

**NATIONAL NETWORK OF LIBRARIES OF  
MEDICINE**

**MidContinental Region**

**Addendum to  
Quarterly Report  
May 1, 2003 – July 31, 2003**

**Contract No. N01-LM-1-3514**

**Subcontract Reports:  
University of Kansas – Wichita  
University of Arizona**

**Spencer S. Eccles Health Sciences Library**

**University of Utah**

**Submitted June 6, 2005**

## Quarterly Report

Submitted on August 04, 2004.

### Name of reporting institution:

George J. Farha Medical Library  
University of Kansas-Wichita  
1010 North Kansas  
Wichita KS 67214-3199

### First and last name of person submitting report:

Teresa Coady

### Internet email of person submitting this report:

tcoady@kumc.edu

### Telephone number of person submitting this report:

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### Reporting Period start date:

04/01/03

### Reporting Period end date:

06/30/03

**Publicity:** List publicity and promotional activities conducted during the reporting period, if there were any.

None

**Outreach Reporting Form:** None

### Other accomplishments:

Contacted the KU School of Medicine - Wichita IT department about building the Public Health Web Site and the CD.

**Target audience:** Are there any insights you have gained about your target population during this reporting period? Have their needs changed since your initial assessment? Is the group different from your original anticipated audience?

Public Health issues have changed drastically since our initial grant writing. There is an increasing need for information about emerging diseases: West Nile Virus, SARS, Monkeypox, Ricin, Mad Cow Disease, Avian Flu and others.

The CDC web site is exploding with new and vital information about public health issues. We have identified major public health categories for our web page: Consumer Health, Databases, Education Resources, Emergency Preparedness, Evaluating E-Information, Kansas Organizations, Libraries, Organizations, News, PDAs, and Practice Guidelines.

**Goals, Outcomes, Objectives:** Discuss problems, successes, surprises, and/or insights of this quarter. Based on these experiences and your progress to date, have you rethought or in any way modified your objectives for the project? Are the needs of the audience those you anticipated, and are the outcomes you expected still feasible.

Six months into the eighteen month grant cycle and we still haven't received the contract for the grant, but have been assured to continue on our timeline. This gives us less than ten weeks to build a web site, produce a CD, purchase equipment and deliver our first presentation with no formal contract and no finances in hand. This is a concern.

**Evaluation:** List any specific evaluation activities that occurred during the reporting period.

Activities might include surveys, focus groups, pre- and post-tests, interviews, log of activities, or other steps to monitor progress.

None.

**Impacts and Observations:** If there are anecdotes that illustrate the impact that the project is having, provide the narrative here; include any indicators of success. Share observations, lessons learned, and any other feedback you think would be helpful.

None - still in initial phase of grant.

**Planned Activities:** Provide a brief outline of activities (training, exhibits, web development, meetings, evaluation etc.) that are scheduled for the next quarter.

Will design and build a Web Site, develop and produce a CD, order equipment and present at several annual meetings in the next quarter.

# **Tribal Connections Four Corners**

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

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**Third (3rd) Quarterly Report  
April 1 – June 30, 2003**

**Submitted July 31, 2003**

## **Introduction**

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 region of the United States. The process includes the development of an asset/resources inventory and asset map of the partners participating in the project, a selection of pilot projects to be evaluated, and the creation of a best/effective practices website populated with information from the pilot projects.

Conference planning and analysis of data collection done earlier were the focus for April, May, and much of June, culminating in the conference, held in Tucson, June 26-27, 2003.

### **I. Description of Progress toward the Project's Major Objectives**

#### **A. Administrative/Planning Activities**

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, RML's 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.

The agenda for the conference can be found in the appendix. The list of participants is appended as a separate PDF file.

Conference attendees were supplied with summaries of information developed by Joan LaFrance and gleaned from the survey distributed to all participants earlier:

- Summary of the Projects Reported in the Inventory and Major Lessons Learned
- Resources Listed in Four Corners Institutional Questionnaire
- Summary of Four Corners Librarian Questionnaire Responses to "What is Needed for Collaboration"
- Overall Themes from Lessons Learned Inventory (prepared by Cathy Burroughs)

Copies of all of these materials can be found in the Appendix.

