

**FINAL REPORT ON AGREEMENT #62816**

**BETWEEN**

***THE UNIVERSITY OF UTAH***

***on behalf of the***

***NATIONAL NETWORK OF LIBRARIES OF MEDICINE***

***MIDCONTINENTAL REGION***

**AND**

**THE CITY AND COUNTY OF DENVER**

**on behalf of the DENVER PUBLIC LIBRARY, hereinafter “Denver Public Library”**

**A Bridge to Health Information Literacy for Denver**

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**Final Report:**

March 1, 2010 through March 31, 2011

**Submitted:** March 30, 2011

This project is part of the NN/LM  
Continuity of Health Information initiative.

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**NARRATIVE DESCRIPTION**

1. Executive Summary: Summarize the project’s major accomplishments.

This project took a large, metropolitan public library, with average-to-good health resources for the community and crafted structures and services that will bridge many barriers to access of quality health information for those with low health information literacy in the future. To pave the way for reliable access to quality health resources at all of our locations and through our many diverse and busy staff members required the creation of a complex structure of information dissemination, our ‘*Bridge*.’

This ‘Bridge’ involved recognizing and building essential knowledge within Denver Public Library (DPL) staff on an on-going basis, and reaching effectively to those most in need of health literacy skills within the community. Initial departmental participants in this work included the Community Technology Center (CTC), the Schlessman Family Branch (SCH) and the Reference Department (REF).

<b>Building Essential Knowledge Within DPL</b>	
<b>Pre-Project</b>	<b>Project Accomplishments</b>
Staff health training was sporadic and poorly attended, with little enthusiasm or clear feedback.	29 staff trained (2 outside of DPL) 13 of these expressed interest in additional training
Standardized core curriculum for system-wide training on health and other information skills was a mere vision.	Health info curriculum as proposed received provisional approval and is the 1 <sup>st</sup> and only informational content so approved at this time. Enthusiastic responses to the trainings.
e-Learning was dependent on outside resources.  Many staff had never participated in an Adobe webinar.	e-Learning is a viable option within DPL. Used in several internal classes, 6 staff are comfortable presenting with it, and 3 more hope to use it to create their own programs. Adobe is seen as a tool for REF to provide training and increase collaboration with others in DPL.
Post-training evaluations showed only immediate reactions.	Development of a manageable way of measuring learning for critical elements of the training. Zoomerang surveys report effective learning in both staff and public trainings.

Health Advisory Group members were enthusiastic, but with minimal shared vision. Various departments operated independently and unaware of solid elements of health information services.	Structural elements in place for building together, supporting one another and customers at three locations throughout the system. Resources available for expanding our health information vision within DPL locations.
<b>Reaching Effectively to the Low Health Literacy Community</b>	
Classes required community participants to come to library locations, with limited success.	Classes can now be held at many locations in the community, where people are comfortable and at ease. Classes are well attended and well received in these expanded locations.
Partnerships with Senior Support Services, Village at Lowry, Windsor Gardens, Inner City Health Center and Center for African American Health were minimal.	Partnerships were more actively engaged with each of these partners, and we are exploring how to continue work with each one.
Language & Learning Branches were the only sites for direct health literacy impact.	Recognition of health literacy as an important community service with each of the trained staff representing several additional locations.

2. Geographic region/number of counties: List the geographic regions or all the counties that were impacted by the project.
  - Denver – by far the greatest impact has been within Denver
  - Greeley – Weld County through one member of our DPL Health Advisory Group
  - Aurora – connections with individuals there via Center for African American Health Fair
  
3. Collaborations/Partnerships: Include names and types of organizations with which there was collaboration at any time during the project. Provide the current status of the partnerships, challenges encountered, and lessons learned.

<b>Organization</b>	<b>Type of Organization</b>	<b>Partnership</b>	<b>Challenges / Lessons</b>
Senior Support Services	Non-profit providing multiple forms of support for very low income seniors in the area.	Brought our mobile laptops and offered training in computer basics at their site.	Many of their clients have very limited skills. E-literacy independence is very unlikely for most. Exploring ways to get the info to support staff / reps / liaisons / or intermediaries there.
Inner City Health Center	Non-profit org providing direct patient / health care for the un-insured,	Training to health professionals was very limited, but their community	Their group specifically asked “Why do Internet access & skills matter re: health disparities?” Only 2 were aware of MedlinePlus. They are

