Course Directors and Community Partner Mentors

Kenneth Wells, MD, MPH
kwells@mednet.ucla.edu
(310) 794-3725

Anish Mahajan, MD, MSHS
amahajan@dhs.lacounty.gov

Armen Arevian, MD PhD
aarevian@mednet.ucla.edu

Andrea Jones
andreajones@haafii.org

NCSP Scholar Mentors: Nichole Goodsmith MD, PhD; Hafifa Shabaik, RN, PhD;
Adrienne Martinez-Hollingsworth, RN, PhD.
Course Website: https://sites.google.com/view/uclancspcourses/home/ncsp-curriculum/classes?authuser=0
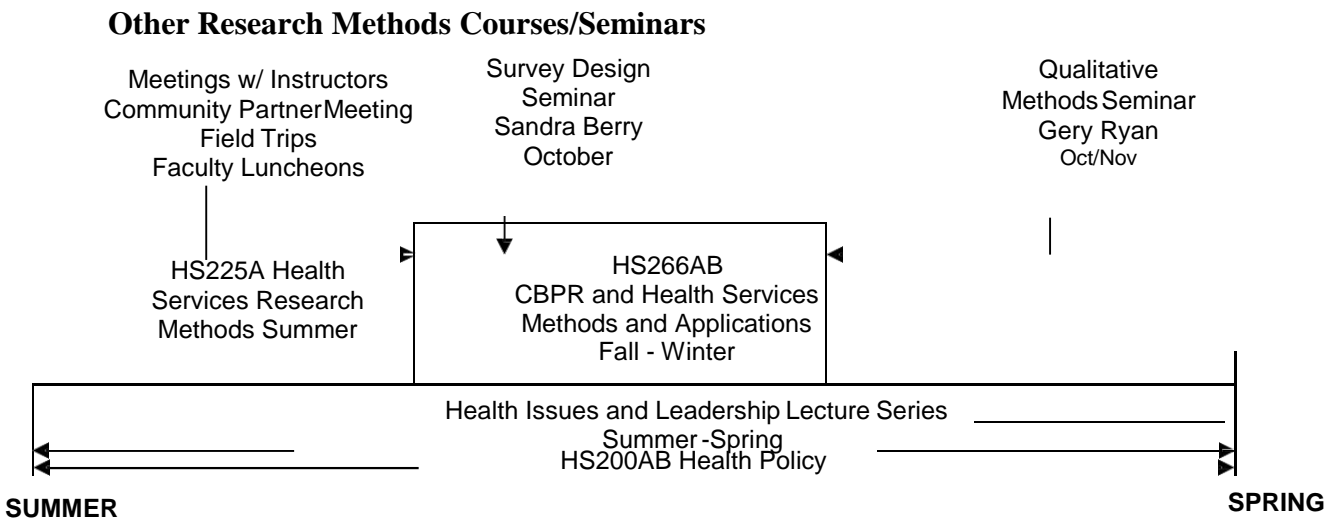
Course Learning Objectives

Given the complexity of healthcare problems and the diversity of needs of the American public, new solutions are required to integrate interventions at the levels of public policy; medical practice; and community environments, resources, and values. HPM266AB Community Based Participatory Research: Methods and Applications offers an approach to working with communities and healthcare systems, to improve health and health services in innovative partnered ways. For the purposes of this course, "communities" are defined as people who share a social or cultural identity, a particular illness, common resources (including geographic proximity), or communication channels (such as media, internet) pertaining to health. The course emphasizes a model of CBPR, Community Partnered Participatory Research (CPPR), that promotes partnership of communities, healthcare systems, and academic partners, for research, program development and evaluation, and policy/community action – informed by data. At the end of HS266A, students should be able to understand the practical/ethical issues of CPPR and put into practice the guiding principles for collaborating with communities in health-related research and quality improvement and policy change projects. The course emphasizes partnership that spans more basic community partnerships to enhance health equity and quality improvement efforts at the system level with healthcare agencies. At the end of HS266B, students should be able to put into practice various quantitative and qualitative methods within a partnered, participatory research framework, ranging from community stakeholders to health systems. Students should participate in both quarters (a two-quarter series). The course design is structured to provide a main training in community partnered research methods in health, and was designed for fellows in the National Clinician Scholars Program (NCSP) and other related fellowships for clinicians; but is also available with instructor permission for other graduate or postdoctoral students with experience in collaborating on health projects in communities.

