CCHP Overview:

Vision
To transform health care and eliminate health disparities by engaging academic-community partnerships in South Carolina and beyond.

Mission
To engage and partner with communities in research and initiatives that promote health, reduce the risk of illness and disease, and build community resilience.

CCHP Goals
1. Strengthen capacity for existing and potential MUSC-community partnerships;
2. Facilitate partnerships that ask the appropriate questions and that reach the appropriate people;
3. Stimulate the discovery, translation, and dissemination of research in community settings;
4. Increase the visibility, impact, and sustainability of clinical translational and community-based participatory research (CBPR);
5. Establish mechanisms to sustain the progress of community-based initiatives; and
6. Improve health outcomes for ALL

CCHP Infrastructure:

Organization
The work of the CCHP is conducted through the following five cores, with guidance from both a scientific and community advisory board. Each core is directed by a College of Nursing faculty and an interprofessional co-director.

List of Cores
Administrative: Dr. Jeannette Andrews, Melissa Cox, Meredith Kerr, (CON)
Partnership: Dr. Deborah Williamson (CON), Vanessa Diaz, (Family Medicine)
Mentorship & Consultation: Dr. Charlene Pope (CON/VA), Dr. Maralynne Mitcham (CHP)
Research & Evaluation: Dr. Elaine Amella (CON), Dr. Jeff Korte (Biostatistics and Epidemiology)
Dissemination & Translation: Dr. Jan York (CON/VA), Dr. Lynne Nemeth (CON)
What does the CCHP do?

**Link:** Partners, resources, and information

- Create information exchange networks for academic and community partners to support the conduct of community-based participatory research (CBPR)
- Publish a monthly CCHP e-newsletter to connect partners with information and resources

**Leverage:** Capacity for academic-community partnerships and community-based participatory research

- Community Engaged Scholars Program: training, mentorship, and pilot grant awards for academic-community teams on CBPR
- Facilitate education and training: seminars on topics related to partnerships and CBPR
- Conduct research think tanks and mock interviews for students and faculty

**Lead:** Innovation and awareness related to health disparities and the social determinants of health

- Lead curriculum development to incorporate the social determinants of health and CBPR into health sciences curricula across MUSC
- Organize campus and community-wide education and awareness events

---

**CCHP Organizational Structure**

[Diagram showing the organizational structure of the CCHP]

**CCHP Messaging**
<table>
<thead>
<tr>
<th><strong>CCHP by the Numbers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>660</strong></td>
</tr>
<tr>
<td><strong>200+</strong></td>
</tr>
<tr>
<td><strong>70+</strong></td>
</tr>
<tr>
<td><strong>35</strong></td>
</tr>
<tr>
<td><strong>21</strong></td>
</tr>
<tr>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>8</strong></td>
</tr>
<tr>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>1st</strong></td>
</tr>
</tbody>
</table>
What does the CCHP do?

**Link:** Partners, resources, and information

- Create information exchange networks for academic and community partners to support the conduct of community-based participatory research (CBPR)
- Publish a monthly CCHP e-newsletter to connect partners with information and resources

**Leverage:** Capacity for academic-community partnerships and community-based participatory research

- Community Engaged Scholars Program: training, mentorship, and pilot grant awards for academic-community teams on CBPR
- Facilitate education and training: seminars on topics related to partnerships and CBPR
- Conduct research think tanks and mock interviews for students and faculty

**Lead:** Innovation and awareness related to health disparities and the social determinants of health

- Lead curriculum development to incorporate the social determinants of health and CBPR into health sciences curricula across MUSC
- Organize campus and community-wide education and awareness events

---

**CCHP Organizational Structure**

![Organizational Structure Diagram]

- **Community Advisory Board**
- **Administrative Core**
- **Scientific Advisory Board**
- **Mentorship & Consultation Core**
- **Research & Evaluation Core**
- **Partnership Core**
- **Dissemination & Translation Core**
The CAB has progressed in formation and identification of roles and priorities. Most recently, CAB members reviewed and refined a CAB member volunteer position description. Additionally, the board agreed initially to focus on Charleston, Berkeley, Dorchester, and Georgetown counties in terms of membership and priority activities. Ongoing networking among individuals and organizations represented on the CAB has resulted in collaborations for grant submissions and the identification of additional resources and future academic-community funding opportunities and trainings to build capacity. Currently, board community co-leadership is vacant and the board agreed to consider self-nominations. The CAB continues to analyze its membership to identify any gaps in representation of various sectors/stakeholders. The CAB serves as a vital source of guidance to the strategic direction of the CCHP and its grant/research related activities. CAB members continually serve as reviewers for grant opportunities and grant awards.

