Purpose:

President Rudd, Melanie Murry and Karen Weddle-West met with the Leadership Team for the Church Health Center to discuss the need to formalize a partnership and create a “hive” of scholars, practitioners, researchers, students, and community leaders dedicated to a “Healthy Memphis.” Dr. Scott Morris, Chief Executive Officer of the Church Health Center, strongly encouraged the University of Memphis to take the lead on this initiative. The promise, possibilities, and synergies associated with this collaboration are incredible! As Dr. Morris stated, Memphis is listed among the cities with the highest poverty rates, the greatest health disparities, and the largest number of faith-based institutions in the country. The University of Memphis, in collaboration with the Church Health Center, should be the “destination” institution of higher learning for best practices in establishing partnerships with other agencies/organizations to engage the community and reverse these negative and persistent trends.

Goal: To create a scholarly collaborative that focuses best practices relating to the intersections of health, poverty, education and faith.

Notes Taken During Introductions

Need systems of care to address systemic problems

What roads take people away from poverty and poor health and towards overall wellness?

➔ Esra Ozdenerol recommends: ArcGIS.com is a mapping system that should be very helpful when determining our demographics and high-need areas

Linking other community resources: physical health, mental health, as well as daily needs (e.g. food stamps, etc.)

Helping populations overcome anxiety/embarrassment about using resources

➔ Lin Zhan: “Let’s Talk Health” radio show helps reach the community regarding common health issues; foot health clinic provides sneakers to homeless populations

Need to overcome the “digital divide”—helping people overcome lack of technology, transportation, and technical skills

Improving neighborhoods and Memphis overall (physically, mentally, socially, etc.)—health, safety, plenty of resources (food, education, housing, etc.)

➔ Mental Health Law Journal published at UM Law School; publication opportunities

Agenda

1. Identify existing partnerships, collaborations, research projects between the CH & UM – Some of this happened during introductions, need to create a formal list

2. Identify critical areas (where the need for partnership is greatest) synergies

   How do we bring forward our researchers (esp. doc students) to work on these projects?

   Get funding? Support systems?

   We need: Infrastructure, proven effectiveness

   Need to develop a model to follow (we want to start in Memphis and then grow outwards)—use other groups in the community as case studies

   Desire to understand interdisciplinary overlaps—health literacy incorporates many facets and levels—how do we bring all of these together in a coherent way? Only place these all come together are at the Urban Child Institute (UCI)—use them as a model for other demographics
3. Begin to align interests with expertise of those at CHC and UM
4. Discuss resources needed

General Discussion at the End of the Meeting
Joy Clay: Need a core, committed group to prevent “Collaboration Fatigue”;
Ann Langston: need to prioritize and narrow our focus—we should enhance our work, not add to our work
Marian Levy: Make our work effective, and have the most impact on our demographics
Ann: Maybe we pick out one thing to focus on and do it really, really well and THEN expand
Karen Weddle-West: Need to document all of the research we do, so we can identify who is involved, and who SHOULD be involved
Stacy Smith: Must be led by evidence based practice, and document and assess what we’re doing
Karen: Must include business and law folks; Must really focus on COMPREHENSIVE health literacy—this is really missing from what we’re doing and what people actually need;
How do we determine when folks are actually health literate? (Use education researchers to do this)
Community awareness and social change
Lin: the researchers and the “beneficiaries” are not necessarily mutually exclusive
KB Turner: Each department/group should make a list of all the collaborative and relevant projects, and then disseminate that information to increase involvement
Lin: Utilize social media to get our message out
⇒ Importance of using both social media and local TV/radio (the combination gives us a wide range of audience)
⇒ Who are we really looking to impact? Need to consider all of our possible audiences and their respective needs

Priorities
1. Begin to identify UM students across disciplines who can take the leadership role --who can create and develop the research projects and be funded by local groups
2. Focus on health literacy—what have we already found?
3. Identify projects that already exist and how our mutual interests further align
(Specific projects, who is involved (institutions, departments, faculty, students, staff, population served, etc.), what the project does, who it wants to impact, dates of the project, any funding, size of the project—how many people are served?)—DO THIS BY 6 FEBRUARY AND SEND TO EVERYONE—the form will be sent via email

NEXT MEETING: 13 FEBRUARY 2015 -- 11AM