Sabbatical Report (January 1, 2016 – May 1, 2016)

Kathryn F. Daub

Director and Professor of Nursing

School of Nursing, College of Arts and Sciences

University of Hawaii at Hilo

To: Susan Brown, Acting Dean, CAS, UH-Hilo

Fr: Katharyn F. Daub, Director and Professor UHH-SON

The following is a summary of research, grant writing, and professional development that I pursued during my 4 month sabbatical in the Spring of 2016.

Research:

Plan:

1. Research endeavor: Time line, January, February and March 2016
   I plan to conduct a literature review on bone density levels in women with the implementation of exercise. The variables will include the type of exercise, diet, age, and ethnicity. I will develop the research design and submit the proposal to IRB. I will consult with experts in Physiology, utilization of the dexas machine to test bone density, and I will develop consent forms for submission.

Research:

I conducted a literature review regarding bone density levels in Native Hawaiian women. A research design was developed, a Full IRB review was conducted with approval by UH Manoa IRB. Since then as this research continues, a preliminary focus group was conducted at Hui Malama Ola Na Oiwi health organization and a report was completed and is submitted with this report.

Phase I and Phase II that were approved by the IRB are in progress at this time. I am very excited about this research as there is no research on bone health in Native Hawaiian women, so this will hopefully add to this area of Native Hawaiian women’s health.

Research:

Co-Investigator: Use of mHealth to Assist Self-Management and Access Services in a Rural Community. IRB approval was obtained and research focus groups were completed (development and IRB was obtained during sabbatical). Implementation of the research project was conducted after I returned to UHH from the four month sabbatical leave. I am including this research project description.
Grant Submission:

Workforce Improvement Project (WIP) through the Center for Disease Control and Prevention and AACN was submitted. I did not receive the funding, but I did receive a very thorough review by the panel of the strengths and weakness regarding my application. I submit this report along with the project work plan for the grant.

Professional Development:

Manuscript Reviewer:

Journal of Doctoral Nursing Practice: Ms. No. JDNP-D-16-00024

Increasing Breast Cancer Screening in Russian Immigrant Women: Identifying Barriers and Providing Onsite Mammography

I attach the review comments.

Manuscript Reviewer:

Asian/Pacific Island Nursing (APN) Journal Reviewer:

The effect of a culturally tailored web-based activity promotion program on Asian American Midlife women’s depressive symptoms (MS #4)

Update: CITI training for the biomedical sciences

Summary:

This sabbatical provided several opportunities for accomplishing research, grant writing, and professional development in refereed journal reviews both of which were accepted for publishing. I appreciate the support of the University of Hawaii at Hilo which made this work possible.

Mahalo!
The University of Hawai‘i School of Nursing is conducting a study:

**Knowledge of Bone Health among Native Hawaiian Women**

Are you a Native Hawaiian Woman who is 50 years of age or older or are you menopausal or post menopausal?

Would you like to know more about bone health and healthy aging?

If the answer is **YES**...

Dr. Kay Daub at the UH Hilo School of Nursing would like to invite you to participate in a research study.

**The purpose** of this study is to test a way to inform Native Hawaiian women about bone health and aging and how to prevent bone loss and osteoporosis.

- Participate in four one-hour workshops at UH Hilo campus.
- Receive a free DXA Bone Density Screen

To learn more about the study,
please call Dr. Kay Daub EdD, CTN-A, RN

at 808-756-0474
Bone Health and Native Hawaiian Women

A FOCUS GROUP REPORT FROM THE UNIVERSITY OF HAWAII HILO, SCHOOL OF NURSING

INTRODUCTION
Bone loss is a result of chronic conditions, medications, diet and lifestyle and can lead to an increased probability of fractures and osteoporosis. Bone loss and osteoporosis are preventable but Native Hawaiians, are not generally considered to be at high risk for bone loss (based primarily on body type) and thus may not get preventive screening or be aware of factors that may increase risk. Native Hawaiian women may not know about the importance of bone health, they may fear radiation technologies, and they may not have access to prevention resources.

