

**NATIONAL NETWORK OF LIBRARIES OF
MEDICINE**

MidContinental Region

Outreach Narrative

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OUTREACH TO HEALTH PROFESSIONALS

Health professionals will always be a major target for the efforts of the MidContinental Regional Medical Library. The outreach narratives for the special populations, on whom we will focus this year, describe customized programs for public health professionals and Native American and inner city communities. An experimental project for nurse resources will make training materials transferable from the web to a CD-ROM so that learning can take place on a stand-alone workstation. This is one of our efforts to overcome connectivity problems in the region. For other health professionals, we will use exhibiting at state meetings as our initial approach to outreach activities that will improve their health information access.

PUBLIC HEALTH OUTREACH

Bioterrorism Focus Area G

Rationale

Bioterrorism Focus Area G funding provides an opportunity for the RML to promote health information access at the planning stage of a new program. The Public Health Liaison has written guidelines for establishing contact with the appropriate personnel in each state. A relationship has already been established with the agencies in Utah and Nebraska. The Nebraska Liaison serves on the Nebraska Bioterrorism Preparedness Education Consortium and has been able to lay the groundwork for implementing information access classes and increasing the focus on the need for information. The coordinator for the bioterrorism program in Utah is on the RML Advisory Board.

The Bioterrorism Focus Area G objectives mandate that a needs assessment be performed. This will happen in each of the states. It provides an excellent opportunity for liaisons to make contact with the Area G Coordinator, become acquainted with the programs they're proposing, offer to contribute our expertise, and collaborate with them on their projects. Each state Area G Coordinator will be asked to include a standardized set of questions about information access on their state wide needs assessment. It is anticipated that they will welcome the interest and will include the questions.

In the MidContinental region, initial classes will be prepared for bioterrorism, disaster, and emergency preparedness personnel. The mandate for an education and training component accompanying federal bioterrorism funding provides the opportunity to seek collaboration between public health departments and libraries. In this current environment, a series of classes on NLM Resources should be well received by public health professionals. The cooperative development of a series of classes by individuals from different states with different experience will result in content that reflects not only specific areas of expertise, but also the knowledge of specific state needs. Establishing an ongoing set of training classes for state and local health departments would be the outcome expected for this activity.

Methodology

The Public Health Liaison and the Evaluation and Assessment Liaison will work together to develop a set of questions to be proposed for inclusion in the Bioterrorism Focus Area G needs assessment. Questions will be reviewed by the liaisons, the Advisory Board, and the Public Health Working Group. State liaisons will contact their Area G Coordinator to investigate the possibility of including information access questions in their needs assessments.

The Education Liaison and Public Health Liaison will work together to develop standardized PubMed and MEDLINEplus classes with PowerPoint instruction modules and hands on exercises. Each class will have specific, measurable learning objectives. Classes previously taught for public health professionals by the Public Health Liaison and Education Liaison will be reviewed with the Assessment and Evaluation Liaison, Education Liaison, and Public Health Consultants. Modules will be designed to address gaps in content. The modules would include extensive annotations to assist other liaisons and Network members using the modules for their own workshops. The modules will be reviewed by the public health professionals from each state and the Public Health Working Group before being published on the RML web page.

In each state the Bioterrorism Focus Area G Coordinator would be contacted and liaisons would work with them to set up a training schedule. It is anticipated that training will occur onsite in state and larger local departments of health. When scheduling classes for rural departments that do not have classrooms, local college libraries would be approached to use their classrooms. Librarians at these college libraries will be invited to attend the training as a student, and to provide a brief orientation for participants of the public health information services that may be available from their institution.

Evaluation

Liaisons will report whether questions are included in the Area G needs assessments in their monthly reports. They will also report whether contacts with Area G Coordinators lead to collaborations and on going interactions.

Evaluation of the class modules would be based on feedback from reviewers and from student trainers. Comments will be recorded and changes made to the modules. The classes will be tested with groups of public health professionals in Nebraska and Utah. Evaluation will be both formal and anecdotal. An assessment of training sites, at each state, will be performed and used in planning and scheduling classes. A simple pre-test would be administered at the beginning of each class to determine pre-course levels of knowledge with a post test following to determine whether learning objectives were met.

An evaluation of the classes to obtain feedback on course organization, instructor skills, facilities, and content will be required of attendees. Since the number of local health departments and public health professionals vary among the states, a reasonable goal

would be to teach eight classes spread among state and local health offices and/or to train 100 professionals in each state

Incorporating Knowledge Skills into the Curriculum--For Public Health Professionals

Rationale

Leadership training for public health workers is being promoted within the profession as a core skill. Invariably, leadership-training candidates are highly qualified and motivated people with whom collaboration would be important and should be encouraged. In Utah, three public health professionals are heavily involved in a Colorado training program and are organizing the Great Basin Leadership Training group for Utah and Nevada. It is not known where, other than Colorado, these leadership-training programs exist. This information will be gathered. The Colorado training program already incorporates an information skills module in its curriculum.

Methodology

Liaisons in other states will contact education coordinators or other public health contacts to identify persons participating in leadership training and schedule meetings with them. A meeting with the key individuals will focus on the need for and methods for incorporating information access support for this group and into the training. The Public Health Liaison has been invited to meet with the Great Basin Leadership Training group and assist with planning the curriculum.

Evaluation

Liaisons will report meetings with those involved in leadership training to the Public Health Liaison. Liaisons will also report any ongoing involvement in the planning of leadership programs as a result of these contacts.

Incorporating Knowledge Skills into the Curriculum—For Academic Curriculum

Rationale

Public Health professionals are in the process of identifying core curriculum content. Several public health faculties have admitted that they do not consciously include information access skills in their curriculum, but are willing to discuss it. Knowledge skills are as important for public health students as for the working public health force. Which skills to teach, will depend upon the content focus of each academic class. Knowledge skills modules for academic programs will differ from those for public health professionals. In reviewing classes previously taught by the Public Health Liaison and Education Liaison, consideration will need to be given to feedback from the academic faculty.

