW sustainability challenges, resulting in the birth of the Michigan Community Health Worker Alliance (MiCHWA).

The purpose of this presentation is to examine MiCHWA's development and accomplishments. MiCHWA has raised awareness of CHWs; developed, piloted and evaluated core competency-based CHW training; and convened CHWs, health and human service organizations, policy makers, health plans, researchers and other stakeholders to develop and implement strategies that are resulting in policy changes aimed at sustainable employment and financing. Processes needed to translate CBPR project successes to policies sustaining CHW programs will be discussed.

PANEL DISCUSSION

THE DETROIT URC PROMOTING HEALTH EQUITY THROUGH CBPR: PAST, PRESENT, AND FUTURE

Panelists

Barbara A. Israel
J. Ricardo Guzman
Richard Lichtenstein
Angela G. Reyes
Zachary Rowe
Amy J. Schulz

Moderator

Dr. Kimberlydawn Wisdom

Panel Description

The focus of the closing panel session is to provide reflections and future directions for the Detroit URC, and its continued role in promoting health equity through a community-based participatory approach. The panel consists of three community and three academic partners – all of whom have been involved with the Detroit URC since its inception in 1995. The panel moderator, also a long-standing Detroit URC Board member, will initially ask several questions of the panelists, after which the moderator will invite questions from the audience.

SPEAKER AND MODERATOR BIOGRAPHIES

Alex J. Allen, III

Alex J. Allen, III is Executive Director of the Chandler Park Conservancy. Previous roles have included Executive Director of the Detroit Eastside Community Collaborative, Vice President of Community Planning & Research at Isles, Inc., and Director of Butzel Family Center. Mr. Allen was a founding member of the Detroit URC and of the Healthy Environments Partnership, where he currently serves as a member of the Steering Committee. He has over 20 years of experience with CBPR, and in community development and is passionate about creating active greenways that connect people and communities.

Stuart Batterman

Stuart Batterman, PhD, is a Professor of Environmental Health Sciences and Water Resources and Environmental Engineering at the University of Michigan (U-M). His research and teaching interests address environmental impact assessment, human exposure and health risk assessment, and environmental management. He is particularly interested in improving exposure measures in risk assessments and epidemiological studies, measuring toxic compounds found as pollutants in drinking water, ambient and indoor air, and statistical and modeling methods used to interpret and extend available measurements. His research is applied to contemporary problems including ambient and indoor air quality, environmental epidemiology, policy analysis, environmental engineering, environmental justice, and life cycle analysis.

Barbara Brush

Barbara Brush, RN, PhD, FAAN is the Carol J. and F. Edward Lake Professor of Population Health, U-M School of Nursing, past faculty Director of Michigan Institute of Health and Clinical Research, and Fellow of the American Academy of Nursing. Her research with homeless families in urban communities uses principles of CBPR to guide study design, implementation, analysis and dissemination and operates under a theoretical framework that recognizes the compounded disadvantages shaping families' lived experiences. A nurse practitioner and historian with policy training through the UM Center for Healthcare Research and Transformation, Dr. Brush's work informs policy and practice at local, national, and international levels.

Wilma Brakefield Caldwell

Wilma Brakefield Caldwell, BSN, is a founding member of the Detroit URC Board and since 1998 has been a health department and community representative on the Community Action Against Asthma's (CAAA) Steering Committee, an affiliated partnership of the Detroit URC. She is former Public Health Nursing Administrator at the Detroit Health Department, and has extensive experience participating in Community-Based Participatory Research (CBPR) partnerships.

Cleopatra Caldwell

Cleopatra Caldwell, PhD, is a Professor of Health Behavior and Health Education and Director of the Center for Research on Ethnicity, Culture, and Health at the U-M School of Public Health. She is also a Faculty Associate with the Program for Research on Black Americans at the Institute for Social Research. Her research focuses on psychosocial and environmental factors influencing health and health behaviors, particularly in the area of health disparities. Dr. Caldwell has published in a number of areas, including conducting culturally competent research within Black communities.

Ellis Carter

Ellis Carter is a tenant at the Bell Building and is on the NSO/Bell-Oakland University Partnership steering committee. He enjoys volunteering in order to find out more about what things are about. "You never know what you can find yourself doing when you are open to volunteering and getting involved!"

Rebecca Cheezum

Rebecca Cheezum, PhD, MPH, is Assistant Professor in the School of Health Sciences and Associate Director of the Master of Public Health Program at Oakland University. She is co-founder and principal investigator for the NSO/Bell-Oakland University Partnership. She has a PhD in Health Behavior and Health Education from the U-M School of Public Health, where she trained with Barbara Israel and had the opportunity to work on research studies affiliated with the Detroit URC.

Jaye Clement

Jaye Clement, MPH, MPP, is the Director of Community Health Programs and Strategies with the Office of Community Health, Equity and Wellness at Henry Ford Health System in Detroit, MI. She serves on the advisory Board for Black Mother's Breastfeeding Association and is a Fellow with the W.K. Kellogg Foundation's Community Leadership Network. She also worked closely with the Detroit URC as a Community Policy Advocacy Trainer for the Neighborhoods Working in Partnership: Building Capacity for Policy Change Project, and serves on the board of directors for local non-profit, Teen HYPE (Helping Youth by Providing Education).

Chris M. Coombe

Chris M. Coombe, PhD, is Assistant Research Scientist at the U-M School of Public Health, and is affiliated with the Detroit URC. She has extensive experience designing, implementing, and evaluating CBPR research and interventions. Dr. Coombe has been principal investigator of several Detroit URC capacity building initiatives, as well as the Health Impact Assessment of Detroit redevelopment plans. Her work focuses on understanding how urban social and physical environments contribute to racial and socioeconomic inequities, and translating that knowledge into policy interventions to promote health and equity.

Cindy Gamboa

Cindy Gamboa is the Community Outreach Coordinator for the Healthy Environments Partnership, an affiliated partnership of the Detroit URC. For the past 10 years, Ms. Gamboa has worked with community organizations and residents in Detroit to build capacity to support walking and physical activity friendly environments. She has contributed to the development of the Supporting Walking Group training and has conducted more than 20 training series since 2010.

Lucretia Gaulden

Lucretia Gaulden is a tenant at the Bell Building and is on the NSO/Bell-Oakland University Partnership steering committee. She is an active member in the Bell Building community and serves on the Neighborhood Service Organization board. Ms. Gaulden is passionate about helping in any way she can when it comes to the issue of homelessness.

Sonya Grant

Sonya Grant, MSW, is Chief Operating Officer with Southeast Michigan Community Alliance, a state-designated Michigan Works! designee. Formerly, she was Project Manager for Community Action Against Asthma, an affiliated partnership of the Detroit URC. She has worked in several social service and community development positions in Detroit, including Executive Director for City Camp, Executive Director for Rebuilding Communities Inc., and as a Legislative Aide to the Detroit City Council President. Ms. Grant has been a community Policy Advocacy trainer with the Detroit URC's training program since 2007, and was a member of the Detroit URC Board and the Steering Committees of several affiliated partnerships.

Claudia Gutierrez

Claudia Gutierrez is a Community Health Worker (CHW) at CHASS Center, Inc. where, for the past nine years, she has worked on CBPR studies and used CHW models to address racial/ethnic disparities among Latinos and African Americans with type 2 diabetes in Southwest Detroit, where she grew up. Currently, Mrs. Gutierrez is working on the CHW Integration Project, which is focused on integrating CHWs as part of the CHASS health care team. Mrs. Gutierrez is also an active member of the Michigan Community Health Worker Alliance.

J. Ricardo Guzman

Ricardo Guzman, MSW, MPH, is the CEO of Community Health and Social Services Center, Inc. (CHASS), a Federally Qualified Health Center in Detroit, which provides primary health care to underserved residents. He has more than 45 years of experience working with health and human service programs targeting the southwest Detroit Hispanic community. He has co-authored numerous published articles and is Chair of the Board of Directors of the National Association of Community Health Centers (based in Washington, DC). He is a founding and current member of the Detroit URC Board and has played a leadership role in increasing access to culturally appropriate, high-quality, affordable, comprehensive health services in Detroit.

Yolanda R. Hill-Ashford

Yolanda R. Hill-Ashford, MSW, is the Maternal Child Health Manager for the Detroit Department of Health and Wellness Promotion. Previously she served as the program manager for “Women Inspired Neighborhood Network- Detroit” also called, “Sew Up the Safety Net for Women and Children,” an infant mortality reduction program at Henry Ford Health System’s office of Community Health Equity and Wellness. Ms. Hill-Ashford has more than 20 years of experience in public health with an extensive background in CBPR, outreach, education, and training, having served in a leadership capacity for the East Side Village Health Worker Partnership, affiliated with the Detroit URC.

