

FINAL REPORT COVER SHEET

Title of the Project: Access to Wellness Network (AWN)

2003 Access to Electronic Health Information Project Subcontract: # 669759

Name of Institution: African Americans Reach and Teach Health Ministry

Location of Institution: 7728 Rainier Avenue South, Seattle, WA 98118

Person Submitting Report:

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NARRATIVE DESCRIPTION

1. Summary/Introduction:

African Americans Reach and Teach Health (AARTH) Ministry has spent the past eighteen month implementing the Access to Wellness Network project. The purpose of the project is to equip AARTH Ministry with the tools and resources that will provide access to health information, which is culturally relevant and user friendly and to help educate African American congregations and faith-based organizations in western Washington. The project goals were to:

- Establish and equip faith based health ministry network with the capacity and infrastructure to increase awareness and knowledge about prevention and health care, and promote responsible health choices and practices.
- Provide churches and faith-based organizations with appropriate access to online health information.
- Establish a web site for African Americans Reach and Teach Health Ministry with linkages to culturally relevant health information.

Major project activities and accomplishments included identifying and establishing partnership with five churches, assessing each partner's technology and health information needs, training partner health information coordinators to access the Internet and retrieve health information, installing computers at two partner locations to help increase capacity, and establishing AARTH's web site with linkages to the National Network of Libraries of Medicine health information. Reference Exhibit A

Major benefits to the community included increasing access to health information and resources by establishing six new sites in the community for retrieving information online, increasing skills and capacity of the faith community to provide health information to their congregants and community, and providing culturally relevant health resources for people of African descent.

The evaluation process included qualitative and quantitative tools. Quantitative evaluation included participant evaluations and counts of various activities; however, with a project moving into entirely new areas as this one did, the qualitative evaluation—of unexpected and uncountable successes and setbacks—is more abundant and educational.

2. Geographic region/number of counties:

The initial geographic scope of the project included Snohomish, King, Pierce and Thurston counties. The scope was later revised to include only King county based on project lessons which demonstrated the added difficulty of coordinating a start-up project without having a base and model in place.

3. Collaborations/Partnerships:

The project partners included AARTH, Mars Hills Graduate School and five churches and faith based organizations in Washington State Seattle/King County. As our major project partner, Mars Hill Graduate School supported AARTH Ministry by providing

health information needs and training assessment and evaluations for partner churches. This also included technical assistance and training for AARTH Ministry, staff, and web site support.

Current AWN Partnerships

AWN Partner Churches 2004 - Present	Technology & Training Assessments	Health Assessment	Basic train the trainer	Promotions Outreach	Increased computer capacity
Outreach Christian Center 9237 Rainier Avenue South Seattle, WA 98118	✓	✓	✓	✓	
Freedom Church of Seattle 7551 35 th Avenue SW Seattle, WA 98126	✓	✓	✓		Installed 1 computer & printer
Emerald City Bible Fellowship 7728 Rainier Avenue S. Seattle, WA 98118	✓	✓			
Tabernacle Missionary Baptist Church 2802 Jackson Avenue Seattle, WA	✓	✓	✓	✓	
Greater New Bethel Baptist Church 5279 Rainier Avenue South Seattle, WA 98118	✓	✓	✓		Installed 1 computer & printer

Challenges and lessons learned:

- Geographic scope that was too large to identify and manage partners willing to commit. This required regrouping and down sizing to one rather than four counties.
- Coordinating and scheduling partner involvement proved to be very challenging when trying to reach and involve clergy members. It became important to push for primary contacts at each site to act as liaisons between AARTH and the clergy.
- Maintaining momentum and commitment was a challenge and issue during the four month period when AARTH lost staffing for the project. Reestablishing relationships and commitments required having a Project Coordinator in place who had existing relationships with the faith community and in particular the clergy in addition to technology skills. Our new Project Coordinator, David Wallace also a member of the clergy and pastor at the time of his hiring came to AARTH with those relationships and

many technical skills. David spent a great deal of time revisiting each partner to reassess the relationships, needs and implement regular project sessions.

- Funding for a new organization such as AARTH, operating on restricted reimbursable funds made it difficult to conduct large upfront purchases. This was resolved in part through our partnership with Mars Hill Graduate School, which increased the value and scope of our partnership. We also found support through the Region Network of Libraries of Medicine. This issue has increased AARTH's Board of Directors energy and efforts towards fund development for the organization to avoid future funding crisis.

4. Training: Outreach activity forms attached

AARTH Ministry and Mars Hill Graduate School conducted a total of four capacity building trainings for accessing and retrieving health information from NNLN database sites such as MEDLINEplus. All participants for each session were from the African American community of which a total of 23 individuals attended. The demographics of the training sessions included 2 health service providers and 21 general public members.

5. Training sites:

The training site in all cases took place at the Emerald City Outreach Ministry facility one of the five partner sites. Emerald City was selected and agreed upon by those who attended because it has the largest and most complete computer lab of any of the partners and was generously offered to the AARTH project, including after hours when no Emerald City staff were on site. In addition, the technology director was helpful and knowledgeable. While we recognize that we will want to provide future trainings at all partner sites, we were grateful for the generosity of Emerald City in this first foray.

