Quarterly Report

National Network of Libraries of Medicine - MidContinental Region

August 1, 2005 - October 31, 2005

Contract No. N01-LM-1-3514

Spencer S. Eccles Health Sciences Library
University of Utah

Submitted
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Network Programs

Administration

(For CE and Conferences attended by staff members see Appendix A)

NLM has set up several panels to provide input for their 2006-2011 Long Range Plan. Wayne Peay, RML Director, has been appointed to Panel 2, NLM Health Information for Underserved and Diverse Populations in the 21st Century.

Document Delivery Services

Liaisons assisted Network members this quarter with routing tables and ILL charges and provided consults for health care providers on Loansome Doc. Five new institutions have registered with LinkOut.

Resource Libraries

Resource Library Directors Meeting

Resource Library Directors held their bi-monthly videoconference on October 3, 2005. Mary Henning, Wyoming Liaison, described the activities of the Community Health Information Partnership Symposium that would be held in Jackson Hole later that month. The University of Wyoming has a subcontract to organize the event. About fifty participants were expected to attend.

All libraries are involved in building projects and directors reported on the status of their buildings. The University of Utah and Washington University just completed their education buildings. The directors also provided information on their budgets. The University of Wyoming, Washington University and Creighton University libraries received a budget increase. Other libraries will have a flat budget for the up-coming year. The topic of emergency preparedness was again raised. The University of Utah and Stanford University have agreed to be mirror sites. Washington University has built an off-site disaster facility and is looking at mass storage for research data and the infrastructure needed for access. The directors recommended the involvement of the Regional Advisory Board in developing a plan.

Liaisons instructed faculty and students at their own institutions on the use of NLM resources. In August, Laura Windsor, Kansas Liaison, taught a class on good techniques for searching PubMed and importing citations into EndNote. A month later she taught a Health Information Management class about PubMed and MedlinePlus and how to utilize both in the course of their academic career. Marty Magee, Nebraska/Education Liaison, participated in Problem-Based Learning classes for new medical students introducing them to MedlinePlus and PubMed as research tools and taught public health resources to the Health Policies class. Dana Abbey, Colorado/Consumer Health Liaison, participated in a new student orientation. She helped staff the booth to promote library resources at Denison Memorial Library and
NLM products. Siobhan Champ-Blackwell, Community Outreach Liaison, and colleague, Jeanne Burke, gave a brief presentation on the library's Multicultural Health Information Resources Collection (MHIRC) and cultural competency web sites to medical students.

Ms. Windsor’s RML goals and activities were incorporated into the library’s strategic plan and added to the Dykes Library web site. This web site tracks the status of accomplishing the components of the strategic plan.

Communications

In October, Mr. Peay and Claire Hamasu, Associate Director, initiated Breezing Along with the RML, a monthly session with RML staff using Breeze. Mr. Peay introduced the session as a way for the RML to communicate with Network members and for members to get their questions answered. He then talked about the long range planning panels and encouraged members to send suggestions. Ms. Hamasu talked about the recompetition, evaluation activities coming up, and how the distributed model has worked out. Included among participants were Network members and Advisory Board members. There were audio problems that were resolved. Three members tried to participate but were unable to get in. They were all from hospital libraries. We will follow up with them. At the end of the session, a poll of the 27 participants was taken:

How do you rate Breeze as an RML communication tool?
- Excellent (8) 35%
- It works well (13) 57%
- It's ok (2) 9%
- It's got some problems (0)
- It doesn't work well (0)

Comments from the chat bar:
- “Thank you for the chance to participate.”
- “Excellent technology. I was glad to be able to participate.”

As the MCR representative, Sharon Dennis, Technology Coordinator, participated in the nnlm.gov web site redesign committee conference call. American Institutes for Research (AIR) informed the committee of the activities and timeline for the redesign.

mcmla-l

This quarter, 25 individuals were added to the listserv.

Bringing Health Information to the Community Blog

Five subscribers were added to the BHIC blog. Ms. Champ-Blackwell received responses from 14 readers to her quarterly query on how they use the information provided in the blog. Respondents include the information she provides in other communication media such as newsletters and web sites. Many forward items on to others in their network. The announcements in the grants category stimulated proposals.

Publications:

Plains to Peaks Post Volume 4, Issue 1 issue was published


Dennis, Sharon “Seeing is Believing! Skype VoIP Adds Video: All About vSkype” IAEMS Newsletter, Volume 21, Number 1, Fall 2005. http://medlib.med.utah.edu/or/iaims/Fall_2005_IAIMSw.pdf
New or Updated Web Pages

- Colorado State Page - update

- Minority Health Concerns - update

- Health Concerns Around Low Income Issues - update

- Racial/Ethnic Trifolds - update
  - http://nnlm.gov/mcr/resources/community/african_american_resources.rtf
  - http://nnlm.gov/mcr/resources/community/latino_american_resources.rtf
  - http://nnlm.gov/mcr/resources/community/latino_american_resources.rtf
  - http://nnlm.gov/mcr/resources/community/latino_american_resources.rtf
  - http://nnlm.gov/mcr/resources/community/latino_american_resources.rtf
  - http://nnlm.gov/mcr/resources/community/latino_american_resources.rtf

- Nebraska State Page - New

- The Consumer Health in Other Languages chapter of the consumer tool kit - update

Regional Advisory Board

Ms. Champ-Blackwell met with Captain Edwin Galan, Regional Advisory Board member, at the Nebraska Minority Health Conference. In his presentation at the conference he referred to the NNLM and encouraged his listeners to visit the NLM booth; he also brought NLM materials as handouts for his talk. Capt. Galan provided Ms. Champ-Blackwell with names of several potential contacts in the region and introduced her to a staff member from Colorado who works with Colorado’s office of minority health.

The Regional Advisory Board new member orientation was held at the end of August using Breeze. All new members were provided specs and sent a test URL to ensure their ability to participate. This version of Breeze had several bugs that made using the software more difficult than expected and required testing everything to verify that all presentations would work. Ms. Hamasu developed a survey to determine what board members thought of using Breeze for the orientation. Five of a possible seven members responded to the survey. All responded that Breeze worked as a way to orient board members. In response to whether they preferred an in-person orientation, 3 responded no, 1 responded not sure, and 1 responded no preference. In the future we will continue to use technology to orient our new board members to the NNLM. (See Appendix B for survey results)

Regional Advisory Board Meeting (See Appendix C for minutes)

The meeting was held on September 21, 2005. Lisa Boyd, Consumer Health Librarian, provided an update on NLM initiatives, substituting for Angela Ruffin, Head of the National Network Office, who had laryngitis. There was good discussion and recommendations on both community outreach and for the review of the year 1
logic models. Liaisons introduced board members to the most recently developed resources: TOXMAP, WISER, Household Products Database, Genetics Home Reference, and My NCBI. Approximately half of the board members were not able to attend this meeting. Jim Bothmer tried to attend the meeting via teleconference but found this to be a very unsatisfactory experience because not all speakers could be heard.

Evaluation and Assessment/Feedback

In August the RML was notified that we were not submitting the minimum number of participant information forms when doing outreach. The best percentage among RMLs is 83-85%; this region’s percentage has been about 30%. The NNO would like a minimum of 50% of the OARFs to have participant data attached. Liaisons will work with subcontractors to improve their participant information submission rate and have agreed to distribute the participant information form more frequently during their own outreach activities.

In October, NLM had asked about the impact of consolidating 3 review publication types into one. The message was sent to all liaisons who forwarded it on to their library’s reference librarians. The responses were sent to NLM and ran the gamut of being for, against and indifferent.

In October, Ms. Dennis advertised an online survey asking for feedback from the region on the MCR web site. The survey will be in place for a month.

Betsy Kelly, Assessment and Evaluation Liaison, provided advice on a short survey about MLA chapter sharing roundtables for Marie Reidelbach from McGoogan Library of Medicine. Ms. Kelly also provided a brief instruction on how to use Survey Monkey.

In September, Ms. Kelly and Ms. Hamasu developed an instrument to evaluate the experience of the Resource Libraries in the distributed model. The tool was tested by advisory board members, resource library deputy directors and selected staff. Modifications were made based on feedback from testers.

Ms. Kelly revised the Network Data Inventory and had the liaisons test it. Using DOCLINE institutional records and the RML’s internal membership spreadsheet, Ms. Kelly is compiling emails for health sciences libraries in the region in order to distribute the URL for completing the online Network Data Inventory. She is finding many discrepancies, which points to the importance of RML staff working with members to keep their DOCLINE data current.

Health Professionals Access to Information

In October, Ms. Abbey conducted two training sessions on PubMed and MedlinePlus for Platt College’s first class of nurses. Platt College’s historical focus has been in graphics arts training, but has recently added nursing to its offerings. The library has a very small collection of nursing journals, and they have 20 online nursing journals available via OVID. The librarian is a bit harried as she learns her role as a medical librarian. She very much appreciated the training sessions and said that she felt more confident in helping the nursing students with their research.

Ms. Abbey met with Dr. Rick Martinez, incoming Head of Emergency and Forensic Psychiatry at Denver Health Medical Center. As an avid Denison Memorial Library patron, he is concerned with the closure of the Denver Health Library last year. Once settled in his new position, he is interested in being an advocate to resurrect the Denver
Health Library. In September, Ms. Abbey visited the Breast Center on the University of Colorado’s Fitzsimmons campus. She introduced herself and talked with three nurses about breast resources and women’s health information on MedlinePlus.

The group working on the Missouri Rural Health Association White Paper on Elder Health Issues met to discuss the parameters of the White Paper and to learn about the information and technology resources available to them. Barbara Jones, Network/Missouri Liaison, attended their September meeting, demonstrated MedlinePlus and discussed how this resource can be used during the term of the project and with the elder population in Missouri for accessing information concerning health issues. She taught MedlinePlus and evaluating health information resources to nurses and AHEC staff from the Southeastern AHEC region in VanBuren, Missouri. The class was very well received. Unfortunately, most of the nurses who were scheduled to attend were unable to be there, as they were called into work to provide care for Hurricane Katrina victims who were being relocated to Missouri.

Ms. Jones and Susan Centner, Mid-Missouri AHEC Librarian, visited Linda Cook, Director of Nursing Education at Bothwell Hospital in Sedalia, Missouri to acquaint her with the trainings that we offer to health professionals. They introduced her to the resources of NLM as well as the MAHEC Digital Library, and offered to schedule sessions for the physicians and hospital staff in the use of these resources.

Network Membership

NLM contacted the RMLs about submitting projects for the National Medical Librarians Month web site that would be released in October 2005. Staff discussed possible projects and decided to contact the librarians managing the Online Public Health Library, the Mary Lanning PDA project, and MEDLINE in the Mountains for descriptive information that would be mounted on the site.

Jennifer Wieman, assistant to Ms. Jones, compared the DOCLINE database and the RML’s network membership data and began correcting inaccuracies.

Ms. Windsor assisted the librarian at Liberty Hospital with several PubMed questions on search techniques.

MCRA Regional Buying Consortium

The advisory board held two meetings this quarter. Ann Kaste from McCoogan Library of Medicine has replaced Mary Helms. The group discussed the need to determine why members do or do not participate in the consortium, and how satisfied they are with the progress of the consortium. Questions were suggested for this survey. They discussed the situation in Utah, where there are few hospitals and most are owned by major hospital corporations, and the implications for the buying consortium. The AccessMedicine proposal was reviewed.

MCMLA

RML staff attended MCMLA in Salt Lake City, September 17-20, 2005. The RML sponsored a session featuring hospital librarians in the region and the results of their collaboration with other divisions in their institutions. Staff provided CE, presented papers on their activities and provided brief instructional sessions in the RML booth.

CE:
- Creating a Camtasia Movie - Ms. Magee
- VoIP and Videoconferencing - Ms. Dennis

Papers:
- Ms. Magee co-presented Bridging Cultures: Librarians as Consumer Health Video Producers
- Ms. Hamasu presented Multi-institutional Collaborative Grants: Managing Geographic and Institutional Diversity
Booth Presentations:
- Mr. Gibbs - LINKOUT
- Mr. Gibbs and Ms. Champ-Blackwell - BLOG/RSS
- Ms. Abbey and Ms. Dennis - Skype/VSkype(Festoon)/Breeze
- Ms. Jones - DOCLINE

Visits to Network Members:
- July 9, 2005 St. Mary’s Hospital, Missouri
- August 15, 2005 Utah Valley Regional Medical Center, Utah
- October 5, 2005 St. Joseph Hospital, Colorado
- October 17, 2005 Penrose-St. Francis Healthcare, Colorado

Consortia meetings attended:
- August 8, 2005 Utah Health Sciences Library Consortia
  Members were invited to the Regional Advisory Board meeting, the mini-training sessions at MCMLA, and Breezing Along with the RML sessions.
- October 17, 2005 Utah Health Sciences Library Consortia
  Attendees were polled on their interest in the “Introduction to Networks” class; the UHSLC participants were interested in a class next year.

New Network Members

Full Members:
- None

Affiliate Members:
- Provo City Library, Utah
- Kanab City Library, Utah
- OSHA Salt Lake City Technical Center, Utah
- Washington County Library, Utah
- Westminster College, Utah
- Parowan Public Library, Utah
Awards

Ms. Hamasu reviewed and commented on a grant proposal for Teresa Coady at the University of Kansas-Wichita. She is co-PI with another faculty member on a Translational Informatics grant proposal focused on the public health workforce in Kansas. They are using a consultant to write the proposal. Ms. Coady had mixed feelings about whether she would use a consultant again. She recommends finding a proposal writer who has background in the field. If one is not available, build in time for the learning curve that the consultant needs to overcome before being able to write a credible proposal or be prepared to write a considerable portion of the proposal.

In August, Ms. Abbey facilitated the review of the Nebraska Go Local funding proposal. Karen Cole, Regional Advisory Board Member, Ms. Kelly, and Ms. Hamasu were reviewers. The reviewers recommended approval of the project following a revision of the proposal to address weaknesses.

Proposal Writing Assistance Work Group
The Proposal Writing Assistance Work Group reached its final charge -- developing recommendations to NLM. The group discussed recommendations for web resources and marketing to Network members and community based organizations. Stan Penfold, from the Utah AIDS Foundation, reported that the National Council of Nonprofit Associations was interested in working with the NN/LM in promoting grant writing training. There are 39 state chapters in this association. Ms. Hamasu, Ruth Holst (Greater Midwest Region) and Michelle Malizia (South Central Region) developed an outline consisting of objectives and competencies for the instructional modules that the work group will recommend.
Outreach Programs

(OARF Summary - See Appendix D)

Consumer Health Information Services

Ms. Abbey initiated contact with Gene Hainer, the new Colorado State Librarian, to introduce herself and explain her role with the NN/LM. They discussed her participation as a NCLIS judge for the 2006 NCLIS Health Awards for Libraries entries received in Colorado. This award is part of a nation-wide effort by NCLIS to recognize libraries that encourage and promote improved health for the populations they serve.

Ms. Jones partnered with Nancee Dahm Stinson from the Missouri State Library and developed a workshop for public librarians focusing on the information needs of seniors (health information and resources available) and community agencies who would be good partners for public library programming. Much of the content for Ms. Jones' presentation came from “Beyond an Apple a Day” and “From Penicillin to Snake Oil.” Four workshops were conducted throughout the state in September. The workshops were really well received and the groups came up with good ideas for planning programs in their communities. At one workshop there was considerable discussion about how to do outreach programming when the library and the community had limited resources.

Ms. Magee continued to work on the Nebraska Health Information Partnerships symposium. The planners decided that they wanted to include Café to Go as a group exercise and Ms. Champ-Blackwell met with them, described the process and the kind of results they could expect from the exercise.

In September, Ms. Windsor played the intermediary between the library and the Bone and Joint Decade in organizing a presentation at the Johnson County Library. The event was held October 12, 2006 in Overland Park, Kansas.

Ms. Henning participated in a science panel and public discussion on September 23, 2005, supporting the NLM Frankenstein exhibit hosted by Western Wyoming Community College in Rock Springs. Panel members gave presentations about stem cell research, cloning, bioengineered foods, and related ethical issues. Ms. Henning demonstrated NLM resources related to the topics presented. Panel members were told to expect community members as the audience, but instead college undergraduates (students from the panel members' classes) and faculty made up the audience. The college had clearly put together a well-thought out program involving faculty from a number of disciplines. The exhibit itself was staged in the college library. In her thank you letter to Ms. Henning, Johanna Tardoni, Frankenstein Exhibit co-director, stated,

“This exhibit encouraged the college and the surrounding communities to examine and discuss Mary Shelley's novel, Frankenstein, relating cultural values, scientific experimentation, and the importance of responsibility. For six weeks, this became a successful experience for us with science,
history, sociology, and the humanities coming together with participating libraries and creating a variety of educational programs and activities. I appreciate your involvement with the Frankenstein Exhibit, making it such a successful educational experience."

Ms. Abbey met with Karen Wells, Manager of Medical Library Services at Exempla Lutheran Medical Center, and 6 reference librarians from Golden Public Library to discuss hospital resources, the resumption of the Colorado Consumer Health Information Librarians meetings, and NLM resources.

Public Library Site Visits:
August 16, 2005 Ms. Jones visited Linda Alcorn, Director of Booneslick Regional Library in Sedalia, Missouri, and introduced herself and the NN/LM.

Public Health

Kiosk Project
Ms. Jones met with Linda Cooperstock, MPH, Regional Advisory Board member, about implementing a MedlinePlus kiosk project at the Family Health Resource Center in Columbia, Missouri. The project would include installing a kiosk in the waiting room; developing a clear, simple tutorial for patients and family; and training for health care providers. Attitudes of users and usage of kiosk information would be tracked and a final survey of professionals and patients would be distributed. Gretchen Forsell, Northern Nebraska Area Health Education Center Director and former Regional Advisory Board member, was also interested in establishing a kiosk. This kiosk would offer information on Medicaid, workman’s comp, etc in other languages. Ms. Champ-Blackwell referred her to Adela Calbillo at the Houston Academy of Medicine-Texas Medical Center Library who had worked on a kiosk project.

Ms. Abbey was a presenter in the annual Mini Medical School educational series on quality Internet consumer health resources, focusing on MedlinePlus. Her presentation was telecast to six sites in Colorado:
- University of Colorado - Boulder
- Southeastern Colorado AHEC - Pueblo
- Montrose Memorial Hospital - Montrose
- Centennial AHEC - Greeley
- Western Colorado AHEC - Clifton
- Southwest Memorial Hospital - Cortez

In September, Ms. Hamasu attended the semi-annual Partners in Public Health Steering Committee meeting. The RMLs are interested in moving CDCynergy to the web because some of the information is out of date and having the material on a CD-ROM makes it difficult to keep current. The representative from the Society of Public Health Educators will lead this initiative.
This is a CDC product and unfortunately the agency is reorganizing so it will be difficult to establish this activity as a priority.

**Community Outreach**

In August, Ms. Champ-Blackwell made a presentation at an interpreters class in Lincoln, Nebraska. The invitation to be a speaker resulted from presenting and exhibiting at the National Association of Translators and Interpreters conference. The majority of the students were new Americans from Russia, Sudan, Mexico, and Vietnam and appreciated hearing about "specific practical information for interpreters."

