

# **Tribal Connections Four Corners (TC4C)**

**Arizona Health Sciences Library  
University of Arizona  
Tucson, Arizona**

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**Final Report  
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## NARRATIVE DESCRIPTION

### 1. Summary/Introduction:

#### INTRODUCTION

The Tribal Connections Four Corners Project (TC4C) is an effort to improve access to up-to-date and reliable information for health care providers serving tribal members and their communities. The project is a collaborative effort of the U. S. National Library of Medicine, the National Network of Libraries of Medicine and health librarians at the universities of Arizona, Colorado, New Mexico, and Utah.

#### BACKGROUND

TC4C builds 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.

#### TC4C PARTNERS

University of Arizona Health Sciences Library  
University of Colorado, Denison Memorial Library  
University of New Mexico Health Sciences Library and Informatics Center  
University of Utah Spencer S. Eccles Health Sciences Library  
National Library of Medicine  
NN/LM Midcontinental Region  
NN/LM Pacific Southwest Region  
NN/LM South Central Region

## GEOGRAPHIC AREA COVERED

The Four Corners area consists of the northeastern part of Arizona, the northwestern part of New Mexico including the northern Rio Grande corridor, the southwestern part of Colorado, and the southeastern part of Utah. This area is populated by a number of American Indian tribes. (The Navajo Nation is by far the largest in both land area and population and spans parts of 3 states.) The target population for this project is the American Indians living in this area and the health care providers who serve them.

The geographic scope within the Go Local system is broader than the geographic scope that we will actually collect since it is based on county lines. Our targets:

- Tribes: Navajo, Southern Ute, Ute, Hopi, Zuni, Acoma, Laguna, Jemez, Jicarilla Apache.
- Areas (towns) bordering the reservations will be collected:
  - Grants, Gallup, and Farmington, New Mexico;
  - Winslow, Holbrook, Flagstaff, and Page, Arizona;
  - Monument Valley, Mexican Hat, Monticello, Blanding, and Bluff, Utah;
  - Durango and Cortez, Colorado.
- Counties (NLM Go Local):
  - Navajo, Apache, and Coconino Counties in Arizona;
  - Montezuma and Archuleta Counties in Colorado;
  - San Juan, Rio Arriba, McKinley, Cibola, Sandoval, Bernalillo, and Socorro Counties in New Mexico
  - San Juan County in Utah.

The goals and objectives of the collaboration are:

- Four Corners Go Local – add information on services available in the Four Corners region to NLM's Go Local database (under development – will permit local input of information from around the country to NLM's database). Will be enhanced by NLM's geocoding project.
- Needs assessment of health information for medical units (IHS and tribally owned) in the Four Corners area.
- Contacts database – names and addresses, other pertinent info, of contacts in the Four Corners region.
- Effective practices database – captures lessons learned from working with American Indians in their communities

## OUTCOMES

Patricia Bradley began work as Tribal Liaison Librarian for the project in March 2004. Her position for the first year was jointly funded by the University of Arizona, the University of New Mexico, University of Utah, and the National Network of Libraries of Medicine (Midcontinental Region, Pacific Southwest Region, South Central Region) supported by the National Library of Medicine. Ms. Bradley promotes the project by visiting sites in the region, heads up the needs assessment workgroup, and plays a major role in the Go Local workgroup as well.

The needs assessment of health professionals in the Four Corners area was completed. Analysis of the data is ongoing; a final written report is pending.

Preliminary results were used to frame the outcomes developed in the FEATHER project.

Go Local for the Four Corners area was launched in October 2005 with over 300 entries. Data collection is ongoing.

A contacts database was established and is hosted at the University of Utah. In addition to collecting basic information, the group attempted to use the software as a "diary" with notes about each encounter. An assessment of its usefulness found little use by TC4C participants.

An effective practices database has been established in order to capture the lessons learned in this environment. The National Service Resources Center for National and Community Service (<http://www.nationalserviceresources.org/epicenter/>) is hosting TC4C's efforts.

