

ACCESS TO ELECTRONIC HEALTH INFORMATION PROJECTS 2002

SUMMARY SHEET

Proposal #: 4-M-02

Average Score: 81.33

Acceptable: X

Unacceptable:

Institution: Denver Public Library and Denver Healthy People 2010 State: Colorado

Executive Summary:

Abstract

The Denver Public Library (DPL) provides an extensive and heavily used website providing information access to the public. One specific section focuses on Health and Medical information. Denver Healthy People 2010 (Denver HP 2010), based in the Denver Department of Environmental Health (DEH), has a website which targets the public health professionals and community organizations of those who would provide health promotional services to the Denver area public. Through cooperative efforts and employing a professional health educator on a temporary contract basis, the Denver Public Library and Denver Healthy People 2010 propose to markedly improve both of their websites and do extensive outreach to the community, improving electronic access to health information for all the citizens we serve.

The primary purpose of this project will be the consumer level site, hosted and fully integrated on the DPL web page. The target population for this site will be the residents of Denver's Whittier neighborhood, a poor and ethnically diverse community which has been identified to be a high risk for multiple health problems. This grant will enable us to hire a professional health educator, to do an in depth community needs analysis, to research appropriate web resources, to design this web site, and to facilitate community outreach. Through focus groups and key informant interviews, more specific needs and concerns of this population will be determined, web resources will be sought (in both English and Spanish) and compiled. We will highlight links to MEDLINEplus (in both English and Spanish versions), to ClinicalTrials.gov, to TOXNET, and to PubMed, and will review other NLM databases for possible inclusion. We will also include additional local resources, many of the currently liked online resources, and selected health promotion sources that address community concerns. The resulting site (English and Spanish versions) will be tested in the same community, and in three other locations throughout the city. Following implementation of needed changes, the new DPL Health /Medicine site will be launched on the parent site, and be freely available on the Internet. Training will be provided for DPL staff, community leaders, and individual customers, in both English and Spanish, including training in the use of PubMed and TOXNET for those members of the community who would like access to more in depth medical literature than MEDLINEplus offers. Evaluation will include both qualitative and quantitative input, such as usage, customer surveys, and tabulation of the destinations

where users exit to on leaving our site. We anticipate substantially increased usage of this site, significant participation in training, and many positive comments from both individuals and leaders in this community.

In addition, the Denver HP 2010 website will be developed through a parallel research and development process. The Denver HP 2010 has been very effective in networking with and developing a coalition of public health and community and faith-based organizations devoted to improving the health and quality of life for Denver citizens and eliminating health disparities in Denver, as based on the national Healthy People 2010 model and guideline. They have very broad-based community involvement. Denver HP 2010 already links to MEDLINEplus as a general resource and specifically for a variety of topical areas. These links will be more prominently positioned in the new site, and other NLM databases will be considered for inclusion, as well. Outreach will include training of coalition members in the use of both websites, PubMed, TOXNET, and ClinicalTrials.gov. We anticipate that the improved Denver HP2010 website will receive much heavier usage, and that professional and community leaders will draw upon its resources regularly in developing public health services within Denver and the surrounding area.

Through our partnership together, and vital community feedback, the development of each website will support and enhance the development and promotional efforts of the other thereby multiplying the usefulness and effectiveness of both sites for the health of the citizens of Denver and throughout Colorado. This, combined with effective outreach efforts, will markedly improve access to electronic health information in the greater Denver area.

Strengths and Weaknesses:

Criterion 1: Technical Approach:

Strengths:

Link 2 organizations Denver PL, HP2010 and use underserved neighborhood to teach and trail the website. Thus neither objectives of doing organization of English + Spanish link to NLM, MEDLINE, use of educator/community advocate.

They can translate throughout 2010.

A very strong proposal. All areas are fully addressed and explored.

Described as model or test and meets that goal.

Building upon already existing web sites to improve them should not be too technically challenging.

Outreach as a creative element in using focus groups from initial targeted community and then modifying web sites based on specific feedback from focus groups.

The cost of arranging for groups is minimal and appropriate.

Timeline is complete, clear and informative.

Evaluation plan is multi-faceted and thorough. Good planning in beginning early, continuing throughout grant process and then wrapping up at the end. Important to use ongoing feedback to modify as grant progresses.

Strong point is established organization connection with local co-coordinators of Healthy People 2010 which already has a vision of health needs and coalition of community organizations.

Already established and heavily used health aspects of existing website will be enhanced by focused community feedback, focus groups and evaluation tools.

Denver Public Library has made a commitment to three major initiatives—improving services to teens, improving services to local immigrant populations, and serving the community more effectively through electronic access to information. In this project they propose to bring together all three initiatives of DPL with the efforts of Denver Healthy People 2010. Both the DPL and DHP websites will be enhanced and outreach will be coordinated for their overlapping target populations. The DPL website will also be developed in Spanish. They will hire a health educator to assess community needs and improve the websites and they plan to do extensive community outreach via training and promotion. Librarians will receive training on M+ and other NLM resources and will then provide instruction to users in the community.

