

# Quarterly Report

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## National Network of Libraries of Medicine - MidContinental Region Region 4

November 1, 2010 - January 31, 2011

Contract No. N01-LM-6-3504

Spencer S. Eccles Health Sciences Library  
University of Utah

Submitted June 20, 2011

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# Executive Summary

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## Personnel

John Bramble, Utah/Network Membership Liaison, revised an earlier proposal to host an NLM Associate Fellow at Eccles Health Sciences Library. Jean Shipman, Director, and Claire Hamasu, Associate Director, worked with him to come up with projects that the fellow could work on during the fellowship year and helped finalize the proposal. The proposal was completed at the end of January and sent to NLM.

all digital and not owned locally, the librarian is concerned about meeting the minimum requirements for Full membership.

Jim Honour, Wyoming Liaison, consulted with the librarian at the Wyoming Medical Center who is being moved to temporary quarters. The hospital has been reducing her space over the past years. He and Ms. Jones suggested strategies to increase the importance of the library.

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## Advocacy

### Value of Libraries Research Project

The research project coordinated by the J. Otto Lottes Health Sciences Library in Missouri includes participants from Missouri and Colorado. The intention is that participants would represent all the states in the region. Barb Jones, Missouri/Library Advocacy Liaison, sent out a call especially inviting members from Nebraska, Kansas, Utah and Wyoming to participate. The following institutions expressed interest in participating: Creighton University (NE), Campbell County Hospital (WY), Newton Medical Center (KS), and Wyoming Medical Center.

The VA Omaha has refused to pay for 2011 subscriptions because the VA has/will have national licenses covering all the VAs. The local VA administrator incorrectly believes that they have access to the Resource Library collections in the state. Because the collection is moving to

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## Community Outreach

The Collaboration Working Group met and Siobhan Champ-Blackwell, Community Outreach Liaison, trained them on using Delicious bookmarks. The working group members agreed to add bookmarks to the web cloud to add to the collaboration resources for Network members.

Heartland REFORMA added Spanish versions of MedlinePlus, ToxTown, and infoSIDA to their web site at the suggestion of Ms. Champ-Blackwell.

### Embedded Liaison Activities

Rebecca Brown, Kansas/Technology Liaison, attended a meeting of the Kansas City, Kansas food desert-virtual grocery project. This is an effort to make high quality, affordable groceries available in neighborhoods. She shared with them a project that partnered the Baltimore Public Health Department, public library, and a grocery store in hopes that a similar partnership could be established in Kansas.

Ms. Brown attended the December meeting of the Mother and Child Health Coalition. She introduced herself to the guest speaker and invited her to use the resources of Dykes Library for writing proposals and preparing presentations.

Ms. Brown attended the December meeting of the Kansas Health Literacy Council. She signed up for a train-the-trainer session on introducing parents to “What to Do When Your Child Gets Sick.”

Ms. Brown volunteered to become chair of the Elder Issues Section of the Kansas Public Health Association. As chair she becomes a member of the board.

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## Consumer Health

In January, Ms. Champ-Blackwell and Marty Magee, Nebraska/Education Liaison, held a teleconference with organizers of “Cancer Corners.” This project is funded by the Nebraska Department of Health and Human Services to provide public libraries with areas to display health information on cancer and funding to support materials and training. The liaisons consulted with the hospitals that were contracted to carry out the project, and invited the Nebraska Library Commission to participate in meetings on this project.

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## Education

Mr. Bramble oriented DOCLINE Coordinators from the MAR and SEA to support the DOCLINE training sessions taught by Camille Salmond, DOCLINE Liaison. The coordinators decided not to support MCR’s online training series.

Mr. Honour led monthly meetings of the Wyoming Symposium Workgroup. They reviewed evaluations from the 2009 symposium.

They are hoping to encourage participation from the neighboring states of Idaho and Montana by including Gail Kouame from the NN/LM Pacific Northwest Region as a member of the planning group. “Health Information Roundup: Corraling Effective Practices” is the theme for the symposium.

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## Network Membership

Mr. Bramble set aside the last half of November as the period for members to update their institutional records. This campaign was directed at Full members, since the RML staff maintains Affiliate member records. As an incentive he designed Tugger pins and sent them to all staff, (313) who were listed in the institutional records. At the end of the campaign, only five libraries had not updated their record within the past year.

Eccles Health Sciences Library is terminating services to international patrons. Mr. Bramble assisted the library in compiling a list of alternatives for inter-library loan and document delivery services.

Ms. Hamasu and Mr. Honour led the review of the RML’s emergency preparedness plan. Staff provided input for changes and the edited plan was reposted on the NN/LM Staff Wiki.

To provide a cohesive look to our communications, Ms. Hamasu established a branding appearance committee to develop the appearance and promotional material templates for the NN/LM MCR. The committee consists of a Regional Advisory Board member (who resigned after the first meeting), the graphic designer from McGoogan Library of Medicine and liaisons interested in the topic. The committee is using “Creating Your Library Brand” from our NetLibrary collection to guide our efforts. The first meeting held at the end of January explored the topic of branding appearance and what the MCR appearance should reflect.

### Resource Library Directors Meetings

Resource Library Directors met in December and February. Staff from three of the libraries shared projects involving K-12 schools at these meetings. In February, Karen Dahlen presented an overview of the project being carried out in the New England Region and in Colorado focusing on providing electronic resources and document delivery services to state public health departments.

In January, the RML called a special meeting of the Resource Library Directors to review the impact of the year 1 budget cut that NLM required. Ms. Hamasu presented different budget scenarios to come up with a balanced budget. The year 1 budget stripped the RML to less than basic services. The directors were asked if any of the libraries would prefer to cease participating as Resource Libraries. All voiced their commitment to the program and their willingness to help out with operating expenses for the first year. They asked that NLM be notified that the Resource Libraries did not approve of below adequate funding of program. Ms. Shipman and Ms. Hamasu thanked them for their continued support of the program.

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## Technology

Ms. Champ-Blackwell set up a Paper.Li account. Paper.Li is an aggregator that collects items from Ms. Champ-Blackwell's twitter account to produce an online newspaper. It also provides an rss feed of her twitter posts.

"6 Things Part 2" was taught in November and December. Half of the 15 participants completed the series. Four of participants adopted one of the technologies and four responded that they intended to adopt one of the new technologies they learned about.

Sharon Dennis, Technology Coordinator, and Ms. Brown began a project that will use interviews to identify issues and solutions that hospital librarians have in using social media within their facilities. They tested their questions with two hospital librarians, one of whom is an advisory board member.

# Network Infrastructure

Table 1: Quarterly Infrastructure Data

	Current quarter	Previous quarter
Network members – full	167	166
Network members – affiliate	180	174
Libraries providing services to unaffiliated health professionals	110 (66%)	110 (66%)
Libraries providing services to public users	109 (65%)	110 (66%)
Average fill rate for resource libraries	77%	79%

**New Affiliate Members:**

Tebo Medical Pavilion (CO)  
Sanford-Brown College (MO)  
Central Community College  
- Columbus (NE)

**Full to Affiliate Member:**

VA Medical Center Leavenworth (KS)

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## Regional Advisory Board Activities

Ms. Champ-Blackwell contacted Paul Cesare, the Regional Advisory Board member assigned to the Community Outreach project. She sent him an update on the working group's delicious efforts. Bob Engeszer is also a member of the RAB and working group. He informed Ms. Champ-Blackwell that he was contributing to the social bookmarking in delicious.

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## Needs Assessment and Evaluation Activities/Data

Ms. Champ-Blackwell and Betsy Kelly, Assessment & Evaluation Liaison, developed the questionnaire for the CBO embedded effort. This questionnaire is to determine the usefulness of training provided by the liaison embedded in their program. The instrument was distributed to the CBO contacts and to the liaisons themselves. The results of the questionnaire were reported at a January staff meeting. Although few training sessions were offered, CBOs found it beneficial to have a librarian in their midst. (See Attachment 4 for the full report.)

### Feedback to NLM

Ms. Champ-Blackwell forwarded several questions to NLM from Network librarians this quarter. One question asked why “The National Catholic Bioethics Quarterly” is no longer indexed. NLM responded that this journal was selectively indexed by the Kennedy Institute of Ethics for NLM. The agreement between the institute and NLM ceased in 2007 and so the journal is no longer indexed. Additional questions were on the use of NIH Senior Health by people with visual disabilities. NLM responded that the built in speech feature reads all the text on the page and that reading software can also be used with the web site. In addition, verbal commands can be given depending on the reading software used.

Salzmann and Associates was hired in January to conduct a communication audit for the RML. This audit includes Full and Affiliate members and will consist of interviews followed by a questionnaire. The audit will define key external audiences, identify the most effective communication practices and vehicles, identify communication gaps and offer recommendations to enhance communication to key audiences.

The report will be submitted in mid-April. Announcements were sent out via the mcr-mcmla listserv and to contacts extracted from DOCLINE institutional records.

Cindy Olney, from OERC, worked with MCR staff to develop a distribution list and assess the emergency preparedness activities of regional members. The MCR decided to send the questionnaire to all health sciences libraries the week of January 17. By the end of the week 48 members had responded.

Ms. Shipman facilitated an ILL-Document Delivery teleconference on January 18, 2011. This meeting was attended by RML directors and Associate Directors, staff from the NNO and collection development, and selected librarians from the RMLs to share ILL and document delivery practices. A focus of the discussion was the impact of licensing on the sharing of electronic resources. The trend of licenses prohibiting document delivery will be monitored to determine whether changes need to be made to NLM requirements for RMLs and Resource Libraries to participate in Loansome Doc and/or provide document delivery to unaffiliated health professionals.

# Outreach

Table 2: Newly Funded Awards and Projects

Start/ end dates	Title of award/ project	PI institution	PI last name	Funding amount	Project type
	No New Projects				

## Update of Ongoing, Major Projects

No Activity

Table 3: Exhibits

Dates	Organization name	Meeting name	Location (city, state)
<b>RML NATIONAL EXHIBITS</b>			
11/11/2010	Association of Family Practice Physician Assistants	2010 Annual Fall Conference	Colorado Springs, CO
<b>RML REGIONAL/STATE/LOCAL EXHIBITS</b>			
11/9/2010	The Kansas City American Indian Council	8 <sup>th</sup> Annual American Indian Symposium	Kansas City, MO
1/22/2011	Center for African American Health	Health Fair	Denver, CO
1/28/2011	Mother and Child Coalition	Annual Meeting	Kansas City, MO



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## Actionable Feedback received from Exhibit Visitors

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## MedlinePlus Go Local

No Activity

No suggestions or recommendations were received from exhibit visitors this quarter.

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**Table 4: Presentations and Training provided by RML Staff**

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
11/2010	Brown Dennis	6 Things Part 2	Kansas City, KS Salt Lake City, UT	21	Distance education
11/5/2010	Brown	23 Things x 600 People	Maryville, MO	15	In-Person
11/10/2010	Brown	Spotlight!: Public Health Partners	Kansas City, KS	Synchronous 10 Asynchronous 20	Distance Education
11/15/2010	Abbey	Health Information Literacy	Denver, CO	135	In-person
11/16/2010	Champ-Blackwell (co-presenter)	Mining the Web: Useful Internet Resources on Health, Culture, and Diversity	Omaha, NE	656	Distance education
11/16/2010	Guest Presenter	Evidence Based Medicine	Topeka, KS	Synchronous 21 Asynchronous 39	Distance education
11/17/2010	Jones (co-presenter)	What Does Health Literacy Have to do with Me?	Moberly, MO	12	In-person
11/17/2010	Hamasu Jones	Breezing Along with the RML: MedlinePlus Connect International Diagnostic Errors in Medicine Conference	Salt Lake City, UT Columbia, MO	Synchronous 32 Asynchronous 64	Distance education
11/21/2010	Jones	Logic Models and Valuation Calculators	Omaha, NE	25	In-person
12/7/2010	Shipman (co-presenter)	Biomedical Publishing 101	Salt Lake City, UT	Synchronous 96 Asynchronous 77	Distance education

<b>Date</b>	<b>Last name of staff responsible</b>	<b>Title of presentation/training</b>	<b>Location (city, state)</b>	<b>Number of participants</b>	<b>In-person or distance education</b>
12/8/2010	Magee	Spotlight!: Healthy Kids Resources	Omaha, NE	Synchronous 9 Asynchronous 13	Distance education
12/13/2010	Abbey	PubMed	Aurora, CO	12	In-person
12/20/2010	Abbey	Emergency and Disaster Resources for Public Libraries	Aurora, CO	9	Distance education
1/5/2011	Magee	Emergency Preparedness	Omaha, NE	22	Distance education
1/10/2011	Abbey	Emergency and Disaster Resources for Public Libraries	Aurora, CO	8	Distance education
1/11/2011	Guest Presenter	The Cochrane Colloquium	Aurora, CO	Synchronous 24 Asynchronous 14	Distance education
1/12/2011	Honour, Champ-Blackwell	10 Step Approach to Service Continuity Planning, Steps 7 and 8	Laramie, WY Omaha, NE	Synchronous 23 Asynchronous 9	Distance Education
1/13/2011	Jones	Behind Closed Doors: Politics in the Library	Albuquerque, NM	10	In-person
1/18/2011	Abbey, Champ-Blackwell	MedlinePlus and Drug Resources	Aurora, CO Omaha, NE	67	Distance education
1/18/2011	Guest Presenter	Librarian in Your Pocket	Liberty, MO	Synchronous 17 Asynchronous 58	Distance education
1/19/2011	Hamasu Shipman	Breezing Along with the RML: The Next Contract	Salt Lake City, UT	Synchronous 24 Asynchronous 33	Distance education
1/24/2011	Honour	Genetics Home Reference and My Family History	Laramie, WY	4	Distance education
1/26/2011	Abbey	PubMed	Denver, CO	18	In-person
1/26/2011	Bramble	Spotlight: Drugs Part 1	Salt Lake City, UT	Synchronous 21 Asynchronous 36	Distance education

## Other Staff Activities

**Table 5: Publications and Resources Developed by RML Staff**

*Note: The NTCC is in transition. Until criteria are developed for the new repository, no materials will be added.*

<b>Date completed/ published</b>	<b>Last name of staff responsible</b>	<b>Title</b>	<b>Medium</b>	<b>Submitted to Clearinghouse ("yes" or "out of scope")</b>
11/5/2010	Brown (co-author)	23 Things x 600 People = Building an Online Library Learning Experience in Kansas	Proceedings	
11/9/2010	Hamasu (co-author)	A Place for Sharing - Outreach Connections: Native Health Information	Journal	
11/16/2010	Champ-Blackwell	Consumer Health Information in Many Languages Resources	Web site	
12/2010	Brown	What is Health Literacy?	Newsletter	
12/8/2010	Honour	Understanding Genetic Conditions	Blog	
1/4/2011	Champ-Blackwell	Updated MCR funding and emergency planning pages	Web site	
1/7/2011	Bramble	Updated member application and agreement forms pages	Web site	
1/11/2011	Bramble	Regional Medical Library Distance Education - Attend from Your Desk	Newsletter	

### Notable Staff Activities

*November 1, 2010*

Ms. Hamasu, with input from Ms. Champ-Blackwell and Holly Shipp-Buchanan of the University of New Mexico, developed the goals

for the TC4C portal that would consolidate electronic resources for Native American communities and those who provide health care for Native Americans. These goals were accepted at the November TC4C meeting.

*November 4, 2010*

Mr. Honour submitted the presentation “Senior Health Resources” to the NTCC.

Ms. Hamasu attended the CTSA Community Engagement meeting in place of Ms. Shipman. The community leaders involved with the community engagement piece of the project may be good contacts for RML outreach.

*November 5, 2010*

Ms. Champ-Blackwell met with staff of the Nebraska Children’s Home Society about resources to include in a new web site. She reviewed MedlinePlus, the BHIC blog, and collaboration tools with them.

Ms. Hamasu facilitated the Outreach Connections Evaluation subcommittee meeting. The committee reviewed Google Analytics and web server statistics to identify those that would be helpful in establishing baseline use of the wiki. In January, they finalized the baseline statistics they would monitor and outlined the subcommittee’s annual report.

*November 7-10, 2010*

Ms. Magee helped staff the exhibit booth at the American Public Health Association Annual Meeting and Expo in Denver.

*November 8, 2010*

Ms. Champ-Blackwell attended the REFORMA Association Management System Committee meeting.

Ms. Champ-Blackwell appeared on “Real Talk” a cable television talk show and spoke about health literacy, the National Action Plan to Improve Health Literacy, and local library efforts supporting health information literacy.

Dana Abbey, Colorado/Consumer Health Liaison, interviewed the head of immunology at the University of Colorado’s school of medicine on the value of libraries.

Ms. Hamasu attended the university’s Data Curation and Preservation Work Group meeting in place of Ms. Shipman. They are at the environmental scan phase collecting information on what is being done at different universities. Ms. Hamasu volunteered to obtain information and resources developed at UC San Diego and UC Davis.

*November 9, 2010*

Ms. Champ-Blackwell attended the Nebraska Broadband Technology Opportunities Program launch. She was one of the facilitators who led librarians in a discussion of community needs and plans.

*November 10, 2010*

Ms. Brown sponsored the MLA webcast, “ABCs of E-books: Strategies for the Medical Library” in Kansas City attended by eleven people. Ms. Dennis attended the webcast in Salt Lake City.

*November 10-13, 2010*

Ms. Hamasu attended the American Evaluation Association conference in San Antonio, Texas. Ideas from this meeting are being implemented by the RML.

*November 16, 2010*

As member, Ms. Magee attended the meeting of Nebraska State Advisory Council on Libraries. She presented on MedlinePlus and the Spotlight! series of training sessions and received a certificate for six years of service.

*November 22, 2010*

Ms. Champ-Blackwell held a meeting of the REFORMA Education Committee. They have the responsibility of updating committee responsibilities for the Board of Directors Manual and setting up student chapters.

*December 1, 2010*

All staff attended InfoFair 2010 in Salt Lake City, where speakers talked about the adoption and use of the electronic health record.

*December 1-3, 2010*

All staff participated in the 2011-2012 planning meeting building the logic model for the next year.

*December 7, 2010*

Ms. Abbey helped to organize the screening of the documentary “Sex in an Epidemic” in commemoration of World AIDS Day where she distributed information on AIDS resources.

Ms. Hamasu attended Biomedical Publishing 101 sponsored by the MCR, PSR, SCR, and the AAHSL Chicago Collaborative.

*December 14, 2010*

Ms. Dennis attended several webinars from from the Office of the National Coordinator on the Regional Extension Centers, health information technology, and consumer access to electronic health records.

*December 15, 2010*

Ms. Shipman, Ms. Hamasu, and Sandy Drollinger, Financial Analyst, met with the auditor reviewing the university’s ten largest contracts. The final report approved of the way the contract was being managed.

*December 20, 2010*

Mr. Bramble and other members of the Tribal Connections Four Corners Community Partners working group submitted an abstract to present at the Annual Native Wellness Conference.

*January 6, 2011*

Ms. Magee called a meeting of the MCMLA Education Committee which she is also using as her working group. They developed an interest survey to determine what CE to offer at the chapter meeting in 2011.

*January 11, 2011*

Ms. Champ-Blackwell consulted with Creighton University’s Center for Health Policy and Ethics and wrote a letter of support for their proposal to

host a conference “The Use of Human Tissue and Public Trust: The Chasm between Science and Ethics.” The funding would come from the HHS Office of Research Integrity.

*January 12, 2011*

Ms. Magee attended “The Three S’s of Electronic Resource Management” sponsored by the local health sciences library consortium.

*January 13, 2011*

Ms. Magee attended the E-Science webinar sponsored by the NN/LM Greater Midwest Region.

*January 14, 2011*

Ms. Dennis and Ms. Brown tested Co-Tweet.

*January 15, 2011*

Ms. Hamasu attended the Clinical Research and Methods seminar presented by members of the Biomedical Informatics Department explaining informatics services available to researchers.

Mr. Bramble and Ms. Hamasu met with a library school student enrolled in the distance education program of the University of North Texas. She’s very interested in health sciences librarianship and wants to do an internship. They suggested a community outreach project for the public library where she’s currently employed.

*January 19, 2011*

As a member of the Diversity Rx Advisory Board, Ms. Champ-Blackwell reviewed their draft of corporate sponsorship guidelines.

*January 28, 2011*

Mr. Bramble visited Utah Valley Regional Medical Center, a Full member library. The librarian regularly includes NLM brochures in the library orientation packet for new staff. He requested assistance in uploading their new LINKOUT icons and was interested in support in assessing the library’s effectiveness.

# Attachments

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# Attachment 1: Quarterly OARF Summary Data - RML Staff Activities



## Map Report: Outreach Activities Conducted by "RML" Staff in Region "4" ("01-NOV-10 - 31-JAN-11")

### Activity Summary

**Total Outreach**

Region 04 = 22

**Total Number of Estimated Participants**

Region 04 = 1,228.

**Average Number of Participants Per Activity**

Region 04 = 56.

**Average Length in Hours**

Region 04 = 2.

**Under 1 Hour**

Region 04 = 2.

**Between 1 and 2 Hours**

Region 04 = 18.

**Over 2 Hours**

Region 04 = 2.

**Hands-On Practice**

Region 04 = 11.

**Conducted Remotely**

Region 04 = 17.

**Offering Continuing Education**

Region 04 = 6.

**Significant Number of Minorities**

Region 04 = 1.

### Type of Organization Involved

**Health Sciences Library**

Region 04 = 20.

**Public Library**

Region 04 = 1.

**Government**

Region 04 = 4.

**Hospital**

Region 04 = 2.

**Clinical/Health Care****Academic**

Region 04 = 21.

**Community-Based**

Region 04 = 1.

**Faith-Based**

Region 04 = 1.

**Public Health**

Region 04 = 2.

**Other**

Region 04 = 1.

### Session Content

**PubMed**

Region 04 = 5.

**MedlinePlus**

Region 04 = 9.

**ClinicalTrials**

Region 04 = 2.

**NCBI****NLM Gateway****TOXNET**

Region 04 = 4.

**Other Technology**

Region 04 = 12.

**Other Non-Technology**

Region 04 = 5.

### Significant Number of Minorities

**African American****Alaska Native****Asian and Pacific Islander****Hispanic**

Region 04 = 1.

**Native American**

Region 04 = 1.

### Participant Summary

**Completed Participant Information Sheet**

Region 04 = 369.

**Health Care or Service Provider****Health Science Library Staff**

Region 04 = 234.

**Public Health Worker**

Region 04 = 31.

**Public/Other Library Staff**

Region 04 = 57.

**General Public**

Region 04 = 47.

Generated: 2011-05-16  
Funded By: NLM  
Maintained By: OCCS GIS

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## Attachment 2: Quarterly OARF Summary Data - Subcontractor Activities



### Map Report: Outreach Activities Conducted by "SUB" Staff in Region "4" ("01-NOV-10 - 31-JAN-11")

#### Activity Summary

**Total Outreach**

Region 04 = 21.

**Total Number of Estimated Participants**

Region 04 = 264.

**Average Number of Participants Per Activity**

Region 04 = 13.

**Average Length in Hours**

Region 04 = 2.

**Under 1 Hour**

Region 04 = 1.

**Between 1 and 2 Hours**

Region 04 = 16.

**Over 2 Hours**

Region 04 = 4.

**Hands-On Practice**

Region 04 = 15.

**Conducted Remotely**

Region 04 = 1.

**Offering Continuing Education**

Region 04 = 3.

**Significant Number of Minorities**

Region 04 = 3.

#### Type of Organization Involved

**Health Sciences Library**

Region 04 = 10.

**Public Library**

Region 04 = 10.

**Government**

Region 04 = 2.

**Hospital**

Region 04 = 2.

**Clinical/Health Care**

Region 04 = 2.

**Academic**

Region 04 = 9.

**Community-Based**

Region 04 = 7.

**Faith-Based**

Region 04 = 1.

**Public Health**

Region 04 = 6.

**Other**

Region 04 = 4.

#### Session Content

**PubMed**

Region 04 = 4.

**MedlinePlus**

Region 04 = 15.

**ClinicalTrials****NCBI****NLM Gateway****TOXNET****Other Technology**

Region 04 = 18.

**Other Non-Technology**

Region 04 = 4.

#### Significant Number of Minorities

**African American**

Region 04 = 3.

**Alaska Native****Asian and Pacific Islander****Hispanic**

Region 04 = 1.

**Native American**

#### Participant Summary

**Completed Participant Information Sheet**

Region 04 = 121.

**Health Care or Service Provider****Health Science Library Staff****Public Health Worker**

Region 04 = 48.

**Public/Other Library Staff**

Region 04 = 37.

**General Public**

Region 04 = 36.

Generated: 2011-05-16  
Funded By: NLM  
Maintained By: OCCS GIS



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## Attachment 3: Promotional Materials Provided

<b>Date</b>	<b>Who</b>	<b>Items Provided</b>	<b>Purpose</b>
11/1/2010	St. Charles City County Library District <i>Missouri</i>	<ul style="list-style-type: none"> <li>- 100 - Consumer Health Card</li> <li>- 200 - Health Information for Senior Citizens</li> <li>- 100 - Good Health Information on WWW</li> </ul>	For a presentation to senior services task force and ongoing promotion of websites in our library system
11/3/2010	BryanLGH College of Health Sciences <i>Nebraska</i>	<ul style="list-style-type: none"> <li>- 100 - Good Health Information on WWW</li> <li>- 200 - NLM Gateway Card</li> <li>- 200 - Public Health Resources</li> </ul>	To give to physicians at orientation; to give to nursing students in a Community Health course
1/20/2011	University of Southern Nevada - South Jordan <i>Utah</i>	<ul style="list-style-type: none"> <li>- 25 - MedlinePlus Bookmark</li> <li>- 25 - NLM Worlds Largest Medical Library</li> <li>- 25 - How to Use NLM Card</li> <li>- 50 - PubMed Card</li> <li>- 50 - Public Health Resources</li> </ul>	Student information & training purposes

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## Attachment 4: Liaisons Embedded in CBOs Project Report

### Embedding in CBO's: Does it have Impact?

Siobhan Champ-Blackwell and Elizabeth Kelly  
National Network of Libraries of Medicine, MidContinental Region

#### Background

The mission of the National Network of Libraries of Medicine (NN/LM) is to advance the progress of medicine and improve the public health by providing all U.S. health professionals with equal access to biomedical information and improving the public's access to information to enable them to make informed decisions about their health. The NN/LM MCR relies on community experts at faith and community based organizations (CBO) in the region to serve as gatekeepers to the hardest to reach members of the public.

In an effort to learn more about how community organizations work, the six State Liaisons and the Community Outreach Liaison each became involved in one CBO in their local community. This decision was based on Arthur Himmelman's model of collaboration and decision-making in which he outlines levels of strategies that rely on varying commitments of time and trust by the partner organizations.<sup>1</sup>

- Networking : information is exchanged for mutual benefit
- Coordinating: information is exchanged AND activities are modified in order to achieve a common purpose; mutual benefit results
- Cooperating: adds sharing of resources to the information exchange and modification of activities
- Collaborating: includes enhancing the capacity of another

The goal of embedding liaisons into CBOs was to move beyond networking and coordinating activities, such as exhibiting at health fairs and providing classes, to a level where there would be more impact on the groups. Becoming embedded in the infrastructure of a community organization would require liaisons to invest time and resources in the organization on an ongoing basis, with a goal of sharing NLM resources and increasing the capacity of the CBO to provide health information resources to their clients.

The work of becoming embedded in a CBO began in Year Three (2008-2009) of the current contract. In order to make an informed decision of who to work with at a deeper level, Liaisons needed time to work with CBOs in their community to develop a level of trust and understanding of the groups they were already involved with.

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<sup>1</sup> Himmelman, Arthur T. *Collaboration for a Change: Definitions, Decision-making models, Roles, and Collaboration Process Guide* <[http://depts.washington.edu/ccph/pdf\\_files/4achange.pdf](http://depts.washington.edu/ccph/pdf_files/4achange.pdf)> Accessed February 25, 2011.

By Year Three of the contract, all state liaisons except the Colorado liaison had become embedded in an organization.

- Utah Minority Health Network
- Wyoming Comprehensive Cancer Control Consortium - Working Group: Worksite Wellness
- Nebraska AHEC Advisory Board
- Great Plains Public Health Leadership Institute Advisory Council (NE)
- HELP Adult Services (NE)
- Cambio de Colores (MO)
- Kansas Public Health Association

As the liaisons worked with these groups, some realized that the groups were not a good fit for them and by Year Five (2010-2011), several liaisons were working with different organizations.

### **Assessment**

In Year Five, we wanted to assess the impact of liaisons' being embedded in CBOs to determine if the project should continue, and if so, in what direction. In addition wanted to be sure we carried out the desired activity of providing hands on training within each CBO. We also wanted to compile lessons learned from being embedded. The Community Outreach Liaison and the Assessment and Evaluation Liaison developed two questionnaires - one to gather feedback from the CBO where a liaison was embedded and a second to gather data from the liaisons about their experience.

The questionnaires were sent in November 2010 to the person in each of the following CBO's who were identified by the Liaison as his or her contact:

- Wyoming Comprehensive Cancer Control Consortium
- Missouri Institute for Community Health, Health Literacy Missouri
- Utah Multicultural Health Network (MHN)
- Colorado Public Health Association
- Mother & Child Health Coalition
- Rural Health Education Network -AHEC
- HELP Adult Services

### **Evaluation of the Data**

All seven individuals from the CBOs completed the questionnaire. The questionnaire asked the respondent:

- to describe how the liaison's involvement made a difference in the CBOs ability to accomplish its mission
- whether CBO staff had used any of a list of resources for which the liaison provided training
- how the CBO staff has used any of the resources
- whether the CBO would be interested in additional training
- to describe more broadly how the organization uses health information or addresses questions related to health information

Finally, space was provided for other thoughts the respondent wished to share and to provide their contact information.

The liaisons were asked

- which CBO they worked with
- how they reached the point where they were able to provide hands on training (in using information resources from the National Library of Medicine)
- what position they held in the CBO
- how they felt being involved in the infrastructure allowed them to have a greater impact on the health information needs of the CBO
- how much time they spent with the CBO
- whether they would have been involved in other ways if not at this level
- whether the time they invested was worth it

Space was provided for comments on the last two questions and for providing other ideas for accomplishing the goal of this project.

Data from the two questionnaires were analyzed separately and across questionnaires to determine if there was correlation between CBO and liaison responses. In response to the first question, all CBOs were positive about the liaison's involvement. They commented that they had better knowledge about resources, were able to help educate their clients to help themselves, their search skills were enhanced, and they were able to provide outreach and resources to clients statewide using knowledge gained by the liaison's presence in the organization. One CBO noted that the liaison had chaired a research network; another noted assistance provided by the liaison in planning for the organization's annual conference.

The second question addressed resources CBO staff had used as a result of training provided by the liaison. Six of the CBOs responded that staff had used NLM resources. PubMed and MedlinePlus were each used by five CBOs (though all did not use both resources). NIH Senior Health and PHP Partners were used by two CBOs, who also used either MedlinePlus or PubMed. Household Products Database was used by one CBO that had also used both PubMed and MedlinePlus. None reported using either WISER or Clinical Trials. Interestingly, only two liaisons reported having provided any training. Our definition of training includes formal hands on computer training. It may be that the presence and involvement of the liaison, and his or her mention or discussion of various products was interpreted by the CBO as training, and resulted in CBO staff using the resources. Table 1 shows CBO responses to this question.

	MedlinePlus	PubMed	NIH Senior Health	Household Products	PHPartners	Wiser	Clinical Trials
CBO 1	No	Yes	Yes	No	Yes	No	No
CBO 2	No	No	No	No	No	No	No
CBO 3	Yes	No	No	No	No	No	No
CBO 4	Yes	Yes					
CBO 5	Yes	Yes	No	No	No	No	No
CBO 6	Yes	Yes	No	Yes	No	No	No
CBO 7	Yes	Yes	Yes	No	Yes	No	No

Table 1: CBO Use of NLM Resources

The CBOs reported that they used the resources:

- to assist clients and find reliable and credible information
- provide links in their newsletters
- look up research information
- for personal use

Finally, CBOs were asked to think more broadly and identify ways their organizations use health information to address questions they receive. Their responses included:

- eliminate health disparities
- educate themselves so they can better educate the public in their capacity of state cancer control program
- provide support for research
- create materials and information distributed at health promotion programs and other hosted programs
- disseminate health information to coalition members
- disseminate information to clients (a primary role of the CBO)

Questions asked of the liaisons were related to their experience being embedded with a CBO. A singular focus of this effort was to provide hands on training for CBO staff. As noted above, only two liaisons reported providing training. Those who did not provide training noted that they had contributed to organizational newsletters or had promoted training opportunities but that even when offered there was no interest shown in training.

The liaisons held positions as board members, committee members working in planning, data, education, workplace wellness, and chair of the Public Health Practice Based Research Network. Two liaisons were unsure if they had had any impact on filling health information needs of the CBO while five felt that their involvement had an impact. These included:

- informing health departments statewide about NLM resources
- collaborating to offer training to libraries and public health departments

- becoming known as a resource for health information and presentations
- connected the organization with other librarians to develop a consumer library

Liaisons were asked whether the time commitment and the result achieved were worth the time spent. Their response is in Table 2:

How much time did you spend with this CBO?	Would you have been involved with them in other ways if you weren't involved at this level?	Has the time you invested with the CBO been worth it?
4 hours/month	Yes	Yes
8-10 hours/month	Yes	No
2-3 days/year at their meetings; a few hours in teleconferences and a few hours writing articles.		Yes
1 hours/month	No	Yes
Very little	Yes	Yes
1.5 hours/month and exhibiting at the quarterly meeting	No	No
1 hour/month plus	Yes	Yes

Despite failing to accomplish the planned activity of providing hands on training, five of the seven liaisons felt the time invested was worthwhile. That said, one who *did* meet the goal, did not feel the time invested was worthwhile.

## Conclusion

The results of this study suggest several ways the liaisons were able to impact access to health information by CBO staff.

1. There is a positive change in the CBOs' awareness of resources for accurate reliable online health information as a result of liaisons' involvement.
2. Hands on training is not necessary to achieve changes in behaviors of staff at CBOs in locating and disseminating health information.
3. Involvement at the local level with one specific community group is worthwhile with certain caveats:
  - Board involvement often comes with the expectation of financial support for the organization and liaisons should be aware of that before attempting to join a board of directors;
  - It works best if the liaison works with a group that has a mission the liaison is passionate about;
  - Time requirements for involvement with the CBO must be balanced with liaisons' other responsibilities.
4. While each CBO used health information in a variety of ways, all CBOs made use of NLM resources.

The NN/LM MCR learned two lessons from this effort:

1. The liaisons underrated the value of their contribution compared to that expressed by each CBO
2. The embedded experience has been a valid tool for developing new strategies for outreach to CBOs

Although the liaisons were unsure that their efforts were valuable, the positive feedback from the CBOs encourages them to continue to build on the work reported here, involving themselves in the infrastructure of community organizations. We met the goal of moving beyond the networking and coordinating activity levels of collaboration and into the cooperating level where change occurred in organizations due to liaisons deeper involvement. One organization is in the process of creating a consumer health library for its clients; another includes health information news in the newsletter they send out; still another develops materials and handouts for events using resources they have learned about from the NN/LM MCR liaison. Community based organizations in the MCR have increased capacity to provide health information to their clients, and the MCR is successful in carrying out the mission of the NN/LM to improve the public's access to health information.

The NN/LM MCR will continue to build on this experience of embedded outreach with groups in the region as a way for us to continue to learn how to partner with groups and as a way to have a stronger impact on the activities community groups carry out. In addition, we are going to adapt this strategy to work with Community Health Information Exchange agencies, so that NN/LM MCR staff can learn how to best work with the CHIEs in our region.