Joan LaFrance, project consultant, led the group through a series of exercises and discussions that culminated in the selection of three pilot projects and a decision of what the next steps should be for Tribal Connection Four Corners:

- Four Corners Go Local
- Contact database
- Information resources for the IHS

## **B. Publicity/Marketing Activities**

None.

## **C. Product/Resource Development Activities**

See administrative and planning highlights above. Appendix includes copies of pertinent documents.

## **D. Site Visits/Training/Demonstration Sessions/Presentations (Include description of the sites and target population)**

None.

## **E. Exhibits**

None.

## **II. Loansome Doc/Document Delivery Activities**

No activity.

## **III. Evaluation Activities**

No activity.

## **IV. Problems/Corrective Actions. Lessons Learned/Significant Feedback**

Nothing to report.

## **V. Projected Activities for Next Quarter**

JULY-SEPTEMBER 2003

- Clarify conference results
- Develop goals for next phase of project
- Identify tools and resources needed to implement goals
- Begin implementation phase

## **VI. Reporting Forms for Training/Demonstration Sessions**

## **and/or Exhibit Reports**

No activity.

## **APPENDIX**

- Agenda for the Conference – p.6
- List of Participants (separate PDF file)
- Summary of Projects Reported in the Inventory and Major Lessons Learned – p.8
- Resources Listed in Four Corners Institutional Questionnaire – p.13
- Overall Themes from Lessons Learned Inventory – p.15
- Summary of Four Corners Librarian Questionnaire Responses to "What is Needed for Collaboration" – p.17



**Agenda for Four Corners Collaboration Conference  
June 26 and 27, 2003  
Tucson, Arizona**

**Conference Goals:**

6. Describe a vision of what Resource Libraries, RML's and their partners can contribute to health information access in Indian Country and how these contributions should be offered.
7. 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.
8. Inventory and identify the resources within and/or available to the Four Corners Collaboration to realize this vision.
9. 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.
10. Define the desired outcomes for the collaboration as a whole and for any project chosen to be evaluated.

Since much of the agenda will be a facilitated process to work on the goals of the conference, the agenda is more of a guide rather than a lockstep schedule. The facilitator and the group will be assessing progress and refining the agenda guiding questions and activities throughout the meeting as the discussions suggest a need to make revisions.

**Thursday, June 26 – 2:00 to 5:30**

<b>Time</b>	<b>Agenda Items and Guiding Questions</b>	<b>Process</b>
2:00.	<p>Welcome</p> <p>Introductions</p> <ul style="list-style-type: none"> <li>• Name,</li> <li>• Institution,</li> <li>• Most fun outreach or cross cultural experience</li> </ul> <p>Review Agenda and Background Material</p> <p>Review Salt Lake Action Items</p>	<p>Gary Freiburger – Arizona Health Science Libray</p> <p>Wayne Peay – University of Utah Eccles Health Science Library</p> <p>Group</p> <p>Facilitator</p> <p>Group discussion</p>
2:45	<p>What Have We Done?</p> <p>What have We Learned?</p> <p>(Discussion of findings of Inventory and reflections on the Tribal Connections projects)</p>	<p>Facilitator</p> <p>Tribal Connections Project Staff</p> <p>Other Librarian Projects</p>
3:45	<p>Break</p>	
4:00.	<p>Creating Our Vision</p> <ul style="list-style-type: none"> <li>• What are the important values we should bring to our work with Indian people?</li> <li>• What are our expectations for the work we do in Indian Country?</li> </ul> <p>How can our values and expectations describe a vision of the work we want to do?</p>	<p>Use affinity diagramming (writing on cards and then using the cards to organize our values and expectations)</p> <p>Facilitated group discussion to develop a framework for our work</p>
5:30	<p>Break for dinner (group will go to a local restaurant)</p>	

