Year 3 Objectives

1. Page 1 - Education. Please provide additional information about the certificate program in public health mentioned in the fifth bullet.

   The certificate program referred to in our objective has not yet been established but is expected to be available in Year 03. Catherine Selden and Elaine Martin of the Partners in Public Health Steering Committee are exploring with MLA the development of a public health AHIP track much like the MLA Consumer Health Information Specialization Program. At the last steering committee meeting, the MLA CE Public Health 101, that will be presented at MLA by Sharon Talboys and Molly Youngkin, was mentioned as an example of a workshop that that could be used to fulfill requirements for public health information specialization.


   The wording has been changed to “NN/LM awards”.

3. Page 1 - Library Improvement. The sixth bullet mentions following up with non-DOCLINE hospital libraries in Colorado. Please provide an update on this activity and describe progress made in year 02.

   Approximately 80% of non-DOCLINE hospitals in Colorado were contacted in year 2 by the Colorado Liaison. These institutions generally do not have a library much less a librarian. This was a positive exercise as it lets these institutions know that the RML is there to offer support and help with searching and accessing health information when they are ready to begin the endeavor of providing health information to their health professionals.

4. Pages 1-2 - Technology. Please add an objective related to Region 4’s continued support in the development and evaluation of NLM and NN/LM’s Web-based resources.

   The Year 03 Objectives have been revised with this objective added.

5a. Page 2 - State Outreach. The objectives are notably broad. For example, the first bulleted objective is to “provide effective service and outreach to the state of Kansas.” Please address whether these objectives and activities are common to all states in the region rather than the individual states named.

   The state liaisons have agreed that the objectives listed under State Outreach would be appropriate for all states and have agreed to accept them as their state objectives. The objectives have been revised to reflect this regional view.

5b. Please identify outreach objectives for Nebraska.

   See response to 5a.

5c. Please consider whether a table would be helpful for depicting objectives by state, since some objectives seem generic for all states and some are specific to certain states.

   The following objectives have been added to our consumer health objectives:
   Increase links to NLM resources on public library websites.
   Increase confidence level and skill of public librarians in answering health related questions.
   Encourage relationships between public libraries and community “health information partners”.

   The following objectives have been added to our public health objectives:
   Increase links to NLM resources on public health websites.
   Improve skills in use of NLM resources by public health professionals.
   Increase collaboration among public health agencies and health science libraries.


   This change has been made. The objective now reads:
   “Communicate RML/NLM/NN/LM services/ awards information to public health professionals.”

8. Page 3 - Public Health. Please clarify the nature of the publications mentioned as “their publications” in the seventh bullet.

   The publications referred to are electronic documents that local and state health departments make available from their website. The objective has been reworded to read:
   “Make health department staff more aware of ways to access electronic publications produced by the various health departments.”

9a. Page 3 - Inner City and Minority Outreach. Please clarify whether the schools, community and faith-based organizations mentioned in the fifth, sixth and seventh bullets are those that serve primarily inner city and/or minority populations.

   Yes, the schools, community and faith based organizations are those that serve primarily inner city and/or minority populations.

9b. Page 3 - Inner City and Minority Outreach. Please change “a grant project” in the seventh bullet to a broader phrase such as “an NLM or an NN/LM-funded project.”

   The Inner City Liaison will be promoting local funding as well as NLM and NN/LM funding. This objective has been rephrased to:
   “Provide assistance to community and faith-based organizations in applying for or executing project that seek funding from outside organizations.”

9c. Page 3 - Inner City and Minority Outreach. It is noted in the ninth bullet that minority scholarship information will be provided to recruitment and minority offices at medical and allied health schools. Please describe how this information will be provided. Is this the same as the Black Family Health and Wellness activity mentioned on Page 10 of the Outreach Narrative?

   This is not the same activity mentioned later in the Outreach Narrative. In order to provide this information, the Inner City Liaison will create a listserv of medical and allied health school recruitment office personnel which will be used to disseminate minority scholarship information, including scholarship descriptions, contact information and/or web URLs. This
listserv will also allow a discussion to take place on what best practices of minority recruitment are, and in general allow recruiters to share their successes and challenges.

