

**COMMUNITY CONNECTIONS:
A Sourcebook for
Local Community Health Projects**

amsa®

The American Medical Student Association

**COMMUNITY CONNECTIONS:
A Sourcebook for Local Community Health Projects
1993**

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INTRODUCTION

- Community Health is a rapidly growing area of medicine. It is often difficult to define the field, but clearly it involves improving the health of a whole “community” through outreach, sensitivity to, and involvement of members of the community. This is a radical departure from the tradition of treating only those patients who present to the hospital/clinic. Community health can be viewed as public health applied. That is, it involves the community in prevention and education in coordination with health care.
- This pamphlet is designed to help medical students who are beginning a Community Health project in their own area. It begins with some rather general advice - some of which may be obvious. However, it is always more obvious in hindsight, so please skim through it to avoid some pitfalls. There are additional specifics on fundraising and resources, as well as ideas and examples of actual projects. We hope that this is of use, and we welcome suggestions for future editions!

Wendy Wright
Lori Sherman

Standing Committee on Community Health
American Medical Student Association
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Many thanks to those who have been supportive and helpful in pulling this together. Special thanks to Dr. Susan Wence and CWRU's Urban Area Health Education Center, David Narita, and UHP in Cincinnati, Jamie Ready of RWJohnson and the HIP HOP project and Dr. Henry Zeigler, director of Cleveland's successful Metro Health Clement Center for Family Care. Also thanks to N. Lesitsky, S. Weinstein, and R. Berry, the authors of the 1985 "HELP catalogue", the forerunner to this pamphlet.

I. GETTING STARTED

A. Choosing a project

When choosing a project, we suggest keeping a few things in mind. First, consider your unique situation as a student. You have limited clinical skills at this point, but have a different perspective and excellent resources available to you. Many members of the community (especially teenagers) may be less intimidated by you as compared to a "doctor". You have more flexibility in your schedule than you will in the future. You may be more open to new ideas than the more established professionals. Take all this into account, and use it to your advantage. For example, community education projects tend to utilize these strong points.

Second, be sure that your project is of real benefit to the community. This is quite a challenge. You may begin with your own observations of needs, but this is not sufficient. Consult physicians who are involved in community health in your area. Speak with the local Health Commissioner - this office will have a listing of health priorities. Most importantly, work with the community (see section on working with the community). This is community health, and the community must be involved. Dr. Zeigler explains it clearly: "You have a list of the things most important to the community's health. They have their own list of what is most important to them. You must sit down, compare lists, and pick projects which are high on both your lists".

Third, be realistic and start small. Any project will take significant time and effort. Be sure that you have the enthusiasm and participation of others. A small project done well will grow. A grand project done poorly or never completed will "crash and burn". It is often best to begin working with an established community organization/project and branch out from there.

Finally identify and use the resources available. Locally, you will find a wealth of human talent. You are in an excellent position as a student to get advice and lecturers. Don't forget your more senior students. Frequently they have worked on similar issues and can spare you "reinventing the wheel". Work with existing community organizations (see below). Elicit the support of faculty members.

On a national level there is a plethora of written information. There are clearinghouses, libraries, etc. full of educational materials for you and your community (usually free or discounted) and people in various organizations willing to give advice (See section on resources). Of course, there's always your AMSA Standing Committee on Community Health, and other task forces (e.g. Aging, Aids, Nutrition and Preventive Medicine, Child and Adolescent Health, Occupational and Environmental Health). They can put you in contact with other projects or suggest resources.

Don't do anything from scratch until you check around!

B. Working with the Community

"Community Health": it sounds like a great idea, but the reality can be daunting. "The community" is often ill-defined, frequently you are not part of it. There's only one way to get there: dive in. Be prepared to spend a lot of time on the phone and at meetings. "Networking" is sometimes frustrating, but often rewarding and always important.

The Philosophy of Community Health

When we attempt to truly work with the community, there are a few principles to keep in mind. We must first assess the community's needs and find out what is being done (Tired of hearing this?). Second, we must begin to develop an "ongoing partnership" between ourselves and the community. This means that initial meetings are open-ended: let the community define its wants and needs. As a caveat to this, the community is always the "senior partner". The reason for this is that they will *live* with the results of the project. A good format is a "focus group" meeting where representatives of the community meet and discuss the issues, gradually narrowing the focus of the discussion towards specific goals and projects (See Basch). Finally, the community must be invested in the project. It is something they want to do for themselves and will be empowered to continue.

