

PREVENTION RESEARCH CENTERS



A Collective Voice for Well-Being

The Story of the National Community Committee



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CONTROL AND PREVENTION



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*A Collective Voice
for Well-Being*

The Story of the National Community Committee

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Members of the National Community Committee gave many hours sharing stories and experiences that capture the history and spirit of the group. Special thanks go to Ralph Fuccillo, Ella Greene-Moton, and E. Yvonne Lewis, who gave special attention to reviewing this booklet, and to Sharrice White-Cooper for her knowledge and expertise.

A place to feel comfortable.

A place to share ideas.

An avenue to influence world-class health research.

A way to inspire life-changing projects in neighborhoods.

A platform.

A voice.

All of these phrases are ways that members describe the Prevention Research Centers' National Community Committee (NCC), a group of action-oriented people from communities around the country who are partners in CDC's Prevention Research Centers (PRC) Program. Since its origins in the late 1990s, the NCC has evolved from a loosely formed advisory body into a catalyst for changing the way that researchers and community members interact to influence practice and policy.

This booklet describes how the committee developed and how it is working within the PRC Program to prevent disease and promote public health.

The booklet features selected voices of community representatives and researchers who have been involved in the creation and growth of the NCC.

Program Overview

The Prevention Research Centers (PRC) Program is a group of academic research centers, authorized by Congress in 1984 and funded by the Centers for Disease Control and Prevention (CDC), that brings together researchers, state and local health department staff, and representatives of underserved communities to conduct research on the best ways to fight chronic disease and promote wellness. For the 2004–2009 funding cycle, the U.S. Congress has allocated and the PRC Program has distributed an average of \$24 million per year to 33 centers across the country to advance research in diseases such as diabetes, heart disease, obesity, HIV infection, and depression. The PRC Program also channeled about \$20 million more per year to the centers to supplement primary and other research projects.

The program is guided by a set of committees whose members come from the academic centers, the communities, and CDC. A Steering Committee comprises members from the six standing committees: Program, Research, Evaluation, Communication, Policy, and the National Community Committee.

What Prevention Research Centers do

- Conduct research projects on health- or population-specific issues.
- Build research teams of multidisciplinary faculty members.
- Seek outcomes applicable to public health programs and policies.
- Create research networks for priority health issues.
- Build long-term relationships for engaging communities as partners in research.
- Conduct research in directions guided by advisory boards of community leaders.
- Develop public health researchers' skills for working with communities.
- Conduct additional research funded by federal agencies, foundations, and nonprofit organizations.

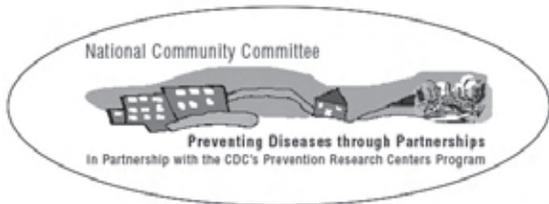
Beginnings of the NCC

When only two community members attended the 1999 PRC Directors' Meeting, a flaw became clear—for a national research program designed to involve communities, the community voice at the national level was woefully quiet. Although each PRC had a local community advisory board that worked with researchers to conduct community research and create interventions to prevent disease, community involvement was needed at the national level where overarching program decisions were made. The local community boards also needed the support, encouragement, and training that a national structure could provide.

At the 1999 meeting, community representatives E. Yvonne Lewis from Flint, Michigan, and Stephen Robinson from Harlem, New York, worked with CDC leaders and PRC directors to start setting a course for communities to contribute on a national level and to enhance their local involvement.

Developing the right structure took time and hard work, but by 2002 the National Community Committee, or NCC, had a member from nearly every center, had elected leaders, and was holding three in-person meetings a year.

The NCC brought forth perspectives from the diverse communities in the PRC family—Native Americans, adolescents, older adults, Hispanics, Asian Americans, African Americans, and rural and urban Americans—to find common ground and work together to increase the community voice in research.



NCC logo, 2007

The NCC has found itself in a unique position to

- **Serve as a community advocate** for city and state health policies.
- **Increase community capability** for spreading prevention strategies.
- **Educate communities** about new health findings.

The NCC even discovered it could help design new research initiatives.

The NCC is still realizing its potential and its power.