6. Exhibits:

One exhibit was conducted during the project on Saturday, August 28, 2004 at the premier screening of *Who Will Speak for Me?* A mini-documentary about the impact of HIV/AIDS and the role of the Black church among people of African descent in the Pacific Northwest. This was a four hour event that included a booth staffed by the Project Coordinator. Approximately 20 of the estimated 60 participants visited the AWN booth and 6 – 8 demonstrations were provided. This also included handing out AWN brochures and promotional materials. Individuals visiting the booth indicated that the web site was informative, appealing, and easy to use and needed in the community

7. Resource materials:

The Project Coordinator developed two paper based promotional products, a brochure, which described the AWN project and services and a "touch card" that provides a concise overview of the services and features, is easy to distribute and appealing because of the small size. Samples included

AARTH's AWN web site features include providing direct access to resources and health information about diseases that predominately and disproportionately affect people of African descent:

- Nutrition for the Body - <http://www.aarth.org/nu-body.htm> for healthy and nutritional recipes.
- Nutrition for the Soul - <http://www.aarth.org/nu-soul.htm> looks at how bridging the gap between health and faith can improve well being.
- Access to Wellness - <http://www.aarth.org/services.htm> (click on Access to Wellness) provides access to health information about diseases that predominately and disproportionately affect people of African descent.

8. Web sites:

AARTH's Access to Wellness Network web site is located at www.aarth.org. Below is a brief description of the site features. Phase one of development work has been completed to date with 75 per cent of the site features working. Future work will be completed under phase two and will include completing integration of a interactive data entry/database feature to capture online registrations and inquiries, special features for the Let's Talk Health that will allow individuals to email health questions for online responses, completion of the Speakers Bureau in preparation for receiving potential speakers and requests for speakers, enhancements to allow individuals to submit their healthy recipes and testimonials.

We believe that the existing features along with future developments and enhancements will provide the additional user friendly services that appeal to the practical interests of individuals, increase access to specific health information making it more readily available by reducing the search and retrieval work, provide another tool for health fairs and workshops, provide a way for people to share their personal experiences resulting in promoting self care, prevention practices, and self-advocacy.

AARTH Access to Wellness Network features and services:

ABOUT AFRICAN AMERICANS REACH AND TEACH HEALTH MINISTRY (AARTH)

- *Learn about AARTH's philosophy, vision and mission*
- Meet the founders, board of directors and funders

COMMUNITY HEALTH CALENDAR:

- Stay current on local and national faith, health and wellness events
- Download resources from new releases to job posting in the health care field

ACCESS TO WELLNESS NETWORK (LINKAGES BY DISEASE/ILLNESS CATEGORIES)

- Linkages to health information about diseases that predominately and disproportionately affect people of African descent. Relevant health information from the National Network of Libraries of Medicine health databases
- Access other local and national health related resources

LET'S TALK HEALTH:

- This is your opportunity to ask health related questions and receive response from health professionals and subject matter experts

NUTRITION FOR THE SOUL:

- Access local and national support for spiritual and natural counseling, pastoral care, support groups, and resources for the spirit, mind and body

NUTRITION FOR THE BODY:

- Find what you need for physical fitness, alternative care, and body therapy
- Healthy dishes for other to benefits by submitting recipes, pictures of favorite dishes, health benefits, picture and bio of the chef, testimonies

HEALTH & WELLNESS RESOURCES

- The place to post and locate cultural relevant health and wellness information:
 - Articles
 - Books
 - Tapes
 - Videos
 - Medical providers
 - Faith/Medical professionals, networks, collaborations, initiatives
 - Policies, funders, programs & services
 - Linkages
 - Government agencies
 - Pharmaceuticals
 - Advocates

AARTH PARTNERS

- Churches and faith-based organizations that promote health and wellness ministries, programs, projects and activities are invited to become an AARTH partner by posting your organization's information and web site linkage
- Membership benefits include access to capacity building and technical assistance resources

SPEAKERS BUREAU

- AARTH seeks to bring the faith and health communities closer together by ministering to the needs of people of African descent.
- AARTH's Speakers Bureau is a vehicle for accessing speakers, presenters and facilitators from the faith and health communities
- Become a member by submitting your bio, resume with areas of expertise and picture to AARTH

9. Document delivery and reference services:

The main reference service provided by Mars Hill Graduate School Library to the AARTH project was the development of the Access to Wellness pages on the AARTH web site. In our needs assessments with AARTH partners, the same health topics arose again and again. By finding excellent and free information sources that address those topics, we made the AARTH web site relate directly to current need. In selecting web pages, it was often necessary to forego librarians' standard inclusion criteria (such as that used by MEDLINEplus) and instead find web sites written by and for African Americans. For example, MEDLINEplus requires that a "list of advisory board members or consultants is published on the site",¹ but for AARTH, *authority* may be more appropriately established by the endorsement of African American community organizations. Other reference work included answering reference questions from the AARTH Board.

Document delivery was offered as an option to AARTH Board and to pastors of partner churches, but only a few books were borrowed. Health inquiry from the East African community was research to provide information about the impact on the health of African immigrants resulting in-part from the changes in the way their native food is processed and cooked in the U.S. versus in their native countries. Immediate access to free web sources was the emphasis of this project rather than document delivery.