	on a sliding scale. They also have a network of liaisons in the community.	education liaisons arranged referrals to one community group for two classes in April, 2011.	extremely busy so hard to arrange group training. We're very pleased that their patient support person has presented at several L&L branch libraries and has a growing appreciation for library service for their client population.
The Village @ Lowry	Residential for seniors, including assisted living.	Classes for residents. No wifi and very poor computer access at their facility, but they are directly across the street from our Schlessman Branch.	Range of learner skills spanned the entire spectrum, including some with dementia and some quite vibrant and capable. Hard to plan a class to meet the needs of such a diverse group. We had 3 trainers for 5 participants, and needed all of us. Encouraging them to meet 1:1 with a computer trainer docent at Schlessman seems a viable follow-up option.
Windsor Gardens	Independent living HOA for 3,000 + active seniors.	Classes for residents. They have good wifi and lovely facilities.	Eager learners! Exploring how we can partner with them and provide them with follow up support. Working with the Schlessman docent won't work well for them as they will need to drive there, and parking is extremely limited. Would like to do additional classes here.
Center for African American Health	Non-profit offering health advocacy and classes targeted to the African-American community. They have a network of health liaisons to over 80 local churches.	The intention was to offer classes on-site to their liaisons. By the time we had laptops ready, they were hard at work on other projects. Attended their annual health fair and connected with several folks.	Barriers here are not yet clear. Attending their annual health fair helped make several great contacts and move us forward with CAAH. One of these contacts attended our 'train the trainer' class and was very excited about the resources. She is an RN working on her Master's Degree, and looks forward to doing some co-training of her peers with us in the future. Great to have an advocate 'inside' the organization!
The Gathering Place	Non-profit offering multiple support services for women and children in Denver.	CTC has an active partnership here, but we did not get there with our health classes during the grant.	Cassi Pretlow would have headed up health outreach to the Gathering Place through CTC, but we no longer have a 'health point person' in CTC. Exploring possibilities with new CTC staff.

4. Training: Within two weeks of any training or demonstration session, complete a

record of the event in the online outreach activity reporting system at <https://staff.nlm.gov/extra/> .

In the final report, provide a summary of the training events and participants:

- Total number of sessions conducted as part of the project = **20**
- Total number of sessions in which half or more than half of participants were from minority populations = **5**
- Total number of participants in the project's sessions = **118**
- Breakdown of participants as follows:

Session #	Session	½ + Minorities	# of Participants	Health care providers/ Public Health	Public Library staff members	Health Sci Library Staff	General Public
1	7/7/2010 Mouse & Internet - CTC	No	5				---
2	7/27/2010 Email Basics - CTC	No	7				7
3	10/14/2010 Staff Training / Adobe	Yes	3		3		
4	10/21/2010 Mouse & Internet @ SSS	Yes	5				5
5	11/16/2010 Email Basics @ SSS	Yes	6				6
6	11/23/2010 Email Basics – CTC	No	3				---
7	12/15/2010 Email Basics – CTC	No	1				---
8	12/21/2010 Mouse & Internet – CTC	No	3				3
9	1/5/2011 Internet Basics – CTC	No	5				5
10	1/11/2011 Email Basics @ SSS	Yes	4				4
Session #	Session	½ + Minorities	# of Participants	Health care	Public Library	Health Sci	General Public

				providers / Public Health	staff members	Library Staff	
11	1/18/2011 DPL Staff Training – face to face	No	5		5		
12	1/21/2011 Mouse & Internet @ WGA	No	10				10
13	1/31/2011 DPL Staff Training / Adobe	No	5		5		
14	2/14/2011 Staff Training @ Inner City Health Center	No (but close!)	8	5			3
15	2/17/2011 Mouse & Internet – TheVillage @ SCH	No	5	1			4
16	2/18/2011 Basic Internet @ WGA	No	9				9
17	2/24/2011 Email Basics – The Village @ SCH	No	5	1			4
18	3/8/2011 Train the Trainers @ Ford-Warren	Yes	2	1			1
19	3/16/2010 Staff Training - Reference Staff / Adobe	No	16		16		
20	3/18/2011 Email Basics @ WGA	No	11	1			10
<b>Totals</b>		<b>Yes / 5 No / 15</b>	<b>118</b>	<b>At least 9</b>	<b>29</b>		<b>At least 71</b>

These totals do not include the 1:1 sessions in the CTC. Volunteers provide basic mouse, Internet and e-mail assistance and we requested they use MedlinePlus.gov as their example site for these trainings.

5. Training Sites: Provide a brief description of training sites.

Between March, 2010 and March, 2011 we provided training in six different sites.



- CTC - Small Computer Training Lab (SCTR) - had seating an individual pc's for 12 students, with projection equipment – 2 library volunteers assisted in these classes

- CTC - portable laptops in the new, vastly expanded CTC - 3 other computer docents observed and / or supported us. During the expansion, the CTC went from 4 staff for an enclosed lab with 18 computers and several docents to an open computer center which grew over several months to a total of 94 computers. The SCTR was closed to relocate those computers. We used the grant laptops at empty tables for several trainings during this expansion.



- Senior Support Services – Their facility is crowded with participants, but still a very warm and cooperative environment. We used their back room, where there is one large table and wifi access. Maximum class size of six at this location, but the class was out of traffic and people could concentrate and enjoy trying new skills.

