

M.F. Myers,^{1,2} J.P. Wallace,^{1,2} M.G. Au,^{1,2} C. Baugh,³ M.K. Brown,⁴
 S.J. Cornett,⁵ Paula Houston,⁶ B. Hood,⁷ J.L. Jarrell,⁴
 C. Prows,² N. Ryan,⁸ N.S. Warren,^{1, 2}

¹ College of Allied Health Sciences, University of Cincinnati, Cincinnati, OH/² Division of Human Genetics, Cincinnati Children's Hospital Medical Center, Cincinnati, OH/³ Appalachian Studies, Sinclair Community College, Dayton, OH/⁴ College of Medicine, University of Cincinnati, Cincinnati, OH/⁵ College of Medicine, The Ohio State University, Columbus, OH/⁶ Brighton Center, Newport, KY/⁷ Urban Appalachian Council, Cincinnati, OH/⁸ Sunrise Center, Dayton, OH

BACKGROUND

Family health history (FHH) is promoted as a genomics tool to improve health and prevent disease. Few FHH resources target individuals with low literacy skills. We partnered with six community organizations in three cities to educate urban Appalachian women without a college degree about the collection and use of their FHH.

METHODS

- Focus groups with the target community informed the development of the education program
- Community organizations invited women of Appalachian heritage¹ to participate in a FHH education session
- After a presentation about the importance of FHH, participants recorded their FHH electronically or on paper using the Surgeon General's "My Family Health Portrait"
- Evaluation at the end of the education session determined if participants could:
 - Identify the importance of FHH in promoting health and preventing disease
 - Explain how to access "My Family Health Portrait" using the internet
 - Identify at least four relevant questions to ask relatives to collect their FHH

Figure 1.

The Appalachian Region



RESULTS

- A total of 100 women attended one of 12 education sessions

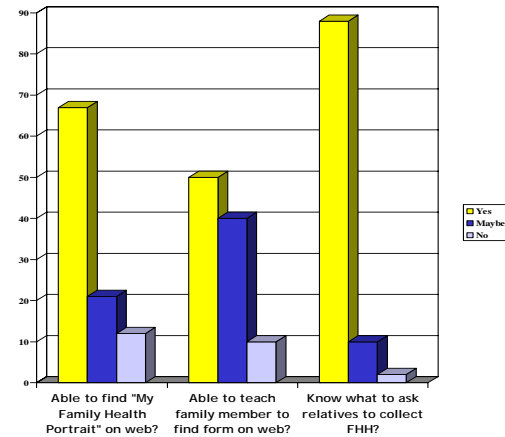
Table 1: Participant characteristics

Highest Grade Completed	Total (N=100)
≤ 11th grade	50%
Grade 12 or GED	38%
Some college	11%
Age in years:	
19-29	36%
30-39	22%
40-49	16%
50-59	16%
≥ 60	9%
Race:	
White	79%
Black	18%
Number of Children:	
0	11%
1-3	65%
4+	24%
Community Organization Site	
Cincinnati, OH*	43%
Dayton, OH**	25%
Newport, KY	32%

*Participants recruited through two community organizations
 **Participants recruited through three community organizations

- 51 participants completed "My Family Health Portrait" electronically and 49 on paper
- All participants identified reasons they felt it important to collect their FHH. The most common were:
 - "to learn about health problems that run in my family" (97%)
 - "to pass information on to my children" (92%).

Figure 2. Perceived ability to access tool and ask questions



- More women who completed their FHH electronically felt they could easily teach a relative to find the form than those who completed their FHH on paper (64% vs. 35%, p<.01)
- 95% of participants identified at least four relevant FHH questions to ask relatives. The most common were:
 - "Have any of our blood relatives had any major health problems?" (97%)
 - "How old was our blood relative when she or he developed health problems?" (95%)
 - "Did any of our blood relatives smoke or drink alcohol?" (94%)

DISCUSSION

After attending an education session, urban Appalachian women without a college degree could:

- Complete their FHH using "My Family Health Portrait"
- Identify the importance of FHH in promoting health and preventing disease
- Identify relevant questions to ask their relatives about FHH

However, difficulty accessing the Surgeon General's FHH form on the internet may be a barrier for women with low literacy skills.

¹ Appalachian heritage: a participant, her parent, or grandparent self-identified as Appalachian or born in an Appalachian county designated by the Appalachian Regional Commission (Figure 1)