**Friday, June 27 -- 8:00 to 5:00**

<b>Time</b>	<b>Agenda Items and Guiding Questions</b>	<b>Process</b>
8:00.	Coffee and eats	
8:30	Reflections on values discussion Review agenda for the day	Facilitated discussion
8:45	What is "Collaboration" <ul style="list-style-type: none"> <li>• What are our expectations of collaboration -- how do we work across institutions?</li> <li>• Is there a continuum for collaboration?</li> <li>• What type of collaboration can we do, how, and for what?</li> <li>• How do we evaluate our collaboration?</li> </ul>	Facilitated discussion
10:00	Break	
10:15	Challenges of Health Information Outreach – Notes from the Field	Lydia Hubbard Pat Bradley Group discussion
12:00	Lunch	
1:15	OK, Now what are we going to do together? <ul style="list-style-type: none"> <li>• What is the focus of our collaboration?</li> <li>• Can we identify a project or projects for our collaboration?</li> <li>• What resources do we have for this work?</li> <li>• What do we need?</li> <li>• How will we define success – for the project and for the collaboration?</li> </ul>	Facilitated discussion and group decision-making
2:45	Break	
3:00.	What Are the Next Steps?	Group discussion
3:45.	Final Reflections <ul style="list-style-type: none"> <li>• What am I taking away from this time together,</li> <li>• What has been of most value for me during these two days?</li> </ul>	Each member shares their answers
4:30	Final Comments	Claire Hamasu Jeanette McCray

## Summary of Projects Reported in the Inventory and Major Lessons Learned

Project summary	Lessons Learned
<p>Tribal Connections 3 Samish Project-- WA</p> <ul style="list-style-type: none"> <li>- Assisted a small tribe develop a 10 year health plan.</li> <li>- Assisted with the development of health information page with links for the tribal web page.</li> </ul>	<ul style="list-style-type: none"> <li>- Tribal staff have pressing priorities and are very busy.</li> <li>- Health information does not rank high on their list of health priorities</li> <li>- Provision of information via a web page is best approach for a widely distributed population.</li> <li>- It is not clear how many tribal members use the Web</li> </ul>
<p>Tribal Connections 3 Nez Perce Project-- WA</p> <ul style="list-style-type: none"> <li>- Provided funding to support tribal efforts to produce short videotapes about diabetes prevention and treatment and anti-tobacco messages.</li> <li>- Assisting with design of a health information kiosk in a new tribal clinic</li> </ul>	<ul style="list-style-type: none"> <li>- Partnerships should evolve naturally, rather than trying to impose a service.</li> <li>- Takes time to build rapport and trust – one year project is too short a time.</li> <li>- Start with specific health information goal – health information access is too general to explain without a specific information need.</li> <li>- Given lack of health services and limited resources, hard to see health information as a priority.</li> <li>- There are real differences in Indian Health Service clinicians and tribal community health departments.</li> <li>- Working with tribal communities is intense and difficult to do from a distance – ideally the librarian should live nearby to participate tribal events and appreciate tribal customs.</li> <li>- Consider options for continuing projects as relationship building is important and not transferable to others.</li> <li>- Be flexible</li> </ul>
<p>Tribal Connections 3 Umatilla Project: WA Goals of project currently underway</p> <ul style="list-style-type: none"> <li>- Make health information more accessible to seniors at senior center public access computer.</li> <li>- Involve tribal youth in ways to access health information.</li> <li>- Assist with the development of a public health information center in the tribal clinic.</li> <li>- Try to make RPMS more user friendly.</li> </ul>	<ul style="list-style-type: none"> <li>- Be willing to introduce yourself by talking about your heritage and family, not just your job.</li> <li>- Indians can be quite in classes, so do not overly depend on class participation when teaching.</li> <li>- Choose things of interest as examples – introducing the web by showing where to find sites to purchase beads.</li> <li>- Be willing to take time to get to know people.</li> <li>- It is important to find the right person to be your connection to others in the tribe – especially when you work from a distance.</li> <li>- Time does not have the same urgency in Indian Country, this can be either refreshing or frustrating depending on the situation or your tolerance.</li> </ul>
<p>Tribal Connections 1 –WA</p> <p>Through a grant from the National Librarian of Medicine</p> <ul style="list-style-type: none"> <li>- Tribes in PNW applied for to NN/LN-PNR to get computers and internet connectivity resources</li> <li>- In return for grant, tribe had have some level of public access to at computer(s)</li> <li>- Training in access to web-based health information was offered.</li> </ul>	<ul style="list-style-type: none"> <li>- Proximity to project plays role in quality and quantity of service.</li> <li>- Leveraging and reallocating resources can reduce telecommunications costs.</li> <li>- Tribal staff is very busy on many projects-- staff turnover can be problematic.</li> <li>- Tribal staff involvement is critical to success.</li> <li>- Connectivity presents challenges – 1st mile/last mile issues, lack of tribal regulations.</li> <li>- Tribal politics can affect your project.</li> <li>- Tribes can lack computer infrastructure and technology capacity.</li> <li>- Contract time is often contradictory to real time requirements to complete a project in rural and</li> </ul>