1. How has having a medical librarian involved in your organization made a difference in your ability to accomplish the mission of your organization?



	Response Count
	6
answered question	6
skipped question	1

2. If a medical librarian provided training, have your staff used any of the following National Library of Medicine resources as a result of the training? Your training may not have addressed all of these resources.

	Accessed	Not accessed	Response Count
MedlinePlus	71.4% (5)	28.6% (2)	7
PubMed	71.4% (5)	28.6% (2)	7
NIH Senior Health	33.3% (2)	66.7% (4)	6
Household Products	16.7% (1)	83.3% (5)	6
PHPartners	33.3% (2)	66.7% (4)	6
Wiser	0.0% (0)	100.0% (6)	6
Clinical Trials	0.0% (0)	100.0% (6)	6
		<a href="#">Other</a> (please specify)	1
		answered question	7
		skipped question	0



3. How have you or your staff used the resources listed above in your work?		Response Count
		6
	answered question	6
	skipped question	1

4. Would you be interested in training, or additional training on <a href="#">National Library of Medicine</a> health information resources like those listed above?		Response Percent	Response Count
Yes		85.7%	6
No		14.3%	1
	answered question		7
	skipped question		0

5. Please give us your contact information		Response Count
		5
	answered question	5
	skipped question	2

6. Please list some of the ways your organization uses health information and/or addresses questions related to health information.	
	Response Count
	6
answered question	6
skipped question	1

7. Please share any other thoughts...	
	Response Count
	0
answered question	0
skipped question	7

## 1. How has having a medical librarian involved in your organization made a

	Response Text	
1	We are able help educate our clients to further educate themselves by disseminating resources through NNLM. We were also able to train our volunteers so that they were knowledgeable to direct clients to the proper sites to gain credible information	Dec 7, 2010 8:34 PM
2	By helping us find data relevant to research we are doing. Also, by providing outreach to teachers and students we work with from rural towns about the services available through NLM	Dec 7, 2010 9:08 PM
3	She has contributed to our newsletters to all local and state public health professionals in the state, she has chaired our Public Health Practice Based Research Network and has been a tremendous support to our organization.	Dec 7, 2010 9:59 PM
4	Dana has served on our Board and Education Committee and has been instrumental in planning for our annual conference.	Dec 8, 2010 6:44 AM
5	Resources we can tap into that we did not previously know about.	Dec 14, 2010 4:55 PM
6	It helps with providing useful resources to the statewide cancer coalition as well as cancer patients etc.	Dec 17, 2010 3:13 PM

## 1. If a medical librarian provided training, have your staff used any of the

	<a href="http://www.nlm.nih.gov/databases" target="_blank">Other</a> (please specify)	
1	fire safety/tox city	Dec 14, 2010 4:58 PM

## 2. How have you or your staff used the resources listed above in your work?

Response Text		
1	To assist clients to find reliable and credible information.	Dec 7, 2010 8:35 PM
2	To look up research information	Dec 7, 2010 9:09 PM
3	general information and included links from our newsletters.	Dec 7, 2010 10:01 PM
4	NA	Dec 8, 2010 6:44 AM
5	Personal use and to let coalition members know about this as a reference for their programs.	Dec 14, 2010 4:58 PM
6	used as resources	Dec 17, 2010 3:14 PM

## 1. Please give us your contact information

Response Text		
1	koenigpj@cox.net	Dec 7, 2010 8:35 PM
2	Sabrina morales 801-842-2333 Sabrina@cuutah.org	Dec 7, 2010 9:04 PM
3	janet@michweb.org	Dec 7, 2010 10:01 PM
4	pcesare@mhc.net	Dec 14, 2010 4:58 PM
5	Jessica.perez@health.wyo.gov	Dec 17, 2010 3:14 PM

## 1. Please list some of the ways your organization uses health information and/or

Response Text		
1	Our primary role is to assist in disseminating information to shared clients.	Dec 7, 2010 8:36 PM
2	Eliminating health disparities	Dec 7, 2010 9:05 PM
3	We use it to provide support in research. Also to create materials and information handed out at health promotion events and programs that we host throughout the state.	Dec 7, 2010 9:10 PM
4	information sharing	Dec 7, 2010 10:02 PM
5	We disseminate health information to coalition members and use it for our own programs.	Dec 14, 2010 4:59 PM
6	We are the state wide cancer control program so we get lots of questions on recouses and inforamtion, the more we know the more we can educate the public	Dec 17, 2010 3:15 PM

**1. Which CBO were you embedded with?**

	Response Count
	7
answered question	7
skipped question	0

**2. How did you reach the point that you were able to provide hands on training to the CBO you are embedded with? OR what have you tried?**

	Response Count
	7
answered question	7
skipped question	0

**3. What position do you hold with the CBO (on the board, committee member, committee chair)?**

	Response Count
	7
answered question	7
skipped question	0

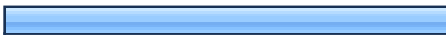

**4. How has being involved in the infrastructure of the CBO allowed you to have a greater impact on filling the health information needs of that CBO?**

	Response Count
	7
answered question	7
skipped question	0



**5. How much time did you spend with this CBO?**

	Response Count
	7
answered question	7
skipped question	0

**6. Would you have been involved with them in other ways if you weren't involved at this level?**

		Response Percent	Response Count
Yes		66.7%	4
No		33.3%	2
	answered question		6
	skipped question		1

**7. Has the time you invested with the CBO been worth it?**

		Response Percent	Response Count
Yes		71.4%	5
No		28.6%	2
answered question			7
skipped question			0

**8. Please comment on your answers to the two previous questions.**

	Response Count
	7
answered question	7
skipped question	0

**9. What other ideas do you have for how to use your time to provide health information awareness to CBOs?**

	Response Count
	6
answered question	6
skipped question	1

**Q1. Which CBO were you embedded with?**

1	HELP Adult Services	Jan 27, 2011 10:30 AM
2	Rural Health Education Network -AHEC	Dec 14, 2010 2:51 PM
3	Mother & Child Health Coalition	Dec 13, 2010 9:35 AM
4	Colorado Public Health Association	Dec 13, 2010 9:32 AM
5	Utah Multicultural Health Network (MHN)	Dec 7, 2010 4:40 PM
6	Missouri Institute for Community Health, Health Literacy Missouri	Dec 7, 2010 4:16 PM
7	Wyoming Comprehensive Cancer Control Consortium	Dec 7, 2010 3:46 PM

**Q2. How did you reach the point that you were able to provide hands on training to the CBO you are embedded with? OR what have you tried?**

1	Yes, I provided two trainings	Jan 27, 2011 10:30 AM
2	No - no opportunity for hands-on training.	Dec 14, 2010 2:51 PM
3	I asked if one of the monthly meetings could be a hands-on training at my library?	Dec 13, 2010 9:35 AM
4	The board has not shown interest in receiving training	Dec 13, 2010 9:32 AM
5	I never got to the point to provide hands on training. There was promotion of this service but it never got beyond	Dec 7, 2010 4:40 PM
6	I have not reached the point of hands on training. My work with HLM will lead to hands on programming with public librarians and public health departments in 2011. My work with MICH will probably never lead to hands on training, but I write an article for their quarterly newsletter about NLM resources and advocating for working with librarians.	Dec 7, 2010 4:16 PM
7	No, I've not yet provided training. I have submitted articles to their newsletter a couple times.	Dec 7, 2010 3:46 PM

**Q3. What position do you hold with the CBO (on the board, committee member, committee chair)?**

1	Board of Directors Secretary	Jan 27, 2011 10:30 AM
2	Board member	Dec 14, 2010 2:51 PM
3	committee member	Dec 13, 2010 9:35 AM
4	Board member and Education Chair	Dec 13, 2010 9:32 AM
5	Data Committee member, Conference Planning Committee member	Dec 7, 2010 4:40 PM

**Q3. What position do you hold with the CBO (on the board, committee member, committee chair)?**

6	HLM - affiliate; MICH - member	Dec 7, 2010 4:16 PM
7	Workplace Wellness workgroup	Dec 7, 2010 3:46 PM

**Q4. How has being involved in the infrastructure of the CBO allowed you to have a greater impact on filling the health information needs of that CBO?**

1	i provided training to volunteers and staff, i connected them with NIA librarians to develop a consumer library	Jan 27, 2011 10:30 AM
2	People know who I am and feel comfortable contacting me for presentations to applicable audiences.	Dec 14, 2010 2:51 PM
3	Hopefully, my presence at monthly and the larger quarterly meetings keep people thinking about NLM resources.	Dec 13, 2010 9:35 AM
4	I don't believe I have had an impact. One of the charges of the Education committee is to provide education for it's members - but in reality the main task of the committee is to plan the annual conference.	Dec 13, 2010 9:32 AM
5	It has been a good experience but it was taking way too long to get my objectives implemented. I think that I could have put more pressure on the individuals at the meetings and did more follow through to speed this up.	Dec 7, 2010 4:40 PM
6	With MICH, I am able to inform public health departments across Missouri about NLM resources. With HLM, my work is collaborative in that I work with them to offer trainings to libraries and public health departments across the state. Our common goal is to promote community collaboration around the issue of health literacy.	Dec 7, 2010 4:16 PM
7	It's unknown if I've actually had an impact on filling their health information needs. I assume they're more aware of the NLM since I began.	Dec 7, 2010 3:46 PM

**Q5. How much time did you spend with this CBO?**

1	one hour a month plus	Jan 27, 2011 10:30 AM
2	Very little.	Dec 14, 2010 2:51 PM
3	90 minutes per month and exhibiting at the quarterly meeting	Dec 13, 2010 9:35 AM
4	8-10 hours per month	Dec 13, 2010 9:32 AM
5	2 hours per month	Dec 7, 2010 4:40 PM
6	MICH - avg 4 hrs/mo; HLM -	Dec 7, 2010 4:16 PM



**Q5. How much time did you spend with this CBO?**

7	2-3 days/year at their meetings; a few hours in teleconferences and a few hours writing articles.	Dec 7, 2010 3:46 PM
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**Q8. Please comment on your answers to the two previous questions.**

1	yes, just basic outreach	Jan 27, 2011 10:30 AM
2	I feel it's essential to maintain contact with this group. They put on different workshops each year and I've been involved in different ones. In the past year it hasn't included hands-on classes, but in previous years it has.	Dec 14, 2010 2:51 PM
3	Adolescent health is of interest to me, but over time I have realized that the coalition is more a forum for educating agencies about each other. I have learned a lot about the different services being offered in the KC metro area, I don't feel that my involvement has made much of an impact on any of the coalition members.	Dec 13, 2010 9:35 AM
4	The members of the education committee have stressed that they do not have time to commit to planning educational events for members.	Dec 13, 2010 9:32 AM
5	It isn't good that I wasn't able to reach the outcome. Understanding what is going on in the community was worth it but they operate very slowly and without a solid direction.	Dec 7, 2010 4:40 PM
6	I think working with CBOs is a great way to find out what is happening in our states, and to get involved with issues that will not only fulfill our mission but expand our impact.	Dec 7, 2010 4:16 PM
7	I think my time with them has been worthwhile. My presence definitely makes the NLM and their resources more visible. I don't know if I would have been involved in other ways. The repetition of interaction has been important because they are starting to see me repeatedly at their events and are recognizing my name. I likewise am becoming familiar with the regulars in the consortium.	Dec 7, 2010 3:46 PM

**Q9. What other ideas do you have for how to use your time to provide health information awareness to CBOs?**

1	Perhaps try to have a presentation for multiple CBO directors at a public library - could strengthen the public library connection, and get them acquainted with one another as well. It could give us -NNLM, a broader approach - more bang for the buck.	Dec 14, 2010 2:51 PM
2	I will start to focus my time on other CBOs that I have become involved with: KS Health Literacy Council and the KC, KS Food Desert project.	Dec 13, 2010 9:35 AM
3	None at this time.	Dec 13, 2010 9:32 AM
4	I think finding another CBO that moved a little faster and were more receptive to learning about health information plus me following up more effectively.	Dec 7, 2010 4:40 PM
5	I think involvement with CBO's is critical, and measurement of success is not only the provision of hands on training. If we are to move the value of the librarian out of the "library box" we must be involved with health workers on their turf and in their issues. We should certainly promote high quality health information and NLM products but we should also work toward the perception of the librarian as facilitator, information manager, etc.	Dec 7, 2010 4:16 PM
6	I can't think of any at the moment.	Dec 7, 2010 3:46 PM

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**Attachment 5:  
Subcontractor Quarterly Report**

**Denver Public Library  
A Bridge to Health Literacy for Denver**

## Quarterly Report

### Name and address of reporting institution:

Denver Public Library  
10 West 14<sup>th</sup> Avenue Parkway  
Denver, CO 80204

**Project Title:** A Bridge to Health Literacy for Denver

**Name of person submitting report:** Elaine Connell, Reference Librarian

**Email address:** [econnell@denverlibrary.org](mailto:econnell@denverlibrary.org)

**Telephone number:** Phone: 720-865-1187 or 720-865-1363

**Reporting Period start date:** September 1, 2010

**Reporting Period end date:** November 30, 2010

### Publicity:

<http://www.denverlibrary.org/content/do-you-have-joint-pain> Promo of MedlinePlus, and our 1:1 assistance in the lab – In the DPL Research Blog / Cassi Pretlow. Another at <http://www.denverlibrary.org/content/can-omega-3-foods-prevent-eye-disease-seniors> A similar printed bookmark shows the same information. These are just 2 of the versions of this research blog posting. Cassi has been changing it every 2 weeks.

### Outreach:

Classes at Senior Support Services 10/16, 11/16, and another scheduled for 1/11/2011.

Class in CTC on 11/23, with more scheduled for 12/15 and 12/21.

### Other accomplishments:

- Trial run for the Adobe Connect staff curriculum class presented on 9/27, loading files to the various pods, setting up mini-surveys and gathering feedback from two remote participants.
- Staff curriculum completed and presented 10/14/2010 online via Adobe Connect. Only 3 attendees, and technical issues, so repeat classes are being planned for Jan/Feb, 2011.
- Met with DPL Training Manager and the Curriculum Committee for approval of health core curriculum. Provisional approval received. The issue of requiring specific trainings within our library system is totally new, and is being considered holistically, for all departments and skill levels. Foundational program design is underway, but full approval for any content-based classes probably won't be final until mid-summer, 2011. Health is the 'guinea pig' for this work, and is appreciated by the committee as such.
- Began arranging additional classes through our various contacts and partners in the community.

- Held our November Health Advisory Group meeting 11/9 via Adobe Connect. Still learning to manage the technological issues, but it was still quite a time-saver to do it this way, and good to hear from those who were able to attend.
- Programs underway in 6 Language & Learning Branches during December, re: stress & the holidays.
- Arrangements made for storage and check-out of laptops through DPL Human Resources Department for staff system-wide to use in outreach and training sessions.

**Target audience:**

It seems to be harder to sell health literacy services to professionals than to the public. Is this true? Due to a skepticism of our qualifications? Due to their own overload? Due to their negative experiences and perception of online health information?

We need to keep in mind that seniors are a mixed population. Some are already online and just need some guidance re: search strategies, while others are uncomfortable with even basic skills.

So far the people we have worked with in training settings have been very appreciative of the assistance as well as their new skills. People seem much more motivated to attend general basic skills classes than to come to a class on finding health information. Our classes so far have not been large, but we have had no trouble getting participants, probably because we are going to them. (?)

**Goals, Outcomes, Objectives:**

One of the minority group organizations is more difficult to arrange/work with than anticipated (not returning calls and emails). Not sure whether these problems are significant, or just about everyone being busy... We are considering moving forward with other groups.

This quarter has been very challenging system-wide, as DPL prepares to adopt a new catalog, Elaine's department is totally packing up and moving from 1<sup>st</sup> to 3<sup>rd</sup> floors at the Central Library, management is re-visioning of DPL strategic plan, Denver city employees are preparing for a whole new procedure for staff evaluations and compensation, ... and all in the midst of changing schedules and reducing hours in some of our locations. These changes require additional training time and personnel involvement, so it's been hard to get people freed up for staff health training classes, etc. Logistics have been extra challenging this quarter, but we anticipate we will be able to meet the expected outcomes.

Very surprised at the minimal staff turnout for our online class! Expected 'everyone' to jump at the opportunity for distance training. Increased collaboration with Training Manager has since led to an article into staff newsletter re: e-learning, and 3 repeat staff training sessions scheduled for Jan/Feb.

**Evaluation:**

Testimonials: "Thank you for doing this. I never tried the computer before." M. @

Senior Support Services. (We need to capture more of these, as people are generally very appreciative!)

We are asking participants of our classes to fill out a survey form, and the results have generally been quite encouraging.

Blog posting noted above have received a total of 287 viewings between 10/22-12/8/2010.

**Impacts and Observations:**

Our work and the pilot work with Adobe Connect was mentioned and appreciated in the DPL Manager's Meeting 12/2.

Elaine met with Denver City Librarian, Shirley Amore, re: the vision for health information services and the role these will have in terms of the revised Strategic Plan. This is being considered within DPL's Executive Team.

Having this project underway, and funding from NN/LM, seems to lend credibility to DPL as a health resource and potential partner for other groups and nonprofits. The library isn't generally recognized as a potential player in public health, but people are starting to listen. Colorado Black Health Initiative & Kaiser Diversity representatives came to meet with me in October. We are still in a stage of getting acquainted, but we are 'on the radar.'

**Planned Activities:**

Staff training classes are scheduled for 1/18 and 2/15 (face to face), and 1/31 (online via Adobe).

Development of Health Appointment Services in the DPL Reference Services Department, and Reference Department training session.

Re-organization of our new Reference Room with health materials in a designated area, adjacent to our new private consultation rooms.

Dates and trainings are being arranged with Windsor Gardens Retirement Community, The Village at Lowry (another senior residential organization), and the Inner City Health Center, among others.

Evaluation of learning among staff is still under consideration.

# COMMUNITY TECHNOLOGY CENTER



## What Causes Diabetes?

## Want to Know about Vitamin D?

## What side effects can my medication cause?

Find reliable answers to your health questions in **MedlinePlus.gov**. Produced by the National Library of Medicine, it brings you up-to-date information about diseases, conditions, medications and treatments in language you can understand.

Call 720-865-1706 or email us at **ctc@denverlibrary.org** about our 1:1 appointment services on how to search MedlinePlus.

*But always be sure to talk to your doctor or nurse if you have questions about your health!*

# COMMUNITY TECHNOLOGY CENTER



Community Technology Center 2010 Statistics:

**97%** of CTC students reported an increase in their knowledge by 2 or more points on a 10 point scale.

**99%** of students reported that the class was a valuable addition to their skill set.

Denver Central Library • Level 4  
10 W. 14th Avenue Parkway &  
CTC telephone: 720-865-1706  
E-mail: [ctc@denverlibrary.org](mailto:ctc@denverlibrary.org)

[denverlibrary.org/ctc](http://denverlibrary.org/ctc)

## "Access to Electronic Health Information for Denver" Web Site Statistics

Date	English Health & Medicine Main Page - Page Views	English - Health Total Page Views	English Health Web Page - Rank	DPL Website Total Page Views	Spanish - Salud Main Page - Page Views	Spanish - Salud Total Page Views	Spanish - Salud Rank	DPL Spanish Website - Total Page Views	Circ	Catalog Searches	Database Searches	DPL Evolver Teen Web Site	Secret WonderWeb Kids Site
Jan, '04	645	645	8	888,493	55	55	4	8,044		1,395,574	63,220	4,297	
Feb, '04	100	100	8	766,749	43	43	7	8,682		1,395,574	63,220	6,504	
Mar, '04	1,139	2,685	4	861,590	162	1,294	1	11,267		1,395,574	63,220	9,169	
Apr, '04	1,554	3,615	3	869,866	162	1,370	1	11,996		1,190,450	91,315	7,025	
May, '04	899	2,219	3	809,446	162	1,394	1	10,194		1,190,450	91,315	6,218	
June, '04	551	1,443	3	860,931	162	1079	1	7,213		1,190,450	91,315	6,403	
July, '04	656	1,489	3	808,801	203	850	1	6,347		1,484,200	73,001	6,736	
Aug, '04	622	1,716	3	833,758	121	802	1	6,081		1,484,200	73,001	6,116	Launch 9/04
Sept, '04	836	2,148	3	843,278	119	826	1	7,254		1,484,200	73,001	7,527	36,915
Oct, '04	642	1,599	3	924,330	325	1,058	1	7,558		1,484,200	87,000	8,152	31,613
Nov, '04	733	1,818	3	906,245	232	1,089	1	8,471		1,484,200	87,000	8,778	23,194
Dec, '04	360	950	4	834,407	176	778	1	7,478		1,484,200	86,000	9,196	20,073
<b>Total</b>		20427											
Jan, '05	596	1,646	3	1,048,700	315	1,080	1	10,566		1,388,480	109,589	9,779	43,934
Feb, '05	737	1,928	4	964,839	388	1,330	1	10,194		1,388,480	109,589	9,779	41,716
Mar, '05	494	1,583	3	994,292	351	1,287	1	8,543		1,388,480	109,589	9,779	51,720
Apr, '05	634	1,630	3	961,660	281	1,174	1	9,589		1,347,059	140,177	12,168	52,973
May, '05	480	1,911	3	954,748	270	1,246	1	9,472		1,347,059	140,177	11,744	43,375
June, '05	404	1,146	4	1,024,392	141	969	1	9,725		1,347,059	140,177	11,443	56,868
July, '05	383	1,121	4	1,025,403	65	400	1	*6089		1,485,080	101,236	9,939	56,895
Aug, '05	555	1,552	3	1,114,212	203	1,271	1	*9278		1,485,080	101,236	11,089	54,484
Sept, '05	652	2,063	2	1,001,206	251	1,328	1	*7984		1,485,080	101,236	13,364	45,606
Oct, '05	659	1,843	2	1,077,305	269	1,282	1	9,488		1,515,833	113,499	18,192	53,390
Nov, '05	333	921	4	1,025,949	174	1,048	1	8,018		1,515,833	113,499	15,440	46,050
Dec, '05	359	1218	2	973,527	97	623	1	5,098		1,515,833	113,499	12,066	40,700
<b>Total</b>		18,562											

Missing health/index espanol for Jan - June  
Added 162 for - average for July and August  
\* new site missed a week of statistics

*"Access to Electronic Health Information for Denver" is funded by the National Library of Medicine, National Institutes of Health under Contract No. N01-LM-1-3514, subcontract 62817.*



**"Access to Electronic Health Information for Denver"  
Web Site Statistics**

Date 2006	English Health & Medicine Main Page - Page Views	English - Health Total Page Views	English Health Web Page - Rank	DPL Website Total Page Views	Spanish - Salud Main Page - Page Views	Spanish - Salud Total Page Views	Spanish - Salud Rank	DPL Spanish Website - Total Page Views	Circ	Catalog Searches	Database Searches	DPL Evolver Teen Web Site	Secret WonderWeb Kids Site
Jan, '06	470	1,549	2	1,172,450	88	556	1	5,533		1,721,218	116,155	10,803	44,370
Feb, '06	661	1,787	3	1,070,420	95	733	1	5,834		1,721,218	116,155	11,204	42,225
Mar, '06	458	1,267	3	1,204,357	103	960	1	6,205		1,721,218	116,155	11,449	50,323
Apr, '06	394	1,812	3	1,085,987	129	862	1	5,133		1,741,457	135,937	11,361	44,072
May, '06	347	1,164	3	1,127,747	149	1134	1	6,266		1,741,457	135,937	12,835	48,573
June, '06	333	974	3	1,122,761	113	835	1	6,577		1,741,457	135,937	14,269	58,543
July, '06	273	792	4	1,119,321	98	600	1	4,758		1,713,429	99,457	12,635	59,598
Aug, '06	278	855	4	1,186,104	89	723	1	5,921		1,713,429	99,457	15,774	62,141
Sept, '06	343	1,056	4	1,184,052	123	881	1	7,535		1,713,429	99,457	14,377	57,535
Oct, '06	300	1,169	4	1,239,735	104	1,031	1	8,776		1,692,166	120,184	13,856	63,961
Nov, '06	462	1,319	3	1,176,626	108	987	1	8,878		1,692,166	120,184	15,004	58,243
Dec, '06	165	589	4	1,040,655	53	529	1	6,058		1,692,166	120,184	12,049	45,528
<b>Total</b>	<b>4,484</b>	<b>14,333</b>		<b>13,730,215</b>	<b>1,252</b>	<b>9,831</b>		<b>77,474</b>		<b>20,604,810</b>	<b>1,415,199</b>	<b>155,616</b>	<b>635,112</b>
Date 2007	English Health & Medicine Main Page - Page Views	English - Health Total Page Views	English Health Web Page - Rank	DPL Website Total Page Views	Spanish - Salud Main Page - Page Views	Spanish - Salud Total Page Views	Spanish - Salud Rank	DPL Spanish Website - Total Page Views		Catalog Searches	Database Searches	DPL Evolver Teen Web Site	Secret WonderWeb Kids Site
Jan, '07	173	588	5	1351709	53	491	1	9431		2,082,565	97,888	15461	65953
Feb, '07	301	1063	5	1205707	101	833	1	9789		2,082,565	97,888	13201	63427
Mar, '07	257	1227	3	1382419	152	1082	1	10659		2,082,565	97,888	13416	75424
Apr, '07	240	740	4	1294370	183	1150	1	11894		1,880,538	109,873	13024	71775
May, '07	239	767	4	1,306,650	175	1080	1	9037		1,880,538	109,873	15615	79749
June, '07	277	890	3	1,300,793	107	737	1	7438		1,880,538	109,873	15362	88621
July, '07	246	845	4	1,329,609	121	659	1	7709				14748	78407
Aug, '07	275	881	4	1,336,361	179	795	1	8493				17747	66889
Sept, '07	251	820	4	1,266,437	132	724	1	7428				19878	60890
Oct-Dec, '07	616	3,195	8	3,773,552	391	2,800	1	24,122		6,174,192	362,966	58,271	180,644
<b>Total</b>	<b>2,875</b>	<b>11,016</b>		<b>15,547,607</b>	<b>1,594</b>	<b>10,351</b>		<b>106,000</b>		<b>23,669,423</b>	<b>1,296,579</b>	<b>196,723</b>	<b>831,779</b>

"Access to Electronic Health Information for Denver" is funded by the National Library of Medicine, National Institutes of Health under Contract No. N01-LM-1-3514, subcontract 62817.

## "Access to Electronic Health Information for Denver" Web Site Statistics

Date 2008	English Health & Medicine Main Page - Page Views	English - Health Total Page Views	English Health Web Page - Rank	DPL Website Total Page Views	Spanish - Salud Main Page - Page Views	Spanish - Salud Total Page Views	Spanish - Salud Rank	DPL Spanish Website - Total Page Views			Database Searches	DPL Evolver Teen Web Site	Secret WonderWeb Kids Site
Jan-Mar, '08	900	3,646	7	4,149,227	533	2,256	1	24,842			370,306	61,991	208,514
Apr-Jun, '08	902	2,999	7	3,972,137	407	1,807	1	21,125			396,882	62,747	219,862
July-Sept, '08	595	2,528	7	3,893,564	361	1,588	1	18,529			398,440	56,916	208,198
Oct-Dec, '08	682	2,809	7	3,686,723	306	1,464	1	18,716			350,310	59,970	187,967
<b>TOTAL</b>	<b>3,079</b>	<b>11,982</b>		<b>15,701,651</b>	<b>1,607</b>	<b>7,115</b>		<b>83,212</b>			<b>1,515,938</b>	<b>241,624</b>	<b>824,541</b>
Date 2009	English Health & Medicine Main Page - Page Views	English - Health Total Page Views	English Health Web Page - Rank	DPL Website Total Page Views	Spanish - Salud Main Page - Page Views	Spanish - Salud Total Page Views	Spanish - Salud Rank	DPL Spanish Website - Total Page Views			Database Searches	DPL Evolver Teen Web Site	Secret WonderWeb Kids Site
Jan-Mar, '09	825	3,081	7	3,783,183	416	1,631	1	20,925			381,085	60,488	175,004
Apr-Jun, '09	612	2,528	7	3,699,626	333	1,524	1	18,663			392,620	55,098	134,837
July-Sept, '09	814	2,782	7	3,592,160	239	1,167	1	15,562			332,681	48,272	104,920
Oct-Dec, '09	754	2,842	7	3,514,649	369	1,256	1	14,523			397,330	45,669	109,855
<b>TOTAL</b>	<b>3005</b>	<b>11,233</b>		<b>14,589,618</b>	<b>1,357</b>	<b>5,578</b>		<b>69,673</b>			<b>1,503,716</b>	<b>209,527</b>	<b>524,616</b>
Date 2010	English Health & Medicine Main Page - Page Views	English - Health Total Page Views	English Health Web Page - Rank	DPL Website Total Page Views	Spanish - Salud Main Page - Page Views	Spanish - Salud Total Page Views	Spanish - Salud Rank	DPL Spanish Website - Total Page Views			Database Searches	DPL Evolver Teen Web Site	Secret WonderWeb Kids Site
Jan-Mar, '10	602	2,697	7	3,760,042	318	1,185	1	18,586			388,156	49,454	135,710
Apr-Jun, '10	453	1,726	7	3,482,529	192	761	1	13,821			389,856	47,068	129,776
<b>July-Sept, '10</b>	594	1,118	7	3,088,000	236	802	1	10,907			319,916	36,743	110,258
Oct-Dec, '10													
<b>TOTAL</b>	<b>1649</b>	<b>5,541</b>		<b>10,330,571</b>	<b>746</b>	<b>2,748</b>		<b>43,314</b>			<b>1,097,928</b>	<b>133,265</b>	<b>375,744</b>

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**"Access to Electronic Health Information for Denver"**

**DPL Health Database Usage**

Date	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches	Date	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches
Jan, '02	579	674	1253		Jan, '03	464	165	629	
Feb, '02	652	358	1010		Feb, '03	665	343	1008	
Mar, '02	831	494	1325		Mar, '03	458	316	1637	
Apr, '02	1,068	364	1432		Apr, '03	1,127	324	1,451	
May, '02	460	391	851		May, '03	1,090	241	1,331	
June, '02	816	313	1129		June, '03	918	305	2,782	
July, '02	947	231	1178		July, '03	1,064	197	1,261	
Aug, '02	438	239	677		Aug, '03	1,159	216	1,375	
Sept, '02	596	304	900		Sept, '03	1,123	194	2,636	
Oct, '02	577	325	902		Oct, '03	1,451	381	1,832	
Nov, '02	762	433	1195		Nov, '03	1,316	554	1,870	
Dec, '02	120	329	449		Dec, '03	966	235	1201	
<b>Total</b>	<b>7846</b>	<b>4455</b>	<b>13,980</b>	<b>428,304</b>	<b>Total</b>	<b>11801</b>	<b>629</b>	<b>19013</b>	<b>565,120</b>
Jan, '04	1,116	410	1,526		Jan, '05	2,742	222	2,964	
Feb, '04	4,047	343	4,390		Feb, '05	4,584	289	4,873	
Mar, '04	4,039	321	4,360		Mar, '05	5,089	347	5,436	
Apr, '04	4,180	299	4,479		Apr, '05	4,881	415	5,296	
May, '04	3,169	300	3,469		May, '05	3,678	361	4,039	
June, '04	2,382	206	2,588		June, '05	3,080	181	3,261	
July, '04	2,443	306	2,749		July, '05	2,422	206	2,628	
Aug, '04	2,343	198	2,541		Aug, '05	3,072	264	3,336	
Sept, '04	3,054	240	3,294		Sept, '05	3,475	264	3,739	
Oct, '04	2,977	261	3,238		Oct, '05	3,757	246	4,003	
Nov, '04	2,947	209	3,156		Nov, '05	3,665	273	3,938	
Dec, '04	2,304	255	2,559		Dec, '05	3,068	332	3,400	
<b>Total</b>	<b>35,001</b>	<b>3,348</b>	<b>38,349</b>	<b>946,004</b>	<b>Total</b>	<b>43,513</b>	<b>3,400</b>	<b>46,913</b>	<b>1,393,507</b>

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## "Access to Electronic Health Information for Denver"

### DPL Health Database Usage

Date	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches		Date	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches
Jan, '06	3130	151	3281	116,155		Jan, '07	3392	549	3941	97,888
Feb, '06	3383	183	3566	116,155		Feb, '07	3538	847	4385	97,888
Mar, '06	4049	194	4243	116,155		Mar, '07	3751	866	4617	97,888
Apr, '06	3865	306	4171	135,937		Apr, '07	3824	12	3836	109,873
May, '06	2929	127	3056	135,937		May, '07	2643	229	2872	109,873
June, '06	2430	147	2577	135,937		June, '07	2659	484	3143	109,873
July, '06	2647	333	2980	99,457		July, '07	3302	692	3994	
Aug, '06	2288	268	2556	99,457		Aug, '07	3282	385	3667	
Sept, '06	3161	451	3612	99,457		Sept, '07	3636	552	4188	
Oct, '06	3980	623	4603	120,184		Oct, '07	4253	343	4596	
Nov, '06	3750	655	4405	120,184		Nov, '07	4315	786	5101	
Dec, '06	1866	354	2220	120,184		Dec, '07	2785	1012		
<b>Total</b>	<b>37,478</b>	<b>3,792</b>	<b>41,270</b>	<b>1,415,199</b>		<b>Total</b>	<b>41,380</b>	<b>6,757</b>	<b>44,340</b>	<b>1,296,579</b>
Date 2008	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches		Date 2009	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches
Jan- Mar, '08	4092	2542	6634	370,306		Jan- Mar, '09	1222	3252	4474	381,085
Apr -June, '08	1666	1453	3119	396,882		Apr -June, '09	1648	2817	4465	392,620
July-Sept, '08	1190	1137	2327	398,440		July-Sept, '09	1024	1804	2828	332,681
Oct-Dec, '08	1369	2490	3859	350,310		Oct-Dec, '09	1719	5365	7084	397,330
<b>Total</b>	<b>8,317</b>	<b>7,622</b>	<b>15,939</b>	<b>1,515,938</b>		<b>Total</b>	<b>5,613</b>	<b>13,238</b>	<b>18,851</b>	<b>1,503,716</b>
Date 2010	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches		Date 2011	Health & Wellness Resource Center	Health Reference Center Academic	Combined	Total DPL Database Searches
Jan- Mar, '10	1554	4499	6053	388,156		Jan- Mar, '11				
Apr -June, '10	1714	2106	3820	389,856		Apr -June, '11				
July-Sept, '10	1138	1324	2462	319,916		July-Sept, '11				
Oct-Dec, '10						Oct-Dec, '11				
<b>Total</b>	<b>4,406</b>	<b>7,929</b>	<b>12,335</b>	<b>1,097,928</b>		<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0</b>

1324  
1138

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## "Access to Electronic Health Information for Denver" Web Site Statistics

Date	English Health & Medicine Main Page - Page Views	English - Health Total Page Views	English - Health Web Page - Rank	DPL Website Total Page Views	Spanish - Salud Main Page - Page Views	Spanish - Salud Total Page Views	Spanish - Salud Rank	DPL Spanish Website - Total Page Views	Circ	Catalog Searches	Database Searches	DPL Evolver - Teen Web Site
Jan, '02	554	554	8	442,980						603,333	35,692	
Feb, '02	484	484	8	460,989						603,333	35,692	
Mar, '02	588	588	9	597,563						603,333	35,692	
Apr, '02	664	664	7	572,466						603,333	35,692	
May, '02	443	443	8	530,417						603,333	35,692	
June, '02	456	456	7	578,470						603,333	35,692	
July, '02	574	574	7	730,644						603,333	35,692	
Aug, '02	494	494	7	705,330						603,333	35,692	
Sept, '02	543	543	7	631,817						603,333	35,692	
Oct, '02	585	585	9	736,002						603,333	35,692	
Nov, '02	610	610	10	685,364						603,333	35,692	
Dec, '02	356	356	8	639,460						603,333	35,692	
<b>Total</b>	<b>6351</b>	<b>6351</b>		<b>6,626,823</b>						<b>7,239,996</b>	<b>428,304</b>	
Jan, 03	543	543	11	813,438						792,802	47,093	
Feb, '03	591	591	10	717,679						792,802	47,093	
Mar, '03	567	567	9	751,227						792,802	47,093	
Apr., '03	877	877	7	870,432						792,802	47,093	
May, '03	712	712	7	801,504						792,802	47,093	
June, '03	622	622	7	804,567		Launch	Aug, '03			792,802	47,093	Launch
July, '03	571	571	9	819,179						792,802	47,093	Aug, '03
Aug, '03	562	562	7	789,035	59	59	3	5,301		792,802	47,093	7,988
Sept, '03	631	631	7	812,960	6	6	10	6,563		792,802	47,093	7,568
Oct, '03	739	739	8	846,355	31	31	8	5,573		792,802	47,093	6,936
Nov, '03	665	665	7	752,709	11	11	10	4,409		792,802	47,093	4,311
Dec, '03	671	671	6	756,358	30	30	6	5,451		792,802	47,093	4,262
<b>Total</b>	<b>7751</b>	<b>7751</b>		<b>9,535,443</b>	<b>137</b>	<b>137</b>		<b>27,297</b>		<b>9,513,624</b>	<b>565,116</b>	<b>31,065</b>

*"Access to Electronic Health Information for Denver" is funded by the National Library of Medicine, National Institutes of Health under Contract No. N01-LM-1-3514, subcontract 6281*

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**Attachment 6:  
Subcontractor Quarterly Report**

**Gallup Indian Medical Center  
Gallup Indian Medical Center Grand Rounds**

# Midterm Report

Email completed report to reports@rml4.utah.edu

## **Name and address of reporting institution:**

**Gary J. Vaughn MD**  
**516 East Nizhoni Blvd**  
**Gallup, NM 87301**

## **Project Title: Gallup Indian Medical Center Grand Rounds.**

**Name of person submitting report:** Gary J. Vaughn MD

**Email address:** gary.vaughn@ihs.gov

**Telephone number:** 505-722-1775

**Reporting Period start date:** 9/1/10

**Reporting Period end date:** 11/30/10

## **Publicity:**

**Poster placed for Grand Rounds on “Death and Dying a Navajo Perspective.” Given on June 23<sup>rd</sup>, 2010 by Ida Bradley**

## **Outreach:**

No further talks performed at this time.

