VII. STANDING COMMITTEES

A. Academic and Student Affairs Committee

Faculty Research: Community Engagement

For information only.

BACKGROUND

The UW maintains its leadership role in Community Engagement. Community engagement is defined by the Centers for Disease Control as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices.”

As chair of Pediatric Dentistry at UW for 9 years and now as Dean of Dentistry, I have been overwhelmed by the presence of community engagement activities in so much of all the good we do at the UW. When I treat a patient in my Pediatric Dentistry practice at the UW, I am caring for the patient and family with me, and I am ever cognizant of caring for the communities with which we are connected. This impacts improved health, discovery which leads to helping others beyond our boundaries, and becomes the basis for the voice of change in public policy.

Community engagement can be measured by number of project activities, or by quality of each individual activity. Yet, it can be observed that most significantly, community engagement at the UW can be better measured by how it is embedded in our culture. We think of engagement with community as a core element of what we do.

As stated in our brand pillar, Public as a Philosophy, our mission and vision make us public, not just our heritage. As one of the world’s preeminent public universities, advancing social equity and changing lives is integral to who we are. Through civic partnerships, service-learning opportunities and much more, students, faculty, staff, alumni, and our partners play active roles in the local and global community. We’re dedicated to leading the dialogue as promoters of positive change. At our core, we believe in human potential and our role in unleashing it.

Our faculty and students foster collaboration through their work to help all people lead healthy, productive lives, empowering them, especially those most in need, to contribute to society. In return, we benefit and learn from the exchanges and
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Faculty Research: Community Engagement (continued p. 2)

the people we encounter through service work. Over 5,300 undergraduate students engage in UW-sponsored service learning and public service each year. Students live our culture of community engagement from the moment they arrive on campus, inspired by the collective faculty effort, and will more likely retain the culture of engagement in their life and its work.

Hundreds of examples of faculty work that has produced highly positive impact through community engagement could be given. From each of our 6 health sciences schools, where the majority of conversations of the Board of Health Sciences Deans involve collaboration with community via faculty engagement, to any of the colleges and schools across campus, there is a wonderful story to be told.

Today, you will hear about 3 different examples of Community Engagement by faculty where the measured impact is enormous from the College of Education, from the School of Social Work and from the School of Public Health.

In each of these examples, which typify the passion for improving the public well-being, one can observe the powerful results than can be achieved through engaging communities in much of what we do at the UW.

Attachment
Presenters’ Biographical Information and Summary of Research
Faculty Research: Community Engagement
Presenters’ Biographical Information and Summary of Research

Joel H. Berg is Dean of the University of Washington School of Dentistry in Seattle. He is Professor in the UW Department of Pediatric Dentistry and also holds the Lloyd and Kay Chapman Chair for Oral Health. Dr. Berg is a board-certified pediatric dentist and was President of the American Academy of Pediatric Dentistry for 2012-13. Dr. Berg previously held positions as Chair of Pediatric Dentistry at the University of Washington from 2003-12, as Vice President of Clinical Affairs at Philips Oral Healthcare (Sonicare) from 2000-2003, and as Head of the Scientific Department for ESPE Dental AG (Seefeld, Germany) from 1998-2000. He is the author of the book Early Childhood Oral Health, and of over one hundred manuscripts and book chapters on subjects including dental restorative materials for children and other work related to biomaterials. His current research interests include the development of dental caries prevention programs using risk assessment models and early childhood oral health.

J. David Hawkins, Ph.D. is the Endowed Professor of Prevention and Founding Director of the Social Development Research Group, School of Social Work, University of Washington, and Adjunct Professor of Sociology and Education. His research focuses on understanding and preventing child and adolescent health and behavior problems. Dr. Hawkins is a current member of the Institute of Medicine/National Academy of Science Board on Children, Youth and Families and a fellow of the American Academy of Social Work and Social Welfare, the American Society of Criminology, and the Society for Prevention Research. He is the co-developer of CTC, and prevention programs for schools, parents and families. His work is guided by the Social Development Strategy, his theory of human behavior.

Summary of Research

Every year, communities across America lose billions of dollars and thousands of young lives to violence, crime, alcohol, and tobacco. The high human and societal costs are unaffordable, and they’re unnecessary if we invest in preventing these problems before they emerge. Communities That Care (CTC) is a community-based prevention system proven to reduce youth health and behavior problems. Recognizing that each community is unique, CTC empowers local stakeholders to develop community-specific prevention plans to address their own levels of health and behavior problems and risk and protective factors using proven preventive interventions. Community choice of proven prevention interventions helps ensure local ownership, as does the series of CTC workshops that build coalition members’ skills to implement CTC and achieve their vision for healthy youth development.
CTC helps communities prevent problems before they develop. A rigorous randomized trial in 24 cities across 7 states found that 8th grade students whose communities engaged in CTC since they were in 5th grade were 33 percent less likely to smoke, 32 percent less likely to drink, and 25 percent less likely to commit crimes than students in control cities. The results were long-lasting with sustained reductions in youth crime, violence, alcohol, and tobacco use through high school.

