

# Ulu Reports

Issue 1  
June 18, 2004

## Ulu Network

### Strategic Directions: 2004-2007

June 18, 2004

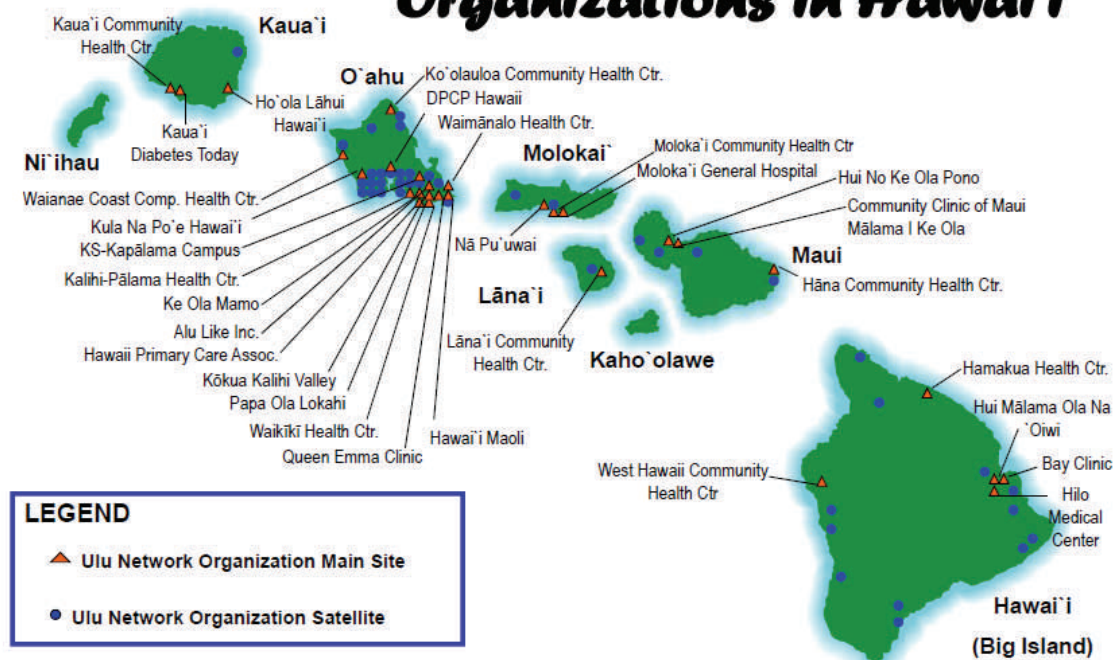
The following report to community summarizes the strategic directions for the Community Outreach and Information Dissemination Core of the Hawaii EXPORT Center. These strategic directions will drive the Core's activities over the next four years, from 2004 - 2007. The Ulu Network, a coalition of 19 health care organizations across the state of Hawaii will be involved in activities. (Figure 1).

The key focus areas identified by the planning process are:

- **“Diabetes 101 Course”** Provide an educational seminar for community health and outreach workers to increase their understanding of diabetes.
- **Diabetes Patient Education brochures.** Identify or create low literacy diabetes education brochures. Top priority is English, followed by Ilocano, Samoan, and then Micronesian languages.
- **Other Patient Education Materials.** Increase availability to low cost: 1) diabetes, nutrition and exercise videos (in Pacific Island languages), 2) food models (appropriate to local foods), and 3) other culturally appropriate patient education materials.
- **Participation in Research.** Educate researchers within the University of Hawaii about how to work with community health organizations. Specific attention will be given to preferred research topics and favored methodology. For community organizations interested in research, information on training opportunities and research participation will be disseminated.
- **Information Dissemination Programs.** Collaboration opportunities will be offered for multi-year programs.

