

Final Report Outline for NN/LM Pacific NW Region Subcontracts and Outreach Awards

Please save as a Word document and submit as an email attachment to the appropriate NN/LM PNR staff contact.

COVER SHEET

Project Title:	African Health Information Outreach (AHIO)
Organization Name:	African Americans Reach and Teach Health (AARTH) Ministry
Project Manager/Leader Title:	Mary Diggs-Hobson Acting Project Manager to be hired
Address:	7728 Rainier Avenue South
City, State, Zip:	Seattle, WA 98118
Project Manager/Leader Telephone:	206-850-2070
Time Period Covered:	Nov 1, 2009 - Oct 30, 2010
Date of Submission:	December 10, 2010

NARRATIVE DESCRIPTION

1. Executive Summary: Summarize the project’s major accomplishments.

African Americans Reach and Teach Health (AARTH) Ministry and its African partner organizations implemented the African Health Information Outreach (AHIO) project to increase the capacity of African community based organizations/health councils to access and disseminate culturally relevant and accurate health information among African communities throughout King County. The goal of the AHIO project was is to improve the capacity of African community based organizations/health councils to access and disseminate culturally relevant and accurate health information among African communities throughout King County. The project was designed to fill a gap in health information services caused by cultural differences, language barriers, low literacy and lack of access to health information.

Major Accomplishments:

- As a result of completing the Community Health Information Coach training four out of five partners (Horn of Africa Services, Ethiopian Health Council, Jubilee Christian Covenant, Multimedia Resource and Training Institute (MMRTI)) reported increased capacity to conduct online health information demonstrations and disseminate health information from MedlinePlus and Ethomed to their clients and communities.
- Eleven staff and volunteers from 5 African community based organizations/health councils completed the Community Health Information Coach training and demonstrated their skills and knowledge about accessing and disseminating online health information by conducting outreach at 6 community health events and 3 online health demonstrations. MMRTI coaches trained two of their youth volunteers to be CHIC.
- AARTH and partners organizations planned, cosponsored, and participated in 6 community events that reached 285 - 450 individuals from African communities in King County. Three of these events were video taped and community members were interviewed to share one or more things about their health concerns and what they learned as a result of viewing the online health information demonstration.
- AARTH and MMRTI produced a PSA video about how to access health information online via the National Network of Libraries of Medicine’s health data resources in culturally appropriate languages, and the benefits that are available to African communities.

2. Geographic region/number of counties: List the geographic regions or all the counties that were impacted by the project.

Residents of King County

3. Collaborations/Partnerships: Include names and types of organizations with which there was collaboration at any time during the project. Provide the current status of the partnerships,

challenges encountered, and lessons learned.

Primary partners included the Seattle African HIV/AIDS Initiative coalition (SAHI), comprised of a diverse group of eighteen African providers representing the Ethiopian, Eritrean, Kenyan, Oromo, Somali, Sudanese, and Tigrean communities in King County. Five primary AHIO coach partners resulted emerged from the SAHI coalition to be the core working partners. This includes: Afrique Service, Horn of Africa Services, Ethiopian Health Council, Jubilee Covenant Ministries, Multimedia Resources and Training Institute (MMRTI).

During the course of the project the SAHI coalition ceased to function due to internal capacity issues. Three of the five AHIO coach partner organizations Ethiopian Health Council, Jubilee Covenant Ministries, and Multimedia Resource and Training Institute (MMRTI) representing the Ethiopian, Eritrean and Kenyan communities remained active and involved through the completion of the project.

Challenges: SAHI lacked the capacity and leadership to move beyond its internal struggles and develop a cohesive collaborative. The expectation from partners for a greater financial compensation than what the project could afford presented a barrier for some.

Lessons learned: The different views and importance placed on working in a collaborative process and the time required to develop common ground. The difficulties of developing and managing project activities with grassroots groups that have limited capacity and resources. It is essential for projects working with grassroots groups to include capacity building and the resources to support its members. The challenges of establishing an information/language based project in communities where English is the second language and the effectiveness of the media for reaching African communities. The work can be done but requires more time to establish the effort through partner volunteers and/or staff. How to maximize resources through existing cultural mediums such as MMRTI's use of video technology and public access TV - a major player and asset to the project.

4. Training: *NOTE: If you haven't already done so, please complete a record of Training/Demonstration Sessions using the form at <http://nnlm.gov/evaluation/datacollection/ActivityInfo.pdf> and fax to your PNR staff contact at (206)543-2469. In this final report, provide a summary of the training events and participants:

Total # of sessions for the Project: 1 _____
Total # of sessions in which half or more of participants were from minority populations: 1 _____
Total # of participants for the Project: 11 _____

Breakdown of the count of participants by:

Health care or service provider, with a subtotal for public health personnel 0 _____
Health sciences library staff member 1 _____
Public/other library staff member 0 _____
Member of the general public 11 _____

5. Training sites: Provide a brief description of training sites.

Eleven Community Health Information Coach were trained by Roy Sahali, Regional Medical Library (RML) staff at the University of Washington Health Sciences Library (UW HSL) on December 17, 2009.

