

Tribal Connections Four Corners Proposal  
October 1, 2002 – September 30, 2004

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Office of Health Information Programs Development

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NN/LM MidContinental Region

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The purpose of this two year project is to capture the lessons learned by the partners of the Tribal Connections Four Corners in their collaboration to improve health information access to the Native Americans in the Four Corners area of the United States. The process would include an assets inventory and mapping of the participants, a selection of pilot projects to be evaluated, and the creation of a best practices website populated with information from the pilot projects.

## BACKGROUND

The Tribal Connections (TC) Four Corners Proposal is meant to build on the efforts of two projects, Tribal Connections 2 (TC2) funded by the NLM and Tribal Health Connections (THC), funded by the Bill and Melinda Gates Foundation. TC2 is a continuation of TC1, a sixteen-site project with American Indians and Alaska Natives (AI/AN) in the Pacific Northwest. TC2 provided Networking and Internet connectivity to NLM e-health products and services to four sites in the Pacific Southwest, which set a precedent for NNLM inter-regional collaboration. The Gates Foundation's Native American Access to Technology Program empowers Native communities through increased access to digital information resources by installing hardware and providing Internet connectivity and computer literacy training in Chapter Houses across the Navajo Nation in the Four Corners area. Tribal Health Connections (THC) a partnership between The Gates Foundation and Pacific Northwest Regional Medical Library (PNR) augments that effort by working with the Chapter Houses and other departments in the Navajo Nation to provide training and to promote access and use of health information among health professionals and community members. The potential impact of THC attracted the Resource Libraries in the region and they agreed to play a supportive role. THC incorporates community based outreach methods and lessons learned in previous TC outreach work. TC outreach conducted by the Pacific Northwest Regional Medical Library has established an example of how to build or enhance sustainable health information infrastructures within Native American communities. PNR staff is continuing to work with communities to develop models of community-based health information outreach and to effectively evaluate that form of outreach.

Resource Library Directors in the Four Corner states have a tradition of regular meetings to discuss common issues and update each other on developments at their own institutions. The directors were interested in a more active participation in the TC2 and THC activities that targeted communities who were also part of their institution's outreach mission. This led to discussions with the Tribal Health Connection and the Pacific Northwest Regional Medical Library Tribal Connections staff. The focus of the discussions was on how to establish a closer collaboration and learn from each other's experiences.

In April 2002, the NN/LM MidContinental Region invited the RML's and Resource Libraries to a Four Corners meeting in Salt Lake City.

Participating institutions:

University of Arizona

University of Colorado

University of New Mexico

University of Utah

NN/LM MidContinental Region

NN/LM Pacific Northwest Region

NN/LM Pacific Southwest Region

Tribal Health Connections

At this meeting each participant shared with the others their history, current activities, and resources that they had developed for Native Americans. An action plan was created that identified tasks and assigned them to the appropriate staff or agency. The plan covered the areas of communication, information resources and services, education and training, outcomes, and future funding.

The proposed funding will allow this group to proceed on this action plan in a more expedient manner. Tribal Connections Four Corners acknowledges the accomplishments and goals of other phases of Tribal Connections and will explore how organizations interested in similar goals can work together and produce a resource that can be used by others working with like communities.

## PROPOSAL

To begin our project an assessment consultant will inventory our assets/resources and create a graphic representation of this inventory (asset map) for each of the participating Regional Medical Libraries, Resource Libraries, and the Tribal Health Connections project staff. Asset inventory and mapping is a recognized community development tool. A description of the process is as follows:

- “1. The community development strategy begins with what is present in the community, the capacities of its residents and workers, the associational and institutional base of the area.
- 2. Because the development process is asset-based, it is ‘internally focused.’ The development strategy concentrates first upon the agenda building and problem-solving capacities of local residents, local associations, and local institutions. The internal focus stresses the primacy of local definition, investment, creativity, hope, and control.
- 3. The process is ‘relationship driven.’ Asset-based community development constantly builds and rebuilds the relationships between and among local residents, local associations, and local institutions.”

