



Healthcare Outreach Program Initiative

OneCleveland is all about opportunities to use high-speed broadband information technology to:

- improve the efficiency of our governments and nonprofit institutions
- improve our research and educational systems
- enhance our healthcare services
- narrow the digital divide
- create a regional competitive advantage that can transform Northeast Ohio into a generator of innovation and wealth – just as it was in the first half of the last century.

OneCleveland is a next generation regional community network that serves as a platform for many collaborative initiatives that will help improve the quality of life and prosperity in the region. Its potential is only limited by our community's imagination.

Mission and Purpose

One of the biggest challenges facing the nation and the region involves finding ways to improve the healthcare system in an effort to improve health outcomes. On a national level, there has been a recent call for the use of information technology to inform clinical practice; interconnect clinicians, personalizing patient care; and improve population health, including access to care for underserved Americans. While many people enjoy access to and the benefits of our region's world class healthcare system, there is a growing problem of poor health outcomes. A recent study conducted by the Center for Community Solutions also indicates the presence of several health disparities among minority populations.

OneCleveland provides a broadband information technology infrastructure that can provide the platform for developing innovations to improve the healthcare system and health outcomes. OneCleveland provides a foundation for developing collaborative processes for information sharing among public and private healthcare providers, health education programs, and research organizations. As a provider of ultra broadband networking services, OneCleveland provides opportunities for creating and hosting new health information technologies for use by all stakeholders in the healthcare system. OneCleveland provides a neutral ground for the exchange, mediation, security and distribution of information. Our goal is to identify opportunities and support initiatives that will benefit from the use of a high speed broadband infrastructure.

Project Purpose

The MetroHealth System (MHS), Cuyahoga Community College (Tri-C) and OneCleveland will collaborate in the development and implementation of strategies to reduce health disparities for underserved populations in Cuyahoga County. This collaboration will create and offer a unique set of educational and preventive services that focused on improving the health and well-being of individuals, families and minority/ethnic groups that comprise the underserved community. This collaboration will utilize national and local healthcare status and outcome research to develop content and processes that reflect best practices in culturally competent healthcare education and disease prevention services. Special attention will be given to developing and implementing educational methods that utilize information technology and encourage individuals and groups experiencing health disparities to engage in the process of effectively managing their own health outcomes.



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Problems to Be Addressed

This project involves the development and delivery of a health education curriculum for minority and underserved populations in the Greater Cleveland area that utilizes a high-speed broad band network as a platform for curriculum delivery. The Center for Community Solutions has identified several indicators that lead to disparities in disease, disability, and death for minority populations in the Greater Cleveland area (Social Indicators 2003). These areas include unmet needs and access to care, health risk behaviors, maternal and child health, people with disabilities, mortality rates, and healthcare resources. This project will target three factors including health risk behaviors, maternal health, and healthcare resources in the development of a health education curriculum. This project will facilitate access to timely, reliable information about health and health care to underserved populations in the Greater Cleveland area that will result in improved health outcomes.

Development of the health education curriculum will include concepts that are part of the cultural competence in health care literature. Curriculum will be developed in collaboration with a broad range of health care providers, auxiliary health organizations, public health entities, advocacy organizations, and individuals representing the underserved population groups. This collaboration will build upon previous work to convene the community to address health disparities including: The Greater Cleveland Roundtable's 2005 year long series on health disparities that was designed and implemented in cooperation with Metro Health System Center for Reducing Health Disparities; the United Way of Greater Cleveland's Vision Council Health and Caring initiative; and the National Council on Community and Justice February 2005 conference on Cultural Competency. The final content will be developed and/or selected by healthcare professionals.

