The 2013 year brings great expectations and collaboration for the Morehouse School of Medicine Prevention Research Center (MSM PRC) as our Center moves into the 4th year of its 5-year funding cycle (2009-2014). With it brings implementation of its core research project entitled, Prevention Intervention: Meeting Them at the Gate (PIMTAG). We expect that intervention planning in partnership with the MSM PRC Community Coalition Board has positioned it to be an effective intervention that is based, in part, on the Center's previous core research project, HIV/AIDS Risk Reduction Among Heterosexually Active African American Men and Women: A Risk Reduction Prevention Intervention.

The Center is also preparing for what we expect to be a successful reapplication for Prevention Research Center funding through the Centers for Disease Control and Prevention (2015-2020). Central to this process is developing a community-based participatory research agenda through conducting a community health needs assessment (CHNA). This assessment is designed to engage Neighborhood Planning Units (NPUs) V, X, Y, and Z residents through a survey and focus groups designed to identify community health priorities.

The CHNA process will culminate at the MSM PRC 2013 Community Meet and Greet. This event is designed to raise the visibility of the MSM PRC and its community coalition board (CCB) to foster partnership building, resource sharing, and community connectivity. It will take place April 25, 2013.

Two new grants represent big wins for the MSM PRC and NPUs V, X, Y, and Z through community-campus collaborations for community-based participatory research (CBPR). First, the Pittsburgh Community Improvement Association (PCIA), in alliance with the MSM PRC, received a grant from the DentaQuest Foundation to support a community-campus partnership to initiate the Prevention Research Center National Community Committee (NCC) Oral Health Initiative (2011-2012). It is designed to (a) develop an infrastructure to plan, implement, and evaluate an oral health agenda through engaging community residents and stakeholders that impact African American males in Atlanta’s NPUs and (b) impact oral health care among African American males through educational interventions that demonstrate the importance of oral health and its relationship to the overall quality of life.

Second, the MSM PRC serves as the Community Engagement Core for the National Institute of Minority Health and Health Disparities Exploratory Center of Excellence (P20) entitled, Reducing Health Disparities in Vulnerable African American Families and Communities (2012-2017). This grant, led by Ronald Braithwaite, PhD, is centered on the principles of CBPR and the established relationships between the MSM PRC and NPUs. Three research projects will be developed and implemented within NPUs V, X, Y, and Z and focus on (a) HIV risk reduction among incarcerated women returning to
You might say that the Affordable Care Act (ACA) – President Obama’s health care reform legislation – has more lives than a cat. It has survived the Republican attempt to defeat it, 33 Republican votes in the House of Representatives to repeal it, and multiple court challenges leading to a Supreme Court hearing. But it’s still the law of the land.

At the Morehouse School of Medicine Prevention Research Center, we’re delighted with what the ACA does for prevention. Most people who are currently uninsured will have insurance by 2014, and all insurance policies will cover all approved preventive services. This means that, for instance, it’s inappropriate age groups breast, cervical, and colorectal cancer screening will be covered, as will smoking cessation counseling by a physician for any smoker. Depression screening, osteoporosis screening, and cholesterol screening will be covered. All immunizations will be covered. In fact, there are so many services covered that we don’t have room to list them all here.

We have always said that the best way to address racial and ethnic disparities in health is through prevention. So the ACA is likely to lead to a reduction in disparities. At the very least, it will give 30 million newly insured people better access to health care than they ever had before—and that’s social justice.

The Pittsburgh Community Improvement Association (PCIA), in association with the Morehouse School of Medicine Prevention Research Center (MSM PRC), was awarded $125,000 from the DentaQuest Foundation to support a community-campus partnership to implement the National Community Health Improvement (NCCHIP) Oral Health Initiative. The goals of the NCCHIP Oral Health Initiative are to (a) promote increased support for translational research to integrate oral health into chronic disease interventions; (b) facilitate access for communities to oral health education, training, and resources; (c) share resources and provide technical assistance opportunities that encourage and enhance participation in oral health research and dissemination activities; (d) share methods and opportunities for communities to advocate for oral health policy change; and (e) build community capacity to support continued oral health interventions.

This joint community-campus partnership, titled the Minority Men’s Oral Health and Dental Access Program (MOHDAP), will address the overwhelming need for African American men ages 21 to 60 to obtain health information to increase awareness regarding the importance of oral health and to improve access to oral health services through its target communities of the City of Atlanta Neighborhood Planning Units V, X, Y, and Z.

MOHDAP is well-aligned with DentaQuest Foundation’s strategic collaboration of the MSM PRC, the CCB, and affiliated stakeholders in implementing and evaluating based participatory research infrastructure and enhancing participatory research infrastructure to engage community residents and stakeholders in implementing and evaluating its oral health agenda to address the aforementioned goals. The activities of MOHDAP are well-aligned with DentaQuest Foundation’s Systems Change Framework to strategically and comprehensively impact oral health locally by providing and funding oral health care and helping communities build and navigate available oral health resources.