## **2. Geographic region/number of counties:**

The objectives of the project were directed at the Four Corners region including the following counties:

In ARIZONA - Apache, Coconino, Navajo counties

In NEW MEXICO - Cibola, McKinley, Rio Arriba, San Juan counties

In COLORADO - Towaoc County

UTAH - San Juan County

The project also had an impact at the home institutions of the state resource libraries:

In ARIZONA - Pima County

In COLORADO - Denver County

In NEW MEXICO - Bernalillo County

In UTAH - Salt Lake County

## **3. Collaborations/Partnerships:**

The group of libraries and RMLs established the Tribal Connections Four Corners collaborative group in order to accomplish the project. The members include:

University of Arizona Health Sciences Library

University of Colorado Denison Memorial Library

University of New Mexico Health Sciences Library and Informatics Center

University of Utah Spencer S. Eccles Health Sciences Library

NN/LM Midcontinental Region

NN/LM Pacific Southwest Region

NN/LM South Central Region

## **4. Training:**

Training was not the focus of the project, although outreach librarians took advantage of opportunities to do just that:

#### ARIZONA

- May 6, 2005 – Hopi Health Center – PubMed, MedlinePlus, Datasets, West Nile [Participants: 2 (1/2 were Native American) – health care providers]
- May 5, 2005 – Chinle Comprehensive Care Center – MedlinePlus, AZHIN, PubMed, Native American Databases, Complementary and Alternative Medicine Resources [Participants: 20 – health care providers]
- March 23, 2005—Gallup Indian Medical Center, MedlinePlus, 5 health care providers, 100% minority
- Sept. 22, 2004 - Sage Memorial Hospital, Ganado, AZ [Participants: 2 (all were Native American) – health care providers]
- Sept. 21, 2004 – Dine’ College – Tsaile, AZ [Participants: 30 (at least 1/2 were Native American) – student/faculty/library personnel of Dine’ College (Navajo Nation Community College)]
- Sept. 20, 2004 - Chinle Comprehensive Care Center [Participants: 1 - health care providers]
- Sept. 14, 2004 - Navajo Nation Public Health Dept. – Window Rock, AZ - [Participants: 20 (at least 1/2 were Native American) – health care providers]
- July 6-7, 2004 – Navajo Nation Public Health Dept. – Window Rock, AZ
- May 17, 2005—Native American Health Writers Institute, UNM Gallup, 10 participants, 100% minority, general public
- April 27, 2004 – Turning Point – Flagstaff, AZ – public and tribal libraries & public health and tribal health departments
- March 3, 2004 – Visit by George Joe – NDOH PIO re: Public Health Library
- Oct. 17, 2003 – Turning Point – Page, AZ - public and tribal libraries & public health and tribal health departments
- Oct. 15, 2003 – Turning Point – Flagstaff, AZ - public and tribal libraries & public health and tribal health departments
- July 8, 2003 – Tuba City, AZ – Diabetes Resources – [Participants: 10 (at least ½ were Native American – health care providers)]
- May 13, 2003 – Tuba City, AZ – Wound Management - [Participants: 10 (at least ½ were Native American – health care providers)]
- April 27, 2003 – Turning Point, Flagstaff DOH - public and tribal libraries & public health and tribal health departments
- Feb. 14, 2003 – Tribal Health Directors – Phoenix, AZ [Participants: 10(at least ½ were Native American) – health care providers]
- Feb. 5, 2003 – Tribal Health Directors – Tucson, AZ - [Participants: 10(at least ½ were Native American) – health care providers]
- Feb. 4, 2003 – Tuba City, AZ - MedlinePlus and Basic Internet Explorer - [Participants: 10 (at least ½ were Native American – health care providers)]
- Jan. 7, 2003 – Tuba City, AZ - Talk about their computer skill level and interests - [Participants: 10 (at least ½ were Native American – health care providers)]

#### UTAH

- Blanding Family Clinic – 10
- San Juan County Public Library Blanding Branch – 1
- San Juan County Public Library Blanding Branch – 3
- Spencer S. Eccles Health Sciences Library – 12
- Minorities present—0, total number—26, health care providers—10,
- Health sciences library staff—12, public library—4