On August 9, 2005, the NNO sponsored a teleconference for associate directors with John Scott of the Refugee Health Information Network (RHIN). He asked the RMLs for support in expanding the project to other states. Although Mr. Scott had asked about adding Utah, the RML decided that Nebraska would be a better candidate. Ms. Champ-Blackwell contacted the Nebraska Health and Human Services. Due to personnel changes, Ms. Champ-Blackwell decided that Nebraska would not be a feasible candidate for RHIN at this time. In October, Ms. Champ-Blackwell attended the Refugee Health Information Network Colloquium at the National Library of Medicine. As a result of this meeting, she and Ms. Ruffin compiled a list of stated needs of staff at Refugee Health Offices within state public health departments. A discussion will take place on the way the NN/LM can provide services to Refugee Health Offices, including creating a class with public health CEs that will be offered to HHS and clinic staff that will meet the needs that were discussed in this colloquium. In addition, two attendees from Utah were at the colloquium and are potential participants for RHIN.

In October, Ms. Champ-Blackwell, Roy Sahali (Pacific Northwest Region) and Becky Hebert (Southeastern Atlantic Region) decided to discontinue the monthly teleconferences focusing on community outreach because they were not being consistently attended by other regions. These individuals will attend the monthly consumer and outreach teleconferences, participate in the quarterly teleconferences for consumer and outreach coordinators, and raise community outreach issues for discussion.

The Consumer Health Information Partners Symposium was successfully held in Jackson Hole, Wyoming on October 11, 2005. (See Appendices E & F for reports)

**Native American Outreach**

Ms. Henning met with Jill Rourke, Director of the Fremont County Library System to discuss access to health information in the area and especially on the Wind River Indian Reservation. Ms. Rourke suggested visiting the Ft. Washakie Elementary School library and meeting with Robin Levine, the librarian. This school library is being transformed into a community library for the tribal community. Ms. Henning met with Ms. Levine and her assistant, John Washakie Jr. who is also a published author of children's books and an opinion leader on the reservation. Ms. Henning also visited the IHS clinic in Ft. Washakie and met briefly with Cathy Keene, the CEO. The Director of Nursing gave her a tour of the facility. The clinic is well-wired and the staff use laptops for charting, and information access. They do not use NLM resources, but prefer MDConsult for their research. The "library" has a jumble of print resources that are mostly out of date. Ms Henning will follow up with this facility.

Ms. Hamasu reviewed the Tribal Connections Four Corners Needs Assessment report submitted by Mary Belgarde and Richard Lore, the evaluation consultants for TC4C.
She noted where tables or text were not clear. Two additional appendices were requested. When they have been received, Jeanette McCray, TC4C project manager, will distribute copies to TC4C institutions. Ms. Hamasu provided input on the questionnaire that Ms. Begarde is developing to evaluate the collaboration within the project.

Roy Sahali (Pacific Northwest Region) and Ms. Champ-Blackwell visited the Little Priest Tribal College Library. They took a tour of the library, spoke with the Library Director, Gretchen Healy, and spent an hour with the Library Technician, Melissa Hill, who is going to create a health resources page using the MCR Native American Indian Health Resources web site as a guide and add local resources.

**Technology Awareness and Integration**

Skype, the Voice over IP application used by RML staff, has added video and application sharing components. Ms. Dennis successfully tested VSkype with all liaisons and the RML started using this new product for its weekly meetings. Some glitches occurred, but by the end of August VSkype was being used successfully. In October, when Skype was sold to eBay, VSkype was renamed Festoon and the RML began having problems with the audio/video working reliably. Ms. Dennis began another round of tests with staff on using Festoon and VRVS, a videoconferencing system that had been used earlier.

Ms. Dennis worked with Susan Roberts, Graphics & Web Designer, to troubleshoot problems of five hospital librarians who were unable to view "Breezing Along with the RML." Three of the librarians identified the problem as a firewall issue and were able to have their IT departments open the appropriate port. The other two are pending.

Ms. Dennis consulted with Barbara Fortune from the Family Practice Residency Medical Program Library at the University of Wyoming on using Polycom. She is planning to coordinate a series of lunch and learn seminars using Polycom hardware throughout the state.

Ms. Dennis tested recording a Skype conversation with a software program called Total Recorder. The Skype conversation was recorded and converted into an MP3, which can then be made available for podcasting. Total Recorder may be a good way to record Skype interviews.

**Education**

A "Search Strategies" CD was sent to Tina Elliot, Education Coordinator, Indiana Rural Health Association, as a result of presentation made in July 2005 to the National Rural Health Association.
## Exhibits and Presentations at Meetings

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<td><strong>National Meetings</strong></td>
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<td>Society for the Advancement of Chicanos and Native Americans in Science (SACNAS)</td>
<td>September 29 – October 2, 2005</td>
<td>Denver, CO</td>
<td>D. Abbey</td>
<td>162 visitors to the booth. The majority of visitors were Chicano or Native American. 2212 general attendees; 1103 were students</td>
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<td>Library and Information Technology (LITA) Forum</td>
<td>October 2, 2005</td>
<td>San Jose, CA</td>
<td>S. Dennis</td>
<td>Presented Poster &quot;Streaming Media on the Go: A Portable, Affordable, &quot;Mini&quot; Mobile Videobroadcasting Unit for Live Broadcasts and Archiving Events&quot;</td>
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<td>National Congress of the American Indian</td>
<td>October 30 – November 4, 2005</td>
<td>Tulsa, OK</td>
<td>B. Jones</td>
<td>Exhibit</td>
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<td><strong>Local/Regional Meetings</strong></td>
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<td>Maternal/Child Health Annual Meeting</td>
<td>August 2, 2005</td>
<td>Lander, WY</td>
<td>M. Henning</td>
<td>Demonstrated the Partners public health web portal to public health nurses using the Partners training manual to frame the class</td>
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<td>Nebraska Association for Translators and Interpreters (NATI)</td>
<td>August 4, 2005</td>
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<td>S. Champ-Blackwell</td>
<td>Presentation: MCR web site, CAPHIS top 100, NN/LM multilingual resources</td>
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<td>CARE Fair</td>
<td>August 13, 2005</td>
<td>Salt Lake City, UT</td>
<td>C. Hamasu</td>
<td>Health fair offers health examinations and testing. Community organizations are invited to promote their resources. Primarily attended by Spanish language speakers.</td>
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<td>Caring for the Frail Elderly Conference</td>
<td>August 26, 2005</td>
<td>Columbia, MO</td>
<td>B. Jones</td>
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<td>Rural Health Education Network Conference</td>
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<td>M. Magee</td>
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<td>Nebraska Library Association – Pre-Conference on Mental Health</td>
<td>September 27, 2005</td>
<td>Lincoln, NE</td>
<td>M. Magee</td>
<td>Workshop</td>
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<td>Nebraska Library Association</td>
<td>September 28, 2005</td>
<td>Lincoln, NE</td>
<td>M. Magee</td>
<td>Exhibited and Presented Consumer Health Information Partnerships</td>
</tr>
<tr>
<td>Westberg Parish Nurses Symposium</td>
<td>September 30, 2005</td>
<td>St. Louis, MO</td>
<td>B. Jones</td>
<td>Exhibit</td>
</tr>
<tr>
<td>Event</td>
<td>Date</td>
<td>Name</td>
<td>Comments</td>
<td></td>
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<td>----------------------------------------------------------------------</td>
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<td></td>
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<tr>
<td>Nebraska Nurses Association</td>
<td>October 6, 2005</td>
<td>M. Magee</td>
<td>Exhibit</td>
<td></td>
</tr>
<tr>
<td>MPLA/Wyoming Library Association Joint Meeting</td>
<td>October 13, 2005</td>
<td>S. Champ- Blackwell</td>
<td>No Comprende part one and part two</td>
<td></td>
</tr>
<tr>
<td>ASTRO American Society for Radiation and Oncology (ASTRO)</td>
<td>October 17, 2005</td>
<td>D. Abbey</td>
<td>Presented two classes on PubMed. The turnout at the eLearning sessions for PubMed was more than the lab could hold, so a second room was set up and the presentation was telecast to the overflow participants.</td>
<td></td>
</tr>
<tr>
<td>Missouri Rural Health Association/Missouri Public Health Association meeting</td>
<td>October 17, 2005</td>
<td>B. Jones</td>
<td>Two - 90 minute classes</td>
<td></td>
</tr>
<tr>
<td>2005 Culture of Data Conference</td>
<td>October 21, 2005</td>
<td>D. Abbey</td>
<td>Exhibit</td>
<td></td>
</tr>
<tr>
<td>Kansas Library Association College &amp; University Library Section Annual Meeting</td>
<td>October 21, 2005</td>
<td>L. Windsor</td>
<td>Presented an overview of the NN/LM and NLM</td>
<td></td>
</tr>
<tr>
<td>Nebraska Minority Health Conference</td>
<td>October 26, 2005</td>
<td>S. Champ- Blackwell M. Magee</td>
<td>250 attendees</td>
<td></td>
</tr>
<tr>
<td>Missouri State Library Association</td>
<td>October 26, 2005</td>
<td>B Jones</td>
<td>Exhibit</td>
<td></td>
</tr>
</tbody>
</table>

**Promotional Materials Provided:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Who</th>
<th>Items Provided</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 12, 2005</td>
<td>Lux Middle School, Nebraska</td>
<td>AIDS booklets</td>
<td>Requested after exhibit at Midwest Internet Institute</td>
</tr>
<tr>
<td>August 16, 2005</td>
<td>Eppley Institute - UNMC</td>
<td>500 MedlinePlus brochures</td>
<td>Nebraska State Fair Initiative</td>
</tr>
<tr>
<td>August 23, 2005</td>
<td>LaVista Public Library, Nebraska</td>
<td>-100 MedlinePlus bookmarks -10 MedlinePlus pens -50 Clinical Trials bookmarks -10 Medlineplus CB -10 Good Health Info on the WWW CB -50 PubMed bookmarks</td>
<td>Handouts at public library</td>
</tr>
<tr>
<td>September 13, 2005</td>
<td>Missouri State Cancer Registry</td>
<td>bookmarks and other promotional items</td>
<td>Conference</td>
</tr>
<tr>
<td>October 24, 2005</td>
<td>Nebraska Prevention Leadership Institute</td>
<td>100 MedlinePlus &amp; 100 PH Partner front page prints</td>
<td>Resource Room</td>
</tr>
</tbody>
</table>
Appendices
# Appendix A

## CE & Conferences

### Attended by NN/LM MCR Staff

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
</table>
| LAMA Workshop  
“Incorporating Outcomes into Library Measurement and Assessment” | August 19, 2005 | B. Jones |
| SOPHE CDCnergy Training | August 24-25, 2005  
Bethesda, MD | M. Magee |
| NLM Orientation | September 8, 2005  
Bethesda, MD | D. Abbey, T. Gibbs, L. Windsor |
| Searching PubMed – CE MCMLA | September 17, 2005  
Salt Lake City, UT | D. Abbey, M. Henning, S. Sawyer |
| Librarian as Professional – CE MCMLA | September 17, 2005  
Salt Lake City, UT | T. Gibbs |
| Evidence Based Librarianship – CE MCMLA | September 18, 2005  
Salt Lake City, UT | M. Henning, L. Windsor |
| Tablet PCs for Instructing – CE MCMLA | September 18, 2005  
Salt Lake City, UT | D. Abbey |
| PDAs – CE MCMLA | September 18, 2005  
Salt Lake City, UT | T. Gibbs |
| Open Source Communication and Collaboration Tools – LITA | September 29, 2005  
San Jose, CA | S. Dennis |
| ALA Library and Information Technology Forum (LITA) | September 30 – October 2, 2005  
San Jose, CA | S. Dennis |
| MPLA | October 12-15, 2005  
Jackson Hole, WY | S. Champ-Blackwell, M. Magee, L. Windsor |
| Missouri Health Policy Summit | October 28, 2005 | B. Jones |
### Regional Advisory Board Orientation Survey Results

#### 1. Do you feel you have an understanding of:

<table>
<thead>
<tr>
<th></th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Unsure (%)</th>
<th>Response Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>The background and organization of the National Network of Libraries of Medicine? (Orientation pt 1)</td>
<td>80 (4)</td>
<td>0 (0)</td>
<td>20 (1)</td>
<td>1.40</td>
</tr>
<tr>
<td>The organization and goals of the MidContinental Regional Medical Library (Orientation pt 1)</td>
<td>100 (5)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1.00</td>
</tr>
<tr>
<td>The liaison's special project areas? (Orientation pt 2)</td>
<td>100 (5)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1.00</td>
</tr>
<tr>
<td>The communication methods to keep you abreast of RML activities (Orientation pt 2)</td>
<td>80 (4)</td>
<td>0 (0)</td>
<td>20 (1)</td>
<td>1.40</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(skipped this question)</td>
<td>0</td>
<td></td>
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<td></td>
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</tbody>
</table>

#### 2. Do you have questions about our organization or operations that are still unanswered?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20%</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>80%</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>(skipped this question)</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

#### 3. What are your questions?

<table>
<thead>
<tr>
<th>Total Respondents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>(skipped this question)</td>
<td>4</td>
</tr>
</tbody>
</table>
4. Was chatting an effective way to comment and ask questions?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100%</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Not Sure</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Respondents 5

5. Please explain why you answered "no" or "not sure".

Total Respondents 0

6. Would you have preferred the orientation to have been conducted in person?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>60%</td>
<td>3</td>
</tr>
<tr>
<td>Not Sure</td>
<td>20%</td>
<td>1</td>
</tr>
<tr>
<td>No Preference</td>
<td>20%</td>
<td>1</td>
</tr>
</tbody>
</table>

Total Respondents 5

7. What other comments do you have on our orientation?

Total Respondents 3

1. For this type of orientation this technology was excellent. Good work.
2. I did have some difficulty with the sound. Levels were very different depending on the person and some were hard to hear.
3. I do think that this was effective and a good use of our time. I am sure that questions will come up on occasion, and it is good to have access to the presentations.
Appendix C
Regional Advisory Board
Meeting Minutes

NN/LM MidContinental Region
Regional Advisory Board Minutes
September 21, 2005 8am -3:30 pm

Welcome and Introductions
Claire Hamasu welcomed the board members to the meeting. There were some new members present so all attendees introduced themselves.

New NLM Resources
Liaisons introduced new NLM resources in a live demonstration to the board members.

- Household Products Database – Barbara Jones

Linda Cooperstock suggested that a link to state poison control contact information be added to every page. This could be available from MedlinePlus Go Local. In the meantime the message on the front page “For advice if someone is poisoned, call your local Poison Center at (1-800-222-1222)” should be on every page.

- Genetics Home Reference – Mary Henning
- WISER – Dana Abbey
- TOXMAP – Dana Abbey
- My NCBI – Laura Windsor
- Household Products Database – Barb Jones

National Library of Medicine Update

New and upcoming features of MedlinePlus:

- Natural standard herbal supplement database anticipated release – late fall
- Enhanced foreign language resources and improved access. Recommendations of foreign language resources are being requested.
- There has been a redesigned health topics page and a new body map/system that allows point and click navigation
- Five states are up on Go Local. The MidContinental Region has four states with accepted Go Local projects. Ms. Boyd congratulated the region and Missouri for having the second Go Local site in the country. If Colorado and Kansas were to participate, we would be the first region in the nation with total Go Local coverage!
PubMed Central (http://www.pubmedcentral.gov) has continued to grow. Recently NIH developed a process to submit manuscripts by NIH sponsored researchers. NLM has added 185 journals in their backscanning-of-issues project to PubMed Central.

A long range planning process has begun to prepare NLM for 2006-2016. Planning Panels have been organized to address the following issues:

- NLM Resources and Infrastructure for the 21st Century
- NLM Outreach to the Underserved in the 21st Century
- NLM Support for Clinical and Public Health Systems of the 21st Century
- NLM Support for Genomic Science in the 21st Century

Wayne Peay and Rosalind Dudden have been asked to members of a panel.

This is the year that libraries re-compete for RML contracts. Proposals were received by July 15, 2005 and reviews of proposals started in September. The announcement of awards will be made in April 2006.

Community Outreach in the Region

With Siobhan Champ-Blackwell as facilitator the board had a lively discussion about community outreach. The discussion was structured around questions that had been sent to board members before the meeting.

1. Are you currently conducting health information outreach to address resource and information needs of underserved populations? Who are you working with?

Marty Magee: In Nebraska on November 10, 2005 there will be a meeting of community teams attending Consumer Health Information Partnerships to discuss information resources available in their communities and address Healthy People 2010 goals. This is being funded by the Nebraska Library Commission. Selected teams are being funded to attend. The meeting was marketed to public libraries and hospitals. The teams are expected to be made up of agencies involved in health information (e.g., hospital libraries, public libraries, AHECs), but no specific mix is required. It will be differ from community to community.

Librarians at the McGooan Library of Medicine have developed a 10 minute video on how to visit the doctor. It is available in English, Spanish and Sudanese-Nuer. It will be out in October 2005. It is free for now and all advisory board members will receive a copy.

Betsy Kelly: Becker Medical Library is working from within, focusing on faculty who sponsor student groups who work in the community. The library is supporting information access for these students who work in clinics and community based organizations.

Linda Cooperstock: the county health department is developing staff appreciation for outreach (It’s not strong among the nurses) encouraging them to reach out to contacts and get comfortable with new alliances. Working with those that Katrina displaced pointed out the communication deficiencies that exist among agencies. In working with different agencies that are addressing the same goal or supporting the same population, Linda discovers that often each has developed a small piece to address the issue. Until the groups are brought
together there may be duplication of effort and unknown resources. For non-profits getting
your name out and branding is important. This may be barrier for collaboration.

In Columbia, MO, a group is working on a proposal to fund a kiosk project in the waiting
rooms and lobbies of various health facilities. The Northern Nebraska AHEC is also looking
into setting up other language kiosks, and there is a successful project in Texas right now
doing this work; the librarian is Texas is willing to consult with the MCR region on these
projects.

Karen Cole: The University of Kansas Medical Center (KUMC), has a grant for minority
issues, disparities, recruitment and retention not just for students, but to recruit and assist
minority faculty to attain tenure. Part of this grant is to be used to develop a collection of
resources. The collection is now moving to the Archie Dykes Library of the Health Sciences.
A component of this collection is on health disparities. The grant is also to address the affect
of information on behavioral change.

The Archie Dykes Library is also committed to collaborating with the Argentine Public
Library, the Kansas City Kansas Public Library, and the Johnson County Public Library to
develop a Kansas Go Local. The new state librarian for Kansas is interested in outreach, so
should be supportive.

There’s a health policy management office at the KUMC that’s also interested in working
with the library on the effectiveness of community outreach issues. Health policy
management library provides information to understand what they’re doing and how the
library can fit in. The focus for this project is disparities in rural communities.

Karen is pushing Kansas AHEC to jointly fund libraries.

Sue Fleming: At Via Christi, the health system is not looking to their libraries to suppmi the
health system’s community outreach. The hospitals are linked with KUMC since residents do
rotation there. At Ms. Fleming’s hospital there is an outreach department staffed by RN’s
who do programs in schools. The library could assist this effort. The library is increasingly
providing information to patients and families.

Amanda Enyeart: Children’s Hospital in Denver does health fairs and has nursing school
students.

Barb Jones: In Missouri, there’s an event focused on Spanish language speakers and for
African Americans there’s a take your loved one to the doctor promotion. The group is
lobbying the governor to designate a week for health promotion focused on all ethnic
minorities.

Jean Sidwell: Kirksville College of Osteopathic Medicine has an AHEC center that mostly
works with the public library. It also has an Elderlink. Rural elderly invited the institution to
their meeting to assist in revamping their web page. The library has also assisted when
public health needed patient handouts.
Michelle Beattie: The U of MO Kansas City is starting to work on a strategic plan that will include outreach. Years ago the library had a public health outreach subcontract. The library is also starting to include unaffiliated physicians in its outreach effort.