HPM266 A and B: Community-Based Participatory Health Research: Methods and Applications is a two-quarter course structured as a seminar alternating with community field activities (each biweekly for one main activity per week) for two quarters, and including special sessions each quarter on research methods (particularly, a short-course on qualitative methods and consultation sessions on qualitative and quantitative methods, analyses and conceptual frameworks within partnered research). Each quarter confers four units course credit, for a total of eight units over the two quarters. The course will combine mentoring for field experiences and a seminar style introduction to critical issues in conducting partnered research in community and healthcare settings. The first quarter covers general principles of community-partnered participatory research (CPPR) and practical and ethical issues in collaborating with communities in health-related research. The course also provides case examples through experience of

graduates of the course and core community and health system partners. The course also has a special emphasis on applying informatics, or information sciences, within a participatory framework for CPPR.

The second quarter focuses on conceptual frameworks and quantitative and qualitative methods for partnered research in health. The course will provide an opportunity for students to receive feedback and guidance on partnerships and projects from community and academic mentors that are associated with main partnering healthcare and community-based agencies, as well as community leaders, academic faculty and lead NCSP Scholar mentors, participating in seminar sessions. Across semesters, the course uses a framework that relies on students reviewing readings and making key comments, that are integrated with case examples from faculty, community partners or graduates of the course, which over time is replaced by or enhanced with case studies on ongoing projects of the course participants and their partners. In addition, the course will allow students to learn from each other's experiences and thus broaden the practical aspects of their education.

The course is preceded by a summer orientation program designed for the NCSP fellows, such that participants have expedited development of partnerships and projects to enable completion of a key project within the time frame of the 2-semester course. In addition to the lead faculty and partners for the course overall, participants are required to have a lead faculty and community mentor for their partnered project for the course, and mentors also complete evaluations of the progress of the course participant each semester. Participants must also participate in developing any needed IRB or other regulatory arrangements with UCLA and partner agencies to do their project for the course. The course draws on materials and presentations in other courses and seminars as shown in the figure below.

Other Research Methods Courses/Seminars

Meetings w/ Instructors
Community PartnerMeeting
Field Trips
Faculty Luncheons

Survey Design
Seminar
Sandra Berry
October

Qualitative
Methods Seminar
Gery Ryan
Oct/Nov

HS225A Health
Services Research
Methods Summer

HS266AB
CBPR and Health Services
Methods and Applications
Fall - Winter

Health Issues and Leadership Lecture Series
Summer -Spring
HS200AB Health Policy

SUMMER

SPRING

	Learning Objectives	ASPH Competencies
HPM266A Learning Objectives/ Competencies	1. Understand the practical/ethical issues of CPPR	D.6. Apply principles of strategic planning to public health. D.10. Demonstrate leadership skills for building partnerships. E.1. Identify basic theories, concepts and models from a range of social and behavior science disciplines that are used in public health research and practice.
	2. Put into practice the guiding principles of CPPR for collaborating with communities in health-related research	D.6. Apply principles of strategic planning to public health. D.10. Demonstrate leadership skills for building partnerships. E.4. Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies, and interventions. H.5. Demonstrate team building, negotiation, and conflict management skills. K.9. In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs.
	Learning Objectives	ASPH Competencies
HPM266B Learning Objectives/ Competencies	1. Develop/adapt a conceptual framework and put into practice quantitative methods used in partnered research and in implementing partnered interventions and evaluations	D.6. Apply principles of strategic planning to public health. H.5. Demonstrate team building, negotiation, and conflict management skills. H.9. Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.
	2) Put into practice qualitative methods used in partnered research and in implementing partnered interventions and evaluations	D.6. Apply principles of strategic planning to public health. H.5. Demonstrate team building, negotiation, and conflict management skills. H.9. Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.