## 5. Training sites:

- Arizona Health Sciences Library, Tucson, AZ
  - Chinle Comprehensive Care Center, Chinle, AZ
  - Denver CO
  - Dine College, Tsaile, AZ
  - Flagstaff Department of Health. AZ
  - Flagstaff Public Library, AZ
  - Ganado, AZ
  - Gallup Indian Medical Center, Gallup NM
  - Hon Dah Resort, AZ (Not sure if this counts – it's Apache)
  - Navajo Nation Department of Health, Window Rock, AZ
  - Navajo Nation Public Library, Window Rock, AZ
  - Page Public Library, AZ
  - Phoenix Public Library, Phoenix, AZ
  - Polacca, Arizona
  - Towaoc CO
  - Tuba City Regional Health Center, Tuba City, AZ
  - University of New Mexico, Gallup
  - Whiteriver, AZ (not sure if this counts – it's Apache)
- Utah Sites:
- Blanding Family Clinic, Blanding
  - San Juan County Public Library Blanding Branch
  - Spencer S. Eccles Health Sciences Library

## 6. Exhibits:

- June 21-22, 2005 Navajo Nation IRB Conference, Window Rock AZ
- June 6-7, 2005 AZ Commission on Indian Affairs – Sedona
- May 17, 2005, Prevention of Cardiovascular Disease and Diabetes Among American Indians and Alaska Natives, Denver, CO
- May 4, 2005 Native American Community Health Center's (NACHC, Inc.) 2nd Annual Health Fair
- April 26-28, 2005 17th Annual Arizona Indian Council on Aging Conference – Tucson
- Jan. 18-19, 2005 Native Diabetes Prevention Conference – PHX
- Sept 30-Oct 1, 2004—2004 Annual Women's Health Conference, Towaoc CO
- September 8-10, 2004, Navajo Nation Fair, Window Rock AZ
- May 11-13, 2004 - IHS Research Conf – Scottsdale, AZ
- May 13-15, 2003 - AI/AN Research Conference, Scottsdale, AZ

## 7. Resource materials:

Tribal Connections Four Corners one page handout  
Tribal Connections Four Corners bookmarks  
Go Local Talking Points

## 8. Web sites:

Not applicable to this project.

## 9. Document delivery and reference services:

Not applicable to this project

## **10. Approaches and interventions used:**

A conference was held in Tucson, Arizona on June 26-27, 2003 with representatives from the participating Regional Medical Libraries, Resource Libraries and the National Library of Medicine. The Conference goals were:

1. Describe a vision of what Resource Libraries, RMLs and their partners can contribute to health information access in Indian Country and how these contributions should be offered.
2. Explore the nature of the collaboration -- what are the expectations for the collaboration, how should it be developed and maintained, how does it enhance the work of the participating health science libraries and their partners.
3. Inventory and identify the resources within and/or available to the Four Corners Collaboration to realize this vision.
4. Decide where the Four Corners Collaboration should focus its efforts to achieve its goal of contributing to health information access in the area by working collaboratively.
5. Define the desired outcomes for the collaboration as a whole and for any project chosen to be evaluated.

Following the conference, workgroups were formed to support the primary objectives of TC4C

- Four Corners Go Local – Paul Bracke (Arizona), Stephanie Weldon (Colorado), Jon Eldredge (New Mexico), John Bramble (Utah), Pat Bradley (Tribal Liaison)
- Needs assessment - Barbara Cosart (NN/LM SCR), Pat Auflick (Arizona), Stephanie Weldon and Lilian Hoffecker (Colorado), Pat Bradley (Tribal Liaison)
- Contacts database – John Bramble (Utah), Sharon Dennis (Utah), Michael Boer (NN/LM PNR), Pat Bradley
- Effective practices database – Claire Hamasu (Utah and NN/LM MCR), Siobhan Champ-Blackwell (Creighton/Nebraska), Cathy Burroughs (Washington)

The entire TC4C group met monthly, using teleconferencing, to report progress, solve problems, and plan for the future.

## **11. Evaluation:**

The project contracted with Mary Belgarde, an evaluation expert with University of New Mexico, to conduct an evaluation of the effectiveness of the collaboration itself as method of addressing health information needs in a multi-state area with cultural, rural, and medically disadvantaged challenges will also be evaluated.

This was done by surveying each participant (see appendix). Dr. Belgarde compiled and analyzed the results. At this writing, that report has been accepted and a supplement is being compiled to document some issues raised in the report.

