

Greater Midwest Region
Region 3
Quarterly Report
November 2007 – January 2008
University of Illinois at Chicago
Date Submitted: August 22, 2008

TABLE OF CONTENTS

Executive summary_____	3
Network infrastructure_____	4
Outreach_____	4
Other staff activities_____	
Optional photos with captions (if included)_____	
Attachment 1 – Quarterly OARF summary data: RML staff activities	
Attachment 2 – Quarterly OARF summary data: Subcontractor activities	
Attachment 3 – Subcontractor quarterly report: Alliance Library System – Providing Consumer Health Outreach and Library Programs to Virtual World Residents in Second Life	
Attachment 4 – Subcontractor quarterly report: Wausau Area Hmong Mutual Association – Networking for Hmong and Immigrant Health	
Attachment 5 – Subcontractor quarterly report: University of Iowa – Empowering Public Health / Patient Safety Outreach through Community	
Attachment 6 – Subcontractor quarterly report: Indiana University – Indiana Public Health Digital Library	
Attachment 7 – Subcontractor quarterly report: University of Iowa – Go Local Iowa	
Attachment 8 – Subcontractor quarterly report: University of North Dakota – Go Local North Dakota	
Attachment 9 – Subcontractor quarterly report: University of Michigan – Creating a Road Map: Local Public Health 2.0	
Attachment 10 – Subcontractor quarterly report: Loyola University – Health-E Illinois – A Go Local Project	
Attachment 11 – Subcontractor quarterly report: Medical College of Wisconsin – Making Connections: Partnering with Parish Nurses to Improve Access to Health Information in Milwaukee’s Central City	
Attachment 12 – Subcontractor quarterly report: Heartland Health Outreach – Multilingual Health Information Access for Immigrants and refugees	
Attachment 13 – Subcontractor final report: Heartland Health Outreach – Multilingual Health Information Access for Immigrants and refugees	
Attachment 14 – Subcontractor quarterly report: Alliance Library System – Libraries MUVE (Multi-User Environment) Consumers Into Accessibility Awareness	
Attachment 15 – Subcontractor quarterly report: Royal Oak Public Library – Royal Oak Health Information Portal	

Attachment 16 – Subcontractor quarterly report: University of Michigan – Creating Health Information Connections for Persons with Disabilities

Executive summary

Kate Carpenter began her position as Assistant University Librarian for Health Sciences and RML Director on November 1, 2007. Three candidate interviews were conducted in late January 2008 for the position of Consumer Health Coordinator.

GMR communication tools were used to update and inform network members, with 29 messages sent to GMRLIST and 18 posts to The Cornflower: The Blog of the NN/LM Greater Midwest Region.

The GMR approved 4 awards and 4 subcontracts during this quarter. One of the awards was a unique project to conduct a knowledge management (KM) workshop for librarians that work in hospital settings. Lori Zipperer, who has experience with knowledge management in the corporate library sector, was hired as the consultant and workshop facilitator for the project. The workshop was held on November 16, 2007 at Our Lady of the Resurrection Medical Center in Chicago. Twenty-one participants from 8 states worked together to define concepts, discuss the application of KM principles in the hospital environment, and brainstorm ideas for practical pilot studies to be tested by the participants in their respective institutions.

The GMR staff worked with the Radiological Society of North America (RSNA) to arrange for 6 PubMed classes for the RSNA Annual meeting in Chicago from November 25-30, 2007. Holly Burt recruits librarians to join us in exhibiting and teaching for this meeting, which is the largest convention held in Chicago each year.

Network infrastructure

TABLE 1. Quarterly infrastructure data

	Current quarter	Previous quarter*
Network members – full	529	529
Network members – affiliate	487	485
Libraries providing services to unaffiliated health professionals	257(49%)	258(49%)
Libraries providing services to public users	303(57%)	303(57%)
Average fill rate for resource libraries	77%	78%

Regional Advisory Committee (RAC) activities

The GMR staff worked with the ten state representatives on the RAC to identify appropriate network members to serve as Regional Emergency Preparedness Coordinators for their respective states. The following members agreed to serve as Regional Coordinators and as members of the RAC Working Group on Emergency Preparedness:

IL	Logan Ludwig, Stritch School of Medicine, Loyola University Medical Center
IN	Joan Zivich, Community Hospital, Munster
IA	Linda Walton, University of Iowa, Hardin Library of the Health Sciences
KY	Mary Congleton, Southern Kentucky AHEC, Mt. Vernon
MI	Barbara Platts, Munson Healthcare, Traverse City
MN	Paul Dahl, RN Barr Public Health Library, Minnesota Department of Health
ND	Ann Pederson, Altru Hospital, Grand Forks
OH	Maryann Mlodzik, Cuyahoga Falls General Hospital
SD	Pat Hamilton, Rapid City Regional Hospital
WI	Robert Koehler, Meriter Hospital Park, Madison

Needs assessment and evaluation activities/data

[nothing to report this quarter]

Outreach

TABLE 2. All newly funded awards and projects

Start/end dates	Title of award/project	PI institution	PI last name	Funding amount	Project type*
2/2/08	Wisconsin Student Nurses' Association (WSNA), Annual Meeting	Wisconsin Health Science Library Association	Coenen	\$780	Exhibit Award
3/1/08-7/31/08	Face-to-Face	Southwest General Health Center	Jones	\$1,500	Professional Instruction Award
1/1/08-12/31/08	Tandberg Tele Video Desktop Unit for Remote Access of Library Materials	VA Illiana Health Care System	Kuzian	\$4,900	Technology Improvement Award
2/1/08-	Equipment Upgrade for	University of North	Bares	\$4,474	Technology

7/31/08	UND School of Medicine & Health Sciences Southwest	Dakota – Southwest Campus			Improvement Award
4/1/08-3/31/09	Share the Health: Training People with Disabilities and Chronic Medical Conditions on How to Locate Quality Health Information	Alliance Library System	Bell	\$35,000	Consumer Health Subcontract
3/1/08-8/31/09	Michigan Health Literacy Awareness Training Program	University of Michigan	Blumenthal	\$34,762	Health Disparities Subcontract
4/1/08-9/30/09	New Americans Health Information Access Project	Heartland Health Outreach	Woznica	\$35,000	Health Disparities Subcontract
4/1/08-9/30/09	Empowering Patients with Accurate health Information at Holy Redeemer Church and Clinic	Medical College of Wisconsin	Coenen	\$20,000	Health Disparities Subcontract

Update of ongoing major projects (funded at ≥ \$15,000)

Alliance Library System – Providing Consumer Health Outreach and Library Programs to Virtual World Residents in Second Life

Project Coordinator Carol Perryman has been very busy during this quarter giving tours, planning activities, doing displays, and reference. A celebration of World Aids Day was the highlight of the quarter. Many attendees appeared to be health professionals, checking the island out for the first time, which was no surprise. However, discussion during and after the speaker sessions was incredible, since many in the audience were AIDS or HIV positive individuals. This group clearly has a strong interest in learning about and discussing health information related to AIDS and HIV diagnosis, treatment, and quality of life issues.

Wausau Area Hmong Mutual Association – Networking for Hmong and Immigrant Health

This report covers activities from the second through fifth quarters, February 1, 2007 through January 31, 2008. Staffing issues were the main reason from deviating from the original plan. Translation challenges are the major factor affecting our ability to complete key activities on time. Lack of a full-time position devoted to health activities was identified as the major barrier to health promotion in the local Hmong community, including this project. Translations and Web site development continued.

University of Iowa – Empowering Public Health / Patient Safety Outreach through Community

Several planning meetings were held during this quarter. Lorri put together a brochure about patient safety for the groups to critique. There are appropriate and inappropriate paragraphs for a consumer brochure. A communications plan with time timeline was drafted and discussed. A focus group at the Midcontinental/ Midwest MLA meeting was held to explore marketing and educational tactics related to public health professionals and librarians. The conversation focused on language to promote the event to consumers.

Indiana University – Indiana Public Health Digital Library

The digitization of *the Indiana State Department of Health Monthly Bulletins* has been moving smoothly once the software problems have been addressed. Ten years of bulletins have been digitized and quality-checked. Metadata vocabularies have been selected and unique public health/medical/historical authority lists have been established for subjects, personal names, and geographic areas. Metadata has been assigned to about three years worth of materials. This project is being funded concurrently with an LSTA

grant for equipment, which has made it possible for us to have the equipment needed for a project of this magnitude.

University of Iowa – Go Local Iowa

The Technical Manager worked with Brooke Billman, Education and Outreach Librarian, to develop training materials and instructions for reviewers. Expected launch date is March 31, 2008. There are currently 2575 incomplete records, 1868 pending review, and 14 approved.

University of North Dakota – Go Local North Dakota

Our expected launch date is estimated to be late summer 2008 and remains in sync with our time line. Guidelines were developed in October and are updated as questions arise and as data input begins. Work has just begun with inputting the records. The records have not been de-duplicated or selected for inclusion in the ND Go Local system except for the supplier database from NLM. De-duplication will occur both within databases and across database lines. The project was first introduced to health sciences librarians in the state at the annual meeting of the North Dakota Library Association in late September.

University of Michigan – Creating a Road Map: Local Public Health 2.0

The Creating a Road Map: Local Public Health 2.0 subcontract is on its way to a great beginning. The Prevention Research Center of Michigan (PRC) is eager to collaborate with the Health Sciences Libraries on this project. The PRC is a long standing partner of the Genesee County Health Department and is interested in beginning to work with the Monroe Health Department. To that end, we will collaborate with the PRC on the needs assessment as well as integration of Web 2.0 technologies into the work of each department. Our partner organizations are also very excited to be involved with the project and we have scheduled our initial meetings at each department. Work has already begun on planning the focus groups and creating the questionnaire for the needs assessment. A paper discussing the results of the needs assessment has been accepted for presentation at the Medical Library Association's annual meeting in May 2008. The title of the paper is "Creating a Roadmap: Web 2.0 and Local Public Health Practice".

Loyola University - Health-E Illinois – A Go Local Project

Outreach activities were the primary focus of the Go Local staff in this quarter. A two hour consumer health class was developed. This course borrowed heavily from the NLM's Beyond an Apple a Day: Providing Consumer Health Information in a Public Library class. The final 30-40 minutes of this class is devoted to talking about the demonstration Health-E Illinois. A second launch celebration was held in Springfield, Illinois on October 10, 2007. This celebration took place at the Illinois Department of Public Health.

TABLE 3. Exhibits.

Dates	Organization name	Meeting name	Location (city, state)
RML NATIONAL EXHIBITS			
11/25-30/07	Radiological Society of North America (RSNA)	Annual Meeting	Chicago IL
RML REGIONAL/STATE/LOCAL EXHIBITS			
11/9/07	UIC - Native American Support Program	Native American Heritage Celebration	Chicago IL
SUBCONTRACTED NATIONAL EXHIBITS			
SUBCONTRACTED REGIONAL/STATE/LOCAL EXHIBITS			
11/5/07	University of Minnesota	Mini-Medical School 2	Minneapolis, MN

11/7/07	Sanford Health	Center for Learning & Innovation Education Conference	Sioux Falls, SD
11/7/07	Indiana State Department of Health HIV Services	Statewide HIV/AIDS Update	Indianapolis, IN
11/7-8/07	University of Minnesota	Employee Health and Benefits Fair	Minneapolis, MN
11/08/07	Laurel County Homemakers	Holiday Cooking School	London, KY
11/10/07	Madison County Diabetes Coalition	Diabetes Day	Richmond, KY
11/11/07	St. Michael's Church	Flu Shot Clinic and Mini Health Fair	Racine, WI
11/12/07	Lake Cumberland Regional Hospital,	Lake Cumberland District Cancer Conference	Somerset, KY
11/15/07	Clarian Health	2007 Hispanic/Latino Health Summit	Indianapolis, IN
11/30/07	Area Health Education Center	Rural Senior Outreach and Glaucoma Screening	Albany, OH
1/24/08	Indiana State Legislature	Indiana University Day	Indianapolis, IN
OTHER RML SUPPORTED EXHIBITS			
	None		

Actionable feedback received from exhibit visitors

Would like links to or information on images databases, esp x-rays. Possibly work with or link to yottalook.com.

NLM should put more effort in marketing its resources - especially the wonderful MedlinePlus database.

Consider removing "Preview" and "Batch Citation Matcher" from PubMed.

The term "imaging" should map to "Diagnostic Imaging" in MeSH.

The default Linkout icon needs to be smaller.

MedlinePlus Go Local

[Nothing to report this quarter]

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
11/2	Burt	Keeping Up with NLM's PubMed	Des Moines, IA	15	In-person
11/12	Burt	Making PubMed Work for You	Rockford, IL	7	In-person
11/30	Burt	NLM PubMed/MEDLINE Advanced: Radiology Gems Revealed with Effective Searches	Chicago, IL	56	In-person
12/13	Burt	PubMed Expert Searching	Madison, WI	17	In-person
1/14	Burt	Making PubMed Work for You	Traverse City, MI	10	In-person
1/14	Leskovec	Beyond An Apple a Day	Traverse City, MI	13	In person

GMR staff planned and hosted the following classes taught by network members at the RSNA Meeting in Chicago:

- PubMed Basics – 11/25/07
- PubMed Advanced – 11/26/07
- PubMed Basics – 11/27/07
- PubMed Advanced – 11/28/07
- Pubmed Basics – 11/29/07

Other staff activities

TABLE 5. Publications and resources developed by RML staff

Date completed/published	Last name of staff responsible	Title	Medium (e.g., journal article, newsletter article, brochure, online tutorial)	Submitted to Clearinghouse (“yes” or “out of scope”)
11/14	Burt	NLM International Resources	Flyer (new)	Out of Scope
12/10	Burt	Advanced PubMed Searching Resource Packet	Brochure (update)	Yes
12/4	Burt	NLM PubMed/MEDLINE Basics: Locating Hidden Treasures in Radiology	Class manual (annual update)	Out of Scope
12/4	Burt	NLM PubMed/MEDLINE Advanced: Radiology Gems Revealed with Effective Searches	Class manual (annual update)	Out of Scope
12/14	Burt	PubMed Expert Searching: Using PubMed to Get Advanced Results	Class manual (update)	Yes
12/11	Burt	Gateway Basics	Trifold brochure (update)	Yes
1/9	Burt	MedlinePlus for Health Professionals	Trifold Brochure (new)	Yes

RML staff conducted the following Site Visits during this quarter:

- Burt: Mercy Medical Center Levitt Medical Library (IAULVT), 11/2/07, Des Moines, IA; 5 participants
- Holst: American Dental Association Library (ILUADA), 11/20/07, Chicago, IL, 5 participants
- Burt: UW-M Ebling (WIUWIS), 12/13/07, Madison, WI; 17 participants
- Burt: UW-M Nursing Librarian, 12/13/07, Madison, WI; 1 participant
- Burt: UW-M Surgery Library (WIUKFQ), 12/13/07, Madison, WI; 1 participant
- Burt: Northwestern Michigan College, Library (MIUIUA), 1/14/08, Traverse City, MI; 3 participants

Kate Carpenter and Rosalva Diaz attended NLM Orientation in Bethesda on November 8 and 9, 2007.

Ruth Holst, along with Claire Hamasu from MCR and Kathel Dunn from MAR, attended the ARL Regional Institute on Scholarly Communication sponsored by the Consortium of Academic and Research Libraries of Illinois (CARLI) in Chicago on December 5-7, 2007. Following the Institute, the 3 Associate Directors began developing the content for a new NN/LM page on scholarly communication issues targeted at librarians who do not work in research settings.

Kate Carpenter and Ruth Holst participated in the RML Directors Teleconference on January 16, 2008.

Kate Carpenter and Ruth Holst attended a meeting of the Council of Illinois Medical School Library Directors at Rush University on January 25, 2008. As part of that meeting, they provided an orientation session for new Resource Library Directors, including Christine Frank of Rush University, Melanie Shuran of Rosalind Franklin University, Natalie Reed of Midwestern University, and Barbara Kern and Andrea Twiss-Brooks of the University of Chicago John Crerar Library.