Community Organizations and Structures

Organizations are frequently the easiest place to start. In addition, they are always in need of volunteers. If necessary, begin with a phone book. Keep asking everyone you talk to if they know of anyone else you should talk to. Every community is different, but I've tried to compile a list of the types of organizations that are helpful.

- Department of Community Health or Family Medicine (your school/hospital)
- Department of Health (governmental)
- Religious Groups or organizations
- Catholic Charities
- Homeless Shelters and Soup Kitchens
- Local Community/Migrant Health Center
- Planned Parenthood
- Social Work school and organizations
- HIV testing centers
- Public Housing tenant councils
- City Council
- YMCA
- United Way
- Rec Centers
- Boys and Girls Clubs

However, nothing can substitute for talking to individual community members. Assembling a "Key Informant Network" is as easy as asking people for names of

contacts. They do not have to be "leaders", but rather those who seem to have knowledge and opinions about their community's health (See Gregor and Galazka).

Specific Partnerships

Many students have found it useful to develop close connections with a specific community organization. This arrangement is mutually beneficial and energizing. You as students bring new ideas, energy and knowledge. The community organization may be able to offer existing structure, and logistical help. This takes pressure off of you. You do not have to try and manage everything, thus focusing on the project. For example, when running a project on your own, you may find yourself overwhelmed by the task of playing "phone tag" while you are in class and only have a pay phone. While if you were in partnership with another organization, you may be able to leave messages with their secretary.

C. Planning and Follow-through

It is often best to begin with a small core group. Start by defining the goals and objectives of the project. This is important! If possible, try to quantify the goal - i.e. how many people to you want to reach? This is frequently necessary when applying for funding. Do not discount the very important goal of educating yourselves or changing medical education. Even if you don't make it a formal process, make sure that everyone agrees on what you wish to accomplish. Again, be realistic.

Plan how you will accomplish these goals, including:

1. funding,
2. methods,
3. time-line, and
4. recruitment of your classmates/other participants.

Finally, arrange for some sort of follow-up. It is extremely important to have ongoing evaluation of your project. There should definitely be feedback from the community and participants. If possible, more quantitative follow-up is best (i.e. surveys).

For example, if you plan on doing a community blood pressure screening, what will you do with those who are hypertensive? People rarely seek medical care simply because they are advised to do so. Consider arranging ways to follow those who need treatment and quantitate how many do follow through.

Three questions to ask yourself and your organization continuously:

- 1) *Does this benefit the community?* (Keep evaluating...)
- 2) *Does this benefit me?* (It is hard to do so much work philanthropically, what will help you stick with it?)
- 3) *Does this lead to "institution building"?* (Who will continue the project? If the project were to end suddenly, would the community be better off than before you started?)

D. Words of Encouragement

All this may sound a little daunting. You may be thinking to yourself, "I am a medical student, I don't have the time!" We have all thought this, many times, but have accomplished great things anyway. If you are feeling this way, keep in mind a few points:

- 1) The biggest hurdle is getting started! After that, things start rolling on their own.
- 2) The project can be any size. Simple, small projects are just as worthwhile for you and the community.
- 3) Community Health projects are very rewarding! Such projects bring you in contact with wonderful people, and let you apply the real practice of medicine when you might otherwise be bogged down in books. You will learn things that can't or won't be taught to you in medical school.
- 4) It may add a sense of "giving" to all the "taking" built into medical school.
- 5) Get some help! There are (believe it or not!) faculty and community members who would love to support you.

You can do it!

II. LOGISTICS

A. Fundraising - Making the Project Happen

Funding is often the community project's nightmare - all of these incredible ideas with no way to make them happen. Students across the country have come up with innovative ways to fund their projects. Unfortunately there isn't a standard list of "money trees", because the sources vary with the project and the community. But **there is funding available**. It just takes some hunting. Develop a budget, set a target for fundraising and dive in. As true for the other stages of project development, be sure to involve the community in fundraising. It must be a group effort.

As mentioned above, specific partnerships with community groups can be advantageous. First, the project automatically has "embedded funding". This is a term for the logistical support mentioned earlier (such a space, secretarial help, phone, fax, etc). This can be written into the budget. Second, when applying for funding, it helps to show that you have already gained the support of a pre-established program. Your partner may also have access or knowledge of other funding sources.

