

**EthnoMed Community Outreach Project: NN/LM PNR Outreach Library
Subcontract**

Subcontractor: University of Washington Health Sciences Library: K.K. Sherwood
Branch at Harborview Medical Center, Seattle, Washington

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II. Summary of EthnoMed Community Outreach Project

The EthnoMed Project focused on improving communication between six refugee/immigrant groups in Seattle and their care providers using the Internet and Web pages. To achieve this end, project staff installed computers, networks, and Internet connections in three community centers and taught computer/information finding skills to community members. Project staff also worked with various individuals and groups in order to generate health-related information for or about the six groups that could be put on Web sites, including EthnoMed. We worked with Seattle area refugee/immigrant groups identified by providers at the Harborview Medical Center (HMC) Housecalls Project as needing intense support: the Somali, Tigrean, Vietnamese, Amharic, Cambodian, and Latino groups. We established computer labs in the existing community centers of the first three groups. A multifaceted approach was taken in working with the groups. When we were creating computer labs we worked with existing staff, volunteers and board members to install equipment and software and conduct training sessions: how to use pc's, email, the Internet, search for information (especially health-related), and create Web pages. (27 sessions, 172 attendees) When gathering information about health related practices and concerns, depending upon the situation, we worked with cross cultural mediators (CCMs) from the Housecalls Project, interpreters at Harborview Medical Center (HMC), patient groups, key informants and members of the community at large. Some partnerships were established. The librarian will continue to work with the HMC Multicultural Diabetes Education group, Housecalls will support the work of one part-time employee who will continue to work with the community centers, and the communities established links with the City of Seattle Community Technology Group. EthnoMed team members will continue to work with the targeted populations, keeping the communities connected to HMC and the University of Washington (UW). Other possibilities for partnerships have been identified; for example, connections with city-based groups that teach Internet skills, e.g. the Seattle Public Library, the community colleges. We accomplished our goals that were related to working with the targeted populations, although not necessarily using avenues proposed. However, we did not find ways to identify, contact and train the non-UW care providers who serve the targeted populations.

III. Goals/Objectives and Impact

The EthnoMed team will work with Seattle area ethnic groups and their health-care providers to improve their access to electronic resources and, in the case of the target populations, to help them become active contributors to Web.

Goal 1 : Improve three community groups knowledge of and access to the Web for finding and creating health information.

- A. Provide community centers with improved access to the internet
 - o Provide or upgrade equipment, including modems
 - o Set up equipment and get it connected

- Obtain access to an internet service provider
- B. Purchase and install software for browsing the Web and producing Web documents
- C. Provide basic onsite training
 - How to find health or ethnic group related information
 - How to evaluate materials
 - How to use email
 - How to write/prepare documents for the Web
- D. Work with each community center to produce at least one health information document to be shared with other community members and/or care providers.

Impact: Direct involvement in the use of the Web to find and produce information will result in a sense of empowerment on the part of the target populations. Community members become active users of and contributors to information files, not just passive observers.

Goal 2 : Increase the information in EthnoMed reflecting health-related needs and interests of the six target populations

- A. Help each group assess:
 - What information they would like to have based on topics identified by CHC
 - What information they would like to provide to their health care providers
 - What information exists vs what they would like to produce on one or two topics
- B. Help groups get documents written and on the Web
 - Collect information
 - Write documents for patients and providers
 - Evaluate documents
 - Put documents on the Web
- C. Create a Web-based health-related discussion group for the target populations which could include participation by their care providers

Impact: More culturally sensitive, health-related documents focused on these 6 groups will be available on the Web.

Goal 3: Increase the health providers knowledge and use of materials directly related to the target populations and/or cultural competency by providing training either at the community centers, work sites or at UW locations.

- A. Teach the providers how to use various tools available via the Web for searching for cultural information
 - Assess their knowledge of and access to standard Web-based tools, including bibliographic search engines such as PubMed and Web search engines

- Assess their knowledge of and access to more specialized tools, such as the HRAF files, Psychological Abstracts
- Based upon their level of knowledge and need, give sessions on searching the Web, evaluating Web sites, obtaining documents that are needed
- B. Obtain requested documents for providers to demonstrate the process
- C. Establish library connections to provide ongoing support for training and obtaining information, for example NNLM, hospital or public library, UW document delivery

Impact: Information about health related issues from the point of view of the ethnic groups being served and about cultural sensitivity will become more available to providers.

