PROJECT NAME
Elder Community Health Upholders

HWPP PROJECT NUMBER 2008 l-10
Without exceeding this one page, briefly describe the project.

PURPOSE - Highlight the need for the project.
Our research and prior EHU project show that Milwaukee's inner city, predominantly African American churches have large populations of elders who do not or can not access appropriate health care services. Challenges we uncover point specifically at community cultures that avoid or misinterpret health information, and community and corporate policies that limit physical access to health care providers and services. This project (ECHU) will help vulnerable Milwaukee churches develop elder health ministries that sustain culturally appropriate education and develop skills to effectively advocate for policies that are aligned with the health needs of their communities.

PLAN - Describe the project's implementation plan, methods to be utilized, and involvement of affected communities.
This project is built on a strong history and has two main thrusts: training and embedding culturally appropriate health volunteers and sustainable projects in nine church communities, and training and preparing church leaders to work effectively with their own vibrant health ministry, while also working strategically to build relationships and advocate for changes in policies to advance the health of their communities and neighborhoods.

PARTNERSHIP – Describe how the project will capitalize on the strengths and skills of all partners.
We have sustained most of our 14 partners for three years, and have seen two new partners join this project about 18 months ago. Partners consist of nine churches, three large non-profit associations, one large health system and MCW. Each bring exceptional abilities and resources for project success. Strengths of these partners (e.g., leadership, cultural wisdom, marketing, training) are evident in all phases of this comprehensive and achievable project plan.

EVALUATION - Describe the evaluation method that will be used to measure quantifiable and significant outcomes.
Quantitative and qualitative methods will be used to measure both progress and products resulting from training, events and system changes. A published framework (Kirkpatrick model) guides the plan for efficiently obtaining and reporting four levels of outcome data: reactions, learning, performance changes and results on church ministries, elders and health policies. A dedicated evaluation director and co-director will lead all evaluation activities.

SUSTAINABILITY - Explain how the partnership will be financially and programmatically sustained.
Programmatically, ECHU member church pastors have established a five-year commitment (through 2012) to support both their own church elder needs, as well as advocacy to engage systemic issues, such as access, transportation and safety. The ECHU Training Guide and other products will support program sustainability. Financially, pastors are taking steps to match grant funds for some services. Key partners share long-term interests in ECHU goals (e.g., the Medical College, Cancer Society, Arthritis Foundation) opening opportunities for new resource support in the next three to six years.

DISSEMINATION – Describe how the project results will be shared.
This project has detailed plans and people to disseminate project results with local and distant audiences. Local products include a twice-annual newsletter about the ECHU, its activities and people. The Health Summit (Year 2), a public event to showcase the project, needs and strengths of our elders and communities. Special events and culturally aligned ministry projects will attract elders from all member churches and their neighbors. The exhibit display will be a pictorial depiction of the story of ECHU - and after its debut at the Health Summit it will be displayed at member churches and other locations. We will disseminate results to professional and distant audiences: the peer-reviewed ECHU Training Guide, presentations to seven local and distant professional meetings (e.g., fields of family medicine, cancer, arthritis and community / geriatric nursing), and three manuscripts on outcomes (target journals are: Wisconsin Medical Journal, Health Ministries Journal, and Progress in Community Health Partnerships: Research, Education and Action).