**12. Problems or barriers encountered:**

**ADMINISTRATIVE**

In addition to the typical barriers or problems associated with funding like this (time it took to get the contract signed and the money flowing, etc.), there were a number of struggles related to the project because it was a collaborative effort and because the collaboration itself was new. Our group of libraries and RMLs didn't really know each other and hadn't worked together before. Members of the group didn't always know how to get things done administratively. For instance, a lot of time was spent trying to figure out what kind and how many documents were needed to bind each of the universities and RMLs together to contribute to the tribal liaison's salary in New Mexico. How would travel be reimbursed by universities other than where they were an employee? There were many of these kinds of issues that had to be worked out.

**WORKING WITHIN THE GROUP**

These issues are being reported in more detail in Mary Belgarde's evaluation report. Among the comments were issues related to how long things took to be accomplished, various takes on communications challenges, not really knowing each other well, not knowing what the roles of each member of the group were, not understanding the overall goals, etc.

**WORKING WITH NATIVE AMERICANS**

The third area of challenges involved learning more about tribal communities and members, and how to effectively work with them. We were very fortunate to have a few members with experience in working with Native Americans. Our tribal liaison was Native American, as was our evaluator.

**13. Continuation plans:**

The group plans to continue its efforts. It has submitted a grant proposal to NLM to fund a phase II project, called FEATHER, which was going to build on the needs assessment completed in this phase. (However we just recently heard that although we got a very high rating, we were not funded by NLM.)

Despite this set-back, the TC4C continues to meet via teleconferencing once a month and is currently putting together a conference in July 2006 to bring together librarians from all RML regions involved in work with Native Americans.

**14. Impact:**

The biggest impact probably has been the realization by all that we accomplished the goals of the group, despite the challenges of working across RML borders, with libraries and people we haven't worked with very often, with 4 unique universities and their administrative idiosyncrasies, and with 3 different RMLs, among in an American Indian culture and in an isolated, huge region that most of us were not very familiar with.

In addition...

The needs assessment workgroup produced a report which can now be used to inform the kinds of services which will most likely be helpful health professionals needing health information.

The Go Local workgroup launched Go Local for the Four Corners and members of that area have access to a database of services available to them.

The effective practices group has identified some effective practices which can be shared with others working in this area.

The Contacts Database workgroup found out this tool was apparently not helpful to the participants in the project.

**15. Recommendations for improvement:**

None at this time. See answers to follow-up questions, especially 3 and 4, of individual workgroups

## **FOLLOW-UP QUESTIONS**

*For this group of questions, each workgroup's individual answers are recorded. The Go Local work group did not respond.*

### **1. Were your original project goals and objectives met? If not, why not?**

#### From the Contacts Database Group:

Yes and No - I say yes because we were able to get a contacts database up and running and users trained on its use. I say no because there was a lack of use by users for various reasons. The database is still there and being maintained but no one is required to use it if they don't feel it necessary.

#### From the Effective Practices Group:

Our original goal is to develop a guide so that working groups can enter effective practices on their own to the selected database. To do this, we first entered an effective practice with input from the entire TC group, and drew from that the strategies we felt needed to be documented. We began work on a second entry as a way to continue developing the guide. We are in the process of achieving this goal, but haven't fully completed it yet.

#### From the Needs Assessment Group:

The original project goal of the Needs Assessment team was to conduct an assessment of the information needs of health care providers in the four corners region; while the assessment was made, the desired 20% response threshold was not met. The data that was collected can be used (and was used in the application for a newly funded project) to create ways to meet the information gaps identified by the assessment.

The initial strategy was modified during the course of the implementation of the assessment. The initial strategy consisted of 4 main steps:

- Development of the survey instrument
- Identification of survey participants
- Obtaining permissions
- Administering the needs assessment

Contacting the participating facilities to obtain permission to conduct the survey was inconsistent. It was unclear who was responsible for contacting institutions; some people thought it was all the outreach librarians role, others thought it was Pat Bradley's role, and still others thought the Evaluation Consultant would do this. The evaluation consultants contacted some facilities to introduce the project and obtain the number of staff employed by each clinic/hospital. Pat Bradley took on the role in January. The outreach librarians were returned the responsibility when permissions were needed from administrators to schedule visits to conduct the interviews.