Goal 4: Improve awareness of the librarians/libraries role in the collection, organization, presentation and access to information

- A. Involve a librarian in teaching the use of resources to both the target populations and care providers
- B. Demonstrate the use of librarians, library created Web sites, and library collections to support the transfer of information

Impact: Raise awareness of the need to have professionals who help make information readily accessible to many different groups of people

Goal 5: Document the process followed

- A. Write up the procedure followed
- B. Keep track of each person and time involved for each step

Impact: Create a model that can be used by other groups who want to work with target populations to create information sheets for patients and health care providers.

IV. Summary of the approaches or interventions used

Trainings Done

Code:

SCC = Somali Community Center, 3320 Rainier Ave. S., Seattle, WA, 98144, 7th District

TCA = Tigrean Community Association, 1902 E. Yesler Way, Seattle, WA, 98144, 7th District

VFA = Vietnamese Friendship Association, Martin Luther King Way S., Seattle, WA, 98144, 7th District

ECMA = Ethiopian Community Mutual Assoc., 2111 East Union, Seattle, WA, 98122, 7th District

Boys and Girls Club = 19th Ave, Seattle, WA, 98144, 7th District

HMC = Harborview Medical Center, 325 9th Ave, Seattle, WA, 98104, 7th District

Date	Location	No.	Type Audience
July 11, 2000	SCC	6	Community members
July 12	SCC	6	Community members
July 13	SCC	6	Community members
July 18	SCC	4	Community members
July 22	SCC	4	Community members
Aug. 7	Boys & Girls Club	9	8 Tigrean high students + Tigrean instructor
Aug. 8	Boys & Girls Club	9	8 Tigrean high students + Tigrean instructor
Jan. 6, 2001	TCA	4	Community volunteer instructors
Jan. 13	TCA	8	Community member/6 students, 2 instructors
Jan. 14	TCA	9	Community member/7 students, 2 instructors
Jan. 21	TCA	9	Community member/7 students, 2 instructors
Jan. 27	TCA	7	Community member/5 students, 2 instructors
Feb. 3	TCA	7	Community member/5 students, 2 instructors
Feb. 4	TCA	6	Community member/ students, 2 instructors
Feb. 7	HMC	20	Housecalls Community Advisory Board/ community members, interpreters, nurse, physician
Feb. 10	TCA	6	Community member/4 students, 2 instructors
Feb. 11	TCA	8	Community member/7 students, 1 instructor
Feb. 17	ECMA	6	Board members
Feb. 18	ECMA	4	Community instructors (engineers)
Mar. 3	SCC	11	Board members
Mar. 18	TCC	4	Board members
Mar. 19	ECMA	4	Community members/3 students, 1 instructor
Apr. 8	VFA	3	1 Community staff person/2 Housecalls staff
Apr. 11	VFA	3	1 Community staff person/2 Housecalls staff
Apr. 21	TCC	1	Community support person
Apr. 25	VFA	4	2 community members/2 Housecalls staff
Apr. 26	TCC	5	4 community technical support/1 Housecalls staff

Web sites

For each of the three communities where equipment was installed, a Web page was created which included: links to Internet resources, for example, search engines, email, health information, creating Web pages, information specific to the community; and details about evaluating Web sites. These pages reside on a University of Washington server and will be maintained with the assistance of community members as long as they are useful for teaching computer skills and how to find information resources.

Somali Web Page: for the Community

<http://depts.washington.edu/ethnomed/Somali/somaliclass.html>

Tigrean Web Page: for the Community

<http://depts.washington.edu/ethnomed/tigreanclass.html>

Vietnamese Web Page: for the Community

<http://depts.washington.edu/ethnomed/Vietnam/vietnameclass.html>

Materials were also generated to be added to EthnoMed, a Web based resource that was begun in 1994.