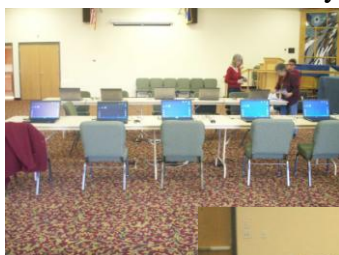
- Small waiting room at the offices of Inner City Health Center – Their offices close from noon to 1:30 pm, so we used their waiting room as it was convenient and has wifi. Our colleague there thought ‘laptops = we’ll put them on our laps’ (ie: she had zero experience with this technology). It was a last minute scramble for



us to set up on end-tables, but everyone was flexible and cooperative. The time allotted was brief, and most came with food and drink in hand. I wasn’t able to cover all that I hoped, but it was a good start.



- Schlessman Family Branch Library conference room - for face to face training of staff & for Seniors from The Village at Lowry. Quiet space with tables and chairs, projector, wifi. Second floor space, separate from the rest of the library, with elevator and easy restroom access.
- Windsor Gardens Community Center conference room – comfortable space which could be used for a much larger group. It has wifi access, and is located in the building that is the hub of this community of more than 3000 active seniors, 55 years of age and older.



We set up two rows of tables facing one another and taught by handout and guided coaching step by step. In the most effective session, I taught the whole group together, using the handout as I described the steps. Three other training staff or volunteers would rove among the participants to help each one accomplish items as described.



In addition, on four separate occasions, trainings or meetings were held by Adobe Connect Pro. Participants joined in from their desks or their living rooms, and one even came in her pajamas!

6. Exhibits: List all the exhibits connected with the projects (if applicable). Include the



meeting name, dates, location, estimated number of contacts made, demonstrations given and general impressions of success.

1/22/2011 Center for African American Health Annual Health Fair - An estimated 85% of those in attendance were minorities. We spoke with 55 people and made 6 new connections with groups or organizations in the community, and all have strong ties with minority and low income clients. In addition, we had the help of an outstanding volunteer from the CTC, so he, too, learned about the health information resources and services that are provided by Denver Public Library, and the potential for addressing health information literacy needs through reliable information, in particular MedlinePlus.gov.

This was the first time that Denver Public Library has participated at this fair and we were very impressed with the great many organizations present and the wealth of free services provided for attendees. The location for our table could not have been better and we have already followed up with some of our contacts. One is a Registered Nurse who is finishing up her Master’s Degree in Nursing. She came to our ‘train the trainer’ session March 8, 2011, and was very impressed and excited to explore MedlinePlus.gov, and to learn more about our services and other resources. She is closely involved with Center for African American Health, as well as seniors at her own church. We look forward to working more closely with her in the future, and consider our experience overall with this fair to be very successful.

7. Resource materials: Provide a brief description of any materials that were developed for training or for promotion/marketing (include newspaper announcements, brochures, etc.). Include copies of materials developed. If web-based resources were developed, please provide the URL for the site where the materials are located.

URLs for all web-based training materials should also be sent the National Training Center and Clearinghouse (NTCC) for inclusion in the Educational Clearinghouse (<http://nnlm.gov/train/>). Provide verification that this has been done or provide a date by which it is expected that URLs of web-based training materials will be sent to the NTCC’s Educational Clearinghouse.

Training Materials:

<p>Mouse &amp; Internet Basics          Mouse &amp; Internet Basics for Seniors          Mouse &amp; Internet Basics – Spanish            Health Information Search Tips</p>	<p>Extremely basic information with minimal large text and lots of illustrations guiding the learner through a variety of steps of both understanding and mouse skills development, &amp; culminating in a brief introduction to MedlinePlus.gov. We talk about <u>why</u> we use</p>
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<p><b>Note:</b> the Spanish version of Mouse &amp; Internet Basics is being translated at this time, along with one on Searching the Internet. These will be available, and all training materials will be sent to the Clearinghouse by April 20<sup>th</sup>.</p>	<p>MedlinePlus.gov, and about choosing reliable resources online. We encourage customers to contact the Reference Department or a medical library for assistance with a health information search.</p> <p>A separate handout lists MedlinePlus.gov, tips for evaluating health information, and local medical libraries that provide assistance to the public.</p>
<p>E-mail Basics E-mail Basics – Spanish</p>	<p>Extremely basic handout with minimal large size text and lots of illustrations takes the user step by step through creating a Yahoo email account. We discuss spam, and pfishing, and then go to MedlinePlus.gov where we select a page and send to ourselves. We also use an image from MedlinePlus.gov to attach a photo to an email the participant will send. We talk about why we choose MedlinePlus, and how to contact us or medical libraries for assistance.</p>
<p>So Much More Than Your Mother’s Library! – An Orientation for Leaders</p>	<p>PowerPoint and various other handouts as needed.</p>
<p>Helping Others Find Health Information in the 21<sup>st</sup> Century – Training for Trainers</p>	<p>We use mostly the same materials for Module One staff training. (CYOA below)</p>
<p>Choose Your Own Adventure – Helping Your Customers Choose Health! – DPL Health Services – Module 1 (CYOA)</p>	<p>Ppt, Pre/Post Surveys, Practice sheet /handout, Health Information Search Tips handout above.</p>
<p>Collaborative Learning for Health – DPL Health Services – Module 2</p>	<p>This will be a process of discussion of various topics 3-4 times per year. No curriculum per sé.</p>

On our page, “How to Find a Job: Getting Started,” the library has integrated our handout for the Email Basics class in PDF version as a “step by step guide” to opening an email account. Here is the page where this is located, followed by the direct link to our training document.