Attachment 1

Outreach Activities Conducted by GMW RML Staff in the Greater Midwest Region

RML Q3, 2007-2008

Generated: Monday, July 28, 2008

16 Total Outreach Activities

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

Activities Summary

Total number of estimated participants:	381 participants
Average number of participants:	23.81 per activity
Average length:	1.94 hours
Under 1 hour:	4 activities (25.00%)
Between 1 and 2 hours:	7 activities (43.75%)
Over 2 hours:	5 activities (31.25%)
Hands-on practice:	11 activities (68.75%)
Conducted remotely:	0 activities
Offering continuing education:	11 activities (68.75%)
Significant number of minorities:	0 activities

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

Health sciences library:	16 activities (100.00%)
Public library:	3 activities (18.75%)
Government agency:	0 activities
Hospital:	6 activities (37.50%)
Clinical/Health care:	0 activities
Academic institution:	13 activities (81.25%)
Community-Based:	0 activities
Faith-Based:	0 activities
Public Health Agency:	0 activities
Other:	0 activities

Session Content

PubMed:	10 activities (62.50%)
MedlinePlus:	3 activities (18.75%)
ClinicalTrials.gov:	1 activity (6.25%)
NCBI:	1 activity (6.25%)
NLM Gateway:	2 activities (12.50%)
TOXNET:	4 activities (25.00%)
Other technology content:	1 activity (6.25%)
Other, non-technology content:	6 activities (37.50%)

Significant Minority Population Present

(>=50% of participants)

African American:	0 activities (0.00%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	0 activities (0.00%)
Hispanic:	0 activities (0.00%)
Native American:	0 activities (0.00%)

279 Participants Completed Participant Information Sheets

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

Participants Summary

Activities at which PI sheet collected:	68.8%
Health care or service providers:	216 participants (77.42%)
Health science library staff members:	46 participants (16.49%)
Public Health worker:	1 participant (0.36%)
Public/Other library staff members:	14 participants (5.02%)
Members of general public:	5 participants (1.79%)



Attachment 2

Outreach Activities Conducted in the Greater Midwest Region by Subcontractors

RML Q3, 2007-2008

Generated: Monday, July 28, 2008

34 Total Outreach Activities

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

Activities Summary

Total number of estimated participants:	419 participants
Average number of participants:	12.32 per activity
Average length:	1.50 hours
Under 1 hour:	8 activities (23.53%)
Between 1 and 2 hours:	23 activities (67.65%)
Over 2 hours:	3 activities (8.82%)
Hands-on practice:	19 activities (55.88%)
Conducted remotely:	0 activities
Offering continuing education:	1 activity (2.94%)
Significant number of minorities:	2 activities (5.88%)

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

Health sciences library:	32 activities (94.12%)
Public library:	3 activities (8.82%)
Government agency:	0 activities
Hospital:	7 activities (20.59%)
Clinical/Health care:	3 activities (8.82%)
Academic Institution:	34 activities (100.00%)
Community-Based:	10 activities (29.41%)
Faith-Based:	7 activities (20.59%)
Public Health Agency:	0 activities
Other:	0 activities

Session Content

PubMed:	18 activities (52.94%)
MedlinePlus:	14 activities (41.18%)
ClinicalTrials.gov:	4 activities (11.76%)
NCBI:	2 activities (5.88%)
NLM Gateway:	1 activity (2.94%)
TOXNET:	4 activities (11.76%)
Other technology content:	17 activities (50.00%)
Other, non-technology content:	3 activities (8.82%)

Significant Minority Population Present

(>=50% of participants)

African American:	1 activity (2.94%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	0 activities (0.00%)
Hispanic:	0 activities (0.00%)
Native American:	1 activity (2.94%)

230 Participants Completed Participant Information Sheets

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

Participants Summary

Activities at which PI sheet collected:	64.7%
Health care or service providers:	140 participants (60.87%)
Health science library staff members:	25 participants (10.87%)
Public Health worker:	1 participant (0.43%)
Public/Other library staff members:	41 participants (17.83%)
Members of general public:	23 participants (10.00%)



Attachment 3
Subcontractor quarterly report

Title of Project: Providing Consumer Health Outreach and Library Programs to Virtual World Residents in Second Life

Name of Institution: Alliance Library System

Location of Institution: East Peoria, Illinois

Name, Mailing and Email Addresses, Voice and Fax Numbers of Person Submitting the Report:

Lori Bell

Alliance Library System

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East Peoria, IL 61611

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Number and Inclusive Dates of Quarterly Report

November 1, 2007 – January 31, 2008

Date Submitted:

February 19, 2008

Executive Summary

Project Coordinator Carol Perryman has been very busy during this quarter giving tours, planning activities, doing displays, and reference. A celebration of World Aids Day was the highlight of the quarter.

WORLD AIDS DAY 2007 in SL

- **Workshop 09.00 AM SL**
"Looking for Health: Finding Quality HIV/AIDS Information"
- **Presentations & Discussion 12.00 NOON SL**

- ChaCha Biedermann, talking about Support group for the AIDS&HIV HELP group and the Psychosis and Depression Group
- Ricken Flow, originator of the Nyumba Rafiki Community Center (NRCC), meaning house of friends, talking about his Community Center
- MB Chevalier talking about his work, the Sexual Health Sim of the University of Plymouth, UK, and the HealthCyberMap.

Guus set up RSS feeds on HIV/AIDS news from Google Health and Pubmed. Links to events elsewhere were provided, such as the Danish events, and those held by support groups (though these people also attended events on Healthinfo Island).

http://farm3.static.flickr.com/2264/2086789208_4335f1113b.jpg?v=0

http://farm3.static.flickr.com/2060/2086788876_515d911baf.jpg?v=0

DJ Elfay donated her time in support of the event, playing a 1 hour set of Brazilian jazz

http://farm3.static.flickr.com/2038/2086001901_c51b227e5a.jpg?v=0

In the background you can see the excellent poster display created by Victor Cid of NLM.

In all, 103 unique visitors attended the event, which was advertised via the SLED, Medical, and Alliance listservs, as well as being publicized via the Metaverse Messenger, through the Health Support Coalition group, and numerous other groups.

From Tom Peters, who thankfully, took the time to check the tracker data just prior to and immediately after the day:

"Based on the data contained on line 24, 103 unique avatars passed by the proximity sensor at the central teleportation station between 2:47 a.m. on Saturday and 2:47 a.m. SLT on Sunday. Interestingly, on average they spent almost 23 minutes within the "sensation range" of the proximity sensor."

T-shirts and posters were created to hand out, helping to disseminate awareness, and balloons, t-shirts, and posters were scattered throughout Healthinfo Island on December 1. Assistance with tours was provided, with people stationed at the center pavilion to greet new arrivals, and to help show them where the tourbot was, as well as to get a program (available as a notecard and poster throughout the island).

I created a special workshop for the event on finding AIDS and HIV health information, which was attended by 15 people. Also on the agenda were talks by Maged Boulos, and by ChaCha Biedermann and Ricken Flow. The workshop covered Google's new beta for health, then moved into [MedlinePlus.gov](http://www.ncbi.nlm.nih.gov/medlineplus), and was accompanied by a notecard which provided links to these resources and to a brief set of international AIDS pages, which was provided to me by Laura, of NLM. The notecards also incorporated a list of ways to evaluate health information, and emphasized the availability of health reference assistance at the island.

Many attendees appeared to be health professionals, checking the island out for the first time, which was no surprise. However, discussion during and after the speaker sessions was incredible, since many in the audience were AIDS or HIV positive

individuals. This group clearly has a strong interest in learning about and discussing health information related to AIDS and HIV diagnosis, treatment, and quality of life issues.

Carol was asked later by Ricken Flow, who leads an AIDS support group, to speak for his group, and to help with setting up a seminar on information about new AIDS/HIV medications. Toward that goal, she has contacted the same Greek physician (Aheron Camilo) who had met with the diabetes support group for a 2 1/2 hour Q&A session. Aheron agreed to meet with Ricken's group, but asked me to help by doing searches for information about new treatments and classes of drugs, which I did.

Guus also spoke with a group of 200, who attended a virtual tour of Healthinfo Island http://farm3.static.flickr.com/2080/2041045527_14f47f4075.jpg?v=0

Displays, Educational & Promotional

- The healthy diet, created by Puella Korda (a nutritionist) of SL'ang.
- Health and healthcare at Second Life (in development). Carol talked with John Norris (the 'healthcare tourist') about using his work as a display at HII, with links to sims, etc.
- Medical quackery (in development). Prior to finding out about the new grant, Carol had met with JJ and Turing Weyland about a display on medical quackery for HII. Turing has had to back out but has apparently done some development on this display, for which I have set aside space.
- Display promoting the British Heart Foundation, with a link to their webpage.

Tours, Visits & Classes

- Carol gave tours to ten people in November including several professors from University of North Carolina and lead six classes.
- Carol has been meeting with the HIV/AIDS group leader and with Nutritia Beaumont, a nutritionist, about giving a talk on HIV/AIDS and nutrition.
- The first Health Support Coalition meeting was held on February 2, with around 20 people in attendance. People were extremely enthusiastic about the idea of the Coalition. Members so far represent a lot of experience:
- Carol has spent some time working on updating the Healthinfo Island text on the SLHealthy wiki, knowing that it is increasingly visible to SL and RL entities.
- Carol was invited to talk at the SL'ang event, which was focused on healthcare in SL. The event was extremely well attended, and presented numerous networking opportunities – we (speaking as a member of the Health Support Coalition) will be able to use the 'mailing list' (group membership) to extend our reach quite a lot for future events.

Collaborative Initiatives and Other Activities

- Carol provided an extensive tour of the island followed by several lengthy interviews and follow-ups by email for a piece published in *The Looking Glass* on

February 12

http://www.slookinglass.com/index.php?option=com_content&task=view&id=242&Itemid=147

- Carol was also interviewed for a journal article with Gabrielli Rossini (rl Bob Vernon from Indiana University), who also wrote about the Healthinfo Island World AIDS Day events <http://www.nonprofitcommons.org/node/180>
- Carol has been communicating with a reporter for the Voice of America, for what may be a live interview, or perhaps just an opportunity to act as a liaison to SL support groups for people with disabilities.
- Carol was interviewed by Elizabeth Irish (Assistant Director for Education and Administrative Services, Schaffer Library of Health Sciences, Albany Medical College, Albany NY for the MLA's Upstate New York/Ontario Chapter newsletters.
- Carol was approached by Wealthy Miszer, who was interested in donating money to a health support group in SL. Carol was invited to meet with a planning group at UNC-Chapel Hill, where she was asked to describe the environment at SL for education, along with faculty from UNC, Greensboro, NCSU, and East Carolina University.
- Carol has explored the use of inworld browsers, and am working to incorporate that ability into the PubMed and other classes as part of the hands-on. This browser is unfortunately not a shared one, but it may help the teaching / learning process, due to the fact that people can continue to communicate as they explore a resource.
- Carol created a Powerpoint with an embedded audio for an introduction to HII..
- **Reference**

Reference activities

- Searches in support of program development for Q&A session on AIDS/HIV
- Search on shin splints and nutrition
- Searches on GI motility disorders and new treatments for IBS, in particular

- Multiple searches for information on indications for amputation, and to find support forums and other helpful information
- Responded to student doing a research about how virtual worlds can help people

**Attachment 4
Subcontractor quarterly report**

**Networking for Hmong and Immigrant Health
Report for Quarters 2 – 5**

May 6, 2008

Hmong Health Education Network
Wausau Area Hmong Mutual Association (WAHMA)

Submitted by:

Margaret (Peg) Allen, MLS-AHIP
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Fax: 715-842-9202

This report covers activities from the second through fifth quarters, February 1, 2007 through January 31, 2008. Staffing issues were the main reason from deviating from the original plan. Translation challenges are the major factor affecting our ability to complete key activities on time.

This project was intended to cover activities beyond those proposed in a three-year proposal to the UW Madison “Partnership for a Healthy Wisconsin” program. ***Lack of a full-time position devoted to health activities was identified as the major barrier to health promotion in the local Hmong community, including this project.*** Our 2006 proposal included a full-time Hmong health navigator and production of the *Hmong Family Health Guide*. Unfortunately, that proposal was not funded (announced after this proposal was submitted and the contract awarded), so we attempted to do what we could to improve Hmonghealth.org and promote the use of health information resources to help improve the health of the Hmong community in Wausau, Wisconsin, and beyond, without a full-time Hmong speaking health navigator. We are doing as much is possible to enhance the website by adding links and developing content, and to promote the use of quality health information resources as the basis for Hmong health education.

In addition to overall funding challenges, the project coordinator had personal and family health issues that limited her ability to work with Hmong association staff in person. First, she fractured her ankle at the end of 2006, leading to three months where she was essentially homebound. Also, the health office at the Hmong association is on the second floor, and there is no elevator, so any work there had to be done in the first floor conference room that is well-used and often not available. Second, her elderly aunt in Minnesota started a series of hospitalizations in April, leading to her death in hospice care in October. Ms. Allen was her primary family caregiver. Finally, her spouse was diagnosed with coronary artery disease in late July, and had bypass surgery in August. Her personal health issues continue, as the immobility following the fracture lead to aggravation of pre-existing problems, including arthritis and pulmonary issues. It has been challenging to coordinate her schedule with the busy schedules of Hmong association staff. While she worked with the Hmong association to write a major federal grant in July 2007 to address the health funding issues, she did not have time to complete the online process at the Hmong association when the federal system did not work.

Finally, overcoming translation challenges has required more time than expected. The proposal was developed to work on the website – including new translations – using just one dialect, with a proposed new staff member, both skilled in White Hmong and comfortable editing using the Content Management System (CMS). Existing staff skills and comfort level with online editing did not support this plan. We’ve requested a two-month no-cost extension to complete the subcontracted multimedia modules, the only major goal not completed on time. If NNLM funding is available, we could use additional support for the unanticipated translation costs.

Project Objectives

1) Enhance Hmonghealth.org to expand original content and increase use

a) Activities by quarter:

1. First quarter, November 1, 2006 – January 31, 2007 (previously reported)
 - Translation of content for the *Hmong Family Health Guide* (online, with print pending funding) by Blong Yang, previously funded as a half-time health navigator with local funding.

- Links review and adding links to multimedia resources in English and other languages, by Kia Her, the AmeriCorps Education Assistant.
2. Second quarter, February 1 – April 30, 2007
- Mr. Yang continued to translate for the *Hmong Family Health Guide*, with reviews scheduled but not completed. We learned that Mr. Yang was not comfortable translating and recording in White Hmong. Extensive discussions with Hmong staff lead to decision to change from White Hmong (most commonly spoken dialect) to Green dialect as the primary dialect for the website. The main rationale was that available staff members came from the Green Hmong tradition and were more comfortable in that dialect, especially for speaking. We translated site name and section headers to Green Hmong and changed them on Hmonghealth.org.
 - Existing translations in White Hmong were archived for future use. Jeff Allen, Web Consultant, converted Health Illustrations and Glossary pages to three columns to accommodate Green and White Hmong in the Content Management System (CMS). This process allowed for preservation of the work in White Hmong that was complete for all illustrations and many glossary terms.
 - Web consultant added “Research and Data” section with provisions for adding links in the CMS.
 - *Stay Active and Feel Better* and *Cut Back on Salt* multimedia modules translated and recorded. Multimedia produced by Healthy Roads Media (HRM) and announced via Hmong health list.
 - Kia Her updated Access database tracking progress on the Hmong Family Health Guide, and started merging of glossary terms from various sources using the CMS and a master Glossary Word document.
 - Focus group evaluation of Hmonghealth.org held April 11 in Minnesota, as part of a regularly scheduled Hmong Health Care Professionals Coalition in Minnesota. Nine evaluations collected, with seven by Hmong speakers. The major concern was the selection of Green Hmong as the primary dialect, although group understood rationale. Site was praised as their primary reference for health information.
3. Third quarter, May 1 – July 30, 2007
- Translation continued, including work on sections done in White Hmong from the Hmong association’s 1995 *English-Hmong Anatomy & Medical Phrase Book* [out-of-print]. Staff assigned to review Blong Yang’s translations.
 - Anatomy drawings labeled in English and White Hmong completed and uploaded to website, with plan to add ones with Green Hmong translations when they are available.
 - Website and English resources for *Hmong Family Health Guide* reviewed by Jan Beringer, RN, M.Ed., who has worked with Hmong students in nursing programs. She also provides Red Cross blood pressure and diabetes screening services at Hmong health education events and as part of the Hmong association’s monthly elder program. Her review confirmed decision to use health information in English from Ohio Health Info Translations (www.healthinfotranslations.com) for topics where we did not have previously translated resources. She also submitted Health Tips in English for future use.

- Met with Kevin Thao (originally from Wausau) who is a second year medical student at UW Madison. He volunteered to help with summer health programs for the Hmong Elder group, to review the anatomy label translations (Health Illustrations), and to eventually work on other sections of the website, including the glossary definitions.

4. Fourth quarter, August 1 – October 31, 2007

- Translation continued, including first two multimedia programs, and preliminary work on the English for the *Health Dictionary/Glossary* was completed at the end of the summer. Final work on the glossary will not be complete until all sections are translated and proofed for identification of needed terms. As of January 2008, 117 new terms were added, for a total of 283.
- Kevin Thao (as volunteer) edited White Hmong labels for the Health Illustrations, and added Green Hmong labels, using the website CMS. These still need review by Hmong association staff.
- Two multimedia programs completed by Health Roads Media (HRM) and linked from topics on Hmonghealth.org: *Stay Active and Feel Better* and *Stay Active and Feel Better*.

5. Fifth quarter, November 1, 2007 – January 31, 2008

- Website presented and discussed at health program session held Saturday, November 10, 2007 during the Wisconsin Hmong Conference. All present, including interpreters, health providers, and community members, affirmed need to develop resources in both the Green and White Hmong dialects. Ensuing discussions with Hmong association staff and Kevin Thao led to decision to complete multimedia with both Green and White Hmong written translations, with Green Hmong narration and English words on slides. Trying to read the written Hmong was seen as a distraction for a refugee group fluent in spoken Hmong, but not reading the written language. The Hmong tradition is primarily oral, with the written language developed in the last fifty years.
- Funding for Hmong association staff support was expended as of December 31, 2007, including translation and work on web links. Administrative support continues, including managing the website move to a locally based national hosting service.

b) Evaluation

This chart demonstrates growth of content on Hmonghealth.org. Additional links will be completed by the end of the project, as well as adding ten multimedia programs and updating two programs.

Content summary	Start	1st Q	2nd Q	3rd - 5th Q	Final
Links: Family Health, Healthy Living, Traditional Healing, Hmong links, Research & Data (new 5/07)	317	432	436	473	
Topics available for linking	76	80	81	85	
Source organizations for links	70	71	72	74	
Hmong Family Health Guide sections (html sections + one new)	19	19	19	18	
Health Illustrations	29	30	32	70	
Health Dictionary Terms	165	166	166	283	

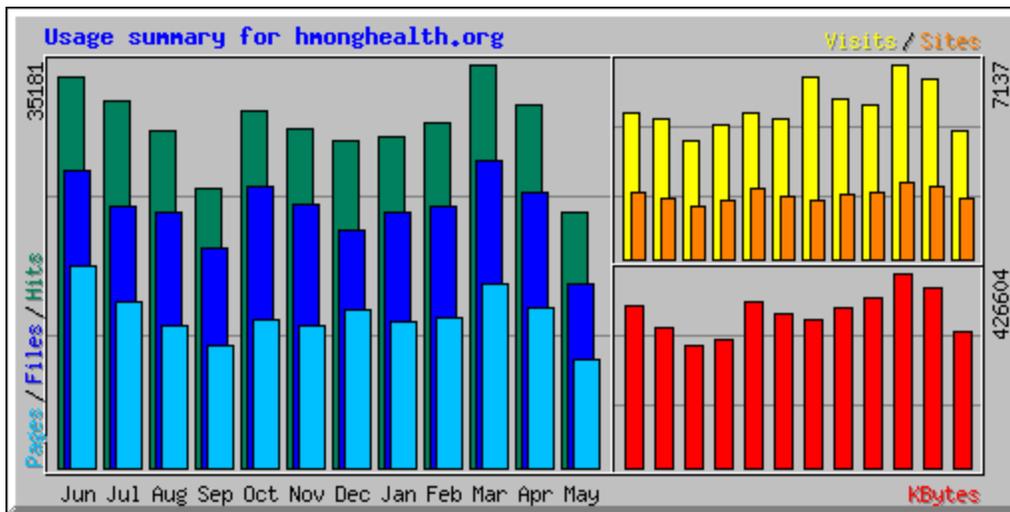
Library resources Audio (1), Books (3), Pamphlets (6), and Videos (27)	37	37	37	37
Health tips (with audio)	3	3	3	3
News items	19	20	20	21
Total	735	858	866	1064

Website use

Utilization for the months where we have data continues to follow pattern established. It appears that use is highest during months students are working on term papers. Unfortunately, data is not complete due to problems with the Internet Service Provider for the website. First, the tracking software stopped functioning in mid May. This led to need to move that site to another server at the ISP. To add to the web hosting challenges, in early February we were notified that this ISP was going out of business by the end of the month. The following statistics from our old ISP demonstrate continuing website utilization. We are the first result in a Google search on Hmong health. We will compare sites linking to the site at the end of this project.