2. **Do you have effective outreach strategies or ideas to share?**

Discussion on how best to approach a potential partner. Outreach is time intensive. Siobhan Champ-Blackwell: name recognition from her blog helps a lot.

Barb Jones: She found out about the Cambio de Colores conference too late to attend, but contacted the organizers who invited her to the meeting of the Alianzes group which led to her participation in the Binational Health Week. She was asked to present numerous sessions on MedlinePlus en espanol and is currently working with a group who wants to hold events in other parts of Missouri.

The AHEC librarian, the Paula J. Carter Center director, and Barb identified Sedalia as the next location because it has a chicken plant that hires a lot of Mexicans. They went to Sedalia and met with the Catholic priest and the owner of the Mexican restaurant in town to start the planning. Barb has an email list of others in the state so she can keep them informed.

In rural communities the hospital/institution staff is part of the community. So doing outreach to your staff is doing community outreach.

Linda Cooperstock: has been rabble rousing in Missouri since 1974, so a lot of people know her and she knows a lot of people. She knows who the activists are when she'd looking for a resource or a partner. Money brings people/groups together. When she hears of a funding possibility she offers to write the proposal, if the partners provide the ideas and the commitment to the project. If the proposal is unsuccessful, she stores the ideas until another opportunity comes along. She is a member of a consumer health information group that was organized when the university was working on its IAIMS project. The members are now working for other organizations but they still meet once a month to concoct ideas. Their sphere of influence has grown since each can now affect another organization. Community relationships once started, should not be let go.

For those in private institutions, whose primary mission is to serve staff, student, faculty and patients, working with internal groups and departments to support their outreach efforts is a good way for library staff to begin providing outreach services.

3. **Do you have any effective ideas or strategies on building partnerships between libraries and community organizations?**

In Utah the Eccles Health Sciences Library has received two grants one from LSTA and the other from the National Library of Medicine to improve the skills of public librarians in accessing health information and to build community coalitions among health information agencies.
Strategies to form relationships between health sciences libraries and public libraries:
Offer training through the public library
Attend library association meetings to make contacts
Publishing in public library newsletters
Hospital libraries partnering with public libraries can be informal. Just an awareness of what each other has as resources so that they can lend assistance when needed.

Amanda Enyeart: the hospital is moving from Denver to Aurora. This will provide her with the opportunity to visit the public library and as the “new kid” introduce herself and find out what consumer health information is available.

Break Out Sessions
Board members and RML staff divided into small discussion groups to discuss planning for the education, network membership, public health, technology, and consumer health special projects. The group gathered back together and RML staff presented a summary of the discussions.

Education: Jean Sidwell, Betsy Kelly, Marty Magee

Educating Public Libraries
- Seek additional Consumer Health Collections to be listed on MedlinePlus Directories
- Increase public library Affiliate memberships
- Work through NN/LM to determine additional consumer health libraries in hospitals
- Produce articles for state library associations, add web page links, and promote with state library education.

Topics
- Review in DOCLINE, those libraries that are not Loansome Doc libraries. Target them for follow-up.
- Educate librarians about free full-text on PubMed.
- Encourage RML liaisons to put presentations on NTCC Educational Database and MCR web page.
- Put a link on our MCR Education web page to tutorials created by others in the region, i.e. Michelle Beatty Camtasia videos, or those from Becker Library.
- Explore the idea of consortium purchasing for Tablet PC’s and PDA’s, (or maybe Blackberries for RML Liaisons.) Wash. U. already has a set of specs to include 3 year support plan. Then topics for education can include Tablet PC’s, PDA’s, as well as Scholarly Communication/Open Access, Copyright.
- Explore the idea of a “book club” using netLibrary. (Need to know how many simultaneous users we could have.) Have a once a month meeting. Could do live chat or Breeze discussion with accountability.
- For CDCynergy, contact public health association in each state, as well as community based organizations. Solicit via RML News. Put a link on MCR web page about CDC Synergy. Include a “teaser” why it might be of value. Add CDCynergy to topics under Education Liaison’s name on Education page.
- Have an “open access” topic for web streaming.
• Emphasize distance education because of price of gas going up. Need to work with designated person for integration – perhaps Sharon Brown of the National Training Center and Clearinghouse.
• Topics we can train on…Use RML News for announcements on links. Do Camtasia tutorials on those NN/LM products. When we’re pushing on NN/LM products, an item needs more than one push.
• Include a list of things RML can help you with for training in RML News, PTPP web page (i.e., size of fonts, including objectives in front, and evaluating them in back, maximum number of bullets per slide, etc.)
• Explore WebCT, Blackboard, Moodle, or weekly e-mail class with quizzes for MLA credit. Betsy mentioned a company called klearning. Will explore this.
• Mobile training unit – it would be nice to have one in each state!

Survey Possibility
Consider a survey of education tools, to include weekly RML News, Plains to Peaks Post, distance education possibilities/topics.

Public Health: Linda Cooperstock, Mary Henning, Claire Hamasu

The group reviewed the Activities and Outcomes from the proposal submitted for the next contract. Linda Cooperstock agreed that each of these activities were appropriately prioritized. The group came up with the additional ideas.

Emergency preparedness plan
State library systems may have existing disaster networks that the RML could tap into. The indicator for the first year, “create a list of preservation networks within the region” should be expanded to “communicate with and document preservation networks within the region”. Agreements should be established before a disaster with freezer and transportation companies that will be used to preserve collections. Determine what IT support will be needed for continued access to electronic resources and to maintain communication systems.

Marketing to the public health workforce
For our activity of pushing information to public health workforce--another group that was recommended for our consideration is the hospital association in each state. They may be interested in the public health information especially those that deal with legislation. The RML should exploit our ties with NLM in order gain entry to lists and other communication media of this and other organizations. To determine the educational needs of the public health workforce, getting permission to use local public health association listservs was recommended.

Mobile training units
Using mobile training units to train the public health workforce, we can expect to pull from a 25 mile radius. Recommend using local computer labs whenever available.

Exhibits
Another conference that was recommended is the one targeting primary care physicians. Often these physicians work in public health.
Information Rx
In order to reach the public health workforce to promote an Information Rx project, recommend contacting the director of the public health department. All that’s needed is one successful pilot project and then the experience can be promoted at public health association meetings. A presentation co-authored by the librarian and the public health professional could be submitted to all health association meetings in the region.

Technology:  Michelle Beattie, Sharon Dennis, Thomas Gibbs

Link Out / EFTS
We discussed the LinkOut and EFTS’ project. Looking at the overall logic model, Michelle suggested that we build the EFTS instructional module in Year 1 to give more time for feedback and build interest among members.

RSS Feed for Classes and Events
Michelle suggested that we build an RSS feed for classes and events. This would occur once we have built up a “regular schedule” of classes and events.

Classes
Michelle suggested that we create a “How to set up your own blog” class. Sharon explained that the class has already been developed and offered once at the Wyoming Symposium; we’ll plan to continue offering this class.

Michelle also suggested that we offer classes on web design and conducting web usability studies. She also mentioned the possibility of offering small grants for those libraries that want to conduct usability studies (particularly, money for participant incentives).

Access Grid Classes
Sharon and Thomas updated Michelle on plans for purchasing Access Grids for the resource libraries and offering classes in conjunction with Region 5.

Videobroadcasting
Sharon updated Michelle on the status of the videobroadcasting training project. Michelle suggested that we offer this as a service for consortia in the region, who might want to tape their meetings for later reference.

Outreach
Sharon, Thomas and Michelle discussed how to better conduct technology outreach to members, since we do not conduct regular outreach activities. Michelle suggested that we develop a list of technology-related “stock questions” for the outreach liaisons to ask when they meet members and potential members. In this way liaisons can solicit information about member’s needs and make them aware of our technology-related services.

We also discussed the possibility of offering a regular technology “lunch and learn” using distance education. The “lunch and learns” could focus on useful applications of a particular technology, and could be recorded so that those who cannot attend the session could view it at a later time.
Consumer Health Information: Karen Cole, Dana Abbey, Siobhan Champ-Blackwell, Laura Windsor

The participants agreed that the objectives and corresponding indicators did not adequately address the stated goals. The objectives and indicators reside on a granular level of “how much, how many,” lacking the basic premise of identifying the broader scope of the Consumer Health component of the MCR. Due to time limitations, the entire document was not discussed.

A defined global approach would include the following initiatives:

1. Form a group to identify “quality health information,” with a focus on NLM products/databases.
2. Develop training modules to teach those identified sites/databases and/or identify/customize existing training materials.
3. Define the audiences for outreach.
4. Define methodology for training.

These initiatives would then form the foundation with which to overlay the stated objectives and indicators.

Areas for clarification regarding Consumer Health Year 1 Planning Document:

Working Groups
- Clarification that “liaison” refers to the Consumer Health Liaison.
- Clarification that “six programs” will be carried out by the MCR, not six programs per state within the MCR.

Mobile training units
More work needs to be done to go forward with the mobile training units.
- Is the idea to “train the trainer,” or to provide outreach outside of the library?
- Where will the funding come from to update the mobile units?
- What schedule will be implemented to update technology?
- What should be contained in the mobile unit?
- Will the units be available for a network library to “check out?”
- Need further clarification on indicator stating “At least two community-based organizations and two public libraries offer.” Is it two community-based and two public libraries per state in the MCR, or to be carried out in the MCR?

Promotion of Activities
It was unanimously decided that frequent promotion of activities is done due to frequent staff changes and updates in training content.

Action:
Dana Abbey will create a draft document that reflects the four initiatives for participant review.
Network Membership: Sue Fleming, Amanda Enyeart, Barb Jones

The group reviewed the Y5 goals and objectives. Both RAB members are very excited about participating, and anxious to work with the RML during the upcoming year.

1. Review of progress on membership procedures and updating of DOCLINE records and RML membership database. Both Sue and Amanda are strongly appreciative of the value of DOCLINE and the NN/LM membership benefits to libraries in the region. Both offered to write articles for Plains to Peaks Post: Sue will write an article on the necessity of updating of Institutional Records, and Amanda will write an article on the benefits of using EFTS.

2. Sue suggested that one way to increase awareness of the RML and hospital libraries is to encourage health science librarians to join their state library associations. Participation in the Special Library section on state library associations will increase opportunities for collaboration on health related projects.

3. Another concern voiced in the meeting was the provision of information services in rural areas within the region. This ties in with the goal to identify non-members without adequate access to needed resources and services. Sue is actively working with the Via Christi system to expand library services to hospitals without adequate resources, particularly those in western Kansas. Amanda will monitor the needs of hospitals in Colorado to try and determine whether information needs are being met. We discussed the possibility of developing a model for collaboration between hospitals for information access. We also discussed collaboration between hospital libraries for coverage in smaller hospitals when staff is absent.

4. We reviewed the progress of the MCR Regional Buying Consortium. Both Sue and Amanda are pleased with how the consortium is working, and are anxious for further developments. We also discussed surveying members in the region to determine satisfaction with the program and products offered. The plan is for a survey to be developed and distributed early in 2006 through MCMLA-list and Plains to Peaks Post, responses gathered, and the results published in Plains to Peaks Post later in the year.

Tour of Health Sciences Education Building
Wayne Peay, Director, took the group on a tour of the newly opened Health Sciences Education Building, an interdisciplinary facility, supporting world-class education programs for health, medicine, nursing, and pharmacy.
Appendix D
MCR OARF Summary

Outreach Activities Conducted by MCR RML Staff

RML Q2, 2005-2006

23 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

| Total number of estimated participants: | 951 participants |
| Average number of participants:        | 4.135 per activity |
| Average length:                       | 1.46 hours |
| Under 1 hour:                         | 6 activities (26.09%) |
| Between 1 and 2 hours:                | 15 activities (65.22%) |
| Over 2 hours:                        | 2 activities (8.70%) |
| Hands-on practice:                    | 4 activities (17.39%) |
| Conducted remotely:                   | 1 activity (4.35%) |
| Offering continuing education:        | 1 activity (4.35%) |
| Significant number of minorities:     | 3 activities (13.04%) |

Type(s) of Organization(s) Involved in Activities

| Health sciences library:              | 23 activities (100.00%) |
| Public library:                      | 8 activities (34.78%) |
| Government agency:                   | 6 activities (26.09%) |
| Hospital:                            | 2 activities (8.70%) |
| Clinical/Health care:                | 0 activities |
| Academic Institution:                | 23 activities (100.00%) |
| Community-Based:                     | 3 activities (13.04%) |
| Faith-Based:                         | 0 activities |
| Public Health Agency:                | 4 activities (17.39%) |
| Other:                               | 5 activities (21.74%) |

366 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

| Activities at which PI sheet collected: | 78.3% |
| Health care or service providers:      | 124 participants (33.89%) |
| Health sciences library staff members: | 10 participants (4.37%) |
| Public Health worker:                  | 30 participants (10.66%) |
| Public/Other library staff members:    | 110 participants (30.05%) |
| Members of general public:             | 90 participants (24.59%) |

Session Content

| PubMed:                              | 13 activities (56.52%) |
| MedlinePlus:                         | 18 activities (78.26%) |
| ClinicalTrials.gov:                  | 5 activities (21.74%) |
| NCB:                                 | 0 activities (0.00%) |
| NLM Gateway:                         | 3 activities (13.04%) |
| TOXNET:                              | 1 activity (4.35%) |
| Other technology content:            | 9 activities (30.43%) |
| Other, non-technology content:       | 7 activities (21.74%) |

Significant Minority Population Present

(>=50% of participants)

| African American:                    | 1 activity (4.35%) |
| Alaska Native:                       | 0 activities (0.00%) |
| Asian and Pacific Islander:          | 0 activities (0.00%) |
| Hispanic:                            | 2 activities (8.70%) |
| Native American:                     | 0 activities (0.00%) |
Appendix F
Subcontractor Quarterly Reports
Quarterly Report

CHIPS
Regional Community Health Information Outreach
Community Health Information Partnership Symposium
October 11, 2005
Jackson Hole Wyoming
Second Quarterly Report

Name of reporting institution: University of Wyoming Libraries

Name of person submitting report: Lori Phillips
Email address: 
Telephone number: 307-766-

Reporting Period start date: 08-01-2005
Reporting Period end date: 10-31-2005

Publicity:
8/30/05 – CHIPS website promoted to state Library associations in the MCR
10/05-Follow-up e-mail sent to symposium attendees and invitees who were unable to attend due to weather conditions or unavailability,
http://nnlm.gov/mcr/resources/community/CHIPSarchive.html

Outreach:

Other accomplishments:
August 2005
- 8/30/05 – CHIPS website promoted to state Library associations in the MCR
- Community outreach panel presenters selected and invited to participate.
- Other speakers identified and invited to participate

September 2005.
- 9/7/2005 University of Wyoming subcontract 62935 finalized
- 9/15/05- RSVP’s due, invitations sent to individuals on alternate list.

October 2005
- 10/06/05 final rooming list to Wyoming Inn
- 10/10/05 Snowstorm closes DIA and affects outbound flights from regional airports.
  Numerous attendees unable to reach Jackson Hole in time to attend CHIPS.
- 10/11/05 CHIPS held in Jackson, Wyoming
- Follow-up e-mail sent to symposium attendees and invitees who were unable to attend due to weather conditions or unavailability, see follow-up document.
- 10/25/05 Survey sent to CHIPS participants using SurveyMonkey.com. See survey results documents.
Target audience:
As the Symposium date neared, a number of potential participants bowed out of the symposium due to personal situations, scheduling conflicts (two were required to report for Hurricane relief efforts in Louisiana!), problems booking flights into Jackson Hole, etc. This required the committee to try to invite additional guests from the back-up list at very short notice and with limited success. Coupled with the storm that fouled up air traffic in Denver, this ultimately resulted in a much smaller group of participants than was planned and budgeted for.

Goals, Outcomes, Objectives:
- Although a back-up list of participants had been created and was, indeed, used to invite additional guests, we should have issued invitations initially to perhaps 20% more individuals than we planned to have attend and then had a back-up plan in place to reduce venue costs if necessary. As it turned out, we lost almost half of our original invited participants due to attrition and travel-related difficulties. Despite publicity efforts directed towards WLA/MPLA attendees, only 2 or 3 people from groups outside the invited guests (not including a local individual who sat in on one session and then sampled the break refreshments) took advantage of the symposium activities.

- Even though the participant list was smaller than we had planned and budgeted for, CHIPS attracted a critical mass of dynamic individuals. The energy level during the event was high and participants spoke animatedly to each other and the speakers during breaks and meals. The Café to Go comments from the activity summary indicate a high level of involvement and generated many useful suggestions for partnering in the region.

Evaluation:
Evaluation Plan: (Modified Oct. 2005) The committee decided that rather than send a very short, possibly meaningless, survey before the conference that one would be sent immediately after the symposium and then again in one year. Betsy Kelly created a detailed survey in Survey Monkey that asks participants about their outreach and partnership work before CHIPS and their plans right after attending CHIPS. The survey is interactive and moves users through the survey process depending on how they answer certain questions.

1. Using Survey Monkey one month before the Symposium date, invited symposium participants will be asked to identify any health information outreach programs and/or community outreach partnerships that their institutions are currently involved in. The survey will also be available at the symposium for any attendees who were unable to complete the survey online. This information will be used to establish baseline data for the evaluation process. (This portion eliminated)

2. In order to identify any projects generated by the Symposium, 2 surveys will be conducted within a one year period, to request information about proposed or active outreach partnerships from the institutions represented at the Symposium. Survey Monkey will be used to conduct the surveys. The surveys will also request participant insights on the differences that the Symposium made or is making in their outreach efforts.

3. At the end of one year, the collected data will be compared to the baseline data for analysis. Survey results will be shared regionally and nationally through posters or papers presented at MLA and MCMLA, through the MCR website, online discussion lists and newsletters.

- 10/11/05 Printed evaluation was distributed to CHIPS participants at close of symposium.
Participants were asked to rate various aspects of the event including speakers, program content, venue food, registration content and the Café to Go process. Overall, participants reported a high level of satisfaction with the event and felt that it had provided useful tools and a valuable forum for networking. For complete evaluation results see CHIPS Evaluation.

- 10/25/05 Survey sent to CHIPS participants using SurveyMonkey.com. See complete survey results in appendix

Summary of CHIPS survey conducted 10/25
The University of Wyoming and the MidContinental Regional Medical Library sponsored the Community Outreach Health Information Partners Symposium (CHIPS) in Jackson Hole, Wyoming on October 11, 2005. 31 CHIPS attendees were invited to respond to a survey aimed at understanding whether they were involved in partnerships in community outreach, whether they had plans to become involved and whether the CHIPS experience contributed to their plans.

The survey will be repeated in one year to gather information about the work that attendees have done since they came together in Jackson Hole, in October, 2005.

Impacts and Observations:
Overall, the combined survey results suggest that CHIPS was a successful event. Participants were enthusiastic, reported that they benefited from attending and remained or became committed to partnering and being involved in outreach programs.
One participant reported that the symposium had, “Helped to recharge my outreach batteries & open my eyes to new opportunities for partnership & projects.”