<http://denverlibrary.org/content/how-find-job-getting-started>  
<http://denverlibrary.org/files/medlineemail.pdf>

Promotional Materials:

- CTC MedlinePlus.gov Bookmark - print version by snail mail

- CTC flyer for Email Basics - print version by snail mail
- PC's and Pelican Cases to go! – electronic version attached
- A Bridge to Health Literacy for Denver – electronic versions as attached
- Windsor Gardens Promotional articles from their newspaper, *Windsor Life* on 1/21/2011, 2/18/2011, 3/18/2011 – At <http://www.windsorgardensdenver.org/>, click on For Residents, then under Resources, then under Windsor Life, then Windsor Life 2011 editions, then January, February and March. See accompanying copies of the announcements... - electronic versions attached

8. Web sites: Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance, and impact.

No Web sites were developed as part of this project.

9. Document delivery and reference services: If document delivery services and reference services were provided, please provide appropriate statistics.

Health reference services are on-going throughout the Denver Public Library system. We did baseline statistics on health and other reference questions on the Reference Desk at the Central Library in June, July and August of 2010. We used software called Ref-Tracker, and at that time questions about health were found to be approximately 3.1% of the actual reference questions we received.

A great deal has changed since that time. Our desk is no longer on the first floor of the building, where it had been for the past 15 years. We have not run the Ref-Tracker process since our move. It is unlikely that our health questions have increased significantly as a result of the project since our promotion has been limited and targeted to the small numbers of participants in our classes.

10. Approaches and interventions used: Describe the specific steps or activities used in the following areas: identifying and scheduling sessions; promotion/marketing; training; personnel/staffing; web site development.

Promotion / Marketing -

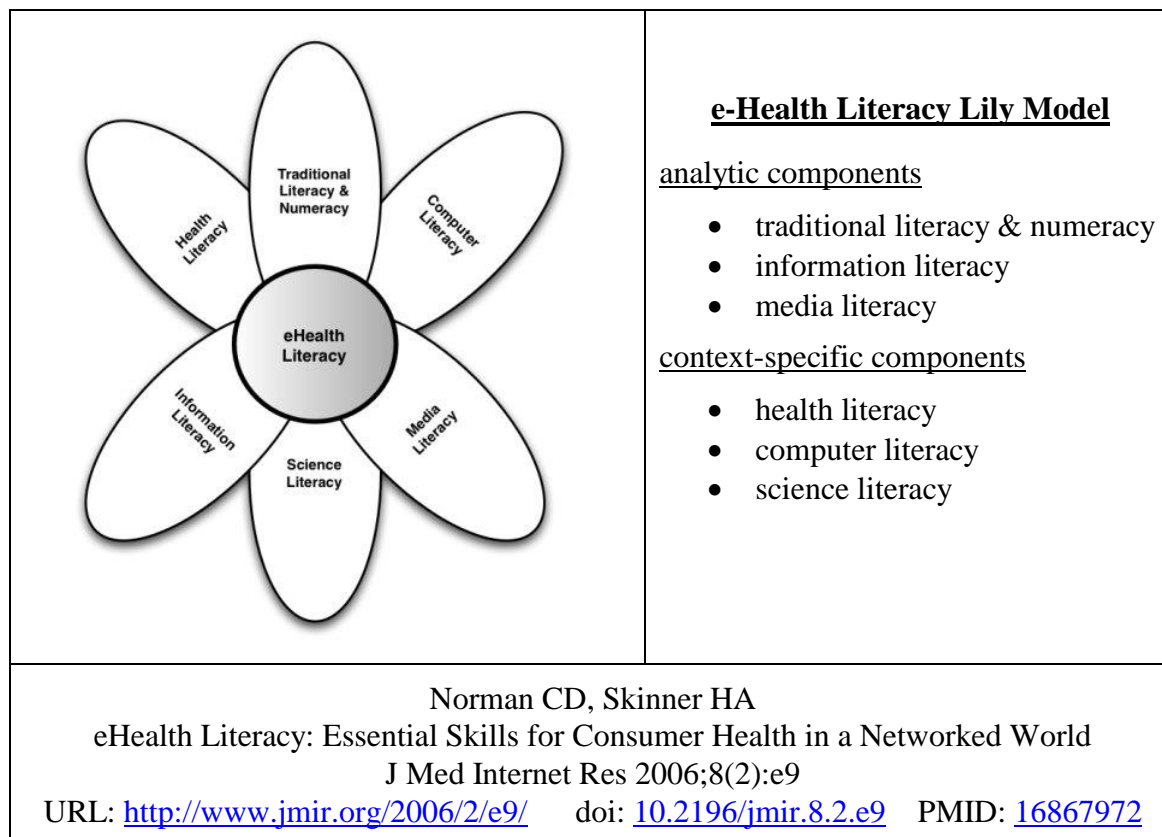
When viewing our promotional materials, one will quickly see that we did not promote our classes as health services. In the past, a great deal of effort has gone into health classes, with a disappointing participation. Rather than offering classes specifically in health information, we chose to integrate health information within on-going popular DPL services that can teach valuable skills for health literacy. We targeted our classes to people with low literacy in terms of computer skills, and we went directly to our partners where we anticipated we would find many with low health literacy skills, as well.