Communities That Care (CTC) is provided through the Center for Communities That Care (www.communitiesthatcare.net), a unit of the School of Social Work’s Social Development Research Group. The Center’s mission is to scale up this prevention system nationwide by providing superior online training and customized technology assisted support to communities across America.

Current CTC communities include neighborhoods of Chicago; Seattle; St. Paul, MN; and Birmingham, AL, as well as counties, suburbs and smaller cities and towns in Utah, Minnesota, North Carolina, Alabama, and Oregon. All have been trained to use the newly developed CTC web-streamed workshops.

In 2014, the UW School of Social Work launched a five-year prevention initiative using Communities That Care (CTC) called Communities in Action in Central and Southeast Seattle. Seattle leaders and stakeholders across diverse sectors have joined together to build a coalition that is implementing the CTC system to improve youth outcomes in these historically disadvantaged neighborhoods. Communities in Action is directed by the Board Leadership Workgroup, a group of agency heads, school, city, and neighborhood leaders from organizations including Atlantic Street Center, Consejo Counseling and Referral Service, Seattle Public Schools, the Urban League of Metropolitan Seattle, and the City of Seattle. Students from UW’s School of Social Work provide backbone support for the coalition during practicum appointments, thus building capacity for future social work professionals in outcome-focused community collaboration.

Peter J. House, MHA, is a Senior Lecturer in the Department of Health Services in the School of Public Health. Mr. House teaches community development for health in the School of Public Health and he teaches two courses in rural health in the School of Medicine. Mr. House has worked extensively in the rural parts of the WWAMI states helping communities to strengthen and expand their local health systems. He consults with the Washington State Department of Health on rural health issues. Mr. House was the director of the Community-Oriented Public Health Practice Program (COPHP) at the University of Washington from 2009 to 2013. COPHP is a Master of Public Health (MPH) degree program.
Summary of Research

In the winter of 2013, eight Master of Public Health candidates from the Community Oriented Public Health Practice Program (COPHP) in the School of Public Health’s Department of Health Services endeavored to promote pedestrian safety along the Rainier Avenue corridor in South Seattle. To achieve this goal, they completed a formal research study exploring both traffic signal timing and pedestrian perceptions of traffic safety. The results of their study and the recommendations in their report stimulated the Seattle Department of Transportation (SDOT) the following year to update the traffic signals along Rainier to improve pedestrian safety.

By partnering with local organizations, including Bike Works and Seattle Neighborhood Greenways, the students were able to meet with community stakeholders to understand their concerns, and map out a research plan that would collect both qualitative and quantitative data. Students studied traffic signal timing (even reaching out to officials at SDOT and in Portland), concepts in built environments, and collision reports along Rainier Avenue. They also decided to use Ballard as a control neighborhood and compare traffic signal timing across Columbia City, Rainier Beach, and Ballard.

To collect their data, students stood on street corners along Rainier Avenue and in Ballard for a total of over 50 hours and timed the signals, monitoring pedestrian delay (the amount of time a pedestrian must wait before getting the crossing signal), amount of time the signal remained active during “walk” and “countdown” phases, and how many people jaywalked. Using the width of the crosswalk, students calculated the feet per second measure for each intersection and found that some were out of compliance with federal standards. In addition, students surveyed over 100 pedestrians in Columbia City, asking their perceptions of whether they had enough time to cross Rainier Avenue, and what factors made them feel more or less safe as pedestrians.

In the Spring of 2013, the students published a report summarizing their findings and issuing recommendations for improving pedestrian safety along Rainier Avenue. They presented their findings at community meetings in Rainier Valley, as well as at the University of Washington, and to the City of Seattle’s Pedestrian Advisory Board.

One year later, in March 2014, The Seattle Times reported that SDOT was going to change the signal timing along Rainier Avenue, stating “The retiming … will make sure the intersections meet the newest federal standard for pedestrian-walking speeds.” Within a week of this report, Seattle Bike Blog and KUOW had both reported on the change, both citing the research by COPHP students as the driving force. This work is especially valuable because it highlighted an inequity that actively perpetrated poor health outcomes in low income communities and communities of color.
As the City of Seattle works to promote equity and social justice across all segments of our population, COPHP students provided valuable research that addresses systemic injustice. Dean Howard Frumkin described the project in a Seattle Times Letter to the Editor as “a wonderful example of community-university partnerships to benefit both students and the community.”

Elham Kazemi is the Geda and Phil Condit Professor of Science and Mathematics Education and Associate Dean for Professional Learning in the College of Education. Eliciting, responding to, and advancing children's thinking in mathematics lie at the core of her work with teachers and leaders. She studies how schools can be organized for teacher and student learning. This work is informed by equity-oriented research on organizational learning, children’s mathematical thinking, and classroom practice. Her recent book co-authored with Allison Hintz, Intentional Talk, focuses on leading productive discussions in mathematics.