Course Format

In each quarter, there are 5 group sessions and 5 mentor meetings in the field (or as needed in COVID_19 pandemic, remote working with partners) to develop and implement a main partnered project. The mentor meetings are arranged by the student with partners, potential partners, or academic mentors for a given project being completed for the course. During each of the group sessions, 2-3 students will present reading material assigned for that session, discuss case examples from graduates of the course and partners in many sessions, and describe their own work as an emerging example. Participants may invite other students and/or partners to share their experiences. Case studies will be presented in many sessions by graduates and partners to help illustrate key principles reviewed for the session and course.

To facilitate this, there are academic and community faculty assigned and lead NCSP Scholar mentors for community partner/health system sites. The structure of each session including presentation of core readings by fellows, should be planned in advance and as appropriate discussed with course faculty. In addition, there are core community partners with assigned lead community mentors and faculty mentors to help students navigate developing relationships with community and healthcare partners. The course culminates with a poster-feedback session for partner organizations and faculty involved in the course, as well as a paper by each fellow on their partnered work (first semester, an initial report; second semester, a progress or final report). Feedback from the academic and community mentor is obtained through a written form and as feasible, enhanced by in-progress telephone calls of course faculty and partner leads, periodically during the course. Fellows are responsible for setting up meetings with community and faculty mentors for their partnered projects.

In the summer before the class begins, there is an orientation process to meet a number of the community partners. Orientation is followed by visits (or in COVID-19, zoom or other remote interactions) with community partners and meetings to review reflections on partners with course faculty. While it is preferable that partnership is identified prior to or at the beginning of the course, in practice it may take some of the first quarter to determine the best fit, and for various reasons sometimes students change their project or partner over the course of the first quarter because of feasibility or fit issues. Sometimes, students select a community partner that is not one of the regular partners for the course. In that case, the same requirements apply for an identified community member and academic faculty member who participate as part of the course for the two-quarter period. For information, please contact National Clinician Scholars Program staff at (310) 794-2268.

Course Requirements

<div align="center">***Fall Quarter***</div>

a.   Students develop an internal leadership mechanism to decide how to divide up the readings, which provide an orientation to partnered work from different frameworks (CBPR, CPPR, Quality Improvement, nursing-oriented CBPR). In the past we have randomly assigned reading leaders for each session, and students may select which of the readings to review and summarize as a fit with their orientation. In this way, students can have an overview of different perspectives on partnered work but can focus on a core framework of readings and any additional readings that fit their interest, while hearing of other approaches from other students. It is not expected that each student will read all readings for a particular session, although "Core readings" on the CPPR framework are identified.

b. By **November 23, 2020**, Scholars must submit a preliminary Community Project Plan describing their community partner, contact person, plans to meet with contact person, description of the topic, and the project timeline. See Community Project Plan outline below.

c. After faculty mentor and community partner are confirmed or by **December 11, 2019,** students are asked to submit a signed Roles and Responsibilities agreement and partner and faculty evaluation.

d. Students must submit a 5-7 page progress report for their course project by **December 11, 2020.** The progress report must be submitted to kwells@mednet.ucla.edu and amahajan@dhs.lacounty.gov and by 5 PM and requests sections (5-7 pages):

1) Specific aims
2) Background on the issue and main project goal
3) Development of relationship with community partner and faculty mentor
4) Initial plan, method or approach for the project
5) Progress to date
6) Challenges/solutions in partnership development
7) Timeline for project development, completion and if applicable, dissemination
8) If applicable, any funding sources or funding proposal plans

We note that particularly for the first semester, this report is largely a plan or proposal for a project. We note that there should be an emphasis on the role of the partner in the project, how participatory principles will be applied in conducting the project, and potential benefit for partner or community.