Barbara A. Israel

Barbara A. Israel, MPH, DrPH, is a Professor, Department of Health Behavior and Health Education at the U-M School of Public Health. She has extensive experience conducting CBPR in collaboration with partners in diverse communities. As the founding Director of the Detroit URC, she has worked together with academic and community partners to establish and maintain the Center. She is actively involved in several Detroit URC-affiliated CBPR partnerships examining and addressing, for example, the environmental triggers of childhood asthma, the social and physical environmental determinants of cardiovascular disease, and capacity building for and translating research findings into policy change.

Betty T. Izumi

Betty T. Izumi, PhD, is Assistant Professor in the School of Community Health at Portland State University. Before joining the Portland State faculty in 2010, Dr. Izumi was a postdoctoral research fellow with the W.K. Kellogg Health Scholars Program at the U-M School of Public Health, where she worked with the Healthy Environments Partnership and received extensive training in CBPR. At Portland State, Dr. Izumi uses a CBPR approach to investigate and address issues at the intersection of nutrition, sustainability, and health equity.

Keith Jenkins

Keith Jenkins is a tenant at the Bell Building and is on the NSO/Bell-Oakland University Partnership steering committee. He found the PhotoVoice project helped him "get his life better than it used to be." Today Mr. Jenkins is proud to be on the steering committee and proud to help other people.

LaNeice Jones

LaNeice Jones is the Vice President of Programs for Neighborhood Service Organization, and is responsible for the oversight of program operations in three Units of the organization. Ms. Jones is a Licensed Master Level Social Worker with over 22 years of experience working in social and human service settings and specializes in crisis intervention, suicide prevention, information and referral, youth and community programs. In addition to serving on the Detroit URC Board, Ms. Jones is a member of the National Association of Crisis Organization Directors Board and the Michigan Alliance of Information and Referral Systems Board.

Edith C. Kieffer

Edith C. Kieffer, MPH, PhD, Professor at the U-M School of Social Work, conducts CBPR addressing health disparities. In addition to longitudinal epidemiological studies and qualitative formative research in community and health care settings, she and collaborators conduct and evaluate the effectiveness of community health worker (CHW) programs. She is conducting community studies evaluating the impact of Medicaid expansion in Michigan. She is a founding member of the Detroit URC Board, and of the Michigan Community Health Worker Alliance, which promotes sustainability of CHW programs and careers through policy change and workforce development.

Toby Lewis

Toby Lewis, MD, MPH, is Associate Professor of Pediatrics and Communicable Diseases, U-M School of Medicine, and Associate Professor, Environmental Health Sciences, U-M School of Public Health. Dr. Lewis is a pediatric pulmonologist with expertise in the epidemiology of childhood respiratory disease; she has conducted CBPR asthma interventions with Community Action Against Asthma in Detroit since 1999, and serves as Principal Investigator of several intervention projects carried out by the partnership.

Richard Lichtenstein

Richard Lichtenstein, PhD, the S.J. Axelrod Collegiate Professor of Health Management and Policy, U-M School of Public Health, and a founding Board member and Co-Director of the Detroit URC. Dr. Lichtenstein is also the Founder and Director of the U-M Summer Enrichment Program in Health Management and Policy, a summer internship program for undergraduate students interested in eliminating health disparities. Dr. Lichtenstein is on the Board of Directors of the Neighborhood Service Organization in Detroit and of the Corner Health Center in Ypsilanti, MI. He is a trustee of three Voluntary Employee Beneficiary Associations, which provide health benefits to groups of retirees.

Marta Lugo-Rodriguez

Marta Lugo-Rodriguez is a Community Health Worker (CHW) at Community Health and Social Services, Inc. She has been a CHW for over 14 years, working in Detroit with moms, babies, and adults. She currently works as a community-based doula. Ms. Lugo-Rodriguez is an active participant with the Michigan Community Health Worker Alliance (MiCHWA). She co-leads MiCHWA's CHW Network and participates on the Steering Committee. She has served with MiCHWA since its founding in 2011.

Robert McGranaghan

Robert McGranaghan, MPH, has implemented, evaluated, and disseminated community and worksite-based health education interventions and CBPR partnership activities for over 30 years and has served as project director on several major interdisciplinary initiatives involving diverse communities in Philadelphia, the San Francisco Bay Area, Detroit, and now Aurora, Colorado. In 1995, he helped to establish and then served as the manager of the Detroit URC through 2012. In 2012, he established and now directs the "Community-Campus Partnership" for the University of Colorado Anschutz Medical Campus, which fosters and supports collaborative activities and programs for health and well-being in partnership with the campus' surrounding underserved communities.

Katie Mitchell

Katie Mitchell, MSW, is the project director of the Michigan Community Health Worker Alliance (MiCHWA), a partner-driven coalition whose mission is to promote and sustain the integration of Community Health Workers (CHWs) into Michigan's health and human service systems. She has worked with MiCHWA since its launch in August 2011, supporting the partnership by engaging CHWs and their stakeholders statewide as its sole full-time staff person. Ms. Mitchell oversees MiCHWA's activities, including its Steering Committee, working groups and statewide initiatives related to CHW policy, financing, appreciation and workforce development. She also speaks frequently on the CHW workforce at the local, state and national levels.

Minal Patel

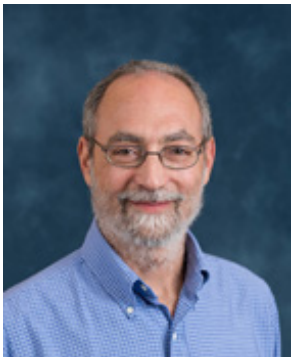
Minal Patel, PhD, is an Assistant Professor in the Department of Health Behavior and Health Education at the U-M School of Public Health, where she completed both her MPH and PhD. She is the principal investigator of the Insure Detroit Project funded by the National Institute for Health Care Reform. Dr. Patel's research focuses on improving capacity for individuals and health systems to access affordable health care and manage common chronic diseases through behavioral interventions. She is interested in reducing barriers to health care access, and increasing patient and health care provider collaboration to improve meaningful health outcomes.

Edith Parker

Edith Parker, DrPH, is Professor and Chair, Department of Community and Behavioral Health, University of Iowa (UI) College of Public Health. Previous to joining UI in August 2010, she served for 15 years on the faculty at the U-M School of Public Health. She was a founding member of the Detroit URC and the Community Action Against Asthma partnerships. She is currently Principal Investigator of the Centers for Disease Control-funded UI Prevention Research Center and directs the community engagement core of the UI Clinical and Translational Science Award. Her research focuses on the design, implementation and evaluation of CBPR health promotion programs that address social determinants of health and health disparities.

Angela G. Reyes

Angela G. Reyes, MPH, is the founder and Executive Director of the Detroit Hispanic Development Corporation and a founding board member of the Detroit URC. She has been active in community organizing efforts in Southwest Detroit for over 30 years. Ms. Reyes is the recipient of several awards, including Corp! Magazine's Michigan's Most Influential Hispanic Leaders, New Detroit's Closing the Gap award, and the Detroit Metropolitan Bar Association Liberty Bell Award. Ms. Reyes is known nationally and internationally as a consultant and speaker on issues affecting the Latino community, including cultural awareness, youth gangs and violence, immigration, and education reform.



Thomas G. Robins

Thomas G. Robins, AB,MD, MPH, has served on the faculty the U-M Department of Environmental Health Sciences since 1984. He is an occupational and environmental physician and epidemiologist. He is the Director of two major training grants: 1) an Education and Research Center funded by NIH to train U.S. occupational health professionals at U-M; 2) a NIH Fogarty International Center grant to develop human resource capacity in environmental and occupational health in the 14-nation Southern Africa Development Community. His research addresses global issues in environmental and occupational health with particular emphasis on respiratory morbidity associated with workplace exposures and ambient air pollution.

Zachary Rowe

Zachary Rowe, BBA, Executive Director, Friends of Parkside, a grassroots community-based organization on Detroit's eastside which provides programs for youth, a computer learning center, health projects, and linkages for residents to employment opportunities. He has more than 20 years experience engaging in CBPR and is a founding member of the Detroit URC. He serves on the Steering Committees of the Healthy Environment Partnership, Community Action Against Asthma, and REACH Detroit. He serves on the University of Michigan's Robert Wood Johnson Foundation Clinical Scholars Program Internal Advisory Committee and the National Community Network for Research Equity & Impact. He is a Co-Principal Investigator on several federally-funded projects.

Sharon Sand

Sharon Sand, MPP, is Project Manager for the Healthy Environments Partnership and has more than 16 years experience staffing CBPR efforts. Since 2008 she has managed the day-to-day research intervention activities of the Community Approaches to Cardiovascular Health project, which involves the Walk Your Heart to Health intervention, including supervising Community Health Workers. Previously, Ms. Sand served as Project Manager for the Eastside Village Health Worker Partnership, a lay health worker intervention, and Evaluator for the Promoting Healthy Eating in Detroit project, both CBPR projects affiliated with the Detroit URC.

