EthnoMed (ethnomed.org):
Web Based Health-Related Information for Targeted Refugees/Immigrant Groups in King County and Their Providers
Presented to GMR Outreach Symposium
Ellen Howard, Head, KK Sherwood Library at Harborview Medical Center,
ehh@u.washington.edu
October 9, 2003
Overview of Talk
- The context in which EthnoMed was created
- The original vision of what it would be and how it would develop
- The reality
- Lessons learned
The Setting
- Harborview Medical Center is owned by King County and operated by the University of Washington
- One of its missions is to serve the Non-English speaking poor

Clinics and services exist to support the needs of these communities
- Primary care clinics
- Housecalls within the International Clinic
- Interpreters’ Services
Ethnomed began in 1994 when easily putting information up on the Web at the UW first became feasible.

**Goal:** to improve communication between health care providers and the targeted populations
- Information for the clinicians
- Information for the patients

**Created with collaboration:**
- The targeted communities
- Harborview Medical Center:
  International Clinic (faculty, staff including Cross Cultural Mediators), Pediatric Clinic, and many others
- Libraries: Health Sciences Libraries, UW Libraries

**Possible because of the trust relationship developed between the providers and the HMC staff and the communities**
From my point of view, the most important factor in developing outreach programs with and for underserved communities is building a foundation of mutual respect and trust.

- Each group is different and dynamic
- Developing trust takes time
- Maintaining the relationship is an ongoing process
In the case of the outreach represented by EthnoMed a strong relationship with communities had already been built:
- International Clinic & other HMC Clinics
- Housecalls Project including Cross Cultural Mediators (CCMs) -7 groups
- Advisory Board – meets quarterly
- Interpreter Services – more that 92000 interpreted visits in 2002
COMMUNITY HOUSE CALLS PROGRAM

The Community House Calls Program was set up to decrease sociocultural barriers to care for non-English speaking ethnic populations receiving their care at Harborview Medical Center, a large urban public hospital in Seattle, Washington, that is operated by the University of Washington. The Medical Center serves a very diverse and changing ethnic population that has required interpretation for over 70 languages at an annual cost for interpreter services of over $1.8 million per year. The variety of cultural groups with different family structures and health beliefs are a challenge to health care providers. Recent changes in the state Medicaid structure to managed health care has been very difficult for many high risk and high need refugee families.

Community House Calls Information

- Harborview Medical Center’s Community House Calls Referral
  Word Document | PDF Format

- Strategies to Address Cultural Competency at Harborview Medical Center: A powerpoint slide presentation by Carey Jackson, MD, MPH, Director, International Medicine Clinic at Harborview Medical Center, Seattle, WA

- Beyond Medical Interpretation: The Role of Interpreter Cultural Mediators (ICMs)
  A manual describing the work of Community House Calls in building bridges between ethnic communities and health institutions. Revised in 1998, this version is in PDF format, 41 pages.

- HERS (Help Each Other Reach the Sky) formerly known as the Cambodian Girls Project, provides employment and career exploration opportunities, tutoring, intensive case management, mental health services and counseling to teenage girls of Cambodian heritage and their families. The program is funded by SafeFuture of Department of Juvenile Justice through the City of Seattle Department of Youth and Family Services. For more information about the program email warya@u.washington.edu

- Minutes of Community House Calls Meetings
  September 25, 2002

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Harborview Medical Center
The composition of the team has varied, but includes:

- **Core members:** Director of the International Clinic, the Head of the KK Sherwood Library, a Web support person, a content writer/editor

- **Other contributors:** CCMs, community members, interpreters, health care providers, lawyers, journalists, students

Funding/Support has included various grants and subcontracts. The support from NLM via IAIMS and NNLM has been crucial.

I will demonstrate some of the features of EthnoMed by focusing on projects we have undertaken with the Somali community.

