

# TeleHealth Project Replication Manual

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## **Preface**

The Eastern Area Health Education Center School Based TeleHealth Grant 4-31522 was funded in October 1995 by the National Office of Rural Health Policy and the National Area Health Education Center. Support for the production of this manual was provided by the National Area Health Education Center. Copies of the project budgets can be found in Appendix A.

The Principal Investigator for the Eastern Area Health Education Center School Based TeleHealth Project was Susan Gustke, MD, Executive Director, Eastern AHEC. The Project Directors were Helen Brinson, RN, MSN, Director, Nursing Education and Debbie Ramey, M.A.Ed., Director, Health Careers and Minority Affairs, Eastern AHEC.

Six professional Schools/Departments from East Carolina University collaborated with the Eastern Area Health Education Center to plan and implement the School Based TeleHealth Project.

There may be terms located in this manual that are unfamiliar to the reader. A glossary can be found in Appendix B of this manual.

Consultation on implementation of a TeleHealth project is available. Contact the project directors for specific details on project implementation at Eastern Area Health Education Center, PO Box 7224 Greenville, NC 27835 (919-816-5231).

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This manual was produced with the editing assistance of John Swope, Ed.D, School of Education, East Carolina University.

# **Collaborators**

## Collaborators

The project was a collaborative effort among three organizations: the Eastern Area Health Education Center, East Carolina University, and Washington County Schools. All contributed significantly to the planning and implementation of the project. The Eastern Area Health Education Center assumed leadership for project planning and implementation. Two directors from Eastern Area Health Education Center coordinated all activities of the project, planning, implementation, and evaluation.

The following six (6) professional schools from East Carolina University collaborated on the project:

- ◆ School of Education
- ◆ School of Health and Human Performance/Department of Health Education
- ◆ School of Human environmental Sciences/Department of Nutrition and Hospitality Management
- ◆ School of Nursing
- ◆ School of Medicine
- ◆ School of Social Work

The schools involved were selected because each states in its mission that it works in some way to serve others and/or to improve health care. Three committees were formed to assist in project planning and implementation. They were comprised of representatives from Eastern Area Health Education Center, East Carolina University, and Washington County Schools to aide in the development of this project. Each committee served in a specific capacity in the planning and implementation of the School Based TeleHealth Project.

**The Oversight Advisory Committee** consisted of the Project Investigator and Project Directors from the Eastern Area Health Education Center, Deans or Chairpersons from each East Carolina University professional school, and representatives from Washington County Schools. This committee assessed and prioritized the needs and plans for project development.

**The Eastern Area Health Education Center Working Committee** was composed of representatives from the three organizations involved with this project. All members of this committee were appointed by the Oversight Advisory Committee. Their purpose was to identify topics, assign resources, and develop the schedule for the educational focus group. The content for the focus group was based on the LEAP Project (Linking Education and Providers) curriculum and the public school health curriculum.

**The Washington County Working Committee** was formed to guide the integration of the project into the Washington County school system. This committee had representatives from the school board, county office, local health department, and the high school.

# **Project Background and Overview**

# **Project Background and Overview**

## **Purpose**

The purpose of the project was to explore the use of the technology (interactive teleconference and data-link) as a means of bringing resources to the classroom to impact the health of the students.

## **Need for the Project**

Educational, preventive and interventional activities directed at K-12 school children have much more potential for impact on lifestyle and health management than interventions directed toward adults whose lifestyle are deeply ingrained. Teachers in rural schools are often not prepared to provide health related counseling, because they have few resources to draw upon, and because their teaching load often does not allow the time for them to study health related topics.

The need for readily accessible health care is vital to the well-being of all citizens, but especially young people. Through the provision of health education to school personnel and students, the opportunity exists to positively affect the health status of every child and adult in the school system, and consequently the entire community. By developing educational interactive programs, students in all areas have the opportunity to be exposed to important and current health issues.

The School Based TeleHealth Project was designed to improve the health status of a segment of the population in rural Eastern North Carolina through a collaboration between Eastern Area Health Education Center (EAHEC), and Washington County Schools. Plymouth High School in Washington County was selected based on a multitude of economic and geographic factors that will be discussed later. Demographics of Washington County are discussed in the next section of the manual. Based on these demographics and the availability of the Plymouth High School Teleclassroom, this school system was an excellent site for the demonstration School Based TeleHealth Project. In addition, Washington County Schools had existing relationships with the East Carolina University School of Nursing, Department of Health Education, School of Education, and the School of Social Work. Eastern Area Health Education Center also was actively involved with the development of a Community Health Access Group (CHAG) in Washington County.