9d. Page 3 - Inner City and Minority Outreach. It is noted in the tenth bullet that minority and inner city students will be educated on “the resources available to them.” Please clarify whether these resources are health information resources.

Yes, the resources referred to are health information resources and will include MEDLINEPlus and PubMed. These websites will serve as starting off points for other resources that focus on careers in health care, such as Association of American Medical Associations “Minorities in Medicine” <http://www.aamc.org/students/minorities/start.htm> and Health Resources and Services Administration “Pursing a Career in Allied Health Profession: Opportunities for Minorities”. <http://bhpr.hrsa.gov/dadphp/ahguide.htm> In addition, students will be given information on websites that provide culturally appropriate information, such as Healthfinder, BlackHealthCare.com, etc.

Outreach Narrative

10. Page 2 - Public Health Outreach, Bioterrorism Focus Area G. It is an excellent idea to build on other funding mechanisms such as the Bioterrorism Focus Area G funding. Please describe which areas of the Bioterrorism Focus Area G funding the RML will concentrate on. Are there URLs for the Utah and Nebraska projects?

Focus Area G in the Bioterrorism grants fund projects for education and training. This clearly presents an opportunity for the RML and health sciences libraries to work directly with public health professionals and agencies to develop information access classes to address topics identified as pertinent to the needs of local bioterrorism (BT) and preparedness issues. Each state uses the funds for Focus Area G work to award contracts that address the needs in the state. Two types of Capacities are identified: Critical and Enhanced. The RML will focus on both areas as the opportunities arise.

The Critical Capacities are the core expertise and infrastructure that should be implemented as soon as possible. The Enhanced Capacities are additional expertise and infrastructure, over and beyond the Critical Capacities, to enable public health systems to have optimal capacities to respond. In both cases assessment and training of health professionals can be interpreted as involving information access. In the summary of capacities, outlined in the CDC’s Guidelines for BT funding, a Critical capacity is listed as training health professions in key content areas and specifically lists “Information Technology”. In the Enhanced Capacity guideline identifying “new areas for training and cross-training e.g., public health informatics” is suggested. <http://www.bt.cdc.gov/planning/CoopAgreementAward/presentations/master-cdc-fa-2-26-2002.pdf>

Utah’s implementation of Focus Area G funding was delayed because of the 2002 Winter Olympics. The public health department has hired a coordinator and web designer, but has not put up a web page. Nebraska, on the other hand, has hired a librarian and has a web page that will soon be available. <http://www.necenterforbioterror.org> The librarian for the Nebraska Center for Bioterrorism will begin work on April 1. The supervisor for the Center made a presentation on how all the functions, including the library, fit together to serve the health professionals, first responders, and the consumers in Nebraska on bioterrorism education and preparedness topics. The librarian will be expected to help search for topics; maintain the center’s web site; travel to the different in-person meetings and teach how to search information resources, including NLM resources; and will be the primary person in charge of searching and mounting distance education courses/modules on their learning management system that will be accessible to health professionals and first responders here in the state.
11. It is helpful to include a description of the plans for evaluation. Please clarify whether OERC has been consulted in the development of the plans for evaluation. On page eight, for example, experiences at the Bryant Center and LaRaza could potentially provide valuable lessons for other regions as they work with inner city projects.

The Assessment and Evaluation Liaison works with each outreach/special projects liaison to design evaluation components of programs. The A&E liaison consults regularly with the OERC, with her working group and with local experts for resources, suggestions and feedback and incorporates that information into the evaluation program. Each special projects liaison creates and carries out programs with the long range plan that the programs can be expanded, as is or with modification, to other states in the MidContinental Region. The Region is collecting baseline data relating to staffing, technology, collections, education programs, outreach, use of programs and services and attitudes toward the RML and the NNLM. This data will be collected again near the end of the contract period and evaluated for changes in access, use, and attitude toward NNLM and Regional products, services and staff.