AMSA

AMSA is an excellent place to start. AMSA Local Project Grants are funded up to \$400. They are distributed three times a year and are particularly focused on helping with start up costs for new projects. Just contact the AMSA national office for information on how to apply: AMSA Local Project Grants, AMSA, 1902 Association Dr., Reston, Virginia 20191, (703) 620-6600. In addition it would be worthwhile to call the Coordinators of Community and Public Health to find other schools where similar initiatives may have already been developed so that you don't have to re-invent the wheel. In addition AMSA has a number of publications, such as this manual, some of which may apply to your project and the logistics of funding it.

Medical School/ Hospital Departments

Your medical school and hospitals may also be a source of funding. The Chairs of most departments, particularly in hospitals, often have a discretionary fund to support projects that intrigue them. Often a letter to the chair of a department describing your project, the population targeted and why you thought they might be interested will be enough. Departments of community or family medicine may be particularly supportive of community health projects, but often medicine, pediatrics, OB/GYN and psychiatry may be supportive as well. Within your medical school, the Dean's office, student affairs office or student council may be good resources. The school or medical center development office may have important suggestions and ideas for funding sources and grants. The individual members and staff of the departments may contribute to your cause. The school may also be able to provide non-monetary support including xeroxing, computer resources and space.

Community/Nonprofit Sources

Since we are discussing community projects, community resources may be among the most helpful. Community resources vary depending on the community in which you are located. Nonprofit organizations may be very supportive, both with grants and with information about where to find grants and financial support in the community. Local medical associations, voluntary health agencies (such as the Heart, Diabetes or Cancer societies), local community hospitals all may have funding earmarked for projects that fit your plans. They may also have educational materials and pamphlets that they would be willing to donate even if they cannot give money. Libraries, the PTA, the Junior League, local unions, the Urban League, women's health organizations all may have funds that would be accessible to a well-organized project that compliments their philosophies and priorities.

Foundations

Local and national foundations may have money earmarked for projects such as yours. A foundation is a non-profit organization with an invested fund or endowment which distributes the interest it earns as grants to other non-profit organizations. Foundations may be independent, corporate or community based, and information on them may be found at the library. Helpful directories include: *The Foundation Grant Index*, *The Foundation Directory*, *Source Book Profiles*, and regional directories e.g. *Cincinnati Foundation Directory*. The books provide information about funders, grants given in the past, special instructions and contact persons. Foundations usually need evidence that your project is worthy of funding. A strong proposal will help. It may also be helpful to get to know someone in the foundation who can support and vouch for your project during the proposal review.

You can increase your chances of being funded with a bit of research. 1) Read about the foundation and the types of projects they like to fund. 2) Narrow the list down to a few foundations that match your goals and tailor your proposal as necessary to emphasize the aspects of your project that coincide with each foundation. 3) Write a letter of inquiry or try to arrange a meeting with someone at the foundation. This letter or meeting is both an introduction to the foundation and often used by the foundation for screening. The letter should be strong, succinct and no more than one page. It should cover the purpose, the community served and the needs your project will address, as well as a connection between your purpose and that of the foundation. If the project seems like something the foundation might fund, they will ask you to submit a grant proposal and ask you for other information they require.

Corporate Sources

Corporate and local business funding should not be ignored. Pharmaceutical companies have a history of significant support for student projects. Insurance companies may be helpful. Large local corporations often have multiple community involvements and may be willing to support your initiative. Often they are more receptive to providing **indirect** funding, such as giving discounts on goods or services, and donating of products or equipment. Hospitals may provide blood pressure cuffs or glucometers for a day or a

week. Local small businesses may be helpful as well, from restaurants and grocery stores to car dealerships. Local fast food restaurants might be willing to provide food for volunteers or participants in your project. Approach a local business about co-sponsoring an event, using their facilities in exchange for publicity for them. Local radio and TV stations could be approached for free advertising or a public service announcements.

It is especially important to keep your funders interested in your work. Keep them updated on new developments, and give them periodic written reports. This will help insure re-funding.

Selling Your Project

Once you have identified possible sources of support, it is crucial to sell a solid proposal. Proposals may take many forms, from a formal grant proposal to a brochure. A sample proposal (informal) is included in the appendix. The public library may offer many resources to guide you in grant writing. The folks from the University of Cincinnati Urban Health Project have some great suggestions in their manual, "The Urban Health Project: A How To Manual" and these tips on grant writing come from their guide. They found the book, Program Planning and Proposal Writing by Norton J. Kiritz very helpful and used library reference staff as an important resource.