The goal of this project is to understand what Native Hawaiian women know about bone health and prevention screening such as bone densitometry (DXA) and use this knowledge to increase awareness, knowledge, attitudes and pro-active behaviors for preventing bone loss. There are three overall project objectives: 1) To gather baseline data through a focus group process that will inform the design of the educational intervention, 2) to develop and test a culturally responsive educational intervention designed to increase knowledge of risks and protective factors related to bone health for menopausal and post-menopausal Native Hawaiian women; and 3) to assess changes in knowledge of bone health and related health issues, changes in attitudes toward prevention and screening including radiation technologies and changes in behaviors related to nutrition, lifestyle and DXA screening.

This report addresses the methods and findings from the first of these three objectives — a focus group to explore knowledge, attitudes and behaviors regarding bone health and bone disease.

METHODS
This focus group research was used to identify knowledge and understanding related to bone health and to explore ideas for a future education and prevention workshop. The goal of the focus group was to gather baseline information about bone health and osteoporosis from Native Hawaiian women. The data collected from the focus group will inform and frame the future components of the project.

The focus group was conducted on the evening of November 30th 2016 under the leadership of Dr. Kay Daub, University of Hilo and facilitated by Dr. Michelle Chino. The University of Hawaii Hilo, School of Nursing (UHH SON) is located on the Island of Hawaii, serving the most diverse community in the United States. The UH IRB did not require written informed consent.
Bone Health and Native Hawaiian Women

The focus group took place at the Hui Malama Ola Na Oiwi health organization in Hilo, Hawaii, a familiar and convenient location for the participants. Hui Malama Ola Na Oiwi. Hui Malama Ola Na Oiwi is a private, 501 (c) (3) non-profit organization dedicated to improving the health and wellness of Hawaii Island. The UHH SON has had many years of collaboration with Hui Malama and is vested in the partnership for providing care especially for our Native Hawaiian population residing on the Island of Hawaii. Hui Malama and UHH SON have an MOU for student participation in care and collaboration with the organization. There are many very important programs that Hui Malama provides for the people of the Big Island. Cancer, community wellness, diabetes, Hawaiian healing, and hypertension and some of the many programs that are offered to the community and UHH SON collaborates in this endeavor.

A convenience sample of 6-12 Native Hawaiian women age 50 and over was recruited through Hui Malama Ola Na Oiwi in Hilo, Hawaii. This organization is familiar to and trusted by the local population. Flyers inviting participation were posted along with word or mouth invitations. Inclusion criteria included self-identification as either part or full Native Hawaiian ancestry, age over 50, and female. Those who expressed interest in participating were invited to attend the group. A total of nine Native Hawaiian women between the ages of 50 to 80 participated. The focus group was a one-time event and with introductory and closing conversation, lasted a total of 90 minutes. Refreshments were provided and all participants received a small thank you gift at the end.

Five questions with probes and follow-up questions were posed to the group and responses were noted anonymously on flip charts.

Q 1: What have you heard about bone health or diseases such as osteoporosis and where did you learn about it? Probes included media, doctors, and traditional practices

Q 2: There are many factors that can affect our bones as we age and increase our risk for problems like osteoporosis. For example, many people don’t know that a lack of calcium when we are young can help keep our bones strong as we age. What are some of the factors you may be concerned about? Probes included thoughts about whether it is a problem for Hawaiian men and women.

Q 3: Many cultures have traditional practices that promote health. Are there any traditional Hawaiian practices, foods, or activities - you feel comfortable sharing - that focus on strong bones, and healthy aging? No probes were provided for this question.

Q 4: There are many new technologies for identifying health problems early. Have any of you heard of a Dexascan? This is a way to screen people for bone health using a small amount of radiation. It is similar to a mammogram but you keep on your clothes and the machine never touches you. What are some concerns people may have about these types of screening technologies? Probes included have you ever had a Dexascan? Are there concerns about radiation? Cost? access? Need?