## **Other accomplishments:**

After meeting with the Office of Native Medicine at GIMC in September, it was decided that the best way to provide training to our providers in cultural competency was to push ahead with creating online videos available to providers regarding topics in Navajo Culture.

## **Target audience:**

Our target audience has expanded to include health professionals outside of nursing and MDs.

## **Goals, Outcomes, Objectives:**

Our Goal is to start producing online CME sessions in conjunction with the Office of Native Medicine to teach cultural competency to our providers. We are currently awaiting receipt of the grant money so we can purchase the necessary equipment to start producing these talks.

## **Evaluation:**

Only CME evaluations for the talk given by Ida Bradley on death and dying—which were quite favorable.

**Impacts and Observations:**

I can tell you that just by bringing up the possibility for collaboration between traditional MD's and the Office of Native Medicine at GIMC has sparked some significant energy. If the only thing that comes from this process is greater communication from our traditional and "western" providers, then this project has been a success.

**Planned Activities:**

Mostly online CME talks by the members of the Office of Native Medicine.

Anticipated speakers will be:

- 1) Mitze Begay—Navajo and Diabetes management.
- 2) Kathy Morse—perspective of a native provider trained in western medicine
- 3) Stephen Begay—Office of Native Medicine GIMC
- 4) Eric Willie—Office of Native Medicine GIMC

Aquiring the grant money has taken longer than anticipated. Once we have receipt of the money and are able to order the appropriate equipment, we can move forward with creating talks.



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**Attachment 7:  
Subcontractor Quarterly Report**

**Hardrock Council on Substance Abuse  
Hardrock Family Walking Club**

**Reporting Institution:** Hardrock Council on Substance Abuse  
P.O. Box 20  
Kykotsmovi, AZ 86039

**Project Title:** Hardrock Family Walking Club

**Report By:** Angela Witherspoon  
[aw2927@yahoo.com](mailto:aw2927@yahoo.com)  
(928) 725-3501

**Reporting Period Start Date – 08/05/2010**

**Reporting Period End Date – 12/20/2010**

**Publicity:**

One walking club event has taken place and that was publicized by posting flyers throughout the community.

**Outreach:**

All the Hardrock walking Club events will take place in the community of Hardrock, which is located in Navajo county, in Northern Arizona. The event held encompassed twelve families, with 35 in attendance. The original intent of the Hardrock Walking Club was to run the program throughout the summer months when the days are longer and weather is good. This grant award was granted in late fall with the onset of the harsh winter weathers. This has posed a problem for the program. Ninety percent of our roads are dirt as is our walking trails. Therefore, any little rain or snow turns the roads into slippery, muddy surfaces only passable by four-wheel pick-up trucks. These conditions have a vast effect on participation of the Family Walking Club since such conditions cause people to go out only for necessity.

**Other Accomplishments:**

During this time period we had Yamila El-Khayat, Outreach Librarian at the Arizona Health Sciences Library, came out twice. The first time, 08/28/2010, she came out to give a talk to children and youth, Approximately 70+ children and youth were present as this was a big kick off day for back to school. The Purpose of this trip was to train Youth on how to use Medline Plus as a Health Information Resource. The emphasis was on Nutrition and Staying Fit. Training was done in an interactive manner as there was no internet connection available at the time of the training. Participants were presented with Brochures covering what Medline Plus was and were also given examples of how this site could be of use for school and home

The second time, 09/21/2010, she came out to Flagstaff (NAU Cline Library) where a group of community members (Approximately 15 participants) met with us to talk about reliable health resources. The Purpose of this trip was to train adults on how to find reliable health information resources. Participants were introduced to Medline Plus and a demonstration of all the features that the site offers. Laptops were spread out throughout the room to encourage participants to look for information on their own. Participants were also encouraged to ask questions and talk about health problems affecting their communities to look for on Medline Plus and the resources that are offered on this page. The book "You on a Diet" by Dr. Oz was also introduced and bits and pieces of the book were talked about to introduce participants to the importance of the information in the book for the walking club.

In the course of the first event we had an Indian Health Service (IHS) nurse come out of Tuba City to take the blood pressures and weight of our participants. A local physical education teacher also came out to assist with the stretch exercises. The program is in communication with local IHS service workers to assist with the health education aspects of the program once the weather lets up to allow for more walking club events.

One addition to the Family Walking Club event was the horseback ride. Many families in the community own horses and ride on a daily bases. Track rides have sprung up throughout the community and have been observed to be very popular. This component was added to promote male attendance. As speculated ten of our attendees were fathers riding with their children.

The water bottles and the books for the book club have been purchased and passed out as incentives.

**Target audience:**

The addition of the horseback ride to the program has surprisingly brought whole family participation. The target audience seem to be young families, parents ages ranging from twenty-three to early fifties. One group that was originally added in the focus group and has not been able to participate is the elderly population. This is more for safety reasons in preventing falls and exposure to the cold weather.

**Goal, Outcomes, Objectives:**

As previously indicated the timing of this grant period is not very feasible to the climatic conditions of the local area. Nevertheless, the best attempts are being done to conduct summer outdoor activities in the winter. There is a walking club event scheduled for the weekend following Christmas. This event is highly promoted as a time for new beginnings and playing off prospects for New Year's resolutions.

Including the horseback ride as a way of obtaining exercise has been a wonderful innovative idea since this will get more male participation.

Other unforeseeable setbacks have been family emergencies of our sponsoring families. One mother of a sponsoring family had a stroke the morning of the scheduled walking club activity, causing a cancellation of the activity. Others hindrances have been extreme cold and windy conditions and rain as

described earlier. With all this said Hardrock Council on Substance Abuse has been granted to sponsor five walks and has conducted one and the other four will take place between now and March.

**Evaluation:**

Participant registration included a submission of personal data such their names, age, and the family group they belonged to. Participants also submitted to having themselves weighted and a blood pressure check.

**Impacts and Observations:**

Although, it is hard to determine the impact of the program from one event, participants of the first walking club event have been continually called or inquired about upcoming events. This is a positive reinforcement and an indication that the coming events will have much participation.

**Planned Activities:**

Hardrock Chapter (the local community government) has employed some college interns for the winter break and we have been assigned one to work with. The program will use this individual by having some graphic designs created for posters and flyers. The four families to host the Family Walking Club events have been identified and dates are contingent on the weather.

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**Attachment 8:  
Subcontractor Quarterly Report**

**St. Luke's Hospital of Kansas City  
Hospital Library Advocacy**

**Continuity of Health Information Award  
Hospital Library Advocacy  
Quarterly Report**

**Reporting Institution:**

St. Luke's Hospital of Kansas City  
Health Sciences Library  
4141 Mill Street  
Kansas City, MO 64111

**Name of person submitting report:**

Karen Wiederaenders  
[kwiederaenders@saint-lukes.org](mailto:kwiederaenders@saint-lukes.org)  
816-531-0560

**Reporting Period start date:** September 2, 2010

**Reporting Period end date:** December 31, 2010

**Publicity:**

We successfully publicized the project and got a good response to our survey. Completing the survey put respondents in a drawing for a \$100 gift card to either Amazon or Target. This significantly increased participation.

**Other Accomplishments:**

The survey was written, vetted, and distributed. We received 757 responses from nurses, 158 from doctors, 98 from allied health personnel, 82 from the College of Health Sciences students and faculty.

**Target Audience:**

We have identified our target audience and have surveyed them.

**Goals, Outcomes, Objectives:**

We have met our objective of distributing the survey this quarter. We also conducted focus groups with key stakeholder groups to reaffirm that we are asking the right questions.

**Evaluation:** We will start analyzing the results after the Christmas holidays.

**Impacts and Observations:**

We are already seeing an increase in use of the library. Having department heads send out the survey was a good reminder that we are here and that our services are valuable to the health system.

**Planned Activities:**

The next activity will be to analyze the results and write our findings.

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**Attachment 9:  
Subcontractor Quarterly Report**

**University of Colorado - Denver - Health Sciences Library  
Development and Marketing of an Online Community-Building  
Resource for Information Professionals Interested in Library-  
based CTSA Initiatives**

# Quarterly Report

**Name and address of reporting institution:**

UC Anschutz Medical Campus – Health Sciences Library  
12950 E. Montview Blvd.  
Aurora, CO 80045

**Project Title:**

Development and Marketing of an Online Community-Building Resource for Information Professionals Interested in Library-based CTSA Initiatives

**Name of person submitting report:** Adelaide Fletcher

**Email address:** Adelaide.Fletcher@ucdenver.edu

**Telephone number:** 307-710-8080

**Reporting Period start date:** August 15, 2010

**Reporting Period end date:** November 15, 2010

**Publicity:**

None to report.

**Outreach:**

- Presented the paper: “Bringing the Power to the People: An Online Community for Library Based Translational Science Initiatives” at MCMLA 2010 (October 8, 2010), **handout attached**.
- Submitted poster proposal to MLA 2011: “Bringing the Power to the People: An Online Community for Library Based Translational Science Initiatives” (November 1, 2010), **attached**.

**Other accomplishments:**

- Received the subcontract (October 21, 2010).
- Submitted application to COMIRB (October 26, 2010).

**Target audience:**

No changes in regards to the target audience.

**Goals, Outcomes, Objectives:**

According to the project logic model, Q2 should have been spent: compiling a list of known platforms and their features, creating and conducting a web based survey to focus selection of an online platform; rating different platforms based on to be determined criteria; conducting an online web meeting with a handful of selected IP’s to discuss further goals. As the web based survey was designed in Q1 containing a list of known platforms, it was decided not to duplicate the list until the survey results were in. A web survey was already created in Q1. The remaining two goals for this quarter were not completed.



The process of seeking COMIRB approval continues to be delayed, although progress has been made. No indication has been received from COMIRB that the application was received, or where it stands in review. We have applied for exemption from review as this survey does not collect private information and is not a HIPAA risk. We continued to push forward, expecting to issue the survey as soon as COMIRB indicates approval.

**Evaluation:**

Initial design of a survey of CTSA librarians is complete, but awaits COMIRB approval.

**Impacts and Observations:**

Presentation at MCMLA 2010 went exceedingly well. Dana Abbey and I felt the paper was well received and there was much lively discussion during the question and answer period.

**Planned Activities:**

Create platform and invite known participants to contribute; promote to others.

# AN ONLINE COMMUNITY FOR LIBRARY BASED TRANSLATIONAL SCIENCE INITIATIVES

DANA ABBEY, MLS

ADELAIDE FLETCHER, MLIS

NN/LM—Mid Continental Region (MCR)  
UC Denver — Anschutz Medical Campus — Health Sciences Library  
5th Year Project: May 2010—June 2011

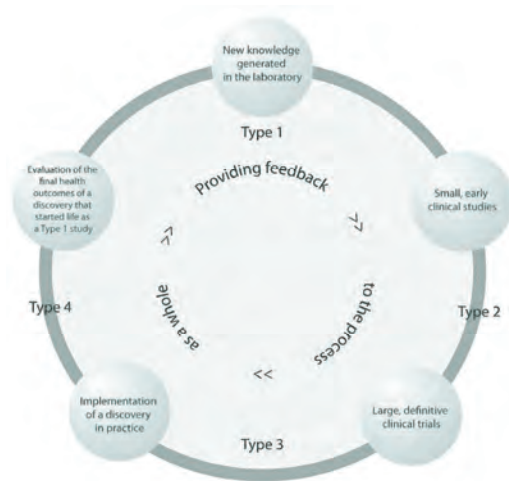
## Librarians at the Cutting Edge of Biomedical Research

### Clinical and Translational Science Awards (CTSA):

-Launched in 2006 by the National Institutes of Health's National Center for Research Resources (NCRR), the CTSA program creates academic homes for clinical and translational science at research institutions across the country. Colorado, Missouri, and Utah are CTSA states. Goals are:

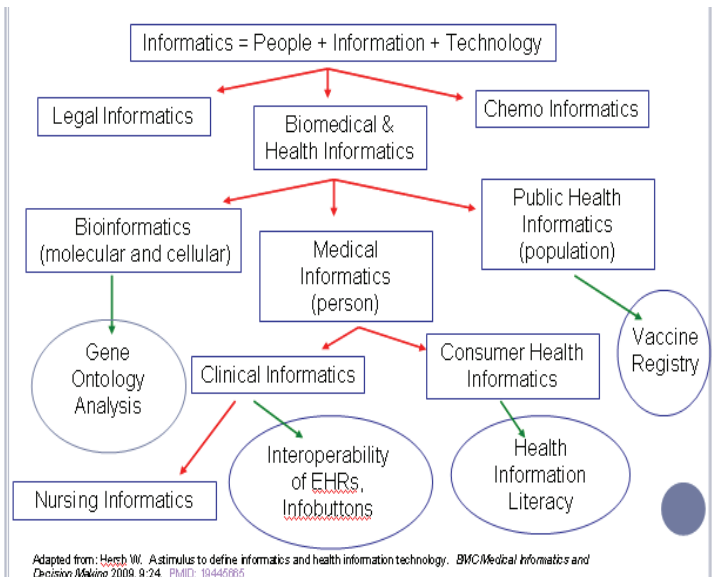
- speed the translation of laboratory discoveries into treatments for patients (T1)
- engage communities and enhancing public trust (T2)
- train a new generation of clinical and translational researchers

### Translational Science:



Graphic from University of Iowa's Institute of Clinical and Translational

### Translational Informatics:



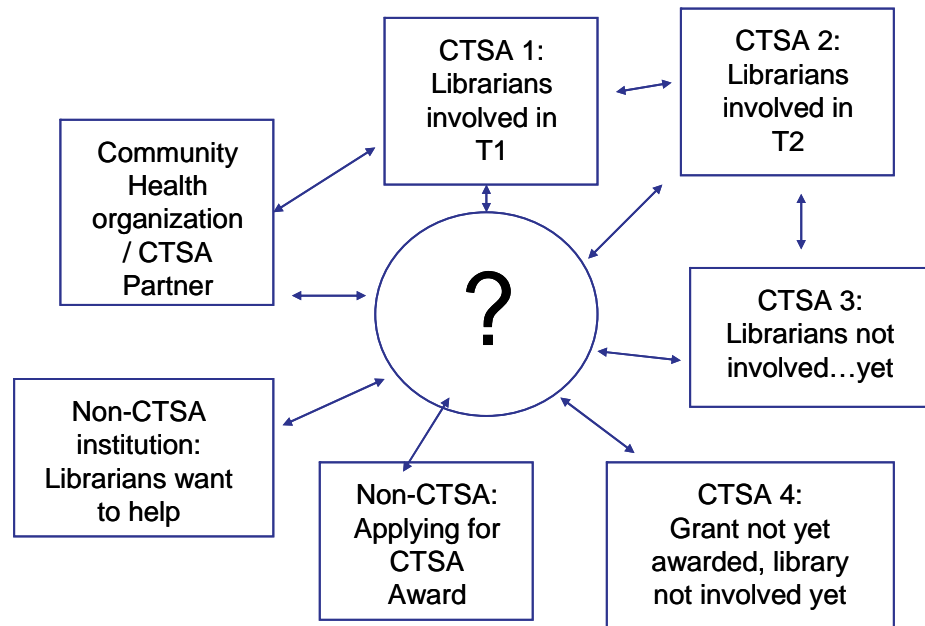
### What is the librarian's role in Translational Research?

- Regulatory compliance
- Scholarly publishing
- Database design and searching
- Health Literacy
- Structured terminology
- Social networking (reference)
- Infobuttons/ EHR support
- Literature searching
- What we've always been doing!

## A NETWORK IS NEEDED!

### Creating a Desiderata for a CTSA Librarian community

- What does it look like?
- Who should use it?
- Who should be invited?
- Who can view it?
- What are the functional requirements?
- What platform comes closest?



## WHEN YOU'RE READY FOR MORE

### Dana Abbey

Consumer Health Coordinator  
National Network of Libraries of Medicine,  
MidContinental Region  
University of Colorado—Anschutz Medical Campus,  
Health Sciences Library  
12950 E. Montview Blvd., A003  
Aurora, CO 80045  
Dana.Abbey@ucdenver.edu  
303-724-2110

### Adelaide Fletcher

Online Educational Services Librarian  
University of Colorado—Anschutz Medical Campus,  
Health Sciences Library  
12950 E. Montview Blvd., A003  
Aurora, CO 80045  
Adelaide.Fletcher@ucdenver.edu  
307-710-8080

CTSA Homepage: <http://www.ctsaweb.org/>

CTSA Interactive Awards Map: ([tinyurl.com/2dgmfwf](http://tinyurl.com/2dgmfwf))  
[http://www.ncrr.nih.gov/clinical\\_research\\_resources/clinical\\_and\\_translational\\_science\\_awards/interactive\\_awards\\_map/](http://www.ncrr.nih.gov/clinical_research_resources/clinical_and_translational_science_awards/interactive_awards_map/)

What is Translational Informatics? ([tinyurl.com/2bra6lk](http://tinyurl.com/2bra6lk))  
<http://cctsi.ucdenver.edu/RIIC/Pages/WhatisTranslationalInformatics.aspx>

Colorado Translational Informatics on Facebook:  
([tinyurl.com/268ked2](http://tinyurl.com/268ked2))  
<http://www.facebook.com/pages/Colorado-Translational-Informatics-Community/136023206424789?ref=ts>

CCTSI Informatics Video Learning: ([tinyurl.com/25b6hae](http://tinyurl.com/25b6hae))  
<http://cctsi.ucdenver.edu/RIIC/Pages/TranslationalInformaticsVideos.aspx>

## Contributed poster proposal: MLA 2011

### Submitted by:

Addie Fletcher  
Online Education Services Librarian  
University of Colorado – Anschutz Medical  
Campus, Health Sciences Library  
12950 E. Montview Blvd., A003  
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307-710-8080

Dana Abbey, Consumer Health Coordinator  
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12950 E. Montview Blvd., A003  
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[dana.abbey@ucdenver.edu](mailto:dana.abbey@ucdenver.edu)  
303-724-2110

**Topic:** The Changing Roles of Librarians

**Title:** Bringing the Power of Information to the People: An Online Community for Translational Science Research Initiatives

**Objectives:** To advance the role of library and information science professionals in clinical and translational science award (CTSA)-related initiatives through the creation of a robust, freely available online community for interaction.

**Methods:** Librarians at institutions with CTSA awards communicate and network via listservs, or leverage affiliations in medical/hospital librarian-oriented associations – often at the exclusion of other library or information science professionals. Developing an online community to support access to and use of the research knowledge base created from CTSA programs will involve the following:

1. Perform an environmental scan of CTSA and related communications channels for librarians and information professionals (IPs) to gain knowledge of existing resources and identify gaps;
2. Identify known CTSA IPs and conduct informal interviews to garner appropriate questions for a web-based survey exploring platform selection;
3. Compile a list of known platforms and their features, create and conduct survey, and determine criteria for rating platforms
4. Solicit input from CTSA IPs to discuss future goals
5. Create, promote, and evaluate use of online community

**Results:** TBD

**Conclusions:** TBD

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**Attachment 10:  
Subcontractor Quarterly Reports**

**University of Kansas Medical Center  
Información de Salud para Promotoras**

# Quarterly Report

**Name and address of reporting institution:**

University of Kansas Medical Center  
Research Institute, Inc.  
3901 Rainbow Boulevard, Mailstop 1039  
Kansas City, KS 66160

**Project Title: Información de Salud para Promotoras****Name of person submitting report: Amy Ritterskamp****Email address:** aritterskamp@kumc.edu**Telephone number:** (913) 588-7168**Reporting Period start date:** August 1, 2010**Reporting Period end date:** October 31, 2010**Publicity:**

None

**Outreach:**

All the training sessions were completed in the previous quarter.

**Other accomplishments:**

None

**Target audience:**

See Goals, Outcomes, Objectives.

**Goals, Outcomes, Objectives:**

While the laptops were available to the Promotoras during this quarter, they did not receive much use. Many still felt uncomfortable with the technology, opting not to attend the training sessions or seek out the laptops for their own use. We did not make the progress we'd hoped for at the outset. We plan to involve the new Promotoras coordinator and have her spend extra time providing instruction and training on a regular basis.

Also, the start of the weight management project was delayed. The laptops are going to play an integral part of this program, as the Promotoras will use them to provide the group with online health information about weight loss. This was to be their first 'research' project and opportunity for assessment of their health literacy skills. We still plan to do this but the start date for the program is still undetermined.

**Evaluation:**

No evaluation happened during this quarter.

**Impacts and Observations:**

It was very ambitious to expect to complete these trainings and get the Promotoras to the point where they felt comfortable and empowered by the technology. When this project is repeated next year with a new class of Promotoras, the timeline should be generously extended, allowing much more instruction time. Sessions should be scheduled weekly, if not twice a week, with extra time for hands-on training.

**Planned Activities:**

We will continue working with the Promotoras on their computer skills, encouraging them to practice and get comfortable using the technology available to them.

# Quarterly Report

**Name and address of reporting institution:**

University of Kansas Medical Center  
Research Institute, Inc.  
3901 Rainbow Boulevard, Mailstop 1039  
Kansas City, KS 66160

**Project Title: Información de Salud para Promotoras****Name of person submitting report: Amy Ritterskamp****Email address:** aritterskamp@kumc.edu**Telephone number:** (913) 588-7168**Reporting Period start date:** November 1, 2010**Reporting Period end date:** January 31, 2011**Publicity:**

None

**Outreach:**

None

**Other accomplishments:**

The Department of Preventive Medicine at KU Medical Center received a sizeable U54 grant to do cancer research and education among minority populations in rural Kansas. Dykes Library will be collaborating with them to connect with libraries in the target communities. Part of the grant is to establish Promotores programs in these communities; we hope to provide training information and curriculum once they are ready to begin working with the new health navigators.

**Target audience:**

The group has varying degrees of computer skills. Instead of throwing them all into a series of classes together, it would have been best to assess their skill level then structure the trainings accordingly. It's become clear those with no experience with computers needed much more time with the laptops. Offering the training on finding health information online later, once the group has the same skill level, would have increased its impact.

**Goals, Outcomes, Objectives:**

We had planned for the Promotoras to use their skills with a weight management group that was to be started through another collaboration with KUMC. Unfortunately, this project has been delayed. While it has postponed the Promotoras' opportunity to provide health information, it has given those in the group who weren't as comfortable with the laptops to gain skills and



experience. Hopefully a larger group can get involved and provide support and information about weight loss to the group.

El Centro was fortunate to establish a position for a dedicated Promotoras Coordinator during this time period. This person has worked with the Promotoras on the laptops on a more consistent and recurring basis. She targeted those most resistant to using technology, having them come in three to four times a week, two hours at a time. This time was built into their schedule as part of their meeting time and was not optional. They worked on basic computer skills, typing, using Microsoft Office, and establishing e-mail accounts. The pace and consistency seemed more effective, as they all have noticeably improved their skills.

We plan to have business cards printed for the Promotoras. In talking further with the program coordinators at El Centro, they felt a monetary incentive was counterproductive; it's their hope these women will participate in the spirit of volunteerism and advocacy. Instead, these funds will be spent on designing and printing generic business cards the Promotoras can personalize then pass out to peers. This will give the program a brand identity as well as legitimacy. We will also print brochures or other promotional materials with their brand identity to support the program and share resources with the community.

In addition, some of the incentive funds were spent on a wireless portable printer and ink. The group expressed a desire to be able to print materials for people while in the field. We felt this was a practical use of funds and would increase their impact with the community.

**Evaluation:**

None. We will give a final assessment in the coming weeks to determine the general technology comfort level of the Promotoras, now that they have increased access to the laptops. We will also assess any interactions they've had with peers, noting best practices for how to approach peers as well as the general types of information they seek.

**Impacts and Observations:**

None.

**Planned Activities:**

To close the project, we will conduct the assessment and have the aforementioned materials printed.

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**Attachment 11:  
Subcontractor Quarterly Report**

**University of Utah - Eccles Health Sciences Library  
Development of an Open Source Research Process Assistance  
Template that Supports CTSA and Research Initiatives**

# Quarterly Report

## **Name and address of reporting institution:**

University of Utah, Spencer S. Eccles Health Sciences Library

10 North 1900 East, Building 589

Salt Lake City, UT 84112-5890

**Project Title:** Development of an Open Source Research Process Assistance Template that Supports CTSA and Research Initiatives

## **Name of person submitting report:**

Jean P. Shipman

**Email address:** jean.shipman@utah.edu

**Telephone number:** 801-581-8771

**Reporting Period start date:** October 1, 2010

**Reporting Period end date:** December 31, 2010

## **Publicity:**

A presentation about MyRA was given at the 2010 Midcontinental Chapter of the Medical Library Association annual meeting on October 8<sup>th</sup>. A copy of the PowerPoint presentation can be provided upon request. An abstract for a presentation at MLA 2011 was submitted but not accepted. A University of Utah CRAM session (Clinical Research and Methods) was given by the Biomedical Informatics Department's Scott Narus, who is co-chair of the MyRA Team, which included a portion on MyRA and introduced the web site to university personnel.

A brief overview of MyRA was given at an informal meeting of librarians at the AAHSL meeting in November. Many AAHSL member librarians attended that are either currently supporting or are interested in supporting CTSA awardees within their institutions. There was a lot of discussion about how libraries can support research within their institutions and MyRA seemed to be the most concrete example of how to achieve such. Ms. Shipman has fielded ad hoc questions from other library directors as a result of this overview.

The outline for a professional publication about the needs assessment process and outcomes conducted for MyRA has been drafted but no additional work has been completed.

## **Outreach:**

None to report.

## **Other accomplishments:**

A lot of emphasis was placed this quarter on populating the MyRA v 1.0 Web site – see <http://www.cts.utah.edu/myra/>. We have contacted the University Health Care System to get

boilerplate descriptions for many of the University units, centers, schools and colleges to post on MyRA so that grant writers can use these for uniformity and efficiency. Information that corresponds to that collected for the University of Utah was obtained from one of the CTSA Award partners – Intermountain Healthcare – and this information was added to the MyRA web site.

The Office of Sponsored Projects was contacted to see if they could provide examples of good and bad grant proposals for posting on MyRA for grant writers to review. They were not able to contribute such due to privacy issues but recommended that we could contact individual PIs to obtain their permission to post. To date, this has not been done.

The technical employee who had been assigned to work on MyRA development ended his work with the project around the end of October. A replacement for him is being recruited by the Biomedical Informatics Department. [Architectural design documents for MyRA v 2.0 have been completed and will be used to develop this version.](#)

Meanwhile, a subgroup of the new University of Utah Clinical Research Committee has exhibited interest in MyRA. This subgroup consists of six individuals. They will meet in the New Year to review the web site contents to date and to suggest additional resources and links.

To complement the MyRA virtual space, a physical research support center is being planned for placement within the lower level of the Spencer S. Eccles Health Sciences Library. Within this space, the administration for the University's CTSA Award will be housed. [This space will provide a central place where individuals can get assistance with their research information needs regardless of their level of research experience. It is envisioned that a full-time concierge will be located within the space to provide guidance and to connect individuals needing specific expertise to those who can offer such. Examples of such expertise include biostatistical support, database design instruction, clinical trial execution, comprehensive literature reviews, presentation skill development, clinical data base searching techniques, and research dissemination options, etc.](#) Jean Shipman met with CTSA representatives and a space designer and project manager to review designs for the space. The design should be completed by the end of December and send out for construction bid for early 2011.

**Target audience:**

None to report.

**Goals, Outcomes, Objectives:**

The subcommittee of the MyRA committee to storyboard the advanced version (version 2) of the virtual MyRA has been put on hold until a new computer professional is recruited. Needless to say, this loss of personnel has had a major impact on any progress being achieved to the more sophisticated interface and infrastructure design.

**Evaluation:**

None to report.

**Impacts and Observations:**

Jean Shipman has received positive comments from some University researchers after the CRAM session as to how valuable MyRA will be in supporting researchers at the University.

**Planned Activities:**

1. Additional content will be added to MyRA 1.0 and identified for inclusion in MyRA 2.0.
2. A subcommittee of the University's MyRA Committee will work with technical staff to storyboard the design of MyRA 2.0 once a new computer professional is hired.
3. The MyRA needs assessment publication outline will be further refined and shared with all authors.
4. Additional information architecture work on MyRA 2.0 will be completed.
5. A new computer professional will be assigned to the project.
6. The Clinical Research Committee MyRA Subcommittee will meet to review the web site contents.
7. Design of a physical research support center within the Spencer S. Eccles Health Sciences Library will be completed and construction of the center will begin.
8. Request a no-fund extension for the project.

 Search

- Ask MyRA
- Find a Resource
- Funding Opportunities
- Data
- Grant Writing
- Publication/Dissemination
- Regulations
- Scientific Integrity & Ethics
- Collaborate
- Related Readings
- Training
- U of U Information
- Disclaimer

RELATED WEBSITES

- IRB
- VP for Research
- OSP

LOG IN



Campus Information System

## My Research Assistant (MyRA) — A One-Stop Shop for Research Resources

### Ask MyRA

If you have a question about the research process, feedback about what we should include on this site, or anything else related then feel free to **Ask MyRA!**

#### MISSION

MyRA (My Research Assistant) is a web research portal that provides resources and tools for and about research for the University of Utah as well as it's research partners and affiliates.

#### VISION

MyRA is the central place where researchers go to explore, manage, initiate, and direct their research. It provides information and guidance at every step of the research process. MyRA answers questions, pushes relevant information to the user on a regular basis, invites exploration or directly supports rapid decision-making. It supports collaboration among various participants in the research process (e.g., senior or junior researcher, clinician, student, patient, and interested public). MyRA is the electronic entréz to FURThER and other developed or collected tools, and is supplemented by a physical space that specifically assists researchers throughout their research processes.



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**Attachment 12:  
Subcontractor Quarterly and Final Reports**

**Washington University  
Mobile School Health Information Initiative (MoSHI)**

# Quarterly Report

Email completed report to [reports@rml4.utah.edu](mailto:reports@rml4.utah.edu)

## **Name and address of reporting institution:**

Becker Medical Library, Washington University School of Medicine  
660 S. Euclid Ave., Campus Box 8132  
St. Louis, MO 63110-1010

## **Project Title:** Mobile School Health Information Initiative (MoSHI)

**Name of person submitting report:** Will Olmstadt

**Email address:** olm stadtw@wusm.wustl.edu

**Telephone number:** 314-362-4734

**Reporting Period start date:** August 1, 2010

**Reporting Period end date:** November 15, 2010

## **Publicity:**

There is no additional publicity to report for this quarter.

## **Outreach:**

We will have OARF to submit for next quarter.

## **Other accomplishments:**

On October 6, 2010, as part of national Media Literacy Week activities, Will Olmstadt and Judy Hansen hosted a panel, *Mental Health and Substance Abuse Messages: Truth or Consequences*, on the school of medicine campus. The panel featured 2 local experts dissecting media messages about eating disorders and substance abuse, with tips on how educators can make students more informed consumers of media.

Over 20 people attended, and more than half were not Washington University affiliates. Evaluations were favorable. This is another example of Becker Library's sustained relationship with one of our MoSHI community allies, Gateway Media Literacy Partners.

Additionally, Will Olmstadt was nominated for the board of Gateway Media Literacy Partners.

Will Olmstadt presented about MoSHI as part of a round table presentation at the American Public Health Association (APHA) annual meeting in Denver, Colorado, on November 9, 2010. The official program abstract is at <http://apha.confex.com/apha/138am/webprogram/Session30901.html>. The session was attended by 9 people. Other roundtable presenters and moderators were impressed by MoSHI. APHA is the largest gathering of public health professionals, and it is gratifying to have the merits of MoSHI recognized by conference attendees.



**Target audience:**

Investigators spent the month of October 2010 trying to get an audience with the administrator responsible for K-12 librarians in the St. Louis city public schools. Multiple e-mails and voice mails went unreturned, or were incompletely returned at odd hours when MoSHI investigators were not available. Becker Library has tried creative ways to work with this administrator, with no success. Investigators also inquired with a Becker Library staff member's spouse, who is a science teacher in the city public schools, about other, more responsive contacts. Unfortunately, the known contact is the gatekeeper for offering the MoSHI presentation.

In this process, Becker Library learned that the city public schools no longer have a district-level coordinator devoted to their school media centers. That person departed last year and her duties were absorbed by an existing superintendent. In terms of the target audience, investigators wonder how common this has become nationwide.

MoSHI funding will expire before investigators can administratively navigate the process of presenting to the city public schools. The final report will offer suggestions for a more intensive effort targeting the St. Louis city public schools. This might be a candidate for future funding from NN/LM MCR. The MoSHI project has reached a significant number of its target audience members in other venues.

**Goals, Outcomes, Objectives:**

As outlined in the project budget, Will Olmstadt presented about MoSHI during the MidContinental Medical Library Association annual meeting in Wichita, KS, on October 8, 2010.

**Evaluation:***In-Class Evaluations*

There are no additional in-class evaluations for this quarter.

*Three-month evaluations*

On September 7, 2010, investigators sent three-month evaluations to three groups who did not receive them. The e-mails were purposely sent after Labor Day in an effort to ensure all participants resumed school and were checking work e-mail addresses. One reminder was e-mailed on September 21. Investigators closed three-month data collection on October 7.