6. Exhibits: List all the exhibits connected with the projects (if applicable). Include the meeting name, dates, location, estimated number of contacts made, demonstrations given and general impressions of success. *NOTE: If you haven't already done so for all exhibits, please complete an exhibit report found at <http://nmlm.gov/pnr/funding/ExhibitReportOutline09-12-02.doc> and submit with this report.

Please reference the Exhibit and/or Outreach Outlines for details:

Name of Meeting: Ethiopian Health Fair

Location: Miller Community Center, 330 19th Avenue East, Seattle, WA 98112

Dates: Saturday, May 22, 2010

Staff: Ethiopian Health Council and Multi Community Health Information Coaches

Number of People Visiting the Booth: 25

Number of NLM System Demonstrations: 5

Name of Meeting: Northwest Kidney Centers'

African American Kidney Fest

Location: Van Asselt Elementary School, 8311 Beacon Avenue South, Seattle, WA 98118

Date: Saturday, June 5, 2010

Staff: AARTH, Jubilee Covenant Ministries Kenyon Health Information Coaches

Number of People Visiting the Booth: 160

Number of NLM System Demonstrations: 0

Name of Meeting: Kenyan Health Fair

Location (City, State): Seattle, WA

Dates: Saturday, July 17, 2010

Staff: Jubilee Covenant Ministries Kenyon Health Information Coaches

Number of People Visiting the Booth: 14

Number of NLM System Demonstrations: 2

Name of Meeting: Paradise of Praise Ministries

Location (City, State): Seattle, WA

Dates: Saturday, August 14, 2010

Staff: AARTH

Number of People Visiting the Booth: 20

Number of NLM System Demonstrations: 0

Name of Meeting: Peoples Institutional Baptist Church's Education Resource Fair

Location: 159 24th Avenue, Seattle, WA 98122 & Garfield High School's Quincy Jones Performing Arts Center

Date: Saturday, August 14, 2010

Staff: AARTH

Number of People Visiting the Booth: 43

Number of NLM System Demonstrations: 0

Name of Meeting: AARTH Health and Wellness Symposium

Location (City, State): Seattle, WA

Dates: Saturday, October 2, 2010

Staff: AARTH, Jubilee Covenant Ministries, Ethiopian Health Council and Multi CHIC

Number of People Visiting the Booth:23

Number of NLM System Demonstrations: 1

7. Resource materials: Provide a brief description of any materials that were developed for training or for promotion/marketing (include newspaper announcements, brochures, etc.). Include copies of materials developed. If web-based resources were developed, please provide the URL for the site where the materials are located. URLs for all web-based training materials should also be sent the National Training Center and Clearinghouse (NTCC) for inclusion in the Educational Clearinghouse (<http://nml.gov/train/>). Provide verification that this has been done or provide a date by which it is expected that URLs of web-based training materials will be sent to the NTCC's Educational Clearinghouse.

Promotional documents are attached to each Exhibit and/or Outline report. The following documents were included in the first quarterly reports.

- Event flyers
- Community Coach CHIC training attendance sheet
- AHIO demonstration & dissemination tracking forms
- Attendance sheet for planning meeting
- AHIO stipend award form
- Ambassador of health certificates
- AHIO 2nd quarter calendar of events

8. Web sites: Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance, and impact. n/a

9. Document delivery and reference services: If document delivery services and reference services were provided, please provide appropriate statistics. n/a

10. Approaches and interventions used: Describe the specific steps or activities used in the following areas:

- a. Identifying and scheduling sessions: Each community health information outreach partner identified annual events in which to incorporate their activities.
- b. Promotion/marketing: The project and events promotional materials were developed by the organization sponsoring the event. The events were promoted by using flyers and Andenet Ethiopian Talk Show Channels 23 & 77, a weekly Ethiopian cultural talk show aired on SCAN TV. MMRTI used video technology at each event to interview attendees about their experiences.
- c. Training: One training was scheduled through Roy Sahali, Regional Medical Library (RML)

staff at the University of Washington Health Sciences Library (UW HSL) on December 17, 2009 where eleven community health information coaches from five African organizations, churches and coalitions were trained.

- d. Personnel/staffing: A part time project manager was hired to help manage the project supported by AARTH's director and administrator, bookkeeper, and volunteer staff.
- e. Web site development. n/a

11. Evaluation: How was the project evaluated? What results were achieved based on the objectives of the project?

The following revised objectives and evaluation activities were conducted:

Objective 1: Four African community organizations/health councils will report increased capacity to disseminate health information from MedlinePlus and Ethomed to their clients by the end of the project.

Evaluation Activity:

- Three partner organizations received the Ambassadors of Health Agreement certificate for their commitment to increasing the knowledge of individuals about health conditions by making health information more accessible in their communities.
- Three health information demonstration forms & 6 outreach tracking form were completed by CHIC after each event identifying demonstrations conducted and types of health information inquiries and referrals

Objective 2: Seven staff from 5 African community based organizations will be able to demonstrate the skills and knowledge they have learned for accessing and disseminating online community health information by the end of the first quarter 2010.

