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*Engaged Colleges Are Central to Strong Communities*

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## COPCs Tie Health Initiatives to Community Revitalization

As a psychiatrist, Dr. Kenneth Thompson spent years working with homeless people in Pittsburgh, Pennsylvania, before getting involved in the University of Pittsburgh's COPC in 2000. Thompson says he was drawn to the COPC program and its interdisciplinary approach to community problem-solving after becoming frustrated in his work with homeless clients.

"I can do many things to help homeless people deal with their psychiatric problems," says Thompson, who is an associate professor of psychiatry at the University of Pittsburgh School of Medicine. "But it doesn't do much good, in the long run, if they don't have a place to live. How can someone stay healthy if they don't know where they are going to sleep from day to day?"

For years COPC grantees across the country have asked the same question and, in response, have woven health-related initiatives into their economic development, housing, education, and job training work plans. Grantees believe that neighborhood revitalization efforts are doomed to fail unless community partners make sure that moderate- and low-income individuals are healthy enough to take advantage of employment, housing, and education opportunities. By the same token, at-risk residents need access to good housing and good jobs to stay healthy.

"We are trying to make the connection between a person's capacity to be healthy and the community's capacity for other kinds of growth," says Thompson.

This connection between a neighborhood's health and its prosperity is being made in many inner-city communities—from Pittsburgh and Richmond to San Diego and Milwaukee—where COPCs have implemented health-related initiatives. These communities may differ in economic outlook, but they share the poor health profile that the National Center for Health Statistics reports is typical for low-income areas (National Center for Health Statistics, *Health, United States, 1998 With Socioeconomic Status and Health Chartbook*. Hyattsville, Maryland, 1998). According to the center:

- Low-income adults are four to seven times as likely as higher income adults to report suffering from poor health and three times as likely to be limited by chronic conditions.
- Men who earn lower incomes are twice as likely to die from lung cancer and heart disease as those with higher incomes.
- Children in poor families are less likely to be vaccinated and twice as likely to be hospitalized for asthma.

COPCs are working with their community partners to improve this health picture by expanding residents' access to healthcare services; helping families

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University of Pittsburgh's COPC

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qualify for free and low-cost health insurance programs; conducting health screenings and vaccinations; and educating adults and young people about the value of good nutrition, exercise, and healthy lifestyle choices. Through partnerships with neighborhood associations and community-based organizations, COPCs are empowering community leaders to play an active role in resolving local health issues. COPCs are also encouraging nursing and medical students to serve inner-city residents after graduation through service-learning courses and volunteer activities.

"Our goal is to help create communities that are dynamic and participatory and inclusive, and that can generate the kinds of resources they need to promote health and take care of those who need health services," says Thompson. ■



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## San Diego School Provides Access to Community Health Services

A full year before Rosa Parks Elementary School opened its doors in San Diego's City Heights neighborhood, Principal Emily Watts was meeting with physicians from the COPC at the University of California at San Diego (UCSD). Watts came to these meetings with a long list of suggestions for how the COPC could help her students and their families when the new school opened in 1998. Improving students' access to health care was high on the agenda.

Three years later, Rosa Parks Elementary has a variety of health-related programs in place, including a preventive health initiative designed to improve the health of children attending the school, while connecting their families to health services available in the community. Through the program, a nurse practitioner works at Rosa Parks full time—a rare occurrence in California—where most school nurses divide their time among several schools.

The Rosa Parks nurse practitioner treats and monitors the health of students under the guidance of UCSD physicians who are affiliated with the university's Department of Pediatrics. These physicians also provide a critical link between Rosa Parks Elementary and the local Mid-City Community Clinic, where several university physicians serve on staff. Many students and their families have found a "medical home" at the clinic after being referred there for followup treatment by the school.

The value of having this "medical home" cannot be overestimated. An Enterprise Zone community with a rapidly growing population, City Heights is a popular stopping-off place for immigrants entering the United States from Vietnam, Somalia, Laos, and various Spanish-speaking countries. The 1,570 students at Rosa Parks speak 39 languages, and their parents

face language barriers when they or their children require health care, says former COPC Program Manager Hilary Hahn. In addition, cultural barriers make it difficult for immigrant families to understand and take advantage of preventive health programs.

The school's nurse practitioner has broken down some of those barriers by providing health screenings and some primary care to Rosa Parks students and by serving other family members whenever possible.