While we intended to develop EthnoMed in a systematic way, because of funding opportunities and the need for specific information, the growth and development of the site has been more opportunistic than systematic.
We designed the pages for the clinicians so that they could be quickly pulled up and navigated.
For the cultural section we followed the Murdock Classification of Culture, also used by the Human Relations Area Files at Yale.
Breastfeeding is the predominant form of nutrition for children under the age of 2 years. Southern Somalia has a large agricultural and international trading component to its economy, thus, in southern Somalia diets are richer in green vegetables, corn, and beans. Southern Somalis, especially those in the cities, are more familiar with Western foods such as pasta and canned goods. Northern Somalia’s nomadic lifestyle fosters a diet that is heavier in milk and meat. Diets there also have a large component of rice, which is obtained through trade.

For beverages, there are black and brown teas (largely imported from China) and a coffee drink that is made from the covering of the coffee beans rather than from the beans themselves.

**FOOD AND FASTING IN SOMALI CULTURE**

Florangela Davila, Author

Reviewed by Ali Mohamed, Community House Calls Program, Harborview Medical Center

June 2001

An estimated 12,000 to 15,000 Somali’s living in the Seattle area reside in apartments in the Rainier Valley, in Kent, Tukwila and in SeaTac. So this is where, therefore, a handful of Somali groceries have sprouted up in recent years: its freezers stocked with goat meat; its shelves full of basmati rice, lentils, fava beans, fruit juice and pita bread.

Somalis are, like all immigrant groups, adaptive and resourceful. And because they are a relatively recent refugee group, having fled a horrific civil war and famine in 1991 and only beginning to settle in Seattle in the last five years or so. Somalis here generally eat the sorts of foods they are used to from home - and make do, without complaint, when they can't consume the items they'd really like to find in the U.S.

One of these preferred items is camel, both as a source of calcium (its milk) and of protein (its meat). Camel milk, Somalis believe, is the most nutritious of the animal milks they drink - which also includes goat and cow.

Although infants are breastfed up to the age of two, Somalis in their native land would also feed camel milk to...
Lists of Symptoms & Health and Illness conditions were created so that linking could be uniform and parallel files developed for each group.
We have also created materials for the patients which may be printed out by the provider or directly accessed by community members. We are trying to provide the information in multimedia formats.

**Patient Education Materials**

Many of the following documents require Adobe Acrobat Reader to view them and is available for free download.

**Cancer**

- **What is Cancer?**
  - [Somali](#) | [English](#)

**Diabetes**

- **Multicultural Diabetes Project**: Materials developed for use in Multicultural Diabetes Classes for patients and family members. Class topics include basics of diabetes, nutrition, medicines, and glucose meters. The materials were translated into a number of languages and are available as easy-to-print PDFs (each includes both target language and English).

**Rickets**

- for Breastfeeding Mothers: **How to Prevent Rickets in Breastfed Babies**
  - Versions in English and Somali

**Tuberculosis**

- **"Tuberculosis: Get the Facts"** - A CDC pamphlet
  - [Somali](#) | [English](#)

- **"Pills to Prevent TB"** - A Washington State Dept. of Health publication
At Harborview we have a Patient and Family Resource Room with internet access. Community members also can access the materials in community centers, public libraries or schools.
We collaborated with a variety of groups to expand our content; e.g. Northwest Justice Project, Cross-Cultural Health Project, Seattle King County Department of Public Health.
While we had received funding and support from the UW Libraries, HMC & small grants received by some of the physicians, after 5 years I applied for a grant from the NNLM to do community based work.
II. Summary of EthnoMed Community Outreach Project