10. Approaches and interventions used:

- Identifying and scheduling sessions was completed for partner churches participation and AARTH's participation in partner/community events. Activities involving partner churches included beginning with existing relationships through staff and board members where a certain level of trust was in place with potential clergy partners. Using inside influencers to promote the AAWN concept, invitation letters that were personally delivered and an orientation session to introduce the project. It was necessary to identify primary contacts who would represent their church and pastor and be the health information coordinator assigned to carry the AAWN project forth in their church and community. In some cases sessions were schedule with the support of these individuals. The phone and email were used. When scheduling became a challenge personal visits and one on one sessions were more productive.

- Promoting/marketing – During much of the project work the web site was used to promote AWN until development reached the stage of being ready for public presentation. A project brochure, touch cards, word of mouth, and demonstrations became the next level of promotion.
- Training – Health needs assessments were conducted to help determine the specific health information needs and level of data retrieval training required. A curriculum was developed based on the assessment. Four basic capacity building trainings were conducted to introduce partners to AWN and the fundamentals for retrieving health information data, hands-on demonstration of AWN and cursory overview for using the Internet was provided for those who needed it. As the project progressed and individuals transitioned it was necessary to reestablish relationships, reassess needs to offer refresher training was completed to help maintain skill levels.
- Personnel/staffing – Our goal was to identifying staff with the mix of interpersonal and technical skills, experiences and relationships in the faith community. This proved to be more difficult than we anticipated. While hiring someone with high level technical skills and innovative ideas may appear to be ideal it didn't work for this project and audience to the point of causing a four month set back in project work, relationships and momentum. Replacing staffing and taking the time to identify the person with the right mix of skills and experiences took time and patience. We found the best approach to be word of mouth and networking to identify staffing for this project and audience.
- Web site development –

Significant progress was made in the creation and presentation of profession web pages. Despite mid-project staffing changes, a new updated site was made public within 2 months of transition. Planning and brainstorming sessions were extremely valuable in providing clarity and site content for meeting the needs expressed by partners and our desired timeline. Thanks to our partnership with Mars Hill Graduate School and NNML, we were provided with health resource data for our various key AWN health topics that disproportionately affect people of African descent. These topics include AIDS/HIV, Diabetes, Heart Disease and Drug Dependency. In addition to making information available about AARTH and AWN, community events, news, press release other links also exists at www.aarth.org.

11. Evaluation:

How was the project evaluated? What results were achieved based on the objectives of the project?

1. Participants at training sessions rated the training excellent on evaluation forms.
2. At the start of the project, no partner web site connected to health information; now two link to health information, showing an initial response on the part of partners.

3. The project PI was an invited participant in the First White House National Conference on Faith-Based and Community Initiatives in June 2004.
4. The project was written up for publication and will appear in the Winter 2005 issue of *Library Trends: Providing health information to community members where they are: characteristics of the culturally competent librarian*, by Nancy Ottman Press and Mary Diggs-Hobson.
5. The two partners, Mars Hill Graduate School and AARTH, had never before worked together. During the project period a solid and trusting relationship was forged. Therefore, the community represented by AARTH, for the first time, has a tie with a library that shares the faith/health connection.
6. The project PI participated in the Mars Hill Graduate School minority scholarship selection process, ensuring that 5 excellent minority candidates will join the counseling field and ensuring that Mars Hill gain from the insight of an African American community leader.
7. AARTH is the writer for Chosen's health column, a Christian newspaper.
8. With great collaboration between AARTH and Mars Hill Graduate School, the aarth.org domain was reserved and the web site was developed. Both AARTH and the Mars Hill librarian have access to the web site so that time-sensitive announcements can be put up right away.
9. A PowerPoint training program was developed by the Mars Hill Graduate School librarian. The program will be used by the AARTH trainer and by trainers at partner sites.
10. The AARTH web site, which did not exist at the beginning of the project, received over 7,000 hits in September 2004 alone.

While all of the specific activities and achievements above are notable, the over-arching success of the project lies in the fact that, in the community of black churches, momentum toward health ministry was gained. The various churches have not necessarily come together over any previous topic or endeavor; it is only now, with the issue of community health, which churches with such disparate beliefs, denominational values, pastors, congregations, and administrative structure are getting beyond all those differences to work on a common problem. AARTH is not a new belief system or a new administrative structure; instead it is a tool—AARTH provides the means for collaboration.

12. Problems or barriers encountered:

- Promoting/marketing – No real problems encountered promoting and marketing the project.
- Training – There were three major problems: 1) Identifying the appropriate person to receive the training, which in some cases meant having two rather than one person with one person having the technology experience and the other the health experience. 2) Scheduling was challenging for individuals attending because the health information coordinators are volunteers who are committed to their churches/ministries but also work full time jobs. 3) Attrition among volunteers required identifying and retraining new health information coordinators. Partner churches sometimes lacked infrastructure in

areas of organization and communication. Our ability to offer assistance in these areas helped to enhance their capacity.

- Equipment/telecommunications – The major problem was the lack of upfront funds to pay for equipment identified in the scope of the project based on a reimbursable funding method.
- Personnel/staffing – The Project Coordinator was replaced after realizing our approach to achieving the project's goals were not mutual. This meant replacing staff which required time to identify the person with the right mix of skills and experiences. This process created a domino affect and put the project about four months behind schedule.
- Web site – Many of the problems experienced early in the project were attributed to staffing and poor communication. New staffing resolved all the issues and made room addressing anticipated development challenges, a few of which include maintaining updates, web page development, identifying a branding format.