Q 5: The second part of this project will be a group of informational sessions about bone health, nutrition, activity, and prevention - which you are invited to attend. Session 1 - conversation about bone health and factors that may increase risk for Hawaiian women. Session 2 - Reducing risk from nutritional and medical condition related factors; focus on traditional foods. Session 3 - reducing risk from lifestyle and exercise related factors - focus on traditional dance and activity. Session 4 - field trip to campus to see the DXA machine and learn how it works - Q&A about other preventive technologies with Nursing students. What are some ways we can make these sessions relevant to the interests and needs of Hawaiian women? No probes were provided for this question.
RESULTS

Discussions initiated through the five posed questions revealed three core themes: 1) limited knowledge of osteoporosis, 2) the importance of traditional ways for being healthy, and 3) how the health of Native Hawaiians has changed over time along with concern for the health of future generations. The group discussion ended with a thoughtful conversation about how the research team could move forward with the project and suggestions for raising awareness about topics such as bone health and healthy aging.

Knowledge Of Bone Health And Bone Diseases Such As Osteoporosis

The participants generally agreed that bone health was a topic that few knew about. Few had ever discussed the issue with a doctor or had ever had a DEXA scan. Participants noted that in the past not many Kupuna (elders) had broken bones or fractures. In fact it was a very rare event and not associated with bone loss. What participants did tend to recall was that osteoporosis was talked about as an issue for Asian people rather than Hawaiians and while they heard messages about the importance of drinking milk and taking calcium, it was not in the context of bone health or osteoporosis prevention. Many of the participants agreed that people tend to keep health problems to themselves and not talk about their bodies. There was agreement by the group that a conversation about bone health was overdue and that, given some of the known risk factors, it might be a good way to raise awareness about health overall.

Traditional Ways and Bone Health

Perspectives about traditional lifestyles and health dominated the group’s discussion and most of the participants were eager to contribute to the conversation. First and foremost, the importance of bones was noted as being an essential part of being a healthy person. One participant noted “our bones are the essence of who we are as Hawaiians.” The group discussed how bones signify respect; that they have significance and carry one’s “mana”, one’s spirit, to the next generation. It was noted that in the Hawaiian language the word for bone is “iwi” which is the root word for “o‘iwi” which means native person.

There was much discussion of how Native Hawaiians traditionally were healthy people with strong bones. Health was attributed to traditional foods and lives filled with activity and hard work such as growing plants, raising animals, and gathering from the land and the ocean. Hawaiian people had abundant and sustainable fresh water and food resources and understood the importance of foods such as fish, fish oil, and seaweed for maintaining healthy bones. These resources, which came from the land and the ocean, also provided natural medicines such as the mountain apple tree and morning glory vines, which were used to heal broken bones. Morning glory can also be cut into pieces and made into a poultice. Plants from the ocean such as limu (seaweed) are not only an important food item but can also help lower blood pressure.

An important part of the group’s conversation focused on the value of traditional foods and their connection to healthy lifestyles and healthy bodies. Foods such as poi, fish and seaweed were noted to be foods essential for health and life and that these natural foods were healthy foods. Hawaiian salt (also known as alaea salt, an unrefined sea salt mixed with a red alaea volcanic clay) was and is an important food that is healthier then regular table salt. Participants noted that with Hawaiian salt you use less and learn portion control. Even the process of gather and eating is essential to a healthy life.
Bone Health and Native Hawaiian Women

One participant shared that the way foods are gathered include respect for the needs of other's and for sustaining the resource a gathering process based on love not greed. The participants also shared how the "poi bowl" is about coming together and sharing food. It also teaches respect for food and for family. As an example, the group shared, with much smiling and laughter, the way to eat poi is "poi pa'a" or one-finger poi, where you take a scoop with one finger and put it in your mouth. If the poi isn't prepared correctly it is "poi pi" or too watery for one finger and slips off before it can be eaten. As with many cultures, food is not just nutrition. Food is about health, family, and community.

Health of Future Generations

The third theme that emerged from the focus group was concern for the health of future generations. The participants were in agreement that much has changed for Native Hawaiians with regard to their life styles and their health. Among the group there appeared to be less concern for the participants' own risk but a great deal of concern for the health of the "keiki" - the children and grandchildren. Traditional diets have changed with new rules (e.g., the food pyramid), new foods such as processed foods and influences from the mainland. Participants noted how even traditional foods have changed along with changes to the ecosystem and the traditional plants as well as the diets of local animals in the food chain. To protect the health of the future generations, the participants agreed that it is essential to protect traditional and community food resources.