Usage Statistics for hmonghealth.org

Summary Period: Last 12 Months
Generated 22-May-2007 14:25 Eastern Daylight Time



Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
May 2007 Incomplete	1014	728	428	212	2192	297217	4678	9420	16035	22311
Apr 2007	1054	799	467	218	2633	392668	6567	14034	23994	31627
Mar 2007	1134	864	515	230	2776	426604	7137	15995	26811	35181
Feb 2007	1073	815	467	200	2452	373268	5609	13086	22835	30061
Jan 2007	932	719	409	189	2399	351801	5874	12709	22294	28899
Dec 2006	920	669	444	214	2140	322912	6655	13792	20750	28523
Nov 2006	986	764	412	170	2327	339273	5128	12388	22920	29584

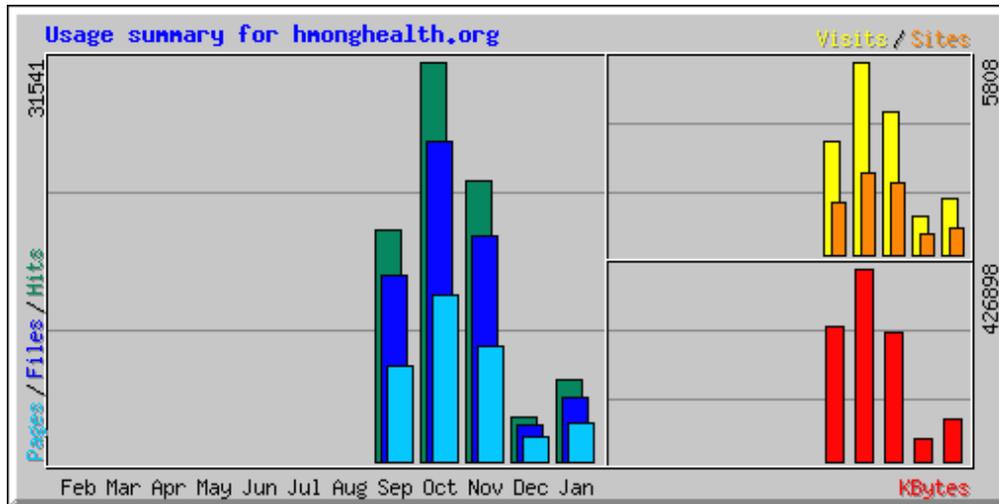
Oct 2006	1001	792	418	172	2616	365266	5338	12983	24582	31048
Sep 2006	811	637	357	163	2162	282632	4898	10738	19138	24330
Aug 2006	949	721	398	138	1912	269708	4300	12347	22353	29433
Jul 2006	1032	732	467	165	2194	306022	5127	14493	22716	32004
Jun 2006	1137	865	586	179	2433	354567	5386	17608	25969	34112
Totals						4081938	66697	159593	270397	357113

We discovered the web statistics issue when starting work on the second quarter report, diverting our energies to resolving this problem. No work could be done on the site until it was successfully moved to a different server at the ISP. The following data is all that was collected before the web host notified us that it was going out of business. It is incomplete for September (19 days), November (23 days), December (8 days), and January (10 days). October (5,808 visits) was the only complete month of data. The 5,808 site visits in October were 8.8% more than those in October 2006. The statistics stopped functioning on January 10, 2008. We are working with the new ISP to set up the web statistics we need for evaluation.

Usage Statistics for hmonghealth.org

Summary Period: Last 12 Months

Generated 10-Jan-2008 03:35 Central Standard Time



Summary by Month										
Month	Daily Average				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Jan 2008	646	499	301	167	824	92778	1672	3018	4999	6461
Dec 2007	440	356	244	141	603	50435	1135	1956	2853	3524
Nov 2007	965	773	397	186	2152	284704	4299	9141	17783	22196
Oct 2007	1017	815	425	187	2480	426898	5808	13180	25273	31541
Sep 2007	828	670	340	156	1575	297472	3436	7493	14745	18219
Totals						1152287	16350	34788	65653	81941

- Promote access to culturally and linguistically appropriate health information by reaching 300 providers at conferences and the in-service offerings.

a) Activities by quarter:

1. First quarter, November 1, 2006 – January 31, 2007 (previously reported)
 - Workshop on women's health issues held January 13, 2007 for Hmong consumers at North Central Technical College (NTC), presented by Family Planning Health Services, coordinated by the Hmong association. Presentations by a health educator and nurse practitioner were interpreted, including information on HPV immunization. Attendees included Hmong health providers and interpreters. Presenters were interviewed and featured on the local evening news.
 - The coordinator was a member of the WHSLA outreach committee and planned to staff the NNLM exhibit for the Wisconsin Student Nurses Association (WSNA) conference. Materials were sent for Sue Coenen, MCW, to distribute at the GMR funded exhibit on Saturday, February 3, attended by 148 people. "The Hmonghealth.org site was very well-received by students and faculty alike. Many of the students and faculty working in the central and northern areas of Wisconsin were particularly interested in this resource. Some were already familiar with it and had used it in the past; while others said they didn't know about it but planned to use it as a resource in their studies and careers." 51 of the 60 Hmong language STD prevention DVDs were taken by attendees.
2. Second quarter, February 1 – April 30, 2007
 - Hmonghealth.org bookmarks and handouts sent with staff member (Disabilities Navigator) attending Hmong National Development (HND) conference in Detroit.
 - The highest numbers of recorded web visits were recorded for the months of the February WSNA exhibit and March distribution at HND.
 - Another Saturday Hmong language workshop was held at NTC, sponsored by the American Cancer Society and American Red Cross. Kevin Thao, UW medical student from Wausau, attended to meet Dr. Yang (Interpreting for guest oncologist) and our staff.
3. Third quarter, May 1 – July 30, 2007
 - The coordinator developed and presented a "Health Education Resources for English Language Learners" poster at the health literacy session at the Medical Library Association (MLA) Annual Meeting in Philadelphia on May 23. This was well-received, with considerable interest in the STD Prevention video. Several free copies were picked up. In addition, she was an invited speaker for the "Power to the People: Serving the Underserved" program on Monday, May 21, 2007.
 - The coordinator presented a poster/exhibit based on the MLA poster at the June 15 – 16, 2007 Improving Medical Communication Conference (<http://www.umatia-hcmc.com/>) held in Plymouth, MN, a Minneapolis suburb. The conference was attended by more than 200 interpreters and health professionals. It was the first Upper Midwest Translators and Interpreter's Association (UMTIA) sponsored event focused on issues faced by medical interpreters. Holly Burt, the NNLM Exhibits Coordinator, responded quickly to Ms. Allen's last minute request for handouts and NLM screen captures, including one for Medline Plus. The poster was located in an ideal spot between rooms for workshops and breakout sessions. Attendees, including health professionals as well as interpreters, were very interested in the information on resources in many languages – attendees represented the wide variety of refugee communities in Minnesota.

- Ms. Allen attended Wisconsin Health Literacy Summit June 21 Wisconsin Dells and coordinated an exhibit of resources in Hmong and other languages. Attendees were from a wide variety of organizations: adult basic education in technical colleges and state prisons, health professionals, consumers, literacy volunteers, community-based organizations, and health science librarians; more than 100 in all. Activities included keynotes and workshops, plus regional focus groups leading to the establishment of four regional committees. Conference presentations are online at http://www.wisconsinliteracy.org/events/event_details.php?event_id=1 .

4. Fourth quarter, August 1 – October 31, 2007

- Activity included several planning meetings for the November Wisconsin Hmong Conference, with Ms. Allen, Peter Yang, and Kia Her as committee members.

5. Fifth quarter, November 1, 2007 – January 31, 2008

- The Wisconsin Hmong Conference was held November 9 – 10 in Wausau, with three programs on health issues. One Friday workshop addressed smoking in the Hmong community (statewide survey update) and new trends in teen-age drug abuse. Another presented by Dr. Xa Xiong talked about mental health issues faced by the elderly. Two programs were held on Saturday. Kevin Thao and Ms. Allen presented with Jan Beringer and as part of a program on community building to address Hmong health issues. The audience was very interested in the language issues, as well as increasing awareness of mental health services. A fourth program was designed to encourage Hmong to consider careers such as law, medicine, and other health professions requiring preparation beyond the baccalaureate degree. A Hmong lawyer, Kevin Thao, and Me Lee Thao, a Hmong Physician’s Assistant, talked about what is needed for success in their professions. All of these health workshops were well-attended, with questions continuing past the allotted time. The Hmong community is definitely interested in learning more about health, including mental health and prevention issues. Many at the community building workshop expressed interest in working together to address the translation issues.

b) Evaluation

1. Web statistics improved following distribution of bookmarks at conferences, including those attended by health professionals and interpreters. The highest numbers of recorded web visits were recorded for the months of the February exhibit and March distribution at HND.
2. The goal of reaching more than 300 health providers was surpassed in the 2nd and 3rd quarters. Estimates in chart below include health & social service providers, interpreters, and students in these professions.

Conference/event	Date	Provider estimate	Total attendance
Wisconsin Student Nurses Association annual conference, Wisconsin Dells	Feb. 3, 2007	148	
Improving Medical Communication, Plymouth, MN	June 15-16, 2007	250	300

Wisconsin Health Literacy Summit, Wisconsin Dells	June 21, 2007	60	110
Wisconsin Hmong Conference, Wausau	Nov. 9-10, 2007	40	250
		498	660

3. Mailing list archives indicate regular posts to the list moderated by the coordinator. A large number of SPAM messages are deleted on daily basis. The following chart summarizes mailing list volume. Members see the list as a way of sharing new resources and announcing events. Current membership is 281.

Quarter	Messages
November 1, 2006 – January 31, 2007	8
February 1 – April 30, 2007	11
May 1 – July 30, 2007	10
August 1 – October 31, 2007	25
November 1, 2007 – January 31, 2008	17
February 1 – April 30, 2008	6
	77

- 3) Develop educational resources for librarians to work with health educators and bilingual staff to promote health literacy and access to culturally appropriate health information.
1. A planned activity for this objective was development of the MLA CE proposal for a 4 hour course, "Culturally Competent Health Information Services." This was accepted for the Midwest/Midcontinental Chapter meeting in Omaha, and submitted (but not accepted) for MLA 2008 and 2009. Only six registered for the CE, held on October 16, the last day of the conference. Copies of the Hmong language STD Prevention DVD and the "Follow the Clues: A Visit to the Clinic and a Visit to the Library" DVD in 3 languages from the University of Nebraska were provided for participants. Evaluations were positive, in spite of the coordinator not having the time to fully develop the course. This course would be an excellent candidate for an online offering and/or for meetings including academic and public librarians, as well as those specializing in health sciences librarianship.
 2. The Hmonghealth.org handout developed for exhibits and conference presentations was updated in February 2007 to utilize the new Green Hmong translations. The bookmark master was also updated, with copies produced at the Hmong association on a new color printer. These were used for all presentations, exhibits and the CE class.
 3. The need for a handout on resources in other languages was discovered June 15, 2007 at the interpreter's conference. That evening the coordinator developed a 2-sided handout based on the "Health Information in Many Languages" NNLM web

page and printed 50 color copies. These were all taken the next day, and she procured 50 additional black and white copies, which were also distributed.

4. Attendance at the Wisconsin Health Literacy Summit led to the coordinator's participation in the Northeast Wisconsin Health Literacy Committee. Members include literacy program staff, health educators, nurses, and Jan Kraus, the health science librarian for Aspirus Wausau Hospital. Ms. Kraus has worked with the Hmong Health Education Network since its inception, serving as the first webmaster. Ms. Allen is working with other members to develop a plan for health literacy activities in the region extending north and east of the Wausau area. There are three other regional committees, coordinated statewide by Wisconsin Literacy. The coordinator is a member of the education subcommittee, which is reviewing health literacy curricula. Our target audience is adults in basic education and English language classes.

Our regional committee is starting with a pilot "Ask Me 3" (AMA program) in Stevens Point. We will pursue permission to translate the *Ask Me 3* consumer brochure into Hmong. It is already available in Spanish; the area also has a growing Hispanic population. The *Hmong Family Health Guide* will be a key resource for bilingual health literacy classes. Many Hmong do better with bilingual literacy classes held at the Hmong association.

5. The coordinator worked Lai Thao, PA and Marie Janz, the Ministry Health Services librarian, to plan a workshop to teach providers and staff at Ministry Medical Group and St. Clare's Hospital in Weston, a Wausau suburb. She presented web resources at the end of a community education event on Hmong health beliefs and working with interpreters on the evening of December 5 at the hospital, with five nurses and three Hmong attending. Online multimedia generated the greatest interest, including the Healthy Roads Media and Medline Plus interactive programs linked from Hmonghealth.org.

Summary

We have modified our plan to accomplish as much as possible, given the availability and skills of funded staff and volunteers. We are looking forward to completion of the heart health multimedia, and working on funding to continue this project and publish the *Hmong Family Health Guide*, in the works for five years. With promised funding we hope to exhibit at several state and regional conference over the next year.

The final report will evaluate core outcomes and outline future funding priorities. We thank you for your support.

Attachment 5
Subcontractor quarterly report

Empowering Public Health / Patient Safety
Outreach through Community Partnerships -
PPECA II

2nd Quarterly Report: October – December, 2007

Submitted: March 14, 2008

Hardin Library for the Health Sciences
University of Iowa

Principal Investigator
Linda Walton, M.L.S.
Associate University Librarian & Director
319-335-9871
linda-walton@uiowa.edu

The Hardin Library for the Health Sciences is a member of the National Network of Libraries of Medicine Greater Midwest Region and the University of Iowa Health Center Patient's Library is an affiliate member

PPECA II is designed to train public health educators and healthcare and community program planners on the use of a community-focused patient safety consumer awareness program. Five rural Iowa communities have been targeted for the project as well as a kick-off program at the University of Iowa Hospital and Clinics (UIHC).

Administration and Planning

- Ordered equipment
- Monthly conference calls were held in Oct, Nov. and Dec.
- Lorri filed CE forms with the State Library of Illinois for continuing education credit for public librarians.
- Lorri filed CE forms with MLA for medical librarians.
- Mary Kay filed CE forms for nursing CE credits.

Partners

- The first informational call was held October 25th with two hospitals participating.
- Pella Regional Hospital has agreed to be a partner.
- Waverly Hospital has agreed to be a partner.
- Conference calls were held with Pella for planning.

Training Materials

- We began reviewing and updating PowerPoint slides for the educational part of the program.
- We will use the facilitator's guide for training.
- Other hand-outs will be identified and tailored for each audience.
- A more interactive discussion/participation will be developed for attendees.
- Lorri put together a brochure about patient safety for the groups to critique. There are appropriate and inappropriate paragraphs for a consumer brochure.
- We also discussed a "getting to know you" activity. We are still working on this idea.

Media and Awareness activities

- Promoted PPECA-II at the Illinois Hospital Association "partnering with patients" collaborative session Oct 24th in Bloomington, IL.
- A communications plan with time timeline was drafted and discussed.
- Mary K shared with the team the link to the first Communique announcement [http://www.iaahq.org/communique/Issue_2_2007.pdf].
- Brooke will work with Northwestern on the PPECA Web site.

Events & Training

- A focus group at the Midcontinental/ Midwest MLA meeting was held to explore marketing and educational tactics related to public health professionals and librarians. The conversation focused on language to promote the event to consumers.
- Pella session will be held on March 7.
- Mindy and Mary Kay are working on a kick-off event scheduled for March 6th to be held at UIHC.
- Linda will exhibit at the 2008 Iowa Public Health Conference to be held in April.

Plans for next quarter

- Kick-off program
- Finish identifying sites and setting dates
- Finish packet for hand-outs

**Attachment 6
Subcontractor quarterly report**

**Indiana Public Health Digital Library
Indiana University School of Medicine Library
Indianapolis, IN**

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June-December 2007

Submitted June 27, 2008

Indiana Public Health Digital Library
Public Health Subcontract
Progress Report for the Greater Midwest Region
June-December 2007

NARRATIVE DESCRIPTION

Executive Summary

The digitization of *the Indiana State Department of Health Monthly Bulletins* has been moving smoothly once the software problems have been addressed. Ten years of bulletins have been digitized and quality-checked. Metadata vocabularies have been selected and unique public health/medical/historical authority lists have been established for subjects, personal names, and geographic areas. Metadata has been assigned to about three years worth of materials. This project is being funded concurrently with an LSTA grant for equipment, which has made it possible for us to have the equipment needed for a project of this magnitude.

Description of Progress toward the Project's Major Objectives

Administration/Planning Activities

- Auditing the resources to be digitized
- Hiring, training and supervising staff, interns and volunteers
- Attending training sessions on metadata, digitizing, and using CONTENTdm
- Purchasing the digital collection management software and the digitization workflow system
- Installing, troubleshooting, and writing procedures for "best methods"
- Establishing the three primary metadata vocabularies:
- PHIN (Public Health Information Network/Centers for Disease Control) --
<http://www.cdc.gov/PhinVSBrowser/StrutsController.do>
- MESH (Medical Subject Headings/National Library of Medicine) --
<http://www.nlm.nih.gov/mesh/2008/MBrowser.html>
- LC Subject Authority (Library of Congress) – <http://authorities.loc.gov/>
- Other resources, especially archaic medical terms: <http://www.antiquusmorbus.com/>
and <http://www.nlm.nih.gov/medlineplus/mplusdictionary.html>
- Creation of the Metadata Manual

Collaborations/Partnerships

- Coordinating the flow of original resources to be digitized with the Indiana State Department of Health and the Indiana Medical History Museum
- Project also funded by a \$14,000 LSTA grant from the Indiana State Library, and the content will be made freely available on the Indiana Memory Project site.