Project summary	Lessons Learned
<p>Tribal Health Connections – Four Corners – WA  Project emerged from Gates Foundations Native Access to Technology project and NN/LM PNR's Tribal Connections work.</p> <ul style="list-style-type: none"> <li>- Placement of a staff in the Four Corners area to provide training in health information access</li> <li>- Targets of health information outreach include: <ul style="list-style-type: none"> <li>o Health Care Consumers</li> <li>o Health Care Providers -- CHRs</li> <li>o IHS Personnel</li> <li>o Information providers</li> <li>o Students and Faculty</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Establish a regular presence in the community, either through part-time office space or regularly scheduled visits</li> <li>- Identify key community groups, organizations, agencies and individuals</li> <li>- Listen deeply to people in the community and let the work flow from the actual needs of the situation, and not from a prefab agenda</li> <li>- Be VERY patient with outreach efforts and do not impose unrealistic goals and timeframes</li> <li>- Think outside the box, work with everyone you can, and promote your services at every opportunity possible</li> </ul>
<p>UNM Librarian Introduction to NM Pueblos Tribal Libraries</p> <ul style="list-style-type: none"> <li>- Provided tribal libraries with tote bag and information</li> <li>- Visited each tribal library to inventory internet and computer capacity.</li> <li>- Provided up to 2 hours training on MEDLINE plus at each library.</li> </ul>	<ul style="list-style-type: none"> <li>- Each Pueblo is different</li> <li>- Would be good to know more of each one's culture and health beliefs prior to making contacts.</li> <li>- It would be good to know who the decision makers are and more about local health care institutions.</li> <li>- Ideally, a Native American trainer would be good to have for the entire area.</li> <li>- Learn from local health care providers their needs are for communication/information tools.</li> </ul>
<p>Southwest Diabetes Prevention Center (SDPC) in the UNM HSC school of medicine. Programs sponsored by the Southwest Diabetes Prevention Center including:</p> <ul style="list-style-type: none"> <li>- Rio Grande Institute for tribal health and fitness staff from a number of states. Done in partnership with HIS.</li> <li>- Diabetes Prevention Certificate Program: 14 credit program offered by Central Arizona College for tribal health workers from a number of states.</li> </ul> <p>SDPC Resource Center: resource center/library for Native Americans in Gallup</p>	<ul style="list-style-type: none"> <li>- Best training occurs when the training coordinators meet with community to discuss training needed how it can be tailored to meet their needs.</li> <li>- Librarians can play import role in developing training to meet informational needs and collaborate with tribal entities to make training culturally relevant.</li> <li>- Trainers need to be flexible and knowledgeable to tailor their courses to Native American populations.</li> <li>- It helps to have a librarian who is aware of the cultural features of each native population.</li> <li>- Few culturally appropriate materials for Indians and even fewer tribal specific materials.</li> <li>- HIS materials tend to be too generic.</li> <li>- Tribes should develop own material in own language.</li> </ul>