Community Advisory Board Members

Dr. Jeannette Andrews  
Ms. Tia Brewer Footman  
Ms. Eileen Chepenik  
Ms. Melissa Cox  
Ms. Kim Ford  
Ms. Vivian Frasier-Gathers  
Dr. Gwen Houston  
Ms. Virginia King  
Ms. Earline Kinloch  
Dr. Gayenell Magwood  
Ms. Tammy McCottry-Brown  
Ms. Mary S. Miller  
Ms. Carolyn Murray  
Dr. Brenda Nelson  
Mr. Jermel President  
Dr. Maribel Rodriguez-Scott  
Reverend Steven Singleton  
Ms. Laura Tucker  
Ms. Carrie Whipper  
Dr. Deborah Williamson  
Mr. Adrian Wilson  
Ms. Shaundra Young

CCHP
Footman-Brewer Enterprises, LLC
Trident Literacy Association
CCHP
City of North Charleston, Mayors’ Office on Aging
Tri-County Black Nurses Association
Franklin C. Fetter Family Health Center
Low Country Aids Services
Tri-County Black Nurses Association
CCHP
Charleston County Public Library
WCBD-TV
Charleston County School District
DAE Foundation
The Hope Clinic
Mother Emanuel Church
Georgetown County School District
Palmetto Project
CCHP
Charleston Trident Urban League
South Carolina Legal Services
CCHP Advisory Boards:

Scientific Advisory Board

The Scientific Advisory Board participated in strategic planning for CCHP sustainability, specifically related to securing a center grant in the near future. This process included the identification of current investigators and projects on the MUSC campus that may be applicable to the Center grant and an analysis of options at the federal level for center funding. It was decided that the CCHP would further investigate the opportunities for a P20 grant from the National Institutes of Health (NIH) and a Centers of Biomedical Research Excellence (COBRE) grant. The Scientific Advisory Board will continue to lead the strategic planning for these applications over the next year.

Scientific Advisory Board Members

Dr. Elaine Amella Co-Director CCHP
Dr. Jeannette Andrews CCHP
Dr. Amy Blue MUSC Office of Academic Affairs
Mr. Robert Coaxum Community member
Ms. Laura Cousineau MUSC Library
Ms. Melissa Cox CCHP
Dr. Marvellia Ford Hollings Cancer Center
Dr. David Garr AHEC, Family Medicine
Dr. Charlotte Granholm Neurosciences, Center on Aging
Dr. Jeffrey Korte, Co-Director Biostatistics & Epidemiology
Dr. Edward Krug College of Graduate Studies
Mr. Otha Meadows Community member, Charleston Trident Urban League
Dr. Maralyynne Mitcham College of Health Professions
Dr. Susan Newman CCHP
Dr. Sabra Slaughter Chief of Staff, President’s Office
Dr. Carlos Salinas College of Dental Medicine
CCHP Partnerships:
The CCHP continues to build capacity for partnerships on campus and in the wider community. Over the past year, the CCHP has made significant progress in forming structured and successful partnerships with departments across campus and multiple, diverse organizations throughout the community.

Here are several examples of partnerships that have grown over the past year:

- **Clinical Translational Science Award/Community Engagement Core**
The CCHP has worked closely with the leadership of the CTSA Community Engagement Core to align goals and objectives to meet the needs of and build capacity for the campus and wider community. Co-sponsorship of events took place throughout the year (see CCHP events). The CCHP Community Engaged Scholars Program, supported by CTSA/SCTR helps to meet CTSA Community Engagement Core objectives.

- **MUSC Office of Research Integrity**
The CCHP continues to lead collaborative efforts with research offices across campus to address the increasing demand for community-based research. Together, these offices and the CCHP seek to identify processes and protocols that meet the standards of the ORI and expand reach to the community as partners in research.

- **200+ Community Partnerships**
The CCHP continues to build capacity for current and emerging academic-community partnerships from various public and private sectors and locations. Examples of these partnerships are further detailed in the Core reports and Center Scholarship sections.