Product/Resource Development Activities

Research Assistant

- Scanning of original resources
- OCR (optical character recognition) processing
- OCR cleanup (quality checking for legibility and readability)
- Working on assigning metadata with the PI
- Contributed to the Project Manual and technical procedures for the project
- Attending Training/Tutorials on CONTENTdm
- Training other staff
- CONTENTdm* installation
- OPUS** software installation and testing

**CONTENTdm (<http://www.contentdm.com/>) – digital collection management software made available by a concurrent LSTA grant from the Indiana State Library.*

***OPUS (<http://www.dlsg.net/opus.shtml>) – digitization workflow system made available by a concurrent LSTA grant from the Indiana State Library.*

Undergraduate Assistant

- Sorting and scanning original resources
- Quality-checking for legibility and readability

School of Library and Information Science Interns (2)--unpaid

- Created templates for descriptive, administrative and structural metadata and images
- Identified images within the original resources for later digitizing
- Scanning original resources
- OCR cleanup

Lessons Learned/Significant Feedback

We had asked the Indiana State Library for \$25,000 for both a scanner and digitizing management software. We only got funded for \$14,000 which did not allow us to buy a scanner. We then had to spend a lot of time resolving problems relating to the (new) OPUS software working with the (old) Minolta PS500C scanner station.

The items that we are digitizing are both public health related and historical. We absolutely needed three vocabularies to cover all the concepts included in early 20th century materials. In addition, we had a large number of archaic terms which had to be included, and this necessitated doing additional research to locate the definition and correct spelling of this terminology.

APPENDIX: METADATA MANUAL

INSTRUCTIONS FOR METADATA ASSIGNMENTS

Indiana Public Health Digital Library

INTRODUCTION

The Indiana Public Health Digital Library (INPub) is being funded by two grants:

Greater Midwest Region/National Network of Libraries of Medicine

- Public health subcontract, which is paying for all salaries and personnel costs
- Focus is on data and information for public health workers and researchers

Indiana Memory CONTENTdm Project/Indiana State Library

- LSTA funded digitization project for Indiana historical items
- Focus is on Indiana historical information and photographs/images

The first phase of the project is to digitize publications of the Indiana State Department of Health. These items are to be digitized in their entirety and then uploaded into the IUPUI Digital Archive (IDeA) (<https://idea.iupui.edu/dspace/>), and also into CONTENTdm. Images will be extracted and placed into a separate library. Statistical tables, charts and graphs will also be extracted and converted into data mineable information. Other historical and/or statistical information will be prioritized and processed as the workflow progresses.

The first items to be digitized include:

- *Indiana State Department of Health Monthly Bulletin*
- *Indiana State Department of Health Annual Reports*

METADATA BASIC PRINCIPLES

Audiences

We have two key audiences for these materials:

- General public, historians, medical/health researchers, students
- Public health workers, researchers, epidemiologists, state officials, PH students

Technical Factors

Both platforms enable keyword searching, so metadata assignments should not need to cover every single concept in the article, only the most relevant or important.

Vocabularies

PHIN

Since the project involves primarily public health materials, the primary vocabulary that is being used is the CDC Public Health Information Network (PHIN) Vocabulary.

The PHIN Vocabulary and Distribution System (VADS) is at:

<http://www.cdc.gov/PhinVSBrowser/StrutsController.do>

An edited Excel spreadsheet of the terms named "PHIN Terminology" is located in the Bertha folder that has been established for this project in the Project Documentation file.

MESH (MEDICAL SUBJECT HEADINGS)

If a term does not appear in PHIN, then MESH is the next vocabulary to check.

Here is the URL for the MESH Browser: <http://www.nlm.nih.gov/mesh/MBrowser.html> or you can go to Ovid and search mesh terms (subject heading box checked): <http://proxy.medlib.iupui.edu/ovid.html>

LIBRARY OF CONGRESS CLASSIFICATION

The third vocabulary to check is the LC Classification. This is particularly useful for geographic names, well-known personal names, and non-medical terminology.

The URL is: <http://authorities.loc.gov/>

LOCALLY CREATED TERMS

Some terms for local or state cities, towns, institutions, companies, and people that are not in the LC Classification will be assigned by the metadata team based on the publication in hand and other resources. Each term created in this way is identified as “Local”.

AUTHORITY FILES

Three Excel files will be created for this project. They will be the first and the primary sources to check for vocabulary. One is for Personal or Corporate Names, one is for Subject Headings/Descriptors and one is for Geographic Names. Terms have been extracted from PHIN, MESH or LC lists or Local, i.e. created by us.

Terminology

Subject Headings/Descriptors

Archaic Terms

Since we are dealing with a number of old items, archaic terminology will be challenging. Some good places to find definitions of archaic medical words include:

- <http://www.antiquusmorbus.com/>
- <http://www.nlm.nih.gov/medlineplus/medlineplusdictionary.html>

Since older terms can be keyword-searched, it is not necessary to add them to the authority list. However, the updated terminology should be added to the list.

Example: Article on consumption would have a term listed for: Tuberculosis.

Demographic/Population Terms

Population terms are particularly useful to public health workers. Articles that specify an age group, e.g. infants; or ethnicity, e.g. Hispanics; or gender; or occupational group; or geographic grouping, e.g. urban or rural or any other group should have an updated demographic term, which should come from PHIN.

Example: Newborn Deaths would have a term listed for: Infant Mortality

Work-Related Disease/Injury Terms

Any work-related accident or work-related disease should be under *Occupational Injury* or *Occupational Disease* (PHIN). The actual injury type, e.g. *Fracture*; or disease, e.g. *Lung Cancer*, should be added as well. Occupations that involve the commercial creation and crafting of

objects should be assigned *Manufacturing*, even if that term is not used specifically in the article.

Example: Article on injuries suffered by carriage makers.

Disease Causation versus Disease versus Disease Vaccine

This is sometimes difficult to distinguish. For instance, there are separate terms for *Diphtheria* (the disease), *Corynebacterium Diphtheriae* (the bacteria that causes diphtheria by producing *Diphtheria Toxin*), *Diphtheria Antitoxin* (that treats diphtheria) and *Diphtheria Toxoid* (used for the prevention of diphtheria). Make sure to distinguish whether the article refers to just the bacteria or the actual disease. The MESH browser is the best place to locate definitions of terms: <http://www.nlm.nih.gov/mesh/MBrowser.html>

Food and Food Processing

Articles on food can have an additional “group name” from PHIN added to make them more searchable.

Examples: Butter should also have Dairy Product; Apples should also have Fruit.

Personal or Corporate Names

Names should all be checked in LC first, if not found then they should be created here.

Geographic Locations

Counties	PHIN (includes all)
State	PHIN
Cities	LC or Local Term
Regions	LC or Local Term - <i>Examples: Northwest Indiana, Wabash River Valley</i>

- All localities regardless of whether they are a city, town or village should have (City) listed after their name. Some towns are now cities, and we don't want to have to keep track of them.
- All articles on cities, towns, townships or other units within a county should also have the county name added.

Example: Hammond (City) should also include Lake County

Example: Union Township should also include Porter County

- Some geographic names have changed. If a name does not appear on a current atlas, then some research may need to be done to check for a newer name, which should be added to the record.
- Small towns may have been incorporated into a larger city. The larger city name should be added to that record.

Example: Lake Station (City) was formerly East Gary

Example: Hessville was formerly independent, but is now part of Hammond.

INPub Metadata Assignment Guide: Dublin Core

Everyone should have access to Bertha (external storage for Digital Initiatives). Bertha is where all the INPUB (Indiana Public Health Project) content and documentation is housed.

To record the status of metadata assignment use the "IN Pub Assignment Sheet.xls" file in the "INPub" directory.

The metadata templates used for metadata assignment are in the "Project Documentation" folder.

The item being described is the "im-iumed-iph-YEAR-v#n#.pdf" PDF file.

The naming convention for the completed metadata templates should be as follows (standard file-naming protocol for INPUB Bulletin project):

im-iumed-iph-YEAR-v#n#.xls (for entire bulletin)

im-iumed-iph-YEAR-v#n#-stats.xls

im-iumed-iph-YEAR-v#n#-graphic.xls (for images)

im-iumed-iph-YEAR-v#n#-article-authorlastname.xls

Save the excel files in the same folder with the content described. (ex. 1908 Number 8 issue metadata saved in Inpub -> ISBH bulletins -> 1908 -> vol 10 -> number 8)

Use the "IN Board of Health Monthly Bulletins Index.xls" index file in the "Project Documentation" folder to identify Bulletin Issues with graphics (photos, illustrations) and stats. Create a separate metadata template (based on those you created for stats and photos) for those items as well.

Refer to the INPub Authority files for appropriate subject heading/descriptors, authors and geographic names. If not in Authority file, search in the PHIN, MESH or Library of Congress terminology files. Default to AMA style for Author names if not available in authority files.

Created July 2007, Revised 12/10/2007

**Attachment 7
Subcontractor quarterly report**

Iowa Go Local Quarterly Report October-December 2007

Chris Shaffer, Principal Investigator
Hardin Library for the Health Sciences
University of Iowa

Progress in relation to timeline, and estimate of when the site will be ready to launch

The Technical Manager worked with Brooke Billman, Education and Outreach Librarian, to develop training materials and instructions for reviewers. The instructions were tested by Ed Holtum, Curator, John Martin Rare Book Room.
Expected launch date is March 31, 2008.

Current staff and their roles (once reported, only need to report changes)

Several students, including graduate students from the UI School of Library and Information Science, have been hired to assist with data entry and verification.
Members of the Iowa Library Association Health Sciences Subdivision have been recruited to serve as volunteer reviewers.

Work done to create the site

There are currently 2575 incomplete records, 1868 pending review, and 14 approved.

Outreach and promotion efforts

No activity.

**Attachment 8
Subcontractor quarterly report**

Go Local North Dakota

Covering time period October 1, 2007- December 31, 2007

Submitted on January 15, 2008 to:

October 1, 2007-September 30, 2008

Funded by the National Library of Medicine under a contract: HHS NO1-LM-6-3503 with the University of Illinois at Chicago, Library of the Health Sciences

from

Harley E. French Library of the Health Sciences

University of North Dakota, School of Medicine and Health Sciences, Room 1300

501 N. Columbia Road Stop 9002

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Principal Investigator: Judith Rieke, Library of the Health Sciences
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Project Coordinators: Mary Markland, Resource Development and Outreach Coordinator
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Michael Safratowich, Site Development Coordinator
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Introduction:

The Go Local North Dakota project received NLM funding for its project for the time period October 1, 2007 through September 30, 2008. The project proposal was submitted in mid-August. Upon notification of acceptance of the proposal in early September 2007, our Go Local team began work and is reflected in this report.

Progress in relation to timeline:

Our expected launch date is estimated to be late summer 2008 and remains in sync with our time line. Specific activities related to our progress are indicated in detail under “Work accomplished to create site.”

- September, 2007 – October, 2007
 - Familiarize staff with input system – accomplished.
 - Develop criteria for content inclusion – accomplished.
 - Develop guidelines for data entry – accomplished.
 - Publicize project to potential collaborators – ongoing.

- November, 2007 – June, 2008
 - Hire data specialist – accomplished.
 - Identify resources – ongoing.
 - Collect and enter data – work is beginning.
 - Test with collaborators – no progress.

Current staff and their roles

- Judith L. Rieke, Principal Investigator
Assistant Director, Harley E. French Library of the Health Sciences, School of Medicine and Health Sciences, University of North Dakota

- Mary Markland, Resource Development and Outreach Coordinator
Southeast Clinical Campus Librarian, Harley E. French Library of the Health Sciences, School of Medicine and Health Sciences, University of North Dakota

- Michael Safratowich, Site Development Coordinator
Bibliographic Control Librarian, Harley E. French Library of the Health Sciences, School of Medicine and Health Sciences, University of North Dakota

- Sarah J. Owens, Data Input Specialist
Temporary part-time position created to develop the database.

Permanent staff usually meets on a bi-weekly basis to discuss progress and strategize.

Work accomplished to create site

- Site development and input of data:
 - Mike Safratowich, Site Development Coordinator, has responsibility for inputting data. He explored the system thoroughly; consulted with and demonstrated the system to other team members; advised partner librarians on technical issues with regard to the system.
 - Guidelines were developed in October and are updated as questions arise and as data input begins. The most recent version is attached.
 - The team decided to focus on using spreadsheets for data entry. We have obtained databases from NLM (Medicare Suppliers 420 records), ND Medical Association (1324 records), Rural Assistance Center (77 records of ND clinics), and a directory of resources

available on the Mandan Hidatsa Arikara Nation (96 records). This is a total of 1,917 records. With assistance from Georgia Go Local, ND 2-1-1 data will soon be available.

- Work has just begun with inputting the records. The records have not been de-duplicated or selected for inclusion in the ND Go Local system except for the supplier database from NLM. De-duplication will occur both within databases and across database lines.
 - A shared drive is used to facilitate database work among team members, and a spreadsheet was developed to track the status of the various databases.
 - Data Input Specialist position description was developed and advertised in late November. Six candidates were interviewed by Mike and Judy. Hire was completed in December 2007. Sarah Owens started work January 7, 2008.
- Identification and selection of data:
 - Selection Guidelines were developed in late September and were updated as questions arose and clarifications were needed. The most recent version is attached.
 - With assistance from our partner librarians, the team has identified sources for most of the Priority 1 items. Work has focused on those sources through contacts and receipt of data. A spreadsheet was developed to track contacts and our progress in obtaining data.

Outreach and promotion efforts

- The project was first introduced to health sciences librarians in the state at the annual meeting of the North Dakota Library Association in late September. We use an already existing electronic list to forward information about the project.
- Other efforts have focused on individual contacts with collaborators and other potential providers of data. We do lots of explanation about the project (usually this includes an introduction to MedlinePlus). The ND State Library was contacted for support and subsequently advised the project was approved. Tribal colleges still need to be contacted. ND Dept of Health has been contacted and needs follow-up. The Center for Rural Health and the Rural Assistance Center have been contacted and are working with the project. Negotiations with ND 2-1-1 and AARP are underway. Several individual hospitals have been contacted for data. These also need follow-up.

Overview

The purpose of this guide is:

- To facilitate uniformity in data input
- To make data visually consistent
- To promote effective searches by using standard input conventions
- To protect against duplicate records

This guide outlines conventions used for:

- Punctuation
- Capitalization
- Abbreviations

These conventions, along with other standards, are applied to the following fields:

- Site Name
- Site URL
- Address 1
- Address 2
- City
- State
- Zip Code and Extension
- Phone Numbers
- E-mail
- Site Description
- Organization Names
- Comments
- Local ID

In addition, this guide provides:

- General guidelines for data input
- Direction on specifying geographic areas relevant to a service
- Direction on defining local service terms and health topics

General Guidelines

- Create separate records for each location of the service provider and departments if these entities have unique pages.
 - Copy existing record for use as a template. *Note: Templates may be used for the creation of any new record as desired.
 - In the title field, enter a hyphen with the location designation following the corporate name. Enter the name of the organization and department for departmental pages.
 - Change the geographic area, service terms, and other information as needed.
- Use the same record for multiple services with the same location and URL
- When selecting the geographic area:
 - Use the zip code if one or more locations are within one county
 - Identify counties when a service extends beyond one county
 - If you are entering records that cover the state, select the entire area.
- Remember to check records to see if the service is already in the system.

Site Name

- Use the name of the organization rather than the name of the Website (although in some instances they may be the same).
- Select the name as it appears on the site. Sources to check for guidance on the “official” name include the banner at the top of the page, the copyright statement at the bottom of the page, and/or the organization’s homepage if a link is provided.
- When looking for the organization responsible for a web site, do not create organization names if the sponsorship is financial only.
- If there is both a spelled out form of a name and an acronym, use the spelled out form of the name as the standard form.
- Always abbreviate the word Department to Dept., no matter how it appears on the page.

Site URL

- Enter the URL as it appears in the address field of the web browser.
- Include the http:// or https://
- Use the most direct URL for a service being cataloged. Don’t include extensions (index.html, etc.) if the URL works without it.
- URLs that are a result of a search are often dynamic and will not be the same the next time that URL is searched. Use only static URLs.

Address 1, Address 2, City, State, Zip Code and Extension

- Prefer the street address to the mailing address when both are available.
- Use mixed case when entering contact information. Capitalize abbreviations that indicate direction (i.e., SE, NW, etc.).
- Always spell out the word “and”, do not use &.
- Use the US Postal Service list of Approved Abbreviations for common address formats, such as ST for street and DR for drive. These abbreviations can be found at http://www.usps.com/ncsc/lookups/usps_abbreviations.htm.
- For numbered streets, use the number, not the written word (4th, not FOURTH).
- Do not abbreviate the name of the city (i.e., Use “Fort Bridger” NOT “Ft Bridger”)
- Use the 2-digit standard USPS state abbreviations
- For the Zip Code, use the extension when available.
- Common mailing abbreviations appear in the list below. For other needed abbreviations, use the abbreviation guide at www.bartleby.com (Columbia Encyclopedia).

Ave for Avenue

Bldv for Boulevard

Cir for Circle

Dept for Department

Dr for Drive

E for East

Hwy for Highway

Ln for Lane

N for North

NE for Northeast

NW for Northwest

Plz for Plaza

PO Box for Post Office Box

S for South *unless there is no intervening number between “S” and ST (Street). Then spell

it out. i.e. 1201 South 14th St should be “S 14th ST” while 5401 South ST stays the same.

- SE for Southeast
- St for Street
- SW for Southwest
- Rd for Road
- Rm for Room
- Ste for Suite
- W for West

The purpose of this organization is to promote	Promotes wellness, self-esteem, and pro-
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In the Phone Number field, use the following format: (xxx) xxx-xxxx. This format also applies to any toll free numbers. Add “Toll free” for the toll free numbers and indicate any location restrictions before the number (e.g., North Dakota Toll free (xxx) xxx-xxxx). Indicate “fax” before fax numbers, etc.

- List multiple phone numbers separated by a semicolon. List toll free numbers last when there are multiple numbers.
- For phone numbers with extensions, use Ext before the extension number.