It was suggested by several participants that if there is an increasing incidence of diseases such as osteoporosis they are related to changes in diet and lifestyle. People are less active; they don’t work as hard including gathering and preparing traditional foods. One participant shared that even the way people travel around the Island has changed with less walking and thus, less exercise. The participants remembered that when they were growing up they ate homegrown foods, prepared in traditional ways and rarely ate processed foods. They were physically active in work and play and had respect for food, for family, and for life. The new foods that comprise the bulk of Hawaiian people’s diets were seen as unhealthy by most of the participants. The participants talked about how concerned they were for the health of their families and wanted very much to find ways to ensure they have healthy lives. One participant posed the question "what is our children's baseline - when does risk begin based on what they eat and how they play? While the question was rhetorical in nature, the response was the need for information and education. This provided a natural segue to the next steps for the project.

Education for healthy aging

There was very little conversation about the DEXA screening process and question 4. The participants liked the way information about the technology was presented and liked the way the research team compared and contrasted a DEXA scan with a mammogram, a more familiar preventive technology. The participants suggested that visual aids - what the bones look like, what the machines look like - would be very helpful.

In response to the fifth question, participants expressed a great deal of interest in opportunities to learn more about bone health and other health issues. There was general agreement that education about health and healthy aging should begin in the schools to teach "keiki" who can also share with their parents and "kupuna".
In the meantime the group liked the idea of the preventive education program suggested by the research team and the opportunity for DEXA scans for participants and others who could benefit from screening. It was suggested that even younger people could benefit from a DEXA scan even if only to initiate a conversation about health and healthy aging. For “kupuna”, DEXA screening should be part of routine preventive but that it needs to be accessible and affordable. Most of the participants were interested in participating in an informational workshop and the opportunity for a DEXA scan and encouraged the research team to move forward with the project plan.

CONCLUSIONS AND NEXT STEPS

The focus group provided a great deal of information for the research team and an opportunity to engage Island women in a conversation about healthy aging. The information learned from the focus group will assist the research team as they move forward to develop and evaluate the proposed education workshop and screening opportunity. Although the issue of bone health does not appear to be a priority issue it may be a way to engage the community in a community conversation about Native Hawaiian health on the Big Island. It was expected that there would not be a great deal of knowledge about bone health despite the fact that the population of the Island of Hawaii is a blend of Native Hawaiian, Asian and Caucasian racial and ethnic groups, some of whom are a high risk for osteoporosis and some who may not be.

One unexpected result was the lack of discussion on traditional dance either as a way of teaching/learning or as a form of exercise. This is a topic that may require additional follow up. Another unexpected result was the strong focus on the future health of young people. Bone loss and osteoporosis are topics that are discussed with aging women. While there is little evidence that bone loss is a health concern for younger men and women the idea that the conversation should start at younger ages is an interesting prospect – a teachable moment for younger women and girls. The importance of calcium and vitamin D start early and a healthy diet during adolescence goes a long way toward healthy aging.

As a result of the findings from the focus group, next steps for this project should be a continued focus on the framing and content of a possible educational workshop with the following considerations:
- Possibly limit the bone health workshop to two sessions rather than four to keep participants engaged.
- A focus on other aspects of healthy aging might be worth considering.
- A conversation about physical activity options for Big Island women would enhance the content of the workshop.
- The DEXA screening should actively engage nursing students. It is an excellent opportunity for nursing students to work with the local community.
- The workshop might be offered as a “mother-daughter” event as a way to include women of all ages.
Background
The high prevalence of chronic diseases in rural Hawaii is a serious public health problem. For example, Asian American and Pacific Islanders (AAPI) are twice as likely to be diagnosed with Type 2 diabetes mellitus (T2DM) compared to Caucasians, and low-income AAPI living in rural Hawaii are disproportionately affected by T2DM and comorbidities. Treatment goal achievement among ethnic minority patients with T2DM is low (10-15%). There has been a growing understanding of barriers and facilitators to adherence and effective disease management, but low-income and rural AAPI patients have unique needs. Shared decision making (defined as “an approach where clinicians and patients make decisions together, using the best available evidence”) and personalization in treatment selection and self-management of chronic diseases can improve treatment and self-management outcomes, health outcomes, and quality of life in underserved patients, including low-income AAPI living in rural Hawaii. A major issue is that underserved patients may not have an adequate understanding of health providers’ medical advice, due to inadequate knowledge of the disease or low health literacy/numeracy. By patient engagement and using mHealth technology to support shared decision making, better treatment and self-management goal achievement, greater patient satisfaction, and better quality of life may be obtained by low-income and rural Asian American and Pacific Islander patients. Our long-term objective is to provide personalized care which would result in meaningful outcomes to the population served.