- **Interprofessional Education/Creating Collaborative Care**
CCHP faculty and staff have served as lecturers and mentors for several MUSC interprofessional initiatives such as the course IP 707: Addressing Childhood Obesity and the Presidential Scholars Program.

- **Southeastern Virtual Institute for Health Equity and Wellness (SE VIEW):**
The CCHP serves as a core component of the SE VIEW grant, specifically the Community Engaged Scholars Program and the Health Empowerment Zone. The SE VIEW’s overall goal: through community-based research and service outreach initiatives, SE VIEW will have a positive impact on the health of American and effectively reduce the health risk factors that prevent military enlistment and retention of active duty personnel.

SE VIEW
Recent advances in medicine have led to significant improvements in the overall health status of Americans, yet members of racial, ethnic and socioeconomic minority groups continue to lag behind in health status and access to care. South Carolina and many other states in the southeast share a disproportionate burden of chronic maladies - such as diabetes mellitus, hypertension, many types of cancer, metabolic syndrome and periodontal disease. Ethnic and socioeconomic disparities amplify the prevalence and complications associated with these diagnoses.

The Medical University of South Carolina (MUSC) plans to address these burdens in South Carolina, and ultimately other states in the Southeast, by establishing the Southeastern Virtual Institute for Health Equity and Wellness (SE VIEW). SE VIEW investigators will implement a series of community-based research and service outreach programs designed to reduce the burden of health disparities in these ways:

1. Increase awareness of the underlying causes of chronic diseases in the region by establishing education programs, with particular focus on young people
2. Establish a preventative medicine, health and wellness program to reduce health disparities
3. Develop community-based services, partnerships and outreach programs

MUSC announced the establishment of a cooperative agreement with the United States Department of Defense to develop educational and outreach programs and conduct community-based research on health disparities. This three-year, $12.7 million award was secured by U.S. Rep. James E. Clyburn to address the high rates of disease occurrence, disability and mortality in rural, low-income or minority communities.
2009-2010 CCHP Core Reports:

Administrative Core

1. Coordinate and oversee the administrative functions of the CCHP
   A. Led all CCHP related meetings including Core Directors (bi-monthly), CCHP (bi-monthly).
   B. Supported the work and meetings of the CAB and SAB.
   C. Led, managed and implemented ongoing education and training events including brown bags, think tanks and campus/community events.
   D. Developed and maintained metrics for the CCHP.
   E. Oversaw production and dissemination of all quarterly and annual reports related to CCHP grants and funding.

2. Plan for growth and sustainability for the CCHP
   A. Worked with the Cores, CAB and SAB to identify new opportunities for funding and plans for a larger Center grant in 1-3 years.
   B. Developed further partnerships with key stakeholders on campus and across the community to build capacity for the work of the CCHP.
   C. Developed and launched a new marketing campaign based on the Link, Leverage & Lead message. Worked with CON marketing to develop new CCHP materials including banners and postcards for dissemination.

3. Enhance capacity for academic-community partnerships
   A. Integrated the goals and work of the CCHP with the CTSA Community Engagement Core to help build sustainability on campus (see CCHP partnerships).
   B. Led, managed and evaluated the first cohort of the Community Engaged Scholars Program. The second CES cohort will begin in August 2010 (see Community Engaged Scholars Program).
   C. Hosted or co-sponsored eight education and training events for the campus and community, not including Community Engaged Scholars Program or Research Think Tanks (see CCHP events). These events addressed multiple topics related to partnership capacity, community-based participatory research and health disparities.
   D. Supported Mentorship Core on efforts related to curriculum development.

4. Establish communication exchange network between academic and community partners
   A. Published a monthly e-newsletter to all CCHP partners for bi-directional communication of campus and community events, successes, research and initiatives.
   B. Updated and maintained CCHP website: www.musc.edu/nursing/cchp.
   C. Enhanced the archived and current CCHP efforts with technology including podcasts, webcasts, and website.
1. Serve as resource and coordinating link for existing and potential partners

   A. A spring retreat for the CAB was held at the College of Nursing. New board members have been recruited and identification of a new chairperson is in process. The purpose of the CAB and specific responsibilities were better defined in 2010. Continued interest in addressing obesity, Latino and teen health was expressed by members. An outgrowth of the interest in reducing obesity was research related to community wellness led by Drs. Lisa Vandemark and Deborah Williamson, and Ms. Amy Painter. Ms Painter presented the findings to the April 2010 CAB meeting demonstrating the use of several community tools – a “walkability survey” and an audit of shelf space of healthy and unhealthy foods in convenience stores. In the discussion that followed the presentation, CAB members indicated their interest in receiving training on tools to assess the built environment that could be shared with their organizations. Working with SC DHEC, a training session was presented by Jay Daniels, SC DHEC, on June 18, 2010 to understand the science and the application of the community assessment tools.