12. Page 4. There appears to be a missing heading related to public health after the “evaluation” heading.

The subheadings “For Public Health Professionals” and “For Academic Curriculum” have been added to this section.

13. Pages 4-5. The Partners site is not mentioned. Please describe a role the Healthy People 2010 Information Access project and the Partners site may have in the project related to information access skills in public health curricula.

The information included in the newly designed Partners site will no doubt be incorporated to provide important background information and resources. The all-important Healthy People 2010 Information Access Project has the potential for providing relevant structure for teaching searching skills.

14. Page 5. Please describe how the public health training mentioned under “methodology” may relate to the work of NN/LM’s public health evaluation task force.

The recently released recommendations by the Public Health Outreach Evaluation Task Force were designed specifically for working public health professionals and not for academic programs. The classes we are proposing are for graduate students and librarians. The task force recommendations would not directly apply as the academic approach relates to course work and not to “the practice of public health”. The recommendations would be taken into consideration, but very likely would not be included as guidelines.

15. Page 5 - Rationale. Please clarify what is meant by “their publications.”

“Their publications” refers to documents electronically published by health departments, that public health professionals admit are not readily available and lack an index or guide. No notice is sent out that they have been “published” and there is no standardized catalog of electronic publications – no catalog as it were.

16. Page 6 - Rationale. Please describe how the proposed public health Web page may relate to the Partners site.

The RML public health web page will focus on local and regional public health resources. In addition to linking to the Public Health Online Library site in Utah it will point to the Partners site and information resources in each of the states within the region. It will complement the
Partners site by providing mini-tutorials such as a review of the information access process and provide links to the PubMed tutorial in English and Spanish.

17. Page 8. Please address whether the two centers in addition to the Bryant and LaRaza centers have been identified. What are the target populations associated with these additional centers?

The two centers are:

Project SUN (Strong Urban Neighborhoods): Project SUN is sponsored by the Lutheran Family Services of Nebraska, and provides outreach to the Sudanese community. The Lutheran Church has been very active in sponsoring Sudanese families in Nebraska. Over 50% of Sudanese immigrants in the United States live in either Omaha or Lincoln, Nebraska.

Downtown Main Library: The downtown library serves many inner city residents, homeless people, and numerous minority populations, and has two computer labs, one of which is dedicated to the Community Technology Center.

18. Page 8. Please provide additional information about the Enhanced Dissemination and Utilization Centers (EDUC).

The National Heart Lung and Blood Institute (NHLBI) has developed a program of education and outreach to people in low-income and minority communities with heart disease and stroke death rates far above the national average. In 2001, six partnerships were developed, and in 2002, an additional six were added, one of which was Creighton University’s Cardiac Center CHEC program. The EDUC’s emphasize community partnerships, and are considered key to achieving the federal government’s Healthy People 2010 objectives. In addition to providing community outreach and education to high risk populations, the EDUC’s have formed a network that allows them to share best practices among themselves through regular discussion forums.

http://www.nhlbi.nih.gov/new/press/02-10-08.htm

19. Page 9. It is noted that the Inner City Liaison will adjust her time on the mobile unit based on a determination of the sites and times that “work best to reach consumers.” Please provide additional information related to how the sites and times will be determined.

Creighton Heart Education Center’s (CHEC) coordinator will determine which sites to visit and when. For example, “Juneteenth” is a worldwide day to celebrate ending slavery. The mobile unit will be present at the Juneteenth celebration sponsored by the local inner city African American churches in Omaha. The mobile unit will be running in June 2003. The Inner City Liaison will be a team member on the unit at the beginning, traveling to locations as her schedule allows. The Inner City Liaison will adapt the learning materials as she determines what materials best meet the needs of the health consumers who make use of this unit. For example, the PowerPoint presentation can be shortened or lengthened to reflect the interests of the mobile unit users. Once the task is accomplished, the IC liaison will then take on an educational consultant role, keeping touch with the team and updating NLM resources on a quarterly basis. It is expected that the initial phase will last one to two months, depending on how many visits the CHEC team schedules initially.