Purpose and Specific Aims
We propose to determine the needs, barriers, facilitators of using technology to assist participants in their health care. To do so our specific aims are to: 1) conduct focus groups and needs assessments in a low income rural setting in Hawaii Island (the Big Island); 2) identify unique barriers to and facilitators of shared medical decision making, adherence, and effective disease management experienced by them; 3) determine with patients which mHealth tools may be helpful taking into account patients’ individual clinical characteristics, cultural beliefs, and preferences in personalized goal-setting and treatment selections.

Approach
Participants
The stakeholders will be the patients, staff, and community of the Hilo Bay Clinic, the only Federally Qualified Health Center and sole safety-net service provider in East and South Hawai’i Island. The clinic serves the districts of Hilo, Puna, and Ka’ū, with a combined population of 106,745. Its eight health centers located in a vast 2,048 square mile of extremely rural and remote geographic area serves 18,000 patients per year, of which 88% are uninsured or on Medicaid/Medicare and live in poverty. About 79% of the patient population is Native Hawai’ian/ Pacific Islander or Asian, and 43% of the service area’s residents live below the federal poverty line. The per capita income of $13,265 is one of the lowest in the state. Patients and stakeholders will be engaged in focus groups, advisory boards, grant co-investigator roles, community liaison roles, and other grant roles. They will participate in preparing the project start up, intervention methods and tools, needs, and evaluation.

Methods
We will recruit, enroll, consent, and conduct three focus groups among patients, their family members or significant others, and providers/stakeholders separately to access the unique needs of low income AAPI patients in rural Hawaii. These groups will take place in the clinic after recruitment and enrollment by a community liaison who will collect the informed consent, arrange dates/times and sites for the meetings. Meetings will be approximately one to one and half hour in length with light refreshments and taped with xxx. Tapes will be transcribed and analyzed and preliminary reports will be verified with the participants at a second meeting. Participants will be advised not to use names in discussions and not to divulge any identifying information heard during the groups. Tapes and transcriptions will only be seen by the research team and kept in locked, secured files and rooms. After three years the tapes and files will be destroyed. After each session participants will be given a $25 incentive for their participation.
Projected Outcomes and their significance
Projected outcomes of this project include a better understanding of needs, acceptable intervention methods and tools, which will allow us to develop a roadmap to best-practice services for these underserved patients and a research agenda to achieve better communication between patients and health providers and shared decision making.

Previous experience similar to this project
The project lead personnel (Inouye) has been working with the co-lead (Daub) in this community for over 5 years through various joint projects. The other project co-lead (Feng) and the lead (Inouye) have presented and published several articles on community health workers, and worries (2012, 2015, 2016). The first project in the community involved a focus group on the needs of community health care workers. The project results were presented back to the community and at a local conference (2012, 2013). The second project in the community with Daub involved the feasibility of wearable technology in the community (2014) to enhance self-management of diet and exercise.