Methodology

The Public Health, Education and Evaluation Liaisons will devise an agenda that will address the issues to be presented. Each liaison will meet with the chairs, deans, and faculty of the individual academic public health programs at their institutions and present the agenda. Liaisons will then meet with individual faculty members and determine what content to address in the teaching modules.

The class and teaching modules will be designed in conjunction with the Public Health, Education, and Evaluation Liaisons to reflect class focus. A determination will be made as to whether to or how to revise classes taught to public health professionals. Liaisons will modify the topical content of the modules while keeping a standardized format agreed upon by the Public Health, Evaluation, and Education Liaisons. The modules will be mounted on the RML web page and faculty from each program and RML Advisory Board members will be asked to make comments. Feedback from reviewers will be recorded and changes made to the modules. The classes will be tested with groups of public health professionals in Nebraska and Utah.

Evaluation

Evaluation feedback forms will be structured for use with reviewers and anecdotal reports will be recorded. All liaisons will have contacted their public health programs and set up meetings to propose the study. Meetings will have been held with faculty, and modules for two classes will have been designed and taught.

Public Health Department Access to Electronic Publications

Rationale

Public health professionals need access to their publications. With the advent of electronic publishing, access to these publications is readily available, but with no librarian on staff the RML has an excellent opportunity to facilitate this process. The Utah Public Health Working Group is committed to providing access to e-documents to the general public, public health professionals, local health officers, students, legislature and media. One of the members has taken responsibility for coordinating this effort with the Utah Department of Health. In other states, the State Library may have responsibility for collecting and making this information accessible.

Methodology

The Public Health Liaison will continue to work with the Utah Public Health Working Group to devise methods for perpetuating the Utah Public Health Online Catalog project. These methods will be shared with the state liaisons, who will identify an individual in

their state health department or at their State Library, to coordinate a program within their state.

Evaluation

Two states will have set up a working group and identified ways in which to make state public health documents more accessible to those who need access.

Communication

Rationale

MCRML liaisons employ a variety of communication methodologies to reach the public health community. The Utah Public Health Association (UPHA) offers a listserv to their members. The Public Health Liaison has received positive comments regarding the current method of sending public health information events and news items to the listserv. The liaison sends out a compiled list of messages at least once every two weeks.

The current consensus among public health librarians is the more involved librarians are in the profession of public health, the better librarians will be able to serve that population. Librarians are seen as part of the profession when they report on public health information access projects at professional meetings. A generic, but customizable, presentation for public health meetings will be developed by the Public Health Liaison and shared with other liaisons to promote reporting at meetings.

The Internet provides an outstanding opportunity to reach any community. A public health web page, that focuses on all the states within the MidContinental Region, will be available by the end of Year 02, and designed to serve public health professionals and librarians in the region looking for public health information.

Methodology

The Public Health Liaison will continue to regularly send a compilation of public health information news to the Utah Public Health Association listserv and to the state liaisons to forward on to individuals or groups of their choice.

A presentation will be developed by the Public Health Liaison that can be submitted to local public health meetings by the other liaisons. Each liaison will have the opportunity to adapt the presentation to include their special topics or local activities. Liaisons will investigate dates for paper and poster submission at public health meetings in their states, and submit a paper or poster relating to public health information access.

Evaluation

Feedback from listserv members will be noted and reported in monthly Public Health Liaison reports. Toward the end of the year, the Public Health Liaison will solicit

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comments from the liaisons and listserv participants of the usefulness of the messages she prepares.

Acceptance of a paper or poster at a local public health meeting will be considered a successful completion of this activity. Response of the audience and requests for further information, classes, or meetings will be reported.

The liaison will guide the development of additional content for the public health website. A graduate library student will be hired to enhance the design and update the web page. Hits to the site and the usefulness of the page by liaisons will be monitored. The Public Health Working Group will be asked to review the website.

INNER CITY OUTREACH

Community Technology Centers

Rationale

The Applied Information Management (AIM) Institute is a nonprofit organization in Omaha comprised of business, education, and government entities joined together to promote business growth related to information technology. The U.S. Department of Education awarded a grant to AIM in the Spring of 2000 to fund Community Technology Centers (CTC) that had the objective of addressing “what has been labeled the digital divide, the chasm between those who are prospering in the age of technology and those who are floundering because they do not possess the basic technology skills and awareness to make them contenders in today's increasingly competitive and high skills oriented labor market.” <<http://www.ctcprogram.org/00/01/index.htm>>

There are several neighborhoods in Omaha that fall under the label of “Enterprise Zone”, indicating the area as having one of the highest poverty rates in the country. <<http://www.ctcprogram.org/00/01/index.htm>>

The goal of the CTC is to bridge the digital divide present in the Enterprise Zones by providing equal access to technology directly in the communities themselves. Computer labs with open access hours and classes in basic and advanced computer subjects are offered; they serve students, parents, grandparents, jobseekers, teachers and Enterprise community residents by providing career development, literacy, small business training, and technology outreach programs. The structure is already in place to offer classes to inner city and minority populations in finding access to health resources on the Internet. More direct contacts with inner city and minority consumers will be made through this outreach.

In Year 02, the Inner City liaison initiated contact with two CTC's. The Bryant Resource Center is a community center in a low income African American neighborhood. The LaRaza Job Training Center offers a five month bilingual job training program that

concentrates on the Hispanic community. In Year 03, training will continue at the Bryant and LaRaza centers and the liaison will initiate contact with two more centers.