This innovative project introduced new technology into the school system by way of a health education application. The components of the project included educational groups, clinical consultations, health profiles, student supervision, and cultural diversity training.

## ***The Community***

Washington County is a rural county in northeastern North Carolina with a sparse population of 13,997. Per capita income is only \$12,599, with 20% of the total population and nearly

30% of all the children identified as living in poverty. The unemployment rate is 7.4%, which is nearly twice the state rate. Factors contributing to unemployment include little business expansion, no new industry, and lower levels of skills and education on the part of its citizens. Of residents  $\geq 25$  years old, 39.4% have less than a high school education.

The Department of Social Services reports 19.3% of Washington County residents have been determined eligible for Medicaid, with 342 children, ranging from newborns to eighteen years old, receiving Medicaid for infants and children. Single parent families constitute 26% of the households in the county. In 1993, 25.3%, of the county's children, more than twice the state rate, were receiving Aid for Dependent Children. By September 1994, the Department of Social Services reported that 29.9% of the county's households received this aid. The school system reports 62.4% of students are receiving free or subsidized lunches this school year, and not all eligible students apply.

### ***Status of Health Care***

Access to health care and transportation in Washington County are problems that affect the utilization of existing medical resources. All health care and human service agencies are located in the county seat of Plymouth, making access especially difficult for the residents of Roper (8 miles) and Creswell (25 miles). The Washington County Health Department is located four miles outside town which also creates additional limitations to Plymouth residents seeking health resources. There is not a public transportation system in the county.

Like adolescents elsewhere, Washington County adolescents are the most medically underserved population in the county. Receiving little or no primary health care, visits to health care providers are more likely the result of acute illness or injury, or as required for sports or college physicals. In November 1994, students were surveyed regarding health care visits, problems, and insurance. Twenty-eight percent of the 9th - 12th grade students did not remember when they were last seen by a doctor, and 38% indicated they had never received a physical examination. Of those who had a physical, 50% indicated the exam was required for sports participation. Students also reported not knowing the last time they were seen by a dentist (31%) or an eye doctor (41%). Many reported chronic conditions such as allergies (21%), asthma (7%), and problems with vision (28%) and hearing (6%). Another 13% reported a variety of other health problems such as sickle cell anemia, headaches, and heart problems. Eleven percent of students reported that they did not have insurance and 32% reported not knowing if they were insured.

The 1990 census numbers Washington County children ages 0-19 at 4,049. Of the 2,028 youth ages 10-19, 53% are minority and the gender is spread 50%-50%. Recently all 7th, 8th, and 9th graders in Washington County were measured for height and weight. Using the Metropolitan Life Charts, about one fourth of both boys (26.5%) and girls (28.8%) were over the heaviest recommended weight for height based on large frames and 28.4% of the boys and 18.4% of the girls were below the lowest weight based on small frames.

Causes of death in Washington County for the less than twenty year old group were generally lower than state rates from 1987-1991, except for perinatal death. During the same period, death from AIDS in the 20-39 year old group were 150% of the state rate. The overall incidence of syphilis was 133% and tuberculosis 202% of the state rate.

A 1992 random sample of Washington County parents (n=175) of children in grades K, 3, 7, and 11, responded to a survey regarding chronic health problems. Nearly 13% of respondents reported having a child with a chronic health problem or a lifelong disability, though less than half of the students had problems requiring them to be identified as “special” in the school setting.

## **Project Goals**

The represented health care problems and economic factors described above led to the establishment of these project goals:

- ◆ Establish educational groups for students to address concerns regarding chronic diseases such as diabetes, asthma, or seizures, to increase knowledge of presented health topics.
- ◆ Offer clinical consultations by interdisciplinary resources (nurses, social workers, physicians, nutritionists, counselors, school nurses, and other appropriate individuals) to students and school personnel.
- ◆ Explore the potential for supervising students (health professionals and student teachers) performing practicums in the schools to increase the awareness and use of the Information Highway.
- ◆ Expand the existing Eastern Area Health Careers and Minority Workforce Development Program in a school to include a continuing education program on cultural diversity for teachers and administrators.

# **Project Design**

# Project Design

The following outline presents the essential components of the TeleHealth project design process. Following this overview, each major component is discussed in greater detail in the Implementation section of the manual.