Another project the lead has been involved in was the use of technology with persons with type 2 diabetes in a rural community in Thailand (Lukkahatai, et al, 2015, 2016). In addition, the lead is the site PI of a NIH funded project working with Native Americans with chronic illnesses to increase their self-management. Finally, the lead has a long history of funding and working with diverse communities to improve self-management of diabetes care with different methodologies.
I. Project Approach
   a. Strengths:
      - The applicant provides a good overview of the resource needs, issues, and workforce challenges to clearly explain the need for the project.
      - The work is being based on a proven foundation established for core competencies developed by CDC, and HRSA, the Public Health Foundation.
      - The project incorporates a wide range of partner from academics, government, community-based organization and business and demonstrates past relationships and commitment to the project.
      - Project will be grounded in the concept of Aloha for both development and evaluation, which may appeal to the 30% of residents that identify as Native Hawaiian.
      - Sustainability of efforts is included as part of the approach.
      - Well written and detailed proposal with a strong community-level approach.
      - Well defined problem statement with a summary analysis of key health indicators as well as an assessment of existing health infrastructure.
      - Approach recognizes the need to integrate clinical medicine with population health and articulates this well in several sections of the proposal (see page 5).
      - Overall goal statement is concise and clear (see page 6).
      - Approach is embedded in established community linkages that would give some advantage towards success.
      - The context statement seems to suggest a resource poor medical/public health environment which may impede success if not address adequately.
      - Approach reaches out to non-traditional partners – such as the Mayor’s office and business leaders.
      - Model/Case study of Hawaii’s approach may shed light on how to build and sustain the same community capacity in other similarly resource poor environments across the country.
      - Approach stresses sustainability – good!
      - Excellent goal statement appears on page 10.

   b. Weaknesses:
      - The project is uniquely focused on the challenges of Hawaii, which may be applicable to other rural health communities, however no information is provided on how these efforts could be applied to other areas outside of Hawaii.
      - Although the preparedness toolkit will be based on the assessment which isn’t complete, limited information is provided on what would be included and activities do not occur until late in the project plan.
II. Objectives, Activities, Timeline, and Outcomes
   a. Strengths:
   - The applicant does not seem to propose engagement of subject matter experts or organizations/entities with specific expertise in emergency preparedness and response, either ones in Hawaii or elsewhere that could lend critical guidance and contribute content.
   - The work plan includes objectives and necessary tasks, including opportunities for learning and exchange of information, including development of workshops and web-based forum for sharing project communication, building capacity forums, response planning, and training opportunities.
   - The proposal outlines results and benefits.
   - A detailed evaluation plan is included with both process and outcome measures.
   - Well defined objectives with some attempt at SMART descriptors.
   - Objectives with clearly defined activities are well laid out and readable.
   - Project Advisory Council will be considering MOUs and other agreements to solidify the partnership.
   - Assessing needs and skills appears well grounded in core public health competencies.
   - Accessing PH TRAIN is a real plus.
   - Appreciated the recognition that the assessment (SWOT) would consider two levels – the overall preparedness approach and the issue of sustainability.
   - Objective 6 is a welcomed addition where informal protocols will be written for everyday practitioners.
   - Project timeline is well done.

   b. Weaknesses:
   - Although information related to SMART objectives is included, the objectives listed read more like activities.
   - The evaluation is primarily based on process and satisfaction measures, with limited information included on outcomes.
   - The methodology for the survey based assessment will be administered by personal interviews with key stakeholders, focus groups, and anonymous survey instruments, but limited information is provided regarding the specific organizations, health care workers, or others that will be contacted; how many surveys will be conducted, or the anticipated response rate.
   - Consider developing evaluation measures to determine effectiveness or other measurable changes to knowledge, skills and abilities.
   - Refine and improve the methodology for the survey based assessment. Overall, the activities are described in general terms and few specifics are provided, especially about methods for various project activities. For instance, it is not clear exactly which nine stakeholders will make up the project’s advisory council and few details are given regarding how the survey assessment will be designed and administered (including plans to maximize response rate).
For Objective 2 (assessment), there is seemingly no consideration of being able to obtain some minimum number of survey respondents across the various target audiences. This would impact the success of this objective and the interpretation of the data gathered from the assessment.

- The portion of Objective 5 about developing related online curriculum content may not be attainable given the timeframe.
- The sustainability of Objective 6.4, which includes training doctoral students in designing and conducting evaluations, is uncertain. It is not clear how this aspect is “ongoing” if the funding period is for one year. Will only one class of students be trained in the content?
- Activities need to be described with more details, especially around methodology.