Programs similar to CTC exist in Colorado and Missouri. The liaison will use her experience in Omaha to advise liaisons on the best approach and most popular classes when they approach community computer centers in their states.

Methodology

The Inner City liaison will continue offering classes at the Bryant Center and LaRaza that focus on the specific needs of each community. She will make new contacts with two additional centers, the Omaha Public Library and Project SUN. The involvement of the Omaha Public Library will lead to the development of train-the-trainer classes in which all the branch librarians will be instructed on MEDLINEplus as a resource for minority and inner city patrons. The librarians increased knowledge of health resources will be a benefit to all who use the public library and its branches. Project SUN is a program that serves a large Sudanese population and the liaison plans to offer training using interpreters. Once the classes are developed, the materials will be added to the National Clearinghouse.

Evaluation

In the beginning, [evaluation](#) will be informal. As the liaison returns to the centers to offer more classes, an evaluation measure will be an increase in attendance. A standard training evaluation form will be distributed at the end of each class that will collect attitudes about using technology, the likelihood of participants using what they learned to obtain health information; as well as, topics for future classes. [Attendees will be asked if the instructor can contact them again in the near future to talk about health information needs.](#)

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Because of language issues, the standard evaluation form cannot be used for bilingual workshops. The Inner City Liaison will provide the translator with a list of questions asked on the form, and the translator will ask and record the verbal responses from the group.

Creighton Heart Education Center (CHEC)

Rationale

In the Spring of 2001, the National Heart Lung and Blood Institute (NHLBI) developed a program to reach out to members of low-income and minority communities. In the first year, partnerships were developed with six community based organizations, designated Enhanced Dissemination and Utilization Centers (EDUC), to begin a network of community based organizations implementing culturally sensitive heart health education strategies. In the second year, 2002, Creighton University's Cardiac Center was selected as an EDUC.

The Creighton University Cardiac Center is developing a Creighton Heart Education Center (CHEC). This center will collaborate with an already existing program – the Cardiovascular Risk Factor Screening and Intervention in African American Adults (CARSI). The CHEC program will use community health advocates to conduct a comprehensive awareness campaign to increase the adoption of heart healthy lifestyles, operate a mobile education and screening unit, and sponsor heart fairs and nutrition education seminars.

The Inner City Liaison has been invited to be the information member for the mobile education and screening unit. Health care providers on the mobile unit team who serve minority patients will be introduced to MEDLINEplus as an information tool. Through this project, the Inner City Liaison will make direct contact with members of the African American community who are seeking information on healthy heart care. The success of the collaboration of the library and the Omaha CHEC will be shared with Network members and other EDUC programs to promote the involvement of health sciences libraries with other Enhanced Dissemination and Utilization Centers.

Methodology

The Inner City liaison will develop materials that can be used on the mobile unit. These materials will include handouts of resources; as well, as a PowerPoint show explaining MEDLINEplus, and focusing on cardiac care and African American health sites within MEDLINEplus. The Inner City Liaison will be a team member on the unit handing out the brochures and demonstrating MEDLINEplus through a PowerPoint presentation. In areas where a wireless connection is available, a live connection to MEDLINEplus will allow individuals a chance to explore MEDLINEplus on their own. Once the liaison becomes familiar with types of information most frequently requested, she will train the members of the Heart Education Center in the use of appropriate health information resources. Although she will no longer regularly travel with the mobile unit, she will continue to support their information efforts by providing them with handouts and updating the PowerPoint show.

Evaluation

As it is discovered which sites and times work best to reach consumers, the Inner City Liaison will adjust her time on the mobile unit accordingly. Verbal feedback will be requested and recorded as to the ease of use and comprehension of information contained in the brochures as community members return to the unit for follow-up visits. She will meet with team members to evaluate whether resources and training provided have prepared them to answer the information needs of the communities they visit. Also, as a part of the CHEC programs evaluation, questions will be included as to the effectiveness of the powerpoint presentation and the presence of an information professional on the mobile unit.

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Black Family Health and Wellness Association (BFHWA)

Rationale

The University of Nebraska Medical Center (UNMC), in collaboration with the Nebraska Health System (NHS), has organized a community outreach system with Community Care Councils in North and South Omaha. The councils are made up of “leaders, consumers, and representatives of agencies residing in that community and function as an advisory board giving direction in identifying community healthcare needs and setting priorities for the Partnership in meeting those needs”

<http://www.unmc.edu/commpart/about.htm>

The Black Family Health and Wellness Association (BFHWA) has arisen from the North Omaha partnership. They hold a yearly health fair and sponsor a group of high school students interested in health related careers. In addition, individual members of the BFHWA run programs that focus on minority health issues. Greater Omaha Community Action has a Young Men In Development group which is an afterschool tutoring program for African American boys ages 8-18. The Inner City Liaison has helped to coordinate math and science tutors for this program. A male nurse with the University of Nebraska Medical Center uses the North Omaha facility to offer a Minority Men’s Health Program that includes weekly health screenings for prostate cancer, diabetes, high blood pressure, and HIV testing free of charge. This nurse also hosts a website “Omaha Minority Health” <http://www.omahealth.net/firms.com/> which includes links to MEDLINEplus, added at the suggestion of the Inner City Liaison. The Inner City Liaison is a member of the BFHWA, and will participate in the health fair in February 2002.

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Anticipated results from working with the North Omaha Partnership group include an increased use of MEDLINEplus and PubMed by healthcare providers and healthcare consumers in those neighborhoods. In addition, presentations on the use of MEDLINEplus in the health career program will support the effort to raise the awareness of minority students of a future career in healthcare.

Methodology

The Inner City Liaison will maintain her membership on the BFHWA. She will participate in health fairs and conferences and speak to the health careers high school group, providing information on scholarships and the process involved in becoming a health care provider; as well, as the need to increase the numbers of minorities who are health care providers.