13. Continuation plans:

AARTH plans to continue the project under the direction of our Executive Director and Project Coordinator and second term funding by NNLM develop what was a pilot project under our 2003 funding into a program. A continuation project plan has been drafted to expand upon and develop the existing project as summarized below:

- Project partners will conduct outreach activities to identify six new churches and Muslim based organizations/mosques in King, Pierce, Snohomish and Thurston counties to participate in the partnership and assess their access to health information. Activities will include technology capacity and computer support, Internet training, web site development, and health information search/retrieval training. As a result churches and Muslim based organizations/mosques will increase their technology capacity and skills to access and provide health and wellness resources, such as PubMed and MEDLINEplus.
- Explore opportunities for developing a health information work-study intern program partnership with CLEARCorps Pacific Northwest, one Seattle high school, and Mars Hill Graduate School. Two CLEARCorps interns will assist AARTH staff; partner churches and Muslim based organizations/mosques with technology assessments, health data retrieval, and web site maintenance. The participating high school, churches and Muslim based organizations/mosques will have the capacity to train youth to access online information and specific health activities for increasing youth awareness. AARTH's and Mars Hill Graduate School will be able to offer additional technical assistance and capacity building health information services to increase access and develop skill for youth.
- Enhance and expand AARTH's AWN web site, which will increase services to include the following:
 1. A referral directory of local health and wellness providers

2. A nutrition page that will include access to nutrition specific data and healthy recipes submitted by users
3. Health career information/opportunities for African American students.
4. A speakers bureau to facilitate community access to health and faith professionals
5. An online health consultation referral feature

Summary of Project Objectives:

- During the first 10 months prepare 6 new church health ministries and Muslim based organizations/mosques for accessing the National Network of Libraries of health databases
- Over a 14 month period work with the new partner churches and Muslim based organizations/mosques to help build their technology and skill capacities for retrieving health information and providing access to health resources.
- Over a 12 month period expand and enhance AARTH’s Access to Wellness Network by:
 - a) Researching, identifying and adding referral linkages to local health and wellness providers including PRN library and other NN/LM sites
 - b) Researching and identifying existing health consultation
 - c) Coordinating and increasing the capacity of the speakers bureau service
 - d) Developing web pages to support online health consultation service and careers
 - e) Enhancing the speaker’s bureau web page
 - f) Add new survey tools
 - g) Enhance services such as the web database, online health training registration, donation, and marketing

14. Impact:

The Access to Wellness Project was not planned to increase use of the Mars Hill Graduate School Library; instead, the Project was designed to increase the capacity of the immediate community to respond to the need for health information. In the case of AARTH, a community organization recognized the need for better information and recognized that a librarian would be an important asset to the organization. The librarian has been involved in developing and using needs assessments, creating a web site that helps the community explore topics of interest, finding culturally-appropriate resources that fulfill stated needs, developing curricula for training sessions, and training representatives from each faith community, who will, in turn, train the rest of their congregations. But at no time is the librarian the “face” of the information. The web site where information is shared is the organization’s web site, not the library’s web site; and training within congregations is carried out by community members, not by the librarian.

The greatest impact on the community is the momentum built among African American churches toward the betterment of the health of the community.

The partnership has been mutual. While the Mars Hill librarian has devoted a considerable amount of time to the project, in return AARTH has enabled a predominantly white graduate school of counseling and ministry to become aware of issues in the African American churches within the community, and to increase recruitment of minority applicants.

Beyond the immediate community, AARTH and the Access to Wellness Project have achieved national recognition—through presence at a Presidential conference, through publications, through speaking engagements, through the web site, and production of a mini-documentary title “Who Will Speak for Me?”, about the impact of HIV/AIDS among people of African descent and the role of the faith community in the Pacific Northwest.

15. Recommendations for improvement:

- Surveys – Community site sampling or neighborhood surveys could be used as an alternative method for evaluating services provided or potential future trainings and workshops. Use of off-site non-health locations and gatherings for education or inquiry. (i.e. concert venues, Barber Shops, Restaurants in African descent communities.)
- Training – Online PowerPoint slides or DVD handouts would be beneficial in educating and equipping the public and/or trainers. Development of templates for partner churches and mosques. Quarterly partner review and follow-up.
- Web Site – Budget necessary to sustain web design and maintenance such as file creation [Adobe PDF], photo editing [Photoshop Elements], and site editing [FrontPage].
- Promotion – Additional promotional opportunities could include use of ListServ, promotional DVDs to inform others of AWN and AARTH events.

FOLLOW-UP QUESTIONS

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

We are pleased with the results of the project and the efforts put forth in meeting 80% of the project goals. As a result of lessons learned early in the process several changes were made to the project plan, which included decreasing the geographic scope from 4 counties to 1 (King), decreasing the number of partners from 7 to 5, and breaking tasks into more manageable activities. Below is a status the project goals and objectives completed by AARTH, Mars Hill Graduate School and partner churches:

Project Goals:

1. Establish and equip faith based health ministry network with the capacity and infrastructure to increase awareness and knowledge about prevention and health care, and promote responsible health choices and practices.
2. Provide churches and faith-based organizations with appropriate access to online health information.