20a. Page 18. A project related to the development of a CD-ROM training tool is noted. The rationale for the development of this tool is that dial-up access to Web-based tools from rural areas is difficult. Since access to existing training materials is difficult, is access to the resources themselves also problematic? Please address the need for non-Web training materials to access Web-based resources in these circumstances.

We acknowledge that access to the resources themselves is also problematic. However, an improved technology infrastructure at the health professional level is not within our power to
resolve. Creating and distributing tutorials in a low-enough bandwidth to keep people engaged in the learning process is. Having offline access to learning materials would create an e-reserve for health professionals and students to refer to when refreshing their search skills for NLM resources. An offline access to learning materials would also serve to avoid the tedium of waiting for pages to refresh on a slow connection. Software has been purchased in year 02 (this software is being tested by the Education Liaison) to prepare scalable learning modules that can either be viewed online or saved to disk and used offline. Health professionals that have dial up access to the Internet would also appreciate being able to use their phone for calls while someone is refreshing their knowledge of NLM resource searching.

20b. Please address how the currency of the information provided in the training materials described will be maintained.

The site will be maintained by the Education Liaison. Notices of major changes and updates will be emailed to the participating program managers, and prominently displayed on the site’s pages. It is anticipated that these notices will be delivered when major changes are made to NLM resources, and/or twice a year. On CD-ROMs that are distributed, there will be a page when the disk is first loaded that says the information on the disk is considered out of date if being used past a stated date. Example: “The information on this disk is considered out of date if you are accessing it past 3/28/04. Please visit [url] for an updated version, or to find out how to order a new CD-ROM.”

21. Page 20. In the meetings table, please clarify whether the X’s indicate state-level meetings. Please indicate whether the row for the Kansas Hospital Association should have an X in the Kansas column.

Yes, all meetings listed are at the state level. The revised version of the Outreach Narrative has the meeting listed as “Hospital Association Meeting” with an “x” in the Kansas column.

22. Page 21. It is noted that organizations’ Web sites will be checked for links to NLM resources. Please provide additional information about the plan for checking these sites. Please clarify whether the sites checked will be those maintained by national or state-level organizations.

The organizations referred to are local organizations that the liaisons have selected. Liaisons will, before exhibiting with the local organization, review the organization’s website to determine whether links to NLM resources are available. If they are not available from the site, the liaison will contact the organization and suggest links to appropriate NLM resources.

23. Page 22. It is noted that “the Utah and Nebraska Liaisons will report the activities and organizational structures of their state consumer health partnerships. They will discuss how these contribute to the success of the groups and whether there is evidence of increased awareness and use of consumer health resources.” Please provide additional information about how the contributions to success and the changes in awareness and use will be measured.

Assessment and evaluation are conducted for projects throughout the region. Liaisons describe populations, levels of information access and needs as determined through any of several means including personal contacts, surveys, requests for services. As programs, education modules and appropriate projects are conducted liaisons provide formal means for participant feedback, report changes in access and will develop follow up instruments to collect behavior change related to services received.

24. Page 24. It is noted that a two-day training symposium will be offered for librarians in Wyoming. Please describe how this symposium will be related to the NN/LM’s development of training materials for public librarians.
The primary audiences for this symposium are full and affiliate members in Wyoming including hospital, academic and public librarians. Instructors will be using existing training materials from a variety of sources for the planned presentations. No new training materials are being developed for this event.

Budget Justification

25. Page 3. The number of staff budgeted for MLA in San Diego 2003 is five above the allowable four staff in addition to the Director and Associate Director (travel policy dated 12/31/02) and is more than can be approved at this time. Please explain why costs or some portion of it related to travel of state liaisons to MLA cannot be covered in the state subcontracts for the state liaisons.