**For all follow-up surveys**, not just those sent this past quarter, we have 23 usable, completed three-month evaluations from 45 e-mail addresses. Only one e-mail was unusable, and investigators researched it, found a correct one, and resent the invitation. One person opted out of the three-month evaluation.

Even with a reminder, we only achieved a response rate of 51% on the follow-up evaluations. This does not meet the stated goal in our logic model of an 80% response rate for both in-class and three-month evaluations.

Responses indicate MoSHI is successful and meeting the outcomes specified in our logic model. The summary of all three-month evaluations follows.

### MoSHI Follow-up from Becker Library

Please indicate the grade level(s) of library in which you work.		
Answer Options	Response Percent	Response Count
Elementary	53.3%	8
Middle or junior high	40.0%	6
High school	26.7%	4
Other (please specify)		8
<i>answered question</i>		<b>15</b>
<i>skipped question</i>		<b>8</b>

Since the MoSHI presentation, which of the following credible health information web sites have you continued to use, and for what purpose have you used them?			
Answer Options	Used for my school (teachers, students, administrators, parents)	Used for myself	Response Count
MedlinePlus.gov	18	15	20
KidsHealth.org	14	8	16
AIDS Info	0	0	0
Genetics Home Reference	1	0	1
Household Products Database	5	3	6
NIH Senior Health	4	1	4
Partners in Information Access to Public Health	1	1	2
ToxMystery	2	1	2
ToxTown	6	1	6
Other (please specify)			2
<i>answered question</i>			<b>20</b>
<i>skipped question</i>			<b>3</b>

Please rate your confidence in identifying and locating credible health information on the web 3 months after participating in the MoSHI curriculum.		
Answer Options	Response Percent	Response Count
Very confident	65.2%	15
Somewhat more confident	21.7%	5
About as confident	13.0%	3
Less confident	0.0%	0
<i>answered question</i>		<b>23</b>
<i>skipped question</i>		<b>0</b>

Have you been able to use the principles of media literacy from the MoSHI curriculum to evaluate health information messages?		
Answer Options	Response Percent	Response Count
No	40.9%	9
Yes	59.1%	13
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>1</b>

New, unreported comments from the final open-ended question:

“Please see my above comment - we use this with health classes frequently - our teachers love this resource for all the right reasons - just recently health classes used it to research "Fad Diets".”

“I am a middle school librarian and I teach a unit on heart health each semester to my health classes. I shared these resources with the students and teachers. I am also a volunteer with WomenHeart and The American Heart Association. I have shared the information from this class with a support group I attend and with several individuals I have met through my volunteer work. Thanks so much for making this available.”

“Continuously use the health resources on a daily basis, increased my confidence and efficiency of use.”

### Impacts and Observations:

Please see “Other Accomplishments” above for examples of the impact the MoSHI curriculum has had in working with our community partners.

### Planned Activities:

- We will deliver the MoSHI curriculum to the following groups in the final quarter of the project:
  - **Mary Institute and St. Louis Country Day School**, November 16, 2010
    - Projected audience includes upper school librarians and health teacher
  - **Parkway School District**, December 2, 2010
    - Projected audience of 25-30 librarians in one of the largest school districts in St. Louis County
- We are polling the Rockwood and Lindbergh districts in St. Louis County for their interest.



# BECKER Medical Library

## Mobile School Health Information (MoSHI) Project



Final Report  
February 1, 2010 – March 31, 2011

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Submitted March 31, 2011

# Executive Summary

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## *Project Results*

- The Mobile School Health Information Initiative (MoSHI) trained 93 people at 8 sites during its funding cycle. Based on demographics from in-class evaluations, more than half of participants served either elementary or high school populations.
- The MoSHI project achieved a 91% response rate for in-class evaluations and a 54% response rate for the follow-up web evaluation.
- The evaluation plan specified 2 short-term and 2 near-term objectives to be measured by the in-class evaluation and a follow-up evaluation, respectively. Data suggest the project met or exceeded all 4 objectives.

## *Lessons about the Audience*

- Continued budget shortfalls in public school districts may limit the availability of qualified school librarians.
  - Some districts are reducing school library positions through attrition or retirement incentives. These districts may then ask remaining employees to supervise 2 or more school libraries.
- Private and charter schools may not necessarily have a staffed library.
  - Charter schools may not have librarians on staff at all.
  - Parochial schools may have parents, volunteers, and retirees staffing the library.
- Child advocates and parents should be aware the connection between teaching and learning requires more than just hiring credentialed classroom teachers. Properly staffed school libraries impact lifetime reading habits and scores on standard tests of reading.

## *Lessons for Health Science Libraries*

- Health science librarians are in a unique position to share knowledge and learn from our colleagues in school libraries. K-12 students are future health care professionals. The number of participants who had never used NLM web sites suggests that health science librarians are missing an outreach opportunity.
- For health science librarians, completing a small project like MoSHI can yield big benefits. There was great interest from our faculty in adapting MoSHI to deliver credible information to patients and community members.

## 2. Geographic Region & Number of Counties

---

The MoSHI project reached people in the following 12 counties:

<i>Missouri</i>		
Callaway		Pulaski
Clay		St. Charles
Franklin		St. Louis City
Jefferson		St. Louis County
Lincoln		Warren
Morgan		<i>Illinois</i>
		Madison

Please see the detailed maps of participation by ZIP code at the end of this report. These maps are useful, but static. We used the free Batch Geo web site to make an interactive map of participants: <http://batchgeo.com/map/71fa273bcffdab6e43855202d9f9f76>

## 3. Collaborations/Partnerships

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### **School Outreach & Youth Development**, BJC HealthCare, St. Louis, MO

This office is one of our original allies for K-12 outreach, since 2009. For this project, two educators from this office facilitated the MoSHI curriculum being part of the Explore Health April 2010 event for the Archdiocese of St. Louis school librarians and staff.

**Current status:** School Outreach & Youth Development (SOYD) and Becker Medical Library continue to work together on relevant projects. SOYD personnel will be reviewers for Becker Medical Library's updated strategic plan.

### **Gateway Media Literacy Partners, Inc.**, St. Louis, MO

Another local ally working with K-12 audiences, Gateway Media Literacy Partners (GMLP) was also part of our pilot MoSHI class in October 2009. With their assistance, we modeled the media literacy portion of MoSHI training after national media literacy education standards.

**Current status:** Becker Medical Library remains an Institutional Member of GMLP. MoSHI investigator Will Olmstadt was elected to the Board of Directors of GMLP in 2011.

### **Family Resource Center**, St. Louis Children's Hospital, St. Louis, MO

Becker Medical Library has provided the librarian for the Family Resource Center (FRC) for more than 10 years. Presently, that librarian is MoSHI investigator Judy Hansen. Judy's involvement in the MoSHI project enhanced the visibility of the FRC.

**Current status:** The sustainability of MoSHI lies in the continued strength of the Becker Medical Library/FRC relationship. (See this report's section 13.)

#### 4. Training

---

OARF are complete and approved for activities under this project. The project proposal estimated we could train at least 100 people, and we came very close to that.

- There were 8 training sessions as part of this project.
- No session had more than half minority participants. However, almost all participants were women.
- There were 93 participants total.
- While the OARF reports 57 participants were Public/Other Library Staff members, and 36 were General Public, these categories were difficult to use because they did not accurately reflect school district personnel. For example, physical education teachers are not “Other Library Staff members,” but it may be misleading in the context of this project to call them “General Public.” Project staff assigned the best category available.

#### 5. Training Sites

---

Hands-on training was available at almost all sites, either with on-site computers, or because K-12 personnel had their own laptops.

<b>Location</b>	<b>Description</b>
Kirkwood School District	District office conference room
SLRLN Tech EXPO 5	Computer classroom at local technical college
Mo. Assn. of School Librarians	Conference room at hotel
BJC Explore Health/Archdiocese	Computer classroom
MICDS	Upper school library training area
Parkway School District	Middle school library
Ft. Zumwalt West High School	High school library
Ft. Zumwalt North High School	High school library

#### 6. Exhibits

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MoSHI staff were told to count our roundtable presentation at the American Public Health Association annual meeting in Denver, Colorado, as an exhibit. However, we were part of the Scientific Sessions, not “exhibiting” on the Expo Floor. Regardless, we had 9 people attend the roundtable and the general impression of the MoSHI project was favorable. One attendee was a professor in teacher education courses, and remarked how aspiring teachers get little exposure to finding quality health information, or working with their school librarian.

## **7. Resource materials**

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The main workbook for the course, and a special “idea book” developed with examples of *evaluating web information*, have been submitted to the MidContinental Region offices as requested.

Externally produced marketing collateral is at the end of this report, including a picture of our giveaway items.

We have pictures of events from the beginning of this project, but we refrain from using them widely because they feature the old Medline Plus.

## **8. Web sites**

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At the request of campus public affairs, we quickly created <http://becker.wustl.edu/moshi> for press releases. This site is not intended to substitute for our in-person curriculum or host training materials for download. Training materials have already been provided to the MidContinental Region for deposit in appropriate venues. Becker Library will continue to maintain this site.

## **9. Document delivery & reference services**

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Not applicable to this project

## **10. Approaches and Interventions Used**

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Judy Hansen did the bulk of marketing the MoSHI project to schools. Her contacts were invaluable, and her credibility as a recent school librarian made this project possible. Contact was generally made by e-mail or in person, using a standard description of the course and describing our past successes. (See the follow-up questions for more on this.)

Networking with our collaborators (see section 3) proved to be a successful approach to identifying and scheduling sessions. The BJC School Outreach & Youth Development coordinators approached us about partnering with them on the Explore Health mini-conference with Archdiocesan schools staff. Encouraged by the success of our pilot class, our associates from Gateway Media Literacy Partners suggested that we present at the Missouri Association of School Librarians (MASL) Spring Conference 2010, which led to our workshop there. The MASL community was another key organization for scheduling and marketing the MoSHI project. As a member of the organization, and its subgroup, the St. Louis Suburban School Librarians Association (SLSSLA), Judy Hansen was able to use the MASL listserv to contact school district library coordinators and individual school librarians to market the MoSHI project and offer to schedule sessions. Since contacts from MASL and SLSSLA included private schools as well as public, these efforts broadened the reach of the project and led to other connections. It was an SLSSLA member, for example, who invited us to participate in the St. Louis Regional Library Network’s (SLRLN) Tech Expo in March 2010.



Success breeds success, and the popularity of the MoSHI class had a “snowball” effect. A school librarian who came to the SLRLN’s Tech Expo, for example, approached us about coming to her district’s monthly librarians meeting. A presentation to high school librarians in the Fort Zumwalt School District led to an opportunity to present at a district-wide in-service day that included school librarians and staff from various disciplines and grade levels.

The MoSHI class proved to be adaptable to different audiences. We took care to find out what each group was interested in learning from the sources we were promoting. We tweaked each presentation and the promotion for each event to meet the needs of those participating.

## 11. Evaluation

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The logic model specified a 2-part evaluation, with 2 objectives for each part.

Both evaluations were approved for exemption by Washington University Human Research Protection Office.

The MoSHI project had 93 participants, diligently counted by investigators during training sessions. However, the number of in-class and follow-up evaluations will differ. We could not force participants to complete either evaluation. All responses were voluntary and self-reported.

### *In-class (short-term) evaluations*

In-class or short-term evaluations were packaged with the MoSHI workbook. The evaluation page was perforated at the left so it would tear out of the workbook easily. Participants returned these immediately upon completion of the class. Investigators tabulated these with an Access database created by Will Olmstadt.

We received 85 in-class evaluations from 93 participants, for a 91% response rate.

The in-class evaluations provide data to support that we met the following objectives:

<b>Objective 1a:</b>
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At the end of a training session, 80% of participants will have at least one idea about integrating health information resources into their curriculum.
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<b>Measurable indicator:</b> % of participants with at least one integration idea
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<b>Target:</b> 80% of participants
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<b>Timeframe:</b> Immediately upon completion of training
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<b>Result:</b> <u>Met or exceeded.</u> 96% of participants reported leaving training with at least one idea about integrating health information resources into their curricula.
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<b>Objective 1b:</b>
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At the end of a training session, 80% of participants will be able to report at least one resource they learned about locating credible health information on the web.
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**Measurable indicator:** % of participants able to report at least one resource they learned  
**Target:** 80% of participants  
**Timeframe:** Immediately upon completion of training  
**Result:** Met or exceeded. Far more than 80% (closer to 100%) of participants *correctly* named at least one health information resource presented during training.

*Follow-up (near-term) evaluations*

At all 8 training sessions, participants were asked to supply e-mail addresses. Depending on when the session was conducted, participants were later e-mailed a follow-up survey using Survey Monkey. We did not send follow-up surveys during the summer since most of the librarians in our population have 9-month contracts. Participants in the early 2011 sessions had to receive their follow-up evaluation before this final report was due.<sup>1</sup> We sent one reminder e-mail via Survey Monkey to non-respondents, typically 1-2 weeks after the initial invitation.<sup>2</sup>

There were some illegible or unusable e-mail addresses, but they are included in the right column below anyway. We received 47 replies from 87 e-mail addresses, for a 54% response rate.

Location	Survey Monkey Replied	Survey Monkey Sent
Kirkwood School District	6	9
SLRLN Tech EXPO 5	10	14
Mo. Assn. of School Librarians	2	5
BJC Explore Health/Archdiocese	5	17
MICDS	2	3
Parkway School District	12	22
Ft. Zumwalt West High School	3	3
Ft. Zumwalt North High School	7	14
Totals	47	87

The follow-up evaluations provide data to support that we met the following objectives:

**Objective 1c:**

Three months after training, 50% of participants will report increased confidence in locating credible health information on the web

**Measurable indicator:** % of participants reporting feeling more confident about locating credible health information on the web

**Target:** 50% of participants

**Timeframe:** Three months after training

**Result:** Met or exceeded. 60% of participants reported being “very confident” after the MoSHI curriculum. This was a required question - all respondents answered.

<sup>1</sup> For the entire project, the average time between training and the first follow-up invitation was 88 days, or about 2.9 months, though we could not wait that long for some groups.

<sup>2</sup> For the entire project, reminders were sent an average of 11.5 days after the first invitation.

**Objective 1d:**

Three months after training, 50% of participants will report continuing to use NLM products or MoSHI curriculum materials in their schools.

**Measurable indicator:** % of participants reporting use of NLM products or MoSHI materials

**Target:** 50% of participants

**Timeframe:** Three months after training

**Result:** Met. 32/38 respondents (84%) reported continuing to use Medline Plus for their school, teachers or administrators. The structure of this question on the follow-up evaluation made it difficult to require an answer. All but 5 respondents answered.

*Anecdotal evaluation*

Both evaluations had open-ended questions designed to elicit written feedback. Below is a sample of the comments made:

- “Totally useable information.”
- “...we use this with health classes frequently - our teachers love this resource for all the right reasons...”
- “We have a tool to talk to our chemistry and physical education teachers now. I can’t wait to get back to my library.”
- “I am a middle school librarian and I teach a unit on heart health each semester to my health classes. I shared these resources with the students and teachers.”
- “...have shared it with my school nurse. I even shared it with my husband who is in the Worker's Compensation Claims profession.”

*Surprises*

The two most negative in-class evaluations said the curriculum was too general to be useful, and needed to be tied to a lesson plan. These evaluations were from an event hosted and marketed by one of our community allies. We are uncertain what created the expectation we would use a specific lesson plan. This is a risk when letting external groups coordinate events.

While emphasizing he liked the course, one participant did tell us in class that “some whacko parents don’t trust government web sites.”

**12. Problems/barriers encountered**

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Please see the challenges we describe in other sections of this report:

- Promotion/marketing (addressed in follow-up questions)
- Training (addressed in follow-up questions and section 11)
- Personnel/staffing (addressed in section 13)

### **13. Continuation Plans**

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The main obstacle to continuing the project was locating funds to pay for the ongoing participation of librarian Judy Hansen. Judy is a part-time employee of the Becker Medical Library whose salary is paid by St. Louis Children's Hospital (SLCH) for her position as librarian for their Family Resource Center (FRC). Funds from this award covered the additional hours Judy spent on the MoSHI project, and Becker Medical Library could not provide the wages for those additional hours once MoSHI funding expired.

In January 2011, this situation was addressed through an agreement with SLCH. Judy Hansen will take part in future MoSHI activities as part of her regular job functions. SLCH administration was impressed with the success of the MoSHI project, and views her continuing involvement as a valuable extension of the community engagement goals and overall mission of the Family Resource Center. Judy's experience as a consumer health librarian, former teacher, and school librarian was pivotal to the project's success. This agreement with the administration of St. Louis Children's Hospital removes the key barrier to continuing the MoSHI project.

Will Olmstadt and Bob Engeszer will continue to participate in the project as part of their regular duties at Becker Medical Library. Expenses for additional materials and travel-related expenses will be assumed by the Becker Medical Library.

### **14. Impact**

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For Becker Medical Library, MoSHI has yielded benefits far beyond its funding. The exposure we received throughout the St. Louis metropolitan region as a result of this project has led to additional opportunities to engage the community beyond K-12 schools.

For example, after funding formally ended, we were invited to present the MoSHI curriculum in a local school of education to undergraduate student teachers pursuing their initial Missouri certification. This let us engage the community beyond K-12 schools, reach another generation of students, and keep the spirit of MoSHI alive in a different setting.

The experience gained through this project has also prepared us to work more effectively with our faculty engaged in community-based research. In practical terms, lessons learned from the project will be applied in an NIH-funded project to provide community organizations and health providers with methods for accessing reliable health information. From a perception standpoint, the success of the program improves our credibility with our faculty when we discuss how Becker Medical Library can support their work in the St. Louis community.

The MoSHI project has been featured in university news releases and has greatly increased awareness of our outreach programs in the Washington University community.

## 15. Recommendations for improvement

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This project was designed for a Continuity of Health Information Award for health literacy. While MoSHI did not focus on reading and numerical skills, the training addressed *access to credible health information* in the spirit of paving the way for improved health literacy.

A true study of health literacy improvement from information outreach would require more resources than a Continuity of Health Information Award. Researchers would have to gather baseline data and objective measures of health knowledge (e.g., student grades or teacher evaluations) to reduce the problems inherent with self-reporting. Such research, some of it involving minors, is beyond the mission of Becker Medical Library.

Investigators cannot assert *causation* between our curriculum and results. MoSHI was not designed as an experiment, and permission was not sought from the Human Research Protection Office to link respondents with their evaluations, use true control groups, or obtain baseline data for future comparison.

Given our survey of existing programs in the funding proposal, it seems unlikely there was a competing health information outreach program from a library in the St. Louis metropolitan area during 2010-2011. The *local effort* behind MoSHI was unique. We are also proud of our efforts to measure the *retention* of our curriculum, since much “training” is measured only by one-time, cross-sectional evaluations.

We missed some key evaluation elements. MoSHI gathered no data about participant years of experience or age. We do not have evaluation data to measure the use of health information resources by younger or newer school librarians. The evaluation did not have a simple way of sorting school librarians from other staff, or noting personnel who were in a dual role (e.g., the school librarian and an English teacher.) Such questions emerged over the life of the project, and we were not free to alter the evaluation once approved by Washington University.

The project proposal assumed an 80% response rate for both evaluations. Even with a reminder, MoSHI achieved a 54% response rate for the web follow-up. Informally, we are pleased. Past surveys from Becker Medical Library have had very low response rates. Our institutional policies prohibit offering incentives to participants (e.g., gift cards) to encourage survey completion. Other organizations seeking to replicate MoSHI may have better methods of ensuring survey response.

Several people suggested we apply for official continuing education credit for MoSHI, through the Missouri Department of Elementary and Secondary Education (DESE). Offering this might entice groups or districts to contact us. However, we learned that districts vary widely in their approaches to and requirements for professional development. We will investigate applying for CE authorization if the benefits to our audience balance with the time and effort involved.

We hoped to demonstrate a consumer health curriculum could be delivered to an overlooked audience to (a) increase their confidence with unfamiliar resources and (b) help school librarians champion quality health information in their schools. In general, we feel MoSHI succeeded.

## Follow-up Questions

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1. Please see section 11 of this report. The objectives and timeframes are directly from the project proposal. Data suggest we met all objectives.
2. Please see the lessons we learned in section 15. Our successful strategies are also described in section 10.
3. In addition to the lessons in section 15, if we were starting over:
  - a. We would not *assume* interest from large urban districts, such as St. Louis City.
  - b. Implement a more systematic process for contacting librarians and following up with them based on the school calendar. Attempts to contact librarians at the end of the school year were not successful. Invitations seemed to be forgotten or ignored over the summer. Make as many contacts as possible in August and then follow up at two-month intervals with reminders.
4. What advice would we give?
  - a. Some school districts plan their meetings for librarians a year at a time, and you have to start early to be considered for the agenda. School librarians may have to use meeting time for vendor demonstrations, not professional development.
  - b. Some school districts no longer hire a true “coordinator” for library media services. That responsibility is often left to an overworked superintendent.
  - c. If you are planning a K-12 project, reach out to your local schools and make friends with their librarians. This is essential if you do not have a former school librarian on staff at your medical library.
  - d. Once you have made contacts and done presentation(s), market future opportunities by mentioning all the places you presented and, if possible, mention a specific librarian’s name as a reference (with permission, of course). This demonstrates credibility and makes it clear that your content was relevant to a K-12 curriculum.
  - e. Expect marketing premiums or imprinted items to take longer than estimated.
  - f. For health science libraries, this project yielded benefits disproportionate to its funding. Faculty in academic health science centers pay close attention to work legitimized through grant funding.
5. We have already made well-received verbal presentations about this project at the MidContinental Chapter of the Medical Library Association annual meeting, and the American Public Health Association annual meeting, both in 2010.

For both the 2009 pilot class, and the 2011 completed project, we submitted abstracts for review in the Medical Library Association annual meeting call for participation. Both times, the abstracts were rejected for presentation.

Becker Medical Library is a leader in helping faculty comply with the NIH PAP, and future publications about the MoSHI project will comply.

# Explore Health



The Archdiocese of St. Louis and BJC HealthCare School Outreach and Youth Development invite all teachers of grades 1–6 to participate in this exciting mini-conference focusing on nutrition, fitness, and health education!

Tell Me More!

*Refresh* the way you think about and teach health related topics.

Discover how to be more “web health” savvy!

**Innovate** your health curriculum with the most current information from BJC registered dietitians and health educators.

Don't miss the diseased organs presentation!

## Diseased Organs Presentation

See firsthand how human organs are impacted by:

- poor diet
- alcohol
- tobacco
- and other drugs



Free Training

## Details

**Friday, April 30, 2010,**

**from 8 a.m.-noon**

Registration and continental breakfast  
8-8:15 a.m.

## Location

**BJC Learning Institute (BLI)**

8300 Eager Road  
St. Louis, MO 63144  
Classroom 2F

BLI is located at the intersection of Hanley Road and Highway 40 (*see specific directions attached*).

**Space is limited! Register now!**

Contact Julie Dwyer at 314-792-7331 or email at [JDwyer@archstl.org](mailto:JDwyer@archstl.org).



BJC HealthCare

**MoSHI presentation in conjunction with BJC School Outreach & Youth Development for the Archdiocese of St. Louis, April 30, 2010**





## GOT HEALTH? COLLABORATING WITH INTEGRATED HEALTH RESOURCES

**Session V — Monday**  
3-5:15 p.m. extended session in Room 60

**Presented by Will Olmstadt, Judy Hansen and Barb Jones**  
**Strand:** Literacy, Collaboration, and Missouri Wonder

Dealing with tough health and science questions? Frustrated with advertising-laden websites with unclear information and dubious authorship? Learn how to connect your school to credible health information on the Web that your students can understand. Three experienced medical librarians will lead this unique workshop. Learn about free resources from the National Library of Medicine and other major agencies. Discover how to integrate credible health information in subjects beyond science and health. Connect college-bound students to professional healthcare literature for advanced science classes. Create collaborations with key personnel using health resources, such as school nurses. Participants will leave the course with ideas and the confidence to put their info into action.

**Audience:** All

## GRAB HOLD OF THE PAST - H.A.!

**Session III — Monday**  
9:15-10:15 a.m. in Room 76/77

**Presented by Cheryl Harness**  
**Strand:** Literacy and Missouri Author

This workshop is based on Harness' book *Grab Hold of the Past: How Understanding the PAST Adds Sparkle and Depth to Your Life in the PRESENT, Can Enrich Your FUTURE, and Very Possibly SAVE the WORLD*. This workshop will convey the need, individually and nationally, of Historical Awareness (H.A.); entertainingly inform attendees of means and resources for Historical Awareness; and delve into the author's methods and experiences in the course of 20+ years of writing and/or illustrating historical books.

**Audience:** All

## GRANT WRITING 101

**Session II — Sunday**  
3:15-4:15 p.m. in Room 72/73

**Presented by Patricia White**  
**Strand:** Technology, Literacy, Collaboration, Literature, and Library Management

Writing a grant can be a daunting experience. With this overview of grant writing steps, you will leave with a better understanding of the grant writing process from start to finish.

**Audience:** All

## HARRY S. TRUMAN: MISSOURI BOY MAKES GOOD

**Session V — Monday**  
3-4 p.m. in Room 74/75

**Presented by Tom Heuert**  
**Strand:** Literacy, Collaboration, and Missouri Wonder

Harry S. Truman did not have a college degree and accumulated little wealth. In his day, Truman had the lowest popularity rating of any 20th century president, yet historians place him among the top five of all presidents. The Harry S. Truman Library and Museum will present information about Truman's Missouri roots, his character and personality, and remarkable rise to the top leadership role in the world. Selected primary source documents will be shared with session participants that help define this son of a mule trader. This workshop highlights Harry S. Truman's history and proudly displays him as one of Missouri's many wonders.

**Audience:** All

## HEALTHY HEART LESSONS

**Session VIII — Tuesday**  
9:45-10:45 a.m. in Room 64

**Presented by Velda McMorris**  
**Strand:** Technology, Literacy, and Collaboration

Encore teachers can be great library partners. Collaboration between the librarian and health teachers has raised the awareness of middle school students regarding heart and health issues. This workshop will present how a study of online fast food websites allows students to increase their understanding of how to choose healthier foods and read non-fiction texts. The workshop will also discuss how middle school and high school students can locate health articles in MOREnet resources and evaluate their accuracy and relevance of the information to their well-being.

**Audience:** Middle and High School





**Coffee mug and USB drive premiums for MoSHI project**

#### HEALTH EDUCATION AND HEALTH PROMOTION NEWS

##### MoSHI: the Mobile School Health Information Initiative in St. Louis

Will Olmstadt, MS, MPH, AHP  
Public Health Librarian, Becker Medical Library  
[olmstadt@wusm.wustl.edu](mailto:olmstadt@wusm.wustl.edu)

Becker Medical Library, at the Washington University School of Medicine in St. Louis, is the recipient of Continuity of Health Information funding from the National Network of Libraries of Medicine.

Principal investigators Will Olmstadt, Bob Engeszer and Judy Hansen are funded through February 2011 to deliver MoSHI, the Mobile School Health Information Initiative.

Using a "train-the-trainer" model, investigators will work with K-12 librarians in the St. Louis metropolitan area. The goal is to connect K-12 librarians with credible health information on the Web, creating health information champions who confidently locate and integrate health information across the K-12 curriculum. MoSHI also emphasizes successful collaborations with school nurses, counselors and administrators.

MoSHI highlights free, credible resources from the National Library of Medicine, including MedlinePlus, Genetics Home Reference, Household Products Database, ToxTown, and others. It also features in-depth overviews of KidsHealth.org from Nemours.

The MoSHI course also practices strengthening media literacy skills to evaluate health messages, consistent with grade-level expectations for Missouri schools.

Participants will evaluate the course in person and during three-month follow-up Web surveys.

The project builds on the success of a pilot course investigators taught in October 2009.

[RETURN TO TOP](#)

##### Institute of Medicine Elects 65 New Members, Five Foreign Associates

Christine Stencel, Senior Media Relations  
(202) 334-2138  
[news@nas.edu](mailto:news@nas.edu)

Judith Shamir, Director, IOM Council and Membership  
(202) 334-2174  
[jshamir@nas.edu](mailto:jshamir@nas.edu)

WASHINGTON -- The Institute of Medicine announced the names of 65 new members and five foreign associates in October in conjunction with its 39th annual meeting. Election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to

Local intranet

100%

## American Public Health Association Public Health Education & Health Promotion section newsletter, Winter 2010

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- >> **Record** News for the WUSTL Community

## Becker Library helps area school librarians

February 11, 2010

By Beth Miller

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With the vast amount of health information available online, it can be difficult to know what resources are credible.

To help area schools address this issue, the Bernard Becker Medical Library will provide free health-information training sessions for St. Louis-area elementary, middle- and high-school librarians. The sessions are made possible by a Continuity of Health Information Award from the National Network of Libraries of Medicine.

The program, called **Project MoSHI** (the Mobile School Health Information Initiative), is based on a pilot course the library offered last fall in partnership with the BJC School Outreach & Youth Development and Gateway Media Literacy Partners.

The class is designed to connect K-12 librarians with credible online health resources that they can share with teachers and students at their schools. For example, the school librarians learn about Medline Plus, the National Library of Medicine's Web site, and KidsHealth.org, so they can direct students to those sites for credible health information. The librarians will also learn curriculum integration techniques and practice evaluating health Web sites using principles of media literacy, a concept required in Missouri Grade-Level expectations for schools.

The class is the brainchild of Will Olmstadt, a librarian at Becker and one of the class' teachers. He designed the class after he heard from two area librarians that they needed to learn about credible health Web sites. In the fall, Olmstadt and Judy Hansen, a part-time librarian at Becker Library and a former Kirkwood School District librarian, taught a pilot course at Becker Library. The pilot was such a success that Olmstadt, Hansen and Bob



WILL OLMSTADT

Area librarians from area elementary, middle and high schools came to the Bernard Becker Medical Library at the School of Medicine last fall to learn about how to find credible health-information information on the Web.

### RELATED CONTENT

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Record: University News

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School of Medicine, Bernard Becker Medical Library, National Network of Libraries of Medicine, Continuity of Health Information Award, K-12 librarians, Will Olmstadt, Judy Hansen, Bob Engeszser

Washington University press release, February 11, 2010

Media literacy is a critical thinking skill that is applied to the source of much of our information: the channels of mass communication.



As such, media literacy has emerged as a survival skill that empowers individuals to decipher media messages.

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## Becker Library Announces Mobile School Health Information Initiative

by [JILL FALK](#) on FEBRUARY 16, 2010 in [NEWS AND EVENTS](#)


BECKER  
Medical Library

A new program from the [Bernard Becker Medical Library](#), an institutional member of GMLP, targets librarians to help school children understand and access relevant health information. It's called the [Mobile School Health Information \(MoSHI\) Initiative](#), and incorporates three key collaborators:


- [BJC School Outreach & Youth Development](#)
- [Family Resource Center](#), St. Louis Children's Hospital
- [Gateway Media Literacy Partners](#)

For more information, and to see a list of proposed activities, visit [this link](#).

**Share and Enjoy:**



Tags: [Becker Medical Library](#), [health literacy](#), [librarians and media literacy](#), [Mobile School Health Information Initiative](#), [MoSHI](#)



**About Jill Falk**

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**Gateway Media Literacy Partners press release**



## TECH EXPO 5 WAS A GREAT SUCCESS

This year's Tech Expo was held on March 30 at Ranken Technical College. About 40 librarians from across the St. Louis Metropolitan Area attended. There were presentations on Internet Safety, Copyright in the Digital Age, E-books, Online Health Resources, and MO Webjunction. Classes were well attended, and attendees were pleased with the content.



*The impressive main building of Ranken Technical College*

One of the more popular programs was the presentation by Roger Bower and Cindy Marston of the Principia School. They donned medieval-themed hats to lead their classes on an imaginary quest through the Land of Copyright. Fun and games aside, their presentation was full of useful information, particularly about Creative Commons licensing, which is the method for increasing the



amount of creative content which is available to the public for free and legal sharing. Check it out at [www.creativecommons.org](http://www.creativecommons.org). The Internet Safety class was handled by Cindy Schroeder. Cindy is with INOBTR (pronounced I know better), an organization which, in partnership with government and private citizens, promotes awareness and educates children, parents and teachers to reduce the chance of children becoming victims of Internet crimes. There's plenty of good information at their site, [www.inobtr.org](http://www.inobtr.org).



Asia Gross, Electronic Resources Librarian with Missouri Library Network Corporation (MLNC) spoke about e-books in libraries. Her presentation featured a lot of pluses and minuses. It may not have given us exactly what we need to make a decision about moving toward using e-books in our libraries, but it certainly gave us more information to use in making the decision one way or another. She noted that there is a very good chart comparing most of the available e-book readers at

Wikipedia. Just visit [www.wikipedia.com](http://www.wikipedia.com) and search 'e-book readers.'

Will Olmstedt with Becker Medical Library and Judy Hansen from St. Louis Children's Hospital Family Resource Center led a session on finding credible and understandable health information online.



Jean Morrison, Technology and Electronic Services Consultant with the Missouri State Library, and Sarah Easley, Continuing Education Librarian, introduced MO.Webjunction, an online venue for Missouri Librarians to connect and share, and to learn about conferences, workshops and online classes. Register your library by visiting [www.mo.webjunction.org](http://www.mo.webjunction.org).

Attendees relaxed and socialized over a lunch provided by The Art of Entertaining.



The final session of the day was a panel discussion of the uses of social networking in libraries. Panelists were Ellen Eliceiri of Emerson Library at Webster University, Asia Gross of MLNC, Tom Cooper of Webster Groves Public Library, Chris Durr of Kirkwood Public Library, Gabrielle Corley of Webster Groves School District, and Lisa Wolfe of Jefferson College Library. After initial presentations, a lively discussion ensued, centered around issues such as privacy of library users, especially children; when a library uses social media to document its events; the wisdom or effectiveness of making policies against using social media; and how to find staff time to create and maintain social media sites.



St. Louis Regional Library Network is a non-profit membership organization dedicated to helping librarians in the Greater St. Louis Area meet, share and network. The Network has been active since the 1970s and currently has over 100 members, including public, academic, school, special and corporate libraries. For more information visit our Website at [www.slrln.org](http://www.slrln.org), or e-mail us at [bchristiansen@ursulinesll.org](mailto:bchristiansen@ursulinesll.org).

St. Louis Regional Library Network News write-up of the Tech Expo 5, April 2010

**FZW Library**

**FZW Library Home**

**Library Stuff**  
 Library Announcements  
 Library Info  
 Library Fix

**Meet Your Library Staff**

[Click here to read about Dr. Newbold, Mrs. Grieshaber, and Mrs. Benwell](#)

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**Read for the FUN of it!**

Gateway Readers Award  
 Gateway Reader Selector Committee  
 What We're Reading  
 Anime + Manga Club

**4**  
 days since  
**Gateway Readers Award Party**

**Useful Links**

Showing 7 items

Name	Link	Description
Genetics Home Reference	<a href="http://ghr.nlm.nih.gov">http://ghr.nlm.nih.gov</a>	Provides summaries of 400+ genetic conditions from experts.
Homework Help – Multnomah County Library	<a href="http://www.multicolib.org/homework">http://www.multicolib.org/homework</a>	Homework and research help on a variety of topics.
Household Products Database	<a href="http://householdproducts.nlm.nih.gov">http://householdproducts.nlm.nih.gov</a>	Chemical and manufacturer information on 10,000+ consumer brands.
KidsHealth	<a href="http://kidshealth.org">http://kidshealth.org</a>	Information about health, behavior, and development from before birth through the teen years. Includes sections for teens, kids, and parents. Another good source for research and topics.
MedlinePlus	<a href="http://medlineplus.gov">http://medlineplus.gov</a>	Provides reputable, evaluated links to health info on over 800 topics. Includes information on drugs and herbal supplements. Excellent source for persuasive research. Good place to browse for topic ideas.
National Public Radio	<a href="http://www.npr.org">http://www.npr.org</a>	News & Analysis – World and US, Music & Arts
St. Charles County Public Library	<a href="http://www.youranswerplace.org">http://www.youranswerplace.org</a>	Download AudioBooks and eBooks, place reserves on books, access databases. Please note: your library card number is needed for all of these tasks.