Evaluation

Evaluation of participation with this group will vary depending on the activity. The Inner City Liaison will count direct contacts made at the health fairs and conferences. She will provide conference attendees and students with a standard training evaluation form that will be distributed at the end of each class. This form will collect attitudes about using technology, the likelihood of using what they learned to obtain health information; as

well as, topics for future classes. At the end of the year, a review will be made of which activities were most successful, and plans for year 4 will be based on that review.

Iowa/Nebraska Primary Care Association

Rationale

The Iowa/Nebraska Primary Care Association (IA/NEPCA) provides technical and non-financial assistance to eight community health centers and two statewide migrant programs in Iowa and Nebraska. Two of the Nebraska members include the Charles Drew Health Center and the Indian-Chicano Health Center.

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The Charles Drew center serves a racially diverse population which includes 70% African American, with the remaining divided between White and Hispanics. The area faces high unemployment and limited economic opportunities. Statistics show that over 90% of the patients seen at the clinic are at or below 100% poverty level. Over 1,500 homeless clients are seen in a one year period.

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The Indian-Chicano Center provides bilingual services. Over 80% of their clients are at or below 100% poverty, and they also serve homeless clients.

The Inner City Liaison will provide training for healthcare providers with the expectation that they will increasingly use PubMed and MEDLINEplus, and will see MEDLINEplus as a resource they can recommend to their patients.

Methodology

The Inner City Liaison will make contact with the health professionals at the clinics. Her membership on the BFHWA will provide an entry to the Charles Drew Center. Creighton University is involved in the administrative process of the Indian-Chicano Center. Professional staff at both clinics attend health fairs and conferences that the Inner City Liaison is involved with, thus providing them with a familiarity with the NN/LM.

At the Charles Drew Center, a phone call directly to the head physician will be made to set up a meeting to explain what the Inner City Liaison can offer in terms of classes and service. It will be possible to offer training sessions in the Bryant Center lab if the Charles Drew Center does not have an adequate facility.

The Indian-Chicano Center will be approached through its Board. The Inner City Liaison has already made contact with a board member who is supportive of the NN/LM program. A follow up with the board member will take place to assess the services that would benefit the Center.

Class choices will include MEDLINEplus, PubMed, evaluation of medical web site, and using websites that focus on specific racial and ethnic groups and those that offer other language resources. Both clinics serve immigrant populations, African Americans, Hispanic Americans, and Native Americans.

Evaluation

A standard training evaluation form will be distributed at the end of each training that will collect attitudes about using technology, the likelihood of using what they learned to obtain health information, and topics for future classes. [The Inner City Liaison will follow up with a sample population after 3 months to determine whether attendees are making more and/or different use of health information resources.](#)

Outreach to Students

Rationale

One of the barriers to adequate health care that minorities face is a lack of culturally similar health care providers. While it is possible to train health care providers to become culturally sensitive, another way to overcome these barriers is to recruit more minorities into health care careers. There are many programs that exist to encourage students from elementary through undergraduate levels to consider a health career. The liaison has used these programs as a way to introduce students to the National Library of Medicine resources.

The liaison has already established herself with the following programs that reach out to young men and women in disadvantaged areas:

Health Careers Opportunity Program (HCOP): targets high school and college students interested in a career in the health professions.

Focus on Medicine: tracks gifted local minority students from the 7th grade through 12th grade, encouraging them to pursue a health care career.

Health Professionals Partnership Initiative (HPPI): focuses on several elementary and high schools in North and South Omaha; as well as, Metropolitan Community College.

Latino Youth Conference Career Exploration Break Out Session: part of a career day for Latino High School students from Omaha.

African American Youth Conference Career Exploration Break Out Session: similar to the Latino Conference with a focus on African American youth.

Native American Retreat: encourages Native American youth to consider college and prepares them for the challenges.

Explorers Club: targets high school students and focuses on a different health careers.

Methodology

The Inner City Liaison will continue to participate in each of the programs. She will familiarize students with resources used by health professionals by demonstrating NLM's databases MEDLINEplus and PubMed. She will use those resources as an opportunity to speak on health careers, and the importance of adding more minority students to the field of health.

Evaluation

Various programs track the students, and the Inner City Liaison will gather the data from these programs to determine if minority students who participate actually do go on to study in a science or health related field. [After each program encounter, the Inner City Liaison will administer a short, fun questionnaire that elicits information about students attitudes toward health professionals, awareness of health information resources, changes in attitude, and anticipated practices regarding their own, their family's, and their communities' health care needs.](#)

Minority Conferences

Rationale

A 1999 study of the Institute of Medicine (IOM) to assess disparities in the kinds and quality of healthcare received by racial and ethnic minorities and non-minorities in the U.S. led to the finding that disparities that exist “across a range of medical conditions and health care services, are associated with worse health outcomes; and occur independently of insurance status, income, and education.” (The results of this study are found in the National Academies Press *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.*) One of the ways to help reduce the widespread existence of disparities, is to reach out to health care providers by presenting and exhibiting at minority health conferences and workshops. As indicated by the IOM study, minorities face unique barriers to adequate healthcare; use of NLM resources that focus on minority health concerns provides equal access to current and viable health resources that can help reduce the shift in health outcomes experienced by minorities.

Direct contacts will be made with minority health care providers, and with health care providers who serve minorities and underserved populations. An increase in usage of NLM resources will lead to more equitable access to information.

Methodology

The RML has identified several conferences; Heartland Latino Leadership Conference, Healthy People Diversity Conference, Joint State Conference of Migrant/ESOL/Bilingual/Refugee Education that would reach minority health care providers in the region. Liaisons will exhibit and present workshops at these conferences. The workshops will focus on PubMed, MEDLINEplus, multilingual health resources including MEDLINEplus en español, and evaluation of health web sites.