A grant proposal generally includes a standard format:

- Summary
- Introduction- establish credibility, capability
- Problem Statement- needs to be met, problem to be solved
- Objectives- should be specific, appropriate, realistic, measurable
- Methods- what means will be used to achieve objectives
- Evaluation- how you plan to measure success in reaching goals, how to improve your organization e.g. statistics, progress reports, site visits
- Future Funding
- Budget
- Cover Letter- explain how your organization meets the criteria for possible support from that funder

B. Logistics

Once you have the funding and support for your project, the nitty gritty of making it actually happen can be overwhelming. As you develop the project goals, you have to evaluate the equipment, space, time and people needed to pull it off and much of your fundraising and support seeking may be to fill these gaps. Some problems that frequently surface in medical school projects, irrespective of the goals of your project are continuity, methods of evaluation and malpractice.

Continuity

Continuity is a built in problem for medical student projects. The project founders move on through school, with increasing time limitations, and ultimately graduate. It is important to build in an aspect of continuity if you are hoping that your project will continue over the years. You can do this in many ways. 1) A staff or faculty advisor who is invested and committed to the project can provide this continuity (see next paragraph). 2) An Advisory Board may work as well, involving health care professionals, medical school faculty and community leaders, to provide continuity without surrendering student control of the project. 3) Another approach is to ensure that there are student leaders in your organization from all four years of medical school, recruiting people to help organize the project in first year and continuing to involve students throughout the four years. For example, planning/steering committee meetings may be used to include third and fourth year students who may not be able to be as active in the day to day project, but were active in the past and can provide some perspective on the project's history. 4) A permanence of location (e.g. an office) may help provide continuity to the project. There are a myriad of ways to keep longitudinal input- it is just important to keep it in mind as you structure your project.

A faculty advisor or sponsor can be valuable. Such a person can really help by providing connections, supporting your project when you are making proposals to the dean and faculty, and providing logistical support such as space, fax, phone and copy privileges. Such a sponsor may not be immediately obvious, since most of the faculty you are familiar with are focused on biochemistry, etc. Start by asking (anyone) for names and referrals. Keep asking, you'll find someone!

Evaluation

Along with continuity should come self evaluation. It is important to build into your project a system for evaluating how you are doing, what you need to change and what is working well. Evaluation should come from both the people working in the project and from the people the project is designed to serve. It can be helpful to ask questions such as: who benefitted from the project; how did the target population respond to the program and what would they like to change; did the project achieve its objectives in terms of education, follow up, reaching the community targeted. It is important to evaluate not only what goals you met or did not meet but why some goals weren't met and then to formulate a plan for improvement. This evaluation may take many forms from a questionnaire for volunteers and participants to a meeting of organizers and community members. The Cincinnati Urban Health Project uses an annual report to evaluate everything from finances to projects to organizational structure. The format may vary but it is important to design a mechanism for ongoing evaluation of your progress.

Malpractice

This may only be an issue if you are providing a medical service e.g. immunizations, homeless clinic services, needle exchanges. It becomes less of an issue for screening projects when the purpose is to get the person hooked into routine medical care or for educationally oriented projects. Each medical school has different guidelines

about their ability to cover medical students off of hospital grounds. Generally, if your project involves medical services, schools often require supervision by doctors or health professionals who are on the faculty. Still they may be reluctant. Each group has to negotiate its own arrangement. It is important when approaching your administration to have a well defined, clear proposal with good supervision of medical students and to convince them that the malpractice risk is low. It may be helpful to provide statistics which will assure them that the population you are serving is a low legal risk. For example, the students at Stanford found a study demonstrating that a clinic or doctor had NEVER been sued by a homeless patient in homeless clinics throughout the nation and were successful in obtaining malpractice insurance for the homeless clinic they developed.

III. Case Studies

Urban Health Project

The Urban Health Project (UHP) was started in 1986 by students at University of Cincinnati to involve medical students in underserved communities throughout the greater Cincinnati area. The project provides over 20 Social Service agencies with an intern for the summer at no cost to the agency. The interns are medical students between their first and second year of medical school who receive a stipend of approximately \$5.00 an hour for nine weeks. The organizations are in such fields as transitional housing, adult day care, family violence, runaways, homeless, and Appalachian community advocacy. Interns may be involved with counseling, performing health screenings, preparing educational materials, and presenting talks, etc. The Urban Health Project also provides a lunch time Speaker's Bureau open to all medical students throughout the year, a summer health fair, and a regional convention on health care for the underserved. The UHP has a student director (a paid position) and a student financial director who meets with interns weekly. In addition, they have a Board of Advisors who are invited to weekly meetings and meet themselves three times a year. UHP fundraises each year to support the intern and director positions and is working on establishing an endowment for the project. The project has been quite successful and they have created brochures, a video tape, an annual report and a "How to Manual" on starting similar project which they will send to you (free) if you are interested.