2. Stimulate innovative academic-community partnership models

   A. The focus of this past year was the development of partnerships and collaborations. Technical assistance and capacity building particularly as it relates to grant writing was a primary activity of the partnership core:

   i. Reducing Obesity: The Community Wellness Initiative (CWI) is a coalition of community organizations in North Charleston interested in reducing childhood obesity that was formed in July 2009. Dr. Deborah Williamson, is the chair of this coalition and with other CON faculty identified the membership of the coalition. Currently the following organizations make up the CWI: MUSC CCHP, Noisette Foundation, REACH, Charleston/Georgetown Diabetes Coalition, MUSC CON, Charleston County School District, Charleston County Parks and Recreation, City of North Charleston, Metanoia, Council of Governments, Trident United Way, CARTA, Trident Urban League, and Intertech.

   ii. Latino Health

      a. The second annual HIV/AIDS Roundtable was co-sponsored by the MUSC Hispanic Health Initiative (HHI), Lowcountry Aids Services, Latino Commission on AIDS on April 4, 2010. CCHP partnership core linked other organizations interested in Latino health to the information about the round table. CAB members were invited to participate. Over 40 participants attended including SC DHEC, Migrant Health, USC School of Public Health, Latino advocacy groups, health care providers, and the City of North Charleston. The purpose of the day-long meeting was to recognize successes in addressing the rising incidence of HIV/AIDS in the Latino community and to identify solutions to problems related to prevention and screening for HIV/AIDS.

      b. Portales de Salud: In collaboration with the New Morning Foundation and Communities in Schools, HHI staff participated in the identification of health concerns of teens
Partnership Core (continued)

residing on Johns and Wadmalaw Islands. 12 key informant interviews and 4 focus groups were held asking parents, teens, and community members to identify teen health and social concerns. The results of this data collection will be used to revise existing programs and in new program development targeting teens. A summary of findings will be released to community members and local organizations during the summer.

iii. Teen health

a. Collaborated with Charleston County School District and the New Morning Foundation, in writing a grant on the Prevention of Teen Pregnancy which proposes to use youth specialists in the Title One high schools in North Charleston and teen friendly clinical settings for reproductive health visits. The New Morning Foundation as a community partner was linked to an academic partner, MUSC Department of Family Medicine, for the provision of clinical services and to the CON for health education and nursing services. The grant was submitted to the HHS, Office of Adolescent Health June 8, 2010.

b. Teen Health Leadership Program in the MUSC CON completed its second year with plans for sustainability in year three by building capacity within local agencies.

B. Activities this past year included collaborating with SC DHEC, Region 7 in an application for an Achieve grant through the CDC. This grant was awarded to SC DHEC, Region 7 in April 2010. CCHP (Dr. Deborah Williamson) as well as other CWI members are on the leadership team responsible for grant implementation. CCHP (Dr. Williamson) was asked to serve on the executive planning committee for Charleston, Dorchester, and Berkeley Counties chapter of Eat Smart, Move More that was established in Spring 2010.

C. Extending academic-community partnerships:

i. Community-based service learning experiences for MUSC students: linked BSN clinical groups of NURSU 409, Population Based nursing with community organizations for service-learning experiences to 1) assist with needs assessment in Achieve Grant, SC DHEC, Region 7 and 2) to assist with health assessment of and health promotion for migrant families with children enrolled in Rural Mission Head Start.

ii. Community based Service Learning experiences for other students:

◊ University of South Carolina MSW intern with CCSD Title 1 elementary school
◊ University of South Carolina MPH intern with CON Hispanic Health Initiative
◊ The Citadel, practicum, 2 Spanish majors, MUSC Office of Interpreters
◊ University of Alabama, MSN (Public Health Nursing) intern with Rural Mission Migrant Head Start
2009-2010 CCHP Core Reports:

Mentorship & Consultation Core

1. Facilitate the acquisition of CBPR theory, research methods, and best practices for both academic and community partners
   
   A. Presented two faculty sessions on the social determinants of health.
   
   B. Conducted a faculty audit of undergraduate (BSN) curriculum for integration of the social determinants of health.
   
   C. Met with four members of the undergraduate faculty to review content for social determinants of health and cultural effectiveness; formally integrated into three courses.
   