Showing 7 items

**Fort Zumwalt West High School put MedlinePlus, Household Products Database, and Genetics Home Reference on their “Useful Links” web page**

Professional Development

All Sites

Search Courses

## Courses: Free Health Resources Workshop

Showing 1 item(s) for Course ID=81

Course Title	Free Health Resources Workshop
Course Description	Are you dealing with tough health and science questions in your curriculum? Are you frustrated with advertising-laden websites? Learn how to connect your school to credible health information on the Web that students (at all levels) can understand. Learn how to evaluate real able health information in subjects beyond health and science. Create collaborations with key personnel and help students learn how to evaluate the reliability of a website. You will leave the workshop with fresh ideas and the confidence to put them into action. This course is being taught by Judy Hansen, MEd, MLS and Will Ormstead from St. Louis Children's Hospital's Family Resource Center.
Instructor	Gene H. B...
Location	North High School Library
Available Seats	45
Start Time	2/18/2011 9:00 AM
End Time	2/18/2011 10:30 AM
Course Materials	None provided (Instructors, see notes here)

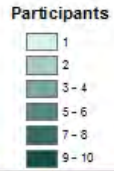
Created on: 2/18/2011 5:15 AM by: Gene H. B...  
 Last modified on: 2/25/2011 8:30 AM by: Gene H. B...

### Course Registration List

1. Chris Miller
2. Prodenno, Kathleen
3. Dr. Jay, Susan
4. Ben, Gentry

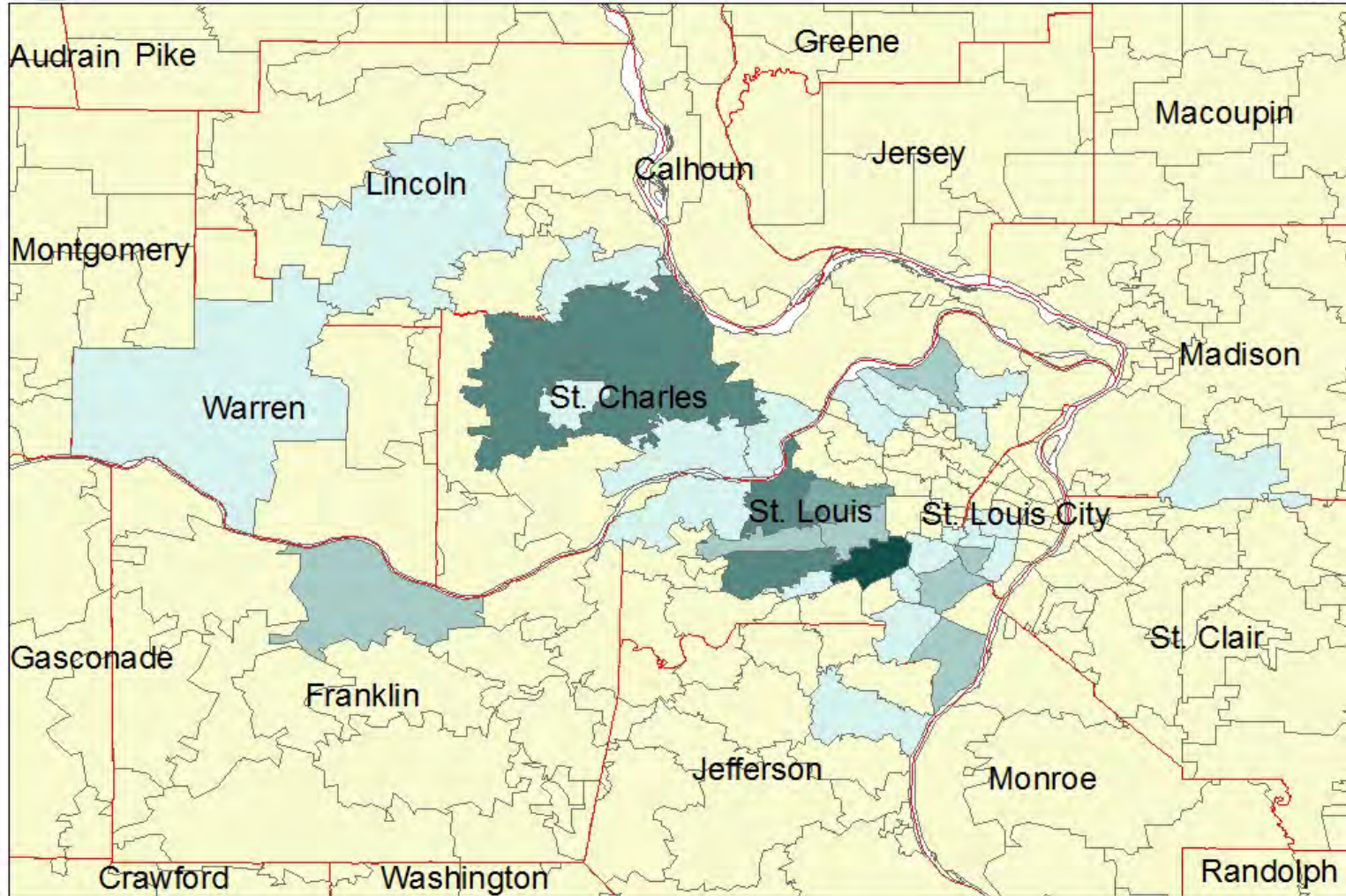
Fort Zumwalt School District intranet registration / publicity for MoSHI event





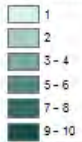
## Metropolitan Impact by Participant ZIP Code

March 2011





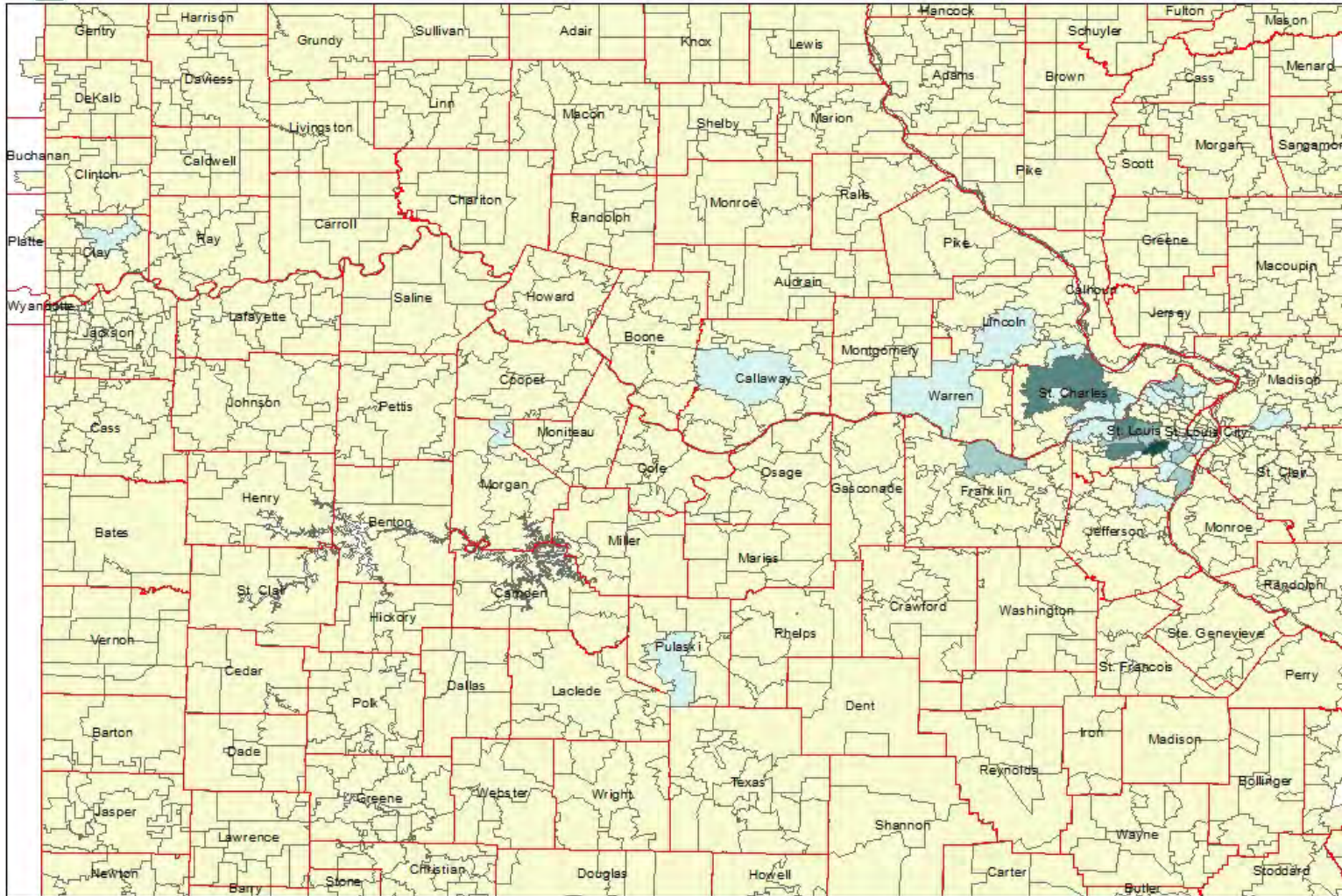
Participants



# State Impact by Participant ZIP Code



March 2011



# MOSHI

Mobile School Health  
Information Initiative

The MoSHI team gratefully acknowledges help from:

Robert Altman, Becker Medical Library  
Harriette Arkin, Consultant, Ladue Schools  
Jessica Brown, Gateway Media Literacy Partners, Inc.  
Bernyce Christiansen, Ursuline Academy of St. Louis  
Kristin Cunningham, BJC School Outreach & Youth Development  
Eve Diel, Parkway North High School  
Mary Evans, Nipher Middle School  
Rose Kettler, Becker Medical Library  
Lynne Lang, BJC School Outreach & Youth Development  
Angela Lima, BJC School Outreach & Youth Development  
Cindy Miller, Fort Zumwalt North High School  
Maggie Newbold, Fort Zumwalt West High School  
Ann Rogers, DeVry University, Dallas/Irving  
Michelle Schmitt, Ladue Horton Watkins High School  
Katie Voss, Mary Institute & St. Louis Country Day School  
Bill Winston, Washington University GIS Analyst

Siobhan Champ-Blackwell, MidContinental Region

Becker Medical Library staff  
Family Resource Center staff, St. Louis Children's Hospital



**MOSHI**  
Mobile School Health  
Information Initiative

**BECKER**  
Medical Library

<http://becker.wustl.edu/moshi>

Judy Hansen ✦ Will Olmstadt

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Front cover: Judy Hansen teaching the MoSHI curriculum for the St. Louis Regional Library Network in March 2010.

This project was funded in whole or in part with Federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Contract No. NO1-LM-6-3504 with the University of Utah.

Evaluations declared exempt by Washington University Human Research Protection Office, HRPO #10-0075.

## Objectives

- Promote ideas on how credible health information on the web can foster interdisciplinary curriculum collaboration between teachers and the school library.
- Gain experience using health information resources on the web to better serve student, administrator and parent needs, while giving them tools to improve their health literacy.

## Disclaimers

This course demonstrates free resources from the National Library of Medicine and other reputable organizations. Our goal is to connect you with them since you are the primary contacts for information in your organization.

The public is welcome to contact Becker Medical Library and St. Louis Children's Hospital Family Resource Center. However, most of our online resources are licensed only for hospital or medical school students, faculty and staff, and are not freely available to the public through off-campus Internet connections.

We regret we cannot offer assistance to all K-12 students or teachers who may want to visit. However, please contact us with questions. We are happy to offer suggestions.

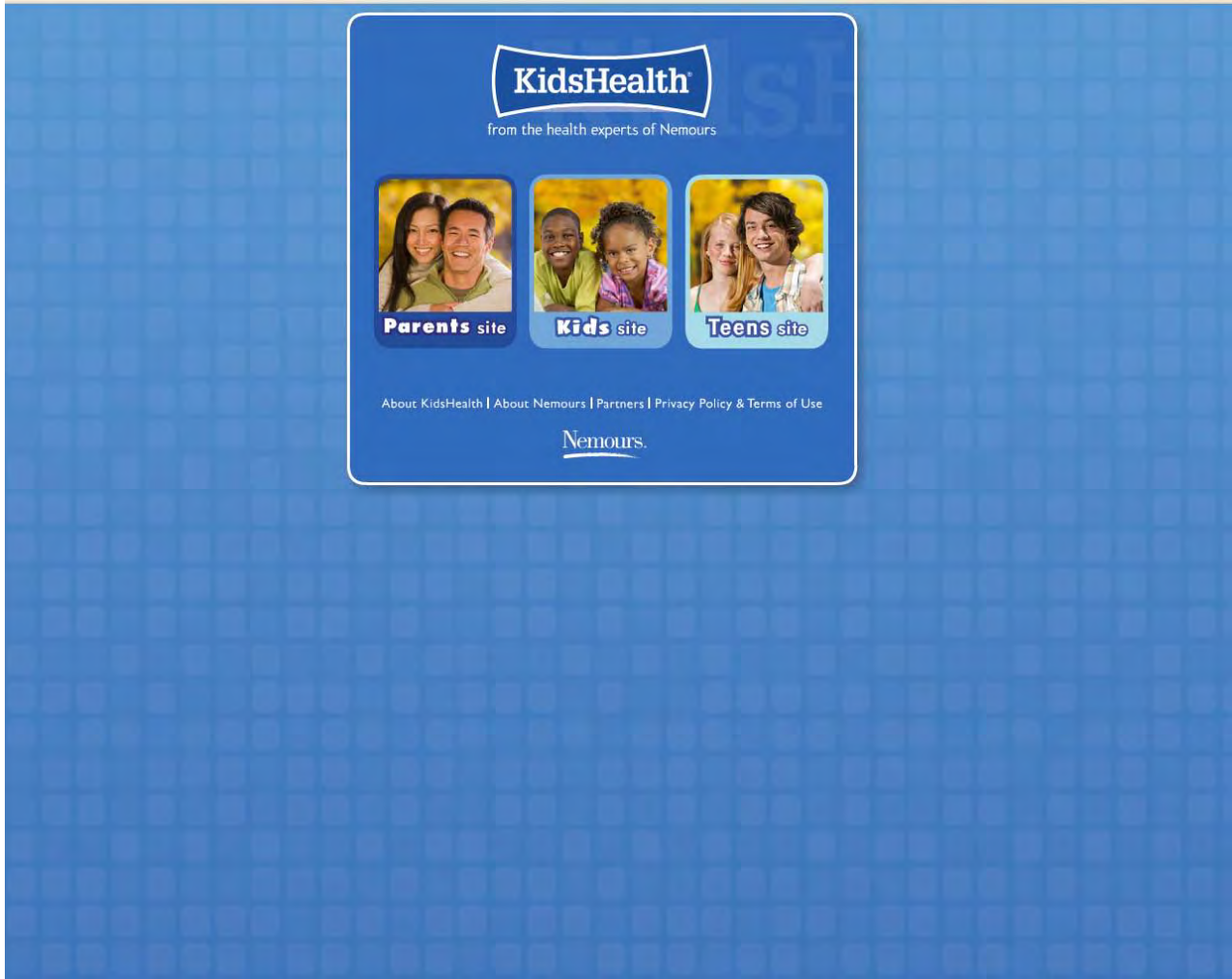
**Information provided on the Internet is never a substitute for diagnosis from a qualified health care provider.**

Will Olmstadt, 314-362-4734, [olmstadt@wustl.edu](mailto:olmstadt@wustl.edu)  
Judy Hansen, 314-454-2350, [hansenj2@wusm.wustl.edu](mailto:hansenj2@wusm.wustl.edu)





## Notes about MedlinePlus.gov







Notes about KidsHealth.org





## Free Resources for Students, Parents and Teachers

Site	Description	Tips
 <a href="http://medlineplus.gov">http://medlineplus.gov</a>	Provides reputable, evaluated links to health information on over 800 topics. Includes information on drugs and herbal supplements. Topics are updated at least every 6 months. New links are added every day.	With over 18,000 links, Medline Plus can be daunting. <ul style="list-style-type: none"> <li>• Guide people to appropriate topic pages instead of the home page.</li> <li>• Look for the Easy-to-Read notation for 5<sup>th</sup>-8<sup>th</sup> grade reading level. <b>Easy-to-Read</b></li> </ul>
 <a href="http://kidshealth.org">http://kidshealth.org</a>	From the Nemours Foundation. KidsHealth provides separate entry points for parents, teenagers, and kids. Rigorously reviewed by expert pediatricians.	<ul style="list-style-type: none"> <li>• Guide students to appropriate levels for independent searching.</li> <li>• Alert teachers to Health lesson plans for preschool – high school.</li> <li>• Includes movies, games and quizzes for emotional and physical child development.</li> </ul>
<b>Genetics Home Reference</b> <a href="http://ghr.nlm.nih.gov">http://ghr.nlm.nih.gov</a>	Established 2003. Provides summaries of 400+ genetic conditions from experts.	Includes guides for the basics of genetics.
<b>Household Products Database</b> <a href="http://householdproducts.nlm.nih.gov">http://householdproducts.nlm.nih.gov</a>	Chemical and manufacturer information on 10,000+ consumer brands.	Mostly from Material Safety Data Sheets (MSDS). Updated at least twice annually.
 <b>Tox Mystery</b> <a href="http://toxmystery.nlm.nih.gov">http://toxmystery.nlm.nih.gov</a>	Aimed at grades 2-7, ToxMystery features Toxie the Cat going through each room of a house while identifying potential environmental hazards.	ToxMystery comes with lesson plans and activity sheets developed using National Science Educational Standards. Click on “For Teachers” at the bottom of the page.
 <b>Tox Town</b> <a href="http://toxtown.nlm.nih.gov">http://toxtown.nlm.nih.gov</a>	Aimed at grades 6-12, details common environmental hazards in cities, towns, farms, and other settings.	ToxTown comes with suggestions for using it in the classroom. Click on “For Teachers” at the top.
<b>BAM! (Body and Mind)</b> <a href="http://www.bam.gov">http://www.bam.gov</a>	From the CDC, BAM! is aimed at kids ages 9-13, and features kid-friendly information on health topics.	Includes a Teacher’s Corner for integrating BAM! topics into lessons.
<b>GirlsHealth.gov</b> <a href="http://girlshealth.gov">http://girlshealth.gov</a>	Created in 2002 by the DHHS Office on Women’s Health, this site is aimed at girls ages 10-16.	Features glossaries of health terms, and some pages in Spanish.

Created by Will Olmstadt and Judy Hansen, Becker Medical Library, Washington University School of Medicine  
 Updated spring 2011

## Curriculum Connections

<b>ELEMENTARY</b>	<p><b>P. E. Teachers</b> – health, nutrition, exercise; fighting childhood obesity</p> <p><b>Classroom Teachers</b> – links to disease and health information for science units</p> <p><b>Librarians</b> – connections to story time; tie-ins to health themes, character education</p> <p><b>Interdisciplinary units</b> – reports on medical conditions/diseases related to social studies, science, language arts, and math</p>
<b>MIDDLE SCHOOL</b>	<p><b>Health teachers</b> – dangers of smoking, tattoos, alcohol, obesity, eating disorders</p> <p><b>Family &amp; Consumer Sciences</b> – nutrition; healthy meals</p> <p><b>Reading</b> – links to novels and stories</p>
<b>HIGH SCHOOL</b>	<p><b>Science</b> – disease reports, research on science issues related to health</p> <p><b>Social Studies</b> – health care debate; historic milestones in medicine</p> <p><b>Communication Arts</b> – Learn research and bibliographic skills by studying a health topic of interest (e.g., ADHD, Tourette syndrome, cancer, OCD, anorexia)</p> <p><b>Health</b> – nutrition; issues of sexuality and substance abuse; dangers of smoking, tattoos, alcohol, obesity, eating disorders</p>
<b>ALL LEVELS</b>	<p><b>School Counselor/ Principal</b> – bullying, cliques, acceptance of mainstreamed students, school phobia, advice to parents, mental health issues</p> <p><b>School Nurse</b> – information on special health needs of students (e.g., ADHD, allergies, asthma, diabetes, PDD, spina bifida, students with head lice, nutrition, hearing impaired students, visually impaired students); hand washing, hygiene, transplants, OCD, albinism</p>

# RESOURCES



## for Science Teachers

Discover these excellent science resources for teachers and students at the high school and college level.

*Classroom  
Resources from  
the National  
Library of  
Medicine.*

### BIOLOGY

**PubMed.** Database. Citations to journal articles in medicine and life sciences. <http://pubmed.gov>

**Visible Human Project.\*** Web site. [http://www.nlm.nih.gov/research/visible/visible\\_human.html](http://www.nlm.nih.gov/research/visible/visible_human.html)

**Frankenstein: Penetrating the Secrets of Nature.** Online version of museum exhibit. <http://www.nlm.nih.gov/hmd/frankenstein/frankhome.html>

**Visible Proof: Forensic Views of the Body.** Online version of museum exhibit with lesson plans. <http://www.nlm.nih.gov/visibleproofs/>

### CHEMISTRY

**ChemIDplus.** Database. Structures, properties, and more for 370,000 chemicals. <http://chem.sis.nlm.nih.gov/chemidplus/>

**Toxicology Tutorials.** Online tutorials. <http://sis.nlm.nih.gov/enviro/toxtutor.html>

**TOXMAP.** Database with GIS (Geographic Information System) mapping. Where are the toxic chemicals in your community? <http://toxmap.nlm.nih.gov/>



## GENETICS

**Genetics Home Reference.** Web site. Includes *Resources for Educators*. <http://ghr.nlm.nih.gov/>

**Help Me Understand Genetics.** Web pages. <http://ghr.nlm.nih.gov/info=understandGenetics>

## SPANISH-LANGUAGE RESOURCES

**MedlinePlus en español.** Web site. All grades. <http://medlineplus.gov/spanish/>

**Tox Town en español.** Web pages. Middle school and up. <http://toxtown.nlm.nih.gov/espanol/>

**HIV/AIDS Fact Sheets en español.** Web pages. [http://aidsinfo.nih.gov/other/FactSheet\\_sp.aspx](http://aidsinfo.nih.gov/other/FactSheet_sp.aspx)

## CAREERS

**Changing the Face of Medicine: Celebrating America's Women Physicians.** Online version of museum exhibit with lesson plans. <http://www.nlm.nih.gov/exhibition/changingthefaceofmedicine/>

**Environmental Health and Toxicology Education and Career Links.** Web page. <http://sis.nlm.nih.gov/enviro/edcotox.html>

**Haz-Map.** Database. Choose a job, learn about its dangers. <http://hazmap.nlm.nih.gov/>



## Tox Town Neighborhoods



## EARTH SCIENCE, ENVIRONMENTAL SCIENCE

**Tox Town.** Web site. Interactive introduction to environmental health risks in everyday life. Middle school and up. <http://toxtown.nlm.nih.gov/>

## HEALTH

**MedlinePlus.** Web site. 700+ health topics, medical dictionary, drug guides, videos, and tutorials. All grades. <http://medlineplus.gov/>

**Evaluating Internet Health Information.** Online tutorial. Middle school and up. <http://www.nlm.nih.gov/medlineplus/webeval/webeval.html>

**Arctic Health.** Web site. Health in Alaska and circumpolar countries. <http://www.arctichealth.org/>

**American Indian Health.** Web site. <http://americanindianhealth.nlm.nih.gov/>

**Asian American Health.** Web site. <http://asianamericanhealth.nlm.nih.gov/>

**Household Products Database.** Is that product hazardous to your health? <http://hpd.nlm.nih.gov/>

**HIV/AIDS Fact Sheets.** Web pages. <http://aidsinfo.nih.gov/other/factsheet.aspx>

Includes *Homework Help*. <http://aidsinfo.nih.gov/other/students.aspx>



National Library of Medicine  
8600 Rockville Pike  
Bethesda, Maryland 20894  
1-888-FIND-NLM  
[custserv@nlm.nih.gov](mailto:custserv@nlm.nih.gov)

MARCH 2006



**Free Lesson Plans from the National Library of Medicine  
For Health and Science Teachers**



**Harry Potter, Renaissance Medicine, Magic and Medicine**

<http://www.nlm.nih.gov/exhibition/harrypottersworld/>

Include lessons for middle school, high school and higher education. Also, includes a bibliography of related books that might interest the Harry Potter enthusiast.



**Changing the face of Medicine:  
Celebrating America's Women Physicians**

*Changing the face  
of Medicine*

<http://www.nlm.nih.gov/changingthefaceofmedicine/exhibition/>

Celebrate women physicians and inspire youth to consider a career in medicine!  
Includes online activities to learn how the human body works and how exceptional physicians have improved our quality of life. Activities feature ophthalmoscope, circulation station, sickle cell anemia and a closer look at chromosomes.



**Visible Proofs: Forensic Views of the Body**

<http://www.nlm.nih.gov/visibleproofs/index.html>

Includes online activities and lesson plans.  
Lesson plans for grades 6 -12 teach students about the anthropometric measuring system, how the blow fly is used in forensic science, the basics of DNA and DNA profiling techniques.



**Genetics Home Reference**  
*Your Guide to Understanding Genetic Conditions*

**Genetics Home Reference**

<http://ghr.nlm.nih.gov>

Includes a [Help Me Understand Genetics Handbook](#) with information on cells, DNA, how genes work, mutations and health, inheriting genetic conditions, genetic consultation, genetic testing, gene therapy, the Human Genome Project, and Genomic Research.

## Tox Town Environmental health concerns and toxic chemicals where you live, work, and play

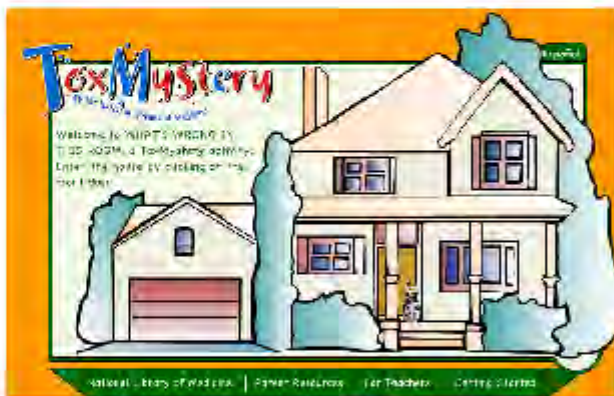
Tox Town <http://toxtown.nlm.nih.gov>

Explore this interactive town, city, port, farm and US/Mexico border to raise environmental health awareness. Site includes sample searches for individual or group exercises. Explore the following discussion questions:

- What does carbon dioxide have to do with global warming?
- How safe is this beach?
- How does the beginning of the school year affect kids with asthma?
- How can industrial chemicals like toluene in landfills affect a community?
- Why do firefighters care about benzene?

Also, you will find linked other interactive resources like the EPA Planet Protectors for Kids.

<http://www.epa.gov/osw/education/kids/planetprotectors/>



ToxMystery <http://toxmystery.nlm.nih.gov>

Toxie the Cat teaches you about hazards in the home. Includes lesson plans for K-6 health or science teachers. The three lesson plans with activity sheets focus on common household chemical hazards and acidity/alkalinity. There are six other activity sheets including a word scramble, word search, fill in the blank, matching game and Toxie the Cat maze. Extra activities include a ToxMystery Glossary, multiple choice quiz and printable certificate.



This handout has been funded in whole or in part with Federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Contract No. #N01-LM-9-3506 with the University of Massachusetts Medical School.



NATIONAL ASSOCIATION FOR  
MEDIA LITERACY EDUCATION

**KEY QUESTIONS TO ASK WHEN ANALYZING MEDIA MESSAGES**

*formerly AMLA (www.NAMLE.net)*

<b>AUDIENCE &amp; AUTHORSHIP</b>	<b>AUTHORSHIP</b>	Who made this message?	
	<b>PURPOSE</b>	Why was this made?	
		Who is the target audience (and how do you know)?	
	<b>ECONOMICS</b>	Who paid for this?	
	<b>IMPACT</b>	Who might benefit from this message? Who might be harmed by it?	
Why might this message matter to me?			
<b>MESSAGES &amp; MEANINGS</b>	<b>CONTENT</b>	What is this about (and what makes you think that)? What ideas, values, information, and/or points of view are overt? Implied? What is left out of this message that might be important to know?	
		<b>TECHNIQUES</b>	What techniques are used? Why were those techniques used? How do they communicate the message?
			<b>INTER- PRETATIONS</b>
<b>REPRESENTATIONS &amp; REALITY</b>	<b>CONTEXT</b>	When was this made? Where or how was it shared with the public?	
		<b>CREDIBILITY</b>	Is this fact, opinion, or something else? How credible is this (and what makes you think that)? What are the sources of the information, ideas, or assertions?

This document is an appendix to NAMLE's Core Principles of Media Literacy Education – [www.NAMLE.net/coreprinciples](http://www.NAMLE.net/coreprinciples)

# Applying Media Literacy *Key Questions* to Health Messages

Sample Web Site: **Asthma: What to Expect at the Doctor's Office**

[http://www.aaaai.org/patients/allergic\\_conditions/pediatric\\_asthma/what\\_to\\_expect.stm](http://www.aaaai.org/patients/allergic_conditions/pediatric_asthma/what_to_expect.stm)

## Audience & Authorship

---

### Who made this message?

It appears to be authored by the American Academy of Allergy, Asthma & Immunology (AAAAI).

### Why was this made? Who is the target audience?

Reading the end of the web page, this appears to be part of a larger guide. This part is supposed to help parents of children with suspected asthma understand what to expect when a physician tries to diagnose asthma in children.

### Who paid for this?

Presumably, the funding for the web site and its content comes from the budget of the AAAAI. Budgets of professional associations typically come from membership fees, publication sales and conferences.

### Who might benefit from this message? Who might be harmed from it?

It's difficult to envision harm from this message unless the audience finds this content offensive. Presumably, parents and family members caring for children with asthma should benefit from this.

### Why might this message matter to me?

If you are the parent or family member caring for a child having difficulty breathing, a physician may test the child for asthma. This web site gives an overview of what this process entails.

### What kinds of action might I take in response to this message?

This web page might help a parent ask educated questions during a doctor visit. It might also prompt parents to look for more information about asthma, spirometry, or other diagnostic procedures for asthma.

## Messages & Meanings

---

### What is this about (and what makes you think that)?

This site is trying to educate parents about what to expect when they visit their child's doctor with particular questions about breathing or asthmatic symptoms. The bold-face sections on the page and the script of questions to ask physician offices suggest that.



**What is left out of this message that might be important to know?**

If your child is diagnosed with asthma, what does that mean for the future? This web page is about diagnosis, not treatment options.

**What techniques are used?**

This web site gives parents the exact wording of questions to ask about children who may be asthmatic. By referencing “best practice” information in the first paragraph, they suggest parents should evaluate the quality and knowledge of their health care provider.

**How might people understand this message differently?**

People might be unclear about how this would be helpful. Many people do not ask questions of their doctor, or would not ask these questions.

**What is my interpretation of this, and what do I learn about myself from this interpretation?**

For the purposes of this workshop, the authors assume that (a) people can afford to take their children to the doctor; (b) parents have a good enough relationship with their physician to ask these kinds of questions; (c) readers are literate enough to understand this page, or know how to find it on the Internet. This may not match the experience of most parents in any school system. Parents may not readily be able to choose their physician(s).

**Representations & Reality**

---

**When was this made?**

This page indicates it was written and medically reviewed on March 31, 2000. The concern with this is that it may represent 10-year old medical information. New methods for diagnosing asthma may have emerged.

**Where or how was it shared with the public?**

The notes at the bottom of the page indicate the content is from part of a larger guide. That guide may have been in print before portions of it were put online.

**Is this fact, opinion or something else?**

This web site describes physician evaluation of a child for asthma, as of 2000. The last paragraph about the role of the physician is opinion.

**How credible is this (and what makes you think that)?**

Information provided by associations is not always unbiased or credible. Professional associations exist to advance their own agendas – in this case, the role of allergists and immunologists, specialized physicians who may not be available to everyone in the United States. The age of the information is also a concern.

**What are the sources of information, ideas or assertions?**

The content is from the larger document *Pediatric Asthma: Promoting Best Practice Guide for Managing Asthma in Children*.

**Mobile School Health Information (MoSHI) Initiative**  
In-Class Evaluation

Please indicate the grade level(s) of library in which you work.

- Elementary
- Middle or junior high
- High school
- Other (please specify) \_\_\_\_\_

I am coming away from this course with at least one idea about how to integrate credible health information resources into the curricula at my school. (Circle one.)

No      Yes

What is the most valuable information you gained about locating credible health information?

What constructive suggestions do you have for improving this curriculum?

Would you recommend this program to other schools (circle one)?      No                      Yes

*For the following, a rating of 5 is "very satisfied" and a rating of 1 is "very unsatisfied."*

Rate your overall satisfaction with the course      1      2      3      4      5

Rate your overall satisfaction with the instructors      1      2      3      4      5

Additional comments or concerns:

Thank you for your time. Please contact Will Olmstadt at [olmstadt@wusm.wustl.edu](mailto:olmstadt@wusm.wustl.edu) or 314-362-4734 with questions or concerns about the MoSHI curriculum.

This project has been funded in whole or in part with Federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Contract No. NO1-LM-6-3504 with the University of Utah.

# *Idea Book for Evaluating Web Information*

Sample assignments and criteria for  
elementary, middle, high school and college

**MOSHI**  
Mobile School Health  
Information Initiative

**BECKER**  
Medical Library

**Winter 2010**

This project was funded in whole or in part with Federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Contract No. NO1-LM-6-3504 with the University of Utah.

# Suspect Language in Health & Medical News

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Beware of health and medical news and web sites with the following words:

- Cure
- Miracle
- Breakthrough
- Promising
- Dramatic
- Hope
- Victim

Also, the Federal Trade Commission encourages the public to think about the following when searching for health products:

- Statements that the product is a quick and effective cure-all or diagnostic tool for a wide variety of ailments. For example: "Extremely beneficial in the treatment of rheumatism, arthritis, infections, prostate problems, ulcers, cancer, heart trouble, hardening of the arteries and more."
- Statements that suggest the product can treat or cure diseases. For example: "shrinks tumors" or "cures impotency."
- Promotions that use words like "scientific breakthrough," "miraculous cure," "exclusive product," "secret ingredient" or "ancient remedy." For example: "A revolutionary innovation formulated by using proven principles of natural health-based medical science."
- Text that uses impressive-sounding terms like these for a weight-loss product: "hunger stimulation point" and "thermogenesis."
- Undocumented case histories or personal testimonials by consumers or doctors claiming amazing results. For example: "My husband has Alzheimer[s disease]. He began eating a teaspoonful of this product each day. And now in just 22 days he mowed the grass, cleaned out the garage, weeded the flower beds and we take our morning walk again."
- Limited availability and advance payment requirements. For example: "Hurry. This offer will not last. Send us a check now to reserve your supply."
- Promises of no-risk "money-back guarantees." For example: "If after 30 days you have not lost at least 4 pounds each week, your uncashed check will be returned to you."

Sources:

<http://www.healthnewsreview.org/tips-for-understanding-studies.php>

<http://www.ftc.gov/bcp/edu/pubs/consumer/health/hea07.shtm>

# College

The following is from DeVry University Dallas/Irving, Texas. Used with permission.