E-Mail

- Include the principle e-mail address for the service as given in the site’s contact information.

Description Field

- Keep notes simple, aim for plain language.
- Do not repeat ‘name of site’ unless not possible.
- Remove all subjective information (i.e., provides supportive and caring staff; provides friendly staff).
- When there are any restrictions to services (i.e., referrals) or other relevant information (i.e., former names), note that in your description.

Examples of edits-

Unedited Description

Better Description

wellness, self-esteem, and to pro-actively educate the Elkhart Community regarding health issues. the programs include prenatal support, counseling (including lifestyle), disease screening/treatment, pregnancy testing, immunizations for low-income families.	actively educates the Elkhart Community regarding health issues. Programs include prenatal support, counseling (including lifestyle), disease screening/treatment, pregnancy testing, and immunizations for low-income families.
Bridges Center offers comprehensive grief counseling for preschoolers, children, adolescents, adults and families. Provided or led by professionals, these programs help bereaved or grief stricken individuals and families understand their own experiences of grief and provide practical and helpful tools for coping with the loss.	Comprehensive grief counseling for preschoolers, children, adolescents, adults and families. Provided or led by professionals, these programs help bereaved or grief stricken individuals and families understand their own experiences of grief and provide practical and helpful tools for coping with the loss.
Keepsake Village of Columbus offers special care programs and accommodations that have been specifically designed to provide the level of assistance needed to improve the quality of life for residents with Alzheimer's disease or dementia.	Special care programs and accommodations designed to provide the level of assistance needed to improve the quality of life for residents with Alzheimer's disease or dementia.
The physicians at The Sports Medicine Institute are dedicated to delivering a comprehensive approach to sports medicine for the injured and healthy athlete.	Comprehensive approach to sports medicine for the injured and healthy athlete.
The laboratory performs blood tests and drug tests with a physician's written order.	Performs blood tests and drug tests with a physician's written order.

Organization Name

- You may assign the local organization that the site belongs to. If the site is part of a larger organization, you may create an organization name to associate with the site. For example, if the record is for the Washington County Mobile Health Screening Center, the organization might be the Washington County Health Department.
- Organizations are not mandatory on your listings but can help users place a link in context without having to read the information in the site description
- When creating a record, the organization(s) responsible for the site may be selected from a pick list. If the organization is not found, it may be created.
- Click the “Open Local Organizations Window” to bring up a list of local organizations.
- If the organization is not listed, you may enter a “New Unapproved Organization” name below the organizations window. Click on “Add” to submit the entry. *Remember that sites do not need to be associated with an organization name.
- Be sure you are using the name of the organization, not the same of the Website (although in some instances they may be the same).
- Select the name as it appears on the site. In addition to the banner at the top of the page you should check the copyright statement at the bottom of the page and/or organization's homepage if a link is provided, for guidance on what the name "officially" is.

- When looking for the organization responsible for a web site, do not create organization names if the sponsorship is financial only. In cases of doubt, create a record the name of the sponsoring organization.
 - Example: The home page of PsoriasisNet says that it is "an online patient education service of the American Academy of Dermatology, supported by an unrestricted grant from Fujisawa Healthcare, Inc." Fujisawa does not have any responsibility for content. Do not create an organization name for Fujisawa to associate with the record for PsoriasisNet.
- If there is both a spelled out form of a name and an acronym, use the spelled out form of the name as the standard form.
- Always abbreviate the word Department to Dept., no matter how it appears on the page.

Comments (field does not display to public)

- This is where selectors may add information about the record to aid reviewers (e.g., This clinic is a part of St. Mary's Hospital. Should St. Mary's Hospital also be listed as an organization?) Reviewers can also add information if they return the record to the selector (e.g., Please add Ambulatory Care Centers to this record.) When you add a comment, a date is entered automatically when you submit. Place the cursor at the top of the comments box so that the comments are displayed with the most recent first. MedlinePlus selectors and reviewers find it helpful to add their initials to comments to track changes to a record.

Local ID

- This field will be used to manage records that are imported to the system. Information provided will allow for global searches, updates, and deletes as necessary. Leave this field blank when entering individual records.

Service Area

- The default is "Use Zip Code," which the system will translate into the county by using the zip code in the address. The other options are "Entire Area", which is the entire Go Local area, or any other counties you select from a list of counties menu.

Display Yes/No?

- The default is set to "Yes." If you are not going to display a site, you must choose "No" and select a reason.

Reason(s) not to Display?

- Required if "No" is selected.

Local Service Terms and Health Topics

- At least one local service term is required. The local service terms are mapped to local health topics.
- Accept all mandatory and suggested health topic for each service term. Delete secondary terms or add other terms only when the need for such changes is readily apparent from available information.

- Click on “Open Local Service Terms” to make your choice. After making this choice you will be prompted to add the necessary subject headings. Follow these steps:
 - Click on the “Open Local Service Terms” window.
 - Click on the letter of the appropriate service term you will be adding (i.e. “S” and scroll to Support Groups). Click on the service term and click on OK. Or you can enter the service name in the text box located at the top of the screen using the pull down “Contain” or “Start With” and click on “Search”. A list of options will appear. Click on the appropriate service term. Then click OK.
 - Choose the subject headings from the “Suggested Maps to Local Health Topics). Refer to the “Table of Terms.” If you do not see the subject heading you want to use click on other maps to local health topics. Click on all that apply. When finished, click on either “Apply and Close” or “Apply and Continue” if you wish to select another local service term.

Go Local ND Selection Guidelines

Updated 11-7-07 by JLR

The following guidelines are to be used in the selection of local resources to include in the Go Local ND system. If a selector is uncertain whether a resource should be added, he/she should consult with the Go Local ND team.

a) General guidelines

- i) Go Local selectors should collect links to websites maintained by eligible Service organizations. These include: state and local health departments, medical centers and clinics, practitioners, libraries, local voluntary health agency chapters, and support groups. Go Local selectors **should NOT collect and index locally-created health information.**

A resource must either have an address or a phone number to be included. A web-site is not necessary.

- ii) Resources selected for inclusion are assessed according to the Selection Checklist (page 4). The sites must be assessed in their totality, and reviewed for inclusion both on their merits, and in relation to the existing collection of resources. Selectors should be familiar with the database, the project and its goals.
- iii) If you are not sure whether a resource meets the selection criteria, include a message in the comments field of the record when suggesting the record for inclusion. The record will be reviewed and determine inclusion.

b) Authority of site information

- i) Sponsorship of the website is clear. Purely commercial websites are not added.
- ii) Contact information is provided.
- iii) Credentials or qualifications of the sponsors should be provided and be appropriate to the information provided.
- iv) Sites of individual health care providers are not included.

c) Content

- i) Website pages should contain a created, revised, or update date. If not, content should be scrutinized for currency.
- ii) Resource and/or information on a resource's website should be unique. Another (duplicate) record for the service should not already be present in the Go Local system.
- iii) Any educational information provided by a site should include cited references. Such information should strive for a balanced viewpoint, particularly with respect to sites for complementary therapies/alternative medicine.

- iv) Private or group practices with one or several physicians may be entered into the Go Local ND system if they have a generic name. Be sure to check for credentials of participants in the practices.
- v) Links on websites must be reliable and relevant to North Dakota users.
- vi) When the appropriateness of a record is in question, check to see whether there is a Local Service Term for the resource. If there is, include the resource and add any questions in the Comments field. A Reviewer will then make the final determination as to the record's inclusion or exclusion.

d) Audience

- i) Consumers or the general public should be the intended clientele of a resource. Check that website graphics, fonts, and language is consumer-friendly and does not use overly technical language.

e) Local relevance/geographical coverage

- i) The site should provide information about a local or regional organization, service, or activity. All sites must be North Dakota based.

f) Websites

- i) Website design is consistent and clear
- ii) Website structure is logical and easy to navigate

g) Multiple records for a single site

- i) Sometimes, more than one record may be needed for a large site offering many services. To determine when to create multiple records, consider the following:

(1) Ease of navigation (for websites). In other words, when people visit the website, can they easily find all of the services offered? Consider:

- Number of clicks necessary to move to the content on related pages
- Descriptiveness of links to related pages

(2) Distinctiveness

- Are additional local terms or health topics necessary to describe specific service(s) provided by a larger site?
- Check the website and/or www.WhitePages.com and/or www.Switchboard.com to see if there is a separate listing for a service. Particularly if the separate service has a different contact address/phone number from the larger organization, it should be listed in a separate record. However, if the address and phone number for a service are not listed separately from the larger institution, the service term for that particular service should be included in the record for the

larger institution.

(3) Quality and uniqueness of information on related pages

h) **Grounds for exclusion** are any of the following attributes:

- (1) Resource sells a product or service or makes health claims and has no recognized medical credential or sponsorship.
- (2) Resource is for an individual health care provider.
- (3) Resource presents inaccurate, erroneous, misleading or dangerous medical information, claims, or allegations. This definition would include questionable ideas as well as questionable products and services, regardless of the sincerity of their promoters.
- (4) Resource is not appropriate for any of the target audience(s), i.e. general public, health care workers, or librarians.
- (5) Resource website (if available) has content that is only available for a charge, or requires an account or a password.
- (6) Resource website (if available) is out of date or not maintained, or is not consistently available, has broken links, or has other technical problems that inhibit use.
- (7) Resource is a duplicate of another record already in the Go Local ND system.
- (8) No Local Service Term seems to describe the resource. (Note: If you come across a resource you feel should be included but for which no Local Service Term is available, make a note in the Comments field for a Reviewer.)
- (9) For valid resources that are deemed inappropriate for a reason that may change in the future (e.g., out of date or poorly designed website), Submit the record to Pending and set Display to "No." Explain your reason for not displaying in the Comments field. This record will remind us to re-check the website in the future and will also serve as a place holder so other selectors do not try to review the site for inclusion.

Selection checklist:

Use these criteria to assess sites for inclusion. * Indicates required.

Local relevance/geographical coverage

- Provides information about a North Dakota organization, service or activity*
- Resource is in your geographical or service area

Authority/Source

- Contact information is given* and has been verified
- Sponsor's identity, credentials and/or other qualifications are provided

Content

- Resource is not a duplicate of a record already present in the Go Local ND system
- Website pages contain date, revised, or updated date(s)
- Links are reliable and relevant to North Dakota users*
- Educational content is cited or the source of the information is provided
- Resource is non-commercial OR if commercial in nature, it acknowledges commercial interest, personal point of view, or other bias
- There is an appropriate Local Service Term to describe the site

Audience

- Consumers or general public are the intended audience of the site*

Website (if applicable)

- Design is consistent and clear
- Structure is logical and easy to navigate

Attachment 9
Subcontractor quarterly report

Public Health Subcontract

Creating a Road Map: Local Public Health 2.0

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1st Quarter Report, November 2007 through January 2008

Submitted Date: February 15, 2008

Executive Summary

The Creating a Road Map: Local Public Health 2.0 subcontract is on its way to a great beginning. The Prevention Research Center of Michigan (PRC) is eager to collaborate with the Health Sciences Libraries on this project. The PRC is a long standing partner of the Genesee County Health Department and is interested in beginning to work with the Monroe Health Department. To that end, we will collaborate with the PRC on the needs assessment as well as integration of Web 2.0 technologies into the work of each department.

Our partner organizations are also very excited to be involved with the project and we have scheduled our initial meetings at each department. Work has already begun on planning the focus groups and creating the questionnaire for the needs assessment.

A paper discussing the results of the needs assessment has been accepted for presentation at the Medical Library Association's annual meeting in May 2008. The title of the paper is "Creating a Roadmap: Web 2.0 and Local Public Health Practice".

Description of Progress toward the project's major objectives

Objective 1

Perform a needs assessment in order to identify the ways in which Web 2.0 technologies may increase the efficiency and effectiveness of each departments' communication and information sharing.

Department liaisons for Genesee County Health Department and Monroe County Health Department have been identified.

N. Allee and G. Mayman were invited to participate in the Genesee County Health Department's strategic planning process. The meeting was useful in identifying some areas where technology can help solve problems.

G. Mayman and A. Grodzinski have begun discussions with the Prevention Research Center of Michigan (PRC) on techniques for holding effective focus groups.

G. Mayman and A. Grodzinski have created a draft questionnaire for the needs assessment of each health department.

Objective 4

Create a web site in order to share information about emerging technologies and both the possible and actual applications within local public health departments.

A Web-based Wiki has been created for the project. The addition of content to the web site will be ongoing for the duration of the project. The URL for the Wiki is <http://www.lib.umich.edu/hsl/projects/publichealth20/>.

Loansome Doc/Document Delivery Activities

Not applicable

Evaluation Activities

Not yet applicable

Problems/corrective actions (including significant changes made in implementation of the project)

Alison Grodzinski has a new position and is no longer working for the Health Sciences Libraries, although she will continue to participate in the assessment, training, and technology support portions of the project. Ms. Grodzinski is now working with the Prevention Research Center of Michigan (PRC) as the Communications Coordinator. The PRC has a long standing partnership with the Genesee County Health Department and is interested in working with the Monroe Health Department as well.

Whitney Townsend will participate in the assessment and training portions of the project. Whitney is a health sciences librarian with experience providing training on Web 2.0 technologies.

Carol Shannon will be replaced by Anne Perorazio and will participate in the evaluation and training portions of the project. Ms. Perorazio has experience with Web 2.0 technologies, including virtual worlds, collaborative writing programs, and social networking. She has a master's degree in education.

Patricia Anderson and Helen Look will no longer participate in the project as trainers. Following discussions with the Prevention Research Center, we have decided that using fewer instructors would result in more effective training. The primary instructors for this project will be Gillian Mayman and Whitney Townsend with Ann Perorazio assisting.

Lessons Learned/Significant Feedback

Not yet applicable

Projected Activities next Quarter (February – April)

- Hold initial meetings with project liaisons
- Plan and hold kick off meetings at each department
- Plan and hold focus groups at each department
- Complete and distribute survey to each department
- Analyze results of the needs assessments (focus groups and survey)
- Plan training activities

Reports of Training/Demonstration Sessions and/or Exhibit Reports

Not yet applicable

Quarterly Report, November 2007 - January 2008

		Genesee Status	Monroe Status
Objective 1	Plan and hold kick off meetings	In progress	In progress
	Identify project liaisons	Completed	Completed
	Plan focus groups	In progress	In progress
	Conduct and evaluate focus groups	Next step	Next step
	Develop and distribute pre-test	In progress	In progress
	Gather/evaluate results of pre-test	Next step	Next step
Objective 2	Create instruction plan	Next step	Next step
	Develop/adapt course material	Next step	Next step
	Create schedule for courses	Next step	Next step
	Finalize training locations	Next step	Next step
	Teach courses		
	Analyze course evaluations		
	Create project blog		
	Develop and distribute post-test		
	Gather/evaluate results of post-test		
Objective 3	Plan and hold staff retreats		
	Work with individuals & groups to apply technologies		
	Develop and distribute final project survey		
	Gather/evaluate results of final project survey		
Objective 4	Create wiki-based web site	Completed	
	Add content to web site	In progress	
	Promote web site		
	Present project at professional conferences	In progress	
	Submit short papers to local/regional newsletters		
	Write final report		

Attachment 10
Subcontractor quarterly report
Health-E Illinois – A Go Local Project

Quarterly Report

September 2007-December 2007

Submitted by Mary Klatt, Loyola University Health Sciences Library

Ongoing Project Goals

Goal 1: Continue to enter records into NLM database
Ongoing

During this period, the focus shifted from entering new records to auditing existing records. As a result, few new records were entered during this period.

Goal 2: Continue to identify resources for inclusion in database
Ongoing

We began to look at tier 3 areas to identify those subject areas we wished to concentrate on beginning in January 2008.

Goal 3: Train new project staff in creating records & assigning geographic terms (e.g., city, county, and zip code) & subject headings per the Medline Plus/Go Local thesaurus. **Completed**

All current staff completed Go Local training. We do have a vacancy in the part-time staff we hope to hire soon. Training this staff member will be a priority in the next quarter.

Goal 4: Continue Outreach activities
Ongoing

Outreach activities were the primary focus of the Go Local staff in this quarter. A two hour consumer health class was developed. This course borrowed heavily from the NLM's Beyond an Apple a Day: Providing Consumer Health Information in a Public Library class. The final 30-40 minutes of this class is devoted to talking about the demonstration Health-E Illinois. All the outreach locations are listed below.

We also had a booth at Illinois Library Association's annual meeting. This booth was funded by an exhibit award from the Greater Midwest Region. At the annual meeting of Health Sciences Librarians of Illinois, we had a poster presentation and spoke after the Key Note speaker about Health-E Illinois.

Several of the Go Local team and Jim Whitehead, Loyola's Assistant Vice President of Government and Community Affairs, met with the director and reference librarians of the Maywood Public Library. Maywood Public Library is the "home" public library for Loyola. Maywood Public Library services a population that is at or below poverty level. The healthcare segment of Loyola is looking into health and wellness programs in this community. The crux of the meeting was to look at joint ventures that would involve consumer health and Health-E Illinois. Various ideas were explored including creating a consumer health mini-library within the Maywood Public Library and health fairs at the library. Grant and award possibilities were also discussed.

Ongoing

Goal 5: Launch Go Local Phase 2 completed.

A second launch celebration was held in Springfield, Illinois on October 10, 2007. This celebration took place at the Illinois Department of Public Health.

Goal 6: Meet with the Health-E Illinois Advisory Board In the future

No meeting of the board was planned for this quarter.