Homeless Clinic

The students at Stanford University started a Homeless Clinic in 1989, staffed and administrated by medical students. Their clinic provides basic medical services, health education and medicines to homeless clients free of charge. The students are precepted by Stanford and community physicians. A great deal of their funding and equipment came from community and corporate resources such as Hewlett Packard, as well as grants. They have a group of student founders/organizers/administrators who meet on a weekly basis to discuss direction, problems, policy and services as well as an advisory board of community, corporate and health professionals who meet less frequently.

Blood Pressure Screening

Small projects can also be very successful. Students at Case Western Reserve University (CWRU) began a program of blood pressure screens at a public market. This multi-vendor open-air market is very popular and crowded, thus an excellent way to encounter the general public. The director and board of the market were given proposals, and in response agreed to approve the project, donating space, tables, and chairs. Blood pressure cuffs were obtained on loan from the local hospital. The local chapter of the American Heart Association provided free educational literature. Faculty conducted seminars on hypertension treatment and sequelae. Finally, the students connected with a local hypertension prevention program, which contacts and follows people who are

identified as hypertensive. This program has continued every other Saturday for three years. The market later held a "health fair" which involved many community organizations, including the CWRU students.

Immunization Drive

This summary is provided as an example of a project that had admirable intentions but fell short of its goals. A community group prioritized childhood immunizations. They had an impressive fundraising drive and planned to supply free vaccines to any child who came to the vaccination sites. The community group chose vaccination sites to be clinics where at the same time clients could be enrolled with a health care provider. Advertising was good with radio spots and billboards but the organization was concerned that advertising free vaccines would draw people who were not in need but wanted free care, subsequently none of the advertising specified free services. Fast food coupons, balloons and other perks were available to those who came, but the turn out was much less than expected. In addition, children were required to have permission from a parent or legal guardian for the vaccines and in this community, grandparents are primary caretakers of children in many families. As a result, many of the children who did come could not receive the shots.

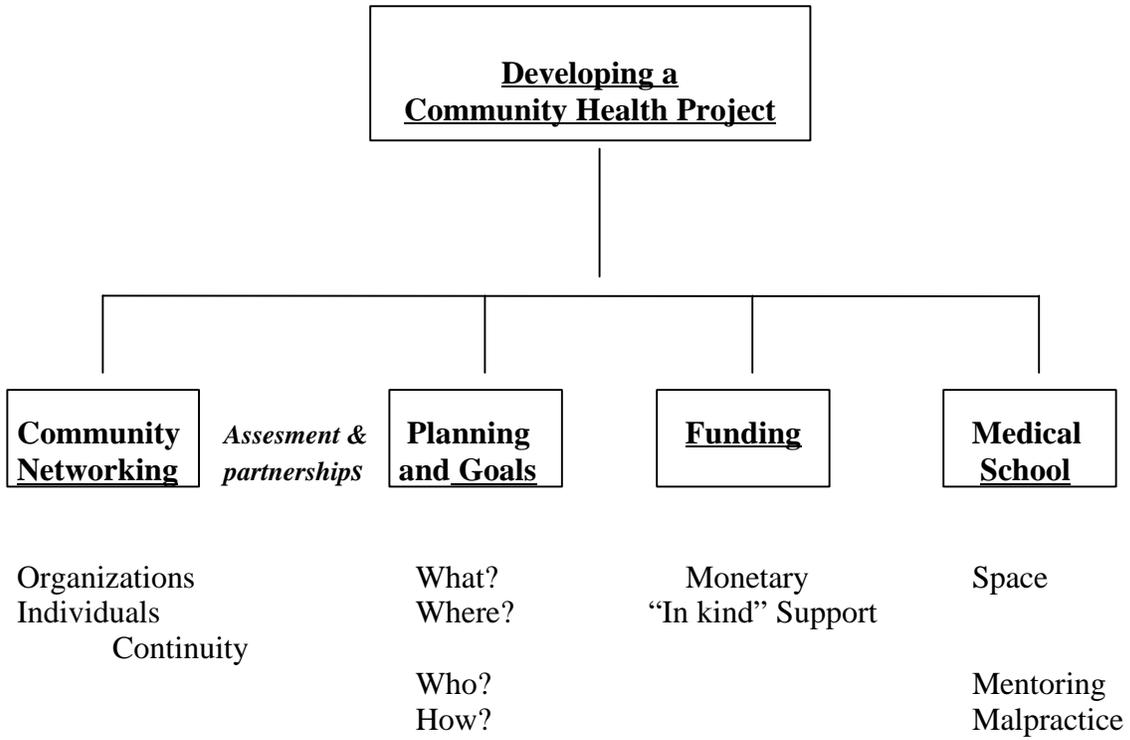
The group had a vital service to provide, but the project fell short of its goal. If the needs and capabilities of the community had been carefully considered, more people might have been served. The community being served needed to become involved, or at least consulted for guidance and promotion and site selection. Later analysis made it clear that it was crucial that the services be advertised as free of charge.