The EthnoMed Project focused on improving communication between six refugee/immigrant groups in Seattle and their care providers using the Internet and Web pages. To achieve this end, project staff installed computers, networks, and Internet connections in three community centers and taught computer/information finding skills to community members. Project staff also worked with various individuals and groups in order to generate health-related information for or about the six groups that could be put on Web sites, including EthnoMed. We worked with Seattle area refugee/immigrant groups identified by providers at the Harborview Medical Center (HMC) Housecalls Project as needing intense support: the Somali, Tigrean, Vietnamese, Amharic, Cambodian, and Latino groups. We established computer labs in the existing community centers of the first three groups. A multifaceted approach was taken in working with the groups. When we were creating computer labs we worked with existing staff, volunteers and board members to install equipment and software and conduct training sessions: how to use pc’s, email, the Internet, search for information (especially health-related), and create Web pages. (27 sessions, 172 attendees) When gathering information about health related practices and concerns, depending upon the situation, we worked with cross cultural mediators (CCMs) from the Housecalls Project, interpreters at Harborview Medical Center (HMC), patient groups, key informants and members of the community at large. Some partnerships were established. The librarian will continue to work with the HMC Multicultural Diabetes Education group, Housecalls will support the work of one part-time employee who will continue to work with the community centers, and the communities established links with the City of Seattle Community Technology Group. EthnoMed team members will continue to work with the targeted populations, keeping the communities connected to HMC and the University of Washington (UW). Other possibilities for partnerships have been identified; for example, connections with city-based groups that teach Internet skills, e.g. the Seattle Public Library, the community colleges. We accomplished our goals that were related to working with the targeted populations, although not necessarily using avenues proposed. However, we did not find ways to identify, contact and train the non-UW care providers who serve the targeted populations.
While I had previously worked with individuals from the various cultures, after I received the funding I began to work in depth with several of the communities to set up computer centers, teach the use of the computers to find health information and create documents for EthnoMed.
Computer Resources and Classes for the Somali Community Center

Eilen Howard, MLS: Health Sciences Library, University of Washington, Seattle WA
with the collaboration of Alem Nicodimos and Haasan Omar.
Web page based upon materials prepared by Chholing Taha, Emily Hull and Janet Schnall.

A Few Terms:
- Internet
- Browser: Internet Explorer, Netscape
- Search Tools: Google, Yahoo
- http: Hypertext transfer protocol
- URL: Uniform Resource Locator

Some Skills:
- Basic Computer Use: use of equipment
- Email
- Basic Internet Skills: searching the Web, locating information, evaluating sites, saving information
- Basic Computer Skills: word processing, spread sheets

Email
- Hotmail

HTML Project Information:
- Hours of the Community Computer Lab
- Community Computer Lab
- HTML tutorial
- The basic HTML page
- HTML cheatsheet

Sampling of Search Tools:
- Google
- Yahoo
- URL box in Internet Explorer
- Seattle Public Library includes magazine indexes.
- University of Washington Catalog

For detailed information, click on "Navigating the Web Using Tools and Evaluation Resources"
Oral Health Beliefs, Traditions and Practices in the Somali Culture

Information compiled by: Scott Beveridge
Community Reviewers: Ali Mohamed and Mohammed Jama
Clinical Reviewers: J. Carey Jackson, MD and Elise Graham, MD
Edited by: Christine Wilson Owens

Methods

This article was based on five interviews with students and faculty.

Oral Health: Infant Nutrition

Most Somali mothers living in Mogadishu home use a midwife, who is usually a woman assisting at the home birth. Whether girls will rarely see a doctor unless birthing care for their babies from their mothers.

Breastfeeding

It is culturally important for Somali mothers. Somali children are breast fed until they are in Mogadishu are fed breast milk supplemented cow's milk mixed with water at three months is believed to cause stomach problems.

FOOD AND FASTING IN SOMALI CULTURE

Florangelo Davila, Author
Reviewed by Ali Mohamed, Community House Calls Program, Harborview Medical Center
June 2001

An estimated 12,000 to 15,000 Somalis living in the Seattle area reside in apartments in the Rainier Valley, in Kent, Tukwila and in SeaTac. So this is where, therefore, a handful of Somali groceries have sprouted up in recent years: its freezers stocked with goat meat; its shelves full of basmati rice, lentils, fava beans, fruit juice and pita bread.