e. Mentor evaluations for this phase, are required for each Scholar from at least one community and one faculty mentor by **December 11, 2020.**

<center>***Winter Quarter***</center>

f. Scholars will complete progress on the project described in the project proposal from the first quarter (or describe project on a replacement project as appropriate).

g. Scholars are required to submit a 5-10 page paper discussing the progress on the project (Due date **TBD**). The project paper must be submitted to kwells@mednet.ucla.edu and amahajan@dhs.lacounty.gov and by 5 PM and requires the following sections (10 pages):

1) Specific aims
2) Background on the issue and main project goal
3) Development of relationship with community partner and faculty mentor
4) Method or Approach
5) Progress to date, including results and potential implications (if applicable)
6) Further development and/or dissemination/sustainability plan (including plans for an academic publication and reporting back to the community)
7) Challenges/solutions in partnership development and project progress
8) Lessons learned for developing partnered research projects

i.   The course includes a "celebration" session where progress on all projects are presented, hopefully with participation (which can be remotely) by partner and/or faculty partner, to share across partnerships what as been developed. See specific dates in the quarter in the course schedule below.

Mentor Evaluations
Mentor Evaluations from at least one community and one faculty mentor are due at the end of each quarter.

What is a "Project"?
       Projects selected by scholars and fellows with the partners will vary considerably. A good project either aligns the interests of fellows with that of partner organizations or allows the fellow to learn about how to partner with an organization on an issue of importance to the community, from their point of view. Projects can vary from planning to a website, a proposal for funding, a secondary data analysis, intervention development or planning, evaluation of a program, or a step toward those ends. Regardless, there should be a defined product or report that is suitable for the course time period. Projects may be suitable for leading toward a later main project or working on the problem with another partner or another issue with the same partner, based on project progress. In addition, other partners may become interested in the work, which can potentially expand its impact across partners in the course.

The class may also decide to do a group project in addition to individual projects. A group project can be the main "community project" for 1-3 individual leaders from the group, or more of the class participants in a given circumstance (such as COVID-19 pandemic). This should be discussed with the course faculty and partners. Group projects can also potentially involve other sites of the NCSP program.

Grading
       Grades for the first quarter will be based on the project proposal (40%), class participation (40%), and mentor evaluations (20%). Grades for the second quarter will be based on the project paper (20%), poster or other "victory" or final presentation (20%), class participation (40%), and mentor evaluations (20%). In this course, the course directors follow a policy that all scholars/fellows begin with an A and with successful progress maintain that A. It is understood that not all projects can be completed within the time frame, but the progress plan/poster should provide the plan to complete the project and progress to date. Abstracts of work completed by prior scholars for the course are available for review. The most common feedback of the years has been lack of detail in the report on the role of the partner in designing, implementing, or producing the project and in dissemination of findings. So this can be identified as an important area for inclusion in course reports. The other key area of feedback is to develop a conceptual framework underlying the measures or concepts in the project, that also aligns with other courses. This can increase the potential of project progress or findings to be publishable or inform a follow-up proposal for further work.

Reading

Reading materials per session are listed in the course schedule below. The core required reading for the CPPR framework, is the Ethnicity and Disease special issue on CPPR and a text on CBPR (Wallerstein). There is an option for students to focus either in addition or instead of the Wallerstein book on either quality improvement (Langley), or a nursing perspective on CBPR (Pavlish). In addition there are selected readings on conceptual approaches (Glanz or prior course material such as Remler and VanRyzin Chapter 2) and specific examples of case study articles for given sessions While the range of materials can be useful, for the first quarter, we emphasize the CPPR guide and case study articles, and suggest that fellows review one other perspective (nursing, CBPR, QI) that fits their interest– and by dividing up those readings, can get "indirect" exposure to ideas across fellows/students. Participants divide up readings among presenters for a given session.