Fifty male ambassadors are being trained in order to better understand oral health care. These educational sessions are scheduled to begin at the end of April 2013. To learn more about the MOHDAP program or to complete the oral health assessment, please contact the PCIA office at 404.522.9331.

MINORITY MEN’S ORAL HEALTH AND DENTAL ACCESS PROGRAM (MOHDAP)

by Lisa Goodin, MBA & LaShawn Hoffman

The Atlanta area from the states’ two female prisons back to their communities, (b) second-hand smoke among children and parents, and (a) healthy, effective parenting. The Community Engagement Core will build the capacity of partner communities to reduce racial and ethnic health disparities through systematic engagement in the planning, implementation and evaluation of community-based participatory research, health priority assessment, capacity building, and connecting communities to medical homes.

These activities are among the highlights of the work at the Center this year but are by no means exhaustive. They are among the results of collaborative community-academic grants funding through private and federal sources that build upon the foundation laid by the CDC’s MSM PRC award. They also will support job creation through the hire of community health workers who will be central to effective communication, engagement, and leadership in research. I am convinced that with strategic collaboration of the MSM PRC, the CCB, and affiliated research partners, that the Center will be stronger as its roots grow deeper and its branches span wider this year.
The Morehouse School of Medicine Prevention Research Center (MSM PRC) is engaging communities in its Community Health Needs Assessment (CHNA) process. This began in November 2012 and will continue through most of 2013. In an effort to help community members understand what the MSM PRC hopes to achieve, common questions and answers describing this process are outlined below.

Q. What is a CHNA?
A. A community health needs assessment is a method used to identify the most important health needs of the community. Throughout the process, community members complete surveys, join focus groups, and/or attend personal interviews in order to give their opinions about the health needs and priorities of the community. Assessment results guide future action toward addressing the identified needs.

Q. Why is the MSM PRC conducting a CHNA?
A. Since its inception in 1998, the MSM PRC has been committed to advancing the health of minority communities. By conducting a CHNA, it is able to identify priority health concerns and work collaboratively with community partners to prevent poor health outcomes and promote healthy living. The first CHNA was conducted in 2003-2004 with assessments performed approximately every 4 years thereafter.

Q. How does the CHNA differ from assessments given for studies?
A. The CHNA is not research. Most assessments associated with research studies concern an already identified priority topic like teen dating, grief coping, or tobacco use. The CHNA aims to capture community health priorities overall and may inform future research topics.

Q. What does the CHNA process entail?
A. There are 5 steps in the process.
1. Engage stakeholders such as the community coalition board and local community organizations to make them aware of the CHNA and ask for assistance in reaching residents.
2. Collect feedback from residents by disseminating the 15-minute survey on-site, electronically at http://tinyurl.com/azy4uqa, and by organizing focus groups for more in-depth feedback.
3. Analyze results after all information is collected to uncover themes in community health priorities.
4. Share results with stakeholders at the annual Community Meet and Greet.
5. Use results to inform future research.

Q. Who should complete the CHNA survey?
A. The CHNA survey should be completed by residents of Atlanta Neighborhood Planning Units (NPUs) V, X, Y, and Z. Although residents will provide information about themselves, the survey is anonymous; there is no way to trace responses back to a particular individual.

Q. How will the community benefit from the CHNA results?
A. Results from the assessment will be used to support research and programs that will address the identified health priorities. For example, if the results indicate that diabetes is a community health concern, the MSM PRC may develop research questions and implement studies to understand the problem and identify potential solutions. Results may also be used by community change agents to advocate for health resources and programs related to the health priorities identified.

To learn more about or to participate in the CHNA process, please contact the MSM PRC office at 404.752.1916 or elockamy@msm.edu.

**MSM PRC Latest News Highlights**

The Community-Based Participatory Health Research, Second Edition: Issues, Methods, and Translation to Practice book is now available. Drs. Daniel S. Blumenthal and Ronald L. Braithwaite are two of the MSM PRC faculty who serve among the co-editors for the book. Featured MSM PRC authors include Dr. Tabia Henry Akintobi; Donoria Evans, MPH, PhD(c); and Dr. Elleen M. Yancey. To learn how to obtain a copy, please contact the PRC main office at 404.752.1022 or www.springerpub.com.

The MSM PRC wishes to welcome new community and agency representatives to the MSM PRC Community Coalition Board. Community representatives include Mr. Ruben Burney (Chair, NPU X), Mr. Thomas Cotton (NPU Y), Ms. Evonne Purdue (NPU Z), and Mr. Micah A Rowland (Chair, NPU V). Agency representatives include Dr. Melissa J. Kottke – Director, Jane Fonda Center for Adolescent Reproductive Health at Emory School of Medicine and Ms. Nisha Simama, Atlanta Public School Board.