Planned Activities:
- Monitor and expedite participant reimbursements
- Collect and organize documents pertaining to the CHIPS prior to writing project reports
- Discuss survey results and post-symposium impressions
- Update web page to incorporate survey results
- Write an article for Plains To Peak Post describing the symposium
Quarterly Report

Name of reporting institution: Community Hospital Library
Janet Nelson, Library Director
2021 North 12th Street
Grand Junction, CO 81501

Project: Community Sharing Library Resources

Name of person submitting report: Janet Nelson
Email address: jnelson@gjhosp.org
Telephone number: 970-256-6209

Reporting Period start date: 07/01/2005
Reporting Period end date: 09/30/2005

Publicity:
Diabetes Extravaganza - 10-7-2005
237 participants - 150 print items distributed about the library/promoting the online catalog project.

Outreach: None

Other accomplishments:
New posters are being printed for distribution to physician offices, Marillac Clinic, the Resource Center, Mesa County Public Library district branches, and Live Well (our county's community-wide program for a healthier lifestyle)

Out IT dept. installed a newer PC at our circulation desk to run the circulation system. We are currently evaluating barcode readers.

Target audience:
The LiveWell group was not considered in our original target groups, but is a county-wide effort to promote wellness. There are currently 3365 people in our county registered, and our hospital is one of the participating employers, so we have another potential group of people to reach with information about our project and MEDLINEPlus.

Goals, Outcomes, Objectives:
Outcomes still feasible. We plan to barcode all items and start the circulation system this quarter.

Evaluation: None
**Impacts and Observations:**
Some healthcare providers were reached during the Diabetes Extravaganza event that did not know our library was open to the public. They took information for their patients. Our diabetes educator is on the steering committee for LiveWell, and is sharing information about this project with that group of healthcare providers/community leaders.

**Planned Activities:**
Presentations to Mesa County Public Library District employees, Marillac Clinic medical/office staff and the Resource Center this quarter. These activities were planned for last quarter, but our marketing dept. did not have the materials printed to meet that deadline.
Quarterly Report

**Name of reporting institution:**
Dixie Regional Medical Center
Pamella Asquith, Medical Librarian
1380 East Medical Center Drive
St. George, UT 84790

**Project:** Information Resource Training for Nurse Interns

**Name of person submitting report:** Pamella Asquith
**Email address:** pamella.asquith@ihc.com
**Telephone number:** 435-251-2459

**Reporting Period start date:** 07-01-2005
**Reporting Period end date:** 09-30-2005

**Publicity:** None

**Outreach:**
LIBRARY ORIENTATION & DATABASE TRAINING
3 August  3rd and final group of 2005 Nurse Interns
8 August  Southern Utah Uni 1st yr nursing students
9 August  Southern Utah Uni 1st yr nursing students
23 August Dixie State College 1st yr nursing students
2 September Mohave Commun College 1st yr nursing students
6 September Mohave Commun College 1st yr nursing students
7 September Dixie State College 2nd yr nursing students
14 September Dixie State College 2nd yr nursing students
15 September Dixie State College 2nd yr nursing students

**Other accomplishments:**
All satellite "Library Corners" on the nursing units in the hospitals (1 West, 2 West, 3 West, 4 West, ICU, Specialty Recovery, Central Staffing, IV Therapy, Labor and Delivery, Postpartum) were updated with new informational posters and tutorials. A Library Corner is one of the main access points for library e-resources where nurse interns go with info queries.

**Target audience:**
Each group has been very different (one group was already working in the hospital and knew where everything was but the other 2 groups were completely new and needed more orientation) but the activities worked for both groups.

**Goals, Outcomes, Objectives:**
So far, feedback has been positive but when the 3-month post-employment survey data is analyzed, there may be new insights.
Evaluation:
The nurse interns group was given the pre-test (the same as the new groups reported last quarter).

Impacts and Observations:
The students currently enrolled in nursing programs at Dixie State College, Southern Utah University and Mohave Community College often visit the hospital library to find articles for their papers and ask for help. In fact, the atmosphere in the hospital library has become more like a college library. Their instructors have told me that the students say they get better individualized help and better research articles from the hospital library than at the college/uni libraries. The hospital hopes that when these students graduate, they will consider the DRMC hospitals as their first choice for employment and that their good research habits will carry over and be reflected in patient care.

Planned Activities:
Within the next quarter, the 3-month post-employment evaluation of use of library and e-resources on the job will be given to all nurse interns.
### Activities Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of estimated participants</td>
<td>160 participants</td>
</tr>
<tr>
<td>Average number of participants</td>
<td>26.67 per activity</td>
</tr>
<tr>
<td>Average length</td>
<td>1.04 hours</td>
</tr>
<tr>
<td>Under 1 hour</td>
<td>5 activities (83.33%)</td>
</tr>
<tr>
<td>Between 1 and 2 hours</td>
<td>0 activities</td>
</tr>
<tr>
<td>Over 2 hours</td>
<td>1 activity (16.67%)</td>
</tr>
<tr>
<td>Hands-on practice</td>
<td>0 activities</td>
</tr>
<tr>
<td>Conducted remotely</td>
<td>0 activities</td>
</tr>
<tr>
<td>Offering continuing education</td>
<td>0 activities</td>
</tr>
<tr>
<td>Significant number of minorities</td>
<td>0 activities</td>
</tr>
</tbody>
</table>

### Significant Minority Population Present

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Alaska Native</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Native American</td>
<td>0 activities (0.00%)</td>
</tr>
</tbody>
</table>

### Participants Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities at which PI sheet collected</td>
<td>0 participants</td>
</tr>
<tr>
<td>Health care or service providers</td>
<td>0 participants</td>
</tr>
<tr>
<td>Health science library staff members</td>
<td>0 participants</td>
</tr>
<tr>
<td>Public Health worker</td>
<td>0 participants</td>
</tr>
<tr>
<td>Public/Others library staff members</td>
<td>0 participants</td>
</tr>
<tr>
<td>Members of general public</td>
<td>0 participants</td>
</tr>
</tbody>
</table>
Quarterly Report

Name of reporting institution: Johnson County Library
Tim Rogers, Associate Director of Operations
Box 2901
Shawnee Mission, KS 66201

Project: JoCoHealth.net Community Resource Database

Name of person submitting report: Tim Rogers
Email address: rogerst@jocolibrary.org
Telephone number: 913-495-2459

Reporting Period start date: 07/01/2005
Reporting Period end date: 10/01/2005

Publicity:
Although publicity and promotional activities were completed for JoCoHealth and MedlinePLUS in general, specific publicity and promotional activities for the NN/LM funded community resource database were not conducted as we are still in the development stage of our project.

Outreach:
We presented JoCoHealth and MedlinePLUS at local health fairs and as part of the library's exhibit at the SeniorQuest, the county's 150th anniversary, and the Hispanic Fiesta. However, no specific outreach activities or exhibits were presented featuring the NN/LM funded community resource database as we are still in the development stage of our project.

Other accomplishments:
We are currently finalizing the testing of the administrative and public interfaces to the community resource database. The final testing is scheduled to be completed by October 21, and we will then move the database off of the vendor’s system and over to a test server within the library’s network.

Additionally, a weekly meeting is scheduled between the contracted service company and the library in order to track progress and ensure the project is meeting the identified needs.

Target audience:
One of the major changes in the database development was to change the focus of the community resource database from organizations to programs. In the past, the programs were listed only by organization, and therefore, since there are really only 5-6 major organizations serving under-insured Johnson County residents, the same organizations would appear on every search hit list—despite the parameters entered in the search. This
organization-specific hit list contributed to the perception that the search wasn’t really working well. Focusing on programs while including links to the additional services provided by each organization provides more specific results and directs the public to the specific services, rather than to general organization contact information.

**Goals, Outcomes, Objectives:**
While the objectives of the project did not change, we did change the focus of the database to search for programs rather than organizations, as noted above.

**Evaluation:**
The contracted vendor provides a weekly progress update to ensure the database and user interface development are on track.

**Impacts and Observations:**
The project itself is still in development, but as we discuss the future of the project with partners and community members, we have encountered enthusiasm and encouragement.

**Planned Activities:**
- Work with the contracted company to complete development of the database and user interface, and to install the database on the library's server
- Develop data formatting standards and content collection procedures
- Collect community data, assess process for opportunities for improvement, and draft content maintenance procedures
Quarterly Report

Name of reporting institution: Mary Lanning Hospital Library
Ella Rathod, Librarian
715 North Street Joseph Avenue
Hastings, NE 68901

Project: PDA in Healthcare Education and Training

Name of person submitting report: Ella Rathod
Email address: erathod@mlmh.org
Telephone number: 402-461-5291

Reporting Period start date: 07-15-05
Reporting Period end date: 10-15-05

Publicity: No publicity piece.

Outreach: We continue to meet weekly with committee members. Learning new features and software. Downloading articles, trying new softwares and beaming articles. Orientation of new students: The Creighton University Health Sciences Library has PDA information on their website. We used that to familiarize students with new PDA technology.

We purchased 'Epocrates Essential' for two nursing faculty.

Other accomplishments: We are excited to report that one of our committee members Jane Parks, who is also a nursing faculty at our institution was invited to speak on PDA at the Nebraska Nursing Association meeting on Oct. 6th. She presented 'Power Point' program with Janet Graves, another nursing faculty from Omaha campus. Few weeks before the presentation, we looked at the trial version of the software 'Pocket Controller-Professional'. She was able to demonstrate her PDA through LCD projector. Thanks to the grant that she is way ahead on the PDA technology than her peers.

Target audience: We have wonderful IT support. It wasn't our intention or our goal but we are pleasantly surprised at the support and interest of the hospital administration. They have bought two more PDA's for nurses to try out some databases.

Goals, Outcomes, Objectives: The senior nursing students will be using our PDA's in their clinical practice with the help of one of our nursing faculty. They will be using two softwares 'Epocrates Essential' and Marc Medicus.

We have got more out of the project than we had ever anticipated.
Evaluation: I will be mailing you the survey done of our committee members during this period. We are trying to meet their needs. We are working to be more comfortable in using the PDA's.

Impacts and Observations: It is such an exciting project that we are able to learn from each other and teach others at our facility. We are seeing that Physicians and other healthcare workers are using their PDA's for more than just a glorified calendar and the date book. For example, our institution subscribes to 'emedicine.com'. We are negotiating with the company for free downloads of articles. We will then put a publicity piece in the hospital newsletter.

Planned Activities:
- Helping students use PDA in the clinical setting.
- A program presented to the hospital staff by our committee members. More hands-on program, so the participants can use our PDA.
- We have also requested the hospital for wireless access to the internet especially for our Department of Education.
- We are looking into more funding and resources to purchase more PDA's for rest of the staff.
How do you use your handheld device?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Web browsing</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Microsoft Word/Excel</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>PowerPoint presentations</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Drug information</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Bibliographic information</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Electronic journals</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Scheduling/Calendar</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Tracking</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Address book</td>
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<td></td>
</tr>
<tr>
<td>To-do-list</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Note taking</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Evaluations</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Other: Medscape reference</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

What additional uses would you like to learn regarding your PDA?

- Presentations through the PDA
- Other library resources
- Adding photos/video clips

What are the barriers to your using the PDA more effectively?

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of comfort</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Lost memory</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Unreliable software</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Unreliable hardware</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Lack of technical support</td>
<td>N</td>
<td></td>
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<tr>
<td>Lack of useful projects</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>High cost</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Lack of interest</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Other: Inability to attach documents to attachment - comfort level issue</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Lack of time to learn</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Distracting software from my laptop/computer</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

What is your preferred method for learning new PDA skills?

- Group orientation to new programs or equipment | Y | N |
- Troubleshooting sessions                  | Y   | N  |
- Self-exploration / on my own              | Y   | N  |
- Web-based tutorial                        | Y   | N  |
- Periodic listserve updates / postings     | Y   | N  |
- Peer group                                | Y   | N  |
- Other: I wanted to attend meetings but the schedule did not allow for it. | Y | N |

1) Get proficient at using the PDA - able to keep others from using my PDA more.
2) PowerPoint presentations.
3) Playing video clips.
4) Need to continue to use and meet. Try to schedule other time.
5) Have another phone conference with the Omaha person.

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Quarterly Report

Name and Address of reporting institution:
Stauffer Health Sciences Library
Stormont-Vail HealthCare
1500 SW 10th Avenue
Topeka, KS  66604

Project: Timely Texts 24/7

Name of person submitting report: Lenora Kinzie
Email address: lkinzie@stormontvail.org
Telephone number: 785-354-5806

Reporting Period start date: 07-01-2005
Reporting Period end date: 09-30-2005

Publicity:
Provided listing of “Timely Texts” or eBooks titles during new physician and employee orientations.

Outreach: None

Other accomplishments:
Purchase of Stat!Ref resources was made and titles/links were added to Library web page. Billing went through Stormont-Vail Foundation and then invoicing of NN/LM took place. There was a little behind the scenes discussion that occurred between the Library Director and Financial Services regarding who could/should submit the bill. It is always good to mention to this group that we have added grant monies as this group sits in during budgeting sessions.

Target audience:
Everyone seems to be very excited about the products but I am not sure they know how to use them once they are available. But we use a lot of technology in this organization so it may be simpler than speculated.

Goals, Outcomes, Objectives:
Timing has become the biggest issue. Timely Texts/eBooks are being introduced at the same time as MD Consult and FIRST Consult. This is good and bad, as it appears the Library is providing a number of new services, which is the case. However it may dilute the impact of Timely Texts as MD Consult also has a number of electronic text resources.
Timely Texts project is also two quarters behind the projected schedule, which means
the FY2006 budget was not impacted. However the FY2007 budget preparation
sheets will be distributed in the next two to three months. Final outcomes may not be
feasible.

**Evaluation:**
As we have just purchased the products it is too early for any surveys, etc., but we
plan to monitor usage and check the number of turnaways as we have only purchased
one concurrent user license.

**Impacts and Observations:**
Personal observations by Library Director and Library Staff are reporting positive
reactions from medical staff and employees. The Library did take another substantial
cut in FY2006 so apparently additional efforts still need to be made to inform the
CEO has the final say on the Library budget.

**Planned Activities:**
Will promote Timely Texts/eBooks to staff and physicians via internal newsletters
and personal conversations.

Will continue to promote Timely Texts/eBooks during new physician and employee
orientation sessions.

Begin preparing material for Nursing Skills Fair Library booth to promote Library
products, including Timely Texts/eBooks.

Begin to prepare material for Employee Benefits Fair booth to promote Library
products, including Timely Texts/eBooks.
Stauffer Health Sciences Library Introduces New Information Tools: Clinical Decision Tools and e-Books

The Right Information at the Right Time!

We are excited to announce the availability of MD Consult and FIRSTConsult. You may now access comprehensive clinical information via MD Consult. Plus with FIRSTConsult, you have quick access to continuously updated, evidence-based information for point-of-care patient evaluation, diagnosis and management.

MD Consult/FIRST Consult funding is provided by:

- Stroman-Vail Foundation
- Stroman-Vail Auxiliary
- Stroman-Vail Medical Staff
- Stroman-Vail Healthcare

eBooks (Online Textbooks) "NEW"

- We have an opportunity to trial key online textbooks to determine if this is our future direction. You may search the whole collection at one time or each title individually.

- eBook is funded by a grant from the National Network of Libraries of Medicine – NLM.
Stauffer Health Sciences Library
New in 2005 and 2006 Preview

SVNet
Clinical Decision Tools
   MD Consult
   FIRSTConsult
e-Books (Electronic Textbooks)
   Tabers Cyclopedic Medical Dictionary
   Brunner/Suddarths Textbook of Med-Surg Nursing
   Cardiac Nursing (2006)
   Nursing Care Plans and Documentation (2006)
   Pediatric Care Planning (2006)
   Plumlers Principles and Practice of IV Therapy (2006)
e-Journals (Electronic Journals)

Located in the Pozez Building or on SVNet, the Library is here to help with your information needs. Call 354-5800 or email us for details.

Stauffer Health Sciences Library
New in 2005 and 2006 Preview

SVNet
Clinical Decision Tools
   MD Consult
   FIRSTConsult
e-Books (Electronic Textbooks)
   Tabers Cyclopedic Medical Dictionary
   Brunner/Suddarths Textbook of Med-Surg Nursing
   Cardiac Nursing (2006)
   Nursing Care Plans and Documentation (2006)
   Pediatric Care Planning (2006)
   Plumlers Principles and Practice of IV Therapy (2006)
e-Journals (Electronic Journals)

Located in the Pozez Building or on SVNet, the Library is here to help with your information needs. Call 354-5800 or email us for details.
New to the Library SVNet Lineup in Fall 2005!

Clinical Decision Tools - Instant Access to Information
- MD Consult
- FIRST Consult

Funding provided by Stormont-Vail Foundation, Stormont-Vail Auxiliary, Stormont-Vail Medical Staff, SVHC

e-BOOKS (Online Textbooks)
Harrison’s Internal Medicine
Current Series
  Medicine, Cardiology, Critical Care, GI
  Infectious Diseases, Ob/Gyn, Ortho, Surgery
Emergency Medicine, Tintinalli
Red Book: Pediatrics
Brunner & Suddarth’s Med/Surg Nursing
Griffith’s 5 Minute Clinical Consult
Fitzpatrick’s Atlas of Dermatology
Hurst’s: The Heart
Schwartz’s Principles of Surgery
Williams Obstetrics
Rudolph’s Pediatrics
Taber’s Cyclopedic Dictionary

Funded via a grant from the National Network of Libraries of Medicine, 2004-2006.

e-BOOKS - Coming in January 2006
Cardiac Nursing
Fluid and Electrolyte Balance
Nursing Drug Guide
Manual of Laboratory and Diagnostic Tests
Plumer’s Principles/Practice of IV Therapy
Lippincott Manual of Nursing Practice
Psychiatric Nursing Care Plans
Nursing Care Plans and Documentation
Nutrition Essentials for Nursing Practice
Pediatric Care Planning

e-Journals (Electronic Journals)

Databases
PubMed/Medline
Cochrane
MedlinePlus
CINAHL (Nursing and Allied Health)
Dialog (500+)
ProQuest Nursing

Library Services
Literature Searching
Document Delivery
  Copying (paper, electronic)
  Interlibrary Loans
Library Instruction
Circulation/Borrowing
Current Awareness Services

Count on the Health Sciences Library to be your “Designated Hitter” for Health Information.

Stauffer Health Sciences Library
Pozez Building - 354-5800 - SVNet [Medical Library]
Twelfth (12th) and FINAL Quarterly Report
July 1 – September 30, 2005

Submitted December 28, 2005
Introduction

The purpose of this two-year project is to capture the lessons learned by the partners of the Tribal Connections Four Corners (TC4C) in their collaboration to improve health information access to the Native Americans in the Four Corners region of the United States.

I. Description of Progress toward the Project’s Major Objectives

A. Administrative/Planning Activities

Progress made by various workgroups this quarter:

- Contacts database – John will provide some information at the October teleconference on the content of the Contacts database and whether we want to continue to develop this resource.
- Effective practices – After Thanksgiving the group plans to develop a guide for entering content into the Effective Practices Resource. The guide will include a controlled vocabulary, definitions, and other material.
- Go Local – Expected go live sometime in October. Group is currently working on video spots for libraries, public health departments and tribal organizations.
- Needs assessment – Mary Belgarde has submitted the results of the Needs Assessment reports for review. Copies have been put up on Quick place. We will be collecting comments and discussing those with Mary. Copies have not yet been sent to the institutions involved.

Supplemental funding will be available from NLM (and administered from UNM) for developing a project with public libraries in each of the 4 states, and for convening a national conference on tribal outreach, probably to be held sometime in the first 6-7 months of 2006 in Albuquerque. John Bramble is leading the public library project and Janis Teal the outreach conference.

B. Publicity/Marketing Activities

Bookmarks and the one-page flyer were revised to update new contact information. Revised material was put on Quick place and members were encouraged to download and print material locally as needed.