NCC Vision

A national network of community representatives engaged in equitable partnerships with researchers to define local health priorities, drive prevention research agendas, and develop solutions to improve the overall health and quality of life of all communities.

Creating a Safe Space



E. Yvonne Lewis, left, and Ella Greene-Moton were the first two co-chairs of the National Community Committee.

“The first year was really, truly a developmental year,” said E. Yvonne Lewis, who became founding co-chair of the NCC along with Ella Greene-Moton in 2001. Together, the two leaders, both on the community advisory board for the University of Michigan PRC, gathered information about the different community boards and learned that each PRC defined “community” differently. For some PRCs conducting research in schools to reduce obesity, *community* included teachers, principals, and health care administrators. Other PRCs composed their community boards from the populations being served, such as migrant citrus workers in Florida. Community boards had members representing hundreds of community-based organizations, all working to improve health in some way. “There is no one single type of community,” Ms. Lewis said. With so many different types of people involved, the co-chairs wanted to be sure everyone was comfortable, even if it meant taking things slowly.

“Community: A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.”

MACQUEEN AND COLLEAGUES, AMERICAN JOURNAL OF PUBLIC HEALTH, DECEMBER 2001

“The research is different in every community, but the idea of raising the community voice is the same. We all learn so much from each other.”

E. YVONNE LEWIS, PAST NCC CHAIR

“We really wanted to establish a safe place for communities to share information,” Ms. Greene-Moton said. “Taking things slowly was a deliberate act. Yvonne and I understood we were charged with facilitating the development of a framework for the NCC, not prescribing it. We had to allow time for the members to create the framework and drive its progress.”

Yearly retreats that started in 2003 provided the ideal place for members to bond and learn together. That comfort allowed members of the NCC to discuss sensitive issues, such as trust among researchers and communities, a topic that later became a research project for the PRC Program. The participants also openly discussed the societal issues that affected communities, including racism, cultural diversity, and health disparities.

In addition to having different ideas about what community meant, the individual centers also had varied ideas about community-based participatory research. How involved should communities be and in what ways? NCC members found the discussions invigorating and empowering.



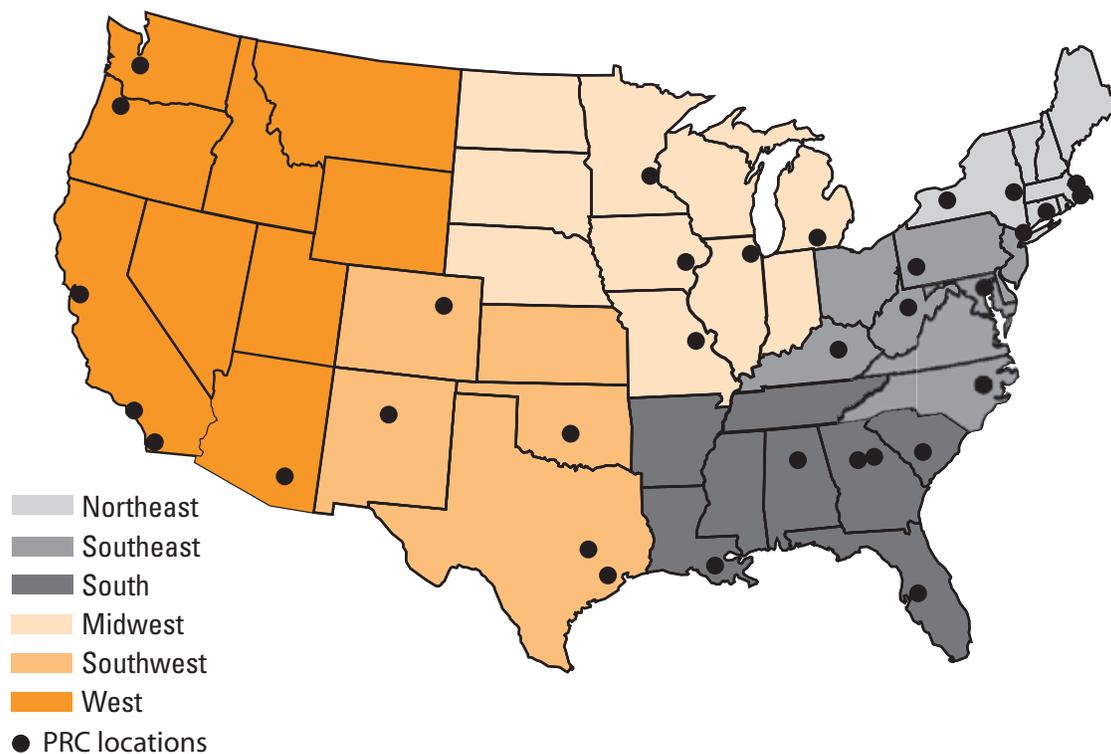
Ella Trammell, NCC representative from the Morehouse School of Medicine PRC, presents ideas to colleagues at an NCC retreat.