As stated in the budget justification it seemed more appropriate for the RML to cover expenses since the activities are regional rather than state specific. Since the budget was originally submitted in February, the liaisons have also asked that the RML take advantage of having all staff present at MLA by organizing a “beginning of the year” face-to-face meeting. However, the travel budget has been revised to bring us into compliance with the MLA travel policy.

26. Page 4 - Graduate Student. Please provide additional information about the graduate student. What is the anticipated per-hour cost for the student? What will be the number of hours? Please identify the institution(s) the student may be affiliated with.

As stated in our budget justification the graduate student is budgeted for 260 hours which is approximately $13.50 per hour. There are excellent opportunities within the region to work with library science students. There are library masters programs at Emporia in Kansas, the University of Missouri in Columbia and the University of Denver. All three could work from a distance or with the Public Health Liaison. Emporia also has a distance-learning program, SLIM, that operates in Salt Lake City.

27. Page 4. Please explain what is meant by “production of quarterly newsletter” and provide a breakdown of what is included in the $1,800 allocated for it.

Production includes layout, printing setup and paper. Each issue of our newsletter costs $450 to produce. $312 for the layout and $138 for the printing setup and paper.

28. Page 5 - Other costs. It is noted that the $10,700 allocated for the Virtual Reference Pilot Expansion is an increase from the $7,200 allocated for the project in Year 02. Please explain what is included in the increased cost.

The budget for the virtual reference pilot expansion has now been divided between two line items. Under Subcontracts, the RML will establish a small subcontract with Denison Memorial Library to continue the coordination of virtual reference within the region. This subcontract will have as outcomes the marketing of the service to public librarians and a procedures manual for virtual reference participants in the region. It will also include sending Ms. Parker to the Virtual Reference Desk Conference so that the latest trends on offering this electronic reference service can be brought back to the region and incorporated in the program. Under Other, the RML will pay for the licensing and use of seats for the project. Splitting up the cost of the project this way reduces the overall cost by avoiding an IDC rate on services being provided by 24/7 Reference.

29. Page 5. It is noted that $9,374 is allocated for exhibits. Please clarify how exhibit costs were calculated.
The RML has exhibit costs for the past two years. Average costs for booth, equipment, furniture, and utility rental (excluding phone lines) were used to project the amounts for still-to-be-assigned exhibits. Added to these national meeting costs were exhibit expenses to exhibit at Utah library and health professional meetings.

Staff Travel

30. Please explain how airfares were determined. Of particular interest are the airfares to Sioux Falls, SD, which are noticeably higher than others.

The RML contacted one of the university’s authorized travel agencies to receive quotes for the travel that is planned for Year 03. We also realize that traveling to Sioux Falls, SD is an expensive venture. Sioux Falls, much less South Dakota, is not one of the most popular travel destinations. Some of the locations where liaisons reside are not airline hubs. When you have to travel from one small town to another, the costs go up appreciably.

31. There does not appear to be travel for the Director and Associate Director to attend the RML Directors’ Mid-Year Meeting in Houston. Please adjust the budget to include this travel.

The oversight has been corrected and travel for the Director and Associate Director have been added to the staff travel spreadsheet.

Other Travel

32. Will Deborah Sommer’s travel to exhibit at ALA in Toronto in June 2003 be covered under subcontract funds?

Yes, her travel expenses will be reimbursed out of the University of Missouri’s subcontract funds.
Exhibits

Region 4 is now scheduled to exhibit at the following additional meetings.

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>95th Annual NREA Conference, National Rural Education Association</td>
<td>October 22-25, 2003</td>
<td>Kearney, NE</td>
</tr>
<tr>
<td>International Conference on Mobile Health</td>
<td>October 31 – November 2, 2003</td>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>Transborder Library Forum (FORO)</td>
<td>March 2004 TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>National Hospice and Palliative Care Organization</td>
<td>March 23-25, 2004</td>
<td>Las Vegas, NV</td>
</tr>
</tbody>
</table>

Please adjust the budget, Year 03 objectives and outreach narrative accordingly.