Utah Navajo Health System, Inc
TC4C Community-Based Partnerships Project in collaboration with the Spencer S. Eccles Health Sciences Library, University of Utah
FINAL Revisions December 2009

Patient Education in Navajo Country

Purpose of Project: To provide evidence-based, culturally appropriate diabetes and cardiovascular disease education materials and training for the clinic communities in order to increase patient understanding of their disease and thus affect improved healthcare in support of the Utah Navajo Health System mission.

UNHS Mission & Background

Community health care in San Juan County, Utah and the Utah Strip of the Navajo Nation is provided by Utah Navajo Health System (UNHS), a private non-profit 501(c)(3) corporation in good standing, a Federally Qualified Health Center, and a designated Tribal Organization P.L. 93-638 contractor that functions under the direction of a 100% community Board of Directors. UNHS provides primary care medical services to Native Americans through a P.L. 93-638 contract with the Federal Government. This process provides greater flexibility in the provision of health care on the Utah Navajo Strip of the Navajo Nation.

UNHS is also a Federally Qualified Community Health Center and a member of the Association for Utah Community Health. The Association for Utah Community Health (AUCH) is a nonprofit 501 (c) (3) membership and community based organization, and primary health care corporation. The culturally appropriate materials developed through this project will be shared with representatives from the Utah Department of Health Diabetes Prevention & Control Program as well as any other interested entities. Any interested entities will be provided with CDs so they can share the information with their patients.

The mission of UNHS is to make a difference in the quality of life for all community members by providing safe, high quality, comprehensive health care in a culturally and linguistically competent manner while maintaining fiscal viability.

UNHS provides a comprehensive range of primary medical, oral health and behavioral health care services including lab services, pharmacy, radiology services, prenatal care, and extensive ancillary services including physical therapy, podiatry, cardiology, public health nursing, Diabetes Control Program and community education and outreach activities.

UNHS is a major partner with the University of Utah Health Sciences Center, especially the Eccles Health Sciences Library (EHSL), and others in a recently awarded ASIST 2010 Office on Women's Health three year grant. This project, entitled "Utah Women's Health Information Network" (UWIN) focuses on improving health outcomes in the areas of diabetes and cardio-vascular health, particularly for women considered high risk in these areas.

Currently, UNHS has approximately 550 patients in its Diabetes registry. Approximately 65% of these patients speak very little English, however, approximately 85% of the patients in the UNHS Diabetes Registry are "more comfortable" discussing health care in their native Navajo language.

Why this question/problem exists & How Was it Determined

Diabetes mellitus is the most common metabolic complication of pregnancy, affecting 6 to 7% of all pregnant women. Five to ten percent of Native American women develop gestational diabetes during pregnancy.

Approximately 50% of the women with gestational diabetes will go on to develop type 2 diabetes within 5 to 10 years. Many ethnic groups including Hispanic, African American and Native American populations have an even greater incidence of GDM and type two diabetes. Anyone with diabetes is at risk for cardiovascular problems; therefore, it is important diabetic patients be informed about the risks of heart disease. All women in the UNHS target population with diabetes or gestational diabetes and children of diabetic pregnancies will benefit from this program. Education, which improves understanding, regarding the disease and its accompanying risks is a key component to helping a patient to set self management goals.

By providing better educational information to women, it is estimated that this project will help the 584 patients and 1900 patients currently dealing with the effects of diabetes and cardiovascular disease, respectively, in the UNHS service area. This will be accomplished by providing educational material in audio format (CD) which will be given to each patient. This information will be translated from English to Navajo for those patients that do not speak English or are more comfortable receiving health care information in Navajo.

Objectives

1. Increase patient understanding by providing diabetes and cardiovascular materials which are culturally appropriate tutorials in English and Navajo for patients in the clinics and during home visits.