CPPR framework: (Everyone reads)

-Jones L. Community Partnered Participatory Research: How we can work together to improve community
     health. Journal of Ethnicity and Disease. 19(4)S6 Autumn 2009.

- Wallerstein, N, et. al. (Editors). Community-Based Participatory Research for Health. Third Edition. Josey-Bass: San Francisco, CA. 2017.

Optional (Can be an alternative if the trainee prefers a nursing or QI framework)

-Langley, G., Moen, R., Nolan, K., Nolan, T., Norman, C., Provost, L. The Improvement Guide
     A Practical Approach to Enhancing Organizational Performance. 2ND Edition

-Pavlish, C., Pharris, M. Community-Based Collaborative Action Research: A Nursing Approach. Jones &
     Bartlett Learning. 2011.

(For one session on frameworks, either prior readings such as Remler and Van Ryzin or:

-Glanz, K., Rimer, BK, and F.M. Lewis. (Editors). Health Behavior and Health Education: Theory,
     Research, and Practice. Josey-Bass: San Francisco, CA. 2008.)

For particular sessions, we will highlight a given reading from this group if it seems particularly useful over and above the CPPR perspective. We include specific illustrative articles as "core" for a given session which can be divided up among presenters.

Community Partners

If you are partnering with a community that is not one of our main partners, please let us know. Academic and/or community course instructors (Ken, Anish, Armen, Andrea) will meet with you and the community partner to provide an orientation to the course and project involved. Your main community and academic partner for your project will be asked to participate in quarterly discussions with course directors, and will be asked to provide a written evaluation of student progress each quarter (see page 27 and 28).; 3) The Roles and Responsibilities form pg 22-23 should be reviewed/signed by the course participant, faculty mentor, and community partner. The list below describes core course partners who have worked with the course over the years – but as noted, we also are happy to work with additional partners of interest to students/fellows.

Organization	CSP Community Advisory Board Member	Contact Info	CSP Faculty Contact
AltaMed	Efrain Talamantes Chief Medical Officer Jennifer Nishikawa Grants Manager	eftalamantes@altamed.org (323) 765-6654 *jenishikawa@altamed.org* 323-765-6675	MarySue Heilemann mheilema@ucla.edu
Behavioral Health Services 15519 Crenshaw Boulevard Gardena, CA 90249	Michael Ballue, CADCII, BSBA, Chief Strategy Officer Evelyn Chang MD	p: (310) 679-9126 x 1244 mballue@bhs-inc.org	Kate Watkins *(Psychiatry, RAND) (310) 393-0411 x6509 katherine_watkins@rand.org* (and SUD cluster) Larissa Mooney (VA, UCLA) Brian Hurley (DHS) Gary Tsai (DPH)
Cedars-Sinai Medical Center 8700 Beverly Boulevard, Suite Becker 119 Los Angeles, California 90048	Teryl K. Nuckols, MD, MSHS Director, Division of General Internal Medicine Department of Medicine	P: 310:423-2760 teryl.nuckols@cshs.org	Joann Elmore *(GIM, UCLA) (310) 794-2268 jelmore@mednet.ucla.edu*
Charles R. Drew University of Medicine and Science 1731 East 120th Street Los Angeles, CA 90059	Keosha Partlow, PhD, MPH, Director, Life Sciences Institute David Martins, MD, Assistant Dean for Clinical and Community Affairs Cynthia Gonzalez, PhD, MPH, Assistant Director of Community Engagement Melanie Rodriguez, Program Coordinator	KeoshaPartlow@cdrewu.edu p: (323) 568-3353 f: (323) 563-5872 davidmartins@cdrewu.edu cynthiagonzalez@cdrewu.edu melanierodriguez@cdrewu.edu	Kenneth Wells MD (and others)
Healthy African American Families (HAAF) 4305 Degnan Blvd Suite 105 Los Angeles, CA 90008	Felica Jones, Executive Director Andrea Jones, Project Specialist	p: (323) 292-2002 f: (323) 292-6209 felicajones@haafii.org AndreaJones@haafii.org felicajones@haafii.org	Ken Wells (Psychiatry, UCLA) *(310) 794-3724 or (310) 794-2268 kwells@mednet.ucla.edu* Keith Norris (GIM & HSR) kcnorris@mednet.ucla.edu
Kaiser Permanente Medical Group, Southern California 100 S Los Robles, 2nd Floor Pasadena, CA 91101	Brian Mittman Research Scientist Adam Sharp, MD, MS, Research Scientist Bhanu Dub KPSC Dept. of Research & Evaluation Associate Paul Chung KP School of Medicine	brian.s.mittman@kp.org adam.l.sharp@kp.org Bhanuja.Dub@kp.org	Kristen Choi (Nursing, UCLA) *(310) 794-2268 krchoi@ucla.edu* Catherine Sarkisian (Medicine, UCLA) 310-206-8272 Csarkisian@mednet.ucla.edu