Current staff and their roles

- Logan Ludwig – Principal Investigator
- Mary Klatt – Co-Project Manager, Outreach Coordinator & Reviewer
- Jean Gudenas – Co-Project Manager & Reviewer
- Dianne Olson – Reviewer
- Anthony Molaro – Co-Project Manager & Reviewer
- Samantha Meyer – Data entry
- Regina Zarilla – Administrative assistant & data entry
- Jan Behnke – Data Entry & Outreach
- Katie Posniak – Outreach & Reviewer
- Part-time night staff – Record checkers

Work done to create the site

Database Statistics as of December 31, 2007

- 137 Incomplete records
- 9525 approved records
- 3,009 assigned for audit

Webstats

	Sept	Oct	Nov	Totals
Visitor Summary				
Visitors	1710	1532	1235	4477
Visitors Who Visited Once	1502	1384	1099	3985
Visitors Who Visited More Than Once	208	148	136	492
Average Visits per Visitor	1.38	1.31	1.3	3.99
Visit Summary				
Visits	2352	2011	1604	5967
Average per Day	78	64	53	195
Average Visit Duration	0:04:01	0:04:40	0:03:46	0.008646
Median Visit Duration	0:00:49	0:00:52	0:00:43	0.001667
International Visits	0.1254	0.1343	0.1328	0.3925
Visits of Unknown Origin	0	0	0	0

Visits from Your Country:				
United States (US)	0.8746	0.8657	0.8672	2.6075

Hit Summary

Successful Hits for Entire Site	13927	11435	7850	33212
Average Hits per Day	464	368	261	1093
Home Page Hits	-	-	-	

Page View Summary

Page Views	13927	11435	7850	33212
Average per Day	464	368	261	1093
Average Page Views per Visit	5.92	5.69	4.89	16.5

Page View Summary

Page Views	13927	11435	7850	33212
Average per Day	464	368	261	1093
Average Page Views per Visit	5.92	5.69	4.89	16.5

Fundraising

No fundraising activities this quarter.

Outreach and promotion efforts

Date	Location	Activity
Oct 2	Geneva Public Library, Geneva, IL	Beyond an Apple
Oct 4-5	American Academy of Family Physicians, Chicago, IL	Exhibit
Oct 9-11	Illinois Library Association Springfield, IL	Exhibit
Oct 12-15	2007 Joint Meeting of the Midwest and Midcontinental Chapters, Omaha, NE	Poster session
Oct 20	Women's Health Day, Loyola Center for Health & Fitness, Maywood, IL	Exhibit
Oct 22	Benedictine Univ, Lisle, IL	Presentation
Oct 25	Employee Health Fair, Loyola Medical Center, Maywood, IL	Exhibit
Oct 25-26	Health Sciences Librarians of Illinois Annual Meeting, Champaign, IL	Presentation and Poster
Oct 30	Prairie Area Library System, Shorewood, IL	Beyond an Apple

Nov 6	DuPage Library System, Geneva, IL	Beyond an Apple
Nov 8	Crest Hill Public Library, Crest Hill, IL	Beyond (public)
Nov 9	St Charles Public Library, St Charles, IL	Beyond an Apple
Nov 12	Lockport Public Library, Lockport, IL	Beyond (public)
Nov 14	Maywood Public Library, Maywood, IL	Beyond (public)

Attachment 11
Subcontractor quarterly report

Title of Project: *Making Connections: Partnering with Parish Nurses to Improve Access to Health Information in Milwaukee's Central City*

MCW Libraries, Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, Wisconsin 53226

Report submitted by: Sue Coenen
MCW Libraries
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Milwaukee, WI 53226
(414) 456-8427
Fax (414) 456-6532

Quarterly Report #4 for Health Disparities Subcontract
Inclusive Dates: November 1, 2007 – January 31, 2008

Submitted February 15, 2008

NARRATIVE DESCRIPTION

1. Executive Summary

During the last quarter of this project period, we continued to carry out this Health Disparities subcontract to improve access to reliable health information to people living in Milwaukee's central city in Medically Underserved Areas. To meet our objectives, we worked with eight parish nurses who serve ten parishes in Milwaukee's central city. Some of the nurses continued to need technical assistance with their laptops and software, one nurse received an LCD projector from subcontract funds, two church presentations were held, and the MCW Libraries' Outreach Librarian participated in a church health fair by promoting MedlinePlus and other reliable online sources. In addition, a meeting was held at the MCW Libraries in December to give the nurses an opportunity to share their experiences with one another and for Sue Coenen to share some additional online resources with the group.

2. Description of Progress toward the Project's Major Objectives

a. Administrative/Planning Activities:

The eight nurses in this project have a wide variety of responsibilities and job duties, and the communities that they serve as nurse are unique to each parish. In addition, each nurse has a different level of familiarity with computers, software, and using the Internet to find information. Because of this, MCW Libraries' Outreach Librarian, Sue Coenen, tried to individualize the project to best accommodate each nurse's situation. This required contacting nurses individually and tailoring the level of involvement with each person according to their needs. In addition, at one of the nurse's suggestions, a sharing session

was scheduled at MCW Libraries on December 17th. Trying to find a date that met most people's schedules took several emails, and a follow-up letter was sent to each nurse to invite them to the session once the date was established. To provide the nurses with an opportunity to order a few more office supplies, Sue Coenen, prepared an order form, collated the orders, and the MCW Libraries' Account Specialist placed the orders. After receiving the supplies, Sue Coenen boxed them up and sent them to each nurse's church. Final report forms were prepared and given to the nurses at the meeting on December 17th. When some were not turned in by the recommended deadline of January 21, follow-up emails were sent out to remind the nurses to complete the forms. Planning for the church presentations was required. A PowerPoint slideshow was prepared, packets with colored screenshots were copied and assembled into folders with brochures, a magnet, and a MedlinePlus pen, and evaluation sheets were copied for the parishioners. The exhibit at the Health Fair at St. Michael Church in November required planning as well. Several consumer health handouts on topics like diabetes, heart disease, and smoking cessation were printed for distribution during the fair, including some in Spanish and Hmong. The handouts were from MedlinePlus, JAMA, and other reliable sources. Because no Internet connection was available at St. Michael's where the fair was held, a MedlinePlus self-playing slideshow was created to help the parishioners learn about this useful Web site.

b. Collaborations/Partnerships

This project is a collaborative effort with the eight parish nurses named in the grant. Jeff Luecke (St. Michael's, 1445 N. 24th St.), Teresa Flaherty (Our Lady of Divine Providence, 3055 N. Fratney St. & 2600 N. Bremen), Linda Radder (Cross Lutheran, 1821 N. 16th St.), Julie Pekarske (Capitol Drive Lutheran, 5229 W. Capitol Dr.), Julia Means (New Life Presbyterian, 3276 N. Palmer St. and Ebenezer Church of God in Christ, 3121 N. Martin Luther King Dr.), Marcia Isherwood (Gesu, 1210 W. Michigan), Wanda Nye (St. Adalbert, 1923 W. Becher St), and Marge Hendrickson (Prince of Peace, 1126 S. 25th and Ascension Lutheran, 1236 S. Layton Blvd.).

c. Publicity/Marketing Activities

The eight parish nurses named in this project have all learned about MedlinePlus, PubMed, and the MCW Library resources and services which are available to the public as a result of this subcontract. Some have used MedlinePlus and PubMed with their clients and have showed the MedlinePlus Web site to them as well. At the meeting on December 17th, some of the nurses requested that MedlinePlus bookmarks be sent to them so that they could better promote this Web site to their parishioners, so Sue Coenen requested the bookmarks from the GMR, and these were sent out to the nurses for distribution. For the training sessions on finding reliable health information (featuring MedlinePlus) that were held Sunday, December 9, 2007, at Teresa Flaherty's parishes, and January 6, 2008 and February 10, 2008, at Marge Hendrickson's parishes, Sue Coenen designed and printed off some colored flyers to be posted in the churches. (See **attachment #1** for an example flyer.) In addition, Sue Coenen ran off hundreds of black and white flyers for each class, and these were placed in the church bulletins a few weeks before the classes were scheduled. For Teresa Flaherty's churches, the flyer was also translated into Spanish by the parish secretary, and several in Spanish were also distributed.

d. Product/Resource Development Activities

Sue Coenen created a PowerPoint presentation for the church presentations and a short slide show in PowerPoint for the health fair at St. Michael. For the meeting on December 17th, Sue Coenen burned a CD for each parish nurse with some PowerPoint presentations on them, some of which were free online from organizations like the American Heart Association, and a few which were obtained from a grant project at the Medical College of Wisconsin which Sue Coenen assisted with in the summer of 2007. Sixteen additional patient handouts which had not been shared with the nurses previously were also on the CD, many of which were from the National Institutes for Mental Health (NIMH).

e./f. Site Visits and Outreach Activities

One nurse suggested that a meeting be held at the Medical College for all the nurses to get together to share ideas and experiences with one another. Sue Coenen arranged a meeting after trying to accommodate as many nurses' schedules as possible. The meeting took place December 17th, and five nurses were able to attend. The three who could not attend were mailed information about what occurred at the meeting and the CD with the PowerPoint presentations and patient handouts and a supplies ordering form. After the meeting, Sue Coenen met with Marge Hendrickson who hadn't yet ordered consumer health books from her \$75 allotment as yet, and shared some book reviews and recommended books lists with her. Marge ordered and received her consumer health books in January of 2008. Two of the nurses requested technical assistance for the laptops and software. Wanda Nye needed assistance via the telephone and with email in December when preparing a PowerPoint presentation, and Marge Hendrickson called in early December for technical assistance with her laptop and Word software.

All the nurses were also reminded that they could request a MedlinePlus presentation at their parish. A session was held at Teresa Flaherty's parish on Sunday, December 9th at St. Casimir (one church in the Our Lady of Divine Providence Congregation) and at Marge Hendrickson's two parishes, on Sunday, January 6th at Ascension Lutheran Church and on Sunday, February 10th, 2008, at Prince of Peace Church. In addition, Sue Coenen participated in a church health fair at Jeff Luecke's parish, St. Michael Church, on November 11th, where she shared a PowerPoint with people about MedlinePlus and distributed several patient handouts on different health topics (some in Spanish and Hmong).

Below is a chart of the primary outreach activities that were carried out by the MCW Libraries related to this project during this reporting period.

11/11/2007	9:15 am – 12:30 pm	St. Michael Church	MedlinePlus exhibit during Health Fair	Jeff Luecke
11/12/2007	3:45 pm – 4:15 pm	Capitol Drive Lutheran Church	LCD delivery and demo of how to use	Julie Pekarske
12/4/2007	1:00 pm – 1:45pm	Prince of Peace Church	Technical assistance for laptop, printing, and Microsoft Word	Marge Hendrickson
12/9/2007	10:45am – 11:30 am	St. Casimir Church	PowerPt presentation, MedlinePlus and how to evaluate Web sites, handouts and pens distributed	Teresa Flaherty
12/17/2007	2:00 pm – 3:30 pm	MCW Libraries	Meeting with five parish nurses-they shared their experiences and ideas with each other. Also, a CD with PowerPoints was distributed as well as final report forms and supply ordering sheets	Marge Hendrickson Julia Means Julie Pekarske Marcia Isherwood Teresa Flaherty
1/6/2008	10:00 am- 10:30 am	Ascension Lutheran Church	PowerPt presentation, MedlinePlus and how to evaluate Web sites, handouts and pens distributed	Marge Hendrickson
1/18/2008	8:30 am – 9:30 am	St. Adalbert Church	Technical assistance including instruction in Microsoft Word and how to create flyers for a health fair	Wanda Nye
2/10/2008	10:45 am –11:30 am	Prince of Peace Church	PowerPt presentation, MedlinePlus and how to evaluate Web sites, handouts and pens distributed	Marge Hendrickson

g. Web site development activities—A wiki was created for the parish nurses to disseminate information to them and to give them a place to share comments with each other. While one nurse expressed enthusiasm for the idea of a wiki, it was never used by the nurses to any degree. The in-person sharing meeting held December 17th was a better approach to give the nurses an opportunity to share ideas and experiences.

h. Exhibits—The MCW Outreach Librarian participated in a health fair at St. Michael Church (Jeff Luecke's parish) on November 11th. This provided an opportunity for participants to learn about

MedlinePlus and to get some patient handouts on topics like diabetes, heart disease, and smoking cessation.

3. Loansome Doc/Document Delivery Activities—No nurses used the Loansome Doc service to request articles from November 1-January 31, 2008.

4. Evaluation Activities

To provide some feedback during this project, the nurses are being asked to complete three progress reports during the subcontract project period. The forms were kept simple to facilitate the nurses' participation. The nurses were very positive about MedlinePlus and about participating in the subcontract project. Please see **attachment #2** for the results of the fourth quarter reports. Seven of the eight parish nurses completed the final report form.

After the session at Ascension Lutheran Church, the parishioners filled out a brief evaluation form. Please see **attachment #3** for the results. (After the presentation at St. Casimir Church, no evaluation form was distributed due to lack of time.) The session at Prince of Peace took place on Feb. 10th, after this project officially ended, but evaluation forms were collected anyway. **Please see attachment #4 for the results.**

5. Problems/Corrective Actions

One of the nurses requested that there be a sharing session to give each other ideas on how the laptops, LCD projectors, and online resources are being used. It was impossible to get all the nurses together on one day, and having the sessions on two days would have defeated the purpose of having the sharing time. As a result, only five of the six could attend on December 17th. Initially it was six, but one had to cancel at the last moment. Notes about the meeting were sent to the nurses who couldn't attend along with the CD that was distributed at the meeting and the supply ordering sheet and blank report forms.

Internet connection issues were somewhat of a problem for three of the nurses early in the project period. Two had slow dial-up connections, but eventually their parishes purchased faster, wireless service. The third finally received the password and directions from her parish to connect to the wireless connection. The MCW Libraries decided not to include wireless Internet access in this project because of the short-term nature of the funding. We did not want to start a connection and not be able to continue funding it after the project ended.

6. Lessons Learned/Significant Feedback

The nurses are very grateful for the laptop computers, printers, accessories, LCD projectors and training/support received as part of this subcontract project and from the Outreach Express Award. For some nurses, using the laptop and Microsoft 2007 was somewhat challenging because of their unfamiliarity with these products. Providing individualized attention and being willing to drive over to their offices to lend support was essential to making this project successful. The amount of time needed to make this project worthwhile and to fulfill the objectives was much more than anticipated, but the project proved to be very rewarding and well-received by those involved. There is a lot of valuable health information online, but the parish nurses did not know about much of it before the project began. The nurses were enthusiastic about MedlinePlus, and used it a lot for their own knowledge and in their interactions with their clients. The biggest hurdle for parish nurses seems to be time. Even when they know there is information online that they can access for their patients, finding that information can be very time-consuming. MedlinePlus makes it easy. The new, improved search functionality is especially useful because it helps users obtain reliable health information from several sources without having to go through each result and evaluate it.

7. Projected Activities for Next Quarter

Although the project officially ended January 31, 2008, the MCW Libraries will continue to work with the nurses as needed to provide technical advice, to share information with them about new resources, and to work with them as needed as they complete an Outreach Express Award in which most of the nurses requested and received an LCD projector. If nurses would like presentations held at their churches on finding reliable resources online after the project is officially over, those requests will be accommodated. On February 10th, for example, Sue Coenen taught a session on finding reliable information online to a group of parishioners at Prince of Peace Catholic Church, even though the project had officially ended. On the final report that the nurses completed, there were some that indicated that they would like to attend classes at MCW Libraries about resources like PubMed in the future, so a class will be offered to them in the future, probably in the summer or early fall. The nurses were a wonderful group to work with and were very enthusiastic about the project, particularly about MedlinePlus and the computer equipment that they received, so the MCW Libraries Outreach Librarian plans to contact the nurses on a periodic basis and offer library services to keep in touch with this group of people.

The ideas that the nurses provided on their final report form will also be consulted after the grant ends. The MCW Libraries will likely offer a class on PubMed designed for the parish nurses that would also give them the opportunity to share ideas with one another. The MCW Outreach Librarian will likely send the nurses emails occasionally as she locates more resources online that might be useful to them. In addition, as their borrowing cards expire, Sue Coenen will probably remind them of the procedure for renewing their cards and encourage them to use the MCW Libraries' resources. If more project opportunities come about that seem geared to this group, the MCW Libraries Outreach Librarian will likely ask them to participate. One nurse's comment about advocating for a city-wide free Wi-Fi service was interesting and might be something for librarians to get involved in outside of work time, but it seems to be beyond the scope of this project.

8. Reports of Training/Demonstration and /or Exhibit Reports

The Outreach Activity Data and Participation Activity sheets for the training sessions described above and were submitted electronically to the outreach activity reporting system. The exhibit tally sheet for the St. Michael health fair that was held November 11th is **attachment #5**.

**Attachment 12
Subcontractor quarterly report**

**MULTILINGUAL HEALTH INFORMATION ACCESS
FOR IMMIGRANTS AND REFUGEES**

SUB604

February 15, 2008

Fourth Quarter Report

November 1, 2007 through January 31, 2008

Report submitted by Lead Institution

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This project has been funded in whole or in part with federal funds from the National Network of the Libraries of Medicine, National Institutes of Health, under Contract No. NO1-LM-6-3503.

I. Executive Summary

The purpose of the Multi-lingual Health Information Access for Immigrants and Refugees project is to enhance access to health information on the Internet for immigrant and refugee populations in the greater Chicago area. Through collaboration with the Loyola University Chicago Health Sciences Library and representative community-based mutual aid associations, Heartland Health Outreach (HHO) proposed to provide the technical support and equipment necessary for health promoters working in eight distinct immigrant communities to research and download culturally and linguistically appropriate health information. This health information, in audio, print, and multi-media format, would be stored on dedicated computers purchased for each agency for its ethnic community's use. In addition, health information would be downloaded onto portable formats for individual distribution and/or viewing in community settings.

The fourth and final quarter of the project found the health promoters incorporating the dedicated health education computers in their regular work, and becoming more comfortable in researching new information off the web. Information on new diseases and health conditions such as salmonellosis, dental radiology, handling chemotherapy safely, and Alzheimer's Disease were noted as accessed health topics, signifying (for some of the promoters) greater comfort in doing

Internet searches and appreciation of the health education computer as an important tool in their work. For other health promoters, however, the health computer may have reached a plateau in terms of number of health topics researched and downloaded. There is a need for ongoing maintenance and updating of the dedicated health education computers.

II. Description of Progress toward the Project's Major Objectives:

During the fourth and final quarter of the project, the health promoters settled in to a comfortable and regular use of the dedicated health education computer. It is evident from the monthly reports that some of the health promoters were able to perform more Internet researches on specific and timely health topics. For example, the health promoter for the Chinese Mutual Aid Association was able to access and print for clients information in Chinese on CT scans, bone fracture, and angina. This is an important indicator of the probability of the continued use of the computer for its intended purpose after the completion of the project. The health promoters found the initial information uploaded by the student intern in the first few months of the program as valuable; they are now comfortable in seeking more information in response to emerging needs.

It is interesting to note the frequency of health information distributed via a burned CD. It indicates that many of the immigrants and refugees do have outside access to computers, but may not know how to find health information in their languages.