Evaluation Activity:

- Attendance sheets: 11 signatures collected from staff/volunteers attending Community Health Information Coach peer education session
- Demonstrations: 11 community health information coaches from 5 African organizations demonstrated how to access MedlinePlus; and other online health databases such as Ethomed to determine skills learned during Community Health Information Coach peer training
- Health information demonstration & outreach tracking form: 6 community health information coaches completed; 3 health information demonstration forms & 6 outreach tracking forms completed.

Objective 3: 300 African born individuals living in King County will report one or more things they learned about their health concerns at the end of each outreach activity.

Evaluation Activity:

- Health information interviews: 4 community health information coaches interviewed 40

African individuals attending the community health information outreach activities.

- MMRTI organization and their community health information coaches created a video PSA about health concerns of African community members and benefits of the health information received using information collected during their interviews.

12. Problems or barriers encountered: Provide details on problems encountered in the areas of promotion/marketing; training; equipment/telecommunications; personnel/staffing; and web site development.

Personnel/staffing

Capacity Issues: The Seattle African HIV/AIDS Initiative (SAHI) Coalition, the primary partner and the Afrique Services, a supporting partner organization made decisions not to continue with the project due to infrastructure and capacity issues within their organization. This left AARTH with the task and challenge of managing much of the project without the support of SAHI, the primary partner. The following partners remained active in the project: Ethiopian Health Council, Jubilee Christian Covenant, Multimedia Resources and Training Institute (MMRTI). AARTH modified the project objectives, evaluation activities and deliverables to better fit the revised project structure. AARTH's project coordinator took over SAHI's tasks. The project coordinator was replaced after five months into the project coordinator and the project was managed by AARTH's ED.

Planning Issues: Communications and planning was a challenge for all partners. While the intent of the project offers opportunity to increase the capacity of the organizations and communities to access online health information, the realities of managing the project and keeping the partners motivated was challenging. The major issue has been what partners considered insufficient financial incentives. This was addressed by decreasing the frequency and number of outreach and demonstration activities to one per partner with tracking forms and identifying additional volunteer support to assist the partners with their activities and by increasing the stipends, which was made possible by changes made to the project coordinator's budget.

As a result of challenges experienced, the following objectives were modified:

Objective 1: ~~Five~~ "four" African community organizations/health councils will report increased capacity to disseminate health information from MedlinePlus and Ethomed to their clients by the end of the project.

Objective 3: ~~700~~ 300 African born individuals living in King County will report one or more things they learned about their health concerns at the end of each outreach activity.

13. Continuation plans: Report on how you plan to continue the project. Will all or some of the project's activities continue? Who will provide the funding and staffing to do so?

Several aspects of the project will continue through AARTH and 2 of the project's partners organizations: Multimedia Resource and Training Institute (MMRTI) is recipient of a \$10,000 grant through NNLM which will enable them to continue the work of providing access to online health information and resources for the Ethiopian and other African communities by working with youth through the medium of

technology. Jubilee Covenant Ministries will continue to inform their community through health fairs. AARTH will continue to disseminate health information and provide referrals as needed. AARTH is interested in continuing the project with strong community partners with access to sufficient funding.

14. Impact: Include information on the perceived and actual impact of the project on the library, institution, or consortium. This can include the effect of the project on the library's image, increased utilization of the library, etc.

- a. Multimedia Resource and Training Institute (MMRTI) trained their youth to demonstrate the use of online health information. The youth community health information coaches conducted interviews and demonstrations to create a video recording of the experience as part of a their media productions. MMRTI received a \$10,000 grant through NNLM to continue the work of providing access to online health information and resources for the Ethiopian/Eritrean community by working with youth and their community through the medium of technology.
- b. Jubilee Covenant Ministries community health information coaches incorporated the demonstration into their health ministry for members of congregation to access.
- c. The project served as a public awareness opportunity to highlight the existence and services of the Regional Library of Medicine.
- d. Increased the capacity and resources of community members to receive and have access to online health information.

15. Recommendations for improvement: Include suggestions for alternative methods, training materials, promotional materials, etc.

Improvements:

- In addition to gaining commitment, assess the capacity of partner organizations to complete the project based on their staff as well as volunteers. Organizations run totally by volunteers without staff and infrastructure most likely do not have the capacity to complete a project.
- Base project activities and outcomes on real dollars versus in-kind.
- Determine the number of partners based on budget and capacity.
- Increase the time for partnership development when working with small community organizations.

Alternative:

When working with immigrant and refugee communities include a strong primary or lead partner that has experience using technology to reach their communities.

FOLLOW-UP QUESTIONS

If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

1. Were your original project goals and objectives met? If not, why not?

Reference question 12

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?

Reference question 3

3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

Reference questions 3, 12, 15

4. What advice or recommendations would you give to anyone considering a similar outreach effort?

Reference questions 3, 12, 15

5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (<http://publicaccess.nih.gov>), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (<http://www.nihms.nih.gov>) at PubMed Central (PMC) final manuscripts upon acceptance for publication.

The video production will be disseminating to the project partner organizations and NNLM. Lessons learned and other information about the project will be made available upon request.