   D. Worked with Dr. Sheila Smith (CON faculty) to frame a cultural audit of all undergraduate BSN courses; survey for audit to be prepared for presentation and publication and used for Mentorship Core strategic objectives in 2010-2011.

2. Create opportunities for community partners to mentor academic partners in knowledge, attitudes, and practices congruent with community needs and community goals.

   A. Guest lecture for Community Engaged Scholars Program.
   
   B. Identified applicants for CES 2010-2011 cohort.
   
   C. Presented a session on social marketing for cancer screening at the St. James Santee Family Health Center.
   
   D. Presented two AIDS care team trainings with the Graham AME Church integrating elements of community-based participatory research.

3. To promote the sharing of information for best practices in data collection, public health, community outreach, proposal development, and project implementation.

   A. Contributed to information exchange networks between community partners at Hollings Cancer Center.
   
   B. Served on President Greenberg’s Sub-Committee on Globalization for the Strategic Planning Committee to provide input on CBPR, ethical collaboration with community partners locally and internationally, and have negotiated successfully to have community interests respected.

4. Arrange Think Tanks and Interest Groups for academic and community partner research collaboration.

   A. The Think Tanks met monthly, working with participants on their future funding plans and applications as requested in the interim.

5. Coach partners in the use of guideline-based evaluation tools to monitor the democratic process of CBPR and the effectiveness of CBPR research designs and outcomes.

   A. RE-AIM was introduced to a community, and a proposal was submitted in June 2010.
2009-2010 CCHP Core Reports:

Research & Evaluation Core

1. Develop inventory of projects across campus that actively involve community members with capacity building as an outcome
   A. The listing was developed by both the Core and staff at the Office of Research Development and is kept by the CCHP staff. Opportunities to keep this list current through ORD are currently being investigated. The list was shared at the SAB meeting.

2. Hold workshop with SAB and other key faculty for planning and writing of P20 grant
   A. The original objective to specifically plan and draft a P20-scale proposal was not realized as it was decided that it was premature at this time. It was suggested by Core Directors that this objective be reviewed in the next SAB meeting to determine if it is indeed needed or wanted. An appropriate strategy at this time may be to continue to focus on smaller grants and R01s to continue to build towards our long-term strategy of center-level funding.
   B. At this time, the CCHP is sponsoring monthly luncheon presentations that highlight different aspects of CBPR and other community-based issues. These meetings are publicized through partners on campus such as SCTR.
   C. Monthly Research for Lunch sessions are held to provide mock reviews for investigators preparing for grant submission.

Dissemination & Translation Core

1. Promote a systems level infrastructure for consistent dissemination of academic-community partnerships
   A. Developed and implemented a toolbox for community, consumers, practitioners and clinicians with extensive resources on best practices, evidence-based medicine, community engagement and community-based participatory research. Visit the toolbox at: http://academicdepartments.musc.edu/nursing/cchp/toolbox.htm
   B. Led efforts to coordinate dissemination and communication of CCHP research and practice initiatives, see CCHP Scholarship section for results.
CCHP Events 2009-2010:

**Breakfast Series**
1. “Bringing Science to the Community: Jeff Randall, PhD, Department of Psychiatry and Behavioral Sciences (July 21, 2009).

**Brown Bag Lunch Sessions**
2. “Community-Based Participatory Research: What is it and Why are Funders Paying Attention”: Susan Newman, PhD, College of Nursing, and Melissa Cox, MPH, College of Nursing (Nov 4, 2009).
4. “Multi-Systemic Therapy Approach to Addressing Fidelity”: Jeff Randall, PhD, Department of Psychiatry and Behavioral Sciences (Jan 20, 2010).
5. “Recruitment Strategies in Community Settings”: Ida Spruill, PhD, College of Nursing, and Jenelle Quenneville, BS, South Carolina Clinical and Translational Research Center (SCTR) (June 2, 2010).