Amy J. Schulz

Amy J. Schulz, PhD, MPH, Is Professor of Health Behavior and Health Education, U-M School of Public Health, Associate Director, Center for Research on Ethnicity, Culture and Health, and Co-Director for the NIH-funded "Promoting Ethnic Diversity in Public Health". She has considerable experience and has published extensively on CBPR and social determinants of health in urban communities. She is the Principal Investigator (PI) of the Healthy Environments Partnership and Co-PI for the Community Action to Promote Healthy Environments, both affiliated partnerships of the Detroit URC.Her research focuses on addressing social and environmental factors and their effects on health, health equity and urban health.

Sherita Smith

Sherita Smith, MPA, is Director of Development at Detroit Hispanic Development Corporation. Ms. Smith has extensive experience engaging in community organizing efforts, particularly around health issues, and is very familiar with CBPR processes. She has been involved in several long-term CBPR, community planning, and evaluation efforts and is a highly engaged partner of the Detroit URC and affiliated partnerships. She served as a policy trainer for the Neighborhoods Working in Partnership project, and a policy specialist for the Neighborhoods Taking Action partnership.

Michael Spencer

Michael Spencer, PhD, is the Fedele F. Fauri Collegiate Professor of Social Work at the U-M. His research examines disparities in physical and mental health and service use of populations of color, as well as interventions for reducing disparities. He is the Principal Investigator of the REACH Detroit Family Intervention, an NIH-funded, CBPR project aimed at reducing disparities in type 2 diabetes through the use of community health workers among African American and Latino residents in Detroit.

Madiha Tariq

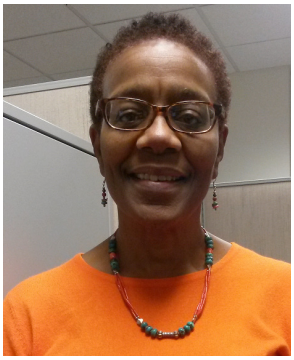
Madiha Tariq, MPH, is the manager of public health programs at the ACCESS Community Health and Research Center in Dearborn. She oversees health promotion and disease prevention programs including: substance abuse, tobacco cessation, HIV/STD prevention and care, maternal and infant health, refugee health and wellness programs. Ms. Tariq advocates for improved access to health care through the ACCESS Affordable Health Care Education and Enrollment Initiative, including outreach and education and providing health insurance enrollment assistance. She earned her Master of Public Health degree from George Washington University, and a BA degree in International Politics and Economics from Middlebury College.

Claireta Thomas

Claireta Thomas is a Community Health Worker (CHW) at Community Health and Social Services, Inc. She has been a CHW for 13 years, and has worked on various health-related projects for different organizations as a CHW. She is currently working on a project aimed at reducing the A1C in adolescents and teens with type 1 diabetes. Ms. Thomas is an active participant in the Michigan Community Health Worker Alliance, and she co-leads the CHW Network working group. She is also a member of the Evaluation Board, the Communications workgroup, and the Management team.

Julia Weinert

Julia Weinert, MPH, is the Detroit URC Center Manager and has been engaged with the work of the Center for more than eight years. She works closely with members of the Board and affiliated partnerships on a day-to-day basis and is highly knowledgeable about using a CBPR approach. Ms. Weinert has been integral in the development and implementation of several Detroit URC capacity building initiatives, including the Community Academic Research Network, the Small Planning Grant Program, the CBPR Capacity Building Workshop for Community-Based Organizations, and the CBPR Partnership Academy.



Sheryl Weir

Sheryl Weir, MPH, is Section Manager for the Michigan Department of Health and Human Services, Disparities Reduction and Minority Health Section. The Section's efforts focus on addressing racial and ethnic health inequities in Michigan. Ms. Weir has over 30 years of public health related experience and was former project manager for the Healthy Environments Partnership. Her areas of focus include racial and ethnic minority health, health equity, and health disparities. She has an MPH from the University of Michigan and a BA from Michigan State University.

Donele Wilkins

Donele Wilkins has over two decades of experience in occupational and environmental health as an educator, consultant, trainer, administrator and advocate. She founded and currently serves as the President/CEO of the Green Door Initiative, a non-profit organization promoting urban sustainability in the City of Detroit. Ms. Wilkins is on the Steering Committee of the Detroit Health Impact Assessment Partnership, an affiliated partnership of the Detroit URC. She is sought after as a public speaker addressing local and national audiences on topics of sustainable development, environmental justice, and occupational and environmental health advocacy.

Guy O. Williams

Guy O. Williams, BS, is President & CEO of Detroiters Working for Environmental Justice and Principal & Founder of G.O. Williams & Associates, L.L.C., strategic advisors for sustainable community and environmentally related programs. Named 2014 Michigan Green Leader of the Year, Williams is well known for his work as an advocate for environmental justice and a developer of community programming that values effective collaborations among business, government, and community interests. Williams has a long history as a partner and Board member of the Detroit URC.

Kimberlydawn Wisdom

Kimberlydawn Wisdom, MD, MS is the Senior Vice President of Community Health & Equity and Chief Wellness and Diversity Officer at Henry Ford Health System. She is a board-certified Emergency Medicine physician, Chair of the Gail and Lois Warden Endowment on Multicultural Health, and Michigan's and the nation's First State-level Surgeon General. In 2012 she was appointed by President Obama to serve on the Advisory Group on Prevention, Health Promotion and Integrative and Public Health. Since 1987 she has been on the faculty of U-M Medical School's Department of Medical Education and adjunct professor in the U-M School of Public Health.

POSTER SESSION

Community Action Against Asthma

Free-Standing Air Filters in Bedrooms of Inner City Children With Asthma. Do They Make a Difference?

Liuliu Du, Stuart Batterman, Edith Parker, Christopher Godwin, Jo-Yu Chin, Ashley O'Toole, Thomas Robins, Wilma Brakefield-Caldwell, Zachary Rowe, Toby Lewis

Background and Aims: Airborne particulate matter (PM) is an asthma trigger and can aggravate respiratory and other health conditions. Environmental tobacco smoke (ETS), to which many children are exposed, is associated with increased frequency and severity of asthma attacks, prolonged duration of symptoms, and decreased lung function. Children in urban areas are especially exposed to indoor pollutants, which often dominate exposures. Air filters can substantially reduce PM exposures and, as suggested in several studies, asthma symptoms. Room filters are inexpensive and easily installed, but performance is affected by clean air delivery rates, air exchange rates (AERs), and other factors. This study evaluates the utility of filters and air conditioners (ACs), intended to reduce AERs and improve filter performance, on exposures and health of asthmatic children in Detroit, Michigan.

Methods: 126 households containing an asthmatic child were randomized into a control group, a group receiving a HEPA filter placed in the child's bedroom, or a group receiving a filter and an AC. Each participant received educational community health worker home visits. Information regarding home characteristics and occupant activities were collected using surveys and inspections. Parameters monitored each season over a year included PM, CO2, ETS, and filter use. Child health measures included pulmonary function, medication use and symptom frequency.

Results: When used, filters substantially reduced PM concentrations, producing 70% reductions as measured immediately after filter installation. However, participants decreased their use of the filters over time. When corrected for ETS and other co-factors, ACs provided a modest drop in PM concentrations, but concentrations sometimes increased. The ongoing analysis of health symptoms suggests diminished symptoms when filters were used.

Conclusions: Measures that capture actual exposures are needed, including continuous monitoring of filter use and pollutant levels, in order to avoid biases that dilute effects seen in air filter and other intervention studies.

Characterization of Global DNA Methylation at Line-1 in a Cohort of Urban Asthmatic Children with a Gradient of Exposure to Highways

Toby C. Lewis, Laura Rozek, Adrienne Van Zomeren-Dohm, Bhramar Mukherjee, Xiaodan Ren, Graciela B. Mentz, Thomas G. Robins, Elizabeth Hughes, CAAA Steering Committee

Background and Aims: Asthma is a complex chronic disease with heterogeneous clinical expression and waxing and waning activity over the life cycle. Epigenetic modifications may be a mechanism to explain clinical variability. However, the relationship between environmental exposures, epigenetic changes, and health outcomes is unclear, particularly in young vulnerable populations.

Methods: This study builds on an investigation of the impact of near-highway residence on the health of asthmatic children, "The Community Action Against Asthma (CAAA) Diesel Study." In this pilot study, we measured global DNA methylation in cells from saliva in a cohort of urban asthmatic children. Children aged 6-14 with asthma were recruited based on the proximity of their residence to highways. DNA was extracted from saliva samples from 79

children and assessed for degree of DNA methylation at four loci within LINE-1. We assessed the association between methylation and gender, age, and exposure to highways.

Results: Methylation of LINE-1 loci was heterogeneous and ranged from a mean of 66% at site 3, to 74% at site 2, with an overall mean of 70% across the four sites. Girls were hypomethylated at site 3 (65.64%) compared to boys (67.11%, p=0.048) and this difference remained significant after adjustment for gender, race, asthma severity, exposure to tobacco smoke, and highway exposure. Neither current highway exposure status nor asthma severity were significant independent predictors of methylation. However, changes in methylation pattern with age differed across exposure groups, showing a steeper declining gradient in the high diesel exposure group.