Project summary	Lessons Learned
<p>IHS Information Outreach Project</p> <ul style="list-style-type: none"> <li>- Distribution of four computers and accessories to four HIS facilities in NM</li> <li>- Done to provide access to document delivery services and subscriber services available from UNMHSL</li> </ul> <p>Tribal Nations -UA</p> <ul style="list-style-type: none"> <li>- Project still evolving</li> <li>- Providing workshops to tribal health personnel in Arizona</li> </ul>	<ul style="list-style-type: none"> <li>- Responsibility for ordering equipment should rest with institution that has overall responsibility for the project.</li> <li>- Establish clear expectations when equipment is given so the recipients know what is expected of them.</li> <li>- Need very long lead-time when planning as it can take much longer to get responses to email, mail, telephone and fax correspondence.</li> <li>- Once is not enough when inviting tribal health leaders to a workshop, need to issue multiple invitations and follow-up.</li> <li>- It is good to start large meetings with a blessing as long as participants are comfortable and an appropriate person leads it.</li> <li>- Personal contacts are very helpful when developing tribal relationships.</li> <li>- Communication among the partners is not great.</li> <li>- Need to be flexible when you learn that meeting times and subject matter has been changed.</li> </ul>
<p>Arizona Telemedicine Project (UA)</p> <ul style="list-style-type: none"> <li>- Monthly tele-workshop to nurses and health workers in Tuba City Indian Medical Center</li> <li>- Partners are the Arizona Telemedicine Project and Tuba City Indian Clinic.</li> </ul> <p>Arizona Health Information Network</p> <ul style="list-style-type: none"> <li>- AHIN is a collaborative of health institutions</li> <li>- Librarian provided training about the AZHIN at two diabetes fairs on the Navajo reservation.</li> </ul> <p>Access to Health Information for Arizona's Tribes (UA)</p> <ul style="list-style-type: none"> <li>- Building relationships with tribes by working through the Inter Tribal Council of Arizona.</li> <li>- Using the Council to identify projects that improve access to health information and are responsive to tribal priorities.</li> <li>- Through ongoing communication, taking advantage of opportunities as they emerge.</li> </ul>	<ul style="list-style-type: none"> <li>- Working through tribal leaders can be slow work.</li> <li>- Communication is slower than what most Anglos would consider a timely manner.</li> <li>- Working primarily with health professionals because this is what their contacts have requested.</li> </ul>
<p>Healthy Nations Conference, Colorado</p> <ul style="list-style-type: none"> <li>- Exhibited at national Health Nations conference sponsored by Robert Wood Johnson Foundation.</li> </ul> <p>Ute Mt. Tribal Library - CO</p> <ul style="list-style-type: none"> <li>- Visit to small tribal library explain databases and willingness to work on projects with the library</li> </ul> <p>Outreach from Spenser S. Eccles HSL-UT</p> <ul style="list-style-type: none"> <li>- Orientation and training visits to 3 health centers serving Navajo in Utah</li> <li>- Orientation meeting with Ute Indian Tribe.</li> </ul>	<ul style="list-style-type: none"> <li>- The key is getting into the door, once in relationship is good.</li> <li>- Conference provided opportunity to make contacts and maintain communication.</li> </ul> <ul style="list-style-type: none"> <li>- Indian populations are very rural, many have no mailing address making communication quite difficult.</li> <li>- When scheduling visits with tribal health centers and other programs, it is important to call more than once to confirm that the designated staff persons are going to be available on the day of the appointment.</li> </ul>

Project summary	Lessons Learned
<p>Tribal Connections – 4 Corners -- UT</p> <ul style="list-style-type: none"> <li>- Develop a project to improve health information access to 4 Corners area.</li> <li>- Inventory the programs of the collaborative.</li> <li>- Select a pilot project to be evaluated.</li> <li>- Create an effective practices website with information from the pilot projects.</li> </ul> <p>Salt River Pima-Maricopa Indian Health Information Outreach – UCLA</p> <ul style="list-style-type: none"> <li>- Workshops to be provided on web-based health information.</li> <li>- Monthly speaker will address issues of interest to community (nutrition, diabetes)</li> <li>- Develop a small book collection on site.</li> <li>- Partner with local Health Educator so she can continue to support this work.</li> </ul> <p>Support to NCAI President's Task Force on Health Information – NLM</p> <ul style="list-style-type: none"> <li>- Provide financial support for a part time staff to the Task Force</li> <li>- Goals of Task Force are to ensure Indians and Alaskan Natives are included in national health initiatives and improve the quality of and access to health information and access to quality clinical services.</li> </ul> <p>Community Leaders Internship – NLM</p> <ul style="list-style-type: none"> <li>- One-year internship for community representatives who will return to their tribe to implement programs using health information and technology.</li> <li>- Tribes send two interns</li> <li>- NLM funds a small project designed by interns for their reservation.</li> </ul>	<p>Site visits can be interrupted for emergencies and other priorities.</p> <ul style="list-style-type: none"> <li>- Listening and encouraging people to talk when making a site visit is important – more so than leaving large amounts of information they might not need or forget.</li> </ul> <p>It is important to plan for follow-up as these populations are used to site visits that happen only once. It is important to build a relationship.</p> <ul style="list-style-type: none"> <li>- Initial contacts with individuals in the community were promising, but have been able to gain interest from community representatives who could move the project forward.</li> </ul> <ul style="list-style-type: none"> <li>- Ability to make the commitment of time to the Task Force is a major challenge for Task Force member who are senior level tribal administrators such a tribal vice-presidents.</li> <li>- NLM's support for a part-time staff person assists with this process.</li> </ul> <ul style="list-style-type: none"> <li>- The two sets of interns have been outstanding representatives of their tribe.</li> <li>- Important to pair a health person with a technology person so team has the combination of knowledge and skills to take advantage of the internship.</li> <li>- Two people from the same tribe can support each other in unfamiliar locations and continue support each other during the internship.</li> <li>- Although</li> </ul>