Summary of Research

What does it really take to organize a school for both teacher and student learning? In poverty-impacted communities, schools are under enormous pressure to show results in student learning. Developing a culture of risk taking and collaboration can be difficult in settings where classroom observation is more synonymous with evaluation than with collective learning. My research has focused on the challenge of designing professional learning experiences for elementary mathematics teachers and instructional leaders so that teachers’ classroom practices improve in ways that produce more equitable outcomes. Central to this effort is understanding what is entailed in the work of teaching mathematics by eliciting and responding to children’s mathematical thinking in ways that advance the learning of key ideas in mathematics and cultivate productive disciplinary dispositions. Successfully doing this complex work and better serving our communities has pushed our research group to develop a system of professional preparation for what we term ambitious teaching. This aim has led me to theorize and experiment with the social arrangements needed to develop both individual and collective practice. Key advances in my research and development agenda have been made possible through considerable investment working side by side with teachers and leaders inside schools and cultivating networks of teacher educators and researchers to design and study professional education.

In response to the critiques of teacher education as lacking relevance and failing to produce teachers who are ready for the realities of classroom teaching, a national conversation is emerging about the critical role that Colleges of Education can play in re-imagining the theory-practice divide that has fueled these critiques. A key feature of my research efforts has been strategic cross-
institutional collaborations that have enabled me to work with others to develop powerful new designs for teacher education and ongoing teacher development. I believe that my work and the collaborations I pursue provide the field not only with a vision of what practice-based professional education means but also the mechanisms for creating institutional structures and social arrangements that support teacher learning. In my brief remarks, I will share some of the most powerful lessons I have learned through my research.
Strong Communities, Successful Kids
My story:
From probation to prevention
National statistics

Youth alcohol use costs
$27 billion

Youth crime costs
$60 billion
We know now what works

Over 50 programs have been proven effective for preventing adolescent health and behavior problems.
The Challenge: Different Communities, Different Needs
Communities That Care

• **Build a coalition** to achieve collective impact.

• **Assess and prioritize** - risk, protection, and desired outcomes.

• **Strengthen protection** and address priority risks with effective interventions.

• **Sustain high fidelity implementation** - reach all those targeted.

• **Measure** progress and outcomes.
The Test of Communities That Care
2003-2013

24 incorporated towns
~ Matched in pairs within state
~ Randomly assigned to CTC or control condition

Longitudinal panel of 4407 students
~ All 5th graders in public schools
~ Surveyed annually from grade 5
Communities That Care = Powerful Results
By End of 8th Grade

tobacco down 33%
alcohol down 32%
delinquency down 25%

Effects sustained through grade 12
CTC solves real problems in each community by giving kids a real voice.
Each CTC community selects the right evidence-based programs for its unique needs.
Effective Programs Implemented in CTC Trial

**School-Based**
- All Stars Core
- Life Skills Training (LST)
- Lion’s Quest SFA (LQ-SFA)
- Project Alert
- Olweus Bullying Prevention Program
- Towards No Drug Abuse (TNDA)
- Class Action
- Program Development Evaluation Training

**Selective After school**
- Participate and Learn Skills (PALS)
- Big Brothers/Big Sisters
- Stay SMART
- Tutoring
- Valued Youth

**Family Focused**
- Strengthening Families 10-14
- Guiding Good Choices
- Parents Who Care
- Family Matters
- Parenting Wisely
CTC supports broad community efforts that benefit all kids.
Communities That Care is Cost-Beneficial – For every $1 spent $4.23 return on investment

• Low risk of negative investment return—likely to get a benefit 99 times out of 100

Communities That Care workshops are now online making access easy from anywhere at anytime.

SUPPORT OUR WORK

Your donation to the University of Washington Center for Communities That Care will help kids thrive.

Give Now!

FEATURED COMMUNITY

CTC can help you prevent problems before they start...» Watch video
New “eCTC” Communities
Seattle Community Partners

First African Methodist Episcopal Church
Seattle Public Schools
Natalie Green, Washington State DSHS
Pacific Communications Consultants
Seattle Police Department
State Rep. Eric Pettigrew
Dr. Leslie Walker-Harding, Seattle Children’s Hospital
Consejo Counseling and Referral Service
Atlantic Street Center
King County Executive’s Office
Rainier Vista Boys & Girls Club
Andrea LaFazia-Geraghty, King County Community & Human Services
Compukidz Institute

Bruce Harrell, Seattle City Council
Therapeutic Health Services
Urban League of Seattle
Tiny Tots Development Center
King County Prosecuting Attorney Satterberg
Catherine Lester, City of Seattle Human Services

State Rep. Eric Pettigrew
Dr. Leslie Walker-Harding, Seattle Children’s Hospital

Judge J. Wesley St. Clair, King County Superior Court
Treehouse

Andrea LaFazia-Geraghty, King County Community & Human Services

The Royal Project
Latino Community Fund

Therapeutic Health Services
Urban League of Seattle
Tiny Tots Development Center
King County Prosecuting Attorney Satterberg
Catherine Lester, City of Seattle Human Services

State Rep. Eric Pettigrew
Dr. Leslie Walker-Harding, Seattle Children’s Hospital

Judge J. Wesley St. Clair, King County Superior Court
Treehouse

Andrea LaFazia-Geraghty, King County Community & Human Services

The Royal Project
Latino Community Fund