<http://healthlinks.washington.edu/clinical/ethnomed>

For the last year we have been trying to get a new Web interface in place, as can be seen at:

<http://healthlinks.washington.edu:8080/ethnomed/>

Because of the problems moving the old files into the new structure, there have been delays in getting the new information onto the Web. The person maintaining the content of the site has not had time to revise materials for the new site and put materials, in the meantime, on the old site. To make matters even more complicated, the UW Health Sciences Library and Information Center, which provides the server where EthnoMed resides, recently migrated from an NT to a Linux server. New ways of moving files have to be learned and some coding needs to be revised.

Other Approaches

For the Somali oral health piece information was gathered using 5 key informant interviews.

For the three nutrition and diet pieces, we contracted with three journalists who went into the communities to gather the information.

Staff from KKS and Housecalls summarized research results and edited documents submitted by other authors.

For the ethnic specific diabetes management courses (in progress), the librarian joined the HMC teaching teams (nurse, pharmacist, nutritionist) to document the process (including

taking digital pictures), help create teaching materials and put field tested materials up on the Web so that they can be shared with other institutions.

Computer labs were established in three community centers with the assistance a technician from the Somali community, Hassan Osman. He not only got the PCs setup, networked and connected to the Internet, but also figured out how to backup each computer lab so it could be sustained with minimal staff time. He recommended what needed to be purchased to strengthen each lab and documented the hardware, software and computer configuration at each center. In addition he helped teach classes for both the new learners and the community people who would maintain the centers. He also wrote some procedures and helped write or wrote letters requesting donations from other groups to help support the needs of the labs.

The project helped create three networked computer labs

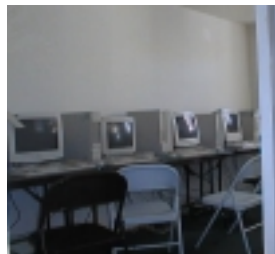
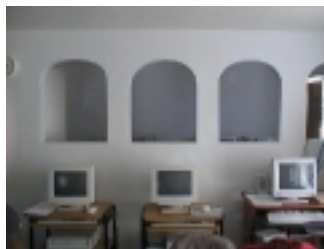


For the Somali Community Center



The project supplied three PCs, a printer, computer memory and hardware to help upgrade computers and build the network. The community applied for and received: free AT&T cable connection, Microsoft software, recycled Boeing computers. The community will soon be buying tables and the technician will configure the computers so that there will be a lab with 16 networked PCs which can access the Internet.

For the Tigrean Community Association



The project supplied one server, a printer, Norton Ghost, a CD burner. The community purchased six used HP computers, some memory, and an ISDN connection. The community applied for and received Microsoft software, including Windows 2000 for the server. The community now has a server and six PCs that can access the Internet simultaneously. This lab was successfully used to teach numerous classes.

For the Vietnamese Friendship Association



The project supplied two PCs, a printer, Norton Ghost, a CD burner. The Association requested and received Microsoft software. The computers are networked so that they can share access to the printer and the Internet via a phone line.

V. Evaluation

Original Evaluation Plan (From Proposal) – Summary

Target Populations: Because of cultural differences it would not be wise to evaluate the impact of the project by doing tests or written surveys.

To evaluate the outcomes of Goal 1 we will:

- Interview the three community coordinators regarding what they see as the successes and challenges for the future. **(See below)**
- Summarize training sessions and interactions. **(See below)**
- Document formal training sponsored by the project and other training provided by those we train. The statistics would include how many trained, topics covered, time spent. **(Turned in as attached session reports)** Also we would keep a count of how many users accesses the Internet and time spent. **(Unable to do)**
- Put a document by each of the three communities on the Web. **(unable to do- But community members reviewed documents written for the projects or participated as key informants. They also did/will participate in focus groups that review the diabetes patient education materials.)**

To evaluate Goal 2 we will:

- Put two patient education documents for each group on the Web, both English language and translated versions. **(Will be done in conjunction with the multicultural diabetes classes.)**
- Briefly interview each of the focus group participants asking them what she/he thinks are the successes and challenges. **(Did not use focus groups.)**

Care Providers: **Goal 3 : We were not able to train non-UW providers in any formal setting.**

Both populations : **Goal 4: We did not do any formal evaluations** regarding attitudes toward and use of librarians/libraries. However, I have been invited to continue to teach and to write letters of support for future projects.

Evaluation

Since the project extended over a longer period of time than intended, the people who originally signed off on the project for the communities were no longer available, so I interviewed other Community Center board members.