Evaluation

A count will be made of direct contacts. Follow up visits by liaisons to interested health care providers will lead to the possibility of training classes being offered in inner city and minority health clinics. This follow up will be documented, and a pattern of most effective types of conferences will lead to a more effective use of this type of outreach.

Native American Outreach

The MidContinental Region covers numerous tribal lands. The liaisons realize that it is necessary that outreach reflect the uniqueness of each community. The Inner City Liaison and the state liaisons have a history of providing outreach to the Native American tribes. The Colorado and Wyoming Liaisons have been especially active, and will continue to follow up on contacts they made in Year 2. Specific projects have been identified for year 3.

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The RML has also taken a coordinating role in the outreach efforts to tribes in the Four Corners region of the country. The management of the Tribal Connections Four Corners subcontract will continue in Year 03 as RML's and Resource Libraries collaboratively address health information issues in this part of the country.

Outreach To The Omaha Tribe, Nebraska

Rationale

The headquarters of the Omaha Tribe are located in Macy, Nebraska. Of the 5,992 enrolled members in the tribe, 5,227 live on reservation lands. There are many services provided by the Omaha Tribe including an independently owned health center, the Carl T. Curtis Health Center, which is located in Macy, Nebraska. This center provides access to doctors, occupational and physical therapist, mental health resources, and includes a nursing home and wellness center. An IHS hospital is located in nearby Winnebago, Nebraska.

The Inner City Liaison has supported Creighton University's "Continuous Connection: Consortium for Rural Interdisciplinary Training" that sends students out on rotation to the Omaha Tribe. In addition, direct contacts have been made with members of the Omaha Tribe. A class for health care providers is scheduled in April 2002 at the Carl T. Curtis Health Center.

Health care providers in Macy need to be familiar with health programs that support Native American culture. They also face barriers that all rural health care providers face in locating and accessing current reliable health information. It is expected that the Inner City Liaison can ease these barriers by training health care providers in NLM resources and setting up the Loansome Doc accounts. Arming rural Native American patients with information about their health concerns will lead to a more effective treatment program. Providing support to Creighton University's non-Native American health care providers will result in an educated group of individuals who will have developed a cultural sensitivity to Native Americans.

Methodology

The Inner City liaison will maintain contact with key people in the healthcare and community organizations in Macy.

A program of classes will be taught that will include MEDLINEplus, PubMed, and evaluation of medical websites. The Inner City Liaison will provide a “train-the-trainer” series to the outreach staff at the Wellness Center so that Native American consumers will be able to search for health information on their own.

The Nebraska Indian Community College library also functions as a public tribal library, and has six public access computers with Internet access. A grant opportunity exists to build a computer lab in the Four Hills Wellness Center to increase public access to the Internet, and to provide training opportunities in accessing information on the Internet. The Inner City Liaison will provide consultation should the library decide to apply for a grant.

Students from Clarkson College, University of Nebraska Medical Center, and Creighton University’s Medical School do rotations at the clinic in Macy. Some of the students remain on site for a three-month rotation. Most students’ information needs will be served by their home institutions, but the Inner City Liaison will also be available to ensure that students’ needs are met.

Evaluation

Participants in classes offered in Macy will be asked to complete the RML’s standard training evaluation form at the end of each class that will collect attitudes about using technology, the likelihood of using what they learned to obtain health information; as well as, topics for future classes. At the end of the year, an overall evaluation of the program will occur that will include a meeting with key members of the Native American health care community. Feedback will generate a list of what programs were effective, which were not, and what the health care community sees as continuing unmet needs.

Outreach To The Wind River Indian Reservation, Wyoming

Rationale

In November 2002, the Wyoming Liaison attended a one-day seminar at the University of Wyoming entitled “Developing Tribal Relationships with the University of Wyoming, the Northern Arapaho Nation, and the Eastern Shoshone Tribe”. Following this seminar, she decided to explore working with the tribes of the Wind River Indian Reservation in Wyoming. The reservation is home to the Northern Arapaho Nation and the Eastern Shoshone Tribes. With the assistance of the Inner City and Minority Services Liaison, she will assess the health information needs of the communities and the effectiveness of existing health information access. If enhanced health information access is determined to be appropriate and useful, the liaisons will create a plan to be implemented over the remaining years of the contract to include possible grant applications for enhanced connectivity and training schedules. Representatives of the target audiences and members of health-related and educational agencies operating on the reservation will be continuously consulted.

Two key contacts have been identified. Molly McGetrick, Health Information Trainer for Tribal Health Connections, will provide guidance and mentorship. Meryl Haas of the Wind River Tribal College, Ethete WY, is a tribal member herself and will introduce the liaisons to key contacts and provide guidance in working on the reservation.

Methodology

The Wyoming Liaison and Inner City and Minority Outreach Liaison will attend a two-day session scheduled in Wyoming providing hands-on group dynamics exercises and the opportunity to work with Native American trainers.

Assessment will involve identification of health care providers serving the communities, available services, technology and connectivity available, and willingness of local staff to work with the liaison to use and promote NLM resources. Discussions will be held with tribal contacts about potential RML collaboration.

Evaluation

Even though we have learned tribal members are “surveyed to death”, a survey of health care providers and educators questioning the current efficacy of health information access may be effective in establishing a baseline of need. During this assessment phase, key contacts’ responses to this proposed effort will provide the greatest impetus or deterrent to pursuing the planning phase.

Utah Outreach

Rationale

Five major tribes inhabit Utah: the Ute, the Dine' (Navajo), the Paiute, the Goshute, and the Shoshoni. Initial contacts were made in year 02 to begin collecting baseline information, which includes assessing the health information needs of the tribes and the availability of computer training facilities. A visit was made to Southeastern Utah to the Ute and Dine reservations by the Eccles Library Outreach Librarian and her report indicated that there is a need for information services by both the Indian population and the health care providers serving them.