Conclusions: Differences in global methylation measured at LINE-1 are site-specific, present relatively early in life and may vary by exposure to roadway-associated air pollution. There may be important gender-specific differences in methylation. Expanded studies of the epigenome in exposed populations will help clarify the role of epigenetic modifications in asthma phenotype.

Exposure to Highway Traffic and Lung Function of Detroit Children with Asthma

Toby Lewis, Tom Robins, Stuart Batterman, Bhramar Mukherjee, Graciela Mentz, Xiaodan Ren, Edith Parker, Erminia Ramirez, CAAA Steering Committee

Rationale: We conducted a longitudinal study to evaluate the health effects of roadway emission exposure on urban children with asthma. This analysis evaluates if there is an association between categorized exposure to highways and a child's lung function.

Methods: Our community-based participatory research partnership, Community Action Against Asthma, observed a cohort of 141 school-age children with asthma in Detroit on a seasonal basis, for up to 12 seasons. Children were categorized as living in three traffic exposure zones: a) A high diesel/high traffic (HD/HT) group living within 200 m of highways with a high volume of truck traffic (I-94 and I-75); b) A low diesel/high traffic (LD/HT) group living within 200 m of highways with a low volume of truck traffic (M10 and M39); and c) A low diesel/low traffic (LD/LT) group living more than 500 m from highways and at least 300 m from major surface roads. Spirometry was performed by staff in the child's home up to 4 separate days during a 2-week period each season. Data were standardized as percent of predicted (%p) using NHANESIII references. Multivariate modeling using Generalized Estimating Equations (GEE) adjusted for child's age, gender, race, season of data collection, duration of time in study, caregiver education, caregiver depression score, and household tobacco smoke exposure.

Results: Preliminary longitudinal adjusted models showed that high-diesel highway exposure (HD/HT) was associated with a 2.3 point reduction in FEV1/FVC relative to children with background urban exposure (LD/LT) (Table). Children with high traffic exposure (either HD/HT or LD/HT) had lower FEF25-75 values relative to the low traffic group, but this association did not reach statistical significance. Significant differences between exposure groups were not seen for FVC, FEV1, or PEF.

Conclusions: In this population, proximity of home residence to highways appears to be a risk factor for airways obstruction. Further assessment of specific pollution exposures with better time and spatial resolution are necessary to understand the health risks associated with highway exposure and to better understand health disparities within the urban environment.

Traffic-Related Exposures and Health Outcomes of Children with Asthma Living Both Near and Far From Highways

Stuart Batterman, Shi Li, Savitha Sangameswaran, Bhramar Muhkerjee, Andrew Ekstrom, Thomas Robins, Philip Hopke, Suresh Raja, Toby Lewis, CAAA Steering Committee

Background and Aims: Proximity to major roads has been associated with respiratory disorders and other adverse health effects. However, the understanding of traffic-related exposures and the associated health impacts is incomplete. Concentrations can vary dramatically spatially and temporally, and a fine spatial scale is needed to resolve traffic-related pollutants such as PM, black carbon (BC), NOx, and VOCs. This paper describes results obtained in recent and ongoing exposure and epidemiological studies in Detroit, Michigan.

Methods: We first explore the use of Medicaid data to investigate associations of acute asthma outcomes among Detroit children and proximity to major roads using a population-matched case-control analysis over a three year period, conditional linear regression, and both linear and nonlinear relationships with distance. We then present the design and preliminary results from an ongoing case-control study in which children with asthma were selected on the basis of residential proximity to major highways in Detroit, and which utilized seasonal health measurements, e.g., spirometry, and a variety of exposure assessment approaches.

Results: In the Medicaid data, asthma events were associated with proximity to primary roads with an odds ratio of 0.97 (95% CI: 0.94, 0.99) for a 1 km increase in distance, implying that asthma events were less likely as the distance between the residence and a primary road increases. In the field study, air quality impacts associated with traffic were observed in both time series and spatial studies, e.g., BC levels were elevated at monitors very near highways during the rush hour period, as well as on transects obtained across major roads.

Conclusions: There is moderately strong evidence of elevated risk of asthma close to major roads, based on case-control study, though increments of traffic-associated pollutants measured near the roads were generally modest.

Traffic-Related Exposures of Children with Asthma Living Near Highways: A Seasonal Assessment Including Indoor and Outdoor Trends of Black Carbon, PM2.5 and Other Pollutants

Stuart Batterman, Alan Vette, Gary Norris, Jon Thornburg, Jeff Portzer, Tom Robins, Toby Lewis, CAAA Steering Committee

Respiratory disorders and other adverse health effects have been associated with proximity to major roadways and exposure to traffic-related air pollutants. However, the current understanding of traffic-related exposures and health impacts is incomplete.

Approaches to estimate exposures have been reviewed by Lipfert and Wzyga (2008) and HEI (2010). It is evident that a fine spatial scale is needed to resolve ambient concentrations of roadway-related pollutants, which include PM, PM species, NOx, VOCs and black carbon, and that concentrations can vary dramatically spatially and temporally due to fluctuating traffic flows, varying fleet composition, roadway characteristics, and meteorology. Moreover, to estimate exposures of individuals, an essential input for epidemiological studies, exposure assessments must represent time-activity patterns of individuals. For children, for example, exposures should account for the time spent at home, in school and outdoors, both playing and commuting.

This paper describes recent results obtained in an exposure and epidemiological study called

the Near-road EXposures to and effects from Urban air pollutants Study (NEXUS), which is being conducted in Detroit, Michigan. It focuses on results of air quality monitoring conducted both inside and outside homes of the study participants, and along major roadways.

Factors Affecting Air Filter Usage in Homes of Children with Asthma In Detroit, Michigan

O'Toole A, Parker E, Batterman S, Robins T, Du L, Godwin C, Grant S, Rowe Z, Lewis TC, CAAA Steering Committee.

Indoor air quality is an important factor for the health of children with asthma. Air filters (AFs) can reduce exposure to indoor particulate matter (PM), if the AF is used correctly. Community Action Against Asthma (CAAA), a community-based participatory research (CBPR) partnership in Detroit, MI, conducted a study to evaluate the effect of AFs alone and with air conditioners to reduce PM and improve health in asthmatic children. We observed that not all study participants were using the free AFs as was advised (limiting usage hours, moving the equipment from child's room) despite extensive guidance on usage, regular written and verbal reminders, and reimbursement for electrical expenses.

In this study, we intended to investigate barriers and facilitating factors to running the AFs consistently and correctly in a group of 91 caregivers of children with asthma. Further, we sought to identify methods for increasing participant's use of the air filters during the study and in future practice.

Future interventions should consider methods and strategies to ensure behavior uptake of the intervention itself. These may include: Education around potential misperceptions, including the actual cost of AF usage (low compared to other appliances); potential to change room temperature; consider if participants should be informed that usage is being monitored continuously throughout the study. We chose not to inform participants in this study to avoid dramatic behavior change, but participants clearly increased usage during times of air quality measurement. Our patterns suggest that usage increased during the time that there were visits by staff. Perhaps more visits and more frequent contacts in populations such as these would be useful.

Dispersion Modeling of Traffic-Related Air Pollutants: Exposure and Health Effects among Children with Asthma in Detroit, Michigan

Stuart Batterman, Rajiv Ganguly, Vlad Isakoff, Janet Burke, Saravanan Arunachalam, Michelle Snyder, Tom Robins, Toby Lewis

Vehicular traffic is a major source of ambient air pollution in urban areas, and traffic-related air pollutants, including carbon monoxide, nitrogen oxides, particulate matter under 2.5 microns in diameter (PM2.5) and diesel exhaust emissions, have been associated with a number of adverse human health effects, especially in areas near major roads. In addition to emissions from vehicles, ambient concentrations of air pollutants include contributions from stationary sources and background (or regional) sources. While dispersion models have been widely used to evaluate air quality strategies and policies, and they are capable of representing the spatial and temporal variation in near-road environments, to date their use in health studies to estimate air pollutant exposures has been relatively limited. This paper summarizes the modeling system used to estimate exposures in the Near-roadway EXposure and Urban air pollutant Study (NEXUS) air pollution epidemiology study, which is examining 139 children with asthma or symptoms consistent with asthma, most of whom live near major roads in Detroit, Michigan. Air pollutant concentrations are estimated using a hybrid modeling framework that included detailed inventories of mobile and stationary sources at local and regional scales, RLINE, AERMOD and CMAQ dispersion models, and monitored

observations of pollutant concentrations. The temporal and spatial variability in emissions and exposures is characterized over the 2.5-year study period and at over 300 home and school locations. The paper highlights issues in developing and understanding the significance of traffic-related exposures using dispersion models in urban scale exposure assessments and epidemiology studies.