Average attendance: 18

**National Primary Care Week**
1. “The Value of Primary Care in Reducing Health Disparities”: Tiffany Williams, MSN, College of Nursing and a panel of community clinicians (Jan 26, 2010), co-sponsored by SCTR. Number of attendees: 55

**Minority Health Disparities Videoconference Webcast**
The CCHP participated as a viewing site for the webcast “What will Health Care Reform Mean for Minority Health Disparities?”, the 16th Annual Summer Public Health Research Videoconference on Minority Health at the University of North Carolina at Chapel Hill, June 8, 2010. Number of attendees: 25

CCHP event flyers have become a familiar site around the MUSC campus. The CCHP hosted or co-sponsored eight education and training events for the campus community in 2009-2010. These events addressed multiple topics related to partnership capacity, community-based participatory research, and health disparities. For information about upcoming events, visit our website at [www.musc.edu/nursing/cchp](http://www.musc.edu/nursing/cchp).
On February 26th, 2010 the Center for Community Health Partnerships partnered with the East Cooper Community Outreach to conduct an Out of Poverty Initiative. The event was attended by over seventy-five people representing faculty, students, and staff from multiple departments at MUSC, as well as members of local community organizations.

This simulation experience allowed participants to understand the realities of poverty, a situation that affects 39.8 million people in the United States. During the simulation, participants played the role of low-income families with the task of providing for basic necessities and shelter on a limited budget during the course of four 15-minute “weeks”. By examining poverty from multiple angles, the simulation allowed participants to recognize the potential for change in the local community.

Progress is underway to further integrate this type of training into MUSC and the community. The event was co-sponsored by the South Carolina Clinical and Translational Research Center (SCTR).
The inaugural cohort of the Community Engaged Scholars Program began in August 2009. This twelve-month fellowship program provides didactic training, mentorship and pilot project funds for teams of community and academic partners to build capacity to conduct community-based participatory research. The didactic portion of the project will conclude in July 2010, with final reports for the pilot projects due in December 2010. The 2009-2010 CES Program is supported by the South Carolina Clinical and Translational Research Institute (SCTR).

Along with partnership capacity building, the following topics were covered during the monthly didactic sessions:

- History and definitions of CBPR
- Partnership capacity and sustainability
- Community assessment and problem identification
- Grantsmanship
- Data collection and analysis
- Evaluation
- Dissemination and communication

The six teams who participated in the 2009-2010 Community Engaged Scholars Program are described on the next page.
2009-2010 CES Teams

Team 1: *Unmet health needs of individuals with disabilities in the Tri-County area*

Dr. Susan Newman, College of Nursing
Gwen Gillenwater, disAbility Resource Center

**Progress Summary:** The team has developed a survey instrument to be distributed to consumers of the disAbility Resource Center to identify priority needs of the community. This survey instrument has been pre-tested by community members and plans are underway to implement survey to 1000+ consumers by mail, telephone and web-based application. The team will use the data collected from the survey for strategic planning.

Team 2: *Importance of vitamin D as it relates to health status and disease*

Dr. Carol Wagner, Pediatrics/College of Medicine
Joyce Winkler, MPH, Eau Claire Cooperative Health Center (Columbia, SC)
Gloria Warner, MA, Eau Claire Cooperative Health Center
Carolina Rodriguez Cook, Eau Claire Cooperative Health Center

**Progress Summary:** This team has reviewed data collected from previous studies to inform the current project to assess factors affecting Vitamin D consumption for the population of child-bearing women seen at their health center. The team has developed focus group questions and key informant interviews to collect such data. Both English and Spanish sessions will be held to capture a full range of patients served. The data collected will be used to design the second phase of research as well as a health education campaign related to the Importance of Vitamin D.

Team 3: *Periodontal disease prevention in the Gullah community*

Dr. Renata Leite, College of Dental Medicine
Beth Carpenter, Hollywood, SC Mayor’s Office

**Progress Summary:** This team has made significant progress with regard to stakeholder buy-in from the Hollywood, SC community. An advisory board has been established, and met twice. The team has developed both key informant interviews and focus group questions which have been pre-tested by the community. The data collected will inform a future research initiative using peer navigators to address oral health needs. The team plans to submit for an NIH grant in September, 2010.
**Team 4: Improving quality of life for children with severe disabilities in the Lowcountry**
Dr. Holly Wise, College of Health Profession
Cindy Dodds, MHS, PT, Pattison’s Academy

**Progress Summary:** This team has developed a protocol for testing quality of life improvement of children with severe disabilities. The research will take place at a comprehensive center for education & rehabilitation for the children. A control group will also be followed to compare results.