Resources Listed in Four Corners Institutional Questionnaire – Spring 2003

<b>Institution</b>	<b>Resources</b>	<b>Resources</b>
Denison Memorial Library-University of Colorado	UCHSC is a resource library affiliated with the MCR of the NNLM. Funding is available for a librarian to do outreach within the state. This librarian will work to reach out to Native Americans. Funding is very limited right now in the library. We will work to get grants to possibly fund inter library loan to the reservations located in Colorado.	American Indian and Alaska Native Program Center located here on the University of Colorado Health Sciences Campus <a href="http://www.uchsc.edu/ai/">http://www.uchsc.edu/ai/</a> will be an excellent resource with which to partner. Rick Forsman is cultivating relationships to help us make inroads into the Native American communities we wish to serve.
NLM Washington, DC	Our experience is that a substantial amount of personal contact is required to make these efforts work. NLM does provide funding as well as electronic resources and training.	
NN/LM Pacific Southwest Region UCLA	PSRML is able to support outreach projects with regional and sometimes national NN/LM funding.	There is an American Indian Study Center on the UCLA campus; we have exchanged information with the librarian there, but have not conducted joint outreach programs; a pow-wow is held each spring on campus.
The University of New Mexico Health Sciences and Informatics Center	<p><b>Resources</b></p> <p>The Health Sciences Library and Informatics Center serves as the resource library for the state of New Mexico in the National Network of Libraries of Medicine. New Mexico's tribal communities include the Navajo reservation, 19 pueblos, and 2 Apache reservations as well as an urban community of Native Americans in Albuquerque. The Library and the academic units at the University of New Mexico Health Sciences Center have long been recognized for multi-cultural education.</p> <p>The Indian Health Hospital for the state of New Mexico is adjacent to the Health Sciences Center Campus. The Library sponsors a long-standing outreach program for delivery of reference services and articles to health professionals throughout New Mexico. The library has been funded to create two databases of native health materials:                      -Native Health History Database: Citations and abstracts for information dating from 1652 to approximately 1966. Sponsored by a grant from the National Library of Medicine</p>	<ul style="list-style-type: none"> <li>• There is a very strong rural health program in the School of Medicine (SOM)</li> <li>• The SOM has an active Outreach program</li> <li>• New Mexico Geriatric Education Center is dedicated to improving the health care of American Indian elders through the education and training of health care providers</li> <li>• The Tobacco Cessation Project for Native Americans which has an overall goal to adapt, expand, and evaluate an effective, interactive, computer-based cessation program to facilitate tobacco cessation among diverse Native American populations in the Southwest. Funded by the American Cancer Society</li> <li>• Family Centered Diabetes Project. Sharing Wisdom is an NIH funded research project focused on diabetes prevention and education in urban Native American women in New Mexico. It targets women between 18-40 who do not have diabetes</li> </ul>