Detroit Urban Research Center

Enhancing Capacity to Use Community-Based Participatory Research for Social Justice: Developing an Interactive CD-ROM as a Teaching and Dissemination Tool

Chris M. Coombe, Barbara A. Israel, Robert J. McGranaghan, Jeanette Kunnath, Angela G. Reyes, William Ridella, Yolanda R. Hill-Ashford

Community-based participatory research (CBPR) is a partnership approach to research that equitably engages community and academic partners in all aspects of research with the aim of improving community health. While there is growing recognition that CBPR can play an important role in addressing health inequities and contributing to social justice, many researchers, community members and organizations have limited access to training in the approach. Technology-based tools may expand the teaching and dissemination of CBPR, towards enhancing capacity to reduce health inequities.

The Detroit Community-Academic Urban Research Center (Detroit URC) is a long-standing CBPR partnership that has been engaged for 20 years in conducting CBPR, developing methods, disseminating and applying results, and building CBPR skills and knowledge through courses, presentations, publications, and mentored training. Building on this base, the Detroit URC engaged in a participatory effort to develop an interactive CD-ROM to train researchers from diverse fields and community entities who are in the early stages of considering or using CBPR. Insights and images from the Detroit URC and affiliated partnerships and projects were used throughout, and interactive case study activities were designed so learners could engage more actively as an individual or as a group.

We describe the rationale for developing an interactive CD-ROM as a teaching/ dissemination platform for CBPR. We present the CBPR approach used to design, develop, implement, pilot, and distribute this tool. We discuss facilitating factors, challenges, and benefits of this project; lessons learned by the Detroit URC partnership; feedback received; and implications for enhancing capacity to engage in CBPR using a computer-based technology.

Enhancing Equitable Engagement: Using Google Analytics and Other Web-Based Tools to Strengthen and Expand Community-Based Participatory Research

Julia Weinert, Zachary Rowe, Dawn Richardson, Robert McGranaghan, Barbara Israel, Ricardo Guzman, Ashley Weigl

There have been increasing calls for the development of community-based participatory research (CBPR) partnerships to examine and address health inequities, and which actively involve community partners in all aspects of the research process. Community-based organizations and academic institutions need enhanced capacity to conduct such research and to advance the systems by which they communicate and engage with each other to do so. The Detroit URC has successfully created an infrastructure that fosters etiologic research, interventions and policy translation effort. With the onset of new web-based technology, the Center has also incorporated the use of internet tools, such as Facebook, Twitter, an interactive website, and Google Analytics, to facilitate and expand the establishment of community-academic partnerships and to enhance the

capacity of all partners to equitably engage in collaborative efforts.

This poster describes the social media and web-based tools used by the Detroit URC to enhance communication aimed at creating new and strengthening existing CBPR partnerships. It includes preliminary findings, such as data generated by Google Analytics, that have enabled the Center to strategically focus and invest resources and disseminate relevant information beyond traditional venues (e.g. peer-reviewed publications). The poster shares challenges, facilitating factors, and lessons learned in using such tools to support and expand CBPR partnerships and advance health equity in Detroit.

Extending Community-Based Participatory Research through Partnership Development, Capacity Building and Innovative Strategies: The Detroit Urban Research Center (Detroit URC)

Barbara Israel, Kimberlydawn Wisdom, Chris M. Coombe, Zachary Rowe, Ricardo Guzman, LaNeice Jones, Amy Schulz, Richard Lichtenstein, Julia Weinert, Lindsay TerHaar

Detroiters experience a disproportionate burden of stressors, diseases, environmental exposures, and limited access to resources, given where they live, that contribute to health inequities. There is a growing need for new community-based participatory research (CBPR) efforts that examine these determinants, translate findings into interventions and policies, and enhance capacity of all parties to achieve equitable partnerships. The Detroit URC is engaged in numerous strategies aimed at facilitating new partnerships and enhancing the capacity of community and academic entities to equitably engage in health inequities research, thereby extending the impact of CBPR. This poster will describe and analyze the Center's efforts, providing examples of these activities and outcomes, including: an online Community-Academic Research Network; a CBPR training tailored for community-based organizations; a national program to establish and foster new CBPR partnerships; a Small Planning Grant Program that supports partnership formation and pilot projects; and the provision of mentoring and technical assistance. An examination is provided of the role of infrastructure and the Center's Board, involving community and academic partners, in implementing and evaluating these efforts. This poster highlights a multi-pronged approach to extending CBPR partnerships and underscores the critical role of the Detroit URC in fostering capacity to address health inequities. Our results include: enhanced capacity of numerous community entities and researchers to conduct CBPR, engagement of those not previously involved, and establishment of new CBPR partnerships in Detroit and beyond. The availability of infrastructure support to sustain the Detroit URC may spur new collaboration and utilize existing community expertise to advance partnership, research and equity where we live.

The Use of Mixed Methods in Evaluating CBPR Partnerships: Lessons Learned from the Detroit Urban Research Center

Michael Muhammad, Chris M. Coombe, Barbara Israel, Allison Moffitt, Zachary Rowe, LaNeice Jones, Sherita Smith and Lindsay TerHaar

Introduction: As community-based participatory research (CBPR) has gained increasing prominence, there is a growing need to better understand the factors that contribute to success in long-standing partnerships. Given the complexity of such partnerships, the use of mixed methods in evaluating their effectiveness is particularly applicable. The purpose of this poster is to describe and analyze the mixed method evaluation approach used by the Detroit Urban Research Center (Detroit URC), a 20 year CBPR partnership.
Methods: The Detroit URC utilizes a mixed methods, participatory and formative evaluation

approach guided by a conceptual framework for assessing multiple dimensions of CBPR partnerships. Beginning in 1996, we developed and conducted quantitative (closed-ended questionnaires) and qualitative (in-depth interviews) data collection methods to evaluate and improve the partnership. Drawing on these mixed methods, in 2015 the Detroit URC conducted a survey questionnaire and in-depth interviews with Board members to assess factors contributing to long-term sustainability and success. We analyze both methods to ensure rigor, examine convergence, and apply findings to document and improve the partnership.

Results: We describe and analyze how the use of mixed methods has produced important findings on factors contributing to the effectiveness of this long-standing partnership. The approach produced insights into dimensions such as benefits/costs of participation, partnership impact, and sustainability.

Conclusion: We discuss and analyze the potential, challenges, and lessons learned in applying mixed methods for CBPR partnership evaluation. The intentional integration of mixed methods is an important approach to evaluate and foster the success and sustainability of CBPR partnerships.

Detroit URC Small Planning Grant Program: Partnership Initiatives

Through Our Eyes: An Exhibit of Photos from the NSO/Bell-Oakland University Partnership PhotoVoice Project

Rebecca Cheezum (Presenter – Project PI), Ellis Carter (Presenter - Photographer), Keith Jenkins (Presenter - Photographer), Lucretia Gaulden (Back up Presenter - Photographer), Tia Cobb (Co-author – NSO staff), Matthew Rosso (Co-author – Student Research Assistant)

In January, 2013, Oakland University and the Bell Building of Neighborhood Services Organization launched a community-based participatory research (CBPR) partnership. The Bell Building is an initiative of Neighborhood Services Organization that provides quality, safe, and permanent housing to individuals who have been chronically homeless. Designed to be a long-term sustained partnership, the purpose of the NSO/Bell-Oakland University CBPR partnership is to engage in research that will lead to interventions that will improve the health of Bell Building tenants.

As part of an initiative of the NSO/Bell-Oakland University Partnership, seventeen tenants of the Bell Building were given cameras and asked to document factors that impact their health and wellness. This research project is designed to provide insight into what factors impact the health and wellness of tenants of Bell. Using a research methodology called “PhotoVoice,” their photos were developed and each week for six weeks, the participants discussed their photos and how they relate to their health and wellness. Several of the photos will be on display and some of the photographers will be on hand to discuss their photos and their experience with the PhotoVoice project and the NSO/Bell-Oakland University CBPR partnership, more broadly.

Preventing Substance Abuse and Mental Health Problems among Detroit’s Hispanic Youth

David Cordova, Angela Reyes

Background: Substance abuse and mental health problems represent significant public health concerns among adolescents in the United States. Latino adolescents are disproportionately affected, yet relatively few culturally specific, theory-driven preventive interventions exist.

Purpose: The purpose of this community-based participatory research (CBPR) endeavor was to:

(a) build a partnership between the Detroit Hispanic Development Corporation (DHDC) and the University of Michigan School of Social Work, (b) form and mobilize a community steering committee, and (c) conduct a substance use and mental health needs assessment. This study aligns with the conference theme focused on basic research on social and physical environmental determinants of health and health inequities.

Methods: This study was guided by the principles of CBPR. We established a community steering committee in an effort to: (1) ensure community members could contribute to the advancement of knowledge, (2) establish trust with community members, (3) facilitate recruitment, engagement and retention of participants, and (4) ensure that research findings accurately described participants' experience. We conducted five focus group interviews with a total of 20 Latino adolescents. Data were analyzed using a thematic analysis approach.