Methodology

The Utah Liaison working with the Eccles Library Outreach Librarian will continue to collect baseline data on Native American populations. Baseline data on Network Members will be interfaced with data collected by the other Liaisons. The data will be collected in a number of ways. Individuals working with and who are knowledgeable about Utah Native Americans will be queried; data will be collected from census and other population records. This information will be compiled into an Excel spread sheet for reference with projects.

Opportunities to participate in programs for Native American populations will be investigated. Utah was included in the Four Corners Gates Project and the project director has invited participation from Utah Outreach Librarians. This will involve both the RML Utah Outreach Liaison and the Eccles Library Outreach Librarian. Visits to the Utah part of that project, which is around Montezuma Creek, is planned. Likewise, an assessment trip will be made to the Ft. Duchesne reservation that will investigate how the outreach librarians can assist with health information access. Discussions will be arranged with librarians in the Roosevelt Public Library, the Vernal Public Library, and the Utah State University extension program. Roosevelt Public Library and Vernal Public Library serve the Ft. Duchesne reservation. The Utah State University extension program manages a computer lab that could be used for hands on training of NLM resources.

At least two visits will be made to Montezuma Creek and Ft. Duchesne during the year; at which time, the need for classes will be discussed and scheduled.

Evaluation

The baseline data product will serve as a model for collecting information about Native American populations. Participants in the Tribal Connections 4 Corners project will review the type of data collected and fields will be revised as needed.

Participants who attend training sessions will be asked to complete a standard training evaluation form distributed at the end of each session that will collect attitudes about using technology, the likelihood of using what they learned to obtain health information; as well as, topics for future classes.

Tribal Connections Website

Background

The Pacific Northwest Regional Library received funding from the National Library of Medicine to provide assistance to 20 American Indian and Alaska native villages in tribes in Alaska, Arizona, Idaho, Montana, Nevada, New Mexico, Oregon, and Washington in connecting to the Internet. This was done to help reduce isolation and improve access to remote social and health resources. A website was developed through this funding opportunity. In 2002, the website was revised to reflect national perspective.

<http://www.tribalconnections.org/>

Methodology

The Inner City and Consumer Health Liaisons have joined with Maryanne Blake from the NN/LM PNR to form a working group to establish the parameters for adding content to the website. This includes ensuring the material is current, valid, and appropriate. Once those parameters have been established, the liaisons will formulate a plan of who will add the material.

Evaluation

Usability testing will take place. Use of an online survey will help the working group to assess how well the website is meeting user needs.

CD-ROM TRAINING TOOL

Rationale

To improve the use of electronic health information among health professionals, it is important to ensure that their Internet information skills are adequate. There are many tutorials and websites that demonstrate the use of resources needed by health professionals to conduct research and upgrade their knowledge on patient care issues. However, due to connectivity issues when using dial-up connections (both rural and urban), additional instruction delivery methods need to be explored. Phone lines in the region are not equal in reliability. The rural areas of the region have problems in obtaining a constant flow of data through their dial-up connections to the Internet. Health professionals using dial-up connections can experience a considerable delay waiting for graphics, slides, pdf documents, and animations to download when using these forms of graphical instructions. Learning how to search for health information resources on the Internet can be challenge enough without the added wait for downloads.

To better serve the needs of dial-up health professionals and students, the Education Liaison will create an Internet and research skills instruction website, with a companion CD-ROM ready file. The first audience for this distributed learning product will be nurses because they are practicing in a wide range of healthcare facilities with a variety of Internet connections (public health, clinic, hospital). In this region, the University of Wyoming, School of Nursing Distance Education Program has determined the need for a distributed learning product. During Year 02, the University of Wyoming Distance Education Program Director surveyed distance students for their experiences on the Internet conducting research. Many of their graduate nursing students, most of whom are also practicing nurses, have difficulty accessing tutorial material on searching the web due to connectivity issues.

It is anticipated that the health professionals taking the tutorials, either the Internet or the CD-ROM version will learn to successfully navigate NLM resources to seek out information appropriate for their research needs. Ultimately, it is expected that this will reinforce lifelong information-seeking behaviors.

Methodology

1. The Education Liaison with the Education Working Group will review and select tutorials appropriate to the needs of the nursing target group. These will include tutorials on PubMed, MEDLINEplus, and basic searching of the Internet.
2. The Education Liaison, with assistance from the Technology Director, will create Internet use and research instruction web pages. These will be part of the NN/LM

MCR web site. The site information and files will then be put into a file that can be downloaded to a CD-ROM from the web site.

3. The University of Wyoming has agreed to copy and distribute the CD-ROMs to nursing students on practicum and to their proctors. The University of Nebraska Medical Center School of Nursing will also pilot the project with their distance students and preceptors. The University of Wyoming will conduct the initial product trial during a seven-week rural health rotation in the Fall of 2003, when both the students and preceptors can effectively test the learning materials. Feedback will be solicited after this initial testing, changes will be made, and both the site and the file will be upgraded.
4. Information about the research instruction site and an invitation to download and evaluate the content from a CD-ROM, will be shared with public health and nursing associations, and other state nursing schools within the region.
5. Because of the rapid change of Internet information, the concern that health professionals will be accessing less than reliable content must be addressed. Embedding an expiration date for the information contained in the CD ROM file is one approach to ensuring that the information accessed is the newest version. The Education and Technology Liaisons will investigate how to embed the expiration date. This may result in a screen of text that opens when the CD-ROM is loaded, urging the user to return to the original website to download a new file, or to contact NN/LM MCR to get a free copy if they don't have the hardware necessary to copy to a CD-ROM. Records of CD-ROMs mailed out will be kept for future follow-up.
- 5a. 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."
6. Each of the tutorial pages will have links that users can follow to live Internet resources if they wish, just as they would if they were using the Internet based version of the learning material.
7. The universities will be urged to get new copies out to their students and preceptors as they become available.
8. The liaisons can download and create new CD-ROMs for distribution at exhibits or classes for nursing professionals.
9. Information about the Internet instruction site and its CD-ROM ready file will be posted to the National Clearinghouse.
10. Based upon the evaluations of the distributed learning product, the original model will be adjusted where necessary to include the Internet instruction skills training for other health professionals in Year 04.