III. Organizational and Staff Capacity

a. Strengths:
   - Project will be built off of existing, established relationships with diverse people and resources.
   - Information provided on project staff indicates they have the appropriate skills and background to successfully complete the project.
   - Project will offer training opportunities for the Doctor of Nursing Practice Program, which is designed to meet the needs of the community.
   - Letters of support identify outlined specific activities and accomplishments that will be provided by each partner organization.
   - Institutions appear well connected in Hawaii’s big island
   - Community organizations appear to be fully engaged and committed (as detailed in the three examples).
   - Drs. Daub and Chino have adequate experience and backgrounds for be considered SME’s in this realm.

b. Weaknesses:
   - The potential members or organizations that would form the project advisory committee are not identified.
   - In the project work plan, “SON faculty” are responsible for a large number of the tasks under each objective. It is unclear if this means only the project principal and co-investigator, or whether (and which) certain tasks will have other faculty involved (e.g., the creation of written and online content in Objective 5). If additional faculty will be engaged, their roles and expertise have not been described.
   - It is unclear how much having a full and capable project staff will rely on being able to recruit graduate assistants. If recruitment efforts are not as successful as hoped, it is not clear how this would impact the timeline and project deliverables.

IV. Budget

a. Strengths:
- none

b. **Weaknesses:**
   - The payment for the honoraria ($400 per day) seems a bit high, but may be reasonable given the location.
PROJECT WORK PLAN

Objective 1: In the first quarter of the project year, 9 stakeholders (led by the UHH SON project faculty) will form a project advisory council to review competencies and resources and curricular needs.

Strategy: The project strategy for Objective 1 incorporates the capacity building step of akahai – to create a common understanding of the problems and potential solutions from a population health perspective. In this objective we come together to define our common goals.

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<thead>
<tr>
<th>Tasks</th>
<th>Responsibility</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Engage project partners</td>
<td>SON Faculty</td>
<td>Advisory Group</td>
</tr>
<tr>
<td>Recruit graduate assistants</td>
<td>SON Faculty</td>
<td>Full Project Staff</td>
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<tr>
<td>Conduct initial meeting for group development</td>
<td>SON Faculty and GAs and key stakeholders (PAC)</td>
<td>Project Plan of Action</td>
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<tr>
<td>Conduct quarterly advisory council meetings for</td>
<td>SON Faculty and GAs</td>
<td>First PAC workshop and training</td>
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<td>input on project process, progress, and product</td>
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<td>development</td>
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Deliverables                                    Time Frame

9 person stakeholder project advisory council

Written project plan of action

Objective 2: In the first quarter of the project year, the UHH School of Nursing (faculty and graduate students) will design and conduct a survey based assessment of skills and needs for preparedness/response training & education (deliverable) and a public health competency assessment for East Hawai‘i.

Strategy: The project strategy for objective 2 also incorporates the capacity building step of akahai – to create a common understanding of the problems and potential solutions from a population health perspective. In this objective we gather information to document the problems, issues and ways forward.

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<tr>
<th>Tasks</th>
<th>Responsibility</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Determine best assessment strategy</td>
<td>SON Faculty</td>
<td>Survey protocol</td>
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<tr>
<td>Design and test survey instrument(s)</td>
<td>SON Faculty and GAs</td>
<td>Instrumentation</td>
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<td>Obtain IRB approval/exemption</td>
<td>SON Faculty</td>
<td>Approvals</td>
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<td>Recruit participant population</td>
<td>SON Faculty and GAs</td>
<td>Participants</td>
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<tr>
<td>Administer survey</td>
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<td>Survey data</td>
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<td>Compile and analyze results</td>
<td>SON Faculty and GAs</td>
<td>Survey findings</td>
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<tr>
<td>Review findings with Advisory Council</td>
<td>SON Faculty and GAs</td>
<td>Final report</td>
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<td>Deliverables</td>
<td>Time Frame</td>
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<td>Survey instrument</td>
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<td>Survey data and analysis</td>
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<td>Summary report of survey results</td>
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**Objective 3:** In the second quarter of the project year the SON will create a web-based forum for sharing project communications, capacity building goals, response planning, internship, teaching and training opportunities.

