

“INTERNET/DATABASE TRAINING”  
2003 Subcontract No. 62813

Grillo Health Information Center  
Boulder Public Library  
P.O. Drawer H  
Boulder, CO 80306

Report submitted by:

Chris Engleman  
[englemanc@boulder.lib.co.us](mailto:englemanc@boulder.lib.co.us)  
(ph.) 303-441-4144  
(fax) 303-442-1808

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There were really two components to this project titled “Internet/Database Training”. One of those components was teaching National Library of Medicine database searching classes in the Boulder Public Library training room to Boulder County residents. The other involved more of an outreach aspect, which entailed attempting to bring our health information searching services to the local Spanish-speaking population.

The database training part of the project was much more straightforward than the outreach piece, and probably by most criteria of “success”, would be considered to have been the more “successful” of the two. However, as will be discussed a little later, the outreach aspect, with all its challenges and, perhaps, lack of success, was certainly the more intriguing part of the project.

Through the span of the terms of this project, five database trainings were given in the training room of the Boulder Public Library. These classes were titled “National Library of Medicine Databases (Intro),” and featured searching the MedlinePlus and PubMed databases. Advertising was done in the Boulder Public Library monthly calendar, in a section that lists different classes given in the Library. In addition, flyers announcing these classes were distributed in kiosks throughout the Library. The Library provided this publicity, thereby giving us free advertising for the trainings, which was unexpected as this project was first being created.

There are eight computers in the training room, and so classes were limited to eight attendees per class. In the first three trainings there were, respectively, seven, six, and again, six participants. However, for the last two trainings, not only were the classes full, at eight participants each, but there was also a waiting list for each of those classes. And though having full classes numbering eight is not a large number of total participants, it seems fairly safe to conclude that there appears to be an increasingly greater interest in these classes (at least a 25% increase in attendees over the last two classes). Many variables could be at work here, making it difficult to know for sure the reasons for this apparent increase in interest in this class (weather, time of year, time of day, unemployment numbers, regularity of class offering, increased general computer literacy and interest, increased interest in health information on the Internet, etc.). We feel, in any case, that the trend is a positive one in getting more and more people access to finding their own health information.

Questionnaires were handed out to class trainees, and most filled them out. All respondents felt that they had increased their knowledge of searching the databases, at least somewhat, and all respondents felt that taking the class was worthwhile. The varying levels of computer literacy

among the attendees, was a somewhat difficult factor to work with, as the class could be seen as potentially moving too slowly for some and too quickly for others. For the last two classes, we have advertised that people taking the class should have at least very basic computer skills, and that seems to have helped “level” the class. Questionnaire responses for the past two classes have been more uniform, perhaps reflecting this more equal computer skill level of the participants (and perhaps the (hopefully) increasing competency of the trainer?).

These classes were available to anybody residing in Boulder County, and so could have reflected a good cross-section of the Boulder County population. Of course, this was not the case, however. Though the minority population of Boulder County is relatively small, there was not a single minority attendee, except for two recent immigrants from Eastern Europe. The one relatively interesting demographic, was that of the 43 total attendees of these classes, only six were male. It would involve perhaps a too lengthy discussion as to the reasons for this statistic.

What is to be pointed out in this discussion of the demographics of the class participants is that there were no attendees who would consider themselves of Latino heritage, even though there is a relatively sizable Latino population in Boulder County (10% of the total population). It is to this issue to which the second component of our project was addressed—that of attempting to bring access to Internet health information to the Latino population of Boulder, a group that is largely economically and educationally disadvantaged.

For this outreach part of the project, we worked with two local institutions—The People’s Clinic, during the first year of our project, and The Family Learning Center for the subsequent ten months. The two places presented us with varying population groups, and therefore varying methods and hurdles for the task of attempting to bring access to Internet health information to these groups.

The People’s Clinic is a place that provides “accessible health care for the medically underserved”, and of the patients that use the Clinic, 43-48% are Hispanic or Latino, many of whom speak no or very little English. After meeting with the Clinic administration who was very supportive in our project endeavors, we had a Spanish-speaking volunteer set up with a laptop computer at a table in the waiting room for a two to three hour period one day (the same day) each week. This volunteer was available to help people in the waiting room look up health-related questions using the Spanish-language version of MedlinePlus. The goal was to try and engage this underserved Spanish-speaking population in accessing their own health

information, using this database. A poster was created to place in the waiting room of the clinic, as were Spanish-language inserts to our Grillo Center brochure, to advertise our presence there and the nature of our services.

It fairly soon became clear that there were going to be several obstacles in achieving the objectives of this project, as there was very little use of our services. We found that there were many cultural, societal, educational and economic barriers. A big cultural barrier, was that the Spanish-speaking patients at the clinic consider the physician to be the “authority” in health matters and that one does not go elsewhere to seek answers to health questions. Researching health information oneself is not really appropriate.

Educationally, studies show that the patients coming to the clinic for the most part had less than a high-school education (45%), and some studies show even that many have about a 6<sup>th</sup>-grade Mexican education level (85% of Boulder County’s Latino population are from Mexico). This meant that it is more than likely that these patients may not know what questions to ask or even how to frame a question, and therefore there would also be perhaps a fear of trying to ask a question. This hesitancy and fear would also be the case with the discomfort of being in another country and speaking a different language. Many of these patients speak little or no English (35%).