Reference: JP Kretzman and JL McKnight, [Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets](#), ACTA Publications, Chicago, 1993.  
[http://makingconnections.utsa.edu/mcsa/ppd/ppd\\_asset\\_intro.htm](http://makingconnections.utsa.edu/mcsa/ppd/ppd_asset_intro.htm)

Applied internally, this effort will build on the sharing of the participants in Salt Lake City. We will systematically and comprehensively collect the resources (personnel, intellectual, experience, contacts already established etc.) that we can each contribute to improve access to health information by Native Americans in the Four Corners. The RML in Seattle went through a similar process to commence Tribal Connections Phase III. We have adapted the process to fit our larger, geographically dispersed group where face-to-face meetings are not easily scheduled. We will use technology to accomplish the inventory and have divided the process into two steps.

The first step is to gather basic information such as who we are, the tribes we are working with, and resources that we have created (i.e., Native Health Research Database <http://hsc.unm.edu/nhrd>). This information will be collected using a web form. Determining the content to be collected will be the responsibility of the assessment consultant and the project manager using suggestions from Tribal Connections Four Corners participants.

The second step will be to collect information on our assets that require more complex descriptions such as experiences, talents, and knowledge. A key part of this process will involve the identification of the cultural assumptions and expectations that each participant brings to this work recognizing the importance of cultural sensitivity to successful outreach with Native American populations. This will be conducted through interviews by the assessment consultant following a review of information collected through the web form. The consultant will conduct interviews by phone or videoconferencing with all the participating groups. The information gained from the interviews and the web form will then be used to create an asset map for each group.

This asset map will graphically display the categories and specific resources available from each group and will be used to create a composite map of all the partners of the Tribal Connections Four Corners.

Following this inventory all participants will gather for a workshop to be facilitated by the consultant. The composite map will be presented and used to clearly establish each institution's resources, the assumptions and expectations of the outreach efforts, roles and responsibilities, and goals. Based on this interaction, the group will decide on one or two projects that will be used as evaluation pilots. They will make this decision looking at a number of variables including: the expected outcome for the project, the expressed need for the project, involvement by more than one partner, readiness among the partners to accomplish the pilot, readiness by the target audience to work with the partners, and the ability to complete the project within the time allotted.

These pilot projects may build on activities that have already begun through our collaboration. Existing possibilities include computer literacy and health information access training to the Gila Indian Health Department, the public health department for the Arizona tribe, or a mental health education project in San Juan County schools in New Mexico, or a partnership with the Navajo Comprehensive School Heath Program to promote healthy literacy among Navajo school children. Other possible pilots will be identified during the workshop. The group will also identify the role of those participating in the evaluation, how activities relate to each other, the sequence of the activities, and finally how the activities lead to desired short and long-term outcomes. Assessment of short and long-term outcomes will proceed from an overall consideration of whether initial assumptions about information needs and the outreach strategies derived from these assumptions were valid and effective in terms of the following measurement criteria: how information resources are used, observable changes in information seeking behavior, observable/reported impacts on health behaviors that relate to important health disparities affecting Native Americans (e.g., incidence and complications of type 2 diabetes in adults and increasingly children), and anecdotal information systematically collected from the target groups being served relevant to the perceived impact of the projects on their lives. Major evaluation questions and a plan for the evaluation will be developed.

As the pilot evaluation projects are implemented the evaluation staff will carry out the evaluation efforts as planned. We will seriously consider following the Tribal Connections Phase III model. Applying this model, the evaluation staff will contribute to the assessment, accompany and observe the outreach staff during the outreach activity (i.e., trainings, powwows, health fairs, meetings), and follow up to gauge impact at several points following the outreach activity at 1 month, 3 months, 6 months, and 1 year, for example.

A best practices website will be developed to collect and share the lessons learned from these pilot projects. The Corporation for National and Community Service's Effective Practices Information Center is an example of a best practices website (<http://epicenter.etr.org/site/intro/body.html>). This website collects and distributes

information on community service and volunteering projects to enable others to replicate them with other communities, exactly the use that we would like for our best practices website. Our site, focusing on health information outreach, will identify the issue; the useful practices; details about the population, setting, resources and community; the changes that occurred; and the evaluation showing that the practice worked. Also to be considered for this site will be a “bombed” practices section where projects that did not conclude as hoped but provide useful lessons would be collected.

Because the site will be completed before the data from the pilot evaluation projects is available, the initial content will be the outcomes from the workshop and current knowledge and experience from tribal outreach. The site will allow contributions through a web form that will feed into a database and, using PHP and MySQL, dynamically produce the report pages. Projects described on this website will be linked by project identifier to the Outreach and Consumer Health Database being developed at NLM. Links to other URLs for online reports and project homepages will also be available. Edits and changes will be facilitated through an administrative front end. The website will include a view page, index page, and search page.