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## Website Wisdom

Senior Professor Ann Rogers  
DeVry / Irving Campus

### Assignment Guidelines

- Major points will be deducted for late presentations.
- No shows will receive a zero for this assignment.
- Presentations will not be allowed after classtime, Week 7.
- Evaluation/Reliability of sources:  
Penguin, Part 4 Designing and Presenting  
Penguin, Chapter 18: Find and Evaluate Sources on the Web  
Reid, pp. 633 – 642

### WEBSITE CHOICES

- Using the criteria worksheet, choose one from each of the 4 websites from the listed URLs to evaluate.
- Honors students will choose 8 (2 from each) websites to evaluate.
- Choices include the following:
  - .gov
  - .org
  - .net
  - .com
- Use common sense when choosing sites—no pornography, “how to make a bomb”, terrorists’, etc.

Please DO NOT use gaming sites (or any site connected with gaming), common user sites like “Google” or “Ask.com” or examples like “myspace.com,” “YouTube,” “eBay,” online dictionary or encyclopedia sites like “Wikipedia,” common news sites like “CNN” or FoxNews,” virtual life sites, or college/university .edu sites.

These will not be counted for presentation or write-ups. If you are in doubt about a choice, please see me.

## **WRITE-UP GUIDELINES**

- Word process the 4 worksheets (8 for honors students) using the attached Website Evaluation Website Worksheet format.
- Note: Extra copies are found under Doc Sharing.
- Avoid the use of “you” or “your” in all parts of your write-ups.
- Complete sentences are ONLY required when writing the website conclusion. Use bullet statement phrases for all other parts of this assignment.
- In addition, print off ONLY the front page of each website.
- **Staple each webpage to the worksheet, include all 4 (or 8) in a pocket folder and place them in the red basket for grading.**
- Submit assignment folder after you present.

## **PRESENTATION GUIDELINES**

- Present two websites to the class. Each one should be 3 - 5 minutes long. Total time: 6 – 10 minutes  
  
Note: Please vary the subject of your two websites and choose two different URLs. For example, present one .net and one .org site.
- Use the podium computer to display each of your two chosen websites and use them as visual aids.
- Write or speak the web address of each site to enable classmates to view it on their computer screens.
- Use the Website Evaluation Assignment Criteria as a guide to inform your audience about your websites.
- Prepare your presentation carefully, remember to ask for and answer questions, and choose websites that will engage you and your audience.
- Reply to inquiries about this website evaluation assignment on the designated Threaded Discussion—Week 7.

## **GRADING CRITERIA**

- Students will grade the presentations of other students.
- The instructor will grade the write-ups.

- **Grading Criteria**  
 \_\_\_\_\_ Classmates' Evaluation Grade = 50%  
 \_\_\_\_\_ Evaluation Worksheet Grade = 50%

**Deductions**

- \_\_\_\_\_ 5 pts. for missing folder
- \_\_\_\_\_ 5 pts. for each missing website page (front page only, please)
- \_\_\_\_\_ 5 pts. for each handwritten evaluation
- \_\_\_\_\_ 5 pts. for each format/wording error
- \_\_\_\_\_ 10 points for late presentation
- \_\_\_\_\_ **TOTAL SCORE**

- Evaluation forms will be handed out on the presentation days.
- Tabulated evaluations will be available Week 8—after your final essay exam.
- Please grade your peer's website presentations carefully and honestly!  
Depending on each category's delivery and information, most evaluation grades will vary.
- Students who do not participate in the evaluation process will lose points on their own presentation.

Speaker's Name \_\_\_\_\_

Your Initials \_\_\_\_\_

Topic # 1 \_\_\_\_\_

Please mark your grade for this presentation below.

60	65	70	75	80	85	90	95
D	D+	C	C+	B	B+	A	A+

Presentation Good Points

Areas to Improve

---

Topic # 2 \_\_\_\_\_

Please mark your grade for this presentation below.

60	65	70	75	80	85	90	95
D	D+	C	C+	B	B+	A	A+

Presentation Good Points

Areas to Improve



25 pts. possible

## WEBSITE EVALUATION WORKSHEET

- These must be word processed.
- Use bullet statements in most parts.

12.5 pts. possible for  
Honors students

Your Name:

Website Address:

Website Purpose/Content/Coverage:

Accessibility and Appearances:

Accuracy / Authority:

Objectivity / Bias:

Currency (Latest date listed):

Documentation / Sources / Associated Links:

## WEBSITE SUMMARY

Positive points about the site

Negative points about the site

### Conclusion

This must be written in complete sentences and should be approximately ½ page, double spaced.

## **WEBSITE EVALUATION ASSIGNMENT CRITERIA**

### **Website Purpose/Content / Coverage:**

- Why is this website included on the web? To inform? Persuade? Convince? Sell?
- Does the site look at a topic in depth? In breadth?

### **Accessibility and Appearances**

- Does the page load quickly?
- Does the site appear to be user-friendly and easy to read (prose written in “text bites” or long passages)?
- Is the site easy to navigate?
- Concerning graphics:
  - Do the graphics slow it down?
  - Are they appealing?
  - Do they enhance the site?
  - If pop-up graphics/text appear, do they detract from the website purpose?
- Is the site free or fee based?

### **Accuracy / Authority**

- Who sponsors the site?
  - Can you determine if the sponsor is legitimate?
- Note: Some sites are very clever and appear to be legitimate, so use discretion when evaluating the site(s).
- Is the site anonymous?
  - How is site information verified?
  - Is reliable contact information included?
  - Will the site’s information “stand up” when compared/checked against other sources?
  - How reputable is the domain or publisher?
  - Check the URL domain: .gov and .org are often more likely than .com sites to come from authoritative sources.

### **Objectivity / Bias**

- Is there evidence of potential bias—does the site represent a slanted point of view? Is this acknowledged?
- Does the site appear to disperse information—either unbiased or from more than one point of view?
- Does the site reflect a specific agenda or point of view?
- What motivations are present?
- What audience is the site trying to reach?
- Is the site a “mask” for advertising?

### **Currency**

- Are dates listed on site information (including articles, etc.)?
- Last date of site revision?
- Is it maintained and updated regularly?

### **Documentation**

- Are sources listed?
- Are links to other sites provided?
- If so, what is the purpose of these sites and are they credible?
- Are dead links still attached to the site?

# High School

From the National Network of Libraries of Medicine, Pacific Northwest Region

Connecting Youth to Quality Health Information: <http://depts.washington.edu/uwcpnh/qhi/lesson.pdf>

Name \_\_\_\_\_

## Online Health Information Scorecard



Web site to evaluate: \_\_\_\_\_

Site Criteria	Questions to Consider	Comments	Scoring Criteria	Score
<b>1</b> Site is sponsored by a respected, reliable, and unbiased source	<input checked="" type="checkbox"/> Who is the source? Is it a... <ul style="list-style-type: none"> <li><input type="checkbox"/> Government agency (.gov)</li> <li><input type="checkbox"/> University or academic institution (.edu)</li> <li><input type="checkbox"/> Non-profit or professional organization (.org)</li> <li><input type="checkbox"/> Commercial organization (.com)</li> </ul>		1 point if .gov, .edu or .org 0 points if .com	
	<input checked="" type="checkbox"/> Is it a source you recognize?			1 point if "Yes" 0 points if "No"
<b>2</b> Writers are qualified in a relevant field	<input checked="" type="checkbox"/> What is the site's main purpose? <ul style="list-style-type: none"> <li><input type="checkbox"/> Main focus should <u>not</u> be to sell products or give slanted opinions. (Advertisements should be clearly labeled as "Advertisement" or "From our Sponsor")</li> </ul>		1 point if site is informational only 0 points if main focus is to sell products	
	<input checked="" type="checkbox"/> Is it clear who is providing the health information? (Is an author named?) <input checked="" type="checkbox"/> Is the author a health care professional with credentials? For example, a... <ul style="list-style-type: none"> <li><input type="checkbox"/> Physician (MD)</li> <li><input type="checkbox"/> Registered dietitian (RD)</li> <li><input type="checkbox"/> Registered nurse (RN)</li> <li><input type="checkbox"/> Nurse practitioner (ARNP)</li> </ul>		1 point if "Yes" 0 points if "No" 1 point if "Yes" 0 points if "No" or if no author is listed	
<b>3</b> Contact information provides ties to a responsible person.	<input checked="" type="checkbox"/> If the author is a journalist or other lay person (not a health care professional), do they refer to a health professional with the proper credentials? <input checked="" type="checkbox"/> Is there a name, title, e-mail address and phone number given for a contact person? <ul style="list-style-type: none"> <li><input type="checkbox"/> Should be someone other than the Webmaster.</li> </ul>		1 point if "Yes" or if this does not apply 0 points if "No" 1 point if "Yes" 0 points if "No"	
	<b>Look for the Evidence</b>			
<b>4</b> Information is unbiased.	<input checked="" type="checkbox"/> Does the site provide fair and balanced information (including controversial issues and alternatives)? <input checked="" type="checkbox"/> Does it avoid opinions and testimonials?		1 point if "Yes" 0 points if "No" 1 point if "Yes" 0 points if "No"	

Connecting Youth to Quality Health Information Scorecard, page 1 of 2

Name: \_\_\_\_\_

<p><b>5</b> Information is accurate.</p>	<p><input checked="" type="checkbox"/> Is the coverage of topics helpful? Are typical questions answered?  <input checked="" type="checkbox"/> Are health claims and benefits supported with references to medical research?  <input checked="" type="checkbox"/> Does the site avoid false or misleading information? If it sounds too good to be true, it probably is.  <input checked="" type="checkbox"/> Is the information reviewed by an editorial board that includes medical experts?  <input type="checkbox"/> Editorial policy and names/credentials of reviewers should be listed and easy to find (typically on the "About Us" page).</p>	<p>1 point if "Yes" 0 points if "No"</p>	
<p><b>6</b> Site has been reviewed and approved by professionals.</p>	<p><input checked="" type="checkbox"/> Are the seals of approval reputable and relevant?  <input type="checkbox"/> An award for Web site design does not make the health information credible.  <input checked="" type="checkbox"/> Are pages and documents dated?  <input type="checkbox"/> This should include the dates the site/page was created and/or when it was last reviewed or updated.</p>	<p>1 point if "Yes" or if this does not apply 0 points if "No"</p>	
<p><b>7</b> Information is up-to-date.</p>	<p><input checked="" type="checkbox"/> Is "current research" dated within the past year?  <input type="checkbox"/> There are always new advancements in medical and nutrition science.  <input checked="" type="checkbox"/> Are all links working?  <input type="checkbox"/> Broken links reflect a poorly maintained site.</p>	<p>1 point if "Yes" 0 points if "No"</p>	
<b>Project Yourself</b>			
<p><b>8</b> Site has sufficient privacy protection.</p>	<p><input checked="" type="checkbox"/> Does the site require you to register, enter your e-mail address, or answer personal questions before you can view health information?  <input type="checkbox"/> Notice what types of questions you answer—personal information may be sold or shared  <input checked="" type="checkbox"/> If personal information is collected, does the site have privacy policies that clearly state how the information will be used?</p>	<p>0 point if "Yes" 1 points if "No"</p>	
<p><b>9</b> Site encourages you to get a second opinion. Web site address: _____</p>	<p><input checked="" type="checkbox"/> Does the site warn you against using online medical advice to replace visits with a health care professional?</p>	<p>1 point if "Yes" or if this does not apply 0 points if "No"</p>	<p><b>Total Score (out of 20 possible points):</b> _____</p>

Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Period: \_\_\_\_\_

## Connecting Youth to Quality Health Information Homework Assignment

### Part I: Evaluating Online Health Information

1. Which two Web sites have you been assigned to evaluate?

1. \_\_\_\_\_
2. \_\_\_\_\_

2. Using the Online Health Information Scorecard...

- a. For each site, go through all nine Criteria and answer every Question to Consider.
- b. Provide a brief comment for each question to justify your answer.
- c. Score each answer according to the Scoring Criteria.
- d. Calculate a total score for each site.

**NOTE:** You need to complete two Scorecards, one for each Web site.

3. Which of the two sites are you more likely to recommend to a friend or family member?  
(Which one received the higher score?)

\_\_\_\_\_

4. List three traits about the *higher scoring* site that indicates it is providing higher quality information?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

5. List three traits about the *lower scoring* site that indicates the information may not be reliable or trustworthy.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Period: \_\_\_\_\_

6. Is there anything about the **higher scoring** site that makes you question its credibility? Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part II: Searching MedlinePlus

1. Interview a friend or family member (or you can interview yourself). Ask: "What is one thing you would like to know about nutrition?" Write that question below:

\_\_\_\_\_  
\_\_\_\_\_

2. Go to [medlineplus.gov](http://medlineplus.gov) and see if you can find the answer:

- a. Where did you go first to look for the answer?

- |  |  |
|--|--|
| <input type="checkbox"/> Health Topics       | <input type="checkbox"/> Drugs & Supplements |
| <input type="checkbox"/> Videos & Cool Tools | <input type="checkbox"/> Search Bar          |
| <input type="checkbox"/> Other _____         |  |

- b. Where did you go next?

\_\_\_\_\_  
\_\_\_\_\_

3. What was the answer you found?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Where did you find it? Write down the exact Web address:

\_\_\_\_\_

Name \_\_\_\_\_

Teacher: \_\_\_\_\_ Period: \_\_\_\_\_

5. Was it easy or difficult to find what you were looking for? Did you have to search more than one way? What made it easy or difficult?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How did you know if the information you found was credible?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Would you use MedlinePlus again to search for health and nutrition information? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Middle School



**KidsHealth**  
in the Classroom



Grades 6 to 8 • Personal Health Series  
**Media Literacy and Health**

[KidsHealth.org/classroom](http://KidsHealth.org/classroom)

### Teacher's Guide

This guide includes:

- Standards
- Related Links
- Discussion Questions
- Activities for Students
- Reproducible Materials

### Standards

This guide correlates with the following National Health Education Standards:

Students will:

- Comprehend concepts related to health promotion and disease prevention to enhance health.
- Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Demonstrate the ability to access valid information and products and services to enhance health.
- Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Demonstrate the ability to use decision-making skills to enhance health.
- Demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Your state's school health policies:  
[nasbe.org/HealthySchools/States/State\\_Policy.asp](http://nasbe.org/HealthySchools/States/State_Policy.asp)

Technology has made it so easy for people to get health-related information. But not all of the information is accurate. The following discussion questions and activities will help your students learn to evaluate health-related information so they can make healthy choices in their lives.

### Related KidsHealth Links

#### Articles for Kids:

**What Kids Say About: Their Health**  
[KidsHealth.org/kid/stay\\_healthy/body/poll\\_health\\_literacy.html](http://KidsHealth.org/kid/stay_healthy/body/poll_health_literacy.html)

**Safe Cyberspace Surfing**  
[KidsHealth.org/kid/watch/house/internet\\_safety.html](http://KidsHealth.org/kid/watch/house/internet_safety.html)

**Going to the Doctor**  
[KidsHealth.org/kid/feel\\_better/people/going\\_to\\_dr.html](http://KidsHealth.org/kid/feel_better/people/going_to_dr.html)

#### Articles for Teens:

**Figuring Out Health News**  
[KidsHealth.org/teen/safety/safebasics/health\\_news.html](http://KidsHealth.org/teen/safety/safebasics/health_news.html)

**Internet Safety: Safe Surfing Tips for Teens**  
[KidsHealth.org/teen/safety/safebasics/internet\\_safety.html](http://KidsHealth.org/teen/safety/safebasics/internet_safety.html)

**Talking to Your Doctor**  
[KidsHealth.org/teen/your\\_body/medical\\_care/talk\\_doctor.html](http://KidsHealth.org/teen/your_body/medical_care/talk_doctor.html)

### Discussion Questions

*Note: The following questions are written in language appropriate for sharing with your students.*

1. When you want to get information about your health, where do you go? What are the most reliable sources of information about health-related issues? What makes a source reliable or unreliable?
2. What influences the choices you make about your health – the way you eat, exercise, and how you take care of yourself? Make a list of those influences and rate how much they affect you.
3. How does advertising online, on TV and in magazines and newspapers, etc., affect the health choices you make in life? (Think about food, medicine, fitness, health care products, tobacco, etc.) How do advertisements try to get you to eat a certain food or to live a certain way?

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## Activities for Students

*Note: The following activities are written in language appropriate for sharing with your students.*

### Exploring the Surf

#### Objectives:

Students will:

- Learn to evaluate Internet sites
- Analyze a variety of health-related websites for credibility

#### Materials:

- Exploring the Surf handout (available at: [KidsHealth.org/personal/growing/health\\_media\\_literacy\\_handout1.pdf](http://KidsHealth.org/personal/growing/health_media_literacy_handout1.pdf))
- Computer with Internet access
- Pencil or pen

#### Class Time:

2 hours

#### Activity:

Information about your health is everywhere you turn — on TV, on websites, in magazines and newspapers, on billboards and in school. Many people turn to the Internet with health-related questions. Unfortunately, not all information on the Internet is accurate. So how do you determine which websites are reliable? How do you know who to trust? Read the articles at KidsHealth to gain a better understanding about reliable information and credible sources. Next, use the Exploring the Surf handout to analyze five health-related websites. Once you've evaluated the websites, reflect upon your findings. What surprised you about the websites you examined? Will your findings affect how you use the Internet to look for information in the future?

#### Extensions:

1. Your doctor, the nurse at school, and your health teachers are reliable sources of health-related information, but you might feel embarrassed to talk to them about certain topics. With a partner, role-play a conversation you might have with your doctor about an issue that concerns you.
2. Find an article in a newspaper or magazine that addresses a health-related issue. Based on what you've read at KidsHealth, do you think the article is reliable? Write a brief paragraph explaining your opinion.

## Reproducible Materials

#### Handout: Exploring the Surf

[KidsHealth.org/classroom/6to8/personal/growing/media\\_literacy\\_health\\_handout1.pdf](http://KidsHealth.org/classroom/6to8/personal/growing/media_literacy_health_handout1.pdf)

# For elementary grades

From [http://www.memorialel.mersd.org/Pages/meme\\_library/WebEval](http://www.memorialel.mersd.org/Pages/meme_library/WebEval)

---

Student Name:



## Be a Web Detective Worksheet

Topic:

Search Engine:

URL:

1. **Author** - Who is the author? What are his/her qualifications?
2. **Bias** – Is the information reliable? Is it objective? Is the information trying to sway you? Do the links reflect a bias?
3. **Content** — Is the information relevant to your topic? Does it answer your questions?
4. **Dates** — When was the website last updated? Is the information current?
5. **Editor** — Who sponsors the site? Is the organization reputable or legitimate? Is it a commercial institution?

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**Attachment 13:  
Subcontractor Final Report**

**Lawrence Public Library  
Together Prepared Continuity of Health Information Award**

# Quarterly Report

Email completed report to [reports@rml4.utah.edu](mailto:reports@rml4.utah.edu)

**Name and address of reporting institution:**

Lawrence Public Library  
707 Vermont St.  
Lawrence, KS 66044-2371

**Project Title:** Together Prepared Continuity of Health Information Award

**Name of person submitting report:** Catherine “Cat” Rooney Howland

**Email address:** [catr@ku.edu](mailto:catr@ku.edu)

**Telephone number:** 785-727-0808 (c) 785-864-4095 (w)

**Reporting Period start date:** July 15, 2010

**Reporting Period end date:** October 30, 2010

**Publicity:**

Publicity and promotional activities during this quarter included:

1. A total of 5,000 copies of a promotional booklet are being printed for the Lawrence Public Library and project partners to distribute to the public and participants of the mobile library preparedness outreach activities. The booklet is currently with the graphic designer and will be submitted to funder when it is finalized in the next two weeks. Printing is expected to be completed by the mid December. **(See attachment for basic booklet content.)**

Previously, permission was given by grantee in 2010 to transfer \$3,000 for publications to assisting with costs associated with the upgrade of the Library's phone system to handle the call center. In return, the Health Department, through a grant, provided the library with \$3,000 to cover the costs for publications. The printing cost was under \$3,000 with the remaining amount to be used for when the booklet needs to be reordered. This will assure that the booklet's content can stay fresh and up-to-date. For example, the booklet notes that the hotline will be starting spring of 2011. Once the hotline starts, this statement can be removed at the next reprinting.

2. On July 8, 2010, Team Members Bob Newton and Teri Smith, Douglas County Emergency Management, spoke about the grant's call center activities to 35 representatives of various emergency response agencies, social service agencies, manufacturers and utilities representing the various Emergency Support Functions in the Local Emergency Operations Plan.

3. On September 21, 2010, Team Member Paul Stagner explained to 10 members of the Red Cross Action Team the concept of the call center and the potential role of Red Cross volunteers as cross-trained call center volunteers.

4. On October 15, 2010, a new website was posted from the Kansas University, Research and Training Center on Independent Living which identifies the Douglas County Public Information Hotline as one of four “best of best” practices in emergency management and vulnerable populations. Click on the hotline operator picture for a summary of the call center <http://disabilityprepared.ku.edu>

5. YouTube video was produced by Rebecca Lo, intern, with the Lawrence-Douglas County Public Health Department for Together Prepared. The video describes activities of Together Prepared coalition including Team member, Bruce Flanders, telling about the final results of this grant—the establishment of the Douglas County Public Information Center (DCPIC). <http://www.youtube.com/watch?v=Aw-kas8VHuI>

6. On October 21, Team Member Charlie Bryan led a discussion about the Continuity of Health Information for Emergency Preparedness Award, including an update regarding the library call center open house completed on October 20 and an update regarding the draft Together Prepared website Memorandum of Understanding (MOU) between Lawrence Public Library, Douglas County Emergency Management and Lawrence-Douglas County Health Department to 12 members of the Together Prepared coalition at a bi-monthly meeting. Members are from community-based organizations serving vulnerable populations.

#### **Outreach:**

1. On October 14-15, 2010, Team Member Pattie Johnston presented to 55 attendees of the Association of Bookmobile and Outreach Services & Association of Rural and Small Libraries Joint National Conference Presentation held in Denver Colorado. She covered how to adapt emergency preparedness actions for those who provide services outside of the main Library building, such as bookmobile and services to schools, retirement centers and rural communities. Pattie also provided resource materials and information and examples of emergency kits, scenarios and solving the questions of the situations, where to seek resources for training and information in their own communities. The audience was librarians, library clerks/associates and bookmobile drivers.
2. On October 20, 2010, the Lawrence Public Library provided an open house demonstration of the call center, Douglas County Public Information Hotline (IH). Half of the audience was IH volunteers and the other half key external partners. The total number of attendees was 21. The demonstration included the IH equipment including the phone, headsets, messaging system and SMART Board and the Together Prepared-DCPIC website. A good discussion was held pointing to backup plans with equipment for the call center.

#### **Target audience:**

The target audience’s needs have not changed since our initial assessment.

## **Goals, Outcomes, Objectives:**

### **Our Official Name**

We have cemented our name now, Douglas County Public Information Center (DCPIC). The DCPIC includes the Douglas County Public Information Hotline (IH), Together Prepared-DCPIC website and the mobile preparedness outreach program.

#### **1. Project Team Meetings**

Each month our Team Members have met to coordinate activities and make decisions. The requirements of the grant have been fulfilled this quarter. This is due to the hard work of professionals in the library, emergency management, health, and disabilities fields who met for 19 months (we started a month before the grant officially began).

#### **2. IH Supplies**

Additional office supplies for the call center were purchased this quarter including a shelving to be use in a lockable storage area to store the equipment and supplies of the call center, along with notebooks and dividers for the volunteer's manual. A resource manual for the volunteers is being assembled (**see attachment for table of contents**).

#### **3. IH Operations Plan**

This quarter, the IH Operations Plan was finalized by the project manager, and then reviewed, revised, and approved by the library, health department, and emergency management (**see attachment for operations plan**). The format was patterned after what was advised by other centers and then adapted to fit our circumstances and needs. There were no relevant job aids to use, only bits and pieces, as they were for medical call centers or for non-call center related positions. Thus, the job aids were extensively researched and written to meet our needs and organizational structure. The number of volunteers and shift configurations were revised after discussions with emergency management.

It is a sound document with a wealth of information to guide personnel at all levels in operating the call center. It is more detailed than many other call center plans, but could still be expanded when the team is ready to develop other policies and procedures. In addition, to execute some areas of the plan there is still more work to be done such as establishing backup plans for the call center, and writing a job aid on the procedures for using the technology available to send the scripted information to the website and call center supervisor. This is part of the next phase of the project.

The IH Operations Plan covers:

- Mission Statement and Goals of IH
- Key Partners and Administrative Representatives, Roles and Community Agencies
- Levels, Indicators and Triggers
- Volunteer Recruitment, Deployment and Screening
- Chain of Command, Flow Charts, Job Aids
- Volunteer Application and Screening, ID Tags, Training
- General Call Handling Procedures, Phone Messaging, and Accessibility
- Record Keeping
- Communications-PIO
- Communication Equipment and Backup Plan
- Call Capacity
- Estimate Contacts to Call Line and Website
- Population Perception of the Risk is Low (Level 1), Medium (Level 2) or High (Level 3)
- Phone Configuration
- Possible Staffing Solutions during Level 1, 2, and 3
- Equipment, Supply, and Operator Stations Lists to Implement Operations of IH
- Annual Exercise/Drill
- Appendix A: Website Monthly Updates MOU
- Appendix B: Job Aids for IH Positions
- Appendix C: (IH) Volunteer Application Form
- Appendix D: Content of Training for IH Volunteers
- Appendix E: IH PHONE LOG
- Appendix F: IH Daily Activity Report (to be developed)
- Appendix G: IH Post-Event Evaluation (volunteers)
- Appendix H: MOU for Mental Health Volunteers
- Appendix I: Library's Person in Charge to Open Library if Emergency
- Appendix J: Reference

#### **4. Together Prepared Website**

A website was created to meet the joint needs of the community coalition Together Prepared and DCPIC. During October, upon the recommendation of the Together Prepared Website Task Force, the website was moved to the library webmaster for administration and to be reconstructed onto new software, Word Press, for ease of maintenance and editing. This move also assures stability and continuity of the website after the grant ends. The website offers information and resources on disaster preparedness for the general public and vulnerable populations, describes community activities of Together Prepared and provides information for use by IH volunteers. When the IH is open for taking calls, the home page will be dedicated to scripted information from the Douglas County Public Information Officers (PIO) Group and experts on the current disaster, emergency or public health threat in Douglas County. The website will be administered by the library and the library's webmaster and under a memorandum of understanding with the library and partners. **(See Attached MOU.)**

## **5. Volunteer Recruitment**

Much appreciation to Paul Stagner who started with the team only last March as a volunteer and has contributed greatly by meeting one-on-one with a majority of the 20 agency leaders in the community to extend a greater understanding of our mission and to strengthen bonds with these external partners. He has recruited 20 people to date as Hotline volunteers, and assisted with the development of policies and procedures for volunteer management. After this grant ends, Paul will continue to build up the volunteer pool and schedule on-going training sessions.

The official volunteer roster of 20 includes five people from the library, five people who are Douglas County Medical Reserve Corp volunteers (MRC), one person who is a MRC and a CERT volunteer, three CERT volunteers, four American Red Cross volunteers, and two people from a community-based organization serving people with disabilities. By the end of November, the number of volunteers is expected to increase significantly when the faith-based organizations with disaster programs and the local County Animal Response Teams (CARTs) come on board with the call center.

This quarter, Paul contacted faith-based groups with existing disaster response organizations to recruit volunteers.

In addition, the United Way Roger Hill Volunteer Center has agreed to post the application form for the Hotline volunteers on their website.

## **6. External Partners**

Visits by Cat Howland and Paul Stagner to external partners continued this quarter with a second visit to Bert Nash and KHABH to discuss training and volunteers. This meeting resulted in the Kansas All-Hazards Behavioral Health Team (KAHBH)/ Bert Nash drafting and signing a memorandum of understanding with the library to provide mental health counselors when the call center is activated (**see attachment for MOU**).

## **7. Mobile Preparedness Training**

Our hat goes off to Pattie Johnston for single-handedly and very successfully organizing and conducting the mobile preparedness outreach program. The training was piloted at three sites: Cottonwood, Inc., Vintage Park, and Edgewood Homes for a total of 11 sessions with the last concluded this quarter.

Training was individually developed and tailored to the specific needs of each site and concluded this quarter. It consisted of providing information, pamphlets, and websites. The training put the director in contact with people who could provide additional information, and provided encouragement and an impetus to complete the preparedness process that otherwise would not likely have happened.



Pattie gathered information from and had information reviewed by experts in emergency management who also serve on Together Prepared and a partner organization to provide to the directors. As noted under training, this training impacts approximately 200 clients at Cottonwood, Inc., 50 residents at Vintage Park, and the people occupying the 100 units at Edgewood low income housing.

This quarter, a booklet was developed by Cat Howland, project manager, emergency management staff, and Pattie Johnson to be distributed to future participants of the mobile preparedness outreach programs, public, library patrons, and by Together Prepared coalition activities and members.

## **8. Future Funding**

This quarter, Cat Howland, project manager, approached the Kansas Department of Health and Environment (KDHE) Bureau of Public Health Preparedness's Operations Director, Mike McNulty, and Rebecca Brown, grant advisor for this project, about possible funding opportunities for next phase of this project. She also forwarded a Sunflower Foundation grant application and background information to the Lawrence-Douglas County Health Department for consideration for submitting for the second phase of this project. KDHE submitted a request to the federal flu administrators since they had left over money, but we were turned down. Rebecca is to be getting back to Bruce Flanders or Cat Howland about whether we would qualify to submit a grant the next funding cycle. The health department and the Research and Training Center on Independent Living are also looking for sources of funding.

Specifically, we are looking to fund a library staff position or a consultant for 1 to 2 years to take this project to the next level. This position would assist with advancing volunteer recruitment and retention, developing standardized training, assisting with the annual exercise, completing the electronic and paper systems including the volunteer resource manual, and building community partnerships. In addition, this person would take on the duties of the IH Operations Supervisor Officer when the call center is open.

### **Evaluation:**

An overall evaluation to determine the level to which the three objectives of this project were met was conducted at the last Team Member's meeting on November 1, 2010. The objectives were successful met with an overall rating of "very good to excellent." Specific areas that received excellent ratings were the team members' efforts for promotion, publicity and training activities, the development of external partners, recruitment of volunteers, the training provided to the three sites to address their specific needs, and the purchasing of necessary equipment and bandwidth to have the call center functional. **(See attachment for final evaluation rating sheet with scores.)**

The library outreach training was evaluated this quarter. The three sites were given a three question survey to fill-out. In summary, they were asked if the training was helpful in assisting with preparing a plan, developing procedures or re-evaluating parts of a plan, if the training provided pertinent resources for plan preparation or re-evaluation, and what about the training was most helpful?

The two sites needing to complete their previous planning efforts did so because of the assistance provided. It built confidence in the directors and provided appropriate resources to accomplish the plans. One site plans to continue with refining the plan in the future as they know it has some weaknesses. The site with a well defined plan found the assistance useful as it brought to their attention the need to reevaluate potential risks to determine if changes are needed in the plan. See the chart below and **attached survey results of questionnaire**.

### Survey Results

<b>Residential facility</b>	<b>Residents</b>	<b>Situation prior to training</b>	<b>Was training helpful?</b>	<b>Provided pertinent resources?</b>	<b>What was most helpful</b>
Vintage Park	Seniors	Minimal procedures	Yes, finished plan	Yes, because resources already compiled and ready to use	Built confidence and with assistance finished plan
Edgewood Apartments	Low income	Started preparedness but stopped	Yes, finished plan	Yes, and want to stay in contact to refine plan	Built confidence and will continue work
Cottonwood	Cognitive disabled adults	Highly developed plan	Yes, began a re-evaluation of plan	No	Promoted review of risks to determine if changes needed

### Impacts and Observations:

#### Project Impact

Many of the 20 external partners greeted the news of the Douglas County Public Information Hotline with enthusiasm and noted there is a need for such services during a disaster event in our community. The ultimate compliment was being selected to be highlighted on the KU website as a “best of best” practice.

Since the project has not been officially deemed ready to take calls until the volunteers are fully trained, which is expected in the spring of 2011, no press releases have been issued about the opening of the center. Thus, we have not really had an opportunity to gather comments from the public, but we expect it to be very much the same level of response as the external partners– very supportive!

#### Lessons Learned

We also learned that any full scale exercise to test a call center operations plan might best be done in the second or third phase of the project rather than this initial. The reason for this is that

recruiting volunteers and then training them takes time and you have to have this done to pull off the stimulation. Plus, a true simulation takes commitment and person power to plan and carry out. Our open house and demonstration of the call center was a successful training/demonstration endeavor; however, it fell short of the original intention to test the operations of the call center with a stimulation/demonstration.

**Planned Activities:**

This concludes our work under this grant. Next quarter, Team Members will continue to meet to keep the process of public relations, recruitment, training, and future funding on-going.



Draft

LAWRENCE PUBLIC  
**LIBRARY**

### *Douglas County Public Information Center (DCPIC)*

There's something new at the Lawrence Public Library to help you and your family be better prepared for and informed about public health threats, disasters and emergencies in Douglas County. The Library is expanding its role as an information center for the public before, during, and after catastrophic events by the establishment of the Douglas County Public Information Center (DCPIC).

The DCPIC is the "HOW" in being better prepared. "H" stands for the hotline, specifically the Douglas County Public Information Hotline (IH), which can be activated during health threats, disasters or emergency events in Douglas County. "O" is for outreach preparedness programs for organizations that serve vulnerable populations, including older adults and people with disabilities, and for general preparedness resources. And, "W" is for a website called Together Prepared, bringing to the public hotline updates and preparedness information for general public and vulnerable populations.

These efforts are in partnership with Douglas County Emergency Management, the Lawrence-Douglas County Health Department, the Research and Training Center on Independent Living at the University of Kansas, and the Together Prepared coalition.

#### **Library Hotline and Outreach**

The Library, already a trusted source of information, education and empowerment for local citizens, as part of the DCPIC has established the Douglas County Public Information Hotline (IH). In response to potential or actual public health threat, disasters or emergencies in Douglas County the hotline can be activated by emergency management when information is available to assist the public in being better prepared or informed.

When the hotline is activated, you will be greeted by a recorded message that will provide updated information on the current situation and whether the hotline is being answered by live operators.

- **During non-crisis events**, you will be referred to the Together Prepared-DCPIC website for the latest public information.
- A live operator will only be available **during designated public health threats, disasters or emergencies.**

The Hotline is expected to be ready in the spring of 2011. It is for non-medical, non-emergency informational calls. It is not intended to be a replacement for emergency 911 calls.

The Library also has a proud tradition of reaching into the community by providing resources outside of the library building itself. In 2010, the Library began piloting a new outreach program that assists agencies, organizations and residences serving vulnerable populations in becoming better prepared for disasters and emergencies.

Whether the need is to review existing plans, assist in initial planning or the education of staff, residents and their families, the library's mobile preparedness outreach program addresses the unique needs of each site.

Resources for taking action are the keys to how to be prepared including preparedness tips for you and your family. Help Val I need a lead in here...

### **Preparedness Tips**

Douglas County is subject to a number of potential hazards, both natural and man-made. While we cannot control natural disasters, emergencies or attacks, we can be prepared, and we can protect ourselves and our families. Proper planning and preparation before disaster strikes will help keep you and your family safe, and for vulnerable populations, it may also assist with staying independent.

There are three simple ways to begin being more prepared: make a plan, have a kit, and stay informed.

A plan of action, or having an emergency plan, always helps in a difficult situation and could help responders provide additional assistance to you and your loved ones. Here are the some things to remember to include in your preparedness plan.