## Ulu Network

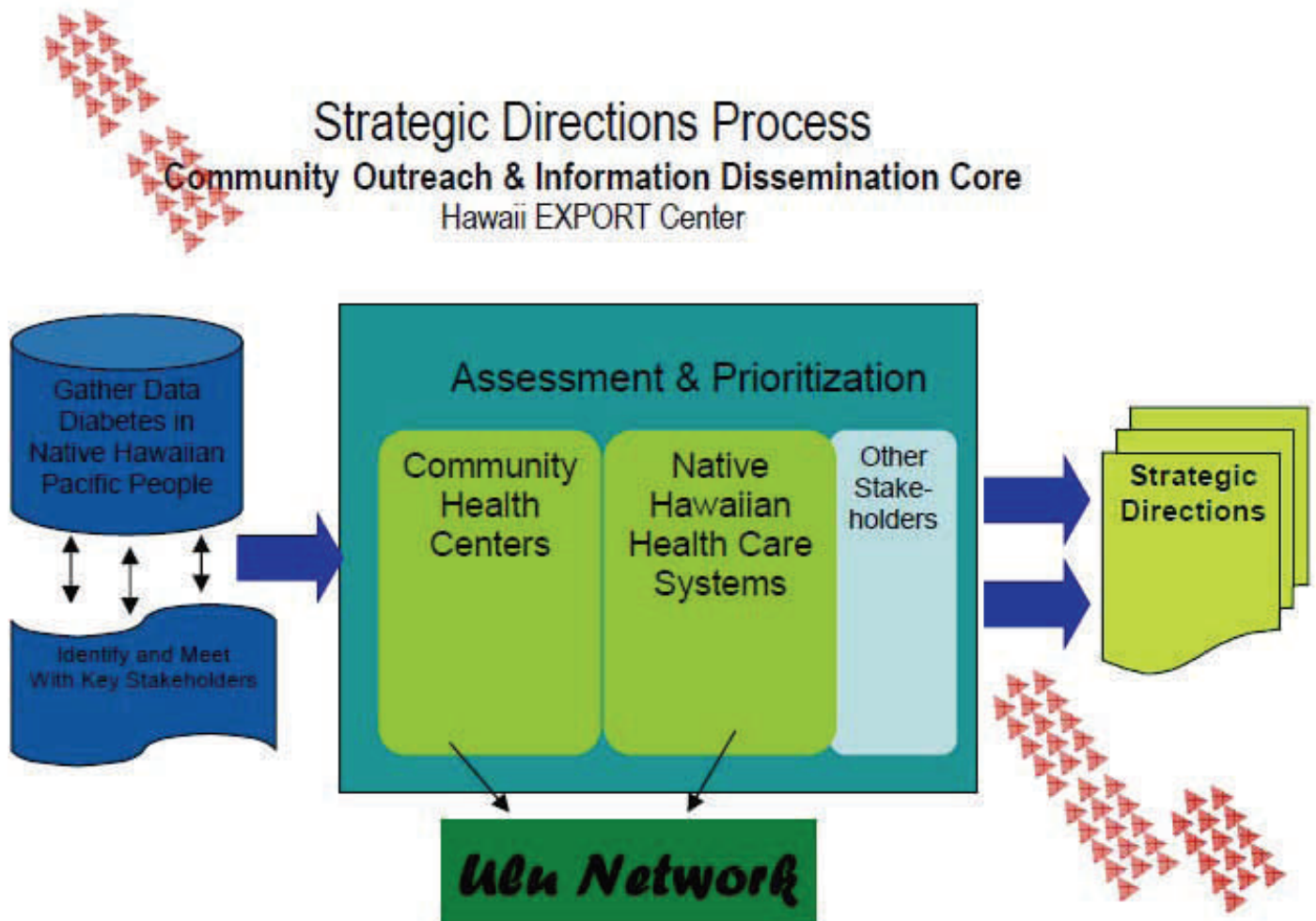
### Organizations in Hawai'i



## Planning Process

The planning process to develop the Strategic Directions for the Ulu Network took place over eight months in 2003 and 2004. After an initial environmental assessment of diabetes in Native Hawaiians and Pacific people, an information gathering effort was initiated. The planning process included 63 participants, primarily the Executive Directors or a designated contact for the organization which included physicians, nurses, clinical managers, and nutritionists. All 19 Ulu Network organizations throughout Hawaii participated in the planning effort. Information gathering was conducted through individual or small group interviews with each organization. A prioritization session of key activities was held in April 2004, with statewide representation of Ulu Network organizations. The session was held during the John A. Burns School of Medicine's Department of Native Hawaiian Health's *He Huliau* Diabetes Conference as a separate Ulu Network meeting.

## Findings and Priorities



The Ulu Network organizations clearly articulated the importance for many organizations to increase disease-specific knowledge of their community health and outreach staff. Helping these staff members obtain a comprehensive understanding of diabetes and its complications was a request echoed by many organizations. Specifically, they wanted their community health and outreach worker staff to understand: what is diabetes, who gets diabetes, the disease progression, and successful strategies in dealing with diabetes. During a subsequent statewide strategic planning meeting, participants identified the importance that this training be available both on O'ahu and the neighbor islands. It was also requested that the training be held at least once a year, because of the rate of staff turn-over. Nearly half (49%) of participants in the statewide strategic planning meeting identified this as a top priority.

Diabetes patient education material specifically for Pacific people was another top priority identified. Of particular importance were low literacy brochures to be used during physician visits, nutritional counseling, and outreach visits. About a third (31%) of participants identified diabetes, nutrition and exercise brochures this as critical information for their patients. During discussions, many said that present material, available through local and national sources, were too text driven or not relevant for Native Hawaiian and Pacific people. It was explained that most of their Pacific Island patients English was a second language. Therefore, a strategic priority will be to identify or create low-literacy diabetes education material including nutrition and exercise information.

In addition to brochures, continual mention was made of the need for other patient education material. Specifically, food models for "local" and Pacific Island dietary preferences and videos about nutrition, exercise and diabetes. If these materials could not be provided, the Ulu Network organizations noted that they would appreciate identification of low cost sources or ways to get discounted purchases.

There was a wide range of discussion in regards to research. Some organizations had a strong aversion to research, viewing it as a distraction from their mission to delivery of health care. About a third of the organizations were more open to having research conducted within their organization, particularly if the subject matter was an area of interest for critical staff. Most organizations (66%) said their receptiveness to participating in research would increase if researchers had a better understanding of how to more effectively work with community health organizations. Specifically, they mentioned the importance of researchers increasing their knowledge about community health organizations: organizational culture, topic preferences and favored methodologies. There was wide agreement that the first step toward increasing community health organizations participation in research should begin internally at the University. As one strategic planning participant stated, "clean your own yard first, before coming over to ours." Therefore, efforts will focus on providing ways for University researchers to increase their knowledge about working with community health organizations on research initiatives. For organizations interested in research, information on training and research participation opportunities will be provided.

Lastly, during the individual meetings with Ulu Network organizations, members were informed about the availability of funds for diabetes information dissemination programs to Ulu Network organizations. When queried if the funds should be distributed in larger amounts to fewer organizations or smaller amounts to more organizations the vast majority (94%) preferred that more organizations, and thereby communities, participate. As a result of this feedback, the Ulu Community Fund for information dissemination will identify twelve Ulu Network organizations that will receive two years of funding for specific diabetes information dissemination projects. Through a peer-review process, the first six organizations have been selected for funding. The second funding cycle will occur in 2005.

By: Mele A. Look & Jill Furabayashi