Somalis are, like all immigrant groups, adaptive and resourceful. And because they are a relatively recent refugee group, having fled a horrific civil war and famine in 1991 and only beginning to settle in Seattle in the last five years or so. Somalis here generally eat the sort of foods they are used to from home - and make do, without complaint, when they can't consume the items they'd really like to find in the U.S.

One of these preferred items is camel, both as source of calcium (its milk) and of protein (its meat). Camel milk, Somalis believe, is the most nutritional of the animal milks they drink - which also includes goat and cow. Although infants are breastfed up to the age of two, Somalis in their native land would also feed camel milk to children. Adults also regularly drink the milk and some Somali adults are apt to point to the tallest members of their families as proof of the tremendous advantage camel milk holds over other milk.

Since many Somalis are nomads, back home they often ate a popular type of jerky called otka - preferably camel meat that is dried and then fried in butter and spices. Its preparation allowed the meat to be preserved for a long time, which made it ideal to take on long trips.

Local Somalis say it is impossible to find camel meat or camel milk here in the U.S., although they have tried. But goat meat - usually bought frozen as an Australian import - can be bought in Somali grocery stores. Somalis prefer shopping in their own stores for goat meat because they say when they have found goat in other markets and taken it home, it usually tastes too fatty and much too similar to lamb.
Then the real fun began. I could not generate enough documents. So I began to work with a diabetes education team at Harborview. Classes were being developed for each of the ethnic groups. In order to prepare culturally sensitive and appropriate materials we shopped, cooked and ate with community members.
By documenting the events, we could then use the information and pictures for teaching and creating instructional materials.
**MULTICULTURAL DIABETES MATERIALS**

January 2003

The following materials were developed at Harborview Medical Center (Seattle, WA) for use in Multicultural Diabetes Classes for patients and family members. Class topics include basics of diabetes, nutrition, medicines, and glucose meters. The materials were translated into a number of languages and are available as easy-to-print PDFs (each includes both target language and English). Several of the patient education handouts also include audio narrations that require software for listening. (See description & note about audio).

**Note**
Please see Multicultural Diabetes Project for additional information and other materials related to this project.

**Funding**

The diabetes work for this project was funded in part through a grant from the Group Health Community Foundation. The Accessing Health Information Project, through support from the National Library of Medicine, provided funds for translation, the audio recordings, and making these materials available.

**Table of Diabetes Materials**

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<th></th>
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**Waxharashada Bukaanka iyo Qoyska ce Cusbitaalka Harborview**

**Jimiesiga iyo Sonkorta**

Daweynta ugu fiican ee lagu daweyeyo sonkorta waa jimiesi. Jimiesiga wuxu kaa caawin karaa:

- In sonkorta ku jirto dhigiga aanay duhurin heerka la rabo
- In musaanaga u ah aad mid caafimaadka u fiican
- Inaad luuqad tahay tamar fiican
- Inay caawin karaa giigsanmuunto

**Ku-talogaal Jimiesi**

- Dhakhtar kaaga la tasho ka horintaanad bilaab bin banaamij jimiesi ah.
- Socodka, dhabasha, haasee wadista, qoob-ka ciyaaralka ama ciyaaruhu waa siyaabo wanaagsan oo lagu jimisado.
- Doono firfircoomi ama hawlgal ad ka heeshid.
- Doono goorta ad jimiesi samayn doonid kuna qee taariikh-qaaraaga.
- Badaadi cagintaaga. Gisho shanbaad cudi ah uma hubiso in kabiisu si fiican ku leeg yihiin.

**Barnaamijkaaga Jimiesiga**

**Goorma?**

Wakhtiiga ugu wanaagsan ee jimiesi la sameeyo waa 1 ilaa 1½ sacaddood cuntada ka dib. Iska cabbir sonkorta dhigga ka horintaanad bilaab bin jimiisiga.