Defining Responsibilities

As the NCC evolved—guided by PRC community representatives with input from PRC directors and the PRC Program office—rules, structure, and responsibilities took shape.

Members: One representative and one alternate are selected by each PRC to participate in NCC.

Leadership: To ensure continuity, leaders are elected for multiyear commitments: one year as vice-chair, one year as chair-elect, one year as chair, and one as past chair. A secretary, six regional chairs, and committee chairs round out the leadership structure.



Regions: To enhance collaboration and cooperation across PRC communities, NCC adopted six geographic regions.

Subcommittees: NCC members belong to four subcommittees: Policy, Procedures and Operations (PPO); Fund Development; Content; and Communication.

Meetings: NCC members interact through monthly conference calls and yearly retreats, PRC business meetings, and trainings. Members also communicate through a newsletter and through an e-mail mailing list.

NCC Mission

The PRC's National Community Committee is dedicated to helping build capacity in communities within local PRCs that were not traditionally involved in the planning, development, implementation, and evaluation of prevention research initiatives by

- Developing and facilitating education, training, resource sharing, and technical assistance opportunities that encourage and enhance participation in research activities.
- Creating a supportive and culturally relevant environment in which representatives can share successes, concerns, and other lessons learned.
- Advocating for policy change.
- Making recommendations to advance the work of individual community representatives, local centers, and the national PRC Program.

Skill-Building: Advocating for Prevention



Gary Tang, University of Washington NCC representative, shares successes with colleagues at an NCC retreat.

Empowering communities to advocate for health-promoting policies in their towns and states is a priority of the NCC. In 2003, members participated in a training led by Research!America, a nonprofit public education and advocacy group.

NCC's primary goal was to learn how to promote health in represented local communities. As a result of its initial success, the training was adapted and held again in 2004 and 2005, expanding the knowledge base. During these trainings, NCC members learned how to communicate community needs, how regions could work together on common issues, and how to get communities talking about issues of national importance.

“We learned how to become better communicators, how to effectively work with legislative staff, and how to improve the likelihood of getting letters to the editor published in the media that will help put prevention and public health research in the forefront of everyone’s mind.”

MATT STARR, NCC REPRESENTATIVE, UNIVERSITY OF ROCHESTER PRC



Hector Rico, NCC representative,
University of Illinois at Chicago PRC

In their roles as advocates, NCC representatives work to improve health conditions in their neighborhoods by talking to political and business leaders.

In Chicago, NCC representative Hector Rico is director of the Latino Organization of the Southwest. He noted that many health organizations in southwest Chicago were not prepared for the rapidly growing Latino population. One way he addressed that need was by partnering with a counseling agency to develop a policy on how to serve Latino families.

"We collaborate with [the counseling agencies] in giving them expertise on how to approach these families," Mr. Rico said. He has been part of the NCC since its beginning, and he believes that the committee has helped by providing a network to share expertise and ideas with people who are doing similar work in other communities. "The NCC has helped us in bringing the local work we do in regard to public policy to a higher level," he said.

A COMMUNITY VOICE

Skill-Building: Applying Evidence-Based Practices



NCC members work to develop a logic model for the committee.

For communities, understanding the reasons for research and how it is conducted is critical to becoming involved in decision-making about the research. The NCC understands this need for knowledge and fulfilled it by organizing training for its members through a well-respected,

intensive course designed by the Saint Louis University PRC. This course, Evidence-Based Public Health, was modified in consultation with the NCC to address the committee's specific needs. The NCC leaders reviewed the course materials for suitability, helped teach the course, and served as facilitators for small-group activities. Attendees increased their understanding of the vocabulary and processes of public health and learned to

- Develop problem statements.
- Describe issues quantitatively.
- Determine what is known through the scientific literature.
- Develop program or policy options.
- Develop a program or policy plan.
- Evaluate the activities.

