PROPOSAL COVER SHEET

TO: **Michael Huff, PhD. Director**
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AMOUNT REQUESTED: $5,000

PROJECT PERIOD: JANUARY – JUNE 2010

PROJECT NAME: OMI Community Action Organization
Health Literacy and Advocacy Project

AGENCY NAME: Ocean View-Merced Heights-Ingleside
(OMI-CAO) Community Action Organization

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OMI Community Action Organization
Health Literacy and Advocacy Project

Agency Description

The Ocean View-Merced Heights-Ingleside Community Action Organization (OMI-CAO) began in 1995 as an umbrella advocacy group that furthers the efforts of smaller community-based organizations through social action and organizational assistance. Initially, the OMI-CAO existed as a fiscally sponsored organization through The Tides Center and as such, thrived. The OMI-CAO received a grant of $60,000 from The San Francisco Foundation in 1998 to support the position of Project Director, office space and general operating cost. The OMI-CAO established relationship with The Tides Center as fiscal sponsor for projects. During this period of sponsorship, the OMI-CAO accomplished a multitude of goals that unequivocally bettered the community at large. Armed with community surveys, census data, and community hearings, the OMI-CAO authored a progressive community development plan known as ***Vision 2000.***

Vision 2000 offered not only specific targets, but also a broad perspective on the desired general developmental trajectory for the OMI. Execution of these goals necessitated large-scale collaboration between various community-based organizations, government, and the citizens of the community. As an umbrella advocacy group, the OMI-CAO unified and linked many of the existing CBO's to create a stronger, more effective voice. Top priorities of the OMI –CAO formulated into six Program Committees to develop and implement strategies to be accomplished. The Program Committees included:

- Business and Economic Development
- Children, Youth and Young Adults
- Education and Culture
- Environment
- Health and Human Services
- Safety

Along with direct political action, these efforts netted excellent results, some of which include the following large-scale projects between community groups. OMI-CAO was the recipient of a $100,000 planning grant from the San Francisco Department of Human Services to develop the OMI Family Resource Center and co-sponsor an OMI Health Fair biannually. It developed

and implemented an OMI Community Health Needs Assessment Survey. OMI-CAO received a grant of $371,000 from The San Francisco Department of Human Services to develop a Family Resource Center in the OMI community for three years. The OMI-CAO authored Broad/Randolph Development plan adopted by both the Mayor's Office of Economic and Community Development and the Mayor's Office of Neighborhood Services. The OMI-CAO raised over $400,000 with the Friends and Foundation of the San Francisco Public Library to build the new Ocean View Library in 2002. The OMI-CAO advocated for the creation of a soccer field and for rebuilding the Ocean View Recreation Center. It also advocated for the continuation of Fire Station 33 and to restore biological habitat in the Brooks Park.
The organization was the recipient of a $25,000 contribution from The Bank of America Foundation for economic development. The underground overhead wires on both Ocean Avenue and Broad/Randolph Streets were completed, which facilitated the growth of the OMI Merchants Association. The OMI Association worked with residents, CBOs, Mayor's Office, and The Emerald Fund to create the Ocean Village Plaza on Alemany.

These accomplishments are only a sampling of the outcomes made feasible by a strong, unifying advocate. Fiscal sponsorship alleviated much of the operational burden, however, during transition to self-sufficiency operations came to the forefront. The emergence of these issues forced a reconsideration of what the OMI-CAO is and should be. OMI-CAO filed and became a 501(c)(3) non-profit organization in July 2004. The challenge began to raise funds and survive as an independent organization through grass roots activities.

The NIA/ UJIMA Wellness Nursing Center was formed within the Health and Human Services Committee of the OMI-COA. In 2005 funding in the amount $7,500 from the Southwestern Neighborhood Improvement Group (SNIG) was turned over to OMI- CAO Health Committee to continue the NIA/UJIMA Wellness Nursing Center at 446 Randolph Street.