- Huddi sonkortaaddu hoosysyo (ka hoosysyo 120mg/dl), qudoo cunto fudud oo bur ama daqiiq-nuufka ku jiro ka horintaanad bilaabin.
- Huddi sonkortaaddu sarxwe (ka sarxwe 300 mg/dl), mudug dib u dhig
After my subcontract was completed another member of the EthnoMed Team applied for an NLM grant. This resulted in more projects and materials, and increased our contact with the communities.

Harborview Project
Accessing Online Information for Immigrant and Refugee Health
(a.k.a. Accessing Health Information Project)

A project of the National Library of Medicine
Minority Consumer Health Outreach Program

Note: It is not the intention of the Accessing Health Information Project to provide specific medical advice, but rather to help users find information to better understand their health and diagnosed disorders. Specific medical advice will not be provided, and members of project urge you to consult with a qualified physician for diagnosis and for answers to your personal questions.

The goal of the Project is to be a collaborative effort which improves access to internet-based health information for members of seven immigrant communities in Seattle, in a way that is culturally meaningful. Since January 2002 the project effort has involved small teams of community members who are developing training materials and classes for their communities. The materials and classes are for sharing skills and internet resources for finding good health information online.

Check the links below to view the training materials in progress, to learn more about the project and participants and to find contact information.

Current Community Training Pages:

* Cambodian (English)
Health Related Web Resources: Somali Community

Prepared by Ellen Howard with the collaboration of Nancy Press and others.

Note: It is not the intention of the project Accessing Online Information for Immigrant and Refugee Health to provide specific medical advice, but rather to help users find information to better understand their health and diagnosed disorders. Specific medical advice will not be provided, and members of project urge you to consult with a qualified physician for diagnosis and for answers to your personal questions.

Find the health information you need: Use it to improve health

Part 1 Objective: Students will be inspired to use information they find online.

Topics covered: Examples for how to get medical coverage in the US.

Topics of specific interest

KU SOO DHAWAADA WALAALYAAL

Wecadd waxday fican oo ku saabsan shara qodob ko hoos ku qoran aad ka heli kartan marka aad Shabalada (Intemetaha) gashir

Wecadd jirin warbixin badan haddii aad u badan tahay inaad barato sida aad ka heli karin waxb xisaabiynta/addaad gaar Shabalada (Intemeteha)

http://depts.washington.edu/thanosedHMCproject/Somali_English_Consumer_Table.htm

QAYETA 1AAD: (Somali)

CAAFIMAADKA Quruntu waxa ay ka xiriirta ugu horeysay haddii aad u heli lahayd caafimaadka bilowsho. (Hrist) Northwest Justice Web Site Project scoona sida aad u heli lahayd caafimaadka bilowsho.

Justice Project Web Site http://www.nwjustice.org

1. Dhigkarka (High Blood Pressure)


2. Aydhkiska (HIV/AIDS)

http://www.asiac.org/docpdf/DCM-CM-Somali.PDF

http://www.asiac.org/docpdf/HIV-CTK-Somali.PDF
SOMALI TUBERCULOSIS PATIENT EDUCATION

Teaching Tool for Somalis about Tuberculosis and INH Treatment of Latent TB Infection

1. Background
2. Provider Information
   - Summary of Themes and TB Teaching Points
   - Suggested Use of Audio in Clinical Setting
3. Audio Recording
4. Script (Somali and English)
5. Credits

1. Background:

In recognition of the role that culture plays with medical treatment, in 1999 and 2000 in the Seattle Somali community, Tuberculosis, illness were discussed in depth. Discussion and treatment were identified. With collaboration transformed into patient teaching points and discussion among Somali friends who have a familiar topic of TB. Finally, the tool was piloted and being made available here.