## Planning

Planning and implementation of the School Based TeleHealth Project began immediately after funding was granted from the National Office of Rural Health Policy (ORHP) and the National Area Health Education Center Program (AHEC). The funding sources directed the development of the project. The ORHP interest was in determining the effectiveness of education and clinical consultation using the technology of the Information Highway. The National AHEC program supported the concept and their interests included health career awareness and cultural sensitivity training. The three collaborators of the project, Eastern Area Health Education Center, East Carolina University, and Washington County Schools, assigned representatives to committees that received tasks and responsibilities.

## Link to the Information Highway

### *The North Carolina Information Highway*

The technology provided a unique opportunity to develop health related programming for the public schools that may go a long way toward impacting disease incidences, morbidity, and mortality in our region. By developing interactive programming over the network, students are exposed to the technology as well as valuable resources. Lectures can be replaced with interactive experiences from a variety of professionals and role models. The technology used in the School Based TeleHealth Project can shrink distances and give the community, and more specifically the school, access to information they would not otherwise have.

Multimedia video teleconferencing offers students and educators at smaller or remote schools the opportunity to share classes with larger schools, access university libraries, and gain instruction from teachers who never have to leave town. It brings the “experts to the classroom.” The program could be duplicated in other North Carolina schools and in other states as the technology to the classroom develops. The teleclassroom could be available for programs to parents and other community groups utilizing the teleclassroom after regular school hours. Specific details regarding the technology utilized in the project are outlined on pages 16 - 18 of this manual.

## ***Teleclassroom***

In addition to the interactive audio and video capabilities of the Information Highway, data link capabilities also exist throughout the Internet. The data link offers additional avenues for communication and information for the remote site.

The Teleclassroom at Plymouth High School had the capabilities of linking to East Carolina University via the North Carolina Information Highway. The teleclassroom at Plymouth High School was equipped prior to implementation of this project. Two facilitators at the remote site were needed to guide each teleconference session. One facilitator managed the classroom activities and the other managed the technical aspect. Further details regarding classroom configuration and roles of facilitators can be found in the technology section of this manual.

## ***Home Page***

Students involved with the project were able to explore the data-link component of the North Carolina Information Highway through the TeleHealth Home Page. The TeleHealth Home Page was available as a tool for extended knowledge of the computer and the Internet. The Home Page was developed under the direction of the East Carolina University School of Medicine Center for Health Sciences Communication. It was designed to extend computer capabilities and resources beyond the classroom. Materials, assignments, and outlines from the focus group sessions were added to the TeleHealth Home Page as follow-up resources for students. The data-link capability was not in place at Plymouth High School, but the Home Page was downloaded to the computer in the Teleclassroom to simulate using the Internet. See Appendix C for an outline of the Home Page design.

## **Instruction**

### ***Educational Focus Group***

The educational focus group linked experts at East Carolina University with eighteen ninth grade students at Plymouth High School. Under the guidance of the Plymouth and Eastern Area Health Education Center Working Committees, a curriculum was developed for the students that would assess their current health status and attempt to influence their health. The two committees held brainstorming sessions to determine the greatest needs of the students in Washington County. The curriculum was based on the LEAP Project (Linking Education and Practice), and the public schools health curriculum. The topics supported the curriculum and added specific content that would impact healthy lifestyles. Information from student profiles influenced curriculum development. The selection of students for the educational focus group is discussed on page 19 of manual.

## ***Developing Instructional Topics***

The Eastern Area Health Education Center Working Committee and the Washington County Working Committee compiled a list of topics for focus group sessions. These topics were then developed and modified based on needs of the students as identified in the health assessment. Topics were divided and assigned to the various East Carolina University Schools/Departments best suited for the presentation. Presenters for each focus group session were selected by their respective school. Content was designed to be an expansion of the standard 9th grade “Healthy Living Curriculum.” Since the topics were originally broad in nature, the presenters created a lesson they felt appropriate for the grade level and needs of the individual students. As a result of topic flexibility, the project incorporated individual teaching styles.

## ***Health Connection Content***

The Health Connection Educational Focus Group met once a week during the identified enrichment period for fifty-minute sessions. Students were excused from their enrichment period to participate in the project. All students kept a notebook so that presenters could send materials for review prior to each session. A project director facilitated each session, along with the presenter, in order to maintain continuity and support. The following schedule was designed by the Eastern Area Health Education Working Committee with the guidance of the Washington County Working Group. The sessions were designed to enrich the current health curriculum. Lesson Plans are available by contacting Eastern Area Health Education Center. A complete listing of the topics presented to the focus group can be found in Appendix D.