Results: Emerging themes highlight: (a) adolescent lived experiences related to substance use and mental health, (b) adolescents' desire for both individual and family-based substance use and mental health interventions, and (c) facilitators and barriers to participating in preventive interventions.

Discussion: Findings highlight the utility of CBPR to address shared community-university goals of addressing substance use and mental health disparities among Latino adolescents.

Forming a Collaborative Health Research Partnership to Increase Effectiveness and Reach of Chronic Disease Prevention and Management Services among Detroit's Elderly

Mary Janevic, Megan Jensen, Elena Kaltsas, Shelley Stoll, University of Michigan Center for Managing Chronic Disease

The Detroit Area Agency on Aging (DAAA) and the U-M Center for Managing Chronic Disease (CMCD) received a one-year Detroit URC small planning grant to establish a strong partnership for future collaborative research addressing chronic illness among seniors in Detroit, a group that experiences much higher general and disease-specific mortality than their counterparts in the rest of Michigan. Our goals for this small planning mini-grant were to: 1) hold bimonthly face-to-face meetings with representatives from DAAA, CMCD, as well as two community-based Detroit organizations (St. Patrick's Senior Center and Neighborhood Service Organization) that implement DAAA-sponsored programs; 2) explore research interests among all collaborators; and 3) identify and address capacity-building needs.

By year's end, our newly-established partnership had made good progress toward its goals. Six face-to-face meetings were held in Detroit, and co-learning was accomplished through discussions at meetings and site visits to participating agencies. Midway through the year, we learned that a 5-year implementation study of an evidence-based heart disease self-management program, initially proposed in 2012 by late CMCD director Dr. Noreen Clark, had been unexpectedly funded by NIH. This new project includes a major role for DAAA. All collaborators agreed to leverage this funding not only to accomplish the study goal of making heart disease self-management education more accessible to Detroit's elderly, but also to meet other identified needs of the DAAA and constituents. Via participation in an ongoing Community Working Group to commence in

January 2016, members of our partnership group will continue to work together to decide how and where the intervention is offered, and may also conduct spin-off projects. Thus, the new partnership will continue into the foreseeable future.

Community-Based Recovery and Reentry Research in Detroit

Roddy, J., Draus, P. and Vaughter, D.

Purpose: The University of Michigan Dearborn has formed a community-academic research and practice partnership with Self Help Addiction Rehabilitation (SHAR), Positive Images, and the Detroit Recovery Project. The effort is supported with a small planning grant through the Detroit URC. The purpose of the partnership is to: 1) develop an advisory board of Detroit residents in recovery/reentry; 2) build capacity of Detroit organizations to engage in original research on linked issues of reentry and recovery; and 3) enhance the integration of theory and research-based interventions within Detroit's recovery and reentry programs.

Background: Community-academic partnerships have evolved as an accepted method for research dissemination and shared power during research initiation and implementation. It is, perhaps, the preferred method for health needs identification. Methods: The partnership consists of a community advisory board that meets quarterly to discuss on-going efforts. Initial meetings are incentivized with pay for participation.

Results: Three quarterly meetings have taken place with near full attendance. The advisory board supports restorative justice programming and research in one community location.

Discussion/Implications: The partnership strongly supports a Michigan Institute for Clinical Health Research funded effort conducted in a facility that is represented on the board. The partnership is continuing to work on generating research efforts.

CBPR Approach to Text Message Survey

Tammy Chang, Zachary Rowe

Purpose: To use a community-based participatory approach to test the feasibility and acceptability of a text message survey among low-income, urban African American adults.

Background: Text messaging is widely used in nearly all age and income categories. Black Americans are even more likely to own a cell phone and use it for texting than white Americans.

Methods: This project was a partnership involving the Friends of Parkside (FOP), a non-profit organization providing services to residents of the Villages at Parkside, a public housing complex on the eastside of Detroit, and researchers from the Clinical Scholars Program at the Medical School, University of Michigan. Representatives from FOP, University of Michigan, and the Detroit URC together designed the study, recruited for the study, discussed data collection and analyzed the data. A mixed methods approach to data collection was used including paper surveys, text message surveys and a focus group. Survey questions included Likert-like scales, multiple choice questions and open text questions.

Results: In the study, there were 20 African American participants with a median age of 30.7. The response rate for multiple choice questions sent by text message was 72% compared to a 76% response rate for Likert-like scales. All participants in the focus group reported that they preferred text message surveys over other data collection types they had used in the past.

Discussion/Implications: Our findings suggest that text messaging can be easily and inexpensively used by community-based organizations to gather information in a short time about the needs, opinions and preferences of their community.

Healthy Environments Partnership

Do Disparities in Neighborhood Characteristics Modify the Effectiveness of a Walking Group Intervention to Promote Physical Activity?: Implications for Reducing Health Inequities

Amy Schulz, Graciela Mentz, Jamila Kwarteng, Barbara Israel, Sharon Sand, Cindy Gamboa, Alicia Opperman, Angela Reyes, Zachary Rowe

Background: African Americans and Latinos experience excess risk of cardiovascular disease and disproportionately reside in low-to-moderate income urban communities where they may encounter particular challenges to physical activity. The Walk Your Heart to Health (WYHH) intervention has been demonstrated to increase physical activity and reduce cardiovascular risk (CVR) among residents of such communities. We examined whether the effectiveness of the WYHH intervention differs by neighborhood percent poverty.

Methods: Participants (n=603) were randomly assigned into intervention or lagged intervention groups. They participated in group walks three times/week for 32 weeks. We used GEE models to test the hypothesis that neighborhood percent poverty modifies the effectiveness of the WYHH intervention in reducing CVR (e.g., blood pressure).

Results: Neighborhood poverty did not significantly modify the effects of participation in WYHH on steps (β=-0.0, p=0.881), nor associations between steps and DBP (β=0.00, p=0.360), total cholesterol (β=-0.1, p=0.247), blood glucose (β=0.00, p=0.917), waist circumference (β=0.00, p=0.456) or high density lipoproteins (β=0.00, p=0.960) at 32 weeks. Neighborhood poverty modified the inverse association between steps and SBP (β=0.01, p=0.009) at 32 weeks.

Conclusion/Discussion: Reductions in most indicators of CVR were not modified by neighborhood percent poverty. Findings suggest that the WYHH intervention was effective in reducing CVR among residents of neighborhoods where conditions pose challenges for physical activity. Residents of higher poverty neighborhood realized smaller reductions in SBP, suggesting the need for additional research into other factors (e.g., stress), that may contribute to reduced benefits.

Does Self-Reported Satisfaction with Neighborhood Food Environment Mediate or Moderate Associations Between the Observed Food Environment and Fruit and Vegetable Intakes among African Americans

Jonetta Johnson, Amy Schulz, Graciela Mentz, Laurie Lachance, Carmen Stokes

The poster presents research examining:

1) the influence of satisfaction of African Americans with their neighborhood fruit and vegetable supply as mediating the relationship between observed food environments and dietary intakes

2) the influence of self-reported satisfaction of African Americans with their neighborhood fruit and vegetable supply as moderating the relationship between observed food environments and dietary intake

Neighborhood Social Relationships, Neighborhood Poverty and Cumulative Biological Risk

Amy Schulz, Alana LeBron, Graciela Mentz, Barbara Israel, Carmen Stokes

Background: The conditions in which people are born, grow, live, work and age contribute to health inequities. Residents of high poverty neighborhoods encounter multiple built and social environmental conditions that influence

risk of adverse health outcomes. We examined whether neighborhood level indicators of social relationships (e.g., social support at the neighborhood level) protect against adverse effects of neighborhood poverty on cumulative biologic risk (CBR), comprising indicators of cardiovascular and metabolic risk.

Methods: Using data from the Healthy Environments Partnership (HEP) community survey (n=919) and systematic social observation of residential neighborhoods, we used multilevel models to test the hypothesis that social relationships are protective against CBR. Level 1 = individual (e.g., age), level 2= rook (e.g., neighborhood social support), level 3- block group (neighborhood poverty). Models controlled for observed neighborhood physical environment, and individual demographic and behavioral characteristics.

Results: Residents of neighborhoods with higher average levels of social support had significantly lower CBR, above and beyond effects of individual social support, neighborhood poverty, observed neighborhood physical environments, and individual health-related behaviors. Neighborhood participation, sense of community, and neighborhood satisfaction were not associated with CBR.

Conclusion/Discussion: Neighborhood social relationships have been relatively unexplored as a social determinant of health. These findings suggest that neighborhoods with higher aggregate levels of social support may be protective of health, above and beyond neighborhood poverty, neighborhood physical conditions, and individual characteristics. Social policies or interventions that strengthen or support neighborhood level social support may offer promising opportunities to promote health.

