PROJECT OVERVIEW
ATTACHMENT B

PROJECT NAME
Faith-based African American Network (FAAHN)

HWPP PROJECT NUMBER 20071-13

PROJECT SUMMARY
Describe the major purpose of the project, the need and how it relates to the Health Improvement Model. Briefly describe the project's implementation plan, methods to be utilized and involvement of affected communities. Detail the community-academic partnership plan. Specify the evaluation method that will be used to measure feasible, quantifiable and significant outcomes and the impact the project will have on the health of Wisconsin residents. Do not exceed this one page.

Purpose: The Faith-based African American Health Network (FAAHN) will build community capacity to respond to health issues and reduce health disparities in the African American (AA) community. The project will build on the Black Health Coalition’s (BHC) consumer driven Faith-based Community Health Committee (FBHC) to create a communication and support infrastructure to effectively engage the AA community in emergency preparedness, health policy, planning and advocacy working primarily with faith-based organizations. Need: A key emergency preparedness goal after 9/11 and Hurricane Katrina was to assure public involvement in community-wide emergency preparedness and response. This goal is far from being met through emergency management agencies and faces many challenges using traditional models. Ethnic and hard to reach populations in densely populated urban areas have endured disparate impacts from catastrophic events. National surveys have shown that the level of citizen preparedness has not increased and that trust in government’s ability to respond effectively to a disaster has been “tarnished”. African-Americans were less confident than Whites or Latinos. Faith-based organizations were ranked second as doing excellent or very good at helping to prepare communities for a disaster. Milwaukee has been compared to New Orleans with respect to residential segregation and homes without cars and phones. Milwaukee’s AA community was disproportionately affected by the measles outbreak in 1989-1990, and the 1993 cryptosporidium outbreak. The IOM recommends active participation of affected communities and interdisciplinary teams to design and implement communication health strategies.

Implementation: To implement this project the community driven FBHC will convene stakeholders to develop and implement an effective infrastructure, communication network, and resident training and support system for engagement and active participation in health program planning, policy and advocacy. Because the locus of control is with FAAHN, a more general framework for implement and evaluation is proposed. The FAAHN will address the four areas of the Health Improvement Model through communications on major health risks and emerging health threats with a focus on the AA community, building community capacity and an overarching goal to reduce health disparities. Participation will be expanded primarily through AA faith-based organizations (FBO). Evidence-based and best practices will guide development of communication strategies and community engagement. The communication network will play a key role in crisis communication through the emergency prepared leadership provided by the MHD. The community-academic partnership will build on partner relationships established working on other health initiatives and draw on the strengths of each. The BHC as a trusted health advocate will manage and support consumer participation. The MCW will bring its experience in program analysis, research and evaluation of community health programs. The MHD will bring expertise in evaluation and emergency preparedness. Evaluation: The evaluation plan will be developed through the modification of existing tools and instruments that are practical to apply in a culturally relevant and community-oriented manner. Baselines will be established early in the project. Methods will include pre-and post-tests, surveys, interviews, focus groups, etc. Outcome: will be accomplished under three objectives: 1. Establish an infrastructure to support the FAAHN 2. Develop an effective health alert and information communication network 3. Increase community engagement through leadership and advocacy training. Impact: The communication network will provide a critical link for “crisis communication”. The FAAHN will put the consumer actively at the table in planning, mobilizing and responding in emergency situations. Community development and support will prepare residents for effective participation in health planning, policy development and advocacy. Through the activities and linkages of the FAAHN, capacity will be developed at the FBO/neighborhood level to receive, interpret and use health information effectively. The FAAHN will transform our public health system by building community capacity to effectively participate in emergency preparedness planning and responding. It creates a crisis communication infrastructure where none exists. The model can be replicated across the state and will attract funding into the state.