## ***Clinical Consultations***

Clinical consultations focused on topics requested by the students or educators in Washington County Schools. These sessions were designed to bring health care experts to the school that would not be there otherwise. The presentations were not designed to diagnose specific illnesses or injuries, but to provide valuable information and guidance to the participants. Further information on the clinical consultations may be found on page 20 of this manual.

## ***Cultural Sensitivity Training for Teachers and Administrators***

Efforts to improve the supply, geographic distribution, and specialty distribution of the health care workforce, mandate that the North Carolina Area Health Education Center program continue initiatives to increase minority representation in the health professions. Eastern Area Health Education Center is strongly committed to promoting endeavors which strive toward this objective. This includes region-wide training on diversity awareness, designed to prepare

a cadre of consultants and trainers for health care agencies and educational settings.

The demand for minority health practitioners in North Carolina is on the rise, yet persons from racial and ethnic backgrounds continue to be under represented in the health professions. Concern over the lack of both the health care workforce and health resources, as well as access to health care in rural areas, takes into account the issues of racial inequality and equity in health care services and providers. Challenged by minority presence issues, Eastern Area Health Education Center viewed this project as an opportunity to address minority issues and health careers awareness in Washington County Schools. With this in mind, “Cultural Responsiveness: An Educational Responsibility,” was an on-site teacher workshop designed to increase sensitivity among educators on cultural differences. Teachers and administrators from Washington County Schools attended the one-day workshop presented by faculty from East Carolina University School of Social Work. A more complete outline of this training can be found on page 21 of this manual.

### ***Scheduling***

Implementation involved scheduling time on the North Carolina Information Highway that was agreed upon by all parties involved. Specific time was scheduled from 10:00-11:15 am every Tuesday from January 30 through May 29, 1996, for the “Health Connection” educational focus group. This time was selected because students at Plymouth High School were scheduled for an enrichment period. An elective chosen by the student every marking period, was designed to enhance the traditional curriculum. Time was also blocked from 3:30-4:30 pm every Wednesday and Thursday from January 31 through May 30, 1996, for clinical consultations. Clinical consultations were held after school to allow students and educators in Washington County Schools the opportunity to attend. The North Carolina Information Highway (NCIH) provided the convenience of rescheduling presentations if the schools were unable to participate due to inclement weather, teacher workdays, or other conflicting events. A complete 1995-1996 calendar listing of events can be found in Appendix E.

### ***Assessment***

Assessment was conducted by the Eastern Area Health Education Center to examine the experiences and outcomes of the School Based TeleHealth Project. Committee members, presenters, focus group participants, and Cultural Diversity participants were all asked to complete a questionnaire. Further details regarding each evaluation can be found in the Project Evaluations section, pages 24 - 27 of the manual.

## **Public Announcement**

A teleconference public announcement was conducted on January 23, 1996, kicking off the TeleHealth project for Plymouth High School. This announcement, using the new technology linked East Carolina University with Plymouth High School, thus showing the advantages of linking a public school to a university. Legislators, school board members, Washington County School employees, East Carolina University representatives, Eastern Area Health Education Center directors, and the media attended the announcement at the two sites.

## **Remote Supervision**

One of the project goals was to explore the potential for supervising university students performing practicums in rural areas via the Information Highway. Many practicums were assigned before the grant was funded, therefore only minimum exploration of supervising was available. More information on the remote site supervision is found on page 22 of this manual.

# **Implementation Details**

# Technology

The goal of the project was to explore the use of the technology (interactive teleconference and data-link) as a means of bringing resources to the classroom to impact the health of the students.

## Things to consider

The following technology components are essential for project implementation:

- ◆ adequate resources to support project (financial and human)
- ◆ purchasing equipment and supplies with grant funds & availability of equipment
- ◆ capabilities of the selected facility
- ◆ policies and procedures for e-mail and Internet access

## Telecommunications Link at both sites

- ◆ ATM fiber optic link
- ◆ two-way interactive audio and video
- ◆ data-link connection
- ◆ scheduling guidelines for network time

**NOTE:** The School Based TeleHealth Project utilized the North Carolina Information Highway as the communications link. Plymouth High School had the teleclassroom in place along with the teleclassroom facilitator to link up with the sites at East Carolina University. Scheduling based on guidelines for network time was organized with the assistance of local schedulers. This task proved to be difficult when dealing with one or more remote sites.

Tips for presenting a teleconference can be found in Appendix F.