Effects of Neighborhood Stability and Income Composition on Major Depression in Urban Environments

Chris M. Coombe, Barbara Israel, Amy J. Schulz, Sonya Grant-Pierson

Background: Recent research suggests that neighborhood stability may be beneficial to health in affluent neighborhoods but detrimental in impoverished neighborhoods. However, little is known about health effects of the proportion of middle income households in neighborhoods, which is of particular significance in cities experiencing substantial economic disinvestment and loss of residents. The purpose of this study was to determine whether neighborhood percent middle income modified the effect of residential stability on major depression in a predominantly low income, multiethnic city.

Methods: Data are from the Healthy Environments Partnership, a community based participatory research endeavor in Detroit, Michigan. Individual data from a stratified proportional sample survey of 919 persons living in 69 block group neighborhoods were linked with 2000 U.S. Census data. Major depression was measured by the Composite International Diagnostic Interview (CIDI). Residential stability was measured as the proportion of residents living in the same house 5 years previously. Neighborhood middle income was measured as the proportion of residents with 1999 incomes at or above $40,000. Multilevel logistic regression was performed using HLM.

Results: The unadjusted prevalence of major depression in this sample was substantial (0.18). Findings indicated that the effect of neighborhood residential stability on depression above and beyond individual characteristics varied by neighborhood percent middle income. In very stable neighborhoods, probability of major depression was three times higher when

there were 20% compared to 50% middle income households in the neighborhood. However, in very unstable neighborhoods, depression was substantially higher in neighborhoods with 50% middle income compared to those with relatively few (20%) middle income households. In a crossover effect, residents of very unstable middle income neighborhoods experienced high rates of depression comparable to those in stable low income neighborhoods. Findings indicate a need for cross disciplinary research to understand neighborhood change and mechanisms by which structural

Pathways To Heart Health: Findings from a Multilevel Intervention to Reduce Cardiovascular Disparities

Amy Schulz, Cristina Bernal, Sharon Sand, Deanna Caver, Causandra Gaines, Cindy Gamboa, Barbara Israel, Graciela Mentz, Alisha Opperman, Angela Reyes, Zachary Rowe, Julia Weinert, Sachiko Woods

Residents of economically challenged urban communities experience a disproportionate burden of cardiovascular disease. Because African Americans and Latinos are more likely to live in such urban environments, these conditions likely contribute to persistent racial and ethnic disparities in health. Community-based participatory research (CBPR) approaches can contribute to the development and implementation of innovative, multilevel interventions to improve cardiovascular health in urban communities. Community Approaches to Cardiovascular Health: Pathways to Heart Health (CATCH: PATH) is a multilevel intervention designed to improve heart health in Detroit. The intervention design emerged from a year-long CBPR planning process that collaboratively engaged community residents, community-based organizations, health service providers, and academic researchers. This poster provides a brief description of the planning process, and the community identified priorities that emerged from it and describes the multilevel (i.e., individual, group, built environment) intervention that emerged from that process. Dimensions of the intervention, including the study design, walking groups (group level intervention), collaborative efforts to promote community engagement in newly developed Greenways (social and built environment intervention), and actions to promote local policies conducive to physical activity are reported. The CBPR approach used to implement and evaluate each aspect of the intervention is described, and lessons learned and implications for the implementation of participatory, multilevel community interventions to promote heart health are presented.

Walk Your Heart To Health: Early Findings and Lessons Learned from a Community-Based Participatory Research Walking Group Intervention to Improve Public Health Through Physical Activity

Amy Schulz, Barbara Israel, Sharon Sand, Cindy Gamboa, Bernadine Hoston, Sachiko Woods, Deedee Varick, Causandra Gaines, Zachary Rowe

Walk Your Heart to Health (WYHH) was part of a multilevel, evidence-based intervention designed to promote racial, ethnic and socioeconomic health equity by supporting walking groups in low-to moderate-income predominantly African-American and Hispanic urban neighborhoods. WYHH was an 8 month Community-Health Promoter (CHP)-led walking group program based at faith- and community-based organizations, developed and implemented using a community-based participatory research (CBPR) process. Intervention objectives included: promoting health equity through sustained walking, and engaging community organizations in supporting walking groups. WYHH used a lagged design to allow comparison of change for intervention and lagged intervention groups. The WYHH evaluation assessed both process and impact of the walking groups. Data included: pre and post surveys (psychosocial and anthropometric indicators), participant observation, pedometer steps, and attendance records. This poster presents results from the

process and impact evaluation for the first cohort of WYHH (n=132). Process evaluation results included: participation, group dynamics, CHP leadership, social support, and challenges and facilitating factors to sustained walking. Impact evaluation results included: change over time in walking (pedometer steps), and anthropometric indicators of cardiovascular risk. Implications of our findings for practice and lessons learned regarding CBPR partnerships' efforts to promote physical activity in predominantly African-American and Hispanic low-and moderate income urban communities are presented.

Healthy Mothers On the Move/Madres Saludables en Movimiento

Effect of the Healthy MOMs/Madres Saludables Healthy Lifestyle Intervention on Reducing Depressive Symptoms among Pregnant Latina Women

Edith Kieffer, Cleo Caldwell, Diana Welmerink, Kathleen Welch, Brandy Sinco, Ricardo Guzman

Objective: Depression during the prenatal and postpartum periods is associated with poor maternal, perinatal and child outcomes. This study evaluated the effectiveness of the Healthy MOMs culturally and linguistically tailored, social support-based, healthy lifestyle intervention led by community health workers in reducing depressive symptoms among pregnant and early postpartum Latinas.

Methods: The Healthy MOMs program was developed after extensive community-based participatory formative research. The Healthy MOMs group (n=138) were offered an 11-week, culturally tailored, Spanish-language intervention, including home visits, group classes, activities, and social support from trained community health workers and peers. Culturally tailored, Spanish-language Healthy Pregnancy Education (HPE), provided by a community organization partner, was offered in 3 meetings to the HPE (control) group (n=137).

Results: More than one-third of participants were at risk for depression at baseline. Healthy MOMs participants were less likely than HPE participants to be at risk for depression at follow-up. Between baseline and 6 weeks postpartum, Healthy MOMs participants experienced a significant decline in depressive symptoms; control participants experienced a marginally significant decline. For Healthy MOMs participants, most of this decline occurred during the pregnancy intervention period, a time when no change occurred for control participants. The change in depressive symptoms during this period was greater among Healthy MOMs than control participants ("intervention effect"). From baseline to postpartum, there was a significant intervention effect among non-English-speaking women only.

Conclusions: These findings provide evidence that a community-planned, culturally tailored healthy lifestyle intervention led by community health workers can reduce depressive symptoms among pregnant, Spanish-speaking Latinas.

Dietary Outcomes of Healthy MOMs/Madres Saludables: A Randomized Controlled Diabetes Prevention Intervention Trial with Pregnant Latina Women

Edith Kieffer, Diana Welmerink, Brandy Sinco, Kathleen Welch, Christina Schumann, Virginia Uhley

Objective: This study evaluated the effectiveness of Healthy Mothers on the Move (Healthy MOMs/Madres Saludables), a community planned, community health worker led healthy lifestyle intervention in improving dietary behaviors of pregnant Latinas.

Methods: The Healthy MOMs program was developed after extensive community-based participatory formative research. The 11-week, culturally tailored, Spanish language Healthy MOMs intervention offered home visits, group

classes, related activities, and social support from trained community health workers (CHWs) and peers. Culturally tailored, Spanish language Healthy Pregnancy Education (HPE), provided by a community organization partner, was offered in 3 meetings to the minimal intervention (MI) control group. Dietary behaviors were measured by food frequency questionnaire. Linear mixed models estimated pre-and post-intervention changes, within and between MOMs intervention and MI groups.

Results: MOMs (n=139) and MI (n=139) participants had similar baseline characteristics and dietary intake. Post-intervention, MOMs participants showed significant improvement for all dietary behaviors except fruit and fiber consumption. Compared to MI participants, MOMs participants had significantly decreased consumption of added sugar ($p=0.05$), total fat ($p<0.05$), saturated fat ($p<0.01$), percent of daily calories from saturated fat ($p<0.001$) and solid fats and added sugars ($p<0.001$), and increased vegetable consumption ($p<0.001$). Their increase in fiber consumption ($p<0.05$) was significant relative to MI participants' decline.

Conclusions: This study confirmed the hypothesis that a community planned, CHW-led healthy lifestyle intervention can improve dietary behaviors of low income Latina women during pregnancy.

REACH Detroit Partnership

Clinical and Psychosocial Outcomes from a Randomized Community Health Worker Intervention for Latinos with Diabetes in Detroit, Michigan

Michael Spencer, Edith Kieffer, Brandy Sinco, Gretchen Piatt, Gloria Palmisano, Ricardo Guzman, Alana LeBron, Michele Heisler

Objective: To assess changes in clinical and psychosocial diabetes outcomes over six months among participants in the community health worker (CHW)-led diabetes intervention for Latinos, compared to an EUC (enhanced usual care) group.