“Community members need to know what researchers mean when they use jargon. We started where people were and helped them understand the links between what they knew and evidence-based public health.”

BETH BAKER, CO-DIRECTOR, SAINT LOUIS UNIVERSITY PRC



Theresa Rudder, NCC representative,
University of Colorado PRC

Theresa Rudder, an NCC representative from Colorado, said the Evidence-Based Public Health course helped improve her understanding of the motivations for research and how to interpret results. She also realized the importance of the terminology that researchers use and how to bring that language home to the community so that laypeople can understand and give input too.

“Researchers get caught in their own world,” Ms. Rudder said. “You’ve got to show the community why you’ve got to do research. What is the evidence in a community that makes the project worthwhile? In my community, the weather has a lot to do with whether people come outside. We were talking about exercising, building a sidewalk. You could build it, but people won’t use it. In the winter, it’s 30 below zero! We’ve had failed projects because researchers didn’t know the community.”

A COMMUNITY VOICE

Skill-Building: Developing a Grants Program

After taking the Evidence-Based Public Health course, NCC members put their knowledge into action. The Saint Louis University PRC believed that the NCC was an ideal partner to work on a special CDC-funded project to distribute mini-grants to minority communities for physical activity programs. The PRC and NCC formed an unprecedented team to collaborate on writing a request for grant applications and evaluating the applications of communities vying for grants of \$5,000 for each of 2 years.

NCC members used brainstorming and concept mapping to develop criteria for making physical activity interventions appropriate and available for racial and ethnic minority communities. They then worked with the PRC research team to distribute mini-grants to the applicants whose proposals best reflected those criteria.

Projects that were selected included an information awareness campaign for families of Pacific Islander descent in California, physical activity promotion for American Indian elders in Washington State, a mapping project to find safe and affordable physical activity resources for Latino families in California, a project to increase use of parks by Hispanic and African American residents of Texas, and a Latin dancing program to increase exercise for African American adults in upstate New York.

NCC members recognized how the grants program empowered community-based organizations, which took the lead in applying for the grants. One community-based organization also teamed with the NCC and the Saint Louis University PRC to help with grant administration. “It has been very powerful,” said E. Yvonne Lewis. “It is an authentic partnership. We are walking the talk.”

“It was the first time that we—the NCC—were invited to partner on a national project. That alone was extremely exciting for us. It was actually a very good fit, seeing that the NCC is made up of diverse populations. We also saw it as a training opportunity for our members that would help achieve NCC goals.”

FREDA MOTTON, NCC MIDWEST REGIONAL DIRECTOR



Mae Bradley, NCC representative,
Boston University PRC

“The whole process was very empowering,” said Mae Bradley, NCC representative from Boston University PRC, about reviewing grant applications as a community partner working with academic partners.

Ms. Bradley, who works as executive director of a public housing advocacy group, said it was interesting and challenging to see that academic and community partners scored project applications based on different priorities. “One might have been scored very low by a PRC director, whereas a member of the community would give it a 100.”

She said an exciting part of the project was strengthening the community partnership with the PRC Program, both at home in Boston and nationally.

A COMMUNITY VOICE

Timeline

1986

The first three Prevention Research Centers are funded.

1999

Two community members attend PRC directors' meeting and present ideas about becoming involved nationally.

2001

White paper about NCC, written jointly by community members and PRC directors, is shared with the network.

1998

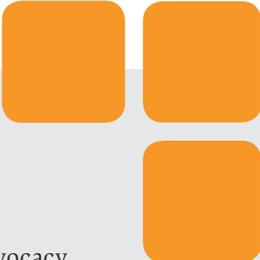
Partnership with community advisory boards is required for all new PRCs.

2000

At the spring PRC meeting, a group of 40 community members discusses how to make the NCC a reality.

2002

First NCC meeting is held separately during a PRC meeting; 50 people attend. NCC definition is created; regions are defined. NCC begins partnership with other national organizations in writing a curriculum on community-based participatory research.



2003

NCC members participate in advocacy training and hold dinner meeting about group structure.

Subcommittees are defined.

First yearly NCC retreat is held in Houston, Texas.

