American Indian Health and Family Services
Facilities Needs Assessment: American Indian Health and Family Services
By: Luke Higgins

Due to flood damage and organizational growth, American Indian Health and Family Services has decided to move locations. The present location can no longer meet the current needs of the organization and will not be able to meet its future needs. Increased space will allow the agency to grow in both volume and scope while allowing the agency to pursue more funding opportunities. To ensure decisions surrounding the move are informed by the community and staff of AIHFS, a needs assessment was conducted. This assessment included surveying AIHFS staff, community members, and the organization’s board of directors. Additionally, focus groups were held with community members and AIHFS staff. Overall, about two hundred individuals were surveyed and forty-five individuals participated in a total of six focus groups. As a result, AIHFS has gained both qualitative and quantitative data to explore during this decision-making process.

This data clearly demonstrates that AIHFS has outgrown its current location. Collected data demonstrates the need for increased space indoors including office, meeting, event, and storage space along with the addition of a commercial kitchen, additional restroom facilities, more therapy rooms, and a staff break room. Additionally, many were concerned over the lack of accessibility in the current space and the safety of the current location. Both can be addressed in a new location. Respondents also indicated a need for increased greenspace including ceremonial space, expanded community garden, and space for large events. It appears that meeting these needs will require about 20,000 square feet of indoor space and one acre of land at a minimum. In order to maintain the current client base and continue to serve Native Americans and other underserved populations and maintain current grant funding, it is imperative that the organization remain in southwest Detroit or a nearby area within the city limits.

American Indian Health and Family Services
EHR, Telemedicine, and Grant Writing at American Indian Health Clinic
By: Luis Gago

The work I did at AIHFS encompassed several fields. From assisting with the clinic's EHR and telemedicine practices to writing grants. There was a significant lag in AIHFS’ telemedicine department. Most markedly that it didn’t have one. Telemedicine crucial for any small clinic unable to hire specialists. For the telemedicine project I researched other indian american health clinics telemedicine programs. From there I attempted to establish a program at AIHFS that mimicked other IHS telemedical practices. For grant writing I was able to receive an education on grant writing from a University of Michigan school of social work lecturer. I was able to get AIHFS on the road to working in telemedicine with Henry Ford. Unfortunately I had to leave before I saw the project all the way through. I was also able to get a grant written for a WIC program. I am still editing the grant, and will submit it to AIHFS sometime in late August.

Detroit Hispanic Development Corporation
Active Fathering and Academic Planning in Southwest Detroit
By: Laura Vicinanza

The Detroit Hispanic Development Corporation is a 501(c)(3) non-profit devoted to creating opportunities for the Hispanic population of Metro Detroit. I choose this placement due to previous experience working with the Hispanic community and to work on both my translation and Spanish skills. As an intern in the Family Services Department, my supervisor, Fernanda, gave me the task of researching active fathering in the Hispanic Community and creating a college preparation guide for students and parents in the community. In my active fathering research for our new Padres Activos program, I analyzed how acculturation and gender issues in the Hispanic community affect fathering and the benefits of active fathering. Using academic journals, fatherhood research, and program guides, I found that Hispanic fathers face challenges such as intergenerational differences, stress due to legal status and machismo(strong male pride) that affect how they interact with their children. My college planning research focused on bridging the college opportunity gap in the Southwest community. According to the American Community Survey, Southwest Detroit has the highest high-school dropout rate(46.6%) and the lowest college degree rate (4.1%) in the Detroit neighborhoods. There is a lack of information in the community regarding academic goals and college opportunities. To address this need, I created a bilingual step-by-step guide and presentation for parents and students to plan for the future, and I presented the information on multiple occasions in parent workshops. In addition to my primary research projects, I translated the Padres Activos curriculum, all of our parent workshop presentations and our tobacco program. I also assisted in weekly parent workshops. Overall my research will aid my department as they move into a more bilingual curriculum, establish an active fatherhood program and help the overall community by encouraging more students to apply to college.
Friends Of Parkside

Parkside Community Health Fair: Evaluating the long term impact of health resources and professional connections in addressing community health needs

By: Kaia Hayes

The annual Parkside Community Health Fair provides health resources and networking opportunities for residents of The Village at Parkside and surrounding community. Started in 2009 to address health needs identified by a U of M School of Public Health community needs assessment conducted the same year, the event provides access to health professional consultations, literature, health screenings and tests, and enrollment aide for agency programs and medical insurance.

Past evaluations focus on improvement of growth, structure and content of the event. This study will serve as a preliminary base to address the limited data on past attendees and agency-resident relationships in the year following the event, and evaluate how effective the event is in creating sustainable, long term options for health care resources and education.

To gain a better understanding of the long term impact of the health fair on community residents, a survey was distributed in three mediums: in-person event day, phone, and email survey. Information on past attendance, continued use of fair resources, additional unaddressed health needs, and suggestions for improvement were addressed in the evaluation. An additional survey will be distributed in six months to collect an updated

Survey results show 42% of event attendees have participated in the event before, and 93% of returning have continued use of health care services for at least one year following the event. All responses reported feeling the agencies were beneficial and that they would attend again. Recommendations for improvement included more resources for male-specific health topics, eye and vision health resources, and additional activities for children. Interest was expressed in possible employment resources.

High attendance and sustained participation rates suggest the event continues to address community health needs and offers residents long term options. Areas highlighted by survey responses continue guiding development, and show much potential to expand benefits of the fair beyond an annual date by pairing the health fair with other relevant resources such as the FOP food assistance program.