This strategy did not disappoint! We had consistently good, if not excellent, numbers of participants. They enjoyed our classes, and did not appear to mind the imposition of health information, evaluating information, and the use of MedlinePlus within the framework of the classes. Most participants were happy to know about MedlinePlus, and tickled to have the white and purple pens to remind them. They got their 'felt needs' met in the class, and more so, with the limited knowledge they gained of MedlinePlus and contacting libraries for assistance.

As we got into the final quarter of the project and lost our co-lead person, it became clear that we did not (and would not soon) have the capacity for teaching larger numbers of these classes on an on-going basis. As a result, we chose not to do promotion of this service through news or broadcast media. We continue promoting through our direct connections and partnerships and have future sessions on the calendar at this time. Having the suite of laptops and the curriculum in hand allowed me to spontaneously offer to arrange a session through a walk-in customer who shared what he is doing within his church. Formal brochures or bookmarks, DPL e-newsletter or blogging, or a web-based application for scheduling 1:1 or group training sessions will be kept in mind as we work to strengthen the capacity of our 'Bridge' in the coming months. We will continue to plan classes in our CTC for basic computer skills as well as health information searching, and will market these classes through their popular monthly calendar that they use for all their classes.

#### Identifying / Scheduling Sessions -

The vision for using basic computer skills as the primary content for our classes arose from the article: *eHealth Literacy: Essential Skills for Consumer Health in a Networked World*. They make the point that e-health literacy involves six fundamental literacies. There is strong demand for computer basics classes, and these skills afford people access to many great online resources. In the push for Electronic Health Records, these skills will become increasingly essential.



**Personnel / Staffing:**

We began our project with three highly skilled leaders at three different locations within the DPL system. As one and then another of these leaders moved on to other positions, it became clear that succession planning needs to be further developed at the outset. Neither of these people anticipated a move early in the project, but no one can anticipate the unique openings that may arise. We were most fortunate to have the eager participation of several young volunteers from the CTC, all of whom were extremely computer savvy and very good with our participants. We had very good support from staff at both the CTC and the Schlessman Branch Library, the two locations where our initial leaders had been located. Nonetheless, it was not possible for the staff joining the project later on to pick up the depth of the vision or to function as independently as their previous cohorts could have done. With that in mind, it seems wise to have a minimum of five people committed to any grant project from the outset.

**Web Site Development:**

The only development we did during this project was in linking pdf versions of some of our print materials onto our site.

11. Evaluation:

How was the project evaluated? What results were achieved based on the objectives of the project?

The Stages of Change Model from Measuring the Difference recognizes progress not just as full accomplishment of the ultimate goal, but also as willingness to consider, willingness to try, and providing avenues for those who already have skills to maintain or expand on them. We tried to build a full range of opportunities into the system of health information services and into the surveys we used to measure success in our classes. We offer reference services and referrals to libraries where users will find support. We used a 10-step range of self-identifying progress in our surveys.

- We received thanks and appreciation from virtually all of our participants.
- Classes were well attended.
- We noted both our own frustration and that of participants when we did 1 hour sessions, rather than 1 ½ hrs.
- We collected the following results from digesting our surveys and class input:

Mouse & Internet Classes (survey mostly done on paper) –

1. How comfortable are you using a computer mouse?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
4	1	5	1	3	2	7			3
2. How comfortable are you getting to the Internet?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
6	2	5	1	2	1	1	2		
3. How comfortable are you maximizing, minimizing and closing Windows?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
9	2	4		1	1	1	1	1	
4. How comfortable are you with clicking on links?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
7		7	1	2			2	1	
5. How much do you know about finding <b>reliable</b> information on the Internet?									
Nothing	2	3	4	5	6	7	8	9	A lot!
9	2	4	1	2	2				
1. How comfortable are you <u>now</u> using a computer mouse?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
		1	1	3	3	1	5	4	6

2. How comfortable are you <u>now</u> getting to the Internet?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
	1		2	4	1		8	2	4
3. How comfortable are you <u>now</u> maximizing, minimizing and closing Windows?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
	1	1	3	1	4	1	3	2	7
4. How comfortable are you <u>now</u> with clicking on links?									
Not at all	2	3	4	5	6	7	8	9	Very Conf.
	2	1	3	2	5	1	4	3	3
5. How much do you know <u>now</u> about finding <b>reliable</b> information on the Internet?									
Nothing	2	3	4	5	6	7	8	9	A lot!
		3	3	4	3	2	5	1	3

In addition to the shift in skills and confidence that we see with the above numbers,

- Twenty participants said that they learned what they wanted to learn when they signed up.
- Eighteen people said they would go to MedlinePlus.gov if they needed health information, while one said they would call the Denver Public Library and two said they would wait until their next doctor’s appointment.
- Seventeen said the instructors were excellent, seven said we were above average, and one said average.
- Ten said they knew someone else who would benefit from the class. There was a wide range of likelihood as to whether the person they thought of would be apt to come to the library to attend the class.