2004

NCC structure is formalized at retreat in Birmingham, Alabama.

2005

PRC Program expands to 33 centers, enlarging NCC's reach.

CDC awards grant to NCC in partnership with Saint Louis University to conduct grants program for minority communities.

First NCC newsletter is published.



2006

NCC members receive Evidence-Based Public Health training at Saint Louis University and assist in developing grant program for minority communities.

NCC is awarded grant with Michigan Center for Public Health and Community Genomics to do community genomics education.

NCC participates in Community Campus Partnerships for Health conference to discuss authentic partnerships.

2007

NCC members lead workshops on public health genomics around the country.



Impact:

Enhanced Community Capability

While learning new skills and the power of collaboration, NCC members' actions have a positive effect on communities and researchers alike.

One of the first ways that the NCC enhanced community capacity was to reexamine the functions of PRCs' community advisory boards. Some groups were renamed "Community Partnership Boards" or "Community Engagement Committees," and duties were realigned to reflect an equal partnership with the research community.

The NCC has also enabled community members to hone presentation and networking skills by being involved in national program meetings.

Theresa Rudder, NCC representative from the Colorado PRC, said that NCC training helped her community better understand the research process. Previously, when her PRC applied for grant money and did a community health assessment, community members helped by

"doing a brainstorming session on 'this is what we think the community wants.'" Now, they know better than to guess. "This time we really, truly understand the mapping concept and those kinds of community-wide assessments."

The NCC has also provided a support network for community members from around the country who struggle with similar issues. "Each of us is really interested in the welfare of our community," Ms. Rudder said. "When we get together and talk, we all know exactly what we're saying. Every community has the same barriers you have to work around or tear down."

Freda Motton, NCC Midwest regional director, said the skills she has learned through the NCC have helped her get a new nonprofit organization off the ground in Missouri to identify and address community needs. "Without NCC, I would not have had the insight to help my community build and maintain the kind of infrastructure we have on a local level," she said.

"By having community organizations partner with PRCs, it increases the organizations' capacity to be more effective. When the organization's leaders select a program for the community, they are going to be looking for things backed by research."



E. Yvonne Lewis, former NCC chair

The impact of the NCC has also been a personal one for many people. E. Yvonne Lewis had worked in the Flint, Michigan, community for more than a dozen years before starting the NCC.

“The NCC has expanded my notions and thoughts so much about how to make a difference,” she said. “I had no clue. I didn’t wake up one day and say, oh, I want to be part of starting a national movement. We didn’t think about starting a movement that would elevate the community voice. I didn’t know. I have had interaction with the brightest of the bright in academia and communities. Having the opportunity to interface with the leaders of the CDC, and then to be in partnership with community members from across the country, without this committee I never would have known they existed. To speak at a national conference, to bring some of the most challenging issues to the national forum. I don’t think I could have dreamed up a journey like this.”

A COMMUNITY VOICE

Impact:

Enhanced Trust Among Partners

According to both researchers and community members, finding common ground and working together can sometimes be a source of tension. Communities have collective memories of some government research that brought harm to research subjects. Research can also bring high expectations to communities that are suffering from disproportionate effects of chronic diseases, and if improvement doesn't happen, frustration and disappointment can occur.

“Communities become numb to research,” says Chuck Conner, NCC representative from West Virginia and 2007–2008 NCC chair. “I think there’s still the underlying view that researchers want something and are not going to leave much of substance. We know that relationship is changing, but we are talking about some pretty entrenched attitudes.”

In turn, researchers sometimes have preconceived ideas about community capabilities, or they believe communities want too much control.

The NCC and the PRC Program have addressed these tensions head-on, knowing that without trust, the research is jeopardized. NCC members say that the “safe space” created by the NCC made an opening for difficult conversations that provided the foundation for better communication with research partners.

The project Understanding Trust Among Partners, which the PRC Program began in 2003, sought to determine the attributes of trust and the PRC–community partner behaviors that lead to trusting relationships. The project included a literature review and focus group discussions with NCC members and other PRC partners.

One finding was that it is impossible to examine institutional trust without examining interpersonal trust. For Chuck Conner, establishing personal trust means being “honest, open, and taking time with people. One of the things I told researchers is, ‘You need to come sit on my porch.’”



David Reese and Sandy Good, NCC alternate and representative from the University of Kentucky PRC, take a tour with the NCC during a retreat in Minnesota.