Team administration of survey changed over time. Originally the librarians planned to go out in teams to administer the survey. Most of the facilities were in Arizona and New Mexico so the Utah and Colorado librarians would share the load and help out in those states. Once the evaluation consultants came on board, the plan was to have librarian(s) team up with one of the evaluation consultants and administer the survey. There was deadline for surveying all the clinics. Matching the availability of the facility and the librarians and consultants was difficult and the time it took to get to the site increased the difficulty of conducting the survey in teams. Sometimes only one librarian could take advantage of a clinic or hospitals availability. Librarians rarely crossed state boundaries to help out in Arizona and New Mexico. Pat B and John B surveyed the Blanding clinic together. More often, Pat Bradley crossed state boundaries to assist others.

Administration of survey changed over time. Conducting the survey as an interview was a lengthy process when following the standards set by the evaluation consultants to read each question verbatim. In one facility there were so many health professionals willing to be surveyed that they ended up standing in line because there weren't enough librarians available to handle the load. Sometimes a health professional was interested in answering the survey, but didn't have time during the visit. Visits couldn't be scheduled for all the facilities. In order to get the data, surveys were distributed and data collected in alternative ways. Health professionals were given a copy of the survey and asked to complete it and hand it in. Surveys were emailed to health professionals and returned by email. Surveys were mailed to facilities, distributed to health professionals, collected and returned. There was no consistency in response effectiveness based on the method of distribution. For the health professional, submitting to an interview may be an imposition, so alternative methods for surveying needs to be determined before the surveying begins. Research needs to be done to find an alternative delivery method that works when an interview cannot be used to administer the survey.

**2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?**

From the Contacts Database Group:

I think we did okay in regards to selecting a database product that fit our needs (Web access, flexibility, ease of use once in the application) as far as gathering data. I also think we did okay with training in its use. I'd say the lesson learned was we didn't take into account that it was not integrated enough into the daily work of the users.

From the Effective Practices Group:

It is important to understand what an effective practice is, and to document work done to effectively be able to report on such practices. Getting input from the entire group is necessary as well.

From the Needs Assessment Group:

- Use an Evaluation Consultant to assist in designing the assessment tool and its implementation. This consultant serves to guide the group to practicing the most effective behaviors that lead to quality assessment with measurable results. Make sure that the consultant's role is defined from the start.
- Know the community you work with.
  - Use the clinic administrator as point of contact. This provided buy-in from a decision maker and increased awareness of the director of the project and the purpose of the survey. A health professional could not have provided access to the facility's staff.
  - All visits to facilities to conduct the surveys were scheduled for administrative days. The group would not have had access to the health care providers if they tried to schedule the surveys at another time.
  - You will know who it is that you should be assessing – what level of the organization has the information you need.
- Have established relationships with the community. Prior visits with clinics opened doors to allowing the assessment team to come in and conduct the survey.
- Do your groundwork. A letter was sent to the CEO describing the group and explaining our intention to administer a health information needs assessment; a copy of the survey instrument was included with the letter. A local contact was named in the letter.

Scheduling was arranged in a follow-up phone call. This formal way of approaching the facility and arranging for the survey visit worked.

- Know the infrastructure of the system and who has jurisdiction over the facilities. The group knew which agencies were tribal, community, or federal. Since they were surveying IHS clinics, they didn't need to contact tribal leaders. They did obtain permission from the CEO of the only tribally controlled clinic. With this knowledge of jurisdiction, the appropriate agencies were approached for authorization to administer the survey and made best use of our time.
- Test the assessment instrument in a similar facility outside your survey area to be sure it makes sense and provides the kind of data you are looking for.
- Use of one-on-one interviews is the most effective way to assess health information needs, but is not the most timely. Make sure that you develop a tool that takes into account all your constraints.
- Have a clear understanding of group member roles and responsibilities from the start.
- Have an effective communication tool for the group so that when problems occur, they can be resolved quickly.

### **3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?**

#### From the Contacts Database Group:

If we could have started over again I think I would like to have realistic discussion on if project members really would use this application. I would have asked questions like: Will you realistically use this database knowing that you will have to manually enter in contact data and this application is not interoperable with your existing contacts application (MS Outlook, Palm Desktop, etc) and you will have to maintain two records? Will you feel comfortable recording sensitive and personal opinions out the contacts you enter even knowing that the database is only assessable to those in the project?