Methodology/Action Plan

1. UNHS will foster increased maintenance of diabetic, cardiovascular, and women's health patients and provide them with culturally appropriate materials including handouts and a CD with information in English, and when appropriate, the Navajo language. Although most people in the target population do not have phones, most do have CD players in their cars or at home which are powered by generators or batteries. Permission to translate Healthy Roads media, (which is evidence based and culturally appropriate on diabetes patient education), has been sought and granted, and will be shared as requested. These diabetes patient education materials are basic, simple and are not time restricted. In addition, the Utah Department of Health Diabetes Prevention and Control program has produced a Diabetes manual which has also been translated into Navajo. While outside the funding for this project, the Eccles Library will develop an audio version of this Navajo Diabetes manual and make it available to those in this project as well as across the reservation.
2. TC4C funding will be leveraged with the UWIN project which is also focusing clinically on diabetes and cardiovascular interventions in order to produce and distribute culturally appropriate health education materials in print, online and audio formats. English/Navajo materials will be used in clinical settings and during home visits on the reservation in the UNHS service area for patient education and will also be made available to other diabetes education projects.
3. UNHS, working with the Eccles Library, will create the audio translation of information and guidelines for diabetic and cardiovascular patients from English to Navajo and record this translation on CD. UNHS already has diabetes health educators and materials which will be incorporated with the Healthy Roads material and the UDOH Diabetes manual to create the most appropriate audio and/or video format and content as a patient education module. This will then be translated into Navajo for the media formats.
4. Four laptops will be purchased for the purpose of health education during home visits. Health education materials for Diabetes and Cardiovascular patients has been developed and will be combined with information downloaded from the Healthy Roads media for power point presentations that will be presented to UNHS patients during home visits as well as at clinic sites using the laptops.

<u>Objective</u> : Increase patient understanding by providing diabetes and cardiovascular materials which are culturally appropriate tutorials in English and Navajo for patients in the clinics and during home visits.

Goal/	Key Action Steps	Evaluation Method	Person Responsible
Increase patient understanding by providing diabetes and cardiovascular materials which are culturally appropriate tutorials in English and Navajo for patients in the clinics and during home visits. .	1. Design short survey to assess patient understanding of diabetes before patient education modules introduced	1. Pre-test questions with representative patients will illicit clear patient level of understanding at beginning of project	1. UDOH Diabetes Prevention & Control Program staff, Cardiovascular Nurse & Continuous Quality Improvement (CQI) Director. Support from Sally Patrick-EHSL, on survey
	2. Choose available diabetes/cardiovascular education resources most appropriate for UNHS patients in clinics and for home visits as per assessment	2. Diabetes/ cardiovascular educational materials from Healthy Roads Media, UNHS & UDOH materials will be distinguished for their cultural & comprehension appropriateness	2. UDOH Diabetes Prevention & Control Program staff, Cardiovascular Nurse & Continuous Quality Improvement (CQI) Director. Sally Patrick-EHSL.
	3. Develop script for education module in English & Navajo	3. Draft module will be administered to English & Navajo speaking diabetes/ cardiovascular patients for feedback and redesign	3. UDOH Diabetes Prevention & Control Program staff, Cardiovascular Nurse & Continuous Quality Improvement (CQI) Director. Sally Patrick-EHSL.
	4. Produce audio/video CD/DVDs and written modules I English and Navajo for diabetes/cardiovascular education	4. Produce 500 CD's in English & Navajo	4. UDOH Diabetes Prevention & Control Program staff, Cardiovascular Nurse & Continuous Quality Improvement (CQI) Director. Sally Patrick & Video team, EHSL; Prenatal Collaborative and Native translators
	5. Use/distribute audio/video CD/DVDs and written modules in English & Navajo for diabetes/cardiovascular education	5. Distribute to patients and/or use all 500 CD's and written modules to at least 90% of UNHS diabetes/cardiovascular patients. Emphasize completion of modules.	5. UDOH Diabetes Prevention & Control Program staff, Cardiovascular Nurse & Continuous Quality Improvement (CQI) Director; Prenatal Collaborative; dietician; IT staff; Sweet Success team

			& EHSL Liaison. 6. Staff at UNHS to purchase laptops
	6. Purchase 4 laptop computers to display CD modules in clinics and during home visits patient education opportunities. 7. Administer short survey after 1 year to diabetic/cardiovascular patients who used education modules to assess improved comprehension of their disease 8. Write & distribute final report on project-including Navajo Nation IRB distribution	7. Evaluation of post project surveys will show improved understanding of diabetes/cardiovascular disease in at least 50% of Navajo and English speaking patients	7. UDOH Diabetes Prevention & Control Program staff, Cardiovascular Nurse & Continuous Quality Improvement (CQI) Director; Prenatal Collaborative; dietician; IT staff; Sweet Success team & EHSL Liaison. 8. UDOH Diabetes Prevention & Control Program staff, Cardiovascular Nurse & Continuous Quality Improvement (CQI) Director; Prenatal Collaborative; dietician; IT staff; Sweet Success team & EHSL Liaison.