The current president of the **Somali Community Center** said that after my presentation to the Board, the members felt that they had a far better idea about how the PCs and Web could be used. For the presentation I reviewed the links attached to the Somali homepage that I had created and used the cable connection, laptop and projector, A number of the Board Members had never seen an Internet presentation. After seeing what is possible, they now feel that the Center needs to continue to develop the computer lab. The community will fund the purchase of some furniture and apply for new grants and gifts. They already have begun to work with the Housecalls staff member who will help them look for funding and prepare the proposals.

The Center has an after school program in place. Once the furniture is installed, I will work with the person running that program so that I can “teach the teacher.” The Center is signing up adults for proposed classes. Already many adults have expressed an interest: 20-25 for the computer classes, 20-30 for ESL (which would use the computers), 10 for parenting classes. This is encouraging. When we tried to recruit adults and teach classes last summer, attendance was sparse. The most interested attendee just wanted to know how to get onto Email and Web sites using the pc as he had access at work but did not know how to get started. Once he learned this he no longer came for systematic training. We tried to adjust the schedule to the days/times when adults said they could/would come but they still did not show up for training.

A board member of the **Tigrean Community Association** said that he knew that we were successful when the students showed up on American time and complained the time that nobody appeared with the key to open the lab. He said, “If Ethiopians are on time, you know that what you are doing really matters to them.” He also that he appreciated our training the trainer sessions allowing a smooth transition to community control, having the equipment that would provide leverage for other educational programs and my willingness to help teach the summer program again.

The board also decided to hire a half-time employee to keep the computer lab open weekday afternoons and has given general support to the development of the facility, indicating support for the program.

I taught two blocks of classes for the Tigrean Community. In the summer of 2000 I helped the coordinator of an educational program for students from economically disadvantaged families teach the use of the Web to find information, including information about countries and health, and how to create Web pages. I built upon earlier assignments which helped motivate the students, as did putting their photos up on the Web so that they could grab them for their Web page projects. A Web page had been designed the previous summer for use with this group (that class got cancelled) and it proved to be a useful tool for approaching the material systematically and giving beginners one starting place.

In the Winter 2001 I taught a series of classes to adults on the weekends. Because the attendees could not always predict/control their schedules, and had a wide variety of language/technological skills, the classes remained quite unstructured. The primary goal was to help the students get comfortable with the technology, not to teach specific skills. We covered: turning on the machine, the use of the mouse, pc based software (Word), Internet access, information files (MedlinePlus), search engines (finding bus routes), news files (written and audio), EthnoMed. For all the classes for the adults we had at least one volunteer who interpreted and helped teach. Later we worked with the volunteers and trained them to maintain the network; in fact, we had “train the trainer” courses.

We did not teach any classes for the **Vietnamese Friendship Association**. After placing the equipment in one building the community lost its lease and had to move to a much smaller facility. The Association, that served primarily the very old and very young, no longer seemed to offer educational programs. We often had trouble getting into the center to install software and hardware. However, recently a new coordinator who had the backing of a board member with PC/network skills was hired. Both these individuals were trained to maintain/backup the system. I will work with the coordinator so that he can teach seniors how to use the PCs/Internet or can find information for them. When I talked to the board member he said that the equipment was very needed for running the center and helping the seniors find information. Having the network in place would help them get support from other sources.

Impact

The project helped three refugee communities get PCs and connected to the Internet. They now have resources to use for developing courses and programs desired and needed by members of the community. For example, they can now develop computer-based after school and summer programs for teens, and word processing and Internet searching courses for the adults. Originally the project intended to spend less time and money establishing the technological infrastructure and more effort conducting classes and gathering health-related information. However, a sustainable infrastructure needed to be established so that computer based could be developed. Members of the communities, especially those on the board, needed to see what could be done, so that they could have a vision for the form and function of their future programs.

One cannot develop such projects for a community. For community-based projects to be successful in the long run they must be done with and/or by the community. This means building relationships and trust - which takes time. These relationships were built and will continue.

Community members were able to develop and learn new skills. The Somali technician and one Tigrean volunteers were especially active in the project.

Materials were written as proposed, many of which will be added to the Web.