## Teleclassroom

- ◆ link to the North Carolina Information Highway (fiber optic; interactive data-link)
- ◆ microphones connected to the telecommunications system, tables, chairs
- ◆ 2 TV monitors (one in front of the room, one in the back), phone, fax, e-mail access
- ◆ availability of teleclassroom facilitator for technical assistance
- ◆ availability of teleclassroom facilitator for classroom activities
- ◆ computer access in teleclassroom (configuration described in computer support section)

**NOTE:** The teleclassroom facilitator served as the technical support for the School Based TeleHealth Project. It was the responsibility of the facilitator to prepare the room for the reception and transmission of the broadcast. Scheduling also had to be approved through the facilitator to verify the availability of the room and network time.

An additional person was needed to monitor the students during teleconferencing and to be available for content discussion, thus freeing the teleclassroom facilitator to monitor the transmission of the program. The school health nurse at Washington County Health Department was the additional facilitator selected for this project. A classroom facilitator does not have to be a certified teacher, but the classroom facilitator needs to possess group process skills that are age appropriate.

### **Computer Support in the remote site classroom**

- ◆ computer located in classroom
- ◆ data-link connection
- ◆ e-mail addresses for the remote site

**NOTE:** At Plymouth High School computer access was not initially available for the students in the educational focus group. Eastern Area Health Education Center purchased a computer (C90 Minitower 256 Cache with Mouse & Pad, 4Mb SIMMs, 70ns Single Density, 1.44 Mb Floppy Drive (3.5" Bay), 850Mb IDE Hard Drive, 1Mb 64bit, DRAM Video (PCI) 15" Non-interlaced SVGA Monitor, Maxiswitch 101 Keyboard, Quad Speed IDE CD-Rom (Internal), plus an additional installation of 8Mb of RAM), work station, chair, Epson Stylus Pro Speakers, and LABTEC C5900 Speakers. CD-ROMS were purchased to complement the educational curriculum and allow students to work individually. The computer was installed in the telecommunications classroom by the Center for Health Sciences Communication under the direction of the project directors.

### **Home Page: WWW.TeleHealthNC.com**

- ◆ support for developing, maintaining, and updating
- ◆ faculty knowledgeable on how to incorporate in curriculum/content
- ◆ marketing the project
- ◆ knowledge of policies and procedures of school system on Internet access
- ◆ supervision and support on-site for students

**NOTE:** The TeleHealth Home Page was developed by the East Carolina University School of Medicine Center for Health Sciences Communication. Plymouth High School, during project implementation, did not have the data-link connection. The Home Page was downloaded to the computer at Plymouth High School that was purchased by Eastern Area Health Education Center. This was necessary to demonstrate the process and function of Internet access. The issue of Internet (data-link) access is important to school systems that are concerned with students accessing inappropriate information. At the remote site, policy and procedure were not in place to deal with students Internet access.

**WWW.TeleHealthNC.com**

# **Educational Focus Group**

## ***What is a Focus Group?***

- ◆ A group meeting to discuss common interests or topics
- ◆ Discussion guided or facilitated by an "expert" in the field

## ***Selection Process for the Focus Group***

The original goal of the School Based TeleHealth Project was to provide education and support to students with chronic diseases. The first step was to form a focus group for students with a chronic disease such as diabetes, asthma, or seizures. The school system advised against this approach because students would prefer not to be categorized in groups of this nature. Therefore, under the advisement of Washington County Schools, it was necessary to modify this goal in order to integrate the healthful living curriculum of the school system into the project.

An informative presentation was given to all ninth grade students at Plymouth High School by the faculty from East Carolina University School of Nursing. Applications were distributed after the presentation and all students interested in improving their health were encouraged to apply. Ninth grade students were targeted to allow for continual contact over the remainder of their high school career. Eighteen students applied for the enrichment class known as the "Health Connection," and accommodations were made to accept all eighteen individuals in order to maximize the outreach efforts of the School Based TeleHealth Project. The brochure which was distributed to the students can be found in Appendix G.

## ***Profiles of the Focus Group***

Fifteen females and three males participated in the educational focus group. The ethnic breakdown was 10 Caucasians and 8 African Americans. Each student worked on-site with a nursing intern from the School of Nursing to complete a "Health Assessment" (Appendix H), and to formulate their personal goals. This base-line data was used to develop the series of educational sessions that were developed.

The personal goals listed by three or more focus group participants were as follows:

- ◆ To go to college
- ◆ To have a better attitude
- ◆ To pursue a profession in the medical field

For a complete listing of student goals please refer to Appendix I.