- **Personnel:**

Donna Jensen, RN, BS—Administrative team member in charge of Staff & Program Development/Women's Health Director. Coordinator of the UNHS collaboratives which include: Prenatal, DV, Cardiovascular, Depression, Women's Health, Depression, Pediatric, Medical Home, Cancer and Pain Management, and UWIN collaborations. She will supervise the entire project, devoting 5% of her time for this project.

Stacy Wojcik, RN—Prenatal Educator/Diabetes Educator and diabetes coordinator. Stacy works with the teen pregnacy program and has been teaching prenatal education classes for 3 years in Blanding. She has also been a Diabetes Educator at the Blanding Family Practice for the past 4 years. Additionally, Stacy has experience as an OB nurse. She will devote approximately 60% of her time to this project.

Christina Brandt, LPN—Diabetes Control Program Director. Christina coordinates all diabetic care at all UNHS sites and will devote approximately 5% of her time to this project.

Janel Arbon, RD is the UNHS contracted Registered Dietician and Certified Diabetes Educator. She will assist in nutritional counseling for patients devoting all of her time spent on-site at UNHS for this project which is approximately one day every two weeks.

Natalya Bailey is the UNHS RN/Cardiovascular nurse and will help create the culturally appropriate cardiovascular material for the project and will be devoting 25% of her time to this project.

The medical providers for this project will be: Dr. LV Jones, Dr. Mahana Fisher, Martin Neubert PA-C. These are the providers that are part of the Diabetes and Cardiovascular committees at UNHS.

Sally Patrick, Eccles Health Sciences Library Outreach Librarian is a participating partner in the UWIN grant and the library's TC4C liaison to this community partnership project. Sally will provide assistance on selection of materials and guidance on production of the audio CDs. The Eccles Library will provide expertise in recording, and producing the CD's as well as cover art for the educational materials.

Outcome (How you will know whether your project is a success?) Discuss:

- **How will you know whether your objectives have been achieved?**
  Please see objectives and evaluation section.

- **How will you bring the project and results of the project to the attention of your administrator or others who have a stake in the success of your project?**
  - Donna Jensen RN is part of the Administrative team and the also coordinator over all of the collaboratives. Donna will oversee this project.

  - A Continuous Quality audit will compare the culturally appropriate educational material before the grant and after the grant was implemented in order to measure if patient understanding was enhanced by the materials. This will include a short questionnaire for patients involved in the program to determine their level of understanding regarding diabetes in general and cardiovascular disease before and after their involvement with the program.

  - A short questionnaire will be given to patients involved in the program to determine their level of understanding regarding diabetes, cardiovascular and nutrition before and after their involvement with the program. This questionnaire will specifically address the CD that was created and given to Navajo speaking patients presenting educational information.

  - The information from the project will also be shared with all personnel that work with diabetes, cardiovascular and nutritional programs. The information will be reported in department leaders meeting, and will be shared with the Navajo Nation diabetes program. Administration will be informed of the project during monthly Administration Meetings. The Board of Directors will be informed of the project by the department leaders report.

- **How addressing this question/problem will help achieve the library's long range goals**
  Funding from the TC4C Community Partnership grant is requested to augment the educational component of the already established and operational Sweet Success/UWIN project and to share the materials produced with other UWIN partners (especially other AUCH clinics), both in English and Navajo. This effort will strengthen the primary outreach mission of the Eccles Health Sciences Library to "develop community partnerships as well as provide access to culturally appropriate health information statewide". The outreach and collaborative program support goals of the Eccles Library will be met through this project by assisting UNHS and the UWIN project with provision of evidence-based, patient education which is culturally sensitive to Navajo communities dealing with diabetes and cardiovascular disease. Sally Patrick is the Outreach Librarian for the Eccles Library and also serves on the UWIN grant. She will act as library liaison to UNHS to guide development of the audio CDs and ensure they are marketed and distributed to other UWIN and national consumer health

users. Sally will also oversee the production of the CDs by the Eccles Library as well as the cover art for the educational materials. She will make several trips to UNHS to support the partners and provide oversight of the CD production.