OBJECTIVES

Experts in the fields of health care management, education and prevention will collaborate with information technology specialists to design services and programs to improve access and effective use of information concerning the factors that contribute to improved health outcomes for underserved populations. MHS and Tri-C will work cooperatively in the development of health education materials that will improve the ability of individuals to participate in improving their own health outcomes. One Cleveland will design and support the network infrastructure that will provide the distribution platform for the materials developed by NHS and Tri-C. This project will include the following steps:

1. Engage health professionals and members of the community in designing innovative pilot programs that reflect best practices in cultural competence.
2. Compile information and deliver it in a way that is easily accessible, innovative and even "cutting-edge". We propose using a variety of human interaction strategies, such as face-to-face interviews, combined with tools to deliver the message through mentorship programs, educational seminars, self-help education and informational technical tools (such as computer kiosks) made available through traditional and non-traditional neighborhood venues that include health clinics, libraries, churches, educational centers and community centers. These strategies and tools will focus on interactive learning and maintaining continuity between healthcare education and prevention by increasing accessibility and improving the quality of healthcare content and outreach programs. The content will be developed by healthcare professionals with the participation of students. The content will be delivered using a variety of modalities such as text and streaming

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audio and video some of which may feature members of the community who can share “success stories”.

3. We would like to collaborate with other entities and incorporate non-traditional and traditional resources from the NIH Healthy People 2010, community programs such as the Buckeye Community Health Center and the TILI program implemented by Cuyahoga Community College (Tri-C) and customize those existing applications to penetrate deeper and reach greater numbers of individuals and families within the underserved communities. For some programming, we may be able to leverage organizations such as the Buckeye Community Health Center who will reach out into the community and strive to use one-on-one and one-to-many models of personal interventions to engage and monitor health.
4. Our program will focus on the use of non-traditional mechanisms to intervene, educate and monitor. We envision using a combination of relationship building exercises combined with modern technology to reach people where they live, work and play. We will intervene, educate, monitor and evaluate the health and well-being of individuals and families. We will provide mechanisms for feedback from the community so the content and information delivery mechanisms can be continuously refined and can remain relevant. The overall goal of this program is to impact community health by improving access to health information and provide the skills and electronic tools to manage and monitor health. Ultimately, we will positively impact community health by improving healthcare self-management skills, life skills and mechanisms for coping in often difficult life circumstances. The curriculum will be used in existing community settings including community technology centers, libraries, churches, and other community settings that currently provide access to information technology for people who experience the digital divide. The strategies and tools will focus on interactive learning techniques. Examples of the types of applications that will be part of the curriculum content include;
 - Personalized messaging system that allows patients to communicate with their physicians and other healthcare staff via the internet.
 - On-line weight management techniques
 - Use of the MiDieta weight management program for Hispanic/Latino populations
 - Use Dr. Seeholzers work on Obesity from the Buckeye grant to demonstrate broadband applications for continued education, prevention and support
 - Use of a commercially available diabetes control portal via the Internet

Implementation Plan

Successful implementation of the project requires hiring a full time Program Coordinator. This person will be responsible for the following activities:

1. Identify best practices by researching similar project in other communities related to community based health education using information technology.
2. Establish a community advisory board that will assist in the development of content and communication models that will successfully engage the target population.
3. Interview individuals and families to identify current barriers and opportunities for accessing health information.
4. Develop and implement a plan for disseminating culturally competent curriculum and tools to appropriate community stakeholders.



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5. Design, implement and evaluate methods for enhancing health education within target group.
6. Develop recommendations for a self-sustaining community healthcare education and prevention program.

Phase 1 - Project Development and Pilot

This request is for funding in the amount of Two Hundred Fifty Thousand Dollars (\$250,000) for a one year period. These funds will be used to hire a Program Coordinator, pay for curriculum development, convene meetings of stakeholders, conduct surveys, prototype outreach tools and operating expenses. These resources will also fund specific community initiatives that will form the community pilots within Cuyahoga County.

Project Coordinator	\$100,000
Data Gathering and Stakeholder Coordination	\$ 25,000
Community Portal Development	\$ 50,000
Design and Installation	\$ 50,000
Program Costs*	\$ 25,000
Total	\$250,000