3. Establish a web site for African Americans Reach and Teach Health Ministry with linkages to culturally relevant health information.
 - Five partner churches represent the beginning of a health network, which we will build upon to strengthen, add structure and new partners.
 - Five of the 7 partners received technology assessments and Internet support including web site design and development. Two of the five churches received computers and printers to establish online health information service for their congregations and community.
 - Four faith-based community training assessments and training sessions were conducted, 1 more session than originally planned. The 4 advanced workshops on the complex use of PudMED, MEDLINEPlus and other health information resources were postponed because of project delays and to give participating partners opportunity to build capacity.
 - Two partner churches received outreach support for health fairs and one AWN exhibit was conducted at AARTH's community-wide event.
 - Phase one of AARTH's web site design and development with linkages to NN/LM health databases was completed.
 - AARTH staff received training on the research and retrieval of culturally relevant health information and the more complex use of PubMed, MEDLINEPlus and other relevant health information services.
 - The health profile database tool was put on hold pending a release date to be determined by the developer, Tabernacle Baptist Church.
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?

Response to this question can be found above under question 3 Challenges and Lessons Learned

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

We would keep our goals in tact and make changes to our objectives, process and anticipated outcomes as indicated in questions 3, 10, 12, and 15 above.

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

- Get to know your population's social cultural norms.
- Develop relationships before starting the project and trust informal processes.
- Hire staff with skills, experience and relationships and when having to consider individuals who may have the skills or relationships but not both remember that most skills can be learned in a much shorter time than trusting relationships.
- Consider patience as a tool for building relationships.
- See delays as indicators for change.
- Establish management and communication protocols early in the project.
- Start small in phases with manageable activities.
- Include stipends in the budget for volunteers.
- Collaborating and partnering with community based organizations and institutions is a necessary element for any project that is intended to serve a population by increasing access, capacity and creating change.

EXHIBIT A: PROJECT PRODUCTS

Partner Sites

Technology Assessment Tool

Training Evaluation Tool

Capacity Building Curriculum

Outreach Activity Forms

Exhibit Form

AWN Brochure

AWN Touch Card

Web Site at www.aarth.org

Partner Sites

AWN Partner Churches 2004 - Present
Outreach Christian Center 9237 Rainier Avenue South Seattle, WA 98118
Freedom Church of Seattle 7551 35 th Avenue SW Seattle, WA 98126
Emerald City Bible Fellowship 7728 Rainier Avenue S. Seattle, WA 98118
Tabernacle Missionary Baptist Church 2802 Jackson Avenue Seattle, WA
Greater New Bethel Baptist Church 5279 Rainier Avenue South Seattle, WA 98118

Tools

Technology Assessment Training Evaluation

African American Reach and Teach Wellness Network

Technology Assessment Form

Overview

In order to provide the most comprehensive technology assistance, AARTH needs to know as much as possible about your organization's current technology environment. We will use the information gathered in this survey to help in the selection of a technology project for your organization. If you have any questions please do not hesitate to contact AARTH's at (206) 870-2293.

Partner Church:	
Pastor:	
Primary Contact:	
Phone:	Email:

Ministry mission:

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Church Ministry Programs/Departments – (which ministry department will use AWN and how?)

1. Health Ministry –

Section #1-General Information

1. How many locations or sites comprise your church ministry or organization? { }
2. How many staff members does your church ministry have? { }
3. Does your organization have a Strategic Technology Plan/Vision document or a General Strategic Plan/Vision document?
 Yes No Don't Know Desire to Have One