II. Budget and Budget Narrative

A budget narrative should be included providing a brief explanation of each budget item.
Appendix B

Utah Navajo Health System, Inc
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Cover Sheet

Name of Principal Investigator:
Donna Jensen Staff & Program Development/Women's Health Director
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Appendix C:

Budget: $14,042

Organization: **Utah Navajo Health System, Inc**

Date Submitted: **April 23, 2008 revised March, 2009**

Period Covered: **Winter 2010-1 year**

Expenditure Category	Amount
Professional Personnel	**$0**
Support Personnel	**$0**
Fringe Benefits	**$0**
Equipment	**$5,150**
Supplies & Reproduction	**$3,262**
Travel	**$3,107**
Communications	**$2,137**
Consultants (Translator)	**$400**
Total Costs	**$14,056**

Equipment **$5,150**
Equipment will be purchased to record the Navajo translation of materials downloaded with permission from the Healthy Roads website. Four laptops will be purchased to utilize Healthy Roads downloads for patient education during home visits or to utilize for patient education at the clinic when laptops are not being utilized for home visits. Laptops will cost approximately $1,200 each; $350 will be spent on recording equipment for CDs.

Supplies & Reproduction **$3,262**
Printed literature, CDs, pamphlets, and promotional items for handing out at health fairs, schools, chapter meetings, senior citizen events, and other promotional events for education and health promotion. CDs: $4.00/CD X 750 = $3,000; Pamphlets for distribution: $262

Travel **$3,107**
Vast distances (often 100 miles one way) and the sparse population result in very high vehicle usage and high mileage to provide the needed services. Employees frequently use their own vehicles because of the lack of vehicles available for home visits and follow-up. The federal mileage rate is used for reimbursement ($0.505). Mileage to Monument Valley, Utah at 140 miles per trip x 12 trips = 1,680 miles; travel to Blanding, Utah at 68 miles per trip x 4 trips = 272 miles; travel to Navajo Mountain, Utah @ 316 miles per trip x 10 trips = 3,160 miles; mileage to area Chapter houses, senior citizen centers, and schools with average miles of 52 miles per trip x 20 trips = 1040 miles. Total miles= 6,152 X .505/mile=$3,107.

Communications **$2,137**

Many patient homes do not have phones (65%) so we must use mail to communicate. We also prepare and copy teaching materials to hand out at presentations to schools, chapter houses, health fairs, cooking classes, etc. Bulk mailing with education flyer to all box holders in San Juan County (4275) @ $0.25 per flyer x 2 mailings = $2,137.

Consultants **$25/hour ($400 total)**

Translational costs for native speakers to translate Healthy Roads materials into Navajo for written and audio reproduction as part of this project.

Timeline:

TIMEFRAME	ACTIVITIES
2007-mid-2008	Community partner selected-UNHSInc. Project agreed upon Proposal written, submitted & approved by Siobhan Champ-Blackwell (representative of MSRML funding initiative) RML writes letter of proposal acceptance to community partner agencies
Fall, 2008	Obtain Chapter House & Health Board support letters for project TC4C reps (Sally et al) to work on IRB for University of Utah & Navajo Nation Sally to visit clinic sites & consult on project
Fall, 2008-Winter, 2009	Composite grant proposal (Utah, AZ, NM) for all states compiled, submitted and presented to Navajo IRB by Pat Bradley (NM) Navajo IRB approval received for all 3 proposals Seek individual university IRB after Navajo IRB received
Winter-Summer, 2010	Begin project Design pre-test survey to measure effectiveness of diabetes & cvd educational modules (patient understanding before materials in place) Determine what pre-existing materials to use for translation (UNHSInc. Modules, Healthy Roads Media, UDOH-Diabetes Prevention & Control materials Determine translators Purchase laptops Design health modules-English & Navajo Translate English/Navajo CD and create written materials
Fall, 2010	Produce written and audio CD modules (English & Navajo) & begin using on home visits & in clinics-give to patients as well as utilize Sally to visit to check on progress & advise on CD production Next $4,000 funding to UNHSInc. (1/2 way through project)
Winter, 2010	Continue training diabetes & cvd patients in clinics & home visits Submit mid-project review of progress
Spring-Summer, 2011	Conclude one year of module use-distribute all CD's to diabetes & cvd patients and/or all patients used modules (home visit and/or in clinic) Re-administer survey to assess effectiveness of modules in patient understanding Submit final report of project

Revisions approved by RML-July 2008
rewording 12/17/08; amended 8/28/09
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