<b>Institution</b>	<b>Resources</b>	<b>Resources</b>
	<p>and the Indian Health Service. -Native Health Research Database: Citations and abstracts for information dating from 1966 to the present. Sponsored by the Indian Health Service and the University of New Mexico Health Sciences Library and Informatics Center.</p> <p><b>Technological Resources:</b> The Library and Informatics Center participates in Internet and Internet2 and is the central source for administration of network and file sharing services for the Health Sciences Center. Access grid, multicasting technology is available in the library itself and on the Navajo Reservation in Shiprock. These access grid studios were funded by a grant from the Office for the Advancement of Telehealth (OAT), Health Resources and Services Administration. Satellite videoconferencing is available in a studio in the library building and at several other sites on the Health Sciences Center campus. The Library delivers distance web-based education throughout the state of New Mexico. The Health Sciences Center includes the Center for Telehealth, with several telemedicine studio sites throughout the campus. In the past, the State Library of New Mexico funded a consumer health database, which the Library and Informatics Center administered for access by all the public libraries and high school libraries in the state.</p>	<p><b>Funding Sources:</b> The Library and Informatics Center has received funding in the past from the Indian Health Service and the National Library of Medicine, and was a collaborator in the OAT grant which funded the access grid studios. One of the national Native American Research Center Health Programs (NARCH) is based in Albuquerque. At least seven of its 10 co-investigators are on the faculty of the School of Medicine.</p>
<p>NN/LM Pacific Northwest Region University of Washington</p>	<p>After the completion of the TC3 project, there is no specific PNR budget dedicated to tribal outreach. Roy Sahait is available to facilitate tribal outreach planning and implementation on a case by case basis. The library has personnel with technology skills. The library has personnel with training ability in the use of health information resources and a variety of software programs for Internet and web design, use of health information databases on the web, and Excel. The library has the ability to do videobroadcasting Funding is available for library staff to travel to tribal communities</p>	<p>The NW Indian College distance education network; the NW Portland Indian Health Board; Tribal College Librarians; Affiliated Tribes of NW Indians; the Washington State Governor's Office of Indian Affairs; the Gates Foundation. University of Utah, College of Nursing has an outreach program Utah AHECs Public libraries that serve the reservation Public health departments, outpatient clinics and hospitals located near the reservation Association for Utah Community Health Initiative</p>
<p>NN/LM MCR - Utah</p>		



<i><b>Institution</b></i>	<i><b>Resources</b></i>	<i><b>Resources</b></i>
University of Arizona	<p>Regional funding is available for subcontracts on a competitive basis</p> <p>Strong 40+ years of statewide outreach to health professionals and consumers. Full-time outreach librarian on staff. Technologically savvy staff. Access to the Arizona Telemedicine Network (dedicated telecommunications including videoconferencing). Emerging relationship with Knowledge River program (School of Information Resources and Library Science initiative to attract Hispanics and Native Americans to librarianship as a profession). Close working relationship with a multiplicity of campus resources with expertise and experience working with tribes and tribal communities.</p>	<p>Knowledge River program (see 4 above); Native American Research and Training Center in the Family and Community Medicine department; College of Public Health Native American Advisory Panel; numerous faculty, researchers, and programs in many campus departments are doing work with American Indians and on tribal lands. Our deep involvement in the Arizona Health Information Network (AZHIN) and the Arizona Telemedicine Program positions us in a collegial relationship with fellow member institutions including several Indian Health Service and tribally managed/owned hospitals and clinics.</p>

**Overall Themes from Lessons Learned Inventory**  
**Prepared by Cathy Burroughs**

**The assumption that health information is desirable (and needed) is not necessarily relevant:**

- Tribal staff have pressing priorities and are very busy.
- Health information does not rank high on their list of health priorities
- Given lack of health services and limited resources, hard to see health information as a priority.

**Do not assume that tribal members have Internet access and/or use the Internet**

- It is not clear how many tribal members use the Web
- On the other hand, "Provision of information via a web page is best approach for a widely distributed population."

**Become knowledgeable about salient health issues and use of health information in the community**

- Best training occurs when the training coordinators meet with community to discuss training needed how it can be tailored to meet their needs.
- There are few culturally appropriate materials for Indians and even fewer tribal specific materials.
- Learn from local health care providers their needs are for communication/information tools.
- HIS materials tend to be too generic.
- Tribes should develop own material in own language
- Start with specific health information goal – health information access is too general to explain without a specific information need.