Written by Journalists:

Vietnamese – Nutrition and Fasting.

Cambodian – Nutrition and Fasting.

Somali – Nutrition and Fasting

Written with Interpreter

Teff (Ethiopian).

Researched by Nursing Graduate Student

Vietnamese – Breast Screening

Key Informant Project

Somali – Oral Health of Infants and Children

Written by Community Member

Tigrean – Naming.

Written by Pediatrician

Vietnamese – HIV/STD Infection.

Written by Student

Death Rituals in Vietnamese Society.

(healthlinks.Washington.edu:8080/ethnomed/cultures/Vietnamese/viet_death.html)

Created by Librarian

Home pages: Somali, Tigrean, Vietnamese.

Revision of Immigration Flow Chart

Examples of Diabetes Handouts – Tigrean

Photos of Community Centers – Somali, Tigrean, Vietnamese

Photos of Diabetes Education Classes – Tigrean, Spanish speaking

Hotmail

Handouts re: what centers need

Created by Multicultural Class Instructors

Multicultural Diabetes Education Powerpoint Presentation with notes

Written by Technician

How to use Norton Ghost to restore configuration

Notebooks with documentation placed in each center with backup disks

Recommendations

To maintain the computer labs each community needs to have a technical person available who is willing to oversee the operation of the computer network, communicate with the community center board and groups maintaining similar operations, and be accessible to the support staff. This person needs to serve in the position for several years because the boards have new members every year and volunteers provide much of the ongoing support. Somebody has to be responsible for the big picture, continuity and planning.

Each community needs one paid staff person (can be part time) who keeps track of the lab operation and program. This person needs a written position description and to be held accountable.

The communities need to establish/maintain contact with groups that can help with ongoing support of computers and classes; e.g., the Seattle Public Library, Seattle Central Community College, City of Seattle Public Access to Technology project, University of Washington Health Science Library, EthnoMed and Housecalls at Harborview Medical Center.

Courses need to be structured even if the goal is to help students become generally comfortable with computer technology; e.g., use a mouse, turn on/off machines, type. Having an outline and goals helps students and instructors maintain a perspective re: what has been and could be learned. It helps define the components of learning a new skill; e.g., when using email you also need to learn about forwarding mail, carbon copies, blind carbon copies, attachments. This is especially important when students cannot attend classes routinely, as may be the case with adults from immigrant communities. A structured course outline can serve as the basis for self-instructional modules.

VI. Lessons Learned

1. Community-based Projects.

For community-based work, begin by developing relationships within the community group with which you are working. Spend time understanding the structure, dynamics and leadership of the group, getting buy in from a number of members, and developing common goals and a plan. Establishing and maintaining this relationship with community members may be difficult with refugee/immigrant groups as they are pulled in many directions and relate to others in the US ethnic community differently than they would have in their country of origin. Often those volunteering or receiving services have limited financial resources, little control over their jobs/working conditions, and

many needs and family responsibilities. This means that external groups working with these communities must be willing and able to be flexible in creating and scheduling meetings and programs.

In some ways community-based projects get undermined by the application/funding process required by many agencies. To get the funding you need to prepare a formal proposal meeting the external requirements of the agency. The process assumes you already know the community well and/or the community knows what it needs. The process encourages outsiders to create a project, implement it and measure predetermined outcomes in predetermined ways. This leads communities to see such projects as being created for the sake of the researcher: go in, intervene, measure, write report, leave, and receive promotion/tenure. The projects often may not result in ongoing, community based, sustainable programs.

Instead, community-based projects need to evolve. They need to start by allowing the target population and the external group to develop relationships, common goals, and plans for reaching the goals related to a theme, such as improving access to the Internet and health related information. The involved parties need to realize that this is a dynamic process that will not have an end like a research project.

I laid out my project as though it were scientific research and delegated the responsibility of establishing community relationships to others, in part, because I thought that I would primarily serve as project manager. When I could not retain a person in the research assistant position and got more involved in the project as a teacher, I realized that the original community members who signed the letters of support were out of the picture and many community members thought that the grant was only to put PCs in the community centers. At that point I had to take time to establish relationships, learn some of the dynamics and provide an overview of the project to more members of the community. Ultimately we would be able to transition control of the program from the project team to the community groups, and we needed to have a product the community valued.

