

PREL Health Information Outreach in the RMI

By Sonja Evensen (with contributions from Daisy Alik-Momotaro, Annie de Brum, Lesley Evensen, Agnes Jibke, Marie Maddison, Florence Peter, and Elbia Rusin)

The Healthy Information Partnership (HIP) in the Republic of the Marshall Islands (RMI) is an interesting tale of collaboration and unique approaches to problem solving. Lessons learned could be applied to other community-based initiatives, whether in health, education, or other social services.

Pacific Resources for Education and Learning (PREL) partnered with a group of health and social service providers in the RMI in this program funded by a National Library of Medicine (NLM) planning grant. Women United Together in the Marshall Islands (WUTMI), a national umbrella women's organization, took the lead in forming a consortium to participate in this planning effort. The group consisted of WUTMI; PREL; the Ministries of Health, Education, and Internal Affairs; Youth to Youth in Health; the Alele Museum and Library; and the College of the Marshall Islands (CMI). Through WUTMI, the group was provided with the guidance of traditional and church leaders.

Providing health information outreach to a remote Pacific island nation is no easy task. The RMI consists of 29 major atolls and 5 islands, spread out over a wide expanse of ocean. The general population is not well-informed about health issues, and literacy rates are low. The group's steps to improving health literacy included the following:

- Form an interdisciplinary task force.
- Assess current health knowledge.
- Prioritize health issues and choose target audience.
- Assemble existing health information materials.
- Adapt or develop materials that

address the chosen focus areas of hygiene, lifestyle, and parenting.

- Identify and train the trainers in how to present health information effectively.
- Disseminate information to target audience.



One of the most significant steps was the coordination between agencies and the agreement to work toward improving health outcomes through increased collaboration. The group used traditional agencies, such as a nursing school, as well as faith-based agencies, to help promote the health initiative. The HIP initiated communication between agencies in order to facilitate the program. Point persons on the project included Elbia Rusin and Annie de Brum of WUTMI; Florence Peter of the CMI; Marie Maddison, former WUTMI director and PREL liaison; and Daisy Alik-Momotaro, WUTMI director.

The NLM provided funds for two phases of this work: a planning grant and an implementation grant. Phase one took the following steps:

- Collecting Data—Surveys were orally delivered (partly due to low literacy rates, and also from experience with low rates of return on written surveys) across 19 atolls.
 - How do people currently get health information?

- What do they already know?
- What are the gaps?

Rusin was instrumental in conducting surveys on the outer islands, where she explained what questions meant, provided examples, knew how to express questions in ways that made sense for the local population, and helped to present material (e.g., birth control) in a culturally sensitive manner.

- Collectively Analyzing Data—The HIP consortium discussed implications for the health of the Marshallese and what they could do about it.
- Prioritizing Health Issues—Lifestyle, hygiene, and parenting
- Selecting Effective Methods of Dissemination—Face-to-face or oral, when possible (e.g., live dramatizations, radio)
- Assigning Roles and Responsibilities to Partners—Who could best carry out the work? Partners included: Youth to Youth in Health, CMI nursing students, Parents as Teachers, local churches/pastors, and WUTMI. WUTMI has chapters on all the outer islands, so HIP partners were able to coordinate trainings in such places as Ailinglaplap and Jaluit atolls.

In phase two, the NLM provided funds for implementation, including:

- Product development and/or adaptation.
- Training.
- Dissemination.

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The HIP group prepared a number of lessons, skits, and posters to use as resources to help with the outreach. New materials addressed island issues, such as lice control and refraining from spitting (a common problem in the RMI and a potential cause of the spread of tuberculosis). Materials were also developed to address universal health issues, such as reducing sugar intake, flossing teeth, parenting, and pregnancy prevention. These materials were locally adapted to depict traditional Marshallese ways of getting exercise, local sources of Vitamin A, and culturally acceptable references to family planning.

Partnering with churches allowed information to be presented before the sermon. This information was supplemented with handouts that were written in Marshallese and included local images.

Five workshops were held in several villages throughout the RMI, and more than 100 people were reached in the outer atolls.

Challenges

The project experienced its share of challenges. These included:

- Coordination of meetings with at least eight different agencies.
- Getting the attention of members who have other responsibilities and ensuring that tasks are completed on schedule.
- Keeping project members and sustaining motivation throughout the project.

Use of video teleconferencing between the RMI and the PREL Honolulu office allowed for better sharing of resources and an opportunity to reduce travel costs, but it may have weakened the sense of local leadership.

Maddison was very well-connected in the community and did a lot of work to ensure participation in the project. When Daisy Alik-Momentaro



Courtesy of WUTMI

took over WUTMI directorship, she also faced these same challenges. Peter recognizes that setting achievable goals with a more realistic pace would have prevented some frustration.

Evaluation efforts must be more innovative in places where literacy is low. For example, Alik-Momentaro noted in one of her updates that “the majority of participants could not write and got intimidated whenever we asked them to do so. Thus, to make them comfortable, the presenters decided not to distribute evaluation sheets.”

Finally, Maddison suggests, “The Marshallese need to identify practices that promote healthy lifestyle, hygiene, and family living that can be highlighted, supplemented, or extended by lessons learned or gathered through the efforts of this project.”

Unexpected Benefits

Alik-Momentaro states, “Being involved with this project made me realize that I may have broad knowledge in many different areas, but I had limited health information.” Through working on this project, Annie de Brum confirms that “it has deepened my own conviction of leading a healthy lifestyle.”

Outreach Impact

Program results may show up in interesting ways. Alik-Momentaro shared, “Recently, I had the opportunity of vis-

iting two outer islands (Ailinglaplap and Jaluit) to conduct workshops for this project. I was approached by five women who offered me money to buy them pairs of walking shoes. The messages they learned from the workshop made them want to start an exercise group.”

She noted, “Mothers who have attended the WUTMI annual conference were shocked to learn that there has been an increase in the number of young Marshallese girls, some as young as 14, who have gotten pregnant. Although these mothers/women have been living in the Marshalls all their lives, it takes a program like HIP to open their eyes through the awareness activities.”

DeBrum thinks it is more likely that the project will work if it is brought to the village level. Agnes Jibke, another WUTMI outreach worker, feels that the project “could be used as a model in other island communities.”

To be successful, any program attempting to change lifestyles needs to have local liaisons from a community—be it at the village, city, or church level—and adapt hard science data collection methods and health-care education material to local languages and ways of communication.

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