**Team 5: Cancer prevention and wellness in the faith-based African-American community**
Dr. Kristin Wallace, Biostatistics and Epidemiology
Dr. Katherine Sterba, Biostatistics and Epidemiology
Debbie Bryant, MSN, Hollings Cancer Center
Rev. Remus Harper, Mt. Carmel African Methodist Episcopal Church

**Progress Summary:** This team has received support from the Hollings Cancer Center Disparities Advisory Board as well as multiple churches. They have developed a plan for sustainability of the relationship between the Hollings Cancer Center Disparities Board and local faith-based community. The team has developed focus group questions and key informant interviews to identify strategies for implementing cancer wellness and prevention programs in the

**Team 6: Youth and community suicide prevention**
Dr. Janet Grossman, College of Nursing
Charlotte Anderson, 211 Hotline Director, Trident United Way

**Progress Summary:** This team has formed a collaborative group to support suicide prevention including stakeholder’s from CCSD, law enforcement, mental health and the Coroner’s Office. The team has begun data collection using local, state and national data to depict a thorough understanding of the data from an epidemiological perspective. The team will produce a final report of this data to be used by the collaborative group to develop suicide prevention strategies for Charleston County.
2009-2010 CES Team Accomplishments

Accomplishments the teams have completed together, as a result of the project/partnership:

Presentations


Grant submissions


- Dodds, C. Improving quality of life for children with severe disabilities in the Lowcountry. Blue Cross Blue Shield Foundation; July 2010.


Grants funded

- Dodds, C. Improving quality of life for children with severe disabilities in the Lowcountry. South Carolina Developmental Disabilities Council: $44,343 to cover cost for personnel and equipment; July 1, 2010 to June 30, 2011; 3 year grant with matching funds from agency.


Other awards or special recognitions


- Newman, S. Awarded Liberty Fellowship; August 2010.
After a competitive review process, the following teams have been selected to participate in the 2010-2011 cohort of the Community Engaged Scholars Program. The program will begin in August 2010, with didactic sessions running through July 2011 and pilot projects concluding in December 2011. SCTR will continue to support the CES Program with additional funds provided through the SE VIEW grant (see CCHP Partnerships).

The 2010-2011 cohort will include the following teams:

**Team 1: Addressing the needs of incarcerated persons living with HIV/AIDS as they prepare for community re-entry**
- Dr. Elisabeth Pickelsimer, Biostatistics & Epidemiology
- Linda Phillips, DisAbility Resource Center
- Patricia Kelly, A Family Affair HIV Ministry (not pictured)

**Team 2: Childhood obesity in Title I schools in Charleston County**
- Dr. Roger Newman, Department of Obstetrics & Gynecology (not pictured)
- Jermel President, The DAE Foundation

**Team 3: Addressing quality improvement in a rural, federally qualified community health center**
- Dr. Carol Lambourne, Department of Family Medicine
- Myra Pinckney, St. James-Santee Family Health Center

**Team 4: Prevention of HIV/AIDS among Lowcountry Veterans**
- Amy Painter, College of Nursing
- Stacy Gaillard, Ralph H. Johnson VA Medical Center
- Virginia King, Lowcountry AIDS Services

**Team 5: Addressing the needs of persons with dementia and their caregivers**
- Dr. Elaine Amella, College of Nursing
- Laura Stefanelli, Respite Care Ministries
CCHP Scholarship 2009-2010:
Grants Funded (New and Ongoing)