- Know which hazards are common in Douglas County.
- Discuss the plan with your family and practice it often to become familiar with it. Make adjustments for possible daytime (school/work) or nighttime activities. Include your pets in your plan.
- Post emergency telephone numbers near the home telephone and in all cell phones and address books.

In addition to an emergency plan, assemble an emergency supply kit. Place it in an easy-to-access location. Make sure to include food, water (1 gallon per person, per day) and supplies for each family member that can last for up to 72 hours. See

online resources listed below for more information on emergency supply kit items and tips for kit building.

You can also better prepare yourself by staying informed before, during, and after an emergency/disaster. Make sure to:

- Become better informed about various preparedness resources in Douglas County, and how they can help you and your family.
- Get involved with neighborhood, work or residential preparedness programs.
- Become a volunteer with the Douglas County Community Emergency Response Team (CERT), American Red Cross, or Medical Reserve Corps.

### **For more information**

To learn more about the outreach program or hotline contact:

Pattie Johnston, Outreach Services  
Lawrence Public Library  
707 Vermont Street  
Lawrence, Kansas 66044  
Phone: 785-843-3833  
Email: [johnston@lawrence.lib.ks.us](mailto:johnston@lawrence.lib.ks.us)

### **Douglas County Public Information Hotline (IH)**

**Telephone 785-856-5777 (available spring 2011)**

**Together Prepared-DCPIC Website**

[www.togetherprepared.org](http://www.togetherprepared.org)

## **For More Information**

### **Online Preparedness Resources**

All-hazards planning for Douglas County

[http://www.douglas-county.com/depts/em/em\\_disasterinfo.aspx](http://www.douglas-county.com/depts/em/em_disasterinfo.aspx)

Preparedness planning for different types of disasters

<http://www.ready.gov/america/beinformed/index.html>

Family preparedness planning

<http://extension.missouri.edu/publications/DisplayPub.aspx?P=EMW1011>

Preparedness by topic and resources for vulnerable populations

<http://www.togetherprepared.org>

Preparedness for older adults

[http://www.redcross.org/museum/prepare\\_org/seniors/srsforsrs.htm](http://www.redcross.org/museum/prepare_org/seniors/srsforsrs.htm)

Animal preparedness

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

Seasonal and pandemic flu preparedness with checklists for all-hazards preparedness kits, supplies and important documents including checklists for people with disabilities

<http://disabilityprepared.ku.edu/files/preparedlifestyle2010.pdf>

Fire preparedness and people with disabilities

<http://www.usfa.dhs.gov/citizens/disability/>

Neighborhood preparedness

<http://www.rtcil.org/documents/Ready%20Neighborhood.pdf>

Workplace preparedness

<http://askjan.org/media/emergency.html>

Best practices for meeting needs of persons with disabilities

<http://www.disabilityprepared.ku.edu>

### **Contacts for Local Volunteering**

Douglas County CERT

Douglas County Emergency Management (785) 832-5259

[www.douglas-county.com/depts/em/em\\_home.aspx](http://www.douglas-county.com/depts/em/em_home.aspx)

American Red Cross –Douglas County Chapter

Local office (785) 843-3550

<http://douglascountyks.redcross.org/>

Douglas County Medical Reserve Corps

Lawrence-Douglas County Health Department (785) 843-3060 ext. 357

<http://www.ldchealth.org/medicalreservecorps.php>

DCPIC Sponsors



Support for this pamphlet and the development of the Douglas County Public Information Center (hotline, outreach, and website) was provided by a grant from the National Network of Libraries of Medicine (NN/LM) MidContinental Region. November 2010.



# Resource Manual

## Douglas County Information Hotline (IH) Volunteer Operators October 2010

### Table of Contents

- Incident Command System (ICS) flow chart and staffing structure
- Job Aides
- Instructions on how agencies manage referral lists and referrals
- All data collection forms and the post-event evaluation form for volunteers from Appendix G of the IH Plan of Operations
- Instructions for TTY, foreign language, and handling all types of callers
- Procedures for equipment (SMART Board, computer, record keeping, etc.)
- All informational/educational materials that the public will be provided on the Together Prepared website
- How to find standard information on all-hazards prevention, preparedness, and actions to take during event and recovery
- During a specific event and as it is being released, the scripted information which includes fact sheets, Frequently Asked Questions, press releases on the specific event that activated the hotline

The Douglas County Information Hotline Plan of Operations is always available for reference in a separate notebook in the call center area when the call center is activated.

## **Plan of Operations for the Douglas County Public Information Hotline (IH) November 1, 2010**

The mission of the **Douglas County Public Information Center (DCPIC)** is to enhance access to all-hazards<sup>1</sup> preparedness resources and emergency information to residents of Douglas County, Kansas with a particular emphasis on assuring that vulnerable populations<sup>2</sup> are served. This is accomplished by enhancing the role of the Lawrence Public Library as an information center for the public before, during, and after a disaster, emergency or public health threat. The DCPIC does this by providing information to the public through an information hotline, website and educational outreach programs. The information hotline is called **Douglas County Public Information Hotline (IH)**. All services are non-medical/non-diagnostic; thus, they do not require a licensed medical clinician to provide them.

To establish the DCPIC, the Lawrence Public Library partnered with the Lawrence-Douglas County Health Department, Douglas County Emergency Management, the University of Kansas Research and Training Center on Independent Living, and the community working group Together Prepared.

The three components to carry out the DCPIC's mission are to establish and maintain a:

- 1. Information hot line with a dedicated line (785- 856-5777)** which is a separate phone number from the library's main number. When the hotline is activated it will be staffed by a combination of volunteer IH live operators and phone messages. Whether the IH is open or not, the phone messages will always refer the public to the home page of the Together Prepared-DCPIC website, which has updated information monthly through a Memorandum of Understanding (MOU) with partnering agencies (**Appendix A**). The use of live operators is determined by established triggers referred to as Level 1, 2, or 3.
- 2. Website ([www.togetherprepared.org](http://www.togetherprepared.org))**, in conjunction with Together Prepared, which offers information and resources on disaster preparedness for general public and vulnerable populations, and scripted information from public information officers and experts on a current disaster, emergency or public health threat in Douglas County.
- 3. Disaster preparedness training** at community-based agencies, residences and organizations serving vulnerable population in Douglas County.

This document details the operational policies and procedures for the Douglas County Public Information Hotline (IH). The Lawrence Public Library is responsible for the daily operations of the IH, including recruiting, screening and training IH volunteers to answer the hotline, maintaining the information about IH on the

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<sup>1</sup> All-hazards refer to any public health threats, natural disaster and man-made disasters, terrorism, and other emergencies.

<sup>2</sup> Vulnerable populations is a term used to characterize groups whose needs are not fully addressed by traditional service providers or those who cannot safely access standard preparedness response and recovery resources. They include, but are not limited to, economically disadvantaged, culturally or geographically isolated, limited English language proficiency, physically, cognitively or sensory disabled, elderly or very young, mentally ill or chemically dependent, and chronically ill.

Together Prepared-DCPIC website ([www.togetherprepared.org](http://www.togetherprepared.org)) and the Library's website, and conducting disaster preparedness educational activities in accordance with the library's policies and procedures and the guidelines established in this document.

The goals of IH are:

1. To be a resource in Douglas County for all-hazards preparedness and disaster/emergency information with an emphasis on vulnerable populations.
2. To effectively answer phone calls at the IH during all-hazards events to reduce calls to agencies.
3. To provide feedback to response and government agencies from the hotline operators about public concerns related to a disaster, emergency or public health threat.

### **Key Partners**

Table 1 depicts the key administrative partners, their representatives and roles for the overall and daily administration of IH as well as community agencies available to provide technology support such as training or advice, as needed.

### **Levels, Indicators and Triggers**

The IH will be activated with operators answering the *IH phone number* under certain situations. These circumstances are referred to as Level 1, Level 2, or Level 3 situations and are in keeping with definitions used in emergency management (see Table 2). When activated at any level the IH will operate with both volunteer IH Operators, and a recorded message will play referring the caller to the website for preparedness and/or information about the emergency/disaster situation. The hotline area is in the Library's computer lab center. It is equipped with 12 phone jacks, 12 computers and a SMART Board.

### **Volunteer Recruitment, Activation and Screening**

Priorities in recruitment of IH volunteers are in this order of priority:

1. Lawrence Public Library staff.
2. Persons with previous certification as Community Emergency Response Teams (CERT), Medical Reserve Corp (MRC), American Red Cross (ARC) and mental health volunteers.
3. Faith-based members from churches with volunteer disaster programs.
4. General public (primarily from recruitment efforts by Roger Hill Volunteer Center).

When a Level 1, 2 or 3 situation occurs and the call activation tree is initiated the IH Staffing Coordinator will contact volunteers who are most likely not to be deployed by their certifying agency. For example, during a public health incident, CERT and ARC volunteers would be called to determine availability to be operators at the IH. During a disaster that has non-medical deployment it would be MRC volunteers. Volunteers will note their priorities for being contacted at orientation and these wishes will also be granted as much as possible.

2

The Kansas All-Hazards Behavioral Health Team (KAHBH) will assign mental health volunteers to the IH once notified by emergency management that the IH has been activated (see **Appendix H** for Memorandum of Understanding (MOU) for Mental Health Volunteers).

**Table 1: IH Key Administrative Representatives and Roles and Community Agencies, Representatives and Possible Roles in Conjunction with the Douglas County Public Information Hotline.**

<b>Key Administrative Partners</b>	<b>Representatives</b>	<b>Roles</b>
Library Management	Lawrence Public Library <ul style="list-style-type: none"> <li>▫ Director</li> <li>▫ IH Operations Supervisor</li> <li>▫ Building Maintenance Coordinator</li> <li>▫ Information Technology Coordinator</li> <li>▫ Financial Officer</li> <li>▫ Volunteers</li> </ul>	Planning Overall and Daily Administration Facility, Website and Financial Management
Public Health	Lawrence-Douglas County Public Health Department <ul style="list-style-type: none"> <li>▫ Community Health Planner</li> <li>▫ Director of Policy and Planning</li> </ul>	Planning Training and Resource
Emergency Management	Douglas County Emergency Management <ul style="list-style-type: none"> <li>▫ Director</li> <li>▫ Assistant Director</li> <li>▫ Duty Officers</li> <li>▫ Planner</li> <li>▫ Community Preparedness</li> </ul>	Planning Activation Training and Resource
Communications	Public Information Officers <ul style="list-style-type: none"> <li>▫ Public Health Department</li> <li>▫ Emergency Management</li> <li>▫ Lawrence Public Library</li> <li>▫ KU (RTCIL)</li> <li>▫ County wide PIO which includes city and county</li> </ul>	Planning Media
Vulnerable Populations	KU, Research & Training Center on Independent Living (RTC/IL) Together Prepared	Planning Training and Resource
<b>Community Agencies</b>	<b>Representatives</b>	<b>Possible Roles</b>
Utilities	Sunflower Broadband and ATD (phone system provider) Cell phone provider	Daily and Emergency Services to Library Possible Future Surge Capacity Assistance
Library management	University of Kansas Medical Center, KS Outreach & Technology Liaison	Planning, Specifically with Initial Grant Management and Library Resources
Call Centers	KU Information Line Douglas Co. United Way 2-1-1 KS Department of Health and Environment Hotline Bert Nash Headquarters GaDuGi Safe Center Commercial Call Center Service	Planning Technical Advisors Training Opportunities Referrals to IH  Possible Future Surge Capacity
Volunteer Agencies	Douglas County Medical Reserve Corp (MRC) Red Cross CERT-Emergency Management Faith-Based Organizations with Disaster Programs KAHBH (Mental Health) Roger Hill Volunteer Center	Volunteer Pool Technical Advisors Training Opportunities
Health	Lawrence Memorial Hospital Lawrence-Douglas County Health Department	Planning/ Referrals to IH
Community-based organizations	Serving various vulnerable populations Cottonwood Independence, Inc EKAN	Technical Advisors Training Opportunities Referrals to IH

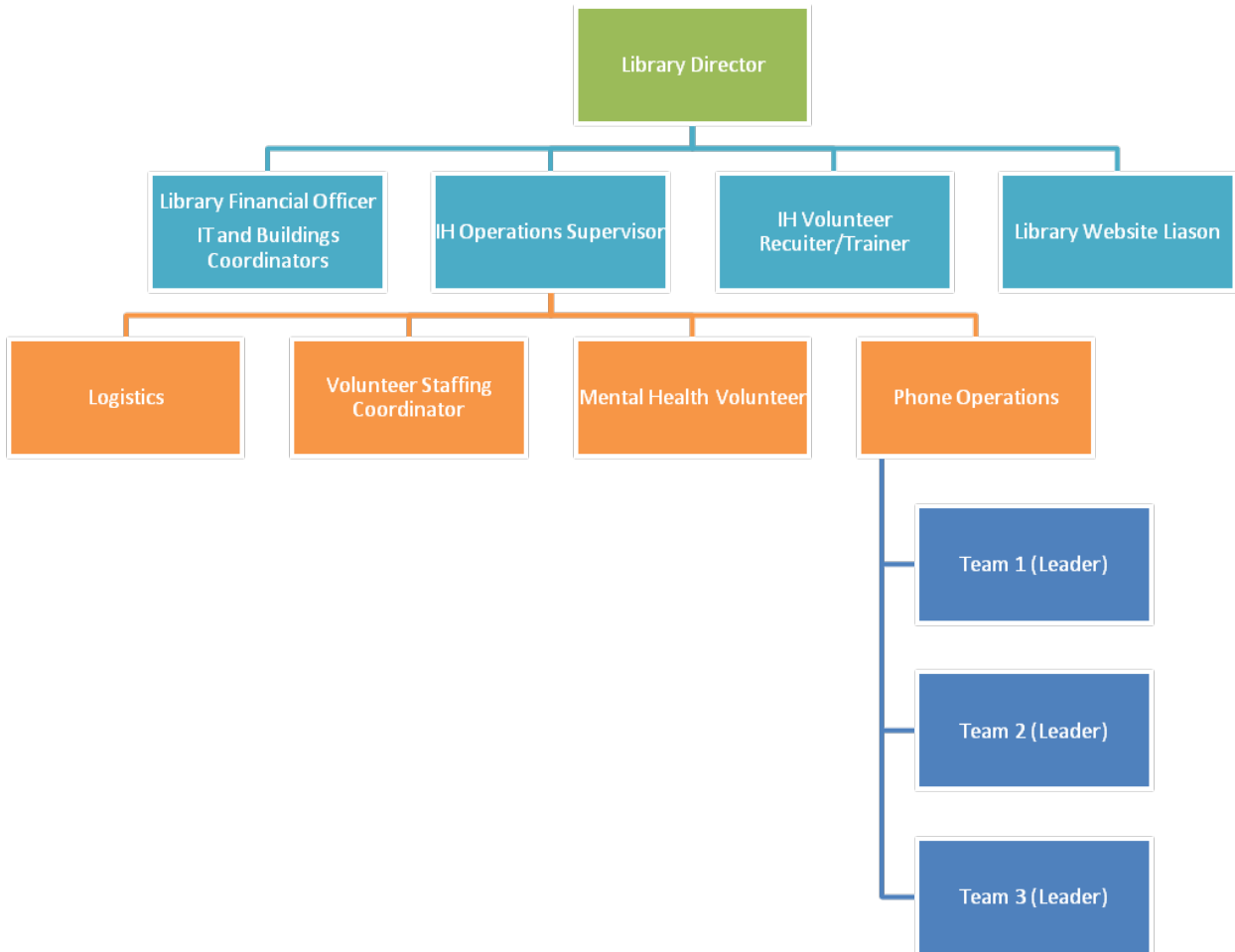
**Table 2: Situation and Intensity Levels, Triggers, and Chain of Command to Activate the Douglas County Public Information Hotline (IH).**

Level # and Situation	Indicators	Triggers	Chain of Command and First Activates to Open the IH
<b>Level 1</b> Watch  Low Intensity	Conditions indicate an all-hazards event <u>may</u> occur.	1. There is approved information available from experts in health and/or emergency management and a perceived need for this information to be available through IH to assist the public in being better prepared/ informed for a particular or potential all-hazards event.  or  2. Same as #1 and there is a request from the Lawrence-Douglas County Health Department for IH to be opened.	1. Douglas County Emergency Management Director can activate the IH based on the trigger(s) at this level.  2. Emergency Management will contact their PIO to get information to the IH Operations Supervisor and website for distribution to IH operators and to change phone message. They will also contact the Library Director to notify that the IH is to be opened. The Library Director will contact the IH Operations Supervisor, and the Library Person in Charge (see Appendix I), if after library hours, to meet at the library and open it.  3. IH Operations Supervisor will determine number of volunteers and shifts and contact IH Volunteer Staffing Coordinator to start call/text tree to activate volunteers and to notify health department.  4. IH Operations Supervisor will assemble the equipment and check systems out prior to the arrival of IH volunteers.
<b>Level 2</b> Partial Activation  Medium intensity	Limited staff activation normally following a medium level public health, natural, or man-made event/disaster.	1. Public health department or emergency management has received an increased number of calls about event.  2. AND/OR Level 1 Trigger.	Same as Level 1 only the number of volunteers involved will increase.
<b>Level 3</b> Full Activation  High intensity	Full staff activation. Possible 24 hour Emergency Operations Center staffing. State and Federal assistance may be requested for area.	Same as Level 2 Triggers.	Same as Level 2 only the number of volunteers involved will increase.

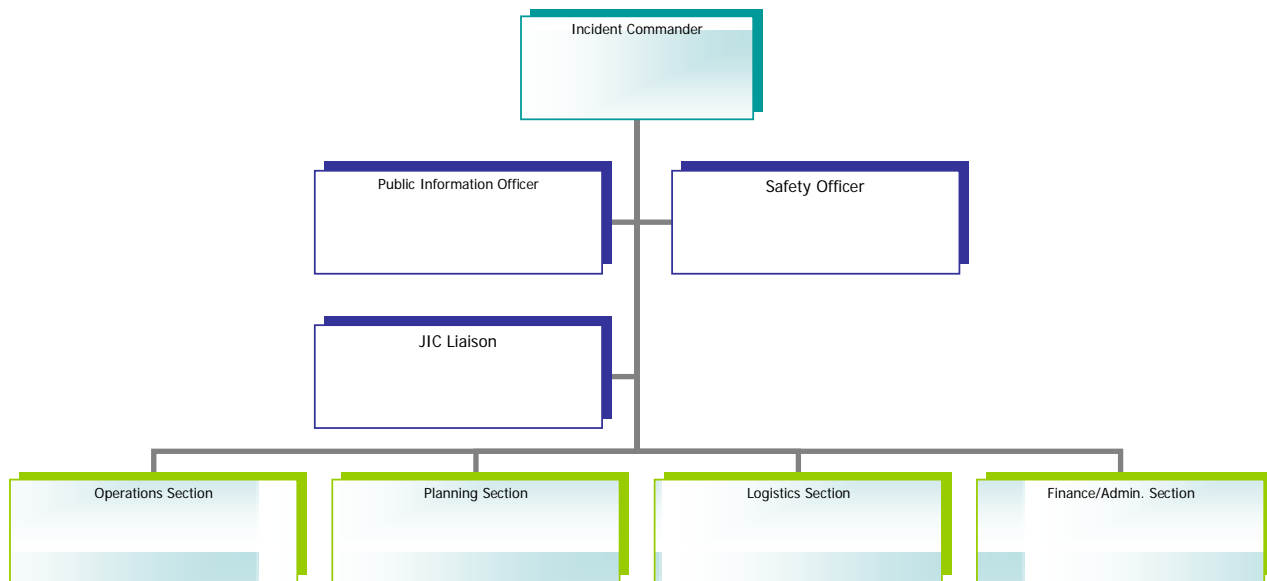
## Chain of Command, Flow Charts, Job Aids

The first flow chart depicts the Douglas County Public Information Hotline (IH) chain of command after being activated by Douglas County Emergency Management Director. Once activated, the designated Public Information Officer (PIO) under direction of Incident Command/Emergency Operations Center is responsible for getting information to the IH Operations Supervisor and Together Prepared-DCPIC website (see PIO job aid, **Appendix B**).

**Flow Charts: Chain of Command with the Douglas County Public Information Hotline (IH) and Example of an Incident Command Flowchart.** See **Appendix B** for Job Aids for each of the HI positions.



The following organizational chart shows an example of an Incident Command system layout.



### Volunteer Application and Screening

Persons desiring to be an IH volunteer will fill-out an application form (see Appendix C), be interviewed by the Volunteer Recruiter and Trainer, and screened through a criminal background check regarding prior convictions or other applicable criminal history. Screening can be done previously when going through being accepted as a CERT or ARC volunteer if within the last two years or by the library conducting a background check. The applicant may be requested to pay the screening charges if conducted by the library. The Volunteer Recruiter and Trainer will verify screening process by CERT or ARC and record this information on the volunteers' record as well as check other credentials and references. All documents pertaining to the application and screening processes will be kept in a locked area of the library. The library will issue pictured ID tags to IH volunteers.

### Volunteer ID Tags

All volunteers, when activated by a phone tree, will bring with them to library computer lab (where the hotline stations are located) their library issued pictured IH ID badge to verify they are an IH volunteer to assure safety and accountability at the Library. Activated volunteers will report to the library as directed by IH Volunteer Staffing Coordinator (see job aids, **Appendix B** for more information).

### Volunteer Training

The prerequisite to be a volunteer and to take IH calls are:

- ICS or IS 100.a Introduction to Incident Command System course.
- ICS or IS 700.a National Incident Management System (NIMS) An Introduction.
- Orientation training.

- Desire two or more hours in Disaster Mental Health 1<sup>st</sup> Aid within one year of start date.

Additional training is required:

- Attend 2 out of 4 quarterly training sessions.
- Attend the annual exercise/drill.
- Attend the training on answering phones.

The content of the orientation and on-going training are listed in **Appendix D**.

### **General Call Handling Procedures**

It is important to disseminate information that is delivered in a timely, up-to-date, consistent manner and accessible by all in the community. To make informed decisions the public relies on having all components of the IH “speaking from one voice.” To do so, the following are procedures to follow:

1. Information will be available by live operators when IH is activated.
2. Volunteers will provide callers the scripted information (fact sheets, Frequently Asked Questions, press releases, standard preparedness information to take prior to, during event, and referral lists that are contained in the IH Resource Manual and Together Prepared website.
3. Volunteers will only provide to the public the scripted information, described above, to callers.
4. Once a Level 1, 2, or 3 is activated then the call line will be provided specific scripted information from the lead PIO (Public Information Officer) agency.
5. Scripted information will be provided to the IH volunteers at the Library on the SMART board and other means (computer and paper) and it will be immediately posted on the Together Prepared website.
6. Should volunteers receive questions repeatedly that are not addressed in the scripted information, the Operations Supervisor will notify the PIO with a request for information to be delivered as soon as possible or within 24 hours. Volunteers will tell callers that the information is being researched and to check the website within the next 24-72 hours. For persons without access to a computer they will be asked to call the IH back then.

### **Phone Messaging**

When the hotline is activated the first voice a caller will hear is a recorded message providing brief information and referral to the website, then they will be in sequence for a live operator. The IH phone messages will always tell the public if the IH is open and refer the public to appropriate resources for seasonal or other preparedness tips and/ or current disaster, emergency, or public health conditions that are listed on the Together Prepared website. See **Appendix B** for more information that is listed on the job aids of Operations Supervisor and Volunteer Staffing Coordinator for duties on receiving scripted information from PIOs to be posted on website during an all-hazard event in Douglas County. See below information to be on message for the hearing impaired.

7



## Accessibility

The profile of Douglas County includes a large population of students at the three universities (University of Kansas, Baker University, and Haskell Indian Nation). See Table 3 below for number and percentage of people by race and ethnicity and percentage in Douglas County. These census figures indicate there may be a need for information to be provided in various languages over the phone and on the website.

Table 3: Races in Douglas County, Kansas by Percentage of Population. County population in July 2009: 116,383

- White Non-Hispanic (84.6%)
- Black (4.2%)
- American Indian (3.6%)
- Hispanic (3.3%)
- Two or more races (2.7%)
- Other race (1.2%)
- Chinese (1.0%)

To improve accessibility of information to vulnerable populations:

1. Preparedness information on the Together Prepared website will be provided in various languages if available.
2. Will specify in phone message recordings and website that persons with hearing impairment or limitation can contact 7-1-1 which provides access to Telecommunications Relay Services. This allows a person to use the telephone system via a text telephone, referred to as a TDD or TTY.

## Record Keeping

Each volunteer will fill-out a phone log for each call to track what is being requested, IH's effectiveness in providing information, and concerns of callers (**See Appendix E, Phone Log**). Daily reports issued by the IH Operations Supervisor will be developed from the record keeping system (**See Appendix F, IH Daily Activity Report**).

The IH Resource Manual will be the official paper document for the volunteers with the Volunteer Recruiter and Trainer for keeping the manual and other paper and electronic forms updated. The content of the manual will include:

- Incident Command System (ICS) flow chart and staffing structure
- Job Aids
- All data collection forms
- Instructions on how agencies manage referral lists and referrals
- Instructions for TTY, foreign language, and handling all types of callers
- All informational/educational materials that the public will be provided by the Together Prepared website.
- Scripted information which includes fact sheets, Frequently Asked Questions, press releases, standard preparedness information on how to find all-hazards prevention, preparedness, and actions to take during event and recovery including what is listed on the Together Prepared Website.

- Procedures for equipment (SMART Board, computer, record keeping, etc.)
- Post-event evaluation form for volunteers (see **Appendix G**).

## **Communications-PIO**

Publicity and Promotion will include:

1. Primary source of notification that IH is open will be the Douglas County PIO group.
2. Once activated, the Library website and the Together Prepared website will state operating hours and duration of the IH.
3. Communication networks of the primary partners including social media, newsletters, press releases and website.

## **Communication Equipment and Backup Plan**

The primary communication forms to the public are through the IH phone number and operators, and Together Prepared website. Forms of communication from the PIO to the IH Operations Supervisor and to the volunteers include IH phone number, cell phones, faxing through library, and cell phone texting. Should the phone systems go down or the IT services, the back up plans to restore communication, power, and IT services by the library will be activated.

## **Call Capacity**

To estimate the call capacity the Agency for Health Care Research and Quality (AHRQ) contact surge calculator model was used ([www.ahrq.gov/research/health](http://www.ahrq.gov/research/health)). Douglas County population is 114,748 with 80,324 estimated to be old enough to call the hotline. When the public perception of the risk is low, up to 5% of the population may contact the hotline, when it is medium up to 10%, and high up to 15%. The low, medium and high figures also correspond with the triggers of Levels 1, 2, and 3. If we estimate that 70% of the public will contact the center by phone and another 30% will get the information from the website, we can expect 2811 phone callers and 1204 web hits. This averages to 937 call per day and 117 per hour.

Table 4 below depicts the number of contacts per percentage of population who determine the risks to be low, medium or high. It also assumes we will be only open for short period of time (3-7 days) and covering an eight or twelve 12 hour days. On the average calls last 4 minutes; thus, an operator can take 12 calls an hour.

**Table 4: Estimate Contacts to Call Line and Website by the Percentage of the Population Perception of the Risk is Low (Level 1), Medium (Level 2) or High (Level 3).**

Channel	Potential Contacts Per Channel By Perceived Risk Factors		
	Level 1	Level 2	Level 3
Estimating 70% of public contacting by phone and 30% by website. Advertise both phone number and website	Low 5%	Med 5%-10%	High 10%-15%
Phone Contacts	2811	5622	8434
Web Site Contacts	1204	2409	3615
Average Contacts Per Day Requiring Staffing Resources	402	402-803	803-1204
Staffing 3-7 days			
8 hour day with (2) 4 hour shifts	3-8 (FTE)	8-12 (FTE)	12-19 (FTE)*
12 hours per day with( 3) 4 hr shifts	16	28	38
* Library capacity is 12 FTE which would cover each level; however, level 3 may need to activate a surge plan if callers are at the higher end.	20	42	57
Trunks Required	14	22	29

Surge capacity is also a matter for future development. A volunteer pool of 40-60 volunteers is needed to cover the 40% attrition rate.

AHRQ emphasizes directing the public to use the website for obtaining up to date information to reduce the number of calls to the center. To allow for IH to adequately staff and plan for calls, it is recommended that both the IH phone number and the Together Prepared website be included in any public information releases and other advertisement.

Table 5 depicts possible numbers of volunteers and shift options for the three activation levels. This chart can be the point of reference for the IH Operations Supervisor to determine number of volunteers and shifts and modified after having been through an actual event.

**Phone Configuration**

The current phone system configuration is:

- Single entry point or dedicated line (our own number and hotline system) versus using the library main number. A service provider designs it to route calls.
- Up-front messages – recorded messages that are adaptable to the situation. The callers will always hear a 1 minute recorded message first thing, and if there are phone operators the caller will get periodic 1 minute messages while waiting for a live operator. The messages will refer the person to website and build on information to reduce the need for an operator to handle the questions.
- Automatic Call Distribution (ACD) – call routed to first available operator.

- Upgrade from a 10 analog phone lines to a digital T-1 trunk with 23 lines with battery back-up system for short term.
- 12 phones and computer stations.
- Generator for power of the library computer area during power-outage.

**Table 5: Possible Staffing Solutions during Level 1, 2, and 3.**

Scenarios, several solutions				
Event Type	Hours/Shifts Options	Phone Lines, Location	Operators	Capacity
<b>Level I</b> <i>low intensity</i>  <b>3-8 volunteers</b>	Operational: 3 days- 6days/wk, 4 hour shifts for one to three weeks (evenings and Saturday, hourly breaks) OR 3 days/wk, (2) 4 hour shifts (hourly breaks and hour lunch)	Library Computer Lab (up to 12 phones)	<b>3-5 Operators/shift</b>	<b>(12 calls/Op x 4 hr)</b>  <b>36-60 calls/hour</b> <b>144-240 calls/day</b>
			<b>5-8 Operators/shift</b>	<b>(12 calls/Op x 4 hr x 2)</b>  <b>60- 96calls/hour</b> <b>480-768 calls/day</b>
<b>Level I</b> <i>medium intensity</i>  <b>8-12 volunteers</b>	Operational: 7 days/wk, (2) 4 hour shifts M-Sat, 4 hour shifts  7 days/wk, (2) 4 hour shifts for one or two weeks  (hourly breaks, .5 hr lunch)	Library Computer Lab (up to 12 phones)	<b>8-12 Operators/shift</b>	<b>(12 calls/Op x 4hr x 3)</b>  <b>96-144calls/hour</b> <b>768-1,728 calls/day</b>
<b>Level III</b> <i>high intensity</i>  <b>12 volunteers &amp; possible surge plan activated</b>	Operational: 7 days/wk, (3) 4 hour shifts for 12 hour day  (hourly breaks, .5 hr lunch)	Library Computer Lab (12 phones- may need additional phone coverage to 19)	<b>12 Operators/shift</b>	<b>(12 calls/Op x 4hr x 3)</b>  <b>96 calls/hour</b> <b>1,728 calls/day</b>

Table 6 lists the equipment and supplies that the Library’s computer lab and the contents of the operators stations.

**Table 6: Equipment, Supply, and Operator Stations Lists to Implement Operations of IH.**

Equipment and Supply List For Computer Lab	Operator Stations
_computer lab Smart Board _printers _flip chart and markers _whiteboard and markers _table and chairs _radio, flash lights, first aid kit, and other emergency supplies -cart on wheel to hold the phone equipment. -filing cabinet	_phones _headsets _computer with internet access _pen and paper _forms _volunteer list, volunteer application forms, phone tree, etc. _ extra flash drivers

\* No eating is allowed at the computer/phone stations. Beverages can only be in approved containers (squeeze bottles) to prevent spillage and damage to equipment. Food will be allowed in a designated area. *Once contacted, the Red Cross will provide food and water.*

## **Annual Exercise/Drill**

An annual exercise will be conducted to test a component of this IH Plan. The Douglas County Emergency Management will facilitate design of annual exercise.

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### **Appendices in this document are:**

Appendix A: Website Monthly Updates MOU

Appendix B: Job Aids for IH Positions

Appendix C: Douglas County Public Information Hotline (IH) Volunteer Application Form

Appendix D: Content of Training for IH Volunteers

Appendix E: IH PHONE LOG

Appendix F: IH Daily Activity Report (needs to be developed)

Appendix G: IH Post-Event Evaluation (volunteers)

Appendix H: MOU for Mental Health Volunteers

Appendix I: Library's Person in Charge to Open Library if Emergency.

Appendix J: Reference

**Together Prepared Website**  
**Memorandum of Understanding**

1. Douglas County Emergency Management (EM), Lawrence-Douglas County Health Department (LDCHD) and Lawrence Public Library (LPL) agree to work together to maintain and update the Together Prepared website, [www.togetherprepared.org](http://www.togetherprepared.org), which is designed to serve the efforts of the Together Prepared coalition, and to provide timely and useful information in support of Douglas County Public Information Center (DCPIC) hotline operations during a disaster or emergency.
2. EM, LDCHD and LPL will each designate a representative who will attend Together Prepared website meetings and guide Together Prepared website design and content development. These agencies will also identify the individual(s) who will provide administrative and fiduciary oversight of the partnership. LPL will maintain a roster of these individuals, with mailing addresses, e-mail addresses and telephone numbers.
3. While the EM, LDCHD and LPL will all prepare content for the website, primary responsibility for content creation, and the scheduling of monthly and/or special homepage feature articles will reside with EM.
4. LPL will schedule and facilitate quarterly meetings of EM, LDCHD and LPL. These meetings will provide an opportunity for website reviews in which the effectiveness and value of the website are discussed, and for website development planning. The website's basic design will be periodically reviewed and updated as needed to provide for easy navigation and the intuitive organization of information, and to meet consumer needs.
5. LPL is responsible for website hosting and maintenance, and will coordinate timely updates of the website with content contributions from the partner agencies. LPL will maintain access to the website's content management system (web address, user id and password information), and will share this access information with partner agencies as needed.
6. During a non-Emergency Operations Center (EOC) activation event, the agency most impacted (or designee) will take lead in keeping the home page updated. For example: during a weather event (blizzard, heat, tornado or widespread power outage), EM will provide front page updates, through a variety of means, and during a public health event, LDCHD will provide front page updates.
7. During a large-scale, community-wide event, the EOC will determine the entity (Public Information Officers (PIO) group or Joint Information Center (JIC)) that will provide content for the website.
8. The tentative annual schedule for monthly homepage feature articles is as follows:

January: New Year – What Better Time to Prepare (EM)  
February: Preserving Documents (LPL)  
March: Severe Weather (EM)  
April: Pandemic (LDCHD)  
May: Fire Safety (EM)  
June: Flooding (EM)  
July: Lightning (EM)  
August: Heat (EM)  
September: National Preparedness Month (EM)  
October: Immunizations (LDCHD)  
November: Winter Weather (EM)  
December: Holiday Safety (EM)

This schedule may change in response to special needs or opportunities.

9. Website hosting fees will be paid on a three-year rotating basis by the three lead agencies (unless grant funds are secured for this purpose):
  - August 2010-July 2013: LPL
  - August 2013-July 2016: LDCHD
  - August 2016-July 2019: EM
10. The annual domain name registration fees for togetherprepared.org will be borne by the three lead agencies on the same timetable as the website hosting fees (see point 9).
11. Additional partnering agencies may be designated with the approval of the initial three agencies.
12. Partnering agencies may withdraw from this project with 30 days notice, and payment to the remaining partners of any scheduled, remaining financial obligations for web hosting and domain name registration fees.