2. Refugee/Immigrant Communities Are Very Dynamic

Each of the target populations is very dynamic in both membership and leadership. The leadership often changes and is unclear, at least to outsiders. Because of cultural differences and the amount of work being done by volunteers, often the groups do not conduct business in a way that makes it easy for them to interface with the external groups upon they must rely because of their limited resources; e.g., operating as a non-profit organization, applying for donations and grants.

3. Community Work Is a Mutual Process

Undertaking community-based projects can be very frustrating because, to be successful, control must be shared and the process and outcomes cannot be carefully predetermined. If the project is part of the dynamics of the community as a whole, the project evolves

rather than gets “done”. However, for those individuals interested in culture and interpersonal relationships, the rewards are great. One gets to see and feel the strength of communities and observe very selfless individuals. While an outsider gets to learn about the community, e.g. how they solve problems, the foods eaten, the meaning of religion, the commitment to children/family, she/he also becomes more aware of her/his own culture because of the contrasts.

4. Depth Not Breadth

This project was too diffuse. Since it is time consuming to build and maintain relationships with very dynamic communities, which include individuals with many diverse responsibilities, it would have been better to focus on one or two target populations. This would have given me time to carry out all levels of the project and to carefully study/document the process that could have served as a model for other communities.

5. Staffing Plan Naïve

I based my project primarily upon volunteers and a research assistant. The research assistant, with a part-time temporary appointment, was to be a jack-of-all-trades: community worker, pc/network technician, teacher, Web designer/maintainer, and writer. I did recruit two such assistants, but with the job market at that time, I could not retain them. And, once some of the salary money was spent for this position I did not have enough money left in order to recruit a replacement. I also discovered that neither the EthnoMed volunteers nor I had all the needed technical skills or time to learn them in order to support the project. Soon I found myself manager of a diverse team of individuals performing a variety of tasks and as well as the teacher. Fortunately I was able to take a sabbatical to work on some of the project. This covered my salary for several months and released money to pay a technician. An EthnoMed team member recognized the work being done by a volunteer technician in the Somali community, Hassan Osman. Fortunately he was willing to do technical support work for the three target communities, could work many afternoons and weekends on a flexible schedule, and had a commitment to helping local community groups. Without his support I do not think that the computer networks would have been established, especially in a sustainable fashion. In addition to providing the technical expertise, he continually reminded community members of the context of the placement of the technology. He pointed out that the equipment was being supplied by a project with the National Library of Medicine in order to provide access to health information via the Internet and help produce information for EthnoMed.

6. Technology

Each community had different needs and support. Many people - team members, community members and myself - did not realize how time consuming and difficult it would be to establish stable, sustainable networks with Internet access. As stated above, the technician persisted and created an appropriate network for each community with a

method for backing up the pc configurations. He documented the systems and trained community members to maintain the established networks. We both worked with the ever changing boards to transition control/responsibility from the project to the community.

Each target population probably has individuals with technical and teaching skills. The communities need to get these individuals involved. After Hassan returns to school in spring of 2001, he will have limited time to work with these communities as a volunteer.

I understand why groups with unique needs, such as the refugee/immigrant populations, want and need teaching labs. By having their own facility the teaching style and courses can be tailored to the needs of acculturating individuals. Students, especially adult students, need to start learning in a non-threatening, supportive environment where some of the language and cultural barriers are minimized. Later they can move to more standard learning environments, such as community colleges. However, I wonder if computer labs established in these communities will be sustainable because of the problems and costs attached to routine operation and maintenance. In the long run it may be better to allow groups with special needs to reserve teaching labs supported with public funds, such as those in community centers or the public libraries.

However, if these smaller, independent computer labs continue to be established in the greater Seattle area, there needs to be a support group for the managers of the labs so that they can share problems and solutions. For most of the labs, part-time staff, often volunteers, will be in charge. They will not have time to supervise, train and maintain centers and also figure out solutions to problems that crop up.

In addition to not realizing the complexity of establishing networks of computers vs. setting up individual work stations, I also failed to account for the changes we planned to make to EthnoMed or that HSLIC would change the server upon which EthnoMed resides. Both changes have meant that, while we have prepared new documents for EthnoMed as part of this project, they are not yet up on the public site.