Primary Goal: To improve and maintain the health and lives of citizens in the OMI community throughout the life cycle.

Project Objectives Are:

- To reduce health disparities among African Americans in the OMI Community.
- To empower residents to improve their quality of life in the OMI Community.

- To increase awareness of health disparities, specifically in hypertension/stroke, heart disease, diabetes and obesity for the OMI African American Community.
- To encourage personal community responsibility for health.
- To increase awareness and educate residents and providers about low health literacy.
- Conduct an active advocacy program to increase support for health literacy public policy and funding.
- To advocate for public policy that supports African American wellness.

Project Activities/Services:

Activities that will engage the community in a healthy living dialogue – expanding health literacy

Health literacy is the ability to read, understand and act on health information. Health literacy is now known to be vital to good patient care and positive health outcomes. Low health literacy can affect anyone of any age, ethnicity, background, or education level.
People with low health literacy:

- Are often less likely to comply with prescribed treatment and self-care regimes.
- Fail to seek preventive care and are at higher (more than double) risk for hospitalization.
- Remain in the hospital nearly two days longer than adults with higher health literacy.
- Often require additional care that results in annual health care costs that are four times higher than for those with higher literacy skills.

Limited health literacy increases the disparity in health care access among vulnerable populations (such as racial/ethnic minorities and the elderly). A disproportionate number of minorities and immigrants are estimated to have literacy problems: 50% of Hispanic- 40% of African Americans- 33% Asians according to the Center for Health Care Strategies. More than 66% of the US adults age 60 and over have either inadequate or marginal literacy skills. It is believed that patients with low literacy skills and chronic diseases, such as heart disease, hypertension, diabetes and asthma have less knowledge of their disease and its treatment and fewer correct self-management skills than literate patients. These patients are often embarrassed or ashamed to admit they have

difficulty understanding health information and instructions. They are using well-practiced coping mechanisms that effectively mask their problem of health literacy.

Many new changes in the health care system will have a significant impact on the health status of African Americans. For the first time since January 1, 2006, Medicare is offering coverage for most prescription drugs. Medicare Part D have complicated the lives of many residents who depend on prescription drugs. Insurance companies and other private companies offered these plans and were to cover both generic and brand name prescription drugs. Older patients and particularly African Americans with low health literacy skills are especially vulnerable in this situation with different plans, dates, and choices.

The Primary Services

- Expand awareness and educate patients and providers about low health literacy, to promote clear health communication at hospital and community health centers.
- Distribute materials and other health literacy information in the OMI community.
- Have a panel discussion at the Health Fair to promote and discuss health literature.
- Provide weekly classes that teach and promote health prevention and intervention.
- Monitor Blood Pressure monthly and complete Glucose, Cholesterol and BMI yearly or more often if necessary.
- Role-playing and peer counseling.
- Provide "Sit and Fit" exercise classes one day per week.

Outreach Activities

Flyers will be circulated to churches, beauty shops, barbershops, community based organizations and community clinics announcing the services offered. The newspaper media will also be used to advertise the program services. Word of mouth will be encouraged for ongoing clients. An Outreach Worker from the community that does community outreach with the African American population for 4 hours peer week. The churches sick list will be used to contact client to attend the health education classes. Materials will be distributed to community groups, barber and beauty shops.

At the Health Fairs there will be a special panel to discuss the subject of low "Health Literacy and its Impact on Your Health Status" Case studies can be presented on how individuals access and matriculate the hospital admission through discharge. Also case studies on how to get the most from your doctor's clinic visit.

Participation Standards

A registered nurse supervises participant's activities during clients visit to the NIA/UJIMA Wellness Nursing Center. Classes are planned in advance and guest speakers will be sought who has information and knowledge on the subjects presented from the African American Health Disparity Project, African American Community Health Equity Council, American Heart Association, African American Breast Health Program, and African American Community Partnership. Participants will be taught "Eight Ways To Share in Medical Decisions", "How To Talk To Your Doctor"," Getting Ready For Your Appointment", "Ask the Doctor Checklist", "Patients Rights", "Seeking a Second Opinion", "Medication Management", Hypertension and Stroke Prevention, Cancer Prevention Heart Disease, Cooking/Eating Nutritious Foods, Diabetes-Self Monitoring, The Metabolic Syndrome and more.