LA County Department of Health Services 313 N. Figueroa Street, Room 912D Los Angeles, CA 90012	Jeff Guterman Hal Yee Clemens Hong Anish Mahajan	jguterman@ dhs.lacounty.gov hyee@dhs.lacounty.gov chong@dhs.lacounty.gov amahajan@dhs.lacounty.gov	Arleen Brown (GIM, UCLA) (310) 794-6047 abrown@mednet.ucla.edu Alejandra Casillas ACasillas@mednet.ucla.edu
LA County Department of Mental Health 550 S. Vermont Avenue Los Angeles, CA 90020	Christopher Benitez (Academic Liaison) Curley Bonds (Clinical Director Emily Dossettt (Women's Health) Andrea Garcia (Native Americans	cbenitez@dmh.lacounty.gov cbonds@dmh.lacounty.gov	Bonnie Zima *(Child Psychiatry, UCLA)* *(310) 794-3714* *bzima@mednet.ucla.edu* Kenneth Wells kwells@mednet.ucla.edu
LA County Department of Public Health 313 N. Figueroa Street, Room 806 Los Angeles, CA 90012	Jeffrey D. Gunzenhauser, MD, MPH, Medical Director, LA County Department of Public Health Tony Kuo	jgunzenhauser@ph.lacounty.gov mojeda@ph.lacounty.gov tkuo@ph.lacounty.gov	Arleen Brown (GIM, UCLA) (310) 794-6047 abrown@mednet.ucla.edu Moira Inkelas (FSPH) MInkelas@mednet.ucla.edu
LAUSD School Mental Health Services Trauma Services Adaptation Center for Schools 333 South Beaudry Ave, 29th Floor Los Angeles, CA 90017	Pia Escudero, LCSW, Executive Director for Student Health and Human Services Joel Cisneros School Mental Health Director Ron Tanimura Student Medical Services	p. 213.742-8259 f: 213.742-8303 www.tsaforschools.org pia.escudero@lausd.net rosalia.castaneda@lausd.net joel.cisneros@lausd.net rht0055@lausd.net	Rebecca Dudovitz (Pediatrics, UCLA) rdudovitz@mednet.ucla.edu 310-794-8833
LA Trust	MaryJane Puffer Executive Director of the LA Trust	p: 213-241-3846 maryjane@thelatrust.org	Rebecca Dudovitz (above)
Greater Los Angeles VA and VA Medical Center Long Beach 5901 E. 7th St. Long Beach, CA 90822	Elizabeth Yano	Elizabeth.Yano@va.gov	Debra Saliba *(GIM, VA, RAND)* *(310) 478-3711x41425* *saliba@rand.org*
Martin Luther King, Jr. Community Hospital 1680 E. 120th Street Los Angeles, CA 90059	Stanley Frencher, MD, MPH, Director, Surgical Outcomes and Quality	p: 424-338-1559 SFrencher@mednet.ucla.edu	
Mid-Valley Family Practice Program 7515 Van Nuys Blvd., Van Nuys, CA 91405	Patrick Dowling, MD, Professor and Chair of Family Medicine, UCLA	p: (310) 825-8234 f: (310) 267-2529 pdowling@mednet.ucla.edu	Michael Rodriguez *(Fam Med, UCLA)* *(310) 794-0294* *mrodriguez@mednet.ucla.edu*
UCLA Healthcare System Option: Venice Family Clinic	Karen Grimley Chief Nursing Officer, UCLA Health Liz Forer	kgrimley@mednet.ucla.edu 310-267-9304	Maria Han (Medicine, UCLA) and QI officers (Erick Cheung, M.D.) 310-26**7-5249** mhan@mednet.ucla.edu