“...effective community-based research needs to be conducted with and in communities—not on communities.”

“ENGAGING COMMUNITY MEMBERS IN THE PREVENTION RESEARCH CENTERS PROGRAM,” WHITE PAPER, JANUARY 2001

Impact:

Enhanced Research Capacity

As trust grows between the academic and community partners, and the “safe space” expands to include academic partners in difficult discussions about race, poverty, and inequality, research can only be strengthened.

An imbalance of trust and power impedes the ability to negotiate and communicate about a research agenda and community factors that can influence it.

When trust is strong, researchers gain valuable access to community leaders. The community advisors help recruit research participants and identify local resources. The open environment allows the community members to express their shared attitudes and beliefs, help shape research questions, and share in delivering interventions and sustaining results.

“Having community involvement and ownership is absolutely critical in doing research,” said Susan Morrel-Samuels, deputy director of the Michigan PRC. “You cannot underestimate the kind of human resources you need and the kind of barriers you run up against.”

“The relationships among state, community, and academic representatives are unique and hold such promise for public health. The alignment of partners’ perceptions and the creation of a positive, trusting working environment is necessary not only for appropriate functioning of the PRCs, but also for the future of these types of partnerships in any public health arena.”

SHARRICE WHITE-COOPER, PRC PROGRAM NCC LIAISON

NCC members say they hope that community voices will be heard at every step of the research process and that their involvement will change the way research projects come about. “We want to sit at the table adding to the dialogue, choosing what research should be done,” said Chuck Conner of West Virginia.

When it comes time to disseminate successful interventions, that’s when community–academic partnership is most important, say both communities and researchers. If communities are invested in a project, they won’t let it disappear.

“Dissemination won’t happen just from being written in a book,” said E. Yvonne Lewis. “For a researcher it’s a job. For a community person it’s your life. You don’t just walk away. At 5:00 when the lights go off in the office, that’s when the work begins.”



Chuck Conner, NCC chair, 2007–2008

Impact:

Becoming a Resource for Prevention

As an established network of community members from across the country, the NCC has positioned itself to take on public health challenges beyond those covered by the PRC Program.

The NCC is working to define terms for the field, such as community-based prevention; to disseminate community-based prevention knowledge; and to build an infrastructure that will facilitate sharing and using this knowledge.

One way the NCC built infrastructure was to adopt six geographic regions, each with a regional director. That decision increased the number of community members participating in the NCC leadership, and also led to networking and partnering opportunities in geographic areas

larger than individual communities. One result of this structure was that it gave the NCC the ability to take on a genomics education project in the Midwest region.

Other NCC projects have included

- Working with the National Institutes of Health to expand knowledge of building community partnerships.
- Reviewing grant proposals for the Health Resources and Services Administration.
- Partnering with Community–Campus Partnerships for Health to write a curriculum about community-based participatory research.

“Real accountability for the work of the PRC Program is not that we created successful partnerships, but that we all contributed to the health of our communities and ultimately our nation.”

RALPH FUCCILLO, NCC CHAIR, 2006–2007



The budding field of public health genomics, or the study of how genetics and other factors affect the health of society, is something that communities may know little about but that could have a large impact on them. For example, as advances in genetics are made, new regulations will be needed to protect against genetic discrimination or to protect confidentiality.

The NCC wants communities to be part of the conversation about genomics research and policy early on, so that genetics research and application are used to reduce—not widen—health disparities.

In 2006, then-NCC chair Ella Greene-Moton recognized the opportunity for the NCC to become involved. That year, after being approached by the director of the Michigan Center for Public Health and Community Genomics at the University of Michigan, she and four other NCC members attended the Genetics Equity Network meeting in Washington, D.C. This network facilitates the active participation of a diverse group of stakeholders in the development of genetics-related policies at the local, state, and national levels.* While at that meeting, NCC members gave input on a Senate genomics bill.

Funded by a grant from the National Human Genome Research Institute, the NCC also teamed with the Michigan Center for Public Health and Community Genomics to hold community genomics education forums in five Midwest states. An NCC representative organized and led each forum of 60 to 200 people in October 2007. “We were strategically ready to do that,” Ms. Greene-Moton said.

NCC members hope to stay involved—and keep communities involved—in genomics work as the field develops and grows.