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Evaluation

A simple pre and post test will be included with the Internet instruction site (and its mirror, the CD-ROM ready file) in order to gather baseline and follow-up information, and to determine the effectiveness of both methods of learning. There will be an education event satisfaction form included that will seek to find out if this distributed education product is adequately answering the dial-up users' information access needs.

EXHIBITING AT HEALTH PROFESSIONAL MEETINGS

Rationale

In the past year, liaisons have gained experience exhibiting at local health professional meetings and using the contacts made in the exhibit to secure a more productive outreach activity. For example, in Wyoming a contact at the state veterinary meeting led to a training session and a Utah public health meeting provided a contact with a Native American tribe that the RML wanted to work with. In addition to providing leads for other outreach efforts, exhibiting also allows health professionals who are still not familiar with NLM resources to learn about PubMed, MEDLINEplus, Toxnet, ClinicalTrials.gov, and SeniorHealth. In the last eight months, the RML has exhibited at eight local health professional meetings.

Methodology

Liaisons will contact the state organizations listed in the table below to exhibit at meetings and to be a presenter on their programs.

Meeting	CO	KS	MO	NE	UT	WY
Rural Health Conference	X			X		X
Medical Association Meeting		X		X		X
Nurse Practitioners Association						X
Public Health Meeting	X	X	X	X	X	X
Hospital Association Meeting		X				
Health Care Association Meeting	X	X				
Nurse Educators Conference	X					
Association for Community Health					X	
Dietetics Association					X	
Nurses Association	X	X	X	X	X	X

Visitors to the booth will be asked about their information needs and their familiarity with NLM resources. The appropriate NLM resource(s) will be demonstrated.

Visitors to the booth will be engaged in a conversation to explore their affiliation

- With a group interested in a training session;
- With a publication that would accept a submission;

- With a group whom the RML is interested in partnering;
- With appropriate websites that should link to NLM resources.

The liaisons will appropriately follow up on meeting contacts.

The Wyoming Liaison will proactively encourage state organizations to link their websites to NLM resources by conducting an email/telephone campaign with a follow up “how-to” mailer. If successful, she will share her marketing materials with other liaisons to be used to persuade their state organizations to add links.

Evaluation

As with national meetings, a count will be made of demonstrations and direct contacts. Also included in the evaluation will be whether the organization accepted a liaison’s proposal to be on the program, and the number of successful outreach activities that resulted from the contacts made at the meeting. This follow up will be reported in the monthly report.

The liaisons will check the organization websites for all the meetings at which they will be exhibiting. They will report whether or not the site has a link to NLM resources and if not, whether their effort to have the link added is successful. The Wyoming Liaison will record the baseline number of Wyoming organizations that have NLM links and report her success in having that number increase and any resistance she may have had to overcome.

CONSUMER HEALTH OUTREACH

Multi-type Library Groups

Rationale

In year 2 of the contract the Consumer Health Liaison introduced herself to public and medical librarians in Colorado. She began assessing their level of service and their needs in providing consumer health information. Utah and Nebraska have library organizations where public and medical librarians work together to provide health information to the public. She encouraged public and medical librarians in Colorado to form a similar group, and CCHILL--Colorado Consumer Health Information Librarian’s Listserv was organized. They hold periodic meetings at various public and medical libraries throughout the Denver metro area and are very interested in working together. A web site has been created to highlight the activities of the CCHILL group.

This concept of medical and public librarians working together will be implemented throughout the region. The MCMLA annual meeting was held in Kansas this year and the Consumer Health Liaison gave a class on consumer health. In this class participants from public and medical libraries were enthusiastic about forming partnerships.

Methodology

In order to implement partnerships between public and medical libraries in all of the states in the region the following steps will be taken:

- The Kansas Liaison is a former public librarian and thus has many contacts throughout the state. These contacts will be used to form multi-type library groups for Kansas. The Kansas Liaison will hold meetings throughout the year between public and medical librarians.
- The Consumer Health Liaison will work with the Wyoming Liaison on the Wyoming Symposium bringing together public and health sciences librarians to learn about health information resources and services.
- Consumer Health Liaison will work with the Missouri Liaison and award recipients working on consumer health information projects to build partnerships between medical and public librarians.

Evaluation

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.

The Kansas and Missouri Liaisons will report their experiences as they forge partnerships in their states. They will note activities that led to successful group formation and whether the existence of the new group is contributing to increased knowledge and/or use of consumer health information in the state.

At all meetings, liaisons will identify needs and strategies of participants to improve health information services to the public.

Communication

Background

Liaisons have been communicating with librarians interested in providing consumer health information services in a variety of ways. They have met one-on-one with public librarians in their state and explained the support the NN/LM provides. These contacts resulted in invitations to present and exhibit at many meetings within their respective states. At the last MidContinental Chapter of MLA meeting, the Consumer Health Liaison presented a well attended class on providing consumer health information.