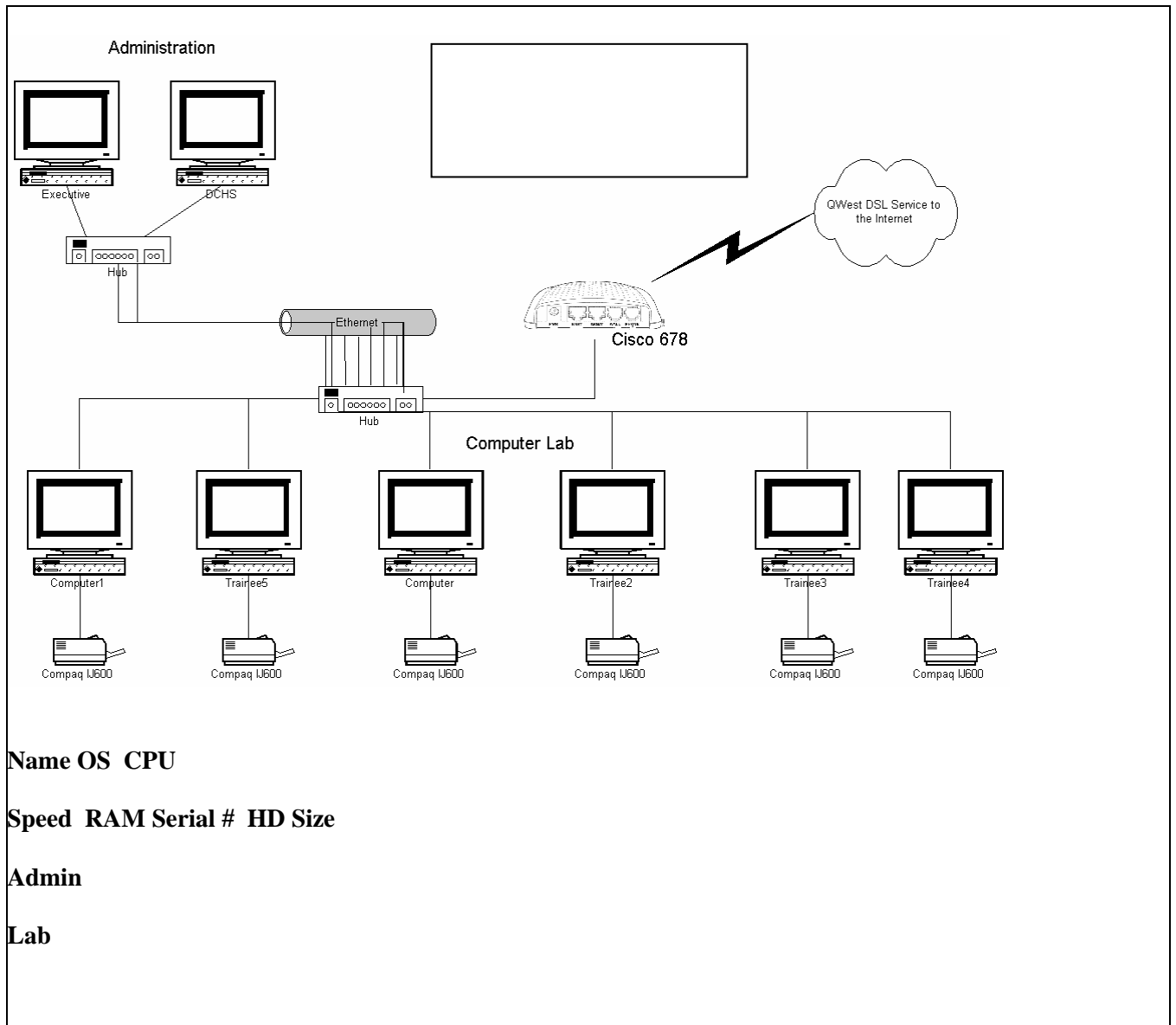
Section #2-Technology Management

1. Does your organization currently have a budget for computers? If not, would you consider developing one in the near future?
 Yes \$ _____
 No Don't Know (If no skip to section 3)
2. Do you have a yearly budget for new hardware and/or software upgrades?
 Yes \$ _____
 No Don't Know

3. Do you have a yearly budget for technical staff training? If not, would you consider developing one?

- Yes \$ _____
- No { will consider} Don't Know

Section #3-Network Review



Name OS CPU

Speed RAM Serial # HD Size

Admin

Lab

NUMBER OF COMPUTERS	OPERATING SYSTEM
	Windows 2000
	Windows ME

	Windows 98
	Windows 95
	Windows 3.1 or 3.11
	Macintosh
	Other {Windows XP}
	Not Sure
	TOTAL

Review of Network (Type of Network (peer-peer or server))

Wired Network ()

Review of Internet Connectivity (Dial-Up, DSL, Cable)

Cable –

IV. Review of Databases

Does the church currently maintain a database with congregation specific health information? If not, are you considering doing so? If so, what functions does this database serve (i.e. emergency needs). Yes No Don't Know

V. Review of Web Site (w. a health focus)

Does the Church have a web site? Yes No Don't Know

What is the web site address?

Who hosts the web site?

Who maintains the web site? (internal)

Additional Notes:

What is currently working well about the site?

What is currently not working well about the site and what changes would the church like to make to their site?

Section #6-Technology Overview

- 1. My church or faith-based organization utilizes technology to communicate with our stakeholders.

not well Very Well

- 2. The technology infrastructure at my church or faith-based organization meets our needs.

not well Very Well

- 3. My church or faith-based organization is able to utilize our current technology.

not well Very Well

In what ways does your church or faith-based organization use technology well?

In what ways could your church or faith-based organization use of technology be improved?

As you know, AARTH has received a grant from the NN/LM to provide technology assistance for making health information more accessible to churches and faith-based organizations.

What are your health information interests, needs and expectations?

How do you plan to use the www.aarth.org web site?

How do you plan to get others at your church involved?

How do you see your church benefiting from the health information resources that AARTH will be providing? What health information will help the congregation physically as well as spiritually?



African Americans Reach and Teach Health Ministry

**Access to Wellness
Training Evaluation and Learning
Self-Assessment**

Location: _____

Date: _____

*1. Please rate the training received in terms of **Expertise, Clarity, Cultural Appropriateness, Time Management, and Responsiveness** to your information and educational needs. Provide any additional feedback in the **Comments** section.*

RATING SCALE: 1 = LOW 3 = MEDIUM 5 = HIGH

Trainer Name(s)	Expertise					Clarity					Culturally Appropriate					Time Management					Responsiveness				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Comments:

*2. Review the following list of knowledge/skills statements and give some thought to what you knew and what you learned here today. Circle the number that best represents your knowledge and skills **before**, then **after** the training.*

BEFORE TRAINING	SELF-ASSESSMENT OF KNOWLEDGE AND SKILLS RELATED TO:					AFTER TRAINING				
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5		1	2	3	4	5

Comments:

Access to Wellness
Training Evaluation and Learning
Self-Assessment



African Americans Reach and Teach Health Ministry

Location: _____

Date: _____

*Please take a moment to answer the following questions about your training experience. Your comments are an **important contribution** to our designing curricula that will support creating AWN community health information sites.*

What did you **like most** about the session?