(updated 10-8-10)

## Appendix B: Job Aids/Job Descriptions for IH Positions

<b>Public Information Officers</b>	
IH LOCATION &	PIO of the Douglas County Emergency Management Office and Lawrence- Douglas County Health Department
REPORTS TO:	IH Operations Supervisor
<p><b>PIO of the Douglas County Emergency Management Office and Lawrence- Douglas County Health Department:</b></p> <p>Maintain ongoing briefings by Incident Commander.            Establish and maintain single contact point for media.            Prepare information scripts and respond to request for additional information from IH.            Arrange appropriate contacts between media and IH Supervisor and for posting of information on IH webpage/and at IH.            Get information compiled on questions that is not covered by scripted information yet that the public is requested at the IH to IH Operations Supervisor to provide to IH Operations Supervisor within 24 hours of request.            (Once procedures established for exchange of information to the website and supervisor detail here).</p>	

<b>IH Volunteer Recruiter and Trainer (Planning Position)</b>	
IH LOCATION:	Off-site
REPORTS TO:	Library Director
<p><b>IH Volunteer Recruiter and Trainer:</b></p> <p>Responsible for recruitment of potential volunteers for the IH including contact volunteer agencies, presenting information to prospective volunteer groups, collecting applications, securing screening information, gathering information on applicants deployment rankings, etc...)            Follow recruitment guidelines outlined in the IH Plan of Operations.            Screen volunteer applicants and approve or disapprove appointment.            Verify the outcome of the background checks, certifications of response volunteers (MRC, ARC, and CERT, volunteers), and references.            Arrange for the making and issue ID badges to new volunteers.            Arranging for instructors and course contents for orientation and quarterly training sessions.            Assure volunteers are properly trained in accordance with Appendix D: Content of Volunteer Training in the IH Plan of Operations.            Coordinate the training sessions.            Assists Emergency management on design and carrying out the annual exercise of the IH.            Maintain and develop community relations with organizations in disaster preparedness and response and community-based agencies.            Makes recommendations for improvements of plan.            Maintain all records on paper, computer and removable media to be stored in a locked area of the library.</p>	



**IH Operations Supervisor**

IH LOCATION:	Library Computer Lab/IH area
REPORTS TO:	Library Director

**IH Operations Supervisor:**

Responsible for management of all operations directly at IH.

Single contact for volunteers during activation of IH.

Stay in contact with and periodically update PIO to receive and provide information.

Determine the number of shifts, volunteers and shift durations (see Tables 4 & 5 of IH Plan of Operations).

Contact Volunteer Staff Coordinator to commence volunteer calling/texting tree.

Contact Person in Charge to open the library if library closed (see IJ).

Stay in contact with Library Director, IT Coordinator, Building Maintenance Coordinator and Financial Officer, as needed.

Arrives at library computer lab to assemble equipment to set up in IH area before volunteers arrive.

Inform Staffing Volunteer about the media schedule for public announcements.

Monitor work progress and make changes when necessary.

Meet with Staffing Volunteer to document all actions and decisions for the day in the IH Activity Log, listed in Appendix F of IH Plan of Operations.

Oversee the breakdown of the IH.

Participate in the debriefing with Emergency Management/Health Department.

**Day to Day Operations**

Determine and update phone messages and works with library web manager with website information about the IH. Assign other volunteers these duties during high volume times, such as activation of the IH.

Work with Volunteer Recruiter and Trainer to assist with coordination of quarterly drills and training sessions. Maintain and update as needed paper and electronic record keeping systems and volunteer screening information and applications and any other materials and supplies.

Make necessary on-going changes to paper work, system and procedures as needed.

Review this IH plan quarterly. Make sure all contact information, technical specifications, instructions, facility sites, procedures, etc... are current. And ensure that people have access to the plan, whether it's in a binder, online in a shared folder. Backup all documents.

<b>IH Volunteer Staffing Coordinator</b>	
IH LOCATION:	Library Computer Lab/IH area and off-site
REPORTS TO:	Operations Supervisor
<b>IH Volunteer Staffing Coordinator:</b>	
<p>Obtain from the Volunteer Recruiter and Trainer new volunteers availability and priorities for volunteering.  Maintain and update the volunteer activation database.  Activate call/texting tree when contacted by Operations Supervisor that the IH is being activated.  Assign Team leaders as needed with no more than five volunteers per team leader.  Assign phone message updates to a volunteer trained to do so for duration of IH operations.  Assign SMART board to a volunteer for each shift.  Assure that volunteers are not overloading themselves with shifts.  Assure adequate volunteers during peak periods such as after media announcements.  Report as needed to the Operations Supervisor about staffing.  Meet with Operations Supervisor to record all actions and decisions for the day in the IH Activity Log, listed in Appendix F in the IH Plan of Operations and assure proper storage at library of all records.</p>	

<b>Financial Officer (Library Position)</b>	
IH LOCATION:	Library and Library Computer Lab/IH area
REPORTS TO:	Library Director
DIRECT REPORTS:	
<b>Finance Officer (Library):</b>	
<p>Review funding requests.  Track all expenditures.  Maintain log of all injuries sustained.</p>	

<b>Mental Health Specialist Volunteer</b>	
IH LOCATION:	Library Computer Lab/IH area
REPORTS TO:	Operations Supervisor
<b>Mental health Specialist Volunteer:</b>	
<p>Assist callers who are identified by volunteer operators needing intervention.  Debrief volunteers for 5 minutes after shift ends.  Monitor volunteers for stress.  Answer questions for appropriate referrals of callers.  Fill out an IH Post –Event form (See Appendix G of the IH Plan of Operations) after each shift.</p>	

<b>IH Volunteer Operators</b>	
IH LOCATION:	Library Computer Lab/IH area
REPORTS TO:	IH Operations Supervisor
<p><b>IH Volunteer Operators:</b></p> <p>Prior to each shift:  Respond about availability as soon as possible when activated to IH.  Assist with phone/text tree activation of the IH.  At IH, assess workstation's capability to function, including:  Building safety, breakage, clutter, etc.  Phone, computer, headset, paper and electronic records, resource manual  SMART board and other office equipment or supplies  Report to Operations Supervisor any difficulty with workstation.  Answer calls from people seeking information.  Provide approved health and safety information and referrals to community resources as needed from scripted information and IH Resource Manual.  Operate computer, telephone and headset, compile written and/or electronic records.  Record and track calls, including critical information on the IH Phone Log, listed in the IH Plan of Operations, Appendix E.  Notify mental health volunteer of callers who are distressed, suicidal, or confused.  Notify mental health volunteer if feeling stressed.  Notify Operations Supervisor of repeated information being requested that the IH does not have.  Follow Incident Command Structure.  Follow IH and library procedures and IH Plan of Operations.  Fill out an IH Post –Event form (See Appendix G in the IH Plan of Operations) after each shift.  Attend debriefings after shift.</p>	

<b>Logistic Officers (Library Positions)</b>	
IH LOCATION:	Library and Library Computer Lab/IH area
REPORTS TO:	Library Director
DIRECT REPORTS:	Operations Supervisor
<p><b>Logistics Officers (Library IT Coordinator, Building Maintenance Coordinator, Website Manager):</b></p> <p>Responsible for providing facilities, services and material in support of the IH operations.  Identify service and support requirements for expected operations.  Set up telephone and test periodically.  Ensure equipment accountability.  Follow ordering procedures.  Ensure sanitation, maintenance, lighting and clean-up.  Ensure emergency back-up for power or services with phone vendors.  Ensure emergency back-up plans for loss of communication, power, and IT services.  Ensure Together Prepared and Library website are updated with information about the IH hours of operation, current and historical public information releases.</p>	

## Appendix C: Douglas County Information Hotline (IH) Volunteer Application Form

**Volunteers must be 18 years of age or older.**

<b>Name</b>			
Last	First	Middle	Nickname
<b>Address</b>			
Street	City	State	Zip
<b>Phone</b>			
Home	Work	Mobile	E-mail
<b>Emergency Contact Information</b>			
Name	Relationship		Phone
Street	City	State	Zip
<b>Present Employer</b>			
Company	Position	Phone	Email
<b>Address</b>			
Street	City	State	Zip
<b>Previous Employment</b>			
Company	Position	Mo/Yr	
Company	Position	Mo/Yr	
<b>Volunteer Experience</b>			
Organization	Position	Mo/Yr	

Organization	Position	Mo/Yr
<b>Education</b>		
School	Degree/Specialty	Yr Completed
School	Degree/Specialty	Yr Completed
<b>Certifications (List or Describe)</b>		
<input type="checkbox"/> CERT, if so, contact information to verify (name/phone) _____		
<input type="checkbox"/> ARC, if so, contact information to verify (name/phone) _____		
<input type="checkbox"/> MRC, if so, contact information to verify (name/phone) _____		
<input type="checkbox"/> Other (specify type) if so contact information to verify (name/phone) _____ <input type="checkbox"/>		
<b>Specialized Skills (List or Describe)</b>		
<input type="checkbox"/> Foreign Language(s) 1. <span style="margin-left: 150px;"><input type="checkbox"/> Speak</span> <span style="margin-left: 50px;"><input type="checkbox"/> Read</span> <span style="margin-left: 50px;"><input type="checkbox"/> Write</span>		
<span style="margin-left: 150px;">2.</span> <span style="margin-left: 150px;"><input type="checkbox"/> Speak</span> <span style="margin-left: 50px;"><input type="checkbox"/> Read</span> <span style="margin-left: 50px;"><input type="checkbox"/> Write</span>		
<b>Training</b>		
Have you completed any of the following training in the past 3 years?		
<input type="checkbox"/> ICS or IS 100. a Introduction to Incident Command System <span style="margin-left: 50px;"><input type="checkbox"/> ICS or IS 700 b National Incident Management System (NIMS)Intro</span>		
<input type="checkbox"/> Other: please list		
<b>Personal References</b>		
Please list two people who know your qualifications and/or background and experience. Do not list relatives or supervisors. Reference checks will be conducted by phone during regular business hours. Please notify individuals that the Douglas County Public Information Hotline will be contacting them regarding your interest in becoming a volunteer.		
Name	Relationship to you	
Phone		
Work	Home	Known how long?
Name	Relationship to you	
Phone		
Work	Home	Known how long?

<p>Have you ever been convicted of a crime?    Yes    No</p> <p>If yes, please explain:</p>		
<p><b>Return completed application to:</b></p>		
<p><b>Phone:</b></p>		<p><b>Fax:</b></p>
<p><b>Email:</b></p>		
<p>My signature below authorizes the Lawrence Public Library (hereinafter "Library") to conduct a background investigation and authorizes the release of information from third parties to the Library in connection with my application to be a Douglas County Public Information Hotline Volunteer. This investigation and release of information may include obtaining information from employers, educational institutions, licensure authorities, personal references identified herein, other individuals and other sources. This investigation may also include a criminal background check regarding prior convictions or other applicable criminal history.</p> <p>I hereby waive my right of access to any such information and without limitation hereby release the Library, the City of Lawrence, Douglas County, and their respective employees, agents, and board members, together with any individual, licensure authority, agency, business or corporation that provides information or documents to the Library, from any liability in connection with its release of such information to, or use of such information by, the Library.</p> <p>I certify that I have made true, correct and complete answers and statements on this Application and that I have not withheld anything which, if disclosed, would unfavorably affect the Library's consideration of this Application.</p>		
<p><b>Please Print</b></p>		
<p>Name</p>	<p>Signature</p>	<p>Date</p>

## Appendix D: Content of Training for IH Volunteers

This appendix outlines the subject areas of potential training of volunteers over a two year period building from the orientation. *(This information was derived and modified from the Seattle & King County Health Department (June 2006). Hello, how my I help you? - Creating and Operating a Public Information Call Center. A Toolkit for Local Health Departments. [www.kingcounty.gov/healthservices/health/~/~/~/publichealth/~/hello.ashx](http://www.kingcounty.gov/healthservices/health/~/~/~/publichealth/~/hello.ashx).)*

### Overall Policies and Procedures

- How volunteers will be called to duty, anticipated length of service, and measures planned for volunteers' safety and comfort
- Specific disasters/emergencies the IH maybe covering
- The Incident Command System, how this pertains to the IH staffing structure
- Operations and protocols planned for the IH
- Processes attributed to each lead area: administration, operations, logistics
- Specific job functions (see job cards) and cross training

### Operations

- Familiarity with the Operator Guide, which can include:
  - Job aid and list of tasks
  - All instructions for using the phone equipment and protocols (including media calls)
  - Phone scripts and Q & A for the specific emergency
  - Call log sheets and protocols
  - Criteria (or decision tree) for making and receiving referrals and/or transfers
  - Referral guide (including Web sites)
  - Instructions for difficult and special-needs callers (TTY, foreign language)
  - All informational/educational materials that the public will be provided by your health department (handouts, Web downloads)

### Taking Calls

- Best practices for meeting callers' needs, building trust, listening
- Handling difficult callers
- Time management
- Self-care (reducing stress, managing emotions, staying alert)
- Disaster Mental 1st Aid or Psychological First Aid
- Best practices for handling deaf, hard of hearing, speech- or cognitive-disabled or delusional or disoriented callers

### External Partners

- Functions of External Partners (series of short discussions with external partners to understand their functions/roles in community as on-going quarterly continuing education)

## Appendix E: IH PHONE LOG

Volunteer's Name \_\_\_\_\_ Date \_\_\_\_\_ Shift \_\_\_\_\_ Caller # automatically numbers \_\_\_\_\_

### **1. Reason for call (mark as many that apply to call)\***

- To get information
- To get services (help)
- To complain
- To be reassured
- To learn more about what the IH can do for them
- Other: specify \_\_\_\_\_

### **2. Information provided (mark as many that apply to call)\***

- From scripted information
- From referral list: If so which one? \_\_\_\_\_
- From resources materials
- Referred to Together Prepared website
- Other: specify \_\_\_\_\_

### **3. If information not available to answer caller's question\* (describe and mark as many that apply)**

- Describe the unanswered question. \_\_\_\_\_
- Passed question on to supervisor for future researcher and told caller to check website or call back.

### **4. Caller had a complain or issue?\* If yes, describe: \_\_\_\_\_**

### **5. The caller self listed themselves as fitting one of these categories after you told them categories: Are one of the following?**

- Yes
- No
- Specified:
  - Over the age of 64
  - under age 10
  - Person with a physical, hearing, sight or cognitive limitation or disability
  - Have medical condition that restricts your daily activities
  - Household income under 15,000 a year
  - Barriers due to cultural differences or geographic isolation, i.e. living in a rural area



**Appendix F: IH Daily Activity Report**

**To be developed**

## Appendix G: IH Post-Event Evaluation (volunteers)

### DOUGLAS COUNTY PUBLIC INFORMATION HOTLINE POST-EVENT FEEDBACK SUMMARY

Incident: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Name of position you were assigned to: \_\_\_\_\_

#### PART I – ASSESSMENT

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating **strong disagreement** with the statement and 5 indicating **strong agreement**.

Assessment Factor	Strongly Disagree					Strongly Agree
a. I received adequate instructions about the check-in and orientation process prior to beginning my shift.	1	2	3	4	5	
b. My job action sheet was helpful.	1	2	3	4	5	
c. The call center was well organized.	1	2	3	4	5	
d. The call center was conducted in a professional manner.	1	2	3	4	5	
e. The training I received was sufficient for my position.	1	2	3	4	5	
f. The supervision of my work area was satisfactory.	1	2	3	4	5	
g. I could have performed my assigned job duties for 8 hours if necessary.	1	2	3	4	5	
h. The communication system (manual, SMART board, memos) was effective.	1	2	3	4	5	
i. I would participate in a similar event again.	1	2	3	4	5	

For any of the above statements where you disagreed or strongly disagreed, please provide input into how those areas could be improved.

List tasks you performed not listed on your job action sheet:

What was the most positive aspect of your experience today?

## **PART II – RECOMMENDATIONS AND CORRECTIVE ACTIONS**

1. Based on the incident today and the tasks identified list the top 3 strengths and top 3 areas that need improvement.
2. Identify the corrective actions that should be taken to address the issues identified above. For each corrective action, indicate if it is a high, medium, or low priority.
3. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?
4. List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

**Memorandum of Understanding**

**10-18-2010**

1. The Kansas All-Hazards Behavioral Health of the Bert Nash Community Mental Health Center agree to provide volunteer mental health counselors, as resources permit, during operating hours of the Douglas County Information Hotline (IH) administered by and located at the Lawrence Public Library should the IH be activated by the Douglas County Emergency Management prior to, during or after all-hazards events in Douglas County.

2. The mental health volunteers will provide assistance to callers to the IH who are identified by IH volunteer operators needing intervention, debrief IH volunteers for five minutes after shift ends, monitor IH volunteers for stress, answer questions for appropriate referrals of callers, fill-out post event form and other tasks as needed.

Signed:

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Kansas All-Hazards Behavioral Health  
Bert Nash Center

Date

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Bruce Flanders, Director, Lawrence Public Library

Date

## Appendix I: Library Person in Charge List in an Emergency

The Person in Charge is responsible for directing the Library's response in an emergency. This person will receive assistance from the security officer on duty, if any. The Person in Charge is based on availability, and is, in sequential order:

- Library Director
- Assistant Director
- Adult Services Coordinator
- Youth Services Coordinator
- Technical Services Coordinator
- Adult Services staff member on duty.

The Person in Charge schedule during evenings and weekends is prominently posted in the Circulation workroom. The Adult Services Coordinator maintains and posts this schedule.

## Appendix J: References

Agency for Healthcare Research and Quality (AHRQ) Sept. 2007. Adapting Community Call Centers for Crisis Support. A Model for Home-Based Care and Monitoring. From: <http://www.ahrq.gov/prep/callcenters/callcenters.pdf>

City of New York. Notify NYC Citywide Program. From: [https://a858-nycnotify.nyc.gov/notifynyc/\(X\(1\)S\(uzxln0rpfl21qe55vnkqhrqb\)\)/Home.aspx?AspxAutoDetectCookieSupport=1](https://a858-nycnotify.nyc.gov/notifynyc/(X(1)S(uzxln0rpfl21qe55vnkqhrqb))/Home.aspx?AspxAutoDetectCookieSupport=1)

Centers for Disease Control and Prevention (November, 2009). Coordinating Call Centers for Responding for Responding to Pandemic Influenza and other Public Health Emergencies. A Workbook for State and Local Planners. From: [http://www.airs.org/files/public/Disaster\\_CallCenterPandemicWorkbook.pdf](http://www.airs.org/files/public/Disaster_CallCenterPandemicWorkbook.pdf)

Centers for Disease Control and Prevention (July, 2009). Managing Calls and Call Centers during a Large-Scale Influenza Outbreak: Implementation Tool. <http://ww.cdc/h1n1flu/callcenters.htm>

Seattle & King County Health Department (June 2006). Hello, how may I help you? - Creating and Operating a Public Information Call Center. A Toolkit for Local Health Departments. From: [www.kingcounty.gov/healthservices/health/~/~/~/publichealth/~/~/hello.ashx](http://www.kingcounty.gov/healthservices/health/~/~/~/publichealth/~/~/hello.ashx)

Volunteer Center Response Plan. From: <http://www.preparenow.org/vcdplan.html>

**Together Prepared Website**  
**Memorandum of Understanding**

1. Douglas County Emergency Management (EM), Lawrence-Douglas County Health Department (LDCHD) and Lawrence Public Library (LPL) agree to work together to maintain and update the Together Prepared website, [www.togetherprepared.org](http://www.togetherprepared.org), which is designed to serve the efforts of the Together Prepared coalition, and to provide timely and useful information in support of Douglas County Public Information Center (DCPIC) hotline operations during a disaster or emergency.
2. EM, LDCHD and LPL will each designate a representative who will attend Together Prepared website meetings and guide Together Prepared website design and content development. These agencies will also identify the individual(s) who will provide administrative and fiduciary oversight of the partnership. LPL will maintain a roster of these individuals, with mailing addresses, e-mail addresses and telephone numbers.
3. While the EM, LDCHD and LPL will all prepare content for the website, primary responsibility for content creation, and the scheduling of monthly and/or special homepage feature articles will reside with EM.
4. LPL will schedule and facilitate quarterly meetings of EM, LDCHD and LPL. These meetings will provide an opportunity for website reviews in which the effectiveness and value of the website are discussed, and for website development planning. The website's basic design will be periodically reviewed and updated as needed to provide for easy navigation and the intuitive organization of information, and to meet consumer needs.
5. LPL is responsible for website hosting and maintenance, and will coordinate timely updates of the website with content contributions from the partner agencies. LPL will maintain access to the website's content management system (web address, user id and password information), and will share this access information with partner agencies as needed.
6. During a non-Emergency Operations Center (EOC) activation event, the agency most impacted (or designee) will take lead in keeping the home page updated. For example: during a weather event (blizzard, heat, tornado or widespread power outage), EM will provide front page updates, through a variety of means, and during a public health event, LDCHD will provide front page updates.

7. During a large-scale, community-wide event, the EOC will determine the entity (Public Information Officers (PIO) group or Joint Information Center (JIC)) that will provide content for the website.

8. The tentative annual schedule for monthly homepage feature articles is as follows:

January: New Year – What Better Time to Prepare (EM)  
February: Preserving Documents (LPL)  
March: Severe Weather (EM)  
April: Pandemic (LDCHD)  
May: Fire Safety (EM)  
June: Flooding (EM)  
July: Lightning (EM)  
August: Heat (EM)  
September: National Preparedness Month (EM)  
October: Immunizations (LDCHD)  
November: Winter Weather (EM)  
December: Holiday Safety (EM)

This schedule may change in response to special needs or opportunities.

9. Website hosting fees will be paid on a three-year rotating basis by the three lead agencies (unless grant funds are secured for this purpose):

August 2010-July 2013: LPL  
August 2013-July 2016: LDCHD  
August 2016-July 2019: EM

10. The annual domain name registration fees for togetherprepared.org will be borne by the three lead agencies on the same timetable as the website hosting fees (see point 9).

11. Additional partnering agencies may be designated with the approval of the initial three agencies.

12. Partnering agencies may withdraw from this project with 30 days notice, and payment to the remaining partners of any scheduled, remaining financial obligations for web hosting and domain name registration fees.

(updated 10-8-10)



**Memorandum of Understanding**  
**10-18-2010**

1. The Kansas All-Hazards Behavioral Health of the Bert Nash Community Mental Health Center agree to provide volunteer mental health counselors, as resources permit, during operating hours of the Douglas County Information Hotline (IH) administered by and located at the Lawrence Public Library should the IH be activated by the Douglas County Emergency Management prior to, during or after all-hazards events in Douglas County.

2. The mental health volunteers will provide assistance to callers to the IH who are identified by IH volunteer operators needing intervention, debrief IH volunteers for five minutes after shift ends, monitor IH volunteers for stress, answer questions for appropriate referrals of callers, fill-out post event form and other tasks as needed.

Signed:

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Kansas All-Hazards Behavioral Health  
Bert Nash Center

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Date

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Bruce Flanders, Director, Lawrence Public Library

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Date

**Results of the Final Evaluation: Together Prepared  
Community of Health Information Award for Emergency Preparedness Grant  
November 1, 2010**

**Table 1: Action Steps Required for Objective #1 and Specific Tasks Completed to Meet the Action Steps**

Action steps outlined in grant for Objective #1	Specific tasks completed to meet the action steps	Rate the overall performance of tasks to meet the action steps				
Arrange for key personnel and convene Team Member meetings.	Contracts were entered into for key personnel. Team Members held monthly meetings to direct tasks. Subcommittees and individual meetings conducted as needed.	Poor 1 (0)	Fair 2 (0)	Good 3 (1)	Very Good 4 <b>(4)</b>	Excellent 5 (2)
Make space within the library for health-related publications. Add Health Alert Network to library. Create a preparedness resource guide.	Space is available in the library's main lobby for health, wellness and preparedness infor. Health Alert Network added on research databases under library services/library website. 5,000 copies of new booklet listing on-line preparedness resources for the public and vulnerable populations and description of the major outcomes of the grant will be available for distribution by the library, Together Prepared, and other partners at the end of November 2010.	Poor 1 (0)	Fair 2 (1)	Good 3 (1)	Very Good 4 <b>(3)</b>	Excellent 5 (2)
Team Members conduct promotion, publicity and training activities. Develop external partners.	Library Director sent an email to City and Assistant City Managers describing the library's role and its partners in the community to carry out this grant award. Health Department PIO sent out a news release about the grant resulting in a local newspaper article. The press release, Facebook and Twitter write-ups from the health department covered events such as the 2010 Outstanding Public Library/Public Health Partnership Award to the library, health department and Together Prepared. Project activities were covered in Together Prepared newsletters emailed to local organizations serving vulnerable populations and others. An article was published in the Infection Connection. Another partner highlighted the project as a best of the best practices <a href="http://www.disabilityprepared.ku.edu">www.disabilityprepared.ku.edu</a> Seventeen presentations were given to more than 700 people in the library representing emergency management and other responders, health, and disabilities fields and were conducted by Team Members. Four trainings conducted for 117 participants. Details of these activities are in the quarterly reports. Personal contacts were made with the leadership of 22 community organizations (external partners) active in disaster to gain support for the purpose and function of the call center and how the call center can best help their particular organization most effectively inform and serve the public following a disaster.	Poor 1 (0)	Fair 2 (0)	Good 3 (0)	Very Good 4 <b>(3)</b>	Excellent 5 <b>(4)</b>

Library staff's involvement includes: attend training on public health and emergency preparedness resources, facilitate information/ web resources to the public during disasters, and administer the call center.	<b>14</b> library staff and Team Members attended two-hour training conducted by Rebecca Brown on the national library system and other resources for public health and preparedness. Library staff attended several trainings and conferences to learn more about emergency management/ preparedness in a library setting. Several library staff volunteered to be operators for the call center with a majority finishing the required ICS 100 and ICS 700 courses. Call center volunteers, including library staff, will be in the library's internet area in the computer lab during disasters to provide information including web resources over the phone. The Plan of Operations details the administrative duties of the library in connection with the call center. The library personnel for website, financial, buildings and IT functions will also provide support as needed when the call center is activated.	Poor 1 (0)	Fair 2 (0)	Good 3 (1)	Very Good 4 (2)	Excellent 5 <b>(4)</b>
Recruit and train call center volunteers.	Paul Stagner joined the team April 2010 as Volunteer Recruiter and Trainer. He assisted in establishing policies, developing community relationships to foster recruitment and began recruitment. To date, there are 17 volunteers. The ICS 100 and 700 courses were offered with a course instructor and online. Training and recruitment efforts are ongoing. The call center Plan of Operations sets initial training requirements to be a volunteer and has a comprehensive listing of topics for orientation and quarterly training. A memorandum of understanding was signed between KABH/Bert Nash and the library to provide mental health counselors to the call center when the center is activated.	Poor 1 (0)	Fair 2 (1)	Good 3 (0)	Very Good 4 (1)	Excellent 5 <b>(5)</b>
Provide the public with incident details as received by the Douglas County EOC on website during and after an incident.	This is information provided by Public Information Officers and listed on the Together Prepared website's home page that will be dedicated to the call when the call center is activated. The call center operators will use the same information when they answer calls. When not activated, the website can continue to post PIO notices to assist the public with accessing information, which is the intent of our work.	Poor 1 (0)	Fair 2 (0)	Good 3 (1)	Very Good 4 <b>(3)</b>	Excellent 5 <b>(3)</b>
Purchase and install 2 additional phone lines. Seek grant funding to add additional lines to its phone system.	Two additional phone lines purchased and installed. Funder approved transferring \$3,000 in grant funds to cover a portion of the costs to upgrade from 12 to 23 trunks to better serve the library and call center and to purchase headsets. The Health Depart. then covered the cost of printing booklet to cover the reallocation of money.	Poor 1 (0)	Fair 2 (0)	Good 3 (0)	Very Good 4 (0)	Excellent 5 <b>(7)</b>
Research and develop detailed standard operating procedures for managing call center.	Based on four existing call centers procedures and formulas to estimate callers, a comprehensive Plan of Operations was developed.	Poor 1 (0)	Fair 2 (0)	Good 3 (3)	Very Good 4 (2)	Excellent 5 (2)

Conduct a simulated demonstration of call center operations.	A demonstration of the call center equipment and overview of procedures was provided to volunteers, and invited guests. Annual exercises of the call center are required in the call center Plan of Operations.	Poor 1 (0)	Fair 2 (2)	Good 3 (2)	Very Good 4 (2)	Excellent 5 (0)
Integrate this project into existing network of Public Information Officers (PIOs)/communication strategies.	PIOs from the health department, library and emergency management joined the Team Members. They reached out to their networks and received support to have the call center included in the communication strategies during disasters.	Poor 1 (0)	Fair 2 (0)	Good 3 (1)	Very Good 4 <b>(4)</b>	Excellent 5 (2)
Search for ongoing funding and sustainability.	Partners have been and continue to be actively pursuing ongoing funding. The health department has received grants that covered the cost of printing of the preparedness booklet and additional staffing resources of AmeriCorp-VISTA grants. These efforts will continue after this grant.	Poor 1 (0)	Fair 2 (0)	Good 3 (1)	Very Good 4 <b>(5)</b>	Excellent 5 (1)
Conduct quarterly evaluations and a final evaluation.	The first sixth month evaluation was conducted on task completion and included in a monthly report. Ongoing six-month evaluations were substituted by review and updating of a timeline of tasks periodically presented at monthly meetings and included in the monthly reports. This is the final evaluation on meeting the objectives of the grant	Poor 1 (0)	Fair 2 (0)	Good 3 (0)	Very Good 4 <b>(3)</b>	Excellent 5 <b>(4)</b>

**Overall Score for Objective 1**

**1 poor 2 Fair 3 Good 4 Very Good 5 Excellent**  
(0) (4) (11) **(32)** **(37)**

**Table 2: Action Steps Required for Objective #2 and Specific Tasks Completed to Meet the Action Steps**

Action steps outlined in grant for Objective #2	Specific tasks completed to meet the action steps	Rate the overall performance of tasks to meet the action steps				
Increase its bandwidth usage by 2 mbps	Bandwidth was increased.	Poor 1 (0)	Fair 2 (0)	Good 3 (0)	Very Good 4 (0)	Excellent 5 (7)
Create a "Together Prepared" website that links Lawrence emergency preparedness resources and organizations that serve vulnerable populations, describes Together Prepared and its activities and vulnerable populations, and provides information to vulnerable citizens and their caregivers.	The website has been created and transferred to the library's webmaster to administer and maintain onto a new software over the library website. A memorandum of understanding was entered detailing the library's administration of the site and the home page article updates on preparedness to be written by health, emergency management and library staff throughout the year has been drafted. This website and Together Prepared activities are the links between Lawrence preparedness resources and organizations that serve vulnerable populations. In the future, the website will be revised to reflect the coordinator and Together Prepared group's shifts in activities and priorities. When the call center is activated, the home page becomes the call center's page for PIO information to be posted, etc. The website provides preparedness information all year round relating to vulnerable populations and the general public that can be used by caregivers, family, co-workers, etc.	Poor 1 (1)	Fair 2 (0)	Good 3 (1)	Very Good 4 (4)	Excellent 5 (1)
Assure website accessible to persons with disabilities. Consider sample continuity of operations plans to be made available for download by community-based organizations.	The website was transferred to the library webmaster to assure the design is accessible to persons with disabilities and that the individual preparedness plan and continuity of operation plan can be downloaded.	Poor 1 (0)	Fair 2 (0)	Good 3 (0)	Very Good 4 (5)	Excellent 5 (2)

**Overall Score for Objective 2**

**1 poor 2 Fair 3 Good 4 Very Good 5 Excellent**

**(1) (0) (1) (9) (10)**

**Table 3: Action Steps Required for Objective #3 and Specific Tasks Completed to Meet the Action Steps**

Action steps outlined in grant for Objective #3	Specific tasks completed to meet the action steps	Rate the overall performance of tasks to meet the action steps				
		Poor	Fair	Good	Very Good	Excellent
Determine gaps in disaster planning and preparedness knowledge of selected sites.	Gaps were identified through a survey. The survey asked for current policies and procedures on emergency preparedness on various types of crises, then identified strengths and weaknesses of procedures. One place had minimal procedures to conform to state laws; another had high strengths in many areas with one area overlooked; and the other had begun process of preparedness but had stopped working towards developing the plan.	1 (0)	2 (0)	3 (2)	4 (1)	5 (3)
Develop training and provide it to staff and residents/clients to address their specific needs. Invite family members of residents/clients to attend the training sessions.	Training was individually developed and tailored to specific needs. It consisted of providing information, pamphlets, and websites. The training put them in contact with people, and provided encouragement and impetus to complete the preparedness process that otherwise would most likely not have happened. Training was provided to the director and assistant director to give them confidence, so they could go to other staff, residents and their family members.	1 (0)	2 (0)	3 (2)	4 (1)	5 (4)
Develop training by Together Prepared members and partners and provide it through appropriate agency staff or volunteers.	Trainer is library staff, Pattie Johnston. She has 10 years experience directly serving vulnerable populations. She gathered information from and had information reviewed by experts in emergency management who also serve on Together Prepared and a partner organization.	1 (0)	2 (0)	3 (0)	4 (3)	5 (4)
Develop materials for mobile preparedness training.	A booklet was developed for use in preparedness training and promotion.	1 (0)	2 (0)	3 (0)	4 (4)	5 (3)
Provide written surveys to all participants of the education programs.	Participants were surveyed and the results listed in the final quarterly report.	1 (0)	2 (0)	3 (3)	4 (2)	5 (2)
Monitor total number of persons served by this pilot so that at least 300 persons document greater understanding of emergency preparedness for vulnerable populations through this effort.	Training provided could affect approximately 200 clients at Cottonwood, Inc., 50 residents at Vintage Park and the people occupying the 100 units at Edgewood.	1 (0)	2 (0)	3 (3)	4 (4)	5 (0)

**Overall Score Objective 3**

**1 poor 2 Fair 3 Good 4 Very Good 5 Excellent**

(0) (0) (10) (15) (16)

***Results of the Evaluation Survey Conducted at the Three Sites of the Library Preparedness Outreach Pilot Project. November 1, 2010***

1. *Was the mobile training helpful in assisting you in preparing a plan or developing procedures for an emergency affecting your location, residents, staff and/or agency?*

**Responses:**

Vintage Park-Individual and Assisted Living Retirement

Yes the training was and is helpful to me as the resources available through this training were already researched and compiled for me. Since I have no office staff this makes it so much easier to develop plans for my residents and staff.

Edgewood Apartments, Douglas County Housing Authority

Yes, we finished our emergency plans with your assistance.

Cottonwood, Inc

Yes, the training evaluation assisted us in re-evaluating our current procedure on specific concerns for vulnerable populations.

2. *Did the assistance provide you with pertinent resources that helped in developing these plans or procedures, such as emergency preparedness websites, brochures, DVDs, video, agencies /offices, experiences personnel? Do you feel more comfortable that you can make future decisions in emergency planning?*

**Responses:**

Vintage Park-Individual and Assisted Living Retirement

Yes this has helped me tremendously. I do feel more comfortable to make future decisions because I know I have these helpful resources available.

Edgewood Apartments, Douglas County Housing Authority

Yes, we have concerns that the plans could not immediately address, and we wanted to keep in contact to find resources for the future.

Cottonwood, Inc

The re-evaluation was not helpful in either changing a current procedure or in awareness of enacting a needed procedure.

3. *What was the most helpful assistance or information given to you by the mobile training assistance?*

**Responses:**

Vintage Park-Individual and Assisted Living Retirement

The most helpful assistance was having Pattie Johnston explain to me about all of the available information and resources one-on-one with a visit to my facility.

Edgewood Apartments, Douglas County Housing Authority

Our plan could not have been finished without your assistance with ideas and resources.

Cottonwood, Inc

The suggestion prompted us to conduct a more critical on-going analysis of the potential risk to determine if changes are needed in the future. Our ERT committee meets on Friday November 5 and we will continue our discussion regarding safety and potential risks.