IV. IDEAS FOR PROJECTS

-just a few thoughts, to get your mental juices going...

Prevention of childhood injuries
Mentoring for young adults interested in Medicine/Science
Blood pressure, glucose and/or cholesterol level screening and follow-up.
Prenatal support
Prevention of drunk driving
EDUCATION: (Using talks, videos, demonstrations, drama....)
 Prenatal
 Health and Diet
 HIV/STD
 Contraception
 Smoking prevention/cessation
 Chemical dependency
 Family violence
 Health care costs and delivery systems.
Homeless - Clinics, screening, education, food, shelter.
Fundraising for community organizations/projects
Immunization drives
Home visits (esp. well-child, geriatric).
Community needs assessment
Research
Family Violence
Public Health and local political/funding issues
Rape crisis
VOLUNTEER for community organizations (Clinics, substance abuse centers,
 poison control, Boys and Girls club)
SUPPORT
 AIDS
 Chronic Illness (Hospice care)
 Disabled
 Big Brother/Big Sister
 Mental Health/Therapy
EDUCATION OF THE MEDICAL COMMUNITY
 Spanish Language
 Skills to work with the disabled/addicted/teens/etc
 Multicultural diversity and sensitivity workshops
 Community internships
 Sign Language

V. Schematic Summary
Developing a Community Health Project



VI. RESOURCES

Of course, this is just a start - not all-inclusive!

GENERAL

*PRIMARY CARE INFORMATION - NATIONAL CLEARINGHOUSE

NCPCI "is designed to assist administrators and practitioners in accessing information and obtaining materials that will support the delivery of high quality care at the community level." They publish a catalog of manuals, handbooks, pamphlets and resource guides ranging from "Nutrition and Your Health: Dietary Guidelines for Americans" to the Directory of Community and Migrant Health Centers. Most are free or inexpensive. Some in Spanish.

National Clearinghouse for Primary Care Information
8201 Greensboro Drive, Suite 600
McLean, VA 22101
(703) 821-8955

American Public Health Association
(202)789-5600

Clearinghouse on Health Indexes
National Center for Health Statistics
Division of Epidemiology and Health Promotion
6325 Belcrest Rd, Room 1070
Hyattsville, MD 20782
(301)436-7035

Health Promotion Resource Center Distribution Center, HPRC
Stanford Center for Research in Disease Prevention
1000 Welch Rd.
Palo Alto, CA 94304-1885
(415)723-003

Reference Section
National Library of Medicine
Ask for Patient and Health Education Audiovisuals Resource List.
8600 Rockville Pike
Bethesda, MD 20894
(301)496-4244

National Health Information Clearinghouse
(Healthfinder/Audiovisual materials)
P.O. Box 1133
Washington, DC 20013-1133
(202) 429-9091
(800) 336-4797

"HEALTH HOTLINES"

A useful pamphlet with addresses and phone numbers for organizations in AIDS, child abuse, STDs as well as specific medical conditions. (Also available as on-line database.)

DIRLINE Information
Specialized Information Services
National Library of Medicine
8600 Rockville Pike

Bethesda, MD 20894

OD PHP National Health Information Center
Posters available through distributors. Ask for Healthfinder/Posters for Health Promotion
P.O. Box 1133
Washington, DC 20013-1133
(800)336-4797

Pharmaceutical Manufacturers Association
Ask for Sources, a catalogue of information on health and medicine.
1100 15th Street Suite 900
Washington, DC 20005
(202)835-3400

Centers for Health Promotion and and Education
Centers for Disease Control
Educational Resources Branch
Building 1 South, Room SSB249
1600 Clifton Road, NE
Atlanta, GA 30333
(404)329-3492 (Educational Resources Library)

ADOLESCENT PREGNANCY

Family Life Information Exchange Clearinghouse
P.O. Box 37299
Washington, DC 20013-7299
(301) 585-6636

Children's Defense Fund
122 C Street, NW. Suite 400
Washington, DC 20001
(202)628-8787

AIDS

STATS project- Students Teaching AIDS to Students
A well-organized program for AIDS education of middle and high school students.
-contact your AIDS Task Force coordinators through the national AMSA office.