"Let's say a mother comes in to talk to the nurse about her child in third grade," says Hahn. "If that mother is holding a baby who clearly is feverish, we like to be able to work with that child as well. You have to catch people where they turn up so you don't miss opportunities to provide health education or health services."

At Rosa Parks, the COPC uses every opportunity to provide health education and guidance to families. UCSD physicians and physicians-in-training make themselves available to listen to parents' concerns about child development and other issues, and to participate in faculty teams that assess students' special needs. In addition, the COPC sponsors several programs to provide students and their families with information on nutrition and other health-related topics.

One such program, the Child and Adolescent Trial for Cardiovascular Health (CATCH), gives teachers the resources they need to help students increase their physical activity, improve their nutrition, and develop heart-healthy habits. CATCH, which was funded by the National Institute of Health, developed a curriculum based on research that found that the best way to prevent heart disease is to reach children before they form unhealthy habits. The COPC provides Rosa Parks

teachers with the training and equipment they need to implement the CATCH curriculum.

UCSD's COPC, established in 1997, grew out of the university's 10-year involvement in the City Heights neighborhood. In 1991, the UCSD School of Medicine was instrumental in establishing the New Beginnings Partnership, a collaboration between UCSD, the County of San Diego Department of Health and Human Services, the Community College District, the San Diego Unified School District, San Diego Children's Hospital, and various non-profit organizations. New Beginnings member organizations, which play a major role in COPC activities, have collaborated on many projects to provide integrated education, health, and social services at school and housing sites throughout the City Heights neighborhood.

Because of their close connection to the UCSD School of Medicine, COPC partners have implemented health initiatives, including screenings and referrals, health insurance enrollment drives, and health education programs, to help local residents access a community healthcare system that can be both complicated and inconvenient. Many COPC activities have taken place in local schools because this is the community location where residents feel most comfortable, says Hahn.

"We base our programs on the belief that if you can build a positive relationship between families and the school, this relationship can lead the families to other care in the community," says Hahn. "So far, this has worked really well."

For more information, contact Vivian Reznik, Department of Pediatrics, University of California, San Diego, (619) 543-5340, [vreznik@ucsd.edu](mailto:vreznik@ucsd.edu). ■

## Virginia Commonwealth University COPC Program Helps Students Stay Healthy

Health screenings conducted by the staff of the Virginia Commonwealth University (VCU) COPC find that nearly 300 of the 700 students at Carver Elementary School in Richmond need referrals for health services. The screenings, as well as consultation and followup services, are provided as part of the COPC's Child Health Linkages (CHL) program. CHL was started by the Community Nursing Organization (CNO), a VCU School of Nursing community outreach program that focuses on developing innovative nursing and multidisciplinary practices and forming partnerships to address the public's health needs.

In 1996 CNO identified health needs at the Carver School and found that state-mandated health screenings conducted by the school nurse needed to include parental input and provide followup services. CNO also found that many parents were unaware of local health services or the benefits available under their insurance or Medicaid. After receiving a 1997 COPC grant, the COPC and CNO developed the CHL program. They hired a health coordinator to assist the Carver School nurse, enhanced health screenings to include followup, and developed a project to inform parents of community health-care providers. At the beginning of each school year, the school and the COPC distribute a form to parents asking them to identify each of their children's health needs. Approximately 20 percent of Carver parents complete and return the form—a high percentage given the many problems these families face.

For 3 weeks each fall, 40 VCU undergraduate nursing students help the Carver School administer vision, hearing, and dental screenings. "As a result of these screenings, we found that the greatest unmet health need was for dental care," says JoAnne Henry, director of CNO. To address this need, VCU School of Dentistry students visit Carver 1 to 2 days each week to

treat students who do not have a dentist. Henry estimates that 20 dental school students serve throughout the year in 6-week rotations. Additionally, CNO has developed a list of dentists in the community who see children and accept Medicaid. For students who are identified with vision problems during the health screening and whose parents have Medicaid, CNO informs the family that its benefits include eyeglasses. Students whose families do not have insurance are taken to the LensCrafters® Vision Van, which visits the city annually and provides free, new eyeglasses to children.