I also would ask, for what reason is this information useful and to whom?

#### From the Effective Practices Group:

Until the procedure for identifying and writing up effective practices was established it would have been a good idea to have someone from the effective practices group sitting in on the active workgroups (needs assessment, go local). This person would know the fields that need to be completed to describe an effective practice and assure that the information to complete the fields are documented by the group in their minutes or other records.

#### From the Needs Assessment Group:

The Evaluation Consultant was added later as a member of the work group. [Note from CH: the evaluation consultant was always part of the budget, but it took a while for the position to be filled. The workgroups started their activities before the consultant was hired.] The evaluation consultant redirected the strategy by educating the workgroup about how a needs assessment should be conducted, ex: recommending the interview method. This meant that there were more tasks that the group needed to complete by the project deadline. It would have been a better strategy to have the evaluation consultant advising the group from the beginning to avoid wasted time.

More training in the fundamentals of assessment, tools and statistics at the beginning would have been helpful for the team.

More time was needed to conduct the survey. The final report should be written up in a more timely manner.

Have one person designated as Project Manager define roles and to keep the project moving. This work was too free form. Having defined roles from the start would have alleviated many problems the team faced.

#### **4. What advice or recommendations would you give to anyone considering a similar outreach effort?**

From the Contacts Database Group:

In a project of this nature, I would NOT recommend a similar effort.

From the Effective Practices Group:

Jump in there and do it!

From the Needs Assessment Group:

Communication becomes important when the strategy isn't working out and decisions are being made quickly. The changes need to be communicated to the rest of the group so that they can follow the new plan. Establish a good communication delivery method.

Test other delivery methods and find ones that people will use; a backup plan is needed, since interviews will not work everywhere. Get in touch with the medical person in charge initially—the decision makers and leaders. In fact it may only be really necessary to do the needs assessment with these higher-ups. Use excellent survey construction techniques and pretest the survey. Recognize that those being surveyed have a different perspective, a totally different viewpoint. Since it was difficult to get beyond state boundaries, it would be more efficient to divide up the territory differently. Clear leadership is very important and useful. We needed to clear up misimpressions on why we were there (i.e., not to present a lecture but to give an assessment); we should also give back to them by providing info about resources. We know now to make the purpose of our visit very clear. An outsider doing a needs assessment must use extreme courtesy and show why they should invest their time and energy.

Define what it is you really want to know and know what you are going to do with the data you collect. Determine that the work you put into the assessment is worth the outcomes you arrive at.

This has a bigger impact than the project itself. The relationships between the participating libraries and the RML need to be explored. Is this a workable model that others can use, or is it too time consuming? The lessons learned from this assessment are just as valuable as the data collected.

## APPENDIX

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### Evaluation Questions Tribal Connections – Four Corners Project

Please answer all questions in Sections I-III and VII, plus the Section appropriate to your workgroup, with as much detail as you can muster. Some of the questions are specifically for workgroup members. We encourage responses from everyone who received a survey, whether your role was as an active participant, consultant, observer, or funder. We realize the survey is long and appreciate your careful attention in responding.

E-mail your responses to [mjbelgarde@comcast.net](mailto:mjbelgarde@comcast.net) no later than October 19, 2005.

#### Section I. Background

(For all participants, whether active or only consulting/advising/observing/funding, in the TC4C collaboration)

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1. Define your role in the project.
2. How long have you been involved with the project? (TC4C was initially funded in October 2002.)  
 since the TC4C group began meeting/conferencing in 2002  
 since the summer of 2003 (after the Tucson conference)  
 since 2004 (when workgroups were assigned and work began)  
 since 2005 (workgroups continued; TC4C FEATHER proposal written)  
 Other (Please Specify) \_\_\_\_\_
3. Did you attend the Tucson conference (June 2003)?  yes  no
4. How long have you been a librarian? \_\_\_\_\_ years
5. In your capacity as a librarian, how long have you worked with Native Americans? \_\_\_\_\_ years
6. What organization are you from?  
 University of Arizona Health Sciences Library  
 University of Colorado Denison Memorial Library  
 University of New Mexico Health Sciences Library and Informatics Center  
 University of Utah Spencer S. Eccles Health Sciences Library  
 NN/LM MidContinental Region  
 NN/LM Pacific Southwest Region  
 NN/LM South Central Region  
 Other (please list \_\_\_\_\_)