Each resource library has been outfitted with a tri-fold exhibit board, a rolling briefcase for handouts, and a tablecloth displaying the TC4C logo. This will be useful when TC4C is exhibited at various tribal conferences and functions.

C. Product/Resource Development Activities

- None.
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

The collaboration survey is being worked on by Claire and Jeanette. Purpose is to determine the effectiveness of the collaborative effort. Mary Belgarde is designing the survey and will be analyzing the results. The instrument has been field-tested. Latest version can be found in the Appendix. [Survey went out October 7th.]

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

Nothing to report.

V. Projected Activities for Next Quarter

As funding has run out for this phase of the TC4C project, there will no more quarterly reports.

VI. Reporting Forms for Training/Demonstration Sessions and/or Exhibit Reports

Submitted separately.
Appendix

Final Evaluation Questions
Tribal Connections Four Corners Project

Our goal in this evaluation is to understand how well the collaborative process worked during the carrying out of the 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 no later than October 19, 2005.

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

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 ___________________)

Tribal Connections Four Corners
11th quarterly report - July 1 - September 30, 2005

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Section II. Individual experience and perspective
(For all participants, whether active or only consulting/advising/observing, in the TC4C collaboration)

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?

   0  1  2  3  4  5
   Not at All  Little  Some  A Lot  Extensive  Unsure

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)

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?

Section IV. Effectiveness of the Needs Assessment component of the project
(For members of the Needs Assessment workgroup only)

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)

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)

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!
TRIBAL CONNECTIONS FOUR CORNERS
Project History

By Jeanette McCray, April 2005

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:

- Areas (towns) bordering the reservations will be collected:
  - Grants, Gallup, and Farmington, New Mexico;
OVERALL OBJECTIVES OF TRIBAL CONNECTIONS FOUR CORNERS FOR 2004

1. Create a Four Corners Go Local component for NLM's Go Local database.
2. Conduct a needs assessment of health information for medical units (IHS and tribally owned or managed) in the Four Corners area.
3. Develop a database that includes names and addresses and other pertinent information regarding tribal contacts in the Four Corners region.
4. Launch an effective practices database that will capture lessons learned from working with American Indians in their communities.
5. Establish Tribal Liaison position in New Mexico and explore ways to maximize the effectiveness of a locally positioned librarian in involving appropriate partners in outreach efforts.
6. Evaluate the effectiveness of the newsletter and Tribal Health Connections website in meeting our goals.

OUTCOMES

Patricia Bradley began work as Tribal Liaison Librarian for the project in March 2004. Her position for the first year is 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 and also heads up the needs assessment project.

The needs assessment of health professionals in the Four Corners area has been completed. Analysis of the data is ongoing. Preliminary results are being used to frame the outcomes of this current proposal.

Data collection for Go Local is well underway, and there are currently 232 sites in the hosted system (as of April 21, 2005). These are primarily located in New Mexico and Arizona, the states with the largest Native American populations in the area, though Colorado and Utah are also represented. These numbers should grow to nearly 300 services as approved records from the Arizona Go Local project are copied to the Four Corners project. Data collection is ongoing.

A contacts database has been established and is hosted at the University of Utah. In addition to collecting basic information, the group is attempting to use the software as a "diary" with notes about each encounter.

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. Guidelines for determining what constitutes an effective practice are being worked on by a work group.
Quarterly Report

Name of reporting institution:  
J. Otto Lottes Health Sciences Library  
University of Missouri-Columbia  
329 Health Sciences Library  
Columbia MO 65212

Project: Missouri Go Local

Name of person submitting report: Diane Johnson  
Email address: johnsone@health.missouri.edu  
Telephone number: 573-882-6142

Reporting Period start date: July 1 2005  
Reporting Period end date: September 30 2005

Publicity:
Barb Jones:
7/7 Boone County Family Resource Center MedlinePlus training
8/12 MO AHEC Mental Health White Paper Meeting, Rolla, MO (met Barbara French with NAMI and discussed the possibility of a role for her as a community area specialist on mental health resources in MO)
9/10 Van Buren: SE AHEC nurses training Evaluation of Health Information/MedlinePlus training
9/12 Planning for Consumer Health Information Programming for Seniors in the Public Library. Lebanon, MO
9/14 MRHA Elder Health White Paper Training MedlinePlus
9/23 Planning for Consumer Health Information Programming for Seniors in the Public Library. Hannibal, MO
9/28 Planning for Consumer Health Information Programming for Seniors in the Public Library. Barnhart, MO
9/29 Planning for Consumer Health Information Programming for Seniors in the Public Library. Cape Girardeau, MO

Ted Gallion:
- Department of Mental Health train-the-trainer
- Department of Health and Senior Services train-the-trainer
- Regional Independent Living Centers presentation
- Display ad in state representative's District Directory
- Department of Corrections presentation and meeting

Outreach: this is function is passworded.
Other accomplishments:
The two graduate library assistants, Angela Schacherer and Yun Jiang, began work the end of August. During the month of September, both graduate students have focused on reviewing selected groups of records–verifying contact information and examining indexing terms selected. Together, they have reviewed a total of 1752 records and edited (contact information, indexing choices, or both) for 765 of those records.

At the beginning of August, in an attempt to increase the number of health consumers coming into Live Reference, we reformatted the "On Call" pages to make the Ask A Librarian link more prominent: http://www2.muhealth.org/-library/docs/oncall/Dermatology/derm01.shtml

From our monthly webtrends site statistics, we knew that those pages were heavily used, and hoped by making the link more prominent we could encourage use of the live reference service by consumers. The number of consumers using live help has increased since we made this change, as illustrated by the following:

<table>
<thead>
<tr>
<th>Month</th>
<th>Consumers Out of Transactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>0 consumers out of 6 transactions</td>
</tr>
<tr>
<td>August</td>
<td>4 consumers out of 9 transactions</td>
</tr>
<tr>
<td>September</td>
<td>7 consumers out of 14 transactions</td>
</tr>
</tbody>
</table>

Target audience: None

Goals, Outcomes, Objectives:
It was rewarding to see the increased number of consumers using Live Help. Unfortunately, due to a problem with the software, the live reference link continued to appear on late nights & weekends, when an email link should have been offered instead.

Amanda McConnell has been extremely pleased and impressed with the newly hired graduate assistants. They are highly motivated and are asking insightful questions. While more time than expected has been spent reviewing basic terms and definitions, they are both picking up things quickly and can be labeled definite "successes" of this quarter.

Not completely surprising, Amanda McConnell has found that training and coordinating the work of the graduate students has consumed more time than expected. Not as much time has been available for preparing the tutorial for the local specialist packets. She has reviewed the promotional materials of others, but is still planning her own tutorial. As time available with the graduate assistants is limited and concentrated, it seems reasonable to make the tutorial a priority of late next quarter as the semester closes.

Also, through the work of the graduate assistants, more small issues with the vocabulary map have become apparent. If Amanda and the graduate students spend some time at the beginning of the next quarter making small fixes to the map, we will be more successful in the long run.

Evaluation:
I will email you a spreadsheet containing the log of activities & the usage statistics.
Impacts and Observations: NONE

Planned Activities:
Amanda McConnell, Yun Jiang, and Angela Schacher will make small alterations to the vocabulary map.

Angela Schacherer will continue to contact resources and verify existing records. She will also concentrate her efforts more on recommending new records to be added to the database. Yun Jiang will continue focusing on altering the indexing terms selected to improve information retrieval.

Amanda McConnell will attend the Missouri Library Association annual conference in an attempt to meet and speak with potential local area specialists. The annual conference will provide a unique opportunity as it's a gathering place bringing librarians together from across the state in many types of libraries. It is both an opportunity to contact librarians already identified as possible partners and to identify additional librarians from remote areas of the state.

As the semester closes, Amanda McConnell will focus more effort on producing a tutorial and assembling packets for the identified local area specialists.

At the beginning of October, we changed the Go Local screens to make the Ask A Librarian link more prominent. We will be tracking the statistics to see if we see an increase in the number of consumer questions received via Live Reference.
## 2005 Community Connection and MO Go Local Statistics

### Report date: 10/15/05

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>3rd Quarter</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Connection page views (visits)</td>
<td>36,819</td>
<td>40,662</td>
<td>41,219</td>
<td>118,700</td>
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<tr>
<td>Community Connection unique visitors</td>
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<td></td>
<td></td>
<td></td>
<td>Community Connection unique visitors</td>
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<tr>
<td>Page views from MedlinePlus (visits)</td>
<td>20,072</td>
<td>23,023</td>
<td>21,713</td>
<td>64,808</td>
<td>Page views from MedlinePlus (visits)</td>
</tr>
<tr>
<td>Ranked list of topic referrals from MedlinePlus</td>
<td>1,236</td>
<td>1,269</td>
<td>1,219</td>
<td>3,724</td>
<td>Ranked list of topic referrals from MedlinePlus</td>
</tr>
</tbody>
</table>

### Ranked list of topic referrals (number of times topic referred and topic name)

8: copd chronic obstructive pulmonary disease  
6: alzheimers disease  
6: depression  
5: prostate cancer  
5: diabetes  
5: gastro-esophageal reflux hiatal hernia  
5: aids  
5: high blood pressure  
5: skin cancer  
5: cancer  

5: high blood pressure  
4: alternative medicine  
4: school health  
4: female sexual dysfunction  
4: alzheimer  
3: vitamins and minerals  
3: elbow injuries and disorders  
3: heart disease-prevention  
3: pulmonary hypertension  
3: learning disorders  

6: vitamins and minerals  
6: nutrition  
5: laser eye surgery  
4: piercing and tattoos  
4: weight loss surgery  
4: elder abuse  
4: dental health  
4: infant and toddler nutrition  
4: drug abuse  

10: depression  
10: high blood pressure  
10: prostate cancer  
9: Vitamins and Minerals  
9: Nutrition  
9: copd chronic obstructive pulmonary disease.html  
8: fibromyalgia  
8: Laser Eye Surgery  
8: Alternative Medicine  
8: Cosmetic Dentistry
<table>
<thead>
<tr>
<th>Region</th>
<th>Number of resources recommended to CC</th>
<th>Number of resources actually added to CC</th>
<th>Total number of resources added to CC</th>
<th>Number of times a region is selected from Go Local page (1)</th>
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</thead>
<tbody>
<tr>
<td>BOOTHEEL REGION</td>
<td>35</td>
<td>19</td>
<td>32</td>
<td>86</td>
</tr>
<tr>
<td>CENTRAL MISSOURI REGION</td>
<td>88</td>
<td>114</td>
<td>177</td>
<td>379</td>
</tr>
<tr>
<td>GREATER KANSAS CITY AREA-MISSOURI</td>
<td>134</td>
<td>132</td>
<td>130</td>
<td>396</td>
</tr>
<tr>
<td>GREATER ST. LOUIS AREA-MISSOURI</td>
<td>200</td>
<td>152</td>
<td>230</td>
<td>582</td>
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<tr>
<td>GREEN HILLS REGION</td>
<td>27</td>
<td>10</td>
<td>29</td>
<td>66</td>
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<tr>
<td>JOPLIN CORRIDOR AREA</td>
<td>39</td>
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<td>50</td>
<td>118</td>
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<tr>
<td>LAKES REGION</td>
<td>17</td>
<td>17</td>
<td>26</td>
<td>60</td>
</tr>
<tr>
<td>MARK TWAIN REGION</td>
<td>19</td>
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<td>21</td>
<td>52</td>
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<td>MERAMEC REGION</td>
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<td>15</td>
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<td>14</td>
<td>71</td>
<td>110</td>
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<td>17</td>
<td>11</td>
<td>23</td>
<td>51</td>
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<tr>
<td>OZARK FOOTHILLS REGION</td>
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<td>9</td>
<td>17</td>
<td>39</td>
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<tr>
<td>PONY EXPRESS REGION</td>
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<td>12</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>SOUTH CENTRAL OZARK REGION</td>
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<td>22</td>
<td>22</td>
<td>69</td>
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<tr>
<td>SOUTHEAST MISSOURI REGION</td>
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<td>25</td>
<td>43</td>
<td>116</td>
</tr>
<tr>
<td>SPRINGFIELD/BRANSON REGION</td>
<td>78</td>
<td>66</td>
<td>84</td>
<td>228</td>
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<td>STATE FAIR REGION</td>
<td>27</td>
<td>18</td>
<td>39</td>
<td>84</td>
</tr>
<tr>
<td>Report on unscheduled downtime (hours)</td>
<td>0.3</td>
<td>0.5</td>
<td>0.5</td>
<td>1.3</td>
</tr>
<tr>
<td>Number of resources recommended to CC</td>
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<td>4</td>
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<td>Total number of resources added to CC</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total number of resources added to CC</td>
<td>13</td>
<td>36</td>
<td>124</td>
<td>173</td>
</tr>
</tbody>
</table>

Report on unscheduled downtime (hours)
Number of resources recommended to CC
Number of those resources actually added to CC
Total number of resources added to CC

61
| Total number of resources deleted from CC | 11 | 42 | 8 | 61 |
| Number of CC records edited/corrected | 921 | 1,180 | 1,505 | 3,606 |
| Major changes/additions to CC database | 1 | 1 |
| Total number of CC records reviewed | 1,752 |

### Outreach/promotion efforts

Ted Gallion:
- Department of Mental Health train-the-trainer
- Department of Health and Senior Services train-the-trainer
- Regional Independent Living Centers presentation
- Display ad in state representative's District Directory
- Department of Corrections presentation and meeting

---

(1) Excludes search robots, etc.
(2) Of the 6 recommended, 4 were already in CC
(3) Download of all (117) county public health departements in the state from Dept. of Health and Senior Services
Quarterly Report
October 2005

Nebraska Go Local

Submitted by Marie Reidelbach, McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha, NE

Current staff and their roles

Marie Reidelbach, Project Director
Arranged a conference call with Sally Gore from Massachusetts. She provided some very positive comments and suggestions on how to begin the GoLocal project with limited staff.

Customized the GoLocal for Nebraska website including adding a new image for the header and color scheme, updated the footer and contact us with information related to the Nebraska project.

Created a style manual for inputting records for future reviewers and selectors.

Developed a standard list of topics from those used in healthHQ.org with the topics used in GoLocal. The list will become the standard used by reviewers and selectors working on the ____ project.

Trained three people on using GoLocal to input incomplete records and trained one person on how to approve pending records.

Wrote letters to all partners in the original proposal that NLM had approved the GoLocal for Nebraska project.

Responded to Dana Abbey, Consumer Health Coordinator, National Network of Libraries of Medicine-Midcontinental Region, in regard to questions about the GoLocal for Nebraska project grant. The response and revised grant proposal are available upon request from Marie Reidelbach.

Ann Kaste, Local Administrator
With the assistance of Lisa Anderson, Reviewer, sent the contents of the healthHQ.org database to NLM to be imported into the Go Local for Nebraska project. The upload created 867 records to be inputted into GoLocal.

Roxanne Cox, Local Administrator
Began the task of approving records for the project.

Work done to create the site
As of October 6, 205 records have been approved from the original 867 inputted from the healthHQ.org database.
The GoLocal for Nebraska customized webpages were updated which included a new image for the header and color scheme, information added to the footer, and contact us. About us remains to be developed.

**Outreach and promotion efforts**
Letters sent to the three partners indicating the McGoogan Library had received approval to launch the GoLocal for Nebraska project.

Discussion of the project took place at the September ICON meeting. A request for a member in good standing to join the future Go Local Advisory Committee was made. January is the anticipated date for the initial meeting.

Nebraska Library Commission is willing to possibly sponsor travel throughout the state for consumer health training for librarians as well as promoting the GoLocal project. A proposal on the purpose of the travel, possible dates, and locations will be drafted and sent to the commission for approval.
Introduction
The Utah Go Local team is progressing in its efforts to map, verify and approve the relevant records within the Utah Cares database that was exported to the NLM system in June of this year. Volunteers from the project's partner members are also submitting records for the database, with a special emphasis on the subject areas noted in the MedlinePlus Go Local testing documentation and gaps noted by project staff. This data, submitted by the Utah Health Sciences Library Consortium (UHSLC) and ULA's Health Round Table (HEART) volunteers, is used to create additional records within the NLM system. Thus far, the project is progressing within the targeted timeline.

Progress in relation to timeline
All work is being completed within the proposed timeline thus far. The Utah Cares data was successfully exported last quarter. As mentioned earlier, we began creating additional records with the data submitted by UHSLC and HEART volunteers. We have found that the work of identifying subject gaps should in fact be an ongoing process, so we continue to work on this task and plan to do so for at least the 12 month period.

Liz and John continue to meet with HEART and UHSLC members at their organizational meetings which take place approximately every other month. At these meetings we update members on the project's progress and remind them of the work that is still needed.

Current staff and their roles
John Bramble and Liz Workman continue in their roles as co-directors. Camryn Preece Wolfgang is mapping the Utah Cares records, as well as modifying them to conform to the project's style guide, so all the data will have a consistent presentation once the Utah Go Local project goes live.

Chip Willisen, Nick Krahulec and Caitlin Des Rosier of the Hope Fox Eccles Clinical Library are reviewing records for accuracy. They use specific guidelines for reviewing the records; these guidelines were created by the project team. Liz is also reviewing some of the records that Camryn has completed.

Several UHSLC and HEART volunteers have submitted data for new records. Liz uses this data to create and map new records.
Work done to create the site
Because our project will be hosted on the NLM system, our main focus at this point is to create enough records to populate the Utah Go Local component sufficiently to launch. When Utah Go Local goes live, project staff want users to find ample resources for their needs.

The process of completing records for public access continues daily. To date, Camryn has modified 1200 relevant records. Project reviewers have verified and approved 669 records for public display in the Utah Go Local Website. Each record undergoes an extensive review to maintain overall data integrity in Utah Go Local. Each agency is contacted to verify its information. Reviewers verify that each record conforms to the project's style guide, and is mapped to Go Local health topics and service terms.

Additionally, several records have been created to fill subject gaps, especially the areas noted in the Go Local Test Scenarios documentation. Most of these records are submitted by HEART and UHSLC volunteers; Liz has also created additional records addressing subject gaps.

Outreach and promotion efforts
Prior to the public launch of Utah Go Local, promotion is centered on our partner organizations, HEART and UHSLC, to continue recruiting selectors, create enthusiasm, and ready librarians to use and promote Utah Go Local among their patrons once the resource is available to the general public. We will continue to regularly meet with these organizations to continue these efforts and to update members on the project's progress.

Summary
We are pleased that the Utah Go Local project is on schedule. There is much work ahead to bring this venture to fruition, and we look forward to completing it. The work of creating, mapping and approving records is our main focus at this time, and concentrated effort goes into this every day. We are also earnestly working on all other project tasks. We are confident that the Utah Go Local resource will be online within the projected timeline.
Quarterly Report

Project: Wyoming Go Local

Wyoming’s Go Local project is up and running nicely, thanks to the receipt of the development grant from NN/LM. We’ve had quite a bit of personnel change, but it looks like we’ve got a stable crew onboard now, and they are quite productive.

Current staff and their roles
Rex Gantenbein, Ph.D. is director of the Wyoming Center for Rural Health Research and Education, and manages the project.

Bob Wolverton is the project coordinator, overseeing the day-to-day operation. Bob is spending a significant portion of his time on the project.

Natalie Beck and Stephanie Glover are reviewers who work part time, as they are available.