Methods: The REACH Detroit Partnership is a community-academic partnership established in 2000 through a CBPR approach with Community Health and Social Services (CHASS), a FQHC, as the Central Coordinating Organization. We report data on the third cohort of our intervention for this presentation. Latinos (n=222) with type 2 diabetes were recruited from CHASS for the study. The intervention group received a culturally tailored 11-session healthy lifestyle and diabetes self-management curriculum taught by trained CHWs, who also accompanied participants to at least one clinic visit and conducted a home visit. The EUC group received one class on understanding diabetes-related clinical values. Our primary outcome was change in HbA1c. We also assessed changes in cholesterol, blood pressure, waist circumference, diabetes distress, diabetes support, understanding diabetes self-management and depressive symptoms. Repeated measures models were used to evaluate change from baseline to 6 months.

Results: Mean hemoglobin HbA1c decreased 0.5% in the intervention group, compared to 0.0% in the EUC group ($p<.05$). Relative to the EUC group, the intervention group had significant improvements in diabetes distress ($p<.05$), diabetes social support ($p<.01$), and understanding diabetes self-management ($p<.05$). The intervention group had significant improvements in systolic and diastolic blood pressure, waist and hip circumference and depression ($p<.05$).

Conclusion: A culturally tailored CHW intervention significantly improved glycemic control and diabetes-related psychosocial outcomes among Latinos with type 2 diabetes. This study contributes to the growing literature on the vital role that CHWs can play in eliminating health disparities.

East Side Village Health Worker Partnership

The Social Context of Women's Health in Detroit

Amy Schulz, Murlisa Lockett, Yolanda Hill-Ashford, Rose Hollis, Barbara Israel, Adam Becker, Sharon Sand

This poster was presented at the Women's Health Symposium in Detroit in 2003. It describes the East Side Village Health Worker Partnership (ESVHWP), shares results from the 2001 ESVHWP community survey on what causes stress for women in Detroit and what makes things not so bad (i.e., protective factors), and describes the ESVHWP's efforts to improve the social context of health in Detroit.

Many of these posters have been presented previously at peer-reviewed, national meetings over the past 20 years, demonstrating the breadth and depth of the work of the Detroit URC and affiliated partnerships.

GLOSSARY

BFC: Butzel Family Center
BMMCPHD: Bilingual/Bicultural Medicaid Managed Care Program for Hispanics in Detroit
CAAA: Community Action Against Asthma
CAPHE: Community Action to Promote Healthy Environments
CAR-Net: Community-Academic Research Network
CBPR: Community-Based Participatory Research
CBO Training: Community-Based Organization Capacity Building Training
CHASS: Community Health and Social Services Center, Inc.
CIS: Communities In Schools
DHWP (or DHD): Detroit Department of Health and Wellness Promotion (or Detroit Health Dept.)
Detroit URC: Detroit Community-Academic Urban Research Center
DHDC: Detroit Hispanic Development Corporation
DWEJ: Detroiters Working for Environmental Justice
EAP: Eastside Access Partnership
ESVHWP: East Side Village Health Worker Partnership
ECN (WCDC): Eastside Community Network (formerly Warren Conner Development Coalition)
FOP: Friends of Parkside
Healthy MOMS: Healthy Mothers on the Move/Madres Saludables en Movimiento
HEP: Healthy Environments Partnership
HFHS: Henry Ford Health System
HIA: Health Impact Assessment
ID: Insure Detroit
IPH: Institute for Population Health
K/B HI: Kettering/Butzel Health Initiative
LA VIDA: La Vida
LFS: Latino Family Services
MCECH: Michigan Center for the Environment and Children's Health
NSO: Neighborhood Service Organization
NTA: Neighborhoods Taking Action
NWP: Neighborhoods Working in Partnership
PHED: Promoting Healthy Eating in Detroit
PHLAW: Promoting Healthy Lifestyles Among Women
REACH: Racial and Ethnic Approaches to Community Health
SCD: Southwest Counseling and Development
SPG: Small Planning Grant Program
U-M SN: University of Michigan School of Nursing
U-M SPH: University of Michigan School of Public Health
U-M SSW: University of Michigan School of Social Work

History of the Detroit URC: A Pioneering Community-Based Participatory Research Partnership

HEP • 2000 - Present
Understanding & promoting heart health in Detroit neighborhoods by examining social and physical environmental determinants of health & promoting physical activity through walking.

PHLAW • 1999-2002
Conducted intervention research to reduce excessive weight gain during pregnancy & postpartum weight retention among women in Detroit.

NWP • 2007-2013
(& Ongoing by Detroit URC)
Building capacity of Detroit community residents to effectively change policies through advocacy training & support.

1995 2000 2005

BMMCPHD • 1997-2000
Provided Medicaid enrollment assistance for Latino residents of Southwest Detroit.

REACH • 1999 - Present
Using community health worker interventions that build on community strengths to reduce diabetes risk among African American and Latino residents.

CAAA 1999 - Present
(Est. as part of MCECH)
Conducting intervention, exposure assessment and epidemiological research to enhance understanding and address environmental triggers of childhood asthma.

HEALTHY MOMS • 2002 - Present
Reducing diabetes & depression risk through a community health worker-led social support/healthy lifestyle intervention.

PHED • 2002 - 2005
Developed supportive comunity environments & polities to increase access to & use of healthy foods by residents of Eastude & Southwest Detroit.

EAP • 2002-2005
Increased the enrollment of eligible Eastside Detroit children in Medicaid/MI Child health insurance programs.

ESVHWP • 1995-2003
Tested a stress process model, and used a lay health advisor intervention to address community stressors.

LA VIDA • 2000-Present
Demonstrating the effectiveness of a community-based intervention to address the problem of intimate partner violence against Latina women.

Since its founding in 1995, the Detroit URC has established more than 10 affiliated partnerships and 30 CBPR projects, which have in turn carried out successful research, interventions, and policy change efforts aimed at promoting health equity in Detroit and beyond. This timeline celebrates some of the Detroit URC's most significant milestones as we commemorate more than 20 years of accomplishments. *(Please refer to the glossary on page 45 in this program for acronym definitions.)*

Detroit URC Expands Capacity Building Initiatives to Foster CBPR Partnerships • 2012-Present

- Community-Academic Research Network
- Small Planning Grant Program
- Community-Based Organization Capacity Training

CBPR Partnership Academy • 2014 - Present

Increasing the CBPR skills of researcher-community teams nationwide through year-long applied training & mentoring.

NTA • 2011-2014

Enhanced policy advocacy capacity of youth & adults to impact systems change in schools to improve high school graduation rates.

2010 **2015** **Our Next 20 Years!...**

20th ANNIVERSARY SYMPOSIUM

Insure Detroit • 2015 - Present

Enhancing the health care literacy of Detroiters to understand the advantages of health care coverage, & how to obtain and use it.

CAPHE 2013 - Present

Gathering data to understand factors influencing air quality; translating data into best practices; & creating an action plan to reduce the effects of air pollution on residents' health.

COMMUNITY ACTION TO PROMOTE HEALTHY ENVIRONMENTS CA-PHE

Health Impact Assessment • 2013 - Present

Carrying out a health impact assessment of Detroit regeneration strategies.

Detroit URC Board Member Organizations

*Founding Board Orgs. in 1995: BFC & K/B HI, plus those designated below**

CHASS*	HFHS
CIS*	IPH
DWEJ	LFS*
DHWP	NSO
DHDC*	U-M SPH*
ECN*	U-M SSW
FOP*	U-M SN

ACKNOWLEDGEMENTS

Detroit URC Board Members, January 2016

COMMUNITIES IN SCHOOLS OF METROPOLITAN DETROIT
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COMMUNITY HEALTH AND SOCIAL SERVICES CENTER, INC. (CHASS)
J. Ricardo Guzman, CEO

DETROIT HISPANIC DEVELOPMENT CORPORATION
Angela G. Reyes, Executive Director

DETROITERS WORKING FOR ENVIRONMENTAL JUSTICE
Guy O. Williams, President & CEO

DETROIT DEPARTMENT OF HEALTH AND WELLNESS PROMOTION
Abdul El-Sayed, Executive Director and Health Officer

EASTSIDE COMMUNITY NETWORK
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FRIENDS OF PARKSIDE
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HENRY FORD HEALTH SYSTEM
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NEIGHBORHOOD SERVICE ORGANIZATION
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UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH
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Health Management and Policy - Richard Lichtenstein
Environmental Health Sciences and Epidemiology - Marie O'Neill

SCHOOL OF NURSING
Barbara Brush

SCHOOL OF SOCIAL WORK
Edith Kieffer

Colleagues at the University of Michigan would like to thank our Detroit community partners for 20 years of: commitment to change, passion, willingness to take risks, collegiality, trust, hard work, and friendship.

An event like this would not have been possible without the incredible contributions of a number of people and organizations, listed below. We are forever grateful and look forward to continuing to work together.

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Special Thanks

Zenita Daniel
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Samantha Kreklau
John Schlep
The Detroit URC Board
Our Sponsors (listed on first page of Program)

NOTES


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AND
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UNDERSTAND
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LIVE IT.
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THAT'S WHEN
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