Another barrier, was the fact that there would be a number of people coming to the Clinic, who are illegal immigrants, and do not want to talk to any more people than is necessary. Related to this issue, it was found that “immigration laws stipulate that new immigrants cannot use social services for five years, leading many immigrants to fear that they will be denied naturalization if they seek health services”. So there is a likely wariness of people coming to the Clinic. They come solely for the health services, as quietly as possible, and avoid any unnecessary conversation with other people, which might have included speaking with our Grillo Center volunteer.

Over the course of our time spent at the Clinic, we tried overcoming these obstacles in various ways. Our volunteer tried speaking directly with the patients sitting in the waiting room, and explained our services to them. She also handed them our Spanish-language brochure. A briefing was given to all staff members of the Clinic letting them know that we had a volunteer available at a table in the waiting room on this one day a week and asking them to refer patients to us for obtaining Spanish-language health information. We also gave staff members information “prescription pads” to use for this purpose. Announcements were made over the PA system when our volunteer was there, to remind staff that they, or their patients, could

come use our services. Unfortunately, the numbers did not really go up after these various attempts to attract more people to accessing health information with our volunteer. The one thing that finally did seem to help somewhat is when the Clinic gave our volunteer a People's Clinic badge to wear. This apparently gave her a more "official" look and perhaps helped break a hesitancy barrier on the part of the people coming to the clinic.

Again, the overall numbers were quite low. We averaged about five information requests a month, and these came mostly from staff, rather than the Spanish-speaking patients themselves. The "badge-wearing", which seemed to be effective, had only begun, when we both lost our Spanish-speaking volunteer, and the administration of the Clinic changed. This temporarily ended our presence at the Clinic, and so we then moved to the second institution partnership involved in our project, the Family Learning Center.

This Center is an educational outreach center where people in the community who are non-native English speakers can go and take various classes, such as English classes, and can participate in other community activities. For the last year of our project term, we had, similar to at the People's Clinic, a Spanish-speaking volunteer available at the Center one day a week to assist people in looking up health information using the Spanish-language version of MedlinePlus. Unfortunately, the volunteer availability was variable depending on school schedules, so she was not there every week, thereby likely hurting establishing consistency.

What was interesting about working at the Family Learning Center after being at the People's Clinic, was finding out that there are different types of Latino populations in Boulder County, with these two places serving somewhat divergent groups. Whereas the Clinic catered to any and all who needed health services, thereby attracting all educational and economic levels, the Learning Center attracted a Latino population generally more educated, as the people going to the Center were attending to classes to try and integrate more into the local Boulder community.

We therefore had high hopes on beginning at the Learning Center, but our expectations were not really met. Again, our lack of consistency in our availability was probably a contributing factor. Beyond that, reasons for lack of success are uncertain. Our number of requests for information remained about the same as for the People's Clinic, though it could be said that the requests at the Center were more directly from the public, as opposed to the Clinic where most of the requests came from staff. It was assumed, or hoped, that we would have more "success" at the Center as we knew that we were not only getting a more educated Latino population, but

also a population that was trying to become more involved in the community, by coming to the Center and taking classes. This was clearly a population that would seem to be less concerned about talking with other people in the community, and probably less concerned about their immigrant status.

As at the People's Clinic, posters, signs and brochures were on hand at the Center announcing our availability and services, and the administration of the Center was highly supportive. We were greeted the first day there with balloons and snacks in a very welcoming way.

It would seem then, that if we are to have success in achieving our goal of bringing access to Internet health information to the Spanish-speaking population of Boulder, that we would find that success at the Family Learning Center. There are a couple of things that we believe we need to do, to perhaps boost our chances of success. Though we have had great Spanish-speaking volunteers, it has been hard keeping good volunteers and insuring that we consistently have someone available every week. We began paying our Spanish-speaking assistant the last few weeks of the terms of this project, and it is considered whether having a paid staff person to do this outreach at the Center would more certainly allow us a steady weekly consistency. It seems that it is perhaps a slow process achieving the goals of this project, and perhaps what really is most needed is just more time. It is such a cliché, but perseverance I think is the only way to achieve what we desire as far as the goals of this project.

We are continuing with our collaboration with the Family Learning Center, as long as we can continue to find and have a Spanish-speaking volunteer, or paid staff to assist with this project. We will also hope to continue as well with the People's Clinic, after we meet with the new administration and see if they will be supportive of continuing our outreach efforts there.

A final comment, is that this project became much more intriguing and enjoyable than was thought at the beginning of the project. Even though there has not really been "success" in this outreach—or, at least compared to what our expectations were--learning about all the barriers to that success has been quite fascinating. It has been challenging to try and figure out ways to break through the barriers, but rather than being disappointed, we have enjoyed the small numbers we have been able to reach. We believe in the importance of the project and look forward to the challenges of finding ways to increase these numbers, and bring health information access to those who are not getting it.