*The Genetics Equity Network is sponsored by The Joint Center for Political and Economic Studies, the University of Michigan, and Howard University.

Future Possibilities

Sustaining progress

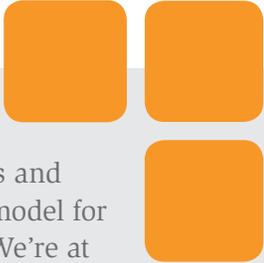
“We are here and we are recognized,” says Chuck Conner of the NCC, a group that “provides incredible opportunities across the nation for communities to be heard and be at the table.” He would like to see the NCC grow and act in a responsible and visionary manner. “I haven’t heard anyone tell us to go away yet. I think we need to be strong advocates for prevention, to not lose our sense of idealism, and also to be able to understand all of the parties’ interests... Sometimes we have to compromise, and some things we can’t compromise on.”

Strengthening the voice

“The door is open,” said Eduardo Simoes, director of the PRC Program. He has challenged the NCC to be the voice of the community and work with PRC researchers to identify areas for improvement, both in research and in relationships between community members and researchers. “We would like the NCC members to look critically at the weaknesses and strengths of the community participatory process and make recommendations to the program,” he said.

Bridging two worlds

NCC members will continue to act as advocates for the community and as “translators” between community and academia, improving the relationship and giving other communities and researchers guidance. The NCC is also looking to become more involved in PRC leadership committees, to contribute ideas, and to bring new information back to hometowns.



Exploring independent status

Would the NCC thrive on its own? An ongoing discussion in NCC meetings is the idea of becoming an independent, nonprofit association. Based on its unique history and future possibilities for fostering community-based participatory research and civic engagement, the NCC might serve to promote the nation's health through even more diverse institutional partnerships. The members are discussing the pros and cons of becoming a PRC companion organization that represents communities' interests in research beyond that conducted by the PRC Program.



Influencing research

The interaction between communities and researchers in the PRC program is a model for other scientific research programs. “We’re at the threshold of transforming how research is done,” says E. Yvonne Lewis. If NCC keeps the big picture in mind, it could also help the nation aggressively focus on prevention, says Ralph Fuccillo. “Whether you are working on any of these topics—HIV, or obesity, or oral health,” he said, “we’re all talking about the principle of wanting everyone to be healthy from the start. Getting people when they’re halfway down the river and drowning...it’s better to get them upstream and teach them how to swim.”

“NCC is in a strategic place right now for growth, to really help address some of the nation’s health care needs. NCC is evolving and I’m glad I’m along for the ride.”

FREDA MOTTON, NCC MIDWEST REGIONAL DIRECTOR

Prevention Research Centers

Core Research

University of Alabama at Birmingham

Reducing health risks and health disparities in Alabama's underserved, rural, predominantly African American communities.

University of Arizona

Influencing policy and conducting behavioral interventions to prevent and control diabetes in multiethnic communities along the Arizona-Mexico border.

Boston University

Improving the health and well-being of Boston's public housing residents.

University of California at Berkeley

Improving health in California's Korean American communities.

University of California at Los Angeles

Involving parents in promoting health, reducing risk behaviors, and preventing disease among adolescents.

University of Colorado

Reducing the risk for overweight, obesity, and diabetes among children and adults in the Rocky Mountain region of Colorado.

Columbia University

Developing a tailored Web site to improve communication to promote the health of low-income minority communities.

Emory University

Reducing health disparities and preventing cancer in rural southwest Georgia.

Harvard University

Improving nutrition and physical activity among children and adolescents.

University of Illinois at Chicago

Preventing diabetes in Chicago's low-income, underserved minority communities.

University of Iowa

Empowering community groups in rural Iowa to improve the health and quality of life of community residents.

Johns Hopkins University

Preparing young people in Baltimore to become healthy and productive adults.

University of Kentucky

Preventing and controlling cancer among residents in rural Appalachian Kentucky.

University of Michigan

Increasing the ability of communities to reduce health disparities and improve residents' health.

University of Minnesota

Preventing and reducing risk behaviors among teenagers and promoting healthy adolescent development.

Morehouse School of Medicine

Building the capacity of low-income African American communities to promote health, prevent disease, and reduce health disparities.

University of New Mexico

Promoting the mental health and well-being of American Indian youth and their families.