Fall Quarter 2020 Sessions/Reading Schedule
Overview of Approach to Community-Based Participatory Research
All lecture sessions held via ZOOM

WEEK 1:

Gery Ryan: Overview of Qualitative Methods: What is Data Collection and Analysis Tool Kit
Monday, September 28, 1 – 2:30pm
Readings:

- HR Bernard and GW Ryan. *Analyzing Qualitative Data: Systematic Approaches*. Sage 2010. Chapter 1 and 2.
- GW Ryan and HR Bernard. Data Management and Analysis Methods. IN *Handbook of Qualitative Research.* Eds. Densin and Lincoln. Sage Publications. Ch 29

WEEK 2:

Gery Ryan: Overview of Conducting a Needs Assessment: Basics of Elicitation and Rudimentary Analysis Techniques
Monday, October 5, 1 – 2:30pm
Readings:

- HR Bernard and GW Ryan. *Analyzing Qualitative Data: Systematic Approaches*. Sage 2010. Ch. 1 and 2.
- GW Ryan and HR Bernard. Data Management and Analysis Methods. IN *Handbook of Qualitative Research.* Eds. Densin and Lincoln. Sage Publications. Ch 29.

Introduction: What is Partnered Research?
Wednesday, October 7, 2:30 – 4pm

- CORE: Jones L. CPPR Manual Chapter 1, 2
- Wallerstein Chapters Section 1: (1-4) (over 2 sessions)

Arevian A, O'Hora J, Jones F, Jones A, Booker-Vaughns J, Banner D, Williams P, Pulido E, Mango J, Wells K. Participatory Technology Development to Enhance Community Resilience. Ethn Dis, 2018; 28(Suppl 2):493-502. doi: 10.18865/ed.28.S2.493. (Arevian and Jones)
Options: (or divide up)
Pavlish, C. and Pharris, M., CBCR Nursing Approach, Intro
Langley, Improvement Guide, Chapter 1
Exercise: Goodsmith, DMH case study; Planning Community Conference (Hafifa Shabaik, Etsemaye Agonafer)

Meet with Community Partner (Review options for potential project)
Wednesday, October 7, 2:30 – 4pm
Cedars Sinai & Kaiser Permanente
Wallerstein, N. et al Chapter 5 (4-5)

WEEK 3:

Meet with Community Partner (Review options for potential project)
Monday, October 12, 1:00 – 1:30pm
 CDU, AltaMed & LA Care

Partner Orientation – Review and Discuss Partnerships
Monday, October 12, 1:30 – 2:30pm

WEEK 4:

Meet with Community Partner; Review Project Terms, Roles
 Monday, October 19: 1 – 2:30pm
- Wallerstein, N. et al. Chapters 9, 10

National Meeting
October 20 – 22

WEEK 5:

Developing a Vision and a Plan for a Partnered Project;
 Monday, October 26: 2:30 – 4pm
 Core Readings:
- Jones L. CPPR Chapter 3
- Arevian A, Castillo EG, Chung B, Griffith K, Haywood C, Jones F, Jones L, Kacsits O, Kataoka S, Kirkland A, Meyers D, Pasternak R, Simmasalam R, Springgate B, Starks SL, Tang L, Wennerstrom A, Williams P, Wells K The Community and Patient Partnered Research Network (CPPRN): Application of Patient-Centered Outcomes Research to Promote Behavioral Health Equity. *Ethn Dis.*
- 2018;28(Suppl 2):295-302; doi:10.18865/ed.28.S2.295.
- Wallerstein, N. et al Chapter 6-8