National AIDS Information Clearinghouse
Has a publications list with "publications and educational materials distributed by the Centers for Disease Control's National AIDS Information and Education Program". Many titles in Spanish.
P.O. Box 6003
Rockville, MD 20850
1-800-458-5231

ALCOHOLISM and DRUG ABUSE

Alcoholics Anonymous
-contact your local chapter

Health Education Foundation

This organization provides information on health education and prevention. Their focus is on "The responsible use of alcohol" and drunk driving. They perform education and research and can supply pamphlets, possibly even minor funding.

Peggy Maloughney, Administrative Assistant
Suite 452
600 New Hampshire Ave NW
Washington, DC 20037
(202)338-3501

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

National Clearinghouse for Drug Abuse Information
P.O. Box 2345
Rockville, MD 20852
(301)468-2600

CHILD WELFARE, ABUSE AND NEGLECT

Child Abuse Prevention Project (CAP)

Run by the Child and Adolescent Health Task Force, this project trains medical students to go to elementary schools and teach children prevention lessons (using Chester the Cat!). A how-to manual is available through AMSA's Resource Center. Also contact your TF coordinator by calling the national AMSA office.

Child Welfare League of America
This organization publishes a catalog of books, bibliographies, newsletters, etc. on child welfare.
440 First Street, NW
Suite 310
Washington, DC 20001-2085
(202)638-2952

Clearinghouse on Family Violence Information and
Child Abuse and Neglect
P.O. Box 1182
Washington, DC 20013
(703)821-2086

COMMUNITY HEALTH

Standing Committee on Community Health - contact your TF coordinators through the AMSA national office.

National Association of Community Health Centers (NACHC)
1330 New Hampshire Ave NW Suite 122
Washington, DC 20036
(202)656-8008

DIABETES

National Diabetes Information Clearinghouse
Box NDIC
9000 Rockville Pike
Bethesda, MD 20892

(301) 468-2162

GERIATRICS

Geriatric Action Project - contact the Geriatric Interest Group

Geriatric Education Center

GECs are usually associated with universities and are great sources for funding and connections with the community.

-contact your local chapter

HANDICAPPED

Clearinghouse on the Handicapped

Department of Education

Mary E. Switzer Building, Rm 3132

330 C Street, SW

Washington, DC 20202-2522

(202)732-1241

National Information Center for Handicapped Children and Youth

1555 Wilson Boulevard, Suite 700

Rosslyn, VA 22209-2461

HEART HEALTH and HYPERTENSION

American Heart Association

Have literature (pamphlets, etc) for the public on the prevention and treatment of hypertension and heart disease. Everything from smoking to AIDS to diagrams for teaching about the heart. Many in Spanish.

National Center

7272 Greenville Ave.

Dallas, TX 75231-4596

(800)242-8721

National Heart, Blood and Lung Institute

High Blood Pressure Education Program

7200 Wisconsin Ave Suite 500

Bethesda, MD 20814-4820

(301)951-3260

HIGHWAY TRAFFIC SAFETY

National Highway Traffic Safety Administration

Public education brochures on child safety seats, seat belts, drunk driving available on request.

NES-11 HL

U.S. Department of Transportation

400 7th Street, SW

Washington, DC 20590

(202)366-0123

Auto Hotline:(800)424-9393

INJURY

National Injury Information Clearinghouse

5401 Westbard Avenue, Room 625

Washington, DC 20207
(301)492-6424

MATERNAL AND CHILD HEALTH

National Center for Education in Maternal and Child Health/
National Maternal and Child Health Clearinghouse
Catalog of books, journals and educational materials on maternal, infant, and adolescent health.
National Center for Education in Maternal and Child Health
38th and R streets, NW
Washington, DC 20057
(202)625-8404

Healthy Mothers, Healthy Babies
Healthy Mothers Coalition Directory of Educational Materials, 2nd Ed, DHHS, PHS
c/o721 Hubert Humphrey Bldg.,
200 Independence Ave., SW
Washington, DC 20201