# Clinical Consultations

## *What is a Clinical Consultation?*

- ◆ An interactive teleconference between a health care expert and interested participant(s)
- ◆ Requested topics by the students or educators in Washington County Schools
- ◆ Scheduled by Eastern Area Health Education Center
- ◆ Designed to be educational, not for diagnostic purposes

## *Setting up Clinical Consultations*

Clinical Consultations were scheduled in the program when a student, educator, or administrator in the Washington County School System requested a presentation on a health related topic. Clinical Consultations were requested by using a Clinical Consultation request form. These forms were available to Washington County Schools by the teleclassroom facilitator. The forms, once completed, were returned to the teleclassroom facilitator. The requests were prioritized and sent to the Project Directors (Eastern Area Health Education Center) for scheduling.

Project Directors identified the appropriate faculty for the requested topic and scheduled consults during the blocked Clinical Consultation times. Project Directors worked with East Carolina University and Washington County Schools faculty to introduce the technology and specifics for the teleconference. Items discussed were:

- ◆ presentation of content and time frame and target audience
- ◆ handouts
- ◆ audiovisuals (slides, videos, powerpoint, etc.)

Brochures were created to announce each clinical consultation. These were distributed by the Teleclassroom Facilitator to all schools in Washington County encouraging educators and students interested in the Teleconference to attend. Advance registration was recommended to accommodate interested participants. The Request Form and brochure can be found in Appendix J. As a result of the requests made during the project, the following Clinical Consultations were scheduled and conducted:

- ◆ Attention Deficit Hyperactive Disorder for teachers, counselors, and administrators
  - ◆ Prevention and Preparation of Athletic Injuries for students
  - ◆ Skin Conditions for students
  - ◆ Weight Management for students
- Weight Management for educators  
Health Careers Awareness for students

# **Cultural Sensitivity Training**

## **For Teachers and Administrators**

The Eastern Area Health Education Center in collaboration with the East Carolina University School of Social Work, sponsored a half-day workshop on cultural sensitivity training. The presentation entitled “Cultural Responsiveness: An Educational Responsibility,” was designed to address cultural issues identified by administrators, educators, and counselors in Washington County.

Faculty considered it important to provide the initial workshop on-site with a follow up session scheduled over the network. The follow-up activities were available for both educators and students. In a preliminary planning meeting, Washington County Schools identified the following issues to be considered:

- ◆ Values & family structure
- ◆ Issues of self-esteem & self-concept
- ◆ Morals
- ◆ Responsibility
- ◆ Role models
- ◆ Needs of students
- ◆ Violence
- ◆ Stereotyping
- ◆ Motivation B empowerment
- ◆ Motivation of African American males/failure rates
- ◆ Two or more races involved
- ◆ The barriers to parental involvement
- ◆ Respecting cultural differences
- ◆ The opportunity to learn about each other

### **The workshop addressed three main areas:**

- ◆ What is Cultural Responsiveness?
- ◆ Societal factors which shape and influence cross-cultural interactions
- ◆ Characteristics of the cross-culturally competent educator

### **Faculty:**

Lessie Artis, Ph.D., Assistant Professor, School of Social Work, East Carolina University  
Mary Jackson, Ph.D., Associate Professor, School of Social Work, East Carolina University  
Debbie Moody, MSW, Private Consultant, Greenville, NC

The evaluations of this workshop can be found in the evaluation section of this manual. The brochure can be found in Appendix K.

## **Remote Site Supervision**

Two sessions with nursing students were held over the Information Highway. One session involved the nursing faculty at the remote site talking with nursing students about a clinical experience and plans for the next week activity. The second session was with nursing students at the University site presenting to the Washington County Community Health Access Group (CHAG) at the remote site. The focus of the presentation was the outcome of a community health assessment done by the nursing students in Plymouth. The assessment was a community health project of the nursing students and related to issues being addressed by the Washington County CHAG. Both sessions were successful and relieved the students and faculty of additional travel from the university.

# **Project Evaluations**

## School Based TeleHealth Evaluations

The Eastern Area Health Education Center conducted four evaluations to gain a precise understanding of the experiences and outcomes of the School Based TeleHealth Project. The following section describes the type, purpose, and format of each evaluation. Comprehensive results can be found in Appendix L.