III. Loansome Doc/Document Delivery Activities

Table of documents accessed and viewed on computer

AGENCY	NOV			DEC			JAN		
	# Times computer viewed	# of diff. hlth topics	Lang accessed	# Times computer viewed	# of diff. hlth topics	Lang accessed	# Times computer viewed	# of diff. hlth topics	Lang. accessed
Bosnian-Herzegovinian American Cultural Ctr.	27	6	Bosnian	38	13	Bosnian	30	9	Bosnian Croatian
Cambodian Asso. of Illinois	30	19	Khmer	25	19	Khmer	35	19	Khmer
Chinese Mutual Aid Association	85	9	Chinese VNameese	78	10	Chinese VNameese	101	7	Chinese Vnameese
Ethiopian Comm. Asso. of Chicago	25	5	Amharic, Tigrinya, Arabic, Swahili	8	4	Amharic Tigrinya Arabic, French, Swahili	18	7	Amharic, Tigrinya, Arabic, French, Swahili Kirundi
Lao American Community Services	6	4	Lao	9	6	Lao	4	2	Lao

Pan African Association	48	12	Tigrinya, Amharic, Somali, Swahili, English, Kirundi	40	39	Tigrinya French, Amharic Swahili, English, Kirundi	32	14	Tigrinya, French, Amharic, Swahili. Kirundi French
Vietnamese Asso. of Illinois	26	13	Viet nameese	42	8	Viet nameese	39	12	Viet nameese
International Refugee Center	No report submitted		No report submitted			No report submitted			No report submitted

Table of health documents accessed, printed, and distributed

AGENCY	No. of printed documents distributed in 4th quarter	Health topics accessed and information distributed
Bosnian-Herzegovinian American Cultural Ctr	558	Hypertension; Control your High Blood Pressure; Salmonellosis; Surviving Cold and Flu; Irritant Hand Dermatitis; Warning Signs for Heart Disease; Dental health; Diabetes; Hepatitis A; Hepatitis B; Mental Illness; Tuberculosis; Prevent Hypertension; Healthy Gums; Breast Cancer; Breast Self-examination; Healthy eating; Flu vaccination; Chest pain
Cambodian Asso of Illinois	883	Women's health; Breast Ca, Cervical Ca; Asthma, TB, Diabetes, Nutrition, Cholesterol, Hypertension, Lead poisoning; Prostate CA; Common Illnesses; Cardiac Health; Men's health, Ears/Nose/Throat, allergies, Pregnancy and Childbirth
Chinese Mutual Aid Asso.		Heart attack; Stroke; Hypertension; Diabetes; Cholesterol; Cervical Cancer; Hepatitis B
Ethiopian Comm Asso Chicago	300	Diabetes, HIV/AIDS. Mental health, Flu, Stroke, Hypertension, TB, Immunization, Cholesterol, Asthma, Cancer, STDs, HIV/AIDS, Food and nutrition, hepatitis, ENT health, pregnancy and childcare, domestic violence
Lao American Comm Serv	32	Diabetes, hepatitis B, nutrition, smoking cessation, cholesterol, cardiac health, prostate cancer, flu shots, pneumonia, frostbite, immunization
Pan African Association	176	(All topics in various languages) Nutrition, Food pyramid, mental health, dental health, dental radiology, HIV/AIDS, STDs, diabetes, smoking, healthy living. Women's

		health, men's health, hygiene, safe sex, good eating chart, obesity, childhood obesity, hypertension, healthy eating, emergencies and safety, disk fracture, back pain, domestic violence
Vietnamese Asso of Illinois	1318	Hypertension, cholesterol, diabetes, hepatitis B, breast cancer, cervical cancer, flu, asthma, TB, mental health, eye problems, STD/AIDS, nutrition, asthma, ENT health, gall bladder disease
International Refugee Center	Not reported	Not reported

IV. Evaluation Activities

The evaluation criteria for measuring the utilization of the dedicated health information computer by the community will be hard to meet because of a flaw in the reporting mechanism. The target threshold calls for 80% of the computers to be used an average of ten times per week by members of the specific ethnic community. The utilization of the computers by the members of the communities is hard to document. In some agencies, the computers serve more as repositories of documents for the health promoters to easily access and distribute. These documents are then photocopied or downloaded onto CDs and large numbers of them are distributed. The computer itself may only be accessed five or six times in the week. In other agencies, the computers are in public places for easy community access, and are accessed frequently. Therefore, the target threshold for the utilization of the computers does not reflect the varying uses of the computers.

The project is expected to meet the other four target thresholds identified in the subcontract proposal.

V. Problems/Corrective Actions

1. As mentioned earlier, it has become evident that these dedicated health education computers do require periodic maintenance and updating, but that some of the health promoters lack the Internet and computer skills, as well as the time, to do this maintenance. A volunteer student has been updating the three computers that handle primarily African languages, specifically the computers in the Pan African Association, the Ethiopian Community Association of Chicago, and Heartland Human Care Services' Refugee and Immigrant Community Services agencies. It is hoped that over the summer, interns will be available to assist in this maintenance and updating for the other computers.

2. New refugee groups are arriving with new language needs. The acquisition of a desktop computer for use by the Burmese health promoter and the Burundi health promoter has helped to download and organize health education material in their respective languages. However, Iraqi refugees are also arriving, as well as other refugee groups including Somali. It is hoped that summer interns will help research and download health education documents in those languages for wider distribution.

VI. Lessons Learned/Significant Feedback

1. The need for continued maintenance of the dedicated health education computers.
2. The need for a multi-lingual website/webportal so that the health information resources identified through the project can be accessed by a wider community.

VII. Projected Activities for Next Quarter

The Multi-Lingual Health Information Access Project ends with this quarter. However, funding has been secured from the National Network of the Libraries of Medicine: Greater Midwest Region to bring this initiative to a new level. *The New Americans Health Information Access Project* will involve the creation of a web-portal with links to identified and quality-assured multi-lingual health education resources as well as a website for uploading health education material created by Heartland Refugee Health Education and Promotion Program.

**Attachment 13
Subcontractor final report**

**MULTILINGUAL HEALTH INFORMATION ACCESS
FOR IMMIGRANTS AND REFUGEES
SUB604**

February 15, 2008

**Final Report
February 1, 2007-February 1, 2008**

Report submitted by Lead Institution

Heartland Health Outreach
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I. Executive Summary

The purpose of the Multi-lingual Health Information Access for Immigrants and Refugees project was to enhance access to health information on the Internet for immigrant and refugee populations in the greater Chicago area. Through collaboration with the Loyola University Chicago Health Sciences Library and representative community-based mutual aid associations, Heartland Health Outreach (HHO) proposed to provide the technical support and equipment necessary for health promoters working in eight distinct immigrant communities to research and download culturally and linguistically appropriate health information. This health information, in audio, print, and multi-media format, would be stored on dedicated computers purchased for each agency for its ethnic community's use. In addition, health information would be downloaded onto portable formats for individual distribution and/or viewing in community settings.

Data gathered from the health promoters' monthly reports can paint a partial picture of the major accomplishments of the project. Collectively, health information in languages other than English was accessed more than 2000 times from the dedicated health education computers, and many more times when considering secondary (and harder to measure) use of the downloaded health documents. Secondary use of the downloaded material includes health documents photocopied for wider community distribution or a health document burned onto a CD for viewing at a senior citizen's gathering. Although the numbers vary widely according to language group and documents available on the Internet, an average of 10 different health topics on the computers

was accessed each month by health promoters and community members. Documents in more than 15 languages were identified from the Internet and downloaded onto these same computers.

During the project period, the sheer number of multi-lingual health education documents available on the Internet became evident. In addition, more multi-lingual health education documents were being posted to the Internet regularly, including new languages, new topics, and new websites. With the help of a student intern, a 274-page electronic document was created composed of hyperlinks to multi-lingual health information available on the Internet. The intern then used this document to upload health information onto the different health education computers in the agencies' respective languages. As exhaustive as this document was, it was soon out-of-date as new multi-lingual documents were discovered on different websites or created as a response to emerging health information needs and the arrival new language groups. The realization of the amount of multi-lingual health information on the Internet, the dynamic nature of this information access, and the lack of one, user-friendly "portal" to these documents gave rise to a follow-up proposal to create and maintain such an Internet tool. The NNLM:GMR-funded *New Americans Health Information Access Project* subcontract will begin in April 2008.

For all the data and discoveries that resulted from the year-long Multi-lingual Health Information Access for Immigrants and Refugees, the most important accomplishment is the difference it made in the lives of non-English speaking immigrants and refugees, especially those who speak languages less commonly heard in the United States. To be able to access needed information about one's health condition in a format appropriate for one's literacy level, is to not only be able to live a healthier life but also is a source of personal validation that one's native language and culture is to be acknowledged and celebrated.

II. Description of Geographic Regions Impacted by Project:

List the geographic regions or all the counties that were impacted by the project

The project was located in Cook County, Illinois, the primary region of impact. However, the resources identified through the project were also shared with agencies in DuPage and McHenry Counties in Illinois. In addition, resources and information were shared in different venues, such as the semi-annual meeting of the advisory council of National Network of the Libraries of Medicine: Greater Midwest Region and the *Strengthening Refugee Families* national conference held in Chicago in October 2007.

III. Collaborations/Partnerships

Names and types of organizations with which there was collaboration during the project.

Provide the current status of the partnerships, challenges encountered, and lessons learned.

The Multi-lingual Health Information Access Project (MHIAP) was a collaboration with one outreach medical library (Loyola University of Chicago Health Sciences Library), six mutual aid associations, and one refugee resettlement agency. Loyola University Chicago Health Sciences Library was chosen as a partnering institution because it has a rich history of community outreach and interest in consumer education. Two initial, half-day, basic computer workshops were held at the library's computer classroom in Maywood, Illinois for the health promoters from the mutual aid associations involved in the project. However, the partnership did not

continue past the two workshops, and Loyola never invoiced the project for the workshops provided. There may have been some basic misunderstanding regarding the role of the partnering library institution or a re-calculation of the cost of involvement in the project versus the benefit from such involvement. After a series of e-mails, phone calls, and consultation with the NNLM:GMR associate director, it was decided that the funds set aside for the Loyola University Chicago Health Science Library's stipend would be utilized in other aspects of the project.

The seven mutual aid associations that collaborated in the project are: Bosnian-Herzegovinian American Cultural Center; Cambodian Association of Illinois; Chinese Mutual Aid Association; Ethiopian Community Association of Chicago; Lao American Community Services; Pan African Association, and the Vietnamese Association of Illinois. All the mutual aid associations had a previous relationship with Heartland Health Outreach's Refugee Health Education Program's health promoter program. The MHIAP greatly enhanced the ability of the health promoters to do their job, providing access to accurate and quality health information in their own language that they could utilize not only to increase their own health knowledge, but as a resource for their communities. Many times the health promoters made these same health documents available for their communities in print, audio, or audio-visual form. The relationship with the seven mutual aid associations continues with monthly meetings with the health promoters for updating and presentations on a timely health topic. The dedicated health education computers have remained with the mutual aid associations where they are utilized on a regular basis.

The eighth dedicated health education computer was placed in Heartland Human Care Services' International Refugee Center (now known as the Refugee and Immigrant Community Services). At the time that the proposal was written, HHCS/IRC had a health promoter who was dedicated exclusively to working with Somali Bantu, the primary refugee population being re-settled in the United States at the time. However, that health promoter eventually left the position and no new health promoter was hired. The dedicated health education computer was placed in the classroom where the agency provides English as a Second Language (ESL) and cultural orientation classes, and was used sporadically by the classroom teacher. The relationship with the HHCS/IRC continues to be strong, with collaboration in other projects such as refugee youth services and two health promoters from the Burundi and Burmese refugee populations providing regular health presentations. However, the dedicated health education computer is not being utilized as much as it could be, and it is hoped that summer interns and other volunteer help can work to upload and organize health information in the languages of the currently arriving refugee populations (Burundi, Burmese, Iraqi, and various African languages). A refugee youth health program is scheduled to begin in the spring with refugee youth leaders receiving formation in the "train the trainers" method, and the program coordinators are looking forward to utilizing the dedicated health education computer for the youth leaders to access quality health information on adolescent health on websites such as www.iwannaknow.org.

IV. Training:

A. Total number of sessions conducted as part of the project: 3

Two training sessions were conducted as part of the MHIAP, both at Loyola University Chicago Library of the Health Sciences. The sessions were intended to provide basic computer and Internet research skills to the eight health promoters involved in the project.

One demonstration session was presented at a national immigrant and refugee conference held in Chicago in October 2007. Each of the seven health promoters described the impact of the project on his or her work.

B. Total number of sessions in which half or more than half of the participants were from minority populations: 2

Both workshops at Loyola were comprised almost entirely of minority populations. (The project director and a student intern who also participated in the training were Caucasian.)

The demonstration session at the Chicago conference was not comprised of more than half minorities.

C. Total number of participants in the project's sessions: 40

Ten participants were in each session at Loyola.

Approximately 20 people were in the presentation given at the conference.

D. Breakdown of participants by (unknown for conference presentation)

1. health care or service provider: one (program director)

2. health sciences library staff member

3. public/other library staff

4. member of general public: nine (8 health promoters and one student intern)

It is important to point out that training was not an important element of this project. Rather, the thrust of the project was making quality health information available to non-English speaking immigrants and refugees, and that goal was achieved following the training of the health promoters in Internet research and basic computer skills.

V. Training Sites

Brief description of training site

Loyola University Chicago Health Sciences Library:

The Health Sciences Library serves faculty, students, and staff of the Loyola Stritch School of Medicine, five Graduate School programs including the Marcella Neihoff School of Nursing Graduate School, Foster G. McGaw Hospital, six institutes, and health care professionals in the greater metropolitan Chicago area and beyond. Its collections contain nearly 195,000 bound volumes. The library subscribes to 2,144 print serial titles and holds 4,801 unique print serial titles. Over 1,200 media titles are housed in its LRC. A staff of 27 FTEs, including eight professional librarians, promotes maximum use of the Library's resources. The Library's electronic knowledge-based and scholarly resources are among the most heavily used "content" services utilized by enterprise personnel. A proxy server provides extensive access to electronic resources including over 2,983 full-text electronic journals, nearly 2,000 e-books, and numerous databases, such as MD Consult, OVID, Up-To-Date, and Cochrane evidence-based medicine. Its Web home page provides users access to hundreds of medical, science, and technology research databases.

It is a designated Resource Library for Region #3 of the National Network of Libraries of Medicine /Greater Midwest Region (NNLM/GMR) and through an affiliation agreement serves as the resource library for the American Medical Association (AMA).

The Health Sciences Library is a partner on the health care team, playing a vital role in the delivery of health care information, supporting both medical research and health professional education. The Library's staff

- Promotes knowledge-based information services,
- Trains health care providers to be effective information users,
- Provides access to health care information in all settings,
- Brings information services to all parts of the nation.

VI. Exhibits:

No exhibits were conducted during the period of the grant.

VII. Resource materials:

Brief description of any materials developed for training or for promotion/marketing

No materials were developed for training or promotion/marketing. However, a 274-page electronic document was developed by a student intern composed of hyperlinks to established multi-lingual health education websites. This document is too large to e-mail, but has been burned onto a CD and shared via flashdrives. The intern created the document while researching multi-lingual health information off the Internet, and then used the document to transfer, upload, and organize language-specific documents onto the various dedicated health education computers in the different mutual aid associations. The document was shared with representatives of the NNLM:GMR, who subsequently encouraged the project director to make these resources available on a website for greater dissemination.

VIII. Web sites:

Detail the current status of web sites created as part of the project

No website was created as a result of the project. However, as described above, the amount of the health information weblinks that were found on the Internet gave rise to the idea of a website/webportal for further dissemination of these resources.

IX. Document delivery and reference services

Table of documents accessed and viewed on computer:

AGENCY	Project Total		
	# Times computer viewed	Average # of different health topics/month	Languages accessed
Bosnian-Herzegovinian American Cultural Center.	318	9	Bosnian
Cambodian Association of Illinois	263	19	Khmer
Chinese Mutual Aid Association	262	7	Chinese and Vietnamese
Ethiopian Community Association of Chicago	299	7	Amharic, Tigrinya, Arabic, Swahili, Burmese. French, Kirundi, and other African languages

Lao American Community Services	178	4	Lao
Pan African Association	185	14	Tigrinya, Kirundi, English, Amharic, Arabic, Kiswahili, Kirundi, French, Arabic, Oromo, Igbo, and other African languages
Vietnamese Association of Illinois	379	13	Vietnamese
International Refugee Center	140* *record keeping suspended after 2 nd qtr	Not reported	Various African languages, English, Burmese, etc

Table of health documents accessed, printed, and distributed

AGENCY	No. of printed documents distributed in project year	Sample health topics accessed and information distributed
Bosnian-Herzegovinian American Cultural Center	1473	Hypertension; Control your High Blood Pressure; Salmonellosis; Surviving Cold and Flu; Irritant Hand Dermatitis; Warning Signs for Heart Disease; Dental health; Diabetes; Hepatitis A; Hepatitis B; Mental Illness; Tuberculosis; Prevent Hypertension; Healthy Gums; Breast Cancer; Breast Self-examination; Healthy eating; Flu vaccination; Chest pain
Cambodian Association of Illinois	3873	Women's health; Breast Ca, Cervical Ca; Asthma, TB, Diabetes, Nutrition, Cholesterol, Hypertension, Lead poisoning; Prostate CA; Common Illnesses; Cardiac Health; Men's health, Ears/Nose/Throat, allergies, Pregnancy and Childbirth
Chinese Mutual Aid Association	682	Heart attack; Stroke; Hypertension; Diabetes; Cholesterol; Cervical Cancer; Hepatitis B
Ethiopian Community Association of Chicago	800	Diabetes, HIV/AIDS. Mental health, Flu, Stroke, Hypertension, TB, Immunization, Cholesterol, Asthma, Cancer, STDs, HIV/AIDS, Food and nutrition, hepatitis, ENT health, pregnancy and childcare, domestic violence
Lao American Community Services	104	Diabetes, hepatitis B, nutrition, smoking cessation, cholesterol, cardiac health, prostate cancer, flu shots, pneumonia, frostbite, immunization
Pan African Association	614	(All topics in various languages) Nutrition, Food pyramid, mental health, dental health, dental radiology, HIV/AIDS, STDs, diabetes, smoking, healthy living. Women's health, men's health, hygiene, safe sex, good eating chart, obesity, childhood obesity, hypertension,

		healthy eating, emergencies and safety, disk fracture, back pain, domestic violence
Vietnamese Association of Illinois	3452	Hypertension, cholesterol, diabetes, hepatitis B, breast cancer, cervical cancer, flu, asthma, TB, mental health, eye problems, STD/AIDS, nutrition, asthma, ENT health, gall bladder disease
International Refugee Center	Not reported	Not reported

X. Approaches and interventions used:

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

After the initial training workshops at Loyola University Chicago, the health promoters received a desktop computer that was installed and set up in their individual community-based mutual aid associations. The health promoters then uploaded various health information documents that had been identified at the workshops and saved onto their flashdrives. Later, a student intern did a more exhaustive Internet research and found literally thousands of more documents. She then uploaded these documents onto the individual computers by language groups.