Participant's blood pressure will be monitored at least monthly and other vital signs if necessary. This will be documented and any abnormal results will be reported to their Primary Care Physician. Also glucose and cholesterol testing with BMI will be done yearly at the Health Fair and more often if necessary and reported to the primary care physician. Participants will keep a record of these findings to track their health progress.

We will recruit and encourage residents to enroll in the Healthy San Francisco Program, especially those in the nearby low income-housing project. We will pass out flyers and sign residents up for referral to a registration agent nearest their location. The housing units are under re-construction and repair at the corner of Randolph/Head Streets and expected to be completed and filled soon. We are in contact with the Housing Project Manager.

Exercise classes will be a major activity of the program. Participants will be encouraged to participate in on going exercise classes held weekly at the center on Friday such as TAI CHI. Also, exercises for strengthening and stretching the upper and lower body, and better balance will be given one day per week in between class break for 15-20 minutes. The "Sit and Be Fit" Video will be used as well as the ASA "Live Well, Live Long" manual for older adults.

Refreshments will be served during class break that are low in calories and nutritional, such as apple juice, tea, water, fruit, crackers, and other snacks. Classes on nutrition and healthy eating will be ongoing assisted with the help of the American Heart Association and their new cookbook "Healthy Soul Food".

Research/Evaluation

Participant's attendance is monitored with a sign-in sheet documenting their name, date of service, and type of service provided. This accumulative total of clients, test or service provided each month.

Participant's outcomes are tracked by documenting each individual visit, which will reveal the nature of the services, including progress notes, and by whom it was provided. Progress notes will be kept for all program activities.

Adequate participant records are kept in the Nursing Wellness Clinic. There will be forms available to document all elements of clients visit. By June 30, 2010 participants will demonstrate knowledge of their individual disease condition. Participants will identify a peer who will participate in their health care visits to their primary care doctor at least once per year and more often if necessary.

Adequate participant progress reporting will be done efficiently and effectively. The number of clients expect to be served weekly is 15-20 clients for the two day per week for two hours. The health fairs will promote 50 clients twice per year. Each hour of meetings, events, trainings, preparation and coordination shall represent a unit of service. Evaluations will be completed at health fairs and after classes.

- Regular attended 10-12 monthly meetings with African American Community Health Equity Council (AACHEC).
- Weekly health education classes for 2 hours. Preparation 2 hours weekly
- Weekly monitoring of Blood Pressure and other vital signs if necessary
- Weekly Sit and Fit Exercise classes
- Monitor and supervise outreach worker 4 hours per week.
- Outreach to community and connect to services 5-10 individuals per month.

- Host a Health Fair addressing one or more African American health disparities per year.
  Attendance 35-50
  Planning 10 hours
  Implementation 6 hours
  Sign sheet and evaluation forms will be collected at each event.

<u>Statement of Experience with Population to Be Served</u>

OMI-CAO has established working relationship with the population being served since 1995. The community development plan "Vision 2000" was created in OMI and has become the planning tool for other organizations. The focus geographic areas will include Ocean View - Merced Heights - Ingleside neighborhoods. The census tracts identified are 309, 312, 313 and 314. There is also a low income Housing Development of 32 Units at Randolph and Head Streets. OMI-CAO will serve the entire target population of African Americans within these areas. The facilities are accessible to the target population.

The OMI community is a potpourri of low, moderate, and middle income residents and has traditionally been underserved, due in part to being included in the community which is immediately adjacent to them, which is a comparatively upper middle income residents. However many African American seniors who bought the older larger homes when prices were low and their was an out migration of whites now live in poverty or just above the guidelines.