### Committee Members Survey Results

A Process evaluation was conducted by the Advisory and Working Committees. Collaborators were surveyed by mail-in surveys. Members of the three committees received a list of questions designed to obtain feedback from their individual experiences with the project. Responses were received on a Likert Scale from one to five with a response of five suggesting the individual strongly agreed with the statement and a one suggesting the individual strongly disagreed with the statement. Open-ended questions were also asked to acquire data missed by the statements. Twenty one surveys were distributed and sixteen were returned including one incomplete.

<i>Statement</i>	<i>Overall Response</i>
This project met my expectations	Agree
This project was beneficial	Strongly Agree
I was well informed about this project	Agree
The technology used for this project was “user friendly”	Agree
I would support future efforts similar to this one	Strongly Agree
The Information Highway is a good medium to use to link the University and the public schools	Strongly Agree
My time was well spent on this project	Strongly Agree

## Presenters Survey Results

Evaluation of process was conducted of presenters of clinical consultations and focus group sessions who were not on a committee. The questionnaire mailed out to this group was of similar design the previous survey. Ten surveys were mailed out and eight responses were received.

<i>Statement</i>	<i>Overall Response</i>
This project met my expectations	Strongly Agree
This project was beneficial	Agree
Assistance was available, if needed, to prepare my presentation	Strongly Agree
The technology used for this project was “user friendly”	Strongly Agree
I was comfortable using this technology	Strongly Agree
I will use this technology again	Strongly Agree
The Information Highway is a good medium to use to link the University and the public schools	Strongly Agree
My time was well spent on this project	Strongly Agree

## Focus Group Survey Results

Evaluation of product by the focus group participants was administered during a field trip to the East Carolina University. The trip provided the participants the opportunity to meet some of the collaborators of the project as well as visit East Carolina University's School of Nursing, School of Medicine, and School of Health and Human Performance/Department of Health Education. At the conclusion each focus group participant completed a survey to obtain feedback regarding their experiences with the School Based TeleHealth Project. Thirteen surveys were distributed and thirteen responses were received.

<i>Prompt</i>	<i>Overall Rating</i>
The project was beneficial to me	yes
I know what the Information Highway is	yes
I used the computer in the Teleclassroom	yes
I know how to use E-mail	no
I used CD ROMS in the Teleclassroom	no
The project met my expectations	yes
Topic enjoyed the most	Nutrition and Weight topic
Topic requested most often for future programs	Sexually Transmitted Diseases including HIV/AIDS

## Cultural Diversity Training Survey Results

Product evaluation of the Cultural Responsiveness Workshop were distributed to Washington County Schools educators who attended the workshop entitled, “Cultural Responsiveness: An Educational Responsibility.” The evaluation was designed to address three objectives which were determined by the individual presenters. Questions were asked regarding audio visuals, handouts, the physical environment, and the success or failure of personal objectives. Participants were also asked to evaluate teaching effectiveness of the faculty involved. Open-ended questions were created by project directors to assist Eastern AHEC in planning future programs. A total of 30 questionnaires were mailed; eight were returned.

<i>Objective</i>	<i>Area</i>	<i>Overall Rating</i>
<b>Principles of cross-cultural interactions</b>	Objective	Excellent
	Content	Good/Fair
	Teaching Methods	Fair
<b>Societal Factors that shape cross-cultural interactions</b>	Objective	Fair
	Content	Good/Fair
	Teaching Methods	Fair
<b>Characteristics of a cross-cultural educator</b>	Objective	Fair
	Content	Fair
	Teaching Methods	Fair
<b>Personal Objectives Met</b>		Fair
<b>Audio Visuals/Handouts</b>		Fair
<b>Physical Environment</b>		Excellent

**Recommendations  
for  
Future Implementation**

# Recommendations for the Collaborative TeleHealth Project Implementation:

This project was judged to be a success. These are recommendations you might find useful.

- ◆ Funding needs to be adequate for more than one year
- ◆ Must have commitment from University Administration and faculty
- ◆ Must solicit cooperation of School System Administration and faculty
- ◆ Teleconferencing capabilities must be complete
- ◆ Knowledge of regional and local resources
- ◆ Planning time crucial

The Project Director's role is essential in the coordination of all activities, for the integration of services and resources and overall implementation. Project Directors need to be comfortable with the technology and able to cooperate and collaborate with multiple faculty.