**Strategy:** The project strategy for objective 3 incorporates the capacity building step of *lokahi* – to promote positive working relationships. In this objective we openly share information and resource availability.

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<th>Tasks</th>
<th>Responsibility</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up and populate website</td>
<td>SON Faculty and GAs</td>
<td>Project website</td>
</tr>
<tr>
<td>Update regularly</td>
<td>SON Faculty and GAs and key stakeholders (PAC)</td>
<td>Community resources for health information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project website</td>
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</tbody>
</table>

**Objective 4:** Each quarter of the project – The School of Nursing will conduct community partner population health workshops and opportunities for engagement, cross training, planning, and problem solving.

**Strategy:** The project strategy for objective 4 incorporates the capacity building step of *oluolu* – to promote empowerment through skills building, leadership, and confidence. In this objective we share knowledge and build skills of all participants.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Responsibility</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify training options</td>
<td>SON Faculty and key stakeholders (PAC)</td>
<td>Training plan</td>
</tr>
<tr>
<td>Identify trainers and materials needed</td>
<td>SON Faculty and GAs</td>
<td>Training curricula</td>
</tr>
<tr>
<td>Set training calendar</td>
<td>SON Faculty and GAs</td>
<td>Training agendas</td>
</tr>
<tr>
<td>Conduct and evaluate sessions</td>
<td>SON Faculty and GAs</td>
<td>Replicable process for skill building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training materials and curricula</td>
<td></td>
</tr>
<tr>
<td>Project updates from group dialog</td>
<td></td>
</tr>
</tbody>
</table>
Objective 5: By the end of the 4th quarter create and disseminate a Preparedness Toolkit for community partners and health partners across the Island (deliverable).

*Strategy:* The project strategy for objective 5 incorporates the capacity building step of *haahaa* — to promote interdependence that emphasizes the value of each individual's contribution. In this objective we bring all our knowledge and skills together to prepare a sustainable tool for best practices.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Responsibility</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compile materials and create written and online content</td>
<td>SON Faculty and GAs</td>
<td>Toolkit content</td>
</tr>
<tr>
<td>Compile local success stories</td>
<td>SON Faculty and GAs and key stakeholders (PAC)</td>
<td>Community specific stories</td>
</tr>
<tr>
<td>Disseminate draft for review by PAC</td>
<td>SON Faculty and GAs</td>
<td>Draft toolkit</td>
</tr>
<tr>
<td>Finalize and disseminate toolkit</td>
<td>SON Faculty and GAs</td>
<td>Final toolkit</td>
</tr>
</tbody>
</table>

**Deliverables**

**Time Frame**

Preparedness Toolkit for Community Partners

Objective 6: Develop protocols and products for a sustainable process for ongoing training, education, and integrated project opportunities for practitioners, faculty, students, and community partners.

*Strategy:* The project strategy for objective 6 incorporates the capacity building step of *ahomui* — to promote a sense of commitment. In this objective, together we design a process that will ensure we respond to health threats as a cohesive partnership with the health of our community at the forefront of our actions.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Responsibility</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Design and document viable response system process</td>
<td>SON Faculty and GAs and key stakeholders (PAC)</td>
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<tr>
<td>Create written document that outlines process and partners</td>
<td>SON Faculty and GAs</td>
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<tr>
<td>Develop workshop for Practical Playbook National Meeting</td>
<td>SON Faculty and GAs</td>
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<tr>
<td>Disseminate materials for PAC review</td>
<td>SON Faculty and GAs</td>
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<tr>
<td>Conduct project evaluation activities</td>
<td>SON Faculty and GAs</td>
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<tr>
<td>Deliverables</td>
<td>Time Frame</td>
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<tr>
<td>Community Integrated response protocols</td>
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<tr>
<td>Workshop for National Meeting</td>
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<tr>
<td>Handbook of training and educational opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary project evaluation report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final project report and deliverables to sponsors</td>
<td></td>
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</tbody>
</table>