The RML has made use of the wide distribution of the Internet to communicate with the region's consumer health information providers. The consumer health information website for the region was developed in year 02. Available from this site is the Consumer Health Library Directory <<http://nmlm.gov/hip/chdir/>> developed by the

Pacific Southwest Regional Medical Library and revised to incorporate MidContinental Region data. This directory serves as a mechanism for librarians and the public alike to locate libraries offering health information. The Consumer Health Liaison has encouraged each of the state liaisons to promote the directory within their state among libraries that should be added and communities who can use the information. The weekly e-news service of the RML, *RML News*, is a way to keep members up to date on news of interest to health sciences librarians including consumer health issues. Postings to listservs such as the state library's listserv in Utah and the CCHILL listserv focus strictly on consumer health information news.

Liaisons in the MidContinental Region realize the importance of reaching out to a variety of organizations in order to share with them the value of accessing quality health information. Thus, the liaisons will offer classes to high school librarians and community organizations as well as public librarians.

Methodology

The liaisons will continue to use various means to communicate with consumer health information providers. They will visit local libraries to learn the issues faced by public and health sciences libraries as they offer consumer health information services, and to share information on NLM resources and MCR services. The reports from these visits will be used in future program planning.

The liaisons will continue to exhibit and present at a host of meetings in YR 3 of the contract including each of their state library meetings. The MidContinental Chapter of the MLA meeting will be held in conjunction with the South Dakota Library Association providing another opportunity to reach public librarians. The Consumer Health Liaison has been asked to teach a class and the RML will present a panel on multi-type library collaborations.

The Consumer Health Liaison will maintain the consumer health webpage and will encourage her working group and fellow liaisons to contribute information to the state consumer health web pages. A schedule of classes, and materials that librarians can use for classes when they teach to their patrons, will be added to the website and the National Clearinghouse. The Consumer Health Liaison will work with each of the state liaisons to encourage them to add libraries from their state to the Consumer Health Library Directory. She will also provide consumer health news to her fellow state liaisons for their dissemination to public library listservs within their respective states. This dissemination of information will give the liaisons a presence within their state, and will encourage librarians to contact their liaison if they are interested in membership or to find out more about accessing health information.

Each state liaison will check for a MEDLINEplus link on the websites of the main branches of public libraries in their state. The liaison will contact any libraries without links to share with them the value of MEDLINEplus and request that it be added to their web site.

Evaluation

Increases in the number of libraries maintaining links to MEDLINEplus and to the Consumer Health Library Directory will be tracked. Follow up will be conducted with libraries that do not add links after initial contact by the state liaisons. Results of second contacts will be recorded.

Liaisons will track the number of site visits they are able to set up as they travel to different parts of their states; as well as, the number of libraries that become Affiliate members. A count of Affiliate members that are public libraries will be taken at the beginning and end of the year. During visits and when contacted by public librarians, liaisons will ask about the usefulness of information dissemination via public library listservs and from the MCR consumer health website. Liaisons will follow up each meeting with a thank you letter that includes an evaluation card. The usefulness of the visits will be determined by rate of return and the feedback received in response to specific questions on the evaluation card.

Liaisons will track the number of visitors to and demonstrations offered in the exhibit booth. Feedback from their presentations at meetings and exhibits is anecdotal evidence of their impact.

Wyoming Librarian Symposium

Rationale

Over the last year, the Wyoming Liaison has visited extensively with medical librarians (professional and non-professional) and public librarians who are all seeking to provide quality (sometimes, even basic) health care information to their constituents. Almost all have identified the following constraints to accomplish these activities:

1. Lack of in-state training on national health information resources and services and/or their institutions' unwillingness to provide financial support to send them to out-of-state training.
2. Lack of knowledge of formal or even informal networking opportunities to cultivate resource-sharing networks and discover best practices. A Special Interest Group for Medical Librarians and Consumer Health Librarians doesn't even exist in the Wyoming Library Association.
3. Lack of knowledge of means to acquire full-text documents. The liaison frequently has to point out the availability of the Colorado consortia of health sciences libraries and the fee-for-service UWIN PLUS as sources for articles. <http://www-lib.uwyo.edu/ELS/Uwin/default.htm>

A preliminary email outlining the proposed symposium and soliciting input as to its potential usefulness was sent to the Wyoming network and affiliate members early in January 2003. The response was enthusiastic, encouraging us to proceed with the project.

We will offer a two-day training symposium to both NN/LM members and public librarians to be held at the University of Wyoming, July 10-11, 2003. The Symposium will accomplish the following goals:

1. Increase participants' knowledge of and use of MEDLINE/PubMed, MEDLINEPlus, DOCLINE, and other Internet-based health-related government information,
2. Increase participants' knowledge of NN/LM and the MidContinental Region's services, consumer health information issues, and new technology,
3. Increase participants' awareness of training and funding opportunities from NLM,
4. Provide the opportunity to develop resource-sharing network, share ideas and explore the formation of a state library association SIG where this mix of public and health sciences librarians can regularly meet and explore topics,
5. Promote NN/LM membership to public libraries.

Methodology

Participants will be provided with critical hands-on training in the University of Wyoming's Coe Library's electronic class. The following courses will be offered:

- NN/LM-MCR Overview—Wyoming Liaison
- Consumer Health Information Resources—Consumer Health Liaison
- Educational Opportunities—Education Liaison
- PubMed/MEDLINEPlus—Wyoming Liaison and team
- Emerging Technologies—Technology Liaison
- DOCLINE/LoansomeDoc—Library Improvement Liaison
- Other Online Health-Related Government Information—Bob Staley, University of Wyoming Government Document Librarian

Ample opportunities will be built into the agenda through informal socializing to promote network building.

Evaluation

The RML's standard training evaluation form will be distributed at the end of each training session that will collect attitudes about using technology, the likelihood of using what they learned to obtain health information; as well as, topics for future classes. An overall evaluation survey will be used to obtain feedback on value of the symposium. The number of libraries who complete an NN/LM membership application will be an indicator of our promotional efforts and outcomes that lead to the formation of a group or groups of multi-type libraries will be the indicator that participants found the networking to be valuable.