What did you **like least** about the session?



As a result of this session, do you feel **more confident** about accessing health information online?
Why/why not?



As a result of this session, would you consider helping to create safe places in the community by hosting and facilitating small group dialogues about HIV/AIDS? Why/why not?

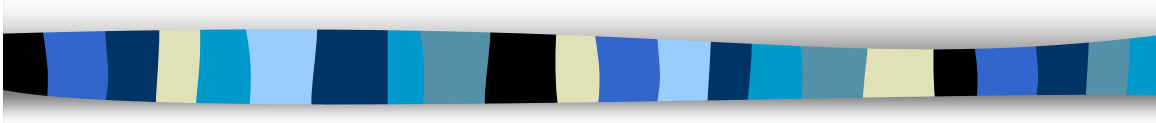


How can we **improve** the small group dialogues?

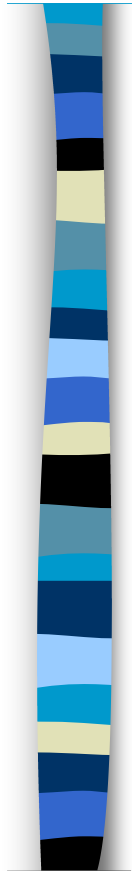


Capacity Building Curriculum

How to find good health information



African Americans Reach and
Teach Health Ministry
and Mars Hill Graduate School



Evaluating What You Find

Authority - who is taking responsibility? Look for an “about us” page

Content Accuracy – are the writers qualified? Are they health professionals?

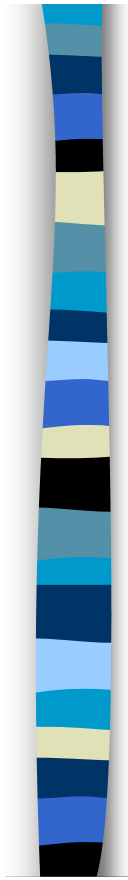
Currency – is the information recent?

Purpose – is the web site trying to sell something or do the writers care about your health?

Audience – is it written for African Americans?

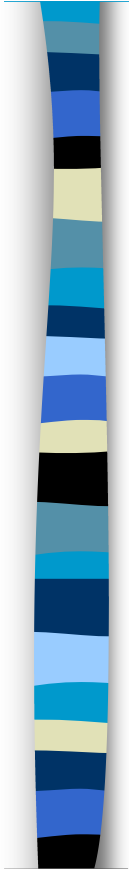
Readability – does it make good sense to you?

Site Maintenance – is the web site easy to use?



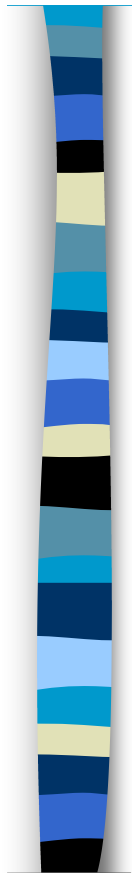
What's good health information?

4. Try to find recent information.
5. A good health study should have involved lots of patients, especially for a common disease.
6. An article about **one** person's health problem, success, or failure can't be used as good evidence for anyone else's situation.



What's good health information?

7. Any article which shows 100% success or 100% failure is not honest!
 - Read opinions on different sides before making a decision.
 - Look for information on side effects.
Sometimes no treatment is better in the long run than treatment.



What's good health information?

10. Look for agreement or consensus. There are many different opinions on any health topic, so try to find a report that brings lots of knowledge together.
11. There are other kinds of agreement, especially in complementary and alternative medicine (CAM). If a therapy has been successfully used for hundreds of years, it's reasonable to put some credence in it. If a therapy has been used across several cultures, that also shows consensus or agreement.



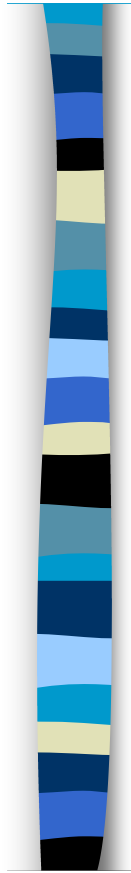
What's good health information?

- 12. It's difficult to test some alternative therapies because mind-body methods, prayer, and distance healing all depend on the orientation and opinion of the patient toward the treatment. Look for continuity in practice and cumulated evidence.
- 13. The perfect information for you and your problem might not exist. We often have to work with the best evidence available.



Where should you go for health information?

- Who might have gathered the information you need?
- Who might have published what you need?
- Is the Web likely to have what you need?
- Can you find what you need from the AARTH home page or your favorites?
- Should you search the Web?



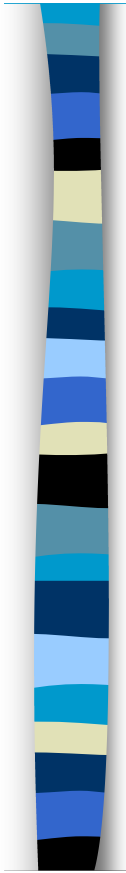
What health information can you find from the AARTH web page?