They have included a laudable list of project objectives on pages 13-15 and briefly explain how each will improve health information access to the target population. On pages 15-20 they describe the methodology for meeting each of their 10 objectives. Their goal to establish strategic partnerships with community organizations and leaders (p. 18) is very important and could be key to acceptance of the website as a source of health information for the target groups. They will train community leaders in the Whittier neighborhood and enlist them in word of mouth promotion of library resources. DPL will also use their “standard” outreach approach and incorporate community recommendations for further promotion. They are experienced in carrying out outreach programs and should be able to come up with a plan that works well.

There is a timeline for the project included.

They provide an impressive list of questions they plan to answer during the project (p 20-21) in their evaluation.

The partnership is between DPL and DHP2010. The potential exists to develop other community partnerships as a result of the project.

DPL seems fully committed to continuing the work begun under the project after the NN/LM funding expires.

They make a strong case for the value this project may add to the existing programs of DPL and the DHP2010 initiative.

Weaknesses:

Scope might be limited, but info could be transferable to other groups.

Not clear how proposed activities will improve community access to Internet services.

Necessity of hiring a professional health educator to do community analysis, research web resources, design improved site and to community outreach is questionable. Simple because an existing site is already in place and merely needs modifying, not creating. The number of hours outlined for the educator and project administrator seem inflated for tasks assigned. Honestly, will it really take 80 hours (2 weeks) to research Internet resources? or 40 hours (1 week) to write up the grant results? Active outreach and web use is already indicated by statistical analysis and attendance numbers at programs. Community analysis was recently and thoroughly done and the results tabulated. Sure, more is always needed, but this much more after looking at what is already accomplished?

Plans for continuing project are for all activities to be incorporated into existing departments. Staffing funds are not included in future plans of grant beyond this funding.

Their plan to improve their website relies on focus groups and customer surveys, as well as key informant interviews. Some of these mechanisms, especially the surveys, will require OMB clearance unless they will not charge the expenses for them to the subcontract. On p. 17 they state that they will design the website to emphasize the needs and be effective for low income, minority and teen users. It will be difficult to meet the needs of all those groups with a single interface. They mention the importance of usability early in the proposal, but no information is provided on how usability testing will be handled. It is not apparent that project personnel have any experience in usability testing

No detail is provided on how strategic partnerships will be established.

Very little detail is provided on how outreach will actually be conducted.

The timeline does not include all the surveys they mention in their project description.

There is no mention of usability or setting up and convening the advisory group.

The ways in which they plan to answer their evaluative questions include too many questionnaires and surveys. No detail is provided on any of these to indicate that the questions asked will provide the desired information. How will conducting a focus group to gather data on health promotion interests and barriers to keeping healthy (content questions) translate to a website design that meets their objectives? How do they propose to test prototype web features to determine which are the best? How do prototype features relate to the training and outreach plan? (p 21). They are probably spending too many project resources on the evaluation for the low amount of useful information that will result.

There is no apparent continuation commitment from DHP2010.

How will useability, as described in the ??? article, be evaluated?

Criterion 2: Community Targeted:

Strengths:

Target underserved communities, fulfill HP2010 health communication objective.
Based on data gathered on HP2010 needs assessment.
Clear ID of neighborhood.

The analysis has already been done for the community. Local connections already exist for establishing focus groups.
Need of target group for this project clearly defined, research included shows the value of improved health information, particularly to the specified group.

Extensive information on the target population, its health needs, demographics, the health information needs of the public, health professionals and community groups in the target area is provided. The population in the Whittier neighborhood is around 5,500.

This project intends to examine the health information needs of the Whittier population and develop resources to meet those needs. The expectation is that these resources will also meet the needs of similar groups in Denver and throughout the country.

Weaknesses:

Percent target reached?

No estimate on how many people may be reached by project. Could have included historic Internet usage at the specified branch.

Criterion 3: Project Support:

Strengths:

The extensive nature of proposal + documentation support the ability of the requestors to fulfill the project.

Experience provided by principal investigators is extremely strong in analysis and development as well as in providing instruction to searching and evaluating health information. Reliance on this expertise is very important.

Their project team has experience in health (Connell and McConlogue), outreach, Spanish fluency and they plan to hire a professional translator. They plan to hire a Health Educator to carry out most program activities and are looking for an individual with most of the necessary experience to handle these activities. Jeske has done usability testing and has designed web pages.

DPL is the largest public library between Chicago and Los Angeles with 22 branches, many active programs, over 400 Internet accessible computers serving 500,000 cardholders. They offer Internet and database training. Their website provides direct links to M+ and

ClinicalTrials.gov, as well as other health resources. They have been developing strategic partnerships with other community organizations since 1999, including active health outreach programs.

The facilities of DPL should be adequate for most parts of the project.

Letters of support are included from the Manager of DPH, Denver and the Denver City Librarian.

Weaknesses:

The willingness for Denver Public Library to continue all necessary funding and support beyond the grant funding period is necessary, but not strongly made.

No estimate of the number they expect to reach through the project is given.

Their plan to determine needs of the target population through focus groups and key informants may provide insufficient information upon which to develop an effective information delivery mechanism.