Not likely at all!	2	3	4	5	6	7	8	9	Very Likely!
7	2			1	1	1			2

- The likelihood that they would attend the class if it was held at a familiar community location was as follows. One commented: “It’s good right here at Windsor Gardens.”

Not likely at all!	2	3	4	5	6	7	8	9	Very Likely!
4	1			1	2	2			4

- We had comments from one participant that they had hoped for a “more intense” class, and from another that they were wanting to know “how to set margins, move text and access clip art and move it to a text.”

Email Basics Classes (surveys done online) –

- Note: Pre-class survey information will not be available until early April. We didn’t always collect this survey, either. The email classes just seem more

difficult to work with.

- In the Post-class survey, 13 people or 87% indicated that they had learned what they intended to when they signed up for the class.
- 12 people or 80% said they would use MedlinePlus in the future if they needed reliable health information. 4 people or 27% said they would call DPL. One said they would wait til their next doctor’s appointment, and one said they would call a nurse line.
- 12 or 75% knew someone who would benefit from the class.
- There was a wide range of likelihood as to whether the person they thought of would be apt to come to the library to attend the class.

Not likely at all!	2	3	4	5	6	7	8	9	Very Likely!
1	0	1	1	3	0	1	1	1	4

- The likelihood that they would attend the class if it was held at a familiar community location was as follows.

Not likely at all!	2	3	4	5	6	7	8	9	Very Likely!
1	0	1	1	3	0	2	0	1	2

Staff Classes - Jan. 18<sup>th</sup>, Face to Face Class at the Schlessman Branch. Their colleague had encouraged their participation based on the idea that I promised to tell them what they didn’t need to know and not just give them more to strive toward. We had 3 librarians from Schlessman, 1 Schlessman shelver (promoting to librarian the following week at another location) and 1 Circulation/Security Clerk from another branch.

- In the pre-class survey people either didn’t know or noted the University of Colorado Health Sciences Center library as the nearest medical library for the public. Following the class, they noted the Exempla Saint Joseph’s Gervasini Library, the DPL Reference Desk, or the list of libraries we have posted online (which is now up-dated with the chat reference at UCHSC).
- Before the class they wouldn’t know or would Google for free phone numbers people could use to talk with a medical professional. After the class they were aware of the handout we have posted online at <http://www.denverlibrary.org/research-topics/127> under Quick Reference: Denver Metro Area Health Resources.
- MedlinePlus and KidsHealth were presented in the class as ‘go to’ sites to know for both English and Spanish health information, and everyone remembered these or mentioned them in addition to others.
- Comments were all positive and included: “Amazing resources we have put together.... I feel more confident in my skills.” A week later, one of the students told me: “I have used the class information already and it worked out well!”



- All 5 indicated they found the class “Absolutely” helpful for both their personal and work lives.
- All 5 indicated they would be interested in participating in the Module 2 process, and 2 said they would like to join the Health Advisory Group, as well.

Staff Classes via Adobe - Combining surveys from three different classes.

- Sixteen participants out of twenty four filled out a pre-class survey and twelve filled out the post-class one. In the pre-class survey, two indicated they helped people with health information on a daily basis, three said it was 2-3 times per week, and 10 said it was now and then.
- Pre-survey participants listed a range of hospitals for referrals, but only one person mentioned ‘ask-a-nurse’ as a possible free medical phone consultation service for the public. After the class, they listed a variety of hospitals, but all noted the list posted on our website for free local phone consultations.
- All noted MedlinePlus and KidsHealth.org.
- Twelve of twelve said the class was “Absolutely” helpful both personally and for their work.
- Comments included:
  - “I liked being able to go to the ‘real’ websites and experiment and STILL be able to hear the presentation.”
  - “I came late but the part I attended was very informative and to the point in highlighting resources.”
- Eight of the sixteen indicated they would like to participate in the Module 2 process.

Train the Trainer Classes - Just two participants, one medical and one layperson. Both rated the instructor as excellent. Both indicated that they learned lots (10) re: searching for health information. The lay person invited me to present at his computer club meeting in May, and also visited our training session on March 18<sup>th</sup> to see what was happening with the hands-on training. The medical person went right to the registration desk and signed up for a Denver Public Library card. Both would recommend the class to others.

Training for Leaders at Inner City Health Center 2/14 – Eight participants. Seven rated the trainer as excellent, and one said average. Though we ran out of time, three of the four medical people rated the value of the class as a 10. (one rated it as a 6). Lay people valued the class anywhere from 6 to 9. Only two of these participants had heard of MedlinePlus prior to this class.