Through CHL, the COPC also offers counseling and mentoring services to Carver students. This year, more than 100 parents who returned their children's health needs form requested counseling or mentoring. The principal and teachers also refer students for these services. The counseling focuses primarily on classroom behavior, including anger management and self-esteem programs. Nearly 20 VCU graduate psychology students work in the school each year. First-year students mentor small groups of children to learn more about child behavior. During their second year, the VCU students work with Carver students on standardized testing. In the final year, the psychology students conduct individual and group therapy sessions for students with parental permission to participate. Two students from the VCU School of Social Work are placed at Carver for the year to complete their field work requirement. In addition to providing counseling and mentoring for the students, the COPC conducts in-service training for teachers on stress management and on strategies for handling students with Attention Deficit Hyperactivity Disorder.

"We have helped 100 percent of those students who were identified with a vision problem. Fifty percent of those with dental needs have been treated by the VCU dental school," says Henry.



As a result of its counseling and mentoring services, the COPC has noted a decrease in referrals to the principal's office, an increase in completed homework, as well as changes in standardized test scores and behavior conduct grades.

CHL brings together VCU's Schools of Nursing, Social Work, and Dentistry as well as the Department of Psychology to address the health of the students from pre-kindergarten through 5th grade who attend Carver Elementary School.

"Without the COPC, we wouldn't have had the integration of services. It has helped us pull together an interdisciplinary group of faculty and has been a real advantage," says Henry.

The program has provided more than 3,500 health screenings to students since it started 4 years ago. CHL is part of the VCU COPC's partnership with its northern neighbor, the Carver community, to address challenges and concerns identified by residents, including safety; community and economic development; school, youth, and health promotion; and services integration.

For additional information, contact JoAnne Henry, Director, Community Nursing Organization, Virginia Commonwealth University, (804) 828-2011, jhenry@hsc.vcu.edu. ■



## Medical College of Wisconsin Promotes Senior Health

As people age, they face more health problems and rising health-care costs. Health promotion and disease-prevention programs such as Chat and Chew, developed by the Medical College of Wisconsin (MCW) COPC, are helping seniors maintain their lifestyles and live healthier. The Chat and Chew program provides elderly tenants of three Milwaukee public housing developments with healthcare information.

The program, started in 1998, resulted from informal research conducted by the college on elderly public housing tenants' health needs and concerns. MCW drew upon its university-community partnerships



with the Housing Authority of the City of Milwaukee and S.E.T. Ministry, Inc., a nonprofit community-based health and social services agency, to start the Chat and Chew program at Merrill Park, an elderly designated development. MCW's 2000 COPC grant helped expand the program to two more public housing developments and the goals of the program are to:

- Generate medical resident awareness of community health, aging, and diversity.
- Train medical residents to present health information to an older, minority community.
- Encourage medical residents to view community members as teachers as well as patients.
- Provide needed health information to elderly public housing tenants.

To meet the needs of the tenants and maximize the learning potential for the medical residents, the Chat and Chew program uses a service-learning model. Discussions between tenants and medical residents is a learning tool, offering residents a better understanding of community health care and needs outside of the classroom and the medical clinic environment. Tovah Bates, program coordinator for the Healthy Aging Initiative at MCW, describes the program as an information exchange between the medical residents and the elderly public housing tenants. Approximately 20 medical residents have participated in the program during the past 2 years.

Each month medical residents fulfill part of their residency requirements by presenting a health topic chosen by the public housing tenants. Presentations have emphasized disease prevention, self-care, and health promotion and have included topics such as diabetes, depression, maintaining a healthy heart, changes in memory as one ages, and nutrition. The program is designed

as a discussion where tenants have an opportunity to talk to the medical resident and ask individual questions.

Chat and Chew provides benefits to both the public housing tenants and the medical residents. "The program not only provides the public housing residents with health information and ways to become healthier, but it allows them time to socialize with others and an opportunity to teach the medical residents," says Bates. Tenants have become comfortable asking questions, and a core group of 15 to 25 tenants attend each meeting.

"The benefit to the medical residents is significant," comments Bates. They learn about the community and see people in their own setting. The medical residents also learn how to explain medical issues and tailor their presentations to meet the needs of a diverse racial and ethnic community.

Chat and Chew is still evolving. MCW continuously consults with its partners to evaluate the program. At the end of each academic year, public housing tenants are asked to provide ideas for future programs and ways to improve the program. MCW also receives program feedback from the S.E.T. Ministry nurses working at each development.

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