#### PROJECT MANAGEMENT

There are many agencies collaborating in the Tribal Connections outreach in the Four Corners area. This proposal is a result of all our efforts and the management of it will be distributed to different agencies depending on the responsibility. MidContinental Regional Medical Library will assume overall coordination for the project. The implementation of the proposal will be the responsibility of the University of Arizona Health Sciences Library.

## TIMELINE

### YEAR 01

#### 1<sup>st</sup> Quarter

Select and hire personnel

Develop web form and database to collect basic information on participants' resources

#### 2<sup>nd</sup> Quarter

Participants complete web form

Assessment consultant reviews web input from participants

Assessment consultant conducts interviews of participants

Assessment consultant analyzes interviews

#### 3<sup>rd</sup> Quarter

Preparation of materials for workshop

Hold workshop to complete internal assessment and evaluation

Select possible pilot evaluation projects

Begin development of website of best practices

#### 4<sup>th</sup> Quarter

Final selection of pilot evaluation projects

Conduct assessment for pilot evaluation projects

Continue development of website of best practices

### YEAR 02

#### 1<sup>st</sup> Quarter

Test website of best practices with participant activities already completed

Make public the website of best practices

#### 2<sup>nd</sup> Quarter

Proceed with pilot evaluation projects

#### 3<sup>rd</sup> Quarter

Proceed with pilot evaluation projects

#### 4<sup>th</sup> Quarter

Complete evaluation of pilot evaluation projects

Add pilot evaluation projects to website of best practices

## DELIVERABLES

Webform and database for preliminary collection of resources: 1/2/2003

Website of best practices: 12/31/2003

Quarterly reports: 1/31/2003; 4/30/2003; 7/31/2003; 10/31/2003; 1/30/2004; 4/30/2004; 7/30/2004

Final report: 10/29/2004

## BUDGET

Tribal Connections Four Corners  
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Expenditure Category	Amount
Project Manager	\$ 35,000
Database and Web Programmer	\$ 15,000
Evaluation Staff	\$ 20,000
Fringe Benefits (19.4% for Prof. Staff)	\$ 13,580
Assessment Consultant	\$ 10,000
Nonexpendable Property	\$ 1,500
Supplies	\$ 1,000
Travel	\$ 3,550
Meeting cost	\$ 800
Communications	\$ 500
Reproduction	\$ 500
Subcontracts	
Other Costs	
Total Direct Costs	\$ 101,430
[Modified Total Dir. Costs]	\$ 99,930
Indirect Cost for U of AZ (24.2%)	\$ 24,183
Indirect Cost of U of Utah (27.5%)	\$ 6,875
<b>Total</b>	<b>\$ 132,488</b>

### Professional Personnel:

*Project Manager* to manage the daily operations of the project, hire and supervise project personnel, help design the web based assets inventory and the website of best practices, write project reports, file financial reports, communicate project progress to the participants of Tribal Connections Four Corners.

*Database/Web Programmer* to create the web based forms, develop the databases for the inventory and the website of best practices, design the website of best practices, and provide other web assistance as needed.

*Evaluation Staff* to conduct the evaluation of the pilot evaluation projects and contribute that information to the website of best practices.

Fringe Benefits: 19.4% calculated on Professional Personnel base. This rate is current for University of Arizona.

Assessment Consultant: experienced in asset inventory and asset mapping to contribute to the questions on the web based inventory, conduct participant interviews, compile and analyze data, facilitate the assessment and evaluation workshop, draft reports, and other related duties as appropriate. We are requesting \$10,000 for this position to complement \$40,000 from the Gates Foundation.

Equipment: A laptop computer for the evaluation staff.

Supplies: Computer peripherals as needed, software, and office supplies.

Travel (including fares and/or mileage, lodging, and per diem): Travel by the Assessment Consultant to the workshop in Tucson, Arizona (\$550). Travel by the evaluation staff to the pilot project sites to observe and evaluate outreach (\$2,800). Travel by other participants to the workshop will be supported by the Regional Medical Libraries.

Workshop cost: Facilities charges for the workshop.

Communications: Telephone calls, postage, and express mail to support the project.

Reproduction: Copying and printing to support the project.

Indirect Costs: The University of Arizona indirect cost rate is 24.2%, calculated on a base of total direct costs minus Nonexpendable Property.

The University of Utah's indirect cost rate is 27.5% on the first \$25,000 of the total subcontract.