7. Ethnographic Work

While I planned to conduct many focus groups to generate information, before the work got underway, the Director of the Housecalls Project and International Clinic expressed concern that too many University of Washington projects were trying to do research involving the same individuals from the target populations. Also, after the research assistant position vanished from my plan and I got involved in setting up one project using key informants, I realized how time consuming this process was going to be.

Because of these problems, in order to create patient education documents for the Web, I joined the Harborview Medical Center (HMC) Multicultural Diabetes Education team. As a team member I observe planning and training sessions, help with creating educational materials using the digital camera and computer graphics programs, and will ultimately put the materials into EthnoMed. Even this project, which is an integral part

of the Outpatient Clinic program, is having a hard time keeping to deadlines and getting full participation. The interpreters and cross cultural mediators, vital to the success of recruiting patients, creating culturally appropriate/translated materials, conducting sessions, get pulled in many directions and the patients often have other commitments at the time the classes are taught.

The EthnoMed team, realizing that we were having problems generating information to add to the Web, revised its strategy. We recruited journalists (a strike in Seattle helped this endeavor) to write articles on food and nutrition in three of the communities. We used library and Housecalls staff to revise documents written by others or to create documents based on information gathered by others. The documents, created by journalists, students or staff, were reviewed by members of the target population (mostly interpreters or CCMs). Obviously once any of these materials get posted to the Web they will be subjected to ongoing review by community members using the Web.

When I discussed some of my dilemmas with Roy Sahali of NN/LM PNR he suggested hiring some of the adult students from the communities who are in community colleges or vocational schools. I thought this idea had great merit and followed up, unsuccessfully, with one contact. This idea came up late in the project but might have been a very productive approach for both the project and community members: we could get cultural content; they could practice their language and technical skills.

8. Working with non-UW Health Care Providers

I did not account for the fact that many of these people would be overwhelmed with their responsibilities as professionals and members of the community. The Vietnamese physician who worked with other community providers was so busy with patients and her work with teens at the temple that, although she said she was interested in having contact, she could never find the time to meet with me. By this time I realized that it would be better to teach classes for this group at the temple, rather than the Vietnamese Friendship Association, and volunteered to do so.

9. Support/Connections

Having the support of the whole NN/LM PNR staff proved invaluable for a librarian not used to conducting a grant-supported project. All lent their specialized expertise – filling out forms, purchasing/setting up equipment, working with community groups, measuring outcomes – which saved me a lot of time that I could then devote to my project. More importantly, they provided me with positive suggestions, encouragement and emotional/intellectual support. Without them, when things started to not going according to plan, I think I would have given up.

Additionally, having a link to the Housecalls projects provided a continuity that allowed me to feel comfortable having it be a work in progress although the NNLM funding was no longer available. Communication and involvement with these communities will continue at many levels. For example, in addition to working with the communities to

seek additional support, the part time Housecalls staff member will be working with some high school students (Latino and Oromo) who made contact with us via the EthnoMed site to help create Web documents. At the end of May, during a day-long retreat of health care workers at Harborview who work with the targeted populations, the librarian will lead a discussion of EthnoMed to find out how they think EthnoMed can be developed to make it a more useful communication tool.

VII. Goals and Objectives Final Summary

Goal 1 : Improve three community groups knowledge of and access to the Web for finding and creating health information.

- A. Provide community centers with improved access to the internet - **Completed**
- B. Purchase and install software for browsing the Web and producing Web documents - **Completed**
- C. Provide basic onsite training - **Completed all but Vietnamese, which will be done. Web-sites with info for all three groups.**
- D. Work with each community center to produce at least one health information document to be shared with other community members and/or care providers. **Not completed. Will be doing with diabetes education groups, rather than community center groups.**

Goal 2 : Increase the information in EthnoMed reflecting health-related needs and interests of the six target populations (Research Assistant with Interpreters/Cultural Mediators, translators) Completed or will be completed for 5 of the groups but not following process outlined below.