Amella, E. Feeding in Late-Stage Dementia: The FIELD Trial. NIH/NIDDK, R21, Funded 6/1/09-5/31/11
Amella, E. CHES: Cooking Health-Eating Smart. USDA, Funded 9/1/09-8/31/10
Andrews, J. Community Engaged Scholars Program. DOD, Funded 7/1/10-6/30/13
Andrews, J. SCTR Institute—Pilot Project Program. SCTR, Funded 10/1/09-10/5/10
Andrews, J. The Impact of a Tobacco Control Intervention in African American Families. NIH/NCI R01, Funded 1/1/07-5/31/12
Andrews, J. A Social Ecological Based Smoking Cessation Intervention in Public Housing. NIH/NHLBI, R01, Funded 12/1/08-12/30/13
Andrews, J. Partnership Readiness for Community Based Participatory Research. NIH/NINR, R03, Funded 9/26/08-8/31/10
Andrews, J. Strategic Leveraging of the Center for Community Health Partnerships. RWJ, Funded 6/1/08-5/31/11
Aselage, M. Alleviating Mealtime Difficulties in Older Adults with Dementia. AAN, Funded 7/1/09-6/30/11
Barron, M. Unlocking the Mystery of Lupus and Cardiovascular Health. Daisy Foundation, Funded 9/1/09-8/31/10
Grossman, J. Patient Provider Outcomes of E-Learning in CAMS. CDC (IPA), Funded 8/1/09-3/27/10
Jenkins, C. Center of Economic Excellence (CoEE) for Technology Center to Enhance Healthy Lifestyles. CoEE, Funded 6/1/10
Jenkins, C. REACH U.S. Southeastern African American Center of Excellence for Elimination of Disparities. CDC, Funded 9/30/07-9/29/12
Laken, M. Partnerships with Title One Schools to Reduce Health Disparities. Duke Endowment, Funded 1/1/08-12/1/10
Laken, M. A Partnership to Promote Physical Activity and Healthy Eating in AME Churches. NIH/NHLBI, R01, Funded 6/1/08-3/31/10
Magwood, G. Supplement Contract for Behavioral/Support Intervention. NIH/NIDDK, Diversity Supplement, Funded 8/1/09-6/30/11
Mueller, M. Decision Support in the Care of Preterm Newborns—Tool Development. NIH/NHLBI, R21, Funded 8/1/08-6/30/11
Nemeth, L. Synthesizing Lessons Learned Using Information Technology. AHRQ, R03, Funded 5/1/10-4/30/12
Newman, S. A Peer Navigator Intervention for Individuals with Spinal Cord Injury. NIH/NICHD, K23, Funded 2/1/10-1/31/15
Painter, A. VA Nursing Academy (VANA). VAMC, Funded 3/15/10-3/14/11
Pope, C. Racial Variations in Communications, Decision-Making, and Diabetes Outcome. VAMC, Funded 10/1/08-9/30/11
Pope, C. The Role of Communication in CHF Care Coordination in Home Telehealth. VAMC, Funded 9/1/09-8/31/10
Spruill, I. Genetic Contributors to Diabetes and Dyslipidemia in African Americans. UVA NIH/NIDDK, Diversity Supplement, Funded 8/1/10-7/31/11
Spruill, I. Attitudes and Acceptance From the Community Toward Establishing a Bio-Repository/Clinical Data Warehouse at the Medical University of South Carolina. SCTR, Funded 9/1/10-8/31/11
Wagner, J. Depression Screening in Youth with Epilepsy. Epilepsy Foundation, Funded 6/1/08-7/31/10
Williamson, D. Health Empowerment Zone. DOD, Funded 7/1/10-6/30/13
Williamson, D. Portales de Salud - Gateways to Health. Office of the Provost, Dr. Lanier, Medical University of South Carolina, Funded 7/1/09-6/30/10
Williamson, D. Promotoras of Health. Communities in Schools (CIS), Funded 7/1/06-6/30/11
Williamson, D. Abrazos Childhood Development Program. Charleston County School District, Funded 7/1/09-8/30/11
Williamson, D. Video Medical Interpretation Research. NIH/NLM, Funded 9/30/09-9/29/10
Williamson, D. Early Intervention to Reduce Domestic Violence. Medical University of South Carolina Foundation, Funded 7/1/08-7/1/11
Williamson, D. Teen Health Advocate Leadership Program Planning Grant. NIH/NLM, Funded 2/1/08-6/30/11
Williamson, D. Hispanic Health Initiative - Nurse Education, Practice, and Retention. HRSA, Funded 7/1/05-6/30/11

Publications


**Presentations**


Stuart, G. (2009). Oration: Mind to care and a future of hope. 35th international conference The Australian College of Mental Health Nurses, Sydney, Australia.


Visit the CCHP poster gallery featuring a collection of presented posters by MUSC faculty, students, and community members at:  www.musc.edu/nursing/cchp/gallery