University of North Carolina at Chapel Hill

Reducing the risks for obesity among rural, low-income, and minority women by empowering them to make healthy life changes.

University of Oklahoma

Promoting healthy lifestyles among students in public schools.

Oregon Health & Science University

Improving the health of American Indian, Alaska Native, and Native Hawaiian communities.

University of Pittsburgh

Preventing disease and promoting healthy, active lives for older adults in Pennsylvania.

University of Rochester

Promoting health and preventing disease among people who are deaf or hard of hearing.

Saint Louis University

Reducing risk for heart disease, stroke, and cancer among residents in medically underserved, rural areas of Missouri.

San Diego State University *and* University of California at San Diego

Increasing physical activity and improving health among Latinos in San Diego.

University of South Carolina

Promoting health through physical activity.

University of South Florida

Using community-based prevention marketing to improve community health.

University at Albany, SUNY

Preventing chronic diseases through community-based interventions.

Texas A&M Health Science Center

Preventing diabetes and other chronic diseases in underserved rural communities.

University of Texas Health Science Center at Houston

Investigating influences on children's behavior as they age to early adulthood.

Tulane University

Improving health behaviors of New Orleans residents through neighborhood reconstruction and environmental change.

University of Washington

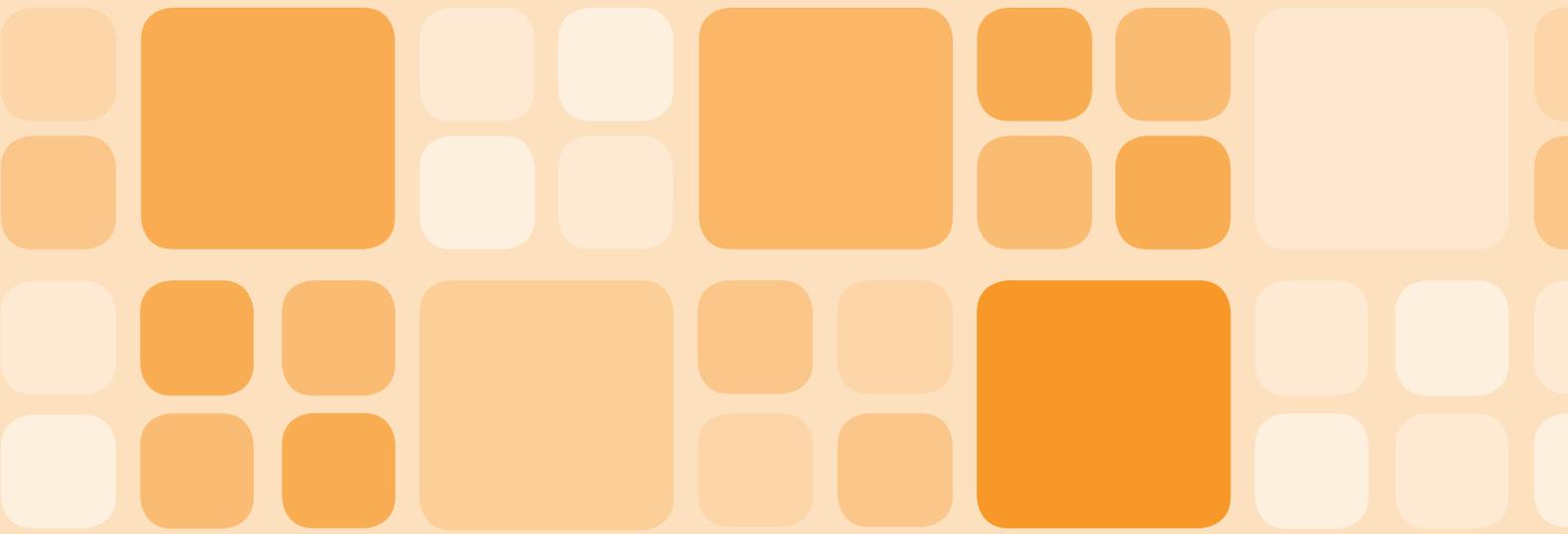
Sustaining physical activity among older adults.

West Virginia University

Improving health and quality of life among rural adolescents.

Yale University

Preventing or reducing chronic disease among residents of Connecticut's economically disadvantaged cities.



For more information, please contact

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