- A. Help each group assess (topics). **Discarded. Worked with Cross Cultural Mediators and HMC Health Educators.**
- B. Help groups get documents written and on the Web. **Completed, but did it for rather than with groups.**
- C. Create a Web-based health-related discussion group for the target populations that could include participation by their care providers. **Discarded.**

Goal 3: Increase the health providers' knowledge and use of materials directly related to the target populations and/or cultural competency by providing training either at the community centers, work sites or at UW locations. **Discarded. Either providers already part of UW or working with Cross Cultural Mediator we could not establish contact with the very busy providers. Have provided information about this topic for the May 2001 Healthlinks (UW Health Sciences Library and Information) homepage.**

Goal 4: Improve awareness of the librarians/libraries role in the collection, organization, presentation and access to information. **Completed for target populations.**

Goal 5: Document the process followed. **Discarded. When the project did not work out as intended, tracking all the processes became impossible. I did not have the time to both manage and do the work.**

Appendices

Major Documentation

Documents Produced for the Outreach Project: all will eventually become part of EthnoMed except those that serve the community groups directly.

Written by Journalists

Vietnamese – Nutrition and Fasting. (Draft attached.)

Cambodian – Nutrition and Fasting.

(http://healthlinks.washington.edu:8080/ethnomed/cultures/cambodian/camb_nutrition.html)

Somali – Nutrition and Fasting. (Draft attached.)

Written with Interpreter

Teff (Ethiopian). (<http://healthlinks.washington.edu:8080/ethnomed/cultures/ethiop/teff.html>)

Researched by Nursing Graduate Student

Vietnamese – Breast Screening (http://healthlinks.washington.edu:8080/ethnomed/clin_topics/asian-br-cancer.html)

Key Informant Project)

Somali – Oral Health of Infants and Children (Draft attached.)

Written by Community Member

Tigrean – Naming. (Draft <http://depts.washington.edu/ethnomed/naming.html>)

Written by Pediatrician

Vietnamese – HIV/STD Infection.

(http://healthlinks.washington.edu:8080/ethnomed/clin_topics/vietnam_hiv_final.html)

Written by Student

Death Rituals in Vietnamese Society.

(http://healthlinks.washington.edu:8080/ethnomed/cultures/Vietnamese/viet_death.html)

Created by Librarian

Home pages:

Somali (<http://depts.washington.edu/ethnomed/Somali/somaliclass.html>)

Tigrean. (<http://depts.washington.edu/ethnomed/tigreanclass.html>)

Vietnamese (<http://depts.washington.edu/ethnomed/Vietnam/vietnameclass.html>)

Revision of Immigration Flow Chart (Draft:

<http://healthlinks.washington.edu:8080/ethnomed/immigration/flow/index.html>)

Examples of Diabetes Handouts – Tigrean

(http://depts.washington.edu/ethnomed/Tigrean_diabetes_handouts/)

Photos of Community Centers and Classes:

Somali (<http://depts.washington.edu/ethnomed/Somali/ccpictures/ulthm.htm>)

Tigrean (<http://depts.washington.edu/ethnomed/tigreancenter/>)

(<http://depts.washington.edu/ethnomed/Tigrean/index.html>),

(<http://depts.washington.edu/ethnomed/Tigrean2/>)

Vietnamese:

(<http://depts.washington.edu/ethnomed/Vietnam/VCCslides/ulthm.htm>)

Photos of Diabetes Education Classes:

Tigrean: (http://depts.washington.edu/ethnomed/tigrean_diabetes_slides/ulthm.htm)

(http://depts.washington.edu/ethnomed/tigrean_diabetesclass_march2001/ulthm.htm)

Spanish speaking: (<http://depts.washington.edu/ethnomed/latinodiabetes/ulthm.htm>)

Hotmail – for Ethiopian class: (<http://depts.washington.edu/ethnomed/hotmail/FinalHotmail.htm>)

Created by Multicultural Class Instructors

Multicultural Diabetes Education Powerpoint Presentation with notes: in progress

(http://depts.washington.edu/ethnomed/multicul_diab_may.htm)

Written by Technician

How to use Norton Ghost to restore configuration:

(<http://depts.washington.edu/ethnomed/Tigreanghost.html>)

Miscellaneous Documentation

Examples of Handouts distributed at Community Advisory Board, Somali Board Meeting

Materials for Tigrean Community Center

Materials for Vietnamese Friendship Association

Homepage for Multicultural Information Sources: Healthlinks, May 2001