## Consider:

- ◆ the school system schedule (block or regular)
- ◆ faculty schedules (presenters)
- ◆ network time
- ◆ size of teleclassroom
- ◆ identification of a classroom facilitator

## Project Content

- ◆ based on relevant school curriculum that expands the basic course content
- ◆ length of presentation needs to fit class schedule with time allowed for questions and answers
- ◆ needs to be interactive, fast paced and visually stimulating
- ◆ encourage interactions with students
- ◆ choose faculty who are expert teachers, who can make their content relevant to the target audience and adapt well to different teaching situations

*remember these are children involved in secondary education not college students*

## **Marketing**

- ◆ assess knowledge level of the technology among the project participants
- ◆ need to use terminology that school personnel recognize, i.e. clinical consultation is a medical term; workshop is an educational term
- ◆ awareness of project needs to be system wide and not limited to the focus group
- ◆ process needs to be in place to distribute information/materials to school personnel (announcements, schedules, special activities)

- \* Brent Angell, Ph.D., School of Social Work, East Carolina University
- \* Jennifer Baines, Technical Writing Student, East Carolina University
- \* Greg Beres, PA-C, ATC, Eastern Orthopaedic Group Inc. of Greenville, NC
- \* Kathy Brown, M.A.Ed., Department of Health Education, East Carolina University
- \* Roberta Burgess, BS, RN, BSN, School Nurse, Washington County Schools
- \* Charles Coble, Ph.D., Dean, School of Education, East Carolina University
- \* Beth Compton, Teleclassroom Facilitator, Plymouth High School
- \* Carol Cox, RN, MS, MPH, SNP, Assistant Professor, School of Nursing, East Carolina University
- \* Debi Crotts, Graphic Designer, Center for Health Sciences Communication, School of Medicine, East Carolina University
- \* Michael Davis, Program Coordinator for Distance Learning and Video Teleconferencing, Center for Health Sciences Communication, School of Medicine, East Carolina University.
- \* Lou Coccodrilli, MPH, Deputy Branch Chief, National Area Health Education Center
- \* Kevin Cutler, Health/PE Teacher, Plymouth High School
- \* Annie Dudly, Assistant Producer, Center for Academic Communication, East Carolina University
- \* Natalie Edwards, M.A. Ed., Project Assistant, Eastern AHEC School Based TeleHealth Project
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- \* Helen Grove, Ph.D., Dean, School of Human Environmental Sciences, East Carolina University
- \* Debbie Harrell, RN, MSN, PNP, Clinical Instructor, School of Nursing, East Carolina University

- \* Nancy Harris, MS, RD, LDN, Department of Pediatrics, School of Medicine, East Carolina University
- \* Phyllis Horns, Ph.D., Dean , School of Nursing, East Carolina University
- \* George Jakeman, Director of Healthful Living, Washington County Schools
- \* Charles Kesler, Assistant Director, Center for Health Sciences Communication, School of Medicine, East Carolina University
- \* Kathy Lamm, Director, Vocational & Technical Education, Dare County Schools
- \* Gary Lowe, Ph.D., Dean, School of Social Work, East Carolina University
- \* Carrie Lutz, Rural Schools Facilitator, Manteo High School, Dare County Schools
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- \* Tom McQuaid, Producer, Center for Academic Communications, East Carolina University
- \* Lisa Nelson, RN, Beaufort County Hospital
- \* Catherine Nelson, Community Health Programs, Pitt County Memorial Hospital
- \* Dale Newton, MD, Department of Pediatrics, School of Medicine, East Carolina University
- \* Lenore Parks, MD, Clinical Instructor, School of Medicine, East Carolina University
- \* Sam Parrish, MD, Department of Pediatrics, School of Medicine, East Carolina University
- \* Henry Peele, Ph.D., Acting Dean, School of Education, East Carolina University
- \* Chuck Phillips, MD, Department of Dermatology, School of Medicine, East Carolina University
- \* Diane Poole, Administration, Pitt County memorial Hospital
- \* John Powell, Ph.D., School of Social Work, East Carolina University
- \* Dena Puskin, Sc. D., Deputy Director, Federal Office of Rural Health Policy
- \* Alison Scholar, Assistant Principal, Manteo High School
- \* Susan Smith, Ph.D. Department of Clinical Laboratory Sciences, School of Allied Health Sciences, East Carolina University

- \* John Swope, Ed.D., Associate Dean for Administration and Instruction, School of Education, East Carolina University
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- \* Kathy Waters, Community Schools Coordinator, Washington County Schools
- \* Linda West, Health Occupations Teacher, Washington County Schools
- \* David White, Ed.D., Department of Health Education, East Carolina University
- \* Bruce Wright, Director of Technology, Washington County Schools