2. Provider Information

DEATH: THE CROSS CULTURAL CONTEXT

General Introduction to Medical Examiner's Cross Cultural Meetings

The King County Medical Examiner's Office at Harborview Medical Center (HMC) in Seattle, WA has hosted a series of meetings to improve cross-cultural communication and competency in their work with members of local refugee and immigrant communities. The series of meetings is a forum for medical examiners, pathologists and investigators to learn about the cultural and religious norms associated with death and dying among some of the area's new and diverse populations. The encounters present the opportunity to develop specific guidelines and resources to assist the medical examiners and other professionals in relating with families and communities about death in a context of cultural, religious and often linguistic diversity. The legal roles and responsibilities of the medical examiner and the traditional roles and responsibilities of family and community that occur during times of death are discussed. The Medical Examiner's Office initiates the exchange of information with prepared questions. The Nurse Coordinator of Harborview's Community House Calls program facilitates the meeting. Information about death in a community is provided by the Community House Calls program’s Caseworker Cultural Mediator (CCM), who is both an HMC employee and a member of the community. Staffs of the medical examiner's office and the medical
Just recently we started a NLM funded community outreach planning project in collaboration with the Somali Community & Seattle/King County Public Health Department.

Build Education and Community Access Networks: improving linkages and information sharing between the King County Somali Community and Public Health Agencies

Why this project is important? It is a unique and a pilot project in reaching out a new refugee group who cannot access to the abundant medical information with the mainstream citizens. It is an unprecedented move to assess closely their needs and study the best way to serve their unmet needs. Variety of ways shall by used to gather information through a questionnaire or a survey, on phone calls, family visits, and at workshops, by recruiting volunteer youth to participate in discussions and to engage others in the community. Involving youth has advantages in that many youth can bridge the language divide, speaking some English and still relating to Somali family at home. Other channels for communication would be the mosques and the Imam, restaurants and grocery stores. This project will generate an information shared by the community through, a one-page flyer, showing all health facilities in King County and when and how to access them would be an important creation or outcome. This could include what to do in emergency situations, where to go, who to call.

Our organization has positive experience working with Harborview and the Health Department people at Harborview. Harborview is a place where people in our Somali community go when they do not know where else to go with a health care or health information need. At the community center, elders have had recent experiences in accessing the Ethnomed-based audio TB education resource created for and with Somalis. The result has been that elders in the community expressed feelings of empowerment and satisfaction in learning new information that was tailored especially for them. It’s an honor and pride for our community service organization to support developing networks for Somalis to receive public health information to promote learning, empowerment and health care moving beyond language and culture barriers.
Other Projects

Help Market EthnoMed at HMC

Work with UW Somali Task Force - ObGyn

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Help staff get information on EthnoMed

**It Works!**

**Group Nutrition Education for Non-English Speaking WIC Families**
Alyia Haq, MS, RD, CD - Harborview Medical Center, WIC Program, Seattle, Washington

**Abstract**

Nutrition Group Background
- **Target audience:** Parents of preschool children; children, families, English, Spanish

When/Where:
- Twice a month
- 11:30-12:30 1st Tuesday of each month

Advantages of Nutrition Education in Groups
- Increased knowledge
- Group interaction
- Improved retention
- Community involvement of limited English proficiency parents
- Cultural Competency Training for students
- Advocacy
- Improved health of young children

**What is Taught**
- Breastfeeding
- Child nutrition
- Dietary diversity
- Smoking and dental health
- Preventing childhood obesity
- Introducing vegetables to preschool children
- Food labels
- Cross-cultural diets
- Breastfeeding

Collaborative Strategies
For Language Access
In Health Care
In Seattle & King County

Meeting Report
Prepared by Christine Wilson Owens and J. Cory Jackson
At The Refugee and Immigrant Health Promotion Program
At Harborview Medical Center
Lessons Learned

• Meaningful outreach programs are built on carefully cultivated relationships
• The target population needs be involved in designing the program
• Sustaining programs is difficult
• The encouragement and support of the NNLM staff was vital to the successful completion of the NLM funded projects
• Being involved in the community outreach programs has enriched my life in ways I could not have anticipated. I’ve met incredible people and learned a lot about communication.
• I’ve also learned about how important food is within cultures and how sharing foods bridges many cultural gaps.