We have recently hired three students who are working up to ten hours a week on the project. All students are Health Sciences majors. Lindsey Lorello, Garrett Risley and Nicholas Rasmussen are onboard and becoming very productive as selectors. We have offers out to two more students who we hope will come on to the project and help us finish the data entry task by the end of the semester.

Work done to create the site
We have converted an existing database, Connect Wyoming, with data compiled by the Wyoming Institute for Disabilities into the Go Local format. In addition, we have added providers who have come into the state or opened their practices since the Connect Wyoming database was last compiled.

With the new group of students working on the project we are making significant progress in compiling the database. We have added nearly 400 entries to our Go Local base in the last six weeks and anticipate that the full database will be ready to roll out at the beginning of 2006. We have gone from nearly 1400 pending files to less than 900 and the numbers decrease weekly.

Outreach and promotion efforts
Jenny Garcia, a research librarian from the University of Wyoming Libraries, has met with library groups throughout the state about Wyoming GoLocal. Librarians are often the main point of contact for on-line information and training in Wyoming and so we felt it would be a good start. We have also promoted the service at various health-related statewide meetings such as the Wyoming Rural Health Conference and the Wyoming Hospital Association meeting.

As the database gets closer to completion, we plan to develop additional outreach materials aimed at both the general public and medical practitioners. We will also promote the service through the Wyoming Network for Telehealth project, which is providing Bob’s salary.
Quarterly Report

Name of reporting institution: Utah AIDS Foundation
Stan Penfold, Executive Director
1408 South 1100 East
Salt Lake City, UT 84105

Project: Resource Library Health Outreach Kiosks

Name of person submitting report: Aaron Hansen
Email address: aaron@utahaids.org
Telephone number: 801-487-2323

Reporting Period start date: 07-01-2005
Reporting Period end date: 09-31-2005

Publicity: N/A

Outreach: N/A

Other accomplishments:
During this quarter, many small advances have been made. We have been able to secure a new location for the kiosk that was supposed to be used in Boise. Now, we are just trying to get it shipped ASAP to the new location in Ogden. The kiosk which was in Boise and sitting unused will now be in Ogden at the Catholic Community Services office. The kiosk at the Homeless shelter in Salt Lake is still running well. I have had a difficult time getting the staff at the shelter in touch with my intern to run some surveys because they have had some staff realignment, but we are getting there.

We have new computers on order for the remaining two Kiosks and they should be here in time for the kiosks to be running long enough to get data.

Target audience:
Unfortunately, the difficulty in getting the units up and running has prevented us from gathering good data on the users. I am hoping that in the next quarter we will be running 3 kiosks and collecting real data on their use.

Goals, Outcomes, Objectives:
In a meeting with Claire Hamasu, we have requested that this projects goals and activities be extended through April of 2006. This will allow more time for project development, since this is the first outreach program of its kind for UAF.

Some users at the UAF site have been much more computer illiterate than I had expected. More basic computer skills trainings have been necessary for out clients to utilize the website and its services.
Evaluation:
No significant surveys have been administered, but I have attached survey in previous report and will be running the same survey in the next quarter.

Impacts and Observations:
This project has been fraught with difficulty in getting the units put in place and up and running. Communication with host locations and agencies has been challenging while internal processes at UAF have had to have been re-approached. Again, I feel optimistic about this project and gathering anecdotal evidence from the kiosk site which has been up, I feel that the project is providing a good service.

Planned Activities:
In the next quarter the remaining three kiosks will be installed in the following locations:

UAF Foodbank - A new computer will be installed in a private room and resource area, expanding the current usage of our computer access.

Catholic Community Services, Ogden, Utah - This is a new location and will be receiving the unit from the Boise location that we were unable to get up and running. The Boise clinic decided that they were short of space and couldn't house the unit.

Pocatello, Idaho - We have one kiosk at our location that I am hoping to relocate to Pocatello. Stan has had preliminary conversations with this office, but it is not settled by any means. I hope to have it placed by the end of December.
Outreach Activities Report Resource Library Health Outreach Kiosks - Project

RML Q2, 2005-2006

1 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

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<thead>
<tr>
<th>Activity Type</th>
<th>Participants</th>
<th>Length</th>
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<tr>
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</tr>
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<tr>
<td>Conducted remotely:</td>
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<td>(100.00%)</td>
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<tr>
<td>Offering continuing education:</td>
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<td></td>
</tr>
<tr>
<td>Significant number of minorities:</td>
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Type(s) of Organization(s) Involved in Activities

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<th>Activities</th>
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<td>Public library:</td>
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<tr>
<td>Clinical/Health care:</td>
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<tr>
<td>Faith-Based:</td>
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<tr>
<td>Public Health Agency:</td>
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<tr>
<td>Other:</td>
<td>0 activities</td>
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</table>

0 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

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<td>Public Health worker:</td>
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<td>Members of general public:</td>
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Session Content

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</tr>
<tr>
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Significant Minority Population Present

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<tr>
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<tr>
<td>Asian and Pacific Islander</td>
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<tr>
<td>Hispanic</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Native American</td>
<td>0 activities (0.00%)</td>
</tr>
</tbody>
</table>
Quarterly Report

Name of reporting institution: Via Christi Regional Medical Center
Camilla Gentry
3600 East Harry
Wichita, KS 67218

Project: Planning for the Future of Via Christi Libraries

Name of person submitting report: Martha McCabe
Email address: martha_mccabe@via-christi.org
Telephone number: 316-946-5029

Reporting Period start date: July 1, 2005
Reporting Period end date: September 30, 2005

Publicity:
Continuing into July, the Medical Center conducted the online intranet surveys which publicized the project and support of NN/LM grant. Also during the focus groups held in August and September, recognition was announced for support by NN/LM. Paper surveys offered in the four employee cafeteria were located on tables with signage promoting the project and recognition of funder.

A total of four feature articles appeared in the Medical Center internal newsletter - Via Christi This Week announcing the availability of surveys, encouraging participation and distribution of incentives (Coca-Cola, movie tickets) for participation.

Outreach: None

Other accomplishments:
Results of library utilization surveys included:
- 600 employees/physicians completed web-based intranet survey
- 625 employees completed paper surveys
- 53 physicians completed paper surveys
- 60 telephone surveys were completed
- 3 focus group interviews completed

Target audience:
We have been very pleased that the participation in the library surveys exceeded our expectations.
From our original proposed we anticipated:
- 360 paper surveys - actual 625
- 360 web-based surveys - actual 600
- 50 telephone surveys - actual 60
- 2 focus groups - actual 3
The contracted consultant is in process of compiling responses and developing conclusions. We anticipate the report being ready by November 20, 2005.

**Goals, Outcomes, Objectives:**
As stated, we have been pleasantly surprised at the level of participation by employees and physicians in the survey project. The only outstanding problem we encountered was in setting time for the focus groups in order to have a participation rate of at least 9 out of 12 who signed up for this part of the project.

Our objectives have not changed and we believe they are continue to be appropriate and feasible.

**Evaluation:**
Again, surveys and focus groups have concluded. Next step is to receive report with recommendations from the consultant and then proceed with those to leadership/administration of the Medical Center.

**Impacts and Observations:**
Our most marked success is the interest and participation of Medical Center employees and physicians in this project. We believe the offering of small, simple incentives such as beverages and cookies, while also going to the employees face to face in the cafeterias resulted in high participation in the project.

**Planned Activities:**
Library staff and administrative leadership will meet in December to review the outcome report from the consultant containing recommendations for the Medical Libraries for 2006-2008.
Appendix G
Subcontractor Final Reports
FINAL REPORT

OUTREACH PROJECT
Community Health Information Partnership Symposium (CHIPS)

Final Report
(Submitted April 17, 2006)

University of Wyoming Libraries
Coe Library
University of Wyoming
Dept. 3334
1000 E. University Ave
Laramie, Wyoming, 82071

Lori Phillips
Dept. 3334
1000 E. University Ave
Laramie, Wyoming, 82071
(307) 766-3859 voice
(307) 766-2510 fax
lphil@uwyo.edu
1. **Summary/Introduction:**
The Community Health Information Partnership Symposium was held in Jackson Hole Wyoming on Oct. 11, 2005. Thirty-six participants interested in learning about the process of forming partnerships to enhance the sharing of health information attended the Symposium. Participants were chosen to provide a representative sample of policy makers and others interested in forming or enhancing existing partnerships in the MidContinental Region.

Categories for selection included the following categories:
- Resource Library Directors - 7
- Regional Advisory Board Members - 14
- RML Staff - 10
- State Library Directors - 6
- Network members from each state
- Speakers - 4

2. **Geographic region/number of counties:**
- Participants and speakers came from all 6 states in the MidContinental Region (Colorado, Wyoming, Missouri, Nebraska, Kansas, and Utah) as well as Maryland and Washington State.

3. **Collaborations/Partnerships:**
- University of Wyoming Libraries and the Regional Medical Library of the MidContinental Region- Ongoing

4. **Training:** NONE
   - Total number of sessions conducted as part of the project
   - Total number of sessions in which half or more than half of participants were from minority populations
   - Total number of participants in the project's sessions
   - Breakdown of participants by:
     - Health care or service provider
     - Health sciences library staff member
     - Public/other library staff member
     - Member of the general public

5. **Training sites:** NONE

6. **Exhibits:** NONE

7. **Resource materials:** NONE
8. **Web sites:**
http://nnlm.gov/mcr/resources/community/CHIPSarchive.html This website was originally created as a resource for CHIPS participants. It contains the agenda, program details, and links to PowerPoint presentations and other material from the symposium. The video archive of the Symposium is also available from the site.

The MCR will maintain this website and add websites of outcomes of partnerships and projects that participants work on in the upcoming year. Participants were asked to keep their RML Liaisons informed of the work that they are doing so that it may be shared with others in the region.

9. **Document delivery and reference services:** NONE

10. **Approaches and interventions used:**
**Describe the specific steps or activities used in the following areas:**

**Identifying and scheduling sessions:**
The planning committee wanted to provide a mixture of expert presentations and activities that would energize the participants. We drew upon the expertise available in the MCR to provide dynamic people in the region who had the skills and experiences that we wanted to share with the participants.

**Introductory speakers:** Jamie Kearley, Wayne Peay, Claire Hamasu
**Keynote Speaker - Valda Boyd Ford**
Director of Community & Multicultural Affairs, University of Nebraska Medical Center & Nebraska Health Systems, Ms Ford is responsible for developing community collaborations around health issues, especially focusing on underserved populations.

**Betsy Kelly**
NN/LM-MCR Assessment and Evaluation Liaison Ms Kelly will discuss the process of assessment and development of a plan for partnerships between libraries and community based organizations for health information outreach.

**Panel discussion highlighting regional partnerships:**
Elaine Connell, Denver Public Library (En Español); Chris Engleman, Grillo Information Center; Eduardo Crespi, Centro Latino; Sarah Handgraaf, Johnson County Library; Sally Patrick, Eccles Health Sciences Library

Dr. Deborah Fleming PhD-Clinical Professor of Geriatrics at the University Of Wyoming College Of Health Sciences- moderator and closing speaker for "Café to Go".

**Interactive group work**
The "Café to Go" process was chosen because it uses small group work to answer questions related to creating collaborations between libraries and community organizations. The input of the group members leads to innovative and creative solutions toward creating and implementing strong partnerships aimed at bringing health information to the community.
Promotion/marketing:
Most CHIPS participants were invited to attend and had their expenses paid through the subcontract funds. They received a letter of invitation and were given a website to link them to more information as the symposium date neared. We attempted to recruit other potential participants by announcing the event (with the URL to the website) through state and regional listservs, through articles in the Plains to Peaks Post (distributed to MCMLA members), through the MCR site “In the Spotlight” feature, and by word of mouth.

Training:
The Café to Go Process was unfamiliar to many of the committee members, the RML liaisons and the panel discussion participants who were asked to serve as facilitators for the activity. Siobhan Champ-Blackwell arranged a conference call for the facilitators to discuss the Café to Go process prior to the event. Facilitators were also provided with links to the Café to Go website and activity documentation before the call. Questions to facilitate discussion during the activity were also formulated by the group. This “rehearsal” helped facilitators feel much more comfortable with the process.

Personnel/staffing:
The planning committee handled all aspects of the event with support from the University of Wyoming Libraries’ administrative office staff and the other liaisons and staff from the RML.

Web site development:
The RML provided technical support for the Web page. As the planning committee developed content in the areas of the program agenda, sessions, speakers, links to area attractions, etc. Thomas Gibbs, RML liaison, incorporated the content into the Web page, which was located on the RML server.

11. Evaluation:
CHIPS Evaluation Plan:
1. In order to identify any projects generated by the Symposium, 2 surveys will be conducted within a one year period, to request information about proposed or active outreach partnerships from the institutions represented at the Symposium. Survey Monkey will be used to conduct the surveys. The surveys will also request participant insights on the differences that the Symposium made or is making in their outreach efforts.
2. At the end of one year, the collected data will be compared to the baseline data for analysis. Survey results will be shared regionally and nationally through posters or papers presented at MLA and MCMLA, through the MCR website, online discussion lists and newsletters.

- A paper evaluation was distributed to CHIPS participants at the close of the symposium. Participants were asked to rate various aspects of the event including speakers, program content, venue, food, registration, and the Café to Go process.
Overall, participants reported a high level of satisfaction with the event and felt that it had provided useful tools and a valuable forum for networking. One participant said that the Symposium had, "helped to recharge my outreach batteries & open my eyes to new opportunities for partnership & projects."

- Additional comments from participants:
  - Great job! Very Creative!
  - I’m enthused. I want to start partnering.
  - Speakers were exceptional. I enjoyed this conference; the people- and now am inspired to do CHI with a partner(s).
  - Appreciate staying on task throughout the day, appreciated the concept of partnering with high school students—service learning leadership. THANK YOU for the experience!!!
  - Great job! Very Creative!
  - Good job to those who worked so hard
  - This was great! Thanks!

- A survey was sent to CHIPS participants using SurveyMonkey.com on 10/25/05. Overall, the survey results suggest that CHIPS was a successful event. Participants were enthusiastic, reported that they benefited from attending and remained, or became committed to partnering and being involved in outreach programs. The survey will be repeated in one year to gather information about the work that attendees have done since they came together in Jackson Hole, in October, 2005.

12. Problems or barriers encountered:
   Provide details on problems encountered in the areas of:
   - promotion/marketing: Although the symposium was advertised pending approval, some promotional momentum may have been lost because official approval of the Symposium was not received from NLM until September 7, 2005.

   - training; NONE

   - equipment/telecommunications: minor problems were encountered but were resolved by MCR IT staff and museum personnel.

   - personnel/staffing: NONE

   - Web site development: NONE

13. Continuation plans:
   - The RML will conduct a follow-up survey of CHIPS participants in October 2006 to track any partnerships that may have been inspired by the Symposium. The CHIPS website will be maintained by the RML and updated to include news of partnerships in the region.
More follow-up activities might have been desirable, but were beyond the scope of this limited event. Some ideas that the planning committee considered during the drafting of the evaluation plan were to create a Wiki or a listserv to help maintain the energy created by bringing the original group together and a database of ongoing partnerships in the region to provide ongoing tools/reminders to interested groups.

As further symposia are held in the MCR, it might be useful to provide a workspace for people interested in starting or maintaining partnerships in the region.

Impact:

Participants from the region (and also those who were not able to attend CHIPS, but saw the program announcements and website) were made more aware of outreach activities offered by the University of Wyoming Libraries.

The Symposium can serve as a model for other symposia in the area and participants will use the ideas and tools presented to develop and enhance community health information partnerships.

[The Nebraska Symposium built on the success of CHIPS and also used the Café to Go process to help structure discussion. The work that is being done in Nebraska through the symposium Marty Magee held after CHIPS is very encouraging. Three towns in Nebraska have come together to develop partnership projects involving public libraries. One of the CHIPS outcomes was that more public libraries in the region will offer health information outreach projects]

Recommendations for improvement:

Participants provided useful suggestions for many aspects of the program. The Café to Go exercise was well received, but it was suggested that examples of more specific programs and "how-to's" should be provided. One person suggested that a laptop be put at each table with an example of a working partnership, bad partnership, NN/LM grant examples, - real step-by-step concrete models to guide discussion. People also wanted more presenters to use PowerPoint slides.

One of the program activities was a panel discussion involving representatives from ongoing partnerships in the region. If we were doing this over, it would be useful to restructure the panel discussion in order to:

- Allow more time for this event.
- Have panel members give their presentations using PowerPoints.
- Incorporate a break-out session after the presentations wherein participants and presenters could consult the resources provided on the above-mentioned laptops and discuss their own project ideas and plans.
- Then hold the Café to Go exercise to brainstorm and bring the group back together.
FOLLOW-UP QUESTIONS:

1. Were your original project goals and objectives met? If not, why not?
The stated short term goals and objectives were met.

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects?
   • Participants and speakers stressed that understanding your population group and their needs before planning any partnership activities is crucial. Realize that sustaining a partnership is an issue that has to be reassessed over time. It takes a lot of hand-holding to get a community moving. Don't give up. There are people out that who want to do something, but you have to find the right people (as always) to get involved and recognize that they just really don't "want" one more thing to do. If future symposia are held in the region (like the Nebraska event) it will help build a successful track record, and future symposium planners will be able to attract more of the significant players within the region, and thus further long term outreach goals.

   Which strategies were the most effective in implementing the project?
   • Set the tone with your opening speaker and then follow through. End with a good recap of the day’s events and how they related to the overall Symposium goal.

3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?
   • In addition to bringing in people who were interested in starting a project, it might be beneficial to invite groups that were already considering a project. This would enable working groups to come with an idea and a partnership already in motion. They could then utilize the tools that the symposium provided for them to put their plans in operation. They could also share the process with symposium attendees and generate ideas and inspiration for the group.

4. What advice or recommendations would you give to anyone considering a similar outreach effort?
   • Allow 1 ½ or 2 days for the exercise! Participants were exhausted at the end of the day.

   • Hold the meeting in a location better served by airline schedules in order to encourage broader attendance at future events.

Although Symposium participants appreciated the beautiful venue of Jackson Hole, Wyoming, it was expensive to get to with limited incoming flights. Lodging is also very expensive and we got the sense that the public library audience we attempted to reach by scheduling the symposium preceding the library association meetings may not have wished to add an additional night’s lodging to their expenses.
[NOTE: A number of CHIPS attendees were unable to attend because Denver International Airport was closed by a snowstorm the day before the Symposium. Flights coming into Jackson were not affected by weather.]

- Don’t hold subsequent symposia in conjunction with another organization’s meeting unless you are already closely aligned with the group, for example: MCMLA.

The symposium was scheduled to occur just prior to the joint annual meetings of the Wyoming Library Association, the Mountain Plains Library Association and the meetings of the Western Council of State Librarians with the hope that the timing would be favorable to have them attend the symposium. All three organizations received invitations to attend the Symposium, but virtually no one from these organizations registered for the Symposium.

- Ensure variety in your guest list by providing a large number of invitees and alternates. Invite the alternates as soon as invited guests drop out. Over-invite if necessary.

As the Symposium date neared, a number of potential participants bowed out of the symposium due to personal situations, scheduling conflicts (two were required to report for Hurricane relief efforts in Louisiana!), problems booking flights into Jackson Hole, etc. This required the committee to try to invite additional guests from the back-up list at very short notice and with limited success. Coupled with the storm that fouled up air traffic in Denver, this ultimately resulted in a much smaller group of participants than was planned and budgeted for.

The planning committee realized from the start that the mix of invited guests needed to include more individuals from community-based organizations. Many of the comments from participants also noted this. Recruiting individuals from community organizations was like pulling teeth, and they were sorely needed at this event!