■ aarth.org



On the AARTH web page:

- Links to high quality health information
- Links to health information written just for African Americans
- Some local (Puget Sound) health information
- Links to information requested by AARTH partner faith communities



What health favorites should you put on your computer?

- [MEDLINEplus](http://www.medlineplus.gov/): Best starting point for all consumer health questions
<http://www.medlineplus.gov/>
- [NOAH](http://www.noah-health.org/): New York Online Access to Health
<http://www.noah-health.org/>
- [healthfinder®](http://www.healthfinder.gov/): links to dependable consumer health information from the federal government and other sources, much of it easy-to-read
<http://www.healthfinder.gov/>



What health favorites should you put on your computer?

- [DIRLINE](http://dirline.nlm.nih.gov/): Directory of thousands of health organizations, support groups, health hotlines
<http://dirline.nlm.nih.gov/>
- [CDC: Centers for Disease Control](http://www.cdc.gov/): links to health topics, traveler's health information, data and statistics and more
<http://www.cdc.gov/>

Outreach Activity Forms

Exhibit Form

EXHIBIT REPORT OUTLINE

- I. DATE OF REPORT: September 17, 2004
- II. NAME OF PERSON SUBMITTING REPORT: Mary Diggs-Hobson
- III. ADDRESS: 7728 Rainier Avenue S., Seattle, WA 98118
- IV. EXHIBIT:
 - A. Name of Meeting: Who Will Speak for Me?
 - B. *Location (City, State): Langston Hughes Performing Arts Center 104 17th Avenue, Seattle WA. 98144*
 - C. Dates: Saturday, August 28, 2004
 - D. Staff: David Wallace, Project Coordinator
 - E. Number of Registrants: 60
 - F. Number of Exhibits: 12
 - G. Specify by Days: Saturday, August 28,2004
 - 1. Exhibit Hours - 4
 - 2. Number of People Visiting the Booth - 20
 - 3. Number of NLM System Demonstrations – Access to Wellness Network including MEDLine PLUS - 6
 - 4. Number of Internet Demonstrations other than NLM System Demonstrations - 2
 - H. Total Number of People Visiting the Booth - 20
 - I. Total Number of NLM System Demonstrations - 6
 - J. Total Number of Internet Demonstrations other than NLM System Demonstrations - 2

Note: Visitors are counted only if there has been a meaningful interchange. Interchanges such as greetings and thanks that do not mention NLM, its resources or services are not counted as visits. In addition to clicker-counters, promotional products may be used to keep count of visitors if exhibit staff distributes them personally as a way of thanking each visitor. Someone who takes a promotional product or brochure and leaves without an interchange with an exhibit staff person is not counted as a visitor. This should be taken into account when planning the number of brochures and products to send to an exhibit in future years. System demonstrations are counted as events. A system demonstration is counted as one regardless of the number of people watching or the number of resources covered. That is, one demonstration may be for five people and may cover multiple resources.

- V. EXHIBIT SUMMARY (Narrative)

- A. Distribution of Pre-mailers, Letters or Invitations (if applicable) – 5000 flyers, announcements and invitations were distributed, over 800 emails and list serves were conducted by AARTH and sponsoring partners for the overall event.
- B. Description of Booth Location – The Access to Wellness Network booth was located in the social hall of Langston Hughes, included lab top computer, banner, promotional materials and handouts
- C. Description of Program Presentations – booth visitors received promotional materials, explanation and demonstration of the Access to Wellness Network web site and hands on coaching. These were impromptu and informal demonstration sessions based on people visiting the booth and questions asked. We experienced no problems with the demonstrations, which were attended by approximately 20 individuals.**

Note: In the description of the program presentation, include specifics on how arrangements were made, difficulties, problems encountered in the process, length of presentation, and estimated attendance. If you were not successful in getting on the program, describe what attempts were made.

- D. Were SIS resources highlighted at this meeting? If so, identify the SIS resources that were highlighted. – n/a**
- E. Problems – n/a
- F. User feedback – Those attending indicated that the web site was informative, appealing, easy to use and needed in the community
- G. Suggestions/comments – To conduct more sessions at events, schools, and faith houses
- H. Recommendations: Should NLM exhibit at this meeting next year? (Yes or no, give reasons for your answer) – This was a one time event but Access to Wellness should and will exhibit at future health events

VI. BUDGET SHEET - attached

VII. APPENDICES:

Maps of exhibit hall – not available
 Pictures - included
 Samples of promotional materials used - included

Exhibit Budget SHEET

Meeting Title: Who Will Speak for Me? Premier Screening

Meeting City, State: Seattle, WA

Meeting Dates: Saturday, August 28, 2004

ITEM	COST
Booth space fee	00.00
Internet connection fee	\$29.99
Other booth fees	00.00
Total exhibit booth fees	\$29.99
Shipping	\$32.00
Drayage and material handling	00.00
Total travel costs (including mileage, parking, airfare, accommodation, per diem)	\$12.00
Other costs (please specify) Reproductions for promotion announcements Access to Wellness promotional materials development and reproduction – banner, touch cards, brochures Supplies	\$900.00
TOTAL EXHIBIT COST	\$973.99

AWN Brochure

AWN Touch Card

Web Site at www.aarth.org

¹National Library of Medicine.