  Exercise: Case study: Martinez: Partnerships with schools in art to address stigma
  Review art project; (UPDATE ON COMMUNITY CONFERENCE)

Meet with Community Partner (Review options for potential project)
Wednesday, October 28: 2:30 – 4pm
 VA

WEEK 6:

Meet with Community Partner (Review options for potential project)
Monday, November 2, 1 – 2:30pm

HOLD: CPPR & CRT
Wednesday, November 4: 2:30 – 4pm

WEEK 7:

Working through the Valley (Do and Evaluate): The Process – Setting up workgroups and running meetings
Monday, November 9: 1 – 2:30pm

Readings:
- Jones L. CPPR Manual - Chapter 5, 6
- Wallerstein, N. et al. Chapter 13, Appendix IX

- Wells KB, Jones J, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Ong MK, Stockdale S, Ramos E, Belin TR, Miranda J. Community-Partnered Cluster- Randomized Comparative Effectiveness Trial of Community Engagement and Planning or Resources for Services to Address Depression Disparities. *J Gen Intern Med.* 2013; 28(10): 1268-1278. PubMed PMID: 23649787; PubMed Central PMCID: PMC3785665.
  Optional:
- Langley, Improvement Guide, Chapter 3
- Pavlish, C. and Pharris, M., CBCR Nursing Approach, Chapters 3 and 4

  Exercise: Create Participatory App (Arevian); Trust building activities; Andrea Jones

HOLIDAY: Wednesday, November 11

WEEK 8:

Meet with Community Partner: Review Project Progress; Discuss Project Goals
Monday, November 16: 1 – 2:30pm

HOLD: CPPR & CRT
Wednesday, November 18: 2:30 – 4pm

WEEK 9:

NO CLASS: THANKSGIVING

WEEK 10:

 Celebrate Victory
Monday, November 30: 1 – 2:30pm

-Reading presenters*:
-Readings:
- Jones L. CPPR Manual - Chapter 6, 7

- Arevian A, et al. Depression Remission from community coalitions versus individual program support for services: Findings from Community Partners in Care, Los Angeles, 2010-2016. AJPH, in press.
- Wallerstein, N. et al Chapter 17-19 (Appendix I)
  Option (if your preference):

- Pavlish, C. and Pharris, M., CBCR Nursing Approach, Chapter 7
- Langley, Improvement Guide, Chapter 13

Exercise:
- Community Partners in Care (CPIC): NAM video:
- https://nam.edu/visualizehealtheOquity/#/artwork/94
- Review Arevian State website and input process (Nicki/Haffifa)

WEEK 11:

Prepare final report and review with partners/faculty

***DUE DATE: December 18th
1) Roles and Responsibilities Form signed by mentors
2) Community and Faculty Mentors Evaluations
Final Project Proposal***

SUGGESTED ADDITIONAL READINGS on CBPR and Health Equity:

Devia, C, Baker EA, Sanchez-Youngman S, Barnidge E, Golub M, Motton F, Muhammad M, Ruddock C, Vicuna B, Wallerstein N. Advancing system and policy changes for social and racial justice: Comparing a rural and urban CBPR partnership in the US. International Journal for Equity in Health (2017) 16:17 DOI 10.1186/s12939-016-0509-3.

Yonas MA, Jones N, Eng E, Vines AI, Aronson R, Griffith DM, White B, DuBose M. The Art and Science of Integrating Undoing Racism with CBPR: Challenges of Pursuing NIH Funding to Investigate Cancer Care and Racial Equity. Journal of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 83, No. 6; doi:10.1007/s11524-006-9114-x 2006 The New York Academy of Medicine