During the invitation period, it proved surprisingly difficult to identify and approach individuals from CBO’s. For example, In Jackson Hole, we identified several groups that we thought might wish to consider partnerships that would enhance health information distribution to their clients. We telephoned these groups to ask if they would like to send representatives to the one-day event and were told in most cases that they were so short-staffed that the office would have to be closed for the day in order to send someone to the event. More advance notice and information concerning the value of such an event to the organization is probably needed in order to recruit these groups in the future.

At a similar event in Nebraska, organizations from the same community were brought together. It gave them the opportunity to network and start planning. Although CHIPS included organizations from the same state, the agenda didn’t allow for time in the formal program to partner together in a planned exercise. Participants did this informally as was evidenced by the conversations overheard at breakfast and dinners, but we could have enhanced this opportunity for developing partnerships after the meeting.
COMMUNITY HEALTH INFORMATION PARTNERSHIP SYMPOSIUM (CHIPS) - [09-05-05]

Join your colleagues in the mountains for a special one-day symposium on community health information outreach! Effective community health information outreach is an important initiative to reduce health disparities. Organizations and libraries need to increase their knowledge of their importance in providing access to health information in their communities. It is often difficult for libraries and agencies to recognize who their best community allies are for this outreach. The symposium will provide tools for building a critical mass of individuals and agencies promoting and providing health information access for communities and community organizations. Registration for the Symposium is free, but seats are limited! October 11, 2005 in Jackson Hole, Wyoming prior to the 2005 WLA/MPLA Joint Conference.[scb]
Community Health Information Partnership Symposium (CHIPS)
National Museum of Wildlife Art, Jackson, Wyoming
http://www.wildlifeart.org
Oct. 11, 2005

Symposium Agenda:
• 8:15-8:30 Refreshments at the National Museum Of Wildlife Art
• 8:30-9:00 Introduction
• 9:00-10:00 Keynote Speaker - Valda Boyd Ford
  Director of Community & Multicultural Affairs,
  University of Nebraska Medical Center & Nebraska Health Systems.
  Ms Ford is responsible for developing community collaborations around health issues, especially focusing on underserved populations
  http://www.uic.edu/sph/healthleaders/mainleadership_2002.htm#bendixen
• 10:00-10:15 Break
• 10:15-11:15 - Betsy Kelly
  NN/LM-MCR Assessment and Evaluation Liaison
  Ms Kelly will discuss the process of assessment and development of a plan for partnerships between libraries and community based organizations for health information outreach
• 11:15-12:15 Panel discussion highlighting regional partnerships
  Elaine Connell, Denver Public Library; Chris Engleman, Grillo Information Center;
  Eduardo Crespi, Centro Latino; Sarah Handgraaf, Johnson County Library; and
  Sally Patrick, Eccles Health Sciences Library
• 12:15-1:45 Lunch
• 1:45- 3:45 Breakout activity- Café-To-Go
  http://www.theworldcafe.com/twcrq.html
  Symposium participants use the "Café to Go" process of small group work to answer questions related to creating collaborations between libraries and community organizations. The input of the group members leads to innovative and creative solutions toward creating and implementing strong partnerships aimed at bringing health information to the community
• 3:45-4:00 Break
• 4:00-4:30 Café-To-Go wrap-up
• 4:30-5:00 Closing Speaker, Ed Galan
  Regional Minority Health Coordinator for the Office of Minority Health
• 5:00 -5:15 Symposium evaluation, Adjourn
Café to Go Summary

1. What are the benefits to the organization and to the library in creating a working partnership?
   - Branches our knowledge and experiences
   - Added people for benefits – expand staff
   - Sharing talents
   - Help underserved clinicians with up to date information
   - Work – overlaps of goals and missions, not equal workload but percentage of workload = percentage of benefits
   - Increased visibility; broadens public view of library or organization and refers people back to them
   - Libraries can provide technology tools for small organizations
   - Promotes the library or the organization
   - Extended budgets
   - Professional development, learning new things
   - Working with new people
   - Find new areas of expertise within your own organization
   - More energy
   - Decreased duplication – no reinventing the wheel
   - Greater political voice
   - Success invites more power brokers, success breeds success
   - Partners may have ideas about funding or partnering with other organizations you hadn’t thought of
   - Shared resources
   - You never know who the organization might know
   - Access to different and new client group
   - Ideas/inspiration/motivation for new projects
   - A reminder of what your organization is all about
   - Learn from others mistakes – collective knowledge
   - Good PR – this is a noteworthy partnership
   - Credibility and trust
   - Go further together than alone
   - Increased insight – understand your strengths and weaknesses, then improve

2. How do you establish a partnership?
   a. How do you identify institutions to work with?
   b. How do you connect with those institutions once identified?
   c. What services will be provided by each partner?
   - Cruise your community for: common values, vision
   - Needs assessment, demographics
   - Similar goals – who have you worked with before; certain groups can be eliminated
   - Relationships take time – you don’t have to do everything at the first meeting
   - Make many different types of contacts – invite yourself to meetings of groups you see as potential partners; don’t think of librarians only as potential partners; show yourself to the community
• Say what you can each provide, set ground rules before you go too far, everyone participates
• Use something like a blog as a resource and idea generator
• Sometimes funding sources shape the partnership
• Networking/contacts open doors, add to potential pool of partners. You don’t have to do everything yourself/ Follow through on networking
• Know someone who knows someone, always be thinking of possible partners and have the partnership mechanism in place – be ready!
• Be flexible but consistent
• Schedule meetings with all stakeholders
• Track workflow on pocket PC
• Provide service to partners in Access database
• Sell the benefits of partnership
• Do soft things that lead to partnerships
• Approach partners at their interest level
• Sometimes support is wanted but not true partnership
• Speak plainly, do not use jargon
• Shared sense of faith that goals can be accomplished together
• Sell idea of what libraries are now
• Consider the time you have when creating partnership to avoid being inundated
• Find organizations with “hot stuff” that you want
• Offer the library/organizational space as a community meeting space
• Find partners through the newspaper
• Know the community infrastructure and use it
• Define the “public”
• Rural areas – look wide – banks, farm bureaus, police,
• Social groups like churches, rotary clubs
• Look for city directory, ask city manager
• Offer something
• All staff and faculty promote outreach and gain partners
• Meet with current partners and ask for input on new partners
• Know what you have to give up when you enter a partnership
• Beware of “predatory” or shark partnerships
• Meet others at conferences and professional societies
• Possible services include: writing grants, creating websites, mutual promotion, health information for providers without time, deal with literacy issues

3. How do you sustain and grow the partnership?
   a. How do you keep parties interested and involved?
   b. How do make use of resources you have at hand?
• Sustained funding
• Vision
• Work at it
• Partners stable but also new and changing
• Mentoring and training
• Value each other
- Build on strengths
- Commitment
- Flexible – changing times, politics, staff, funding
- Creative
- Add new people on purpose
- Use resources better and smarter
- Keep people interested and involved
- Revisit Memorandum of Understandings on regular basis; expand the basics to include new players who are interested and bring new skills and energy
- Do an assessment and inventory of resources
- Everyone has to benefit
- There has to be lots of reasons to invest time (but that does not have to be equal for all partners)
- Cooperation and collaboration opens door to grant money
- Assessment and evaluation – do indicators show you have been successful?
- Spend additional time with new members to bring them up to speed
- Invest resources carefully
- Accountability is outcome based
- Change format of meeting when enthusiasm wanes
- Has to meet everyone’s local goals
- Be honest, play the game fairly; no hidden agendas, keep cards on the table
- A shared vision of what the partnership will accomplish
- Different organizational perspective is okay, but you may need to change partners or fine tune the relationship
- The partners themselves may change, not a bad thing, but will new people still want the partnership?
- Collaborative relationship/partnership
- Test and develop relationship
- Must trust partners
- Controlled growth
- Keep projects and relationship to win-win
- Loose ego
- Keep communicating, some of it must be personal
- Stay open to change
- Keep up your part of the partnership
- Plan – based on grant requirements
- Use data to demonstrate success of partnership and original goals – both sides must feel benefits
- Publicize partnership and successes to partners, administrators, board, community
- Find an umbrella organization as a home
- Big budget will help!
- Continue to network to build tighter relationships
- Is this a partnership or a funding source?
- Develop better planning skills instead of dealing with weak applications
- Overlapping passion
- Personal to personal relationships, not organization to organization
• Look at the big picture, not just smaller shared projects
• Larger group is poised to support not take over existing initiatives in the community, to help broaden outreach
• Long term is great, but must have meaningful shared time to add value and momentum
• Venerable partnerships have history
• Reallocate services
• 27-9-3 (27 sentences, 9 ideas, 3 minutes?)
• Everyone is heard
• Partnership is a priority
• Physical commitment through attendance and responses to communications

Recipe for a sustainable partnership = Enlightened self interest, overlapping passion yields personal connection and a big budget!

Allegory of a tree – leaves grow, change, color, fall, renew
Summary of CHIPS survey conducted 10/25

The University of Wyoming and the MidContinental Regional Medical Library sponsored the Community Outreach Health Information Partners Symposium (CHIPS) in Jackson Hole, Wyoming on October 11, 2005. 31 CHIPS attendees were invited to respond to a survey aimed at understanding whether they were involved in partnerships in community outreach, whether they had plans to become involved and whether the CHIPS experience contributed to their plans.

The survey was conducted between October 25 and November 8, 2005. 26 attendees responded, 4 did not and one declined to respond.

The survey was designed using skip logic to present a set of questions based on responses. Respondents were asked either 4 or 5 questions. As responses became more negative the responders were probed more deeply for reasons why they were not likely to be involved in outreach or would not investigate partnerships. Finally all respondents were offered the opportunity to provide feedback on any aspect of the symposium, on outreach and/or on partnering.

Summary of responses

Outreach programs and partnerships in place before CHIPS
20 of 26 (77%) were involved in outreach before CHIPS; 19 (95%) of those programs involved in partnerships. 13 of the 20 specifically said that CHIPS had provided tools for carrying out their programs (4 said it did not, 2 didn’t respond to the question).

3 of those who were already involved in outreach and with partners said that CHIPS had not provided any tools to assist them, indicating that this was already in place for them or was out of their control. However one of those respondents also said

"I will be participating in a statewide consumer health outreach effort and expect that the CHIPS Symposium will be of great help."

Another said

"Meetings like CHIPS should be a catalyst for development of many practical outreach models that can be tested with willing CBO collaborators/partners. Models appropriate for libraries outreach to internal and external clients and for CBO outreach to their clients. [F]or me, the meeting felt like an introduction to CBO rather then a follow-up to the national symposium. I think a discussion and review of documents in th Oct 2005 JMLA supplement was a starting point…"

Outreach programs and partnerships that may develop as a result of CHIPS
6 of 26 were not involved in outreach prior to coming to CHIPS. 4 of the 6 said they were likely to become involved. 3 of the 4 likely to become involved were considering partnerships for their programs and felt CHIPS had provided tools to assist them in developing the partnerships. The one who was not considering a partnership said

"there are other factors affecting our library services right now, and I am not currently seeking a partnership. As we consider a major transition in our library, I know that partnership is an option that I might not have thought of before."
One who said they were not doing outreach and were not considering it did say, however, 
"The mission of my library does not extend to community organizations. We do, however, partner with other groups and this information will be valuable for that purpose."

Another who was not considering partnerships and who didn’t change that position after CHIPS said 

... I feel that CHIPS was extremely effective and I did get a lot out of it. That said, there are other factors affecting our library services right now, and I am not currently seeking a partnership. As we consider a major transition in our library, I know that partnership is an option that I might not have thought of before.

A third person who said they were not considering doing outreach did not provide insight as to their thinking after CHIPS but did indicate that CHIPS had provided tools to assist in their work

**Open ended feedback responses**

Respondents were encouraged to let us know what they thought of the symposium, outreach or partnering. Fourteen provided feedback. 3 specifically mentioned projects they were involved in, two noting that CHIPS will have been helpful. One commented on the importance of trust in partnerships. Ten expressed enthusiasm and appreciation for the opportunity to attend, network with others and renew their energy for their work.

1. I am partnering with ElderLynk, at my university. I am planning to help them update their Seniors website with a list of helpful consumer web addresses. The focus is on mental aspects of senior health. I have also been invited to teach a Kirksville TCRC Resource Center seniors computer class on how to find and evaluate health information on the internet in November 2005.

2. I will be participating in a statewide consumer health outreach effort and expect that the CHIPS Symposium will be of great help.

3. During CHIPS I had the opportunity to network with people from Missouri. I gave a copy of a proposal call Show the Site that involves students showing Medlineplus to the public to Mark McCarthy. We did not communicate yet. I might give him a call and say hi. CHIPS in WY gave me some hope. Of course hope is a qualitative outcome and we can not measure it. Thank you for inviting me to the symposium. I will participate at the NLM in DC on two meetings. The first one is in November and the other will be in January 06. I might see some of you there.

4. Trust between 'partners' is important. Trust their opinions---there is lots we can learn from CBOs at all levels, they should be our guides to what working in underserved communities. This goes beyond what we now call best practices.

5. I was very impressed with the information shared, it was very helpful to me in developing plans to set up a community health information service in our public library system. I am also grateful to have made new contacts who have agreed to assist me as needed.

6. I thoroughly enjoyed the symposium, and would gladly work with any of the participants.

7. Expanded my vision in ways to support the consumer's health information literacy needs. The sharing of ideas and mechanisms to partner with other types of organizations was enlightening, and I am following many leads looking for additional like-minded individuals who, together, we can jump-start some activities in my area. I appreciate, very much, being included in the dialogue, and found value in the diversity of ideas from different types of organizations.

8. :) Thanks!

9. This came at the right time and gave me an outreach 'boost.' Renewed my energy for taking on additional project and finding new partners.
10. I was most concerned about the how and who of partnerships, and I learned a great deal about possible partnership candidates, and some methods of working toward collaboration.

11. Good job and a very interesting conference!

12. Great symposium. A lot of activities that stimulated discussion.

13. For me, the best part of the symposium was giving me encouragement to continue our outreach programs...in the face of some difficulties in the 'success' of these programs.

14. The symposium gave me some ideas of how to reach beyond our own services to enhance and enable expanded solutions and opportunities that meet the needs of larger populations. Please do this again and Invite ME!

Overall, the survey results suggest that CHIPS was a successful event. Participants were enthusiastic, reported that they benefited from attending and remained or became committed to partnering and being involved in outreach programs. The survey will be repeated in one year to gather information about the work that attendees have done since they came together in Jackson Hole, in October, 2005.
Evaluation Summary

Community Health Information Partnership Symposium - CHIPS
Jackson, Wyoming Oct. 11, 2005

Thank you for taking the time to participate in this symposium evaluation. Your comments will enable us to better plan and execute future events and tailor them to meet your needs.

Please complete both sides of the evaluation

(Note: 27 people handed in evaluations. 2 completed one side only; others did not answer all questions)

1. How did you learn about this symposium?
   - Website (0)
   - Referral (2)
   - Invitation (20)
   - E-mail/Newsletter (2)
   - Other: (4) panelist, CBO director

2. Please specify your reasons for attending this symposium: (Check all that apply)
   - Content (19)
   - Networking (17)
   - Personal growth & development (14)
   - Speakers (10)
   - Other: (5)
     1. To find out what libraries are doing in term of outreach
     2. Invitee

3. Which aspects of CHIPS interested you most? (Check all that apply)
   - Speakers (16)
   - Café to Go (17)
   - Symposium venue (8)
   - Partnership opportunities (13)
   - Networking (16)
   - Information about NN/LM programs (6)

4. To what extent did each speaker demonstrate expertise and effective presentation skills? (Please circle appropriate number: 5= excellent, 4=good, 3=average, 2=fair, 1=poor)

   - Valda Boyd Ford 5 (25) 4 (1) 3 (1) 2 (0) 1 (0)
   - Betsy Kelly 5 (23) 4 (6) 3 (1) 2 (0) 1 (0)
   - Deborah Fleming 5 (18) 4 (6) 3 (1) 2 (0) 1 (0)
   - Wayne Peay 5 (16) 4 (6) 3 (4) 2 (0) 1 (0)
   - Claire Hamasu 5 (15) 4 (8) 3 (2) 2 (0) 1 (0)

5. Please rate the Café to Go process overall
   (Please circle appropriate number: 5= excellent, 4=good, 3=average, 2=fair, 1=poor)

   5 (14) 4 (10) 3 (2) 2 (1) 1 (0)
6. Additional comments on the Café to Go process

1. Very good experience.
2. Good to interact with each other.
3. I appreciate learning the method—I’ll use it at work.
5. Good tool to analyze issues.
7. Really great experience.
8. Summary needed to go faster at end of day.
9. I just like more specific programs and “how tos”—A computer at each table with an example of a working partnership, bad partnership, nlms grant examples, - real step by step concrete examples—
10. Innovative.
11. What’s next?
12. Very valuable way to network.
13. Important to move on from question to question. One facilitator spent too much time reviewing responses to Q1 instead of discussing Q2.
14. More time needed & more focus on specifics—But otherwise I thought it went even better than expected.

7. Did the symposium fulfill your reason for attending?
 □ Yes – Absolutely (19)
 □ Yes – But not to my full extent (4) 1- Needed more CBO participants to represent that aspect
 □ No – Please elaborate

8. What was the most beneficial aspect of the symposium?

1. Panel speakers & all other speakers
2. Being able to take a day to focus on this one aspect.
4. Speakers were great. Panel discussion was very informative.
5. Learning new skills, tools.
7. I don’t have a “most beneficial”—think that is good!
8. Meeting everyone & getting tips on how to improve my partnership.
11. Whole thing.
12. Valda was a great keynote.
13. Café To Go.
15. Benefiting from everyone’s ideas.
17. Networking; understanding how my organization can partner with our local libraries.
18. I really liked the group discussions.
19. Helped to recharge my outreach batteries & open my eyes to new opportunities for partnership & projects.
20. -Networking- meetings others & hearing of their projects- successes & failures-

9. Would you recommend this symposium to others?
 □ Yes (23)
 □ Maybe- please explain briefly (2) 1. Limited interest
 □ No- please explain briefly.
10. Please indicate your overall satisfaction with this symposium:

Symposium content
☐ Very satisfied ☐ somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ very dissatisfied
(19) (7)

Registration Process
☐ Very satisfied ☐ somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ very dissatisfied
(18) (4) (2)

Venue
☐ Very satisfied ☐ somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ very dissatisfied
(21) (3)

Food & Beverage
☐ Very satisfied ☐ somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ very dissatisfied
(22) (3)

11. How could this event have been improved?
1. N/A- excellent
3. Could not improve on the place the meeting was held. Jackson was fantastic. Museum was fantastic.
4. Timekeeping
5. Meeting outdoors ☺ Kidding! It was all great!
6. See Café to go notes
7. More CBO participants
8. Don't know
9. It was great!
10. All best practice panelists should have been encouraged to do brief power points, not just Elaine. Any chance they can do this after the fact? And put on website?
11. -maybe 2 days- not long days though-
12. Morning was great. For Café To Go- would have liked someone to talk about their partnership experience, then have breakout sessions. Would have liked shorter breakout sessions.