Health Advisory Meeting – via Adobe Connect – “You mean I can participate without having to drive to Denver?!” (from Greeley)

We sent surveys to our partner organizations early in the project to help with community

assessment. In the end, these were not that helpful. We wouldn't make much of a dent in their statistics so far as bringing substantial numbers to independence in any of the skills. It took time, and wasn't very useful.

12. Problems or barriers encountered: Provide details on problems encountered in the areas of promotion/marketing; training; equipment/telecommunications; personnel/staffing; and web site development.

We had few problems in terms of promotion and marketing, and had no problem filling almost every class we offered. We didn't set out to do web site development as part of this grant.

Our biggest problems with training arose in the E-mail Basics classes. We initially set out to help people set up a Yahoo account, and to talk through the issues of safety online, but many people already had e-mail accounts. They didn't want to set-up another account, and wanted help with the intricacies of using their accounts effectively. Our volunteers knew how to help with Yahoo, Hotmail, Gmail and more, but weren't familiar with searching on MedlinePlus. Our staff were not equipped to handle the variety of email services involved. Covering all that is involved with email can leave little time for working with MedlinePlus. In the future, we may need to stipulate that our E-mail classes are specifically for people new to email, and refer others to 1:1 volunteer support.

One more problem with the Email Basics classes was our assumption that people who use an email account, even daily, have other basic online skills. Not so. We had several seniors who were active email users but who had minimal skills with the mouse, let alone the Internet. We adjusted by splitting the classes and having one trainer work with email and another work with mouse and internet skills. It might be well to require the Mouse & Internet Class as a pre-requisite to the Email one.

Personnel / staffing problems were discussed in Question 10 above. In addition to that, our whole library system went through major changes during the past year, including a new library website, a new online catalog, and new compensation and personnel review processes. Budgets were cut for 2011, and are on track for further cutting in 2012. Staff are stretched thin and it is very important for any work done with health to find its place within the established strategic initiatives of the library. The major on-going changes offered both opportunity and challenges for our health information work. Sooner or later, everybody needs health information, so I anticipate there will be places for this work to grow throughout the system.

13. Continuation plans: Report on how you plan to continue the project. Will all or some of the project's activities continue? Who will provide the funding and staffing to do so?

- Staff training will continue with the following offerings:
  - CYOA 1-2 times/yr and via online Adobe recorded sessions for ad lib access
  - Module 2 – Collaborative Learning for Health will be initiated 3-4 times per yr.
  - Health information needs of the community and the critical nature of health literacy will be key features of this training, as will MedlinePlus.gov
- Final approval of the core curriculum for health is expected this summer.
- When our Adobe Connect Pro subscription runs out in September, the DPL Training Department will fund this. The training manager is eager to support e-Learning, so those with interest will be encouraged. Health classes will be included.
- We have demonstrated that some form of measurement content learning can take place, so we anticipate this will be part of on-going discussions. We will continue to use our Zoomerang surveys for these classes.
- The grant has allowed us to build a viable and comprehensive approach to health information services for DPL. We will continue efforts to build this vision within the system, within the DPL strategic plan. All activities of the project are needful and will be continued.
- Laptop outreach capability will allow DPL to take training to trainees, whether among staff or within the community. In addition it will raise awareness of this project through flyers and promotion among our managers and senior librarians, particularly as we make them aware not only of the laptops and their portability, but also the curriculum that has been developed for new users.
- We will seek to collaborate with the partners we have worked with during the project for the time being, strengthening communication and effectiveness there, rather than spreading our work too thinly by going in more directions. I anticipate being involved in 1-2 training opportunities per month going forward.

14. Impact: Include information on the perceived and actual impact of the project on the library, institution, or consortium. This can include the effect of the project on the library's image, increased utilization of the library, etc.

The effect of this project on the library includes:

- The ability to begin to document the value we provide to the community in the area of health information and health information literacy.
- The ability to train more staff through core curriculum for health and through

distance learning.

- The ability to reach out to many in the community who have need of our various services and to connect more of them to the expert medical librarians who are happy to serve them through hospital settings.
- The ability to recognize and respond spontaneously when we connect with strong and effective leaders who just don't happen to be in charge of the organizations that they serve. Having these services in place allows a readiness to respond that has not been possible in the past.

15. Recommendations for improvement: Include suggestions for alternative methods, training materials, promotional materials, etc.

For this project, it worked to include development of a broad range of tools and to target a wide range of audiences. In future projects, a tighter focus would be recommended, but for building the structural elements of the 'Bridge,' this was the way to go.

I would change the teaching of E-mail classes (see Question # 12 above.

I would encourage a larger number of committed personnel from the outset, and discussion of succession planning up front.

## **FOLLOW-UP QUESTIONS**

If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

1. Were your original project goals and objectives met? Yes, see below.

Each element of the Bridge continues to need support and further development. As we move forward with health information services at DPL, these will remain the goals and objectives we pursue.