MENTAL HEALTH

National Institute of Mental Health
Public Inquiries Section
Parklawn Building, Room 15 C-05
5600 Fishers Lane
Rockville, MD 20857
(301)443-4513

MIGRANT HEALTH

National Migrant Referral Project
2512 South ID-35, Suite 220
Austin, TX 78704
(800) 531-5120
(800) 252-9446 (in Texas)

MINORITY HEALTH

Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
(800) 444-6472

NUTRITION, DIET and CHOLESTEROL

Human Nutrition Information Service
Department of Agriculture
Federal Building, Room 325A
6505 Belcrest Road
Hyattsville, MD 20782
(301) 436-8498

National Cholesterol Education Program
4733 Bethesda Ave, Suite 530
Bethesda, MD 20814-4820
(301) 951-3260

Overeaters Anonymous
-contact your local chapter, or:
2190 W. 190th St.
Torrance, CA 90504
(310) 618-8835

OCCUPATIONAL SAFETY AND HEALTH

National Institute for Occupational Safety and Health
4676 Columbia Parkway
Cincinnati, OH 45226
(513) 533-8225 - Publications

POISON PREVENTION

Consumer Product Safety Commission
5401 Westbard Ave.
Bethesda, MD 20207
(301) 492-6580

PRIMARY CARE

see "National Primary Care Clearinghouse" in "General" section

RURAL HEALTH

National Rural Health Association
301 East Armour Boulevard, Suite 420
Kansas City, MO 64111
(816)756-3140

RUNAWAY YOUTH

The National Network of Runaway and Youth Services, Inc
1319 F Street, NW Suite 401
Washington, DC 20004
(202) 783-7949

SMOKING

DOC (Doctors Oughta Care)

A lively group that strongly opposes the tobacco industry. They focuses on preventing teenagers from starting smoking via image-based campaigns.

Executive Director: Eric Solberg
5510 Greenbriar
Suite 235

Houston, TX 77005
(713) 798-7729

Office of Smoking and Health
Technical Information Center
Mailstop K-12 CDC
600 Clifton Rd.
Atlanta, GA 30333
(801)443-1690

NHLBI Smoking Education Program
7200 Wisconsin Ave., Suite 500
Bethesda, MD 20814
(301) 951-3260

VICTIMS

National Victims' Resource Center
Box 6000
Rockville, MD 20850
(301) 251-5500

VIOLENCE

See Clearinghouse on Family Violence Information - under "Child welfare"

BIBLIOGRAPHY

Basch CE. Focus Group Interview: An Underutilized Research Technique for Improving Theory and Practice in Health Education. *Health Education Quarterly*; 1987; 14(4): 411-48.

Community Guide to High Blood Pressure Control, U.S. DHHS, PHA, NIH Publication No. 82-2333.

Gregor S, Galazka SS. The Use of Key Informant Networks in Assessment of Community Health. *Fam Med*; 1990; 22(2):118-121

Hubbel FA, Waitzkin H, Mishra S, Bombrink, J. Evaluating Health-Care Needs of the Poor: A Community-Oriented Approach. *Am J Med*; 1989;87:127-131.

Klark SL From Medicine in the Community to Community Medicine. *JAMA*; 6/17/74; 228(12):1585-6.

Preventing Low Birthweight, Institute of Medicine, National Academy Press, Washington, DC, 1985.

The Prevention and Treatment of Five Complications of Diabetes: A Guide for Primary Care Practitioners by National Diabetes Advisory Board.

Oakley P. Community Involvement in Health Development. An examination of the critical issues. Geneva: World Health Organization;1989.

Snider G, Stein HF. An Approach to Community Assessment in Medical Practice. *Fam Med*; 1987; 19(3):213-219.

MENTORS - PROJECTS THAT ARE WILLING TO GIVE ADVICE

URBAN HEALTH PROJECT

This group at Univ. Of Cincinnati has a very successful program, as outlined in the "Case Studies" section. They publish a "How-to" manual and video tape that are excellent. If you are interested in starting a similar program, write/call:

The Urban Health Project
2800 Winslow Ave, Suite 500
Cincinnati, OH 45206
(513) 569-6155

HIP HOP

This group at RW Johnson in New Jersey has set up a night clinic run by medical students. Students get credit for participating and can participate throughout all four years. The clinic works with an underserved population and is multi-disciplinary. It is so popular and successful that they are expanding to another clinic.