**Relationship building is key to initiating, developing, and implementing a project**

- Partnerships should evolve naturally, rather than trying to impose a service.
- Be willing to take time to get to know people
- It is important to find the right person to be your connection to others in the tribe – especially when you work from a distance.
- It would be good to know who the decision makers are and more about local health care institutions.
- The key is getting into the door, once in relationship is good.
- Personal contacts are very helpful when developing tribal relationships
- Takes time to build rapport and trust – one year project is too short a time.
- Working with tribal communities is intense and difficult to do from a distance – ideally the librarian should live nearby to participate tribal events and appreciate tribal customs.
- Consider options for continuing projects as relationship building is important and not transferable to others.
- Conference provided opportunity to make contacts and maintain communication.
- Ideally, a Native American trainer would be good to have for the entire area.

**Be flexible. There are different perspectives and values around "time." Many may not need to have a definite rhythm of communication or advance scheduling. Some may not share a pressing sense of moving quickly and being overly conscious of time**

- Time does not have the same urgency in Indian Country, this can be either refreshing or frustrating depending on the situation or your tolerance
- Need very long lead-time when planning as it can take much longer to get responses to email, mail, telephone and fax correspondence.
- Need to be flexible when you learn that meeting times and subject matter has been changed.
- Working through tribal leaders can be slow work.
- Communication is slower than what most Anglos would consider a timely manner
- Once is not enough when inviting tribal health leaders to a workshop, need to issue multiple invitations and follow-up.

**When you get to know a tribal community, do not assume that you now know Indian Country. "One tribe is one tribe."**

- There are real differences in Indian Health Service clinicians and tribal community health departments.
- Each Pueblo is different

- ❑ Trainers need to be flexible and knowledgeable to tailor their courses to Native American populations
- ❑ It helps to have a librarian who is aware of the cultural features of each native population.

**On the other hand, respect (by showing interest and understanding) Indian cultural beliefs, values, ways of being.**

- ❑ Be willing to introduce yourself by talking about your heritage and family, not just your job.
- ❑ Indians can be quiet in classes, so do not overly depend on class participation when teaching.
- ❑ Choose things of interest as examples – introducing the web by showing where to find sites to purchase beads.
- ❑ Librarians can play import role in developing training to meet informational needs and collaborate with tribal entities to make training culturally relevant
- ❑ It is good to start large meetings with a blessing as long as participants are comfortable and an appropriate person leads it.
- ❑ Would be good to know more of each one's culture and health beliefs prior to making contacts.

**General**

- ❑ Responsibility for ordering equipment should rest with institution that has overall responsibility for the project.
- ❑ Establish clear expectations when equipment is given so the recipients know what is expected of them.

**Summary of Four Corners Librarian Questionnaire Responses to “What is Needed for Collaboration”**

<p>NN/LM South Central Region Houston, TX</p>	<p><i>Meetings with librarians to evaluate length of program and resources available. Our library may not have the necessary resources to collaborate with another institution.</i></p>
<p>University of New Mexico</p>	<p><i>-Good communication skills; expectations clearly defined prior to starting; continued checking in to see if reality is in accord with expectations; what lessons are learned along way, and how they can be utilized. -I am interested in any cross-library collaboration and this works best by meeting with others, not trying to control the outcome of such meetings, being flexible to new ideas of cooperation, willing to adapt to different institutional or tribal norms and being willing to share funds and expertise.</i></p>
<p>NN/LM Pacific Northwest Region Seattle, WA</p>	<p><i>Each library must be willing to participate fully in any project. What makes this collaboration work is the same thing that makes any collaboration work: commitment, shared goals, shared responsibility, shared benefits from the outcome.</i></p>
<p>NN/LM Mid-Continental Region - Utah</p>	<p><i>Stated goals and objectives of each institution working on the project. Clear and agreed upon time tables for the work. Sharing of contact information, sharing of site visit work, cooperative site visits planned with enough time to have contributions from both sides. Planned format for information gathering, specific information to be gathered ahead of time. Preliminary work done on what would be most useful to the site visited. Funding is available for all parties to do the needed work</i></p>
<p>University of Arizona</p>	<p><i>A true commitment from each participating institution. Communication is key to success.</i></p>