## Section II. Individual experience and perspective

(For all participants, whether active or only consulting/advising/observing, in the TC4C collaboration)

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1. How effective do you feel the group was in developing communications and “working teams” across the libraries? Please elaborate.
2. As a team member what did you bring to the table (background)? What did you contribute to the project?
3. How did working in the Four Corners project impact your work load?  
 I integrated it into my workload fairly easily.  
 I had difficulty at times integrating this work with other work priorities  
 I had difficulty most of the time integrating this work with other work priorities
4. Overall, what percentage of your workload was spent on TC4C?
5. How did your home institution support you in this work?  
 Work time  
 Travel support  
 Communications (long distance calls)  
 Supplies  
 Technical support  
 Other (please explain \_\_\_\_\_)
6. What lessons did you learn by doing a cross-regional collaborative project?
7. What lessons did you learn about working with Native Americans in the Four Corners Area?
8. How extensive do you believe the TC4C group’s outreach was in terms of numbers of people contacted, site visits, conferences/fairs attended or exhibited at, presentations made, and training delivered?

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not at All</b>	<b>Little</b>	<b>Some</b>	<b>A Lot</b>	<b>Extensive</b>	<b>Unsure</b>

Please explain your answer:

What could have been done differently?

**Section III. Overview - Effectiveness of the Resource Libraries and RMLs in Community Based Collaborative Outreach**  
(For all participants, whether active or only consulting/advising/observing, in the TC4C collaboration)

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1. Overall, how effective was the collaboration in achieving its goals? Please elaborate.
  2. Were we able to achieve goals collaboratively, that could not have been achieved independently (by your institution only, for example)? Please explain.
  3. How important was the position of Tribal Liaison librarian to the overall success of the project? Please explain.
  4. What suggestions can you make to improve the collaborative process?
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**Section IV. Effectiveness of the Needs Assessment component of the project**  
(For members of the Needs Assessment workgroup only)

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1. What was your role in this component of the project?
2. How effectively do you feel the resource librarians collaborated with one another on this component of the project? Please elaborate.
3. What could we have done differently to enable you to feel confident to administer the needs assessment?
4. Do you feel that the goal has been met in having all organizations represented within the Four Corners needs assessment?
5. What recommendations can you make aimed at improving the process for conducting a needs assessment in the future?
6. What contributions did the Tribal Liaison offer to this workgroup?
7. How effective was the collaboration in this workgroup? Please elaborate.

**Section V. Effectiveness of the Go Local component of the project**  
(For members of the Go Local workgroup only)

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1. What was your role in this component of the project?

2. **Have health services relevant to Indian tribes been adequately collected? Please explain.**
3. **Have health services from the geographical area of the Four Corners been adequately collected? Please explain.**
4. **Have data on statewide services (e.g., state health departments, etc.) available to residents of the Four Corners area been adequately collected?**
5. **How useful/important was it to have talked with a representative of the institution/organization before the information about services was collected? Please elaborate.**
6. **Do you feel that the timeline and milestones have been met? If not, why not?**
7. **Where is your state/resource library in its development of a statewide Go Local Project?**
8. **How effective was the collaboration in this workgroup? Please elaborate.**

**Section VI. Effectiveness of the Effective Practices component of the project  
(For members of the Effective Practices workgroup only)**

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1. **What was your role in this component of the project?**
2. **Has the effective practice resource been able to satisfy two types of information: 1) project/activity and 2) general truths which pervade experiences with more than one tribe? Please explain.**
3. **Have you been able to determine how a lesson is pervasive and general enough to become “universal”? Please elaborate. Have you shared that understanding with others?**
4. **How has the immediate purpose to capture “lessons learned” been achieved? If not, why not?**
5. **How effective was the collaboration in this workgroup? Please elaborate.**

**Section VII. Effectiveness of the Overall Collaborative Project**

1. **Please feel free make any other comments relevant to the collaborative project!**
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