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Project Goal: Develop DPL’s capacity to provide quality health information to our customers, especially populations with low health literacy.	
Objectives:	Completion:
1. Build a continuous bridge of health information services at the Denver Public Library through core curriculum development and approval, and improved delivery of staff training.	90 % - Core curriculum is developed, with final approval expected this summer. Improved delivery is very nearly in place, requiring minimal work to make the experience of the participant reliably satisfying, and the saved sessions reliably available online.
2. Develop a cadre of DPL staff prepared for more in-depth health information reference, training & outreach.	75% - Though several staff have been engaged in presenting the trainings, there is still need for coaching and support before they will be ready to do the trainings independently. Reference staff have been introduced to critical resources, but appointment services remain to be developed. Four Reference staff have volunteered to take this on, and one of these is Spanish-speaking.
3. Develop an outreach and training service with a suite of laptop computers and core curriculum for hands-on training in the community.	80% - Laptops and curriculum are available and fully serviceable. Promotion of MedlinePlus is integrated into the awareness of other DPL staff who may choose to utilize these laptops and materials. Without the above cadre, this is weakened.
4. Implement health literacy outreach services for seniors and the low-income population close to the a) Central Library and b) seniors near to the Schlessman Family Branch.	a) 85% - Would like to have done more in the downtown area close to the Central Library.  b) 100% - Outstanding response at the Windsor Gardens community near the Schlessman Branch Library.
5. Explore health literacy outreach services for minorities and non-English speakers in the community.	100% - While only a few of our classes had 50% or more minorities, we made meaningful contacts with lots of individuals and groups. We anticipate good progress in this area to come.

2. A) What significant lessons were learned which would be of interest or use to others conducting outreach projects?

For this project, it was useful to have the diversity of goals and target audience groups that we did. However, it was exhausting. In the future, we will continue to strengthen these parts of our Bridge, but future projects should target just one of these groups.

To lead a project like this it is important to decide before you begin if the project is worth doing, if you are personally committed to the outcome. Do you have full administrative and peer support? Things come up, and things will come up. People move on. Chaos happens as library systems develop, and as budgets and staff are cut. Partners have different points of view, even if they work at the same place as you. You'll need to adjust and re-adjust, but you'll do well if you have these things in place.

Hauling 10 laptop PC's around is heavy work, even if they are in Pelican cases that have wheels. You'll need two people and a suitable vehicle any time the laptops go out. They need security, ways to reserve and check them in and out, and there are lots of places that don't have wifi. Work closely with your tech support staff --- and get large size laptops.

Don't do classes for less than 1 ½ hours. Especially re: email. There is just too much to cover. Alert, active seniors can come a long way in 1 ½ hours, and it's not too much time for them. And hands-on is critical.

B) Which strategies were the most effective in implementing the project?

See # 10 above.

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

If we started all over again, I would:

- Budget for 4G network access, as there are many places without wifi.
- Budget for MedlinePlus pens in abundance. These are the best outreach materials I have used.
- Build in more time for developing Adobe Connect skills, including better assistance for new participants. I hope to have something put together on this soon.
- Budget for a variety of different mice. We purchased one brand that were said to be good for arthritic hands, but they were hard to use. We learned that roller balls can be a good option, and who knows what else might work.
- Evaluate senior technical support businesses or nonprofit organizations in your community in advance. Any senior with the means to purchase will need reliable support for the computer and Internet in their home. This will be more than you can provide as a library, with your information mission and your limited resources.

- I would accept early on that training staff is not the same as cultivating learners among staff. Much cannot be taught, and it's better to have a small number of engaged learners than lots of people who just show up for a class.
  - Start with a minimum of five people committed to the project from the outset. Changes happen!
4. What advice or recommendations would you give to anyone considering a similar outreach effort?
- See # 3 above, as well as.
- Get large-size laptops for ease physically and visually. They are heavier, but worth it.
  - Teach for mastery of essentials. Get the basics solid among our public libraries and don't worry too much about having all your staff knowledgeable with a variety of databases. Knowing who they can refer to is really important. Meanwhile, public libraries do a whole lot that medical libraries can't begin to do, re: basics, literacy of all kinds, and other fundamentals. Build on these things.
  - *Made to Stick: Why Some Ideas Survive and Others Die*, by Chip Heath, is a huge help in thinking through effective ways to identify and convey your message.
5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (<http://publicaccess.nih.gov>), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (<http://www.nihms.nih.gov>) at PubMed Central (PMC) final manuscripts upon acceptance for publication.

As our project goes from vision and development into fuller implementation, we anticipate further learning, as well and clearer evidence of our successes. For example, we will not hold our first instructional class for Spanish-speakers for three more weeks.

Lessons learned will primarily be shared internally and informally for the next several months, as we connect with others who will be using the laptop suite and Adobe Connect Pro to disseminate their messages, or with members of our Health Advisory Group or participants of our Module 2 training process. We are hosting two days of training for the Consumer Health Information Specialization of the Medical Library Association in early April. With participants coming from several front range library

systems, this will be a good venue for informal discussion of our work and lessons learned, too.

We will submit insights from this process to the Library Success Wiki at [www.libsuccess.org](http://www.libsuccess.org) in the near future, and will be considering submitting some sort of article for publication in about 1 year.

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