12. Additional Comments:
1. Great job! Very Creative!
2. I'm enthused. I want to start partnering.
3. Speakers were exceptional. I enjoyed this conference; the people- and now am inspired to do CHI with a partner(s).
4. Appreciate staying on task throughout the day, appreciated the concept of partnering with high school students—service learning leadership. THANK YOU for the experience!!!
5. Great job! Very Creative!
6. Good job to those who worked so hard
7. Valda- excellent dynamic speaker. Betsy-would like handouts the day of symposium to make additional notes while listening
8. This was great! Thanks!
9. Thank You!
   Please don't forget there have been other longstanding outreach efforts in the region and be generous about acknowledging them.
FINAL REPORT

Consumer Health Education Outreach
with an Emphasis on Native American Outreach

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Durango, Colorado

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Final Report Date: 05-01-2005 – 08-01-2005
Date Submitted: 02-15-2006

The Final Report is to be submitted to reports@RML4.utah.edu.
REPORT OF ACTIVITY DURING LAST QUARTER OF THE PROJECT

Introduction

This project was a cooperative venture of three community organizations: Fort Lewis College (FLC), Durango Public Library (DPL) and the Southwest Regional Library Service System (SWRLSS). The intention of this project was for Fort Lewis College as the lead agency to improve health information access at each of its contributing institutions and for the consortium to provide special outreach efforts to Native Americans, who populate the region. Furthermore, Twenty percent of the student body of Fort Lewis College is Native American students, and the consortium would provide outreach services and create a web resource for Native Americans in the Durango area. This collaboration was ultimately to serve the rural area of southwest Colorado.

Fort Lewis College hired Myoung Fry as a consultant to manage the project, provided outreach, and developed the web site. Its address is http://library.fortlewis.edu/consumerhealth.htm. Fry trained the personnel of the other organizations such as Fort Lewis College Library, Durango Public Library, Cortez Public Library, Mercy Medical Center, Ignacio Health Clinic, San Juan Basin Health Department, and Durango area school districts in the use of health sciences resources and answering medical questions. She also traveled to the Ute Mountain Ute and the Southern Ute Indian reservations to meet with clinicians and individuals who provided health information. She shared with them the resources that the National Library of Medicine, Fort Lewis College and Durango Public Library had to offer. As mentioned above, she also met with the Cortez public librarian to share the outreach mission and offered training from this collaborative project. Fry developed and implemented a program to encourage Native American students at Fort Lewis College to take back health information to their families.

Durango Public Library provided reference service and made its new computer lab available for public classes. Librarians in all the participating institutions also assisted with those classes. The Southwest Regional Library Service System was primarily responsible for promoting outreach of the Native American collaborative effort to public and school libraries. They promoted this outreach initiative through their regular mailings until the last day of their operations, August 2004. Beth Williams, a new coordinator for State Libraries, took over this task and continued to publicize this project distributing brochures of online consumer health resources available through FLC's web page. As the result of this outreach process, the public and school libraries in this area that had a Native American population greatly appreciated the availability of online health resources.

This two year project was implemented starting August, 2003 to August 2005. Each quarter, Fry had to accomplish assignments to follow up through the project. Fry achieved most tasks except for a few special situations: visiting Towac Health Clinic was never come true in spite of numerous attempts and Dana Abbey, Coordinator of Consumer Health Outreach from the University of Colorado, finally had a visit with the clinic for training.
Quarterly Tasks:

August 1st to December 31st 2003 -- First Quarter

- Fort Lewis College will purchase a laptop and a projector
- The website will be published. DPL and FLC will design a webpage that includes all the National Library of Medicine's consumer health databases, other databases, books and video tapes that indicate the locations of libraries, and that eventually will serve as a virtual library for the community. The web page will also include appropriate health related links by subject, and links to web sites of interest for Native Americans. Ms. Fry will design and publish the website. She will work with librarians at FPL and DPL to ensure it meets their needs.
- Ms. Fry will develop classes for presentation. She will be able to contact the Colorado Liaison for resources which might be helpful
- Ms. Fry will develop a brochure to be sent to the Ute Mountain Nation and the Southern Ute Nation – a personalized letter will be enclosed with the brochure telling the Ute Nations of this collaboration.
- Ms. Fry will develop an evaluation in order to assess what training should occur for DPL and FLC librarians. She will also evaluate through her contacts in the area what Native Americans are looking for in terms of health information.

January 1st 2004 – March 1st 2004 Second Quarter

- One training class at each of the partner organizations and also at Cortez Public Library and the Ute Indian Reservations will be held.
- The consultant will meet with Clinic staff on the reservations who provide access to health information. She will offer them a class if the clinic staff is amenable.
- DPL and FLC will ensure that their reference staff is adequately trained in finding quality health information on the Internet and answering health related questions.
- Develop brochures to be sent to Navajo and Ute Nations
- Continue to update Native American resources on the web site.

March 1st 2004 – June 1st 2004 Third Quarter

- Health information training will be announced in the SWRLSS usual training schedule throughout the award period in order to reach the widest possible audience. Ms. Fry will give a training session when possible to a group of public librarians
- FLC has a Navajo speaking librarian who will be present at preliminary meetings and on call for consultation with Ms. Fry.
- Ms. Fry will contact the Towaoc Library on the Ute Mountain Ute reservation and the Ignacio Health Clinic on the Southern Ute reservation to offer training for their personnel.
- Continue to update Native American resources on the web site.
- FLC will offer training to FLC students and the general public on consumer health databases. Students often are a successful conduit for getting information to Native American families and thus are key recipients of consumer health training.
- The project leaders from the three organizations will meet to discuss the progress this outreach collaboration.
• Statistics from outreach sessions and the website will continue to be gathered and evaluated.

**June – August 2004 Fourth Quarter**

- DPL will set up at least one “finding health information on the Internet” class for Native Americans.
- Evaluation of the outreach activities first year will be done. Results may alter and will inform plans and programs for the second year of the award.

During the second year librarians will maintain the resources, and continue to market to the target group. Statistics will continue to be gathered that reflect use web site, questions answered, etc. Data will be examined and conclusions drawn as to the success and effect of this project.

**September 2004 – January 2005 First and Second Quarters**

- A brief article for the MCR Plains to Peaks Post will be written by Myoung Fry on this unique partnership of libraries on providing outreach through a consortium.
- The website will continue to be updated with new links added.
- Statistics will be collected including attendance at presentations and consumer health questions asked at the participating libraries. Any input from Native Americans will be gathered so that we can bring them more effective information in the future.

**January – May 2005 Third Quarter**

- SWRLSS will send publicity to libraries within its region about classes to be held at DPL and FLC
- DPL will hold at least one class on “finding health information on the internet for Native Americans.”
- FLC will offer training on consumer health databases
- Web page will maintained and enhanced with new materials and links.
- Ms. Fry will contact the Ute reservations to see if they are having an easier time accessing health information and if they would like additional health information training.

**May 1 – August 1, 2005 Fourth Quarter**

- Evaluation of outreach effort to Native Americans and the improvement of health reference service at each of the consortium libraries.
Geographic Region/Number of Counties:
This project had impact on the Southwestern Colorado including Durango, Ignacio, Cortez, Bayfield, and Pagosa Springs. This area had a large population of Native Americans such as Southern Ute, and Ute Mountain Ute.

Collaborations/Partnerships:
John F. Reed Library of Fort Lewis College, academic library, Durango Public Library, public library, and Southwest Regional Library Service System (SWRLSS), the outreach service organization, collaborated in this project at the beginning in terms of developing Online Consumer Health Resources webpage and brochure. SWRLSS had to cease to participate in this project since the grant from the state ended. However, Beth Williams, Outreach Coordinator from State Libraries, continues to assist the project such as presenting and distributing brochures to meetings in the state.

Training:
- Total number of sessions conducted as part of the project: 12 Sessions
- Total number of sessions in which half or more than half of participants were from minority populations: 1 Session
- Total number of participants in the project’s sessions: 152 participants
- Breakdown of participants by:
  - Health care or service provider: 65
  - Health sciences library staff member: 0
  - Public/other library staff member: 57
  - Member of the general public: 30

Training sites:
Fort Lewis College: A small state supported 4 year liberal arts college and has 8 librarians.
Southwest Regional Library Service System: A state supported organization that helps local public and school libraries in terms of training and other needed supports in terms of technology and continuing education. It consists of 3 librarians, and became dismantled in August, 2004 due to the discontinued grants from the Colorado State, and replaced with one person coordinator.
Durango Public Library: It consists of 5 librarians and offered 3 training sessions for general public.
Cortez Public Library: It consists for 5 librarians and paraprofessionals.
Ignacio Health Clinic: Southern Ute Indian Health Clinic
San Juan Basin Health Department: 40 health professionals came to the session and they serve community members of all the southwestern part of Colorado.
San Luis Valley State Library Union Meeting: Beth Williams attended this meeting and shared the web site and brochures with other school and public librarians.
Mercy Medical Center: The hospital in Durango that has the only medical library in the southwestern part of Colorado.
Durango School District Building: The district nurse invited all the health professionals from Ignacio, Bayfield, and Durango to have a session with Fry.
Exhibits:
Location: Reed Library, Fort Lewis College, Durango, Colorado
Date: 23 August 2005
Meeting Name: Open House to Celebrate Consumer Health Collection
Number of Contacts Made: 500
Participants: 65

Resource materials:
- A brochure has been developed, and multiple color copies were produced and distributed
to each organization at the time of presentation.
- A local newspaper, The Durango Herald, covered this project, and individualized
  invitation cards were sent to community members, all health professionals, and faculty
  member at Fort Lewis College.
- The newspaper article and a copy of brochure have been mailed to the University of
  Utah.

URL Address to the Online Consumer Health Resources:
http://library.fortlewis.edu/consumerhealth.htm.

Web sites:
The web site is complete now. However, Fort Lewis is changing its interface, and the web site
needs to be modified according to the new software. Fry will work on it and maintain the web
site even after the project is over. The web site is linked from the Mercy Medical Center Library
and Durango Public Library. Consumers as well as health professionals seem to be excited about
its availability and appropriateness to its area since the web page was developed for residents in
Colorado.

Document delivery and reference services:
Not applicable to this project.

Approaches and interventions used:
Fry contacted each organization and arranged a session to present the web page and a short
training session for all the members of staff. She tried to target all the health professionals in the
southwestern Colorado. Fry was the only person actively engaged in offering sessions and
developing web page with help of librarian from libraries in the community. Durango Public
Library offered three sessions of health information classes for the community and Southwest
Regional Library Service System helped promote the online resources in public and school
libraries. FLC library helped with web page design and uploading, and purchasing consumer
health books. FLC library also hosted an “Open House” to celebrate the success of this project.
FLC librarians and I also worked on an additional grant, $3,500, from the Southern Ute Indian
Foundation to purchase books since our grant could not provide funds for book collection at
FLC.

Evaluation:
Fry developed an evaluation form to find out if the training session is helpful. She handed out the
forms in each session and collected them to evaluate a session. All the sessions offered by both
Fry and Durango Public Library achieved what they intended to be for, and received very positive responses.

**Problems or barriers encountered:**
The biggest problem encountered was to build statistics of attendants and to try to arrange training session in various Native American Clinics or Students at Fort Lewis College. Fry repeatedly contacted to set up a session, but all the sessions ended up to be cancelled. She also ended up spending more time accomplishing the project even though it was a worthwhile project to be done.

**Continuation plans:**
There will not be further funding or staffing to support this project in the future. However, Fry is committed to continue to update the webpage and print more brochures and distribute them as needed in the future. Fry will continue to have any training sessions for the community, any health professionals and librarians if needed. If NNLM wishes to reimburse some of the expenses, it will be great.

**Impact:**
The medical library at Mercy Medical Center was promoted in a very positive way. As the result of the project, Mercy Medical Center is planning to provide space to offer patient education when it moves to a new location in June, 2006.

The library web page has a link to the *Online Consumer Health Resources* from the FLC Library webpage, and health professionals at Mercy constantly access to find information for patients. The project also received an additional funds from Southern Ute Indian Foundation and allowed Reed Library to purchase 150 consumer health books.

**Recommendations for improvement:**
Not much recommendations for improvement were received. All feedback was very positive, and encouraged me to continue to update the web page.
FOLLOW-UP QUESTIONS

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

Yes, most of the time. It was not always easy to arrange presentations at any of Indian health clinics. Once, I made an arrangement and showed up for the presentation, but they forgot to add me to their agenda or arrange Internet access.

Most of libraries hesitate to give me any racial information about their attendants, and I could not gather the number of Native American attendants for any of presentation when I did not give a presentation.

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?

The project never goes the way it intended. We always have to expect to alter its accomplishments. Since I could not have a presentation with Towac Health Clinic, I decided to have presentations for San Juan Basin Health Department and Durango area school health professionals. These health professionals deal with many Native Americans and other minority groups. I shared the online health resources on the FLC’s web site and brochures.

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

Success of a project depends on a good timing with current administration at a hospital. That was a major hindrance that I had. I will choose a different timing to do similar project next time.

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

It is always good to have lots of support from your colleagues. This project was successful because all the local librarians in Durango Area and health professionals show incredible enthusiasm and cooperation that they did not mind taking on more work serving our community.
Outreach Activities Report Consumer Health Education Outreach with an Emphasis on Native American Outreach - Project
RML Q3, 2005-2006
Generated: Friday, May 12, 2006

1 Total Outreach Activities
The following information is based on outreach reports of training activities.

Activities Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of estimated participants:</td>
<td>40 participants</td>
</tr>
<tr>
<td>Average number of participants:</td>
<td>49 per activity</td>
</tr>
<tr>
<td>Average length:</td>
<td>1 hour</td>
</tr>
<tr>
<td>Under 1 hour:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Between 1 and 2 hours:</td>
<td>1 activity (100.00%)</td>
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<tr>
<td>Over 2 hours:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Hands-on practice:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Conducted remotely:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Offering continuing education:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Significant number of minorities:</td>
<td>1 activity (100.00%)</td>
</tr>
</tbody>
</table>

Type(s) of Organization(s) Involved in Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health sciences library:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Public library:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Government agency:</td>
<td>0 activities</td>
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<tr>
<td>Hospital:</td>
<td>0 activities</td>
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<tr>
<td>Clinical/Health care:</td>
<td>0 activities</td>
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<tr>
<td>Academic Institution:</td>
<td>1 activity (100.00%)</td>
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<tr>
<td>Community-Based:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Faith-Based:</td>
<td>0 activities</td>
</tr>
<tr>
<td>Public Health Agency:</td>
<td>1 activity (100.00%)</td>
</tr>
<tr>
<td>Other:</td>
<td>0 activities</td>
</tr>
</tbody>
</table>

50 Participants Completed Participant Information Sheets
The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

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<th>Description</th>
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<tbody>
<tr>
<td>Activities at which PI sheet collected:</td>
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<tr>
<td>Health care or service providers:</td>
<td>0 participants</td>
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<tr>
<td>Health science library staff members:</td>
<td>0 participants</td>
</tr>
<tr>
<td>Public Health worker:</td>
<td>50 participants (100.00%)</td>
</tr>
<tr>
<td>Public/Other library staff members:</td>
<td>0 participants</td>
</tr>
<tr>
<td>Members of general public:</td>
<td>0 participants</td>
</tr>
</tbody>
</table>

Session Content

<table>
<thead>
<tr>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>PubMed:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>MedLinePlus:</td>
<td>1 activity (100.00%)</td>
</tr>
<tr>
<td>ClinicalTrials.gov:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>NCBI:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>NLM Gateway:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>TOXNET:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Other technology content:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Other, non-technology content:</td>
<td>1 activity (100.00%)</td>
</tr>
</tbody>
</table>

Significant Minority Population Present
(>=50% of participants)

<table>
<thead>
<tr>
<th>Description</th>
<th>Data</th>
</tr>
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<tr>
<td>African American:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Alaska Native:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Asian and Pacific Islander:</td>
<td>0 activities (0.00%)</td>
</tr>
<tr>
<td>Hispanic:</td>
<td>1 activity (100.00%)</td>
</tr>
<tr>
<td>Native American:</td>
<td>1 activity (100.00%)</td>
</tr>
</tbody>
</table>
You are cordially invited to a reception to introduce the John F. Reed Library’s Consumer Health Collection.

Made possible by grants from the Southern Ute Tribe & the National Network of Libraries of Medicine.

Thursday, August 25, 2005
John F. Reed Library - 4:30 - 5:30 pm

Invitation Card for reception

John F. Reed Library

INTRODUCTORY RECEPTION FOR

THE CONSUMER HEALTH COLLECTION

THURSDAY, AUGUST 25 -- 4:30 pm - 5:30 pm

Flyer advertising reception
Tribal Connections Four Corners (TC4C)

Arizona Health Sciences Library
University of Arizona
Tucson, Arizona

By Jeanette C. McCray
Arizona Health Sciences Library
University of Arizona
P. O. Box 245079
Tucson, AZ 85724-5079
Voice: 520/626-6121; Fax: 520/626-2922
Email: mccray@AHSL.arizona.edu

Final Report
October 1, 2002 – August 31, 2005

Submitted April 22, 2006
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:

- 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 (NL M 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 develeoped in the FEA THER 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
   - In 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**
       [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]
o Sept. 14, 2004 - Navajo Nation Public Health Dept. – Window Rock, AZ - [Participants: 20 (at least 1/2 were Native American) – health care providers]

o July 6-7, 2004 – Navajo Nation Public Health Dept. – Window Rock, AZ

o May 17, 2005—Native American Health Writers Institute, UNM Gallup, 10 participants, 100% minority, general public

o April 27, 2004 – Turning Point – Flagstaff, AZ – public and tribal libraries & public health and tribal health departments


o Oct. 15, 2003 – Turning Point – Flagstaff, AZ - public and tribal libraries & public health and tribal health departments

o July 8, 2003 – Tuba City, AZ – Diabetes Resources – [Participants: 10 (at least ½ were Native American – health care providers]

o May 13, 2003 – Tuba City, AZ – Wound Management - [Participants: 10 (at least ½ were Native American – health care providers]

o April 27, 2003 – Turning Point, Flagstaff DOH - public and tribal libraries & public health and tribal health departments

o Feb. 14, 2003 – Tribal Health Directors – Phoenix, AZ [Participants: 10(at least ½ were Native American) – health care providers]

o Feb. 5, 2003 – Tribal Health Directors – Tucson, AZ - [Participants: 10(at least ½ were Native American) – health care providers]

o Feb. 4, 2003 – Tuba City, AZ - MedlinePlus and Basic Internet Explorer - [Participants: 10 (at least ½ were Native American – health care providers]

o 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

o Blanding Family Clinic – 10

o San Juan County Public Library Blanding Branch – 1

o San Juan County Public Library Blanding Branch – 3

o Spencer S. Eccles Health Sciences Library – 12

o Minorities present—0, total number—26, health care providers—10,

o Health sciences library staff—12, public library—4

5. Training sites:

o Arizona Health Sciences Library, Tucson, AZ

o Chinle Comprehensive Care Center, Chinle, AZ

o Denver CO

o Dine College, Tsaile, AZ

o Flagstaff Department of Health. AZ

o Flagstaff Public Library, AZ

o Ganado, AZ

o Gallup Indian Medical Center, Gallup NM

o Hon Dah Resort, AZ (Not sure if this counts – it’s Apache)

o Navajo Nation Department of Health, Window Rock, AZ

o Navajo Nation Public Library, Window Rock, AZ

o Page Public Library, AZ
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
   - 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

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 a 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 as 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.
  o 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.
  o 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.
  o 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

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 no later than October 19, 2005.

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

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)

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?
   - Not at All
   - Little
   - Some
   - A Lot
   - Extensive
   - Unsure

   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)

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?

Section IV. Effectiveness of the Needs Assessment component of the project (For members of the Needs Assessment workgroup only)

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)

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)

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!