By the middle of the second quarter of the project, the health promoters were comfortable with using the health education computers and incorporating them into their ongoing community work. Each computer was used differently and reflects the uniqueness of each agency. Whereas some of the agencies are large, and the computers have been used to provide health education material for their various community events, some of the agencies are small and their use is more limited, yet still important in providing health information in these less-common languages.

The computers have been used for individual education as well as group education. Health promoters report that they are pleased to be able to sit a client in front of the computer to watch an audio-visual document on a particular disease in that client's language. Other health promoters access audio-visual documents for use in their programs for senior citizens. In addition, the computers serve as a "repository" of health information documents in print that are easily accessible (no need to search the Internet) for the health promoters.

XI. Evaluation

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

See attached sheet.

The evaluation methodology focused on the *effectiveness of computer training* (performance goal achieved); *effectiveness of the program in creating a customized library* (performance goal achieved); *utilization of the computer* (difficult to measure, see below); *the usefulness of the documents viewed* (performance goal achieved); and the *average number different documents uploaded on the computers* (performance goal achieved).

In retrospect, it was difficult to measure the utilization of the computer because of its multiple roles as a repository of health information (documents downloaded, printed, and then made available for community distribution), resource for health promoters to seek information on a particular health topic for a later presentation, health education tool for groups of community members to watch a health video, and resource for individual clients to consult. Each agency and each health promoter treated the dedicated health education computers differently, so there was no one-size-fits-all evaluation tool for measuring utilization. Some agencies put the dedicated health education computers in a public spot; others set them up closer to the health promoters' desk for monitoring and technical assistance. Some agencies are large and very busy; other agencies are small with much less "traffic." However, even with less traffic, the health information in a particular language that was identified was shared with the larger community in public settings and in private homes.

In many ways, the program surpassed its performance indicators far beyond the expectations of the program designers, underscoring how much multi-lingual health information is actually available on the Internet. However, the project also showed the participants the need to evaluate these documents for their quality and usefulness, and the need to make these documents easily accessible for the refugee community with limited computer skills.

XII. Problems or barriers encountered:

Provide details on problems encountered in the areas of promotion/marketing; training; Equipment/telecommunications; personnel/staffing; and web site development

1. The first problem encountered was with the partnering library, Loyola University Health Sciences Library. In retrospect, it is possible that LUHSL did not clearly understand its role in the project, and was not interested in continuing the relationship after the initial two workshops. The absence of a collaborating medical library was felt, and the program director is grateful to the NNLM:GMR for filling in with technical advice and helping to recruit another partnering library for a follow-up project.

2. Although the initial two computer skills workshops helped the health promoters set up their computers with a limited number of health documents in their language, there was a definite need for continued technical assistance for the health promoters. The health promoters were not only limited in their time, but also in their ability to do an Internet search, and then download and organize the documents they found. This problem was partially resolved through the assistance of a student intern and a student volunteer. The intern did an exhaustive Internet search, and the student volunteer later helped organize them on the computers. However, for the remaining six months of the program, there was little computer maintenance and updating with new health information documents.

3. The only health promoter from a refugee resettlement agency and who worked with newly-arrived refugees left her position and a new health promoter was not hired by the agency. That left the most vulnerable refugee population without a health promoter and without regular access to health information in their languages. The concern was partially addressed by a change in the health promoter program in which two part-time health promoters were hired directly by the program (not a contractual relationship with a mutual aid association as the other health promoters). One health promoter was from Burma and spoke Burmese and Karen (tribal language), and the second health promoter was from Birundi, and spoke Kirundi, Kiswahili, and

French. A desktop computer was purchased with project funds for the two health promoters to use and download health documents in their respective languages.

4. The arrival of new language groups (Burmese, Karen, Kirundi, Arabic, and others) during the sub-contract period challenged the project to include those languages groups in the dedicated health education computers. However, because of the limited computer skills and the limited time of the health promoters who work with these language groups, there was only a small to moderate amount of health information found and uploaded onto their respective dedicated health education computers.

XIII. Continuation plans:

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

The eight dedicated health education computers and the computer purchased for the Burundi and Burmese health promoters will remain in their respective agencies. The nine health promoters have an ongoing relationship with the project director, with regular monthly meetings for continuing formation in health issues and collaboration on emerging health concerns. The computers will be an important aspect of this effort as the health promoters continue to provide accurate and culturally appropriate health information to their clients.

The project's goal of making multi-lingual health education available to non-English speaking immigrants and refugees will continue, moving onto a new level to assure greater dissemination of the resources identified through the project and greater flexibility to include new languages as new refugee populations arrive. The National Network of the Libraries of Medicine: Greater Midwest Region has awarded Heartland Health Outreach's Refugee Health Education Program a \$35,000 subcontract for the New Americans Health Information Access Project beginning on April 1, 2008. The goal of the subcontract is to create a website that will serve as a webportal, linking to identified and evaluated quality health documents in different languages on diverse websites, and as a website for primary health education material developed as part of the work of the Refugee Health Education Program. Thus, the list of identified health education documents in different languages will not remain static, but can be increased in number of documents and in number of languages and shared beyond the eight dedicated health education computers that were part of the original project. The partnering library for this endeavor is the University of Illinois at Chicago Library of the Health Sciences. The co-investigator is Lisa Massengale MLIS of the UICLHS.

XIV. Impact:

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

The Multi-Lingual Health Information Access Project can best be described a "library without walls and of many languages." The impact can be best appreciated not on a particular medical library's image or utilization rate, but on the effect the project had on refugees and immigrants who have no access to quality health information in their language and in form they understand (audio or audiovisual for the illiterate). One health promoter described a newly-diagnosed

diabetic refugee from Ethiopia who could not read or write and only spoke Amharic. Not only was she able to sit in front of the computer and watch a multi-media document in her native language teaching her about her condition and its management, but according to the health promoter, felt personally validated that in her adopted country, this health information was available to her. Other quotes from the health promoters' monthly reports on computer usage:

My clients and I are very satisfied with the health information available on the Web, particularly those translated into Bosnian, Croatian, and Serbian languages. This allows us the opportunity to discuss and print out important information for future reference. Some topics are also available in audio/visual. I would like to thank all those responsible for this program and wish it much success, so my clients can continue benefiting from it. Best regards, Fadila.

[Fadila Campare, health promoter from the Bosnian-Herzegovinian American Cultural Center]

They really like this program. Most of them very happy all the information are all in Khmer language. They will let their friends know about this information about the computer accessed to the health topics for the community (sic).

[Saroeun Soeun, health promoter from the Cambodian Association of Illinois]

It is also very important to point out that these eight dedicated health education computers, placed in community centers frequented by immigrants and refugees, helped bridge the digital divide in ways unimaginable by those of us for whom computers are a way of life. One health promoter described a group of senior citizens sitting in chairs arranged around the computer monitor and watching a multi-media document on hypertension. After an initial fear of pressing a single button, the group eventually became comfortable with the mouse and various keyboard strokes to navigate the computer screen.

XV. Recommendations for improvement:

Include suggestions for alternative methods, training materials, promotional materials, etc.

1. Budget for ongoing computer maintenance and Internet researching to build the computers' "virtual library." The health promoters did learn basic computer and Internet researching skills as a result of the workshops, but they lacked the time and the advanced computer skills to continuously update the computers with new health documents. In addition, some video documents were found on the Internet that were of value for the health promoters, but they were unsure of the programs needed to download and view these videos.

2. One out of every five adult Chicagoans was not born in the United States; many other large urban and rural areas have comparable statistics. We are experiencing a phenomenal growth of non-English speaking immigrants and refugees. Agencies at the community, state, regional, and federal level need to continue to assure access to quality multi-lingual, multi-media health education material for these New Americans.

FOLLOW-UP QUESTIONS:

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

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

See Section XI. The original project goals and objectives were met far beyond the expectation of the project director.

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?

The strength of this project was its collaboration with community-based, ethnic organizations that were already well-known and trusted by the immigrant and refugee population. Another key factor was the fact that the project *enhanced* an already existing health education outreach project that had been several years in operation, so it was not necessary to bring together organizations that had not previously worked together.

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

I would have somehow found the funds to have someone with higher computer skills visit the mutual aid associations twice a month for computer trouble-shooting, researching more target-language health documents from the Internet, and helping to organize the documents to make the computer more user-friendly. The project was dependent upon volunteers and interns to do this work, and their availability was irregular. The health promoters simply do not have the time to keep updating the computers.

Also, I did not include the purchase of printers in the original subcontract budget, but found that many of the refugees and immigrants wanted copies of the documents to take home with them to study and review. (Although many of the refugees were illiterate in their own language, they often had a family member living with them who could read.) I was able to purchase eight printers for the computers out of another budget, and in the future I would definitely budget for printers as well.

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

Go forward with the outreach effort! So little funds relatively (\$12,000) for the immense impact of the project. Make certain that the computers are located in areas of the community centers that are safe, but accessible to the general public. Also, limit the use of the computer to health education endeavors only. Some community members (especially teens) wanted to go on the Internet for the social networking sites, but that was not permitted. The computers were also not allowed to be used as work computers for agency employees. Their use was strictly limited to health education needs.

5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication.

The health promoters presented the project and their experiences at the 2007 Refugee and Immigrant Conference held in Chicago in October 2007. Their presentation was well-received. In addition, a presentation proposal was submitted for the DiversityRX conference to take place in Minnesota in September, 2008. That presentation will also include the initial work of the follow-up subcontract proposal "New Americans Health Information Access Project."

**Attachment 14
Subcontractor quarterly report**

COVER SHEET

Title of Project: Libraries MUVE (Multi-User Environment) Consumers Into Accessibility Awareness

Name of Institution: Alliance Library System

Location of Institution: East Peoria, Illinois

Name, Mailing and Email Addresses, Voice and Fax Numbers of Person Submitting the Report:

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Number and Inclusive Dates of Quarterly Report

November 1, 2007 – January 31, 2008

Date Submitted:

February 2008

Executive Summary

The project team meets weekly to discuss the project and to begin transition to the new grant from the GMR to build and orientation area for people with chronic health problems and disabilities. Katt Kongo has offered a number of tours and classes to introduce the center to the Second Life community.

Description of Progress toward the Project's Major Objectives

a. Administrative/Planning Activities

ALS contracted with Kristen Hall to serve as Project Coordinator. She meets biweekly with ALS staff; Alice Krueger, a volunteer from Heron Sanctuary, an agency within Second Life for people with disabilities; Tom Peters, Project Evaluator, and Carol Perryman, HealthInfo Island Coordinator.

The grand opening for the center was held in September. Speakers included representatives from agencies within Second Life which provide services for people with disabilities; Tom Peters,

Project Evaluator and Lori Bell, Project Director. Following speakers, there was also live music. Approximately 25 people attended the event.

b. Collaborations/Partnerships

Kristen Hall met with author Mark Ravenscraft who is working on a book containing case studies of individuals with disabilities in Second Life and how Second Life has helped them. These articles were published in the “Metaverse Messenger,” one of Second Life’s newspapers. The Accessibility Center is working closely with Heron Sanctuary, an agency for people with disabilities in Second Life. Their coordinator, Alice Krueger is very involved with the Accessibility Center.

Health Coalition

Together with Gentle Heron (of the Heron Sanctuary, a support group for people with disabilities) and The Sojourner (of Dreams, a support community for people who are recovering from stroke), and Carolina Perryman, a new support group has been started. The Health Coalition is intended to help health support groups, giving us all an opportunity to help new groups, promote events, and to collaborate on educational events. Because it is very difficult to reach Second Life participants, this is a valuable tool for promotion and collaboration. Volunteers representing the accessibility center attend these events.

c. Publicity/Marketing activities

Katt Kongo has written a number of articles on the accessibility center for the Metaverse Messenger and other second life publications. She has also sent news items to the Linden Lab publicity team

d. Produce/Resource Development Activities

Katt is currently working on 2 machinima (or films) that will have tours and information about the center. These will be made available on YouTube to really get the word out about the project.

e. Site Visits (include number and descriptions of the sites and target population)

f. Outreach activities (Total number of training or demonstration sessions)

From October -November, Classes were held on:

Startng an SL Business

The Basics of Avatar Creation

Avatar Creation

Shopping

From November - December, classes were held on:

Starting an SL Business

The Basics of Second Life

Avatar Creation

Shopping

Numbers in attendance for these classes ranged from 1 to 21.

On November 30 , Katt hosted a music event which attracted 43 people.
In December and January, Katt and Fleet Goldenberg worked together to offer regular tours of the accessibility center.

g. Website development activities

Heron Sanctuary has started a wiki website on health and accessibility in Second Life. HealthInfo Island volunteers and staff contribute content to this.

h. Exhibits

Interactive exhibits on each floor of the center were created covering the following topics: mobility/dexterity, in-world support and groups, blindness and low vision, audio description, National Library of Medicine tutorials, hearing impairments and deafness, learning disability resources, and assistive technology resources

i.Other

Attachment 15
Subcontractor quarterly report

Royal Oak Health Information Portal
Royal Oak Public Library
Royal Oak, Michigan

2nd Quarterly Report

Reporting for the Period:

November 1, 2007 through January 31, 2008

Submitted February 15, 2008

Submitted by:

Metta T. Lansdale, Jr., Director
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Executive Summary

The Royal Oak Health Information Portal has completed the planning aspect of its activities and has transitioned to a rhythm of scheduled lectures, scheduled workshops and web site updates. Portal participants held 3 meetings, chaired by the Project Director. Training for public library staff included Medline Go Local input and audit. Four Lectures were presented; two workshops were developed and were presented nine times in all. One support group is meeting at the Royal Oak Public Library. The Royal Oak Health Information Portal web page is continually refined.

Administrative / Planning Activities

- In a changing of the guard, Mary Ann DeKane has moved back to her regular duties for ROPL and Margie Kowalczyk is now serving as project facilitator. Margie is a recent graduate of the Wayne State University Library and Information Science Program and has an undergraduate nursing degree. Her part time salary at ROPL is underwritten by this grant.

Collaborations / Partnerships

- Three meetings of the Portal partners have been held. Frequency has leveled off at monthly intervals. The meetings are used to review new workshops developed, check progress of the lectures and continually review the web pages. Minutes for these meetings are enclosed.
- Portal partner representatives attend and actively participate in meetings. For Royal Oak Public Library, the project director presides at Portal meetings and oversees activities and events. Beaumont Hospital continues to be represented by Janet Zimmerman, director of its medical library. Andrea Rogers attends meetings occasionally but remains the support operationally from the Beaumont Hospital medical library when needed. From Wayne State University, Linda Draper of the Medical Library and Lynda Baker of the LIS Program are both in regular attendance.
- Lynda Baker continues to review event evaluations.
- Linda Draper and has provided in-service training for Medline Go Local record audit and input to Margie Kowalczyk and Mary Ann DeKane.
- The Beaumont Medical Library will provide ongoing support via access to medical journal articles on request.

Publicity and Marketing Activities

We have depended on liberal use of press releases, posters situated at the entrance of the Library and flyers distributed in the Library at desks and at events. I am not pleased with the turn-out to events and we are studying ways to improve this result. Thinking for improving the situation includes:

- We have some grant funding for advertising which hasn't yet been utilized. Now that 'content' for the portal has been established, a designer can develop an advertisement or series of advertisements for us.
- Royal Oak cable TV station – I have not used them before. We could record lectures to appear there, provide text information for a scrolling bulletin board. I plan to visit with that manager and see what our options are.
- Better use of press releases – Press releases are actually having improved impact

and we think it is because we improved the mailing list. Frequency can be increased.

- Senior Center Computer Club – regular and possibly monthly visits, which paid off nicely for other events.
- A round of visits to the area service clubs – Rotary, Kiwanis, Women’s Club, Soroptimist and others.
- Presentations at area health support groups

Promotional activities used during the report period:

- Public Library Newsletter - The Spring 2008 issue is in development. The *Leaflet* is distributed to each household in the City of Royal Oak.
- Flyer - comprehensive flyer has been developed. I have enclosed a sample that lists all lectures. Workshop schedule beyond April has not been developed.

Product/Resource Development Activities

Lectures

- Three lectures were held during the reporting period. The topics were: Addiction, Alzheimer’s Disease, Weight Control (two lectures – a physician and a dietitian). A third lecture on Diabetes was scheduled but cancelled due to a snow storm.
- We are learning to work with the Speakers Bureau at Beaumont Hospital and have found that we are able to plan on a topic months in advance but that individual speakers sometimes cannot commit to a date very far in advance.
- The speakers so far have been enthusiastic and high quality. Evaluations have been positive.
- I am pleased to now host these speakers in the newly renovated Library Auditorium which opened in early January and is well equipped with data ports, overhead projector, large screen and a good sound system with a wireless microphone.

Workshops

- Interactive workshops are delivered for audiences of up to eight individuals for use in the Library adult computer lab - wireless with overhead projection.
- Workshops are designed to help people develop searching and evaluation skills for health information on the Internet and to provide workshop participants with best first sites to use when looking for online health information.
- Two workshops developed by Metta Lansdale – *Evaluating and Searching for Health Information* and *Searching for Reliable Drug Information* – were delivered on nine occasions.
- One new workshop developed by Margie Kowalczyk - *Searching for Reliable Cancer Information on the Web*.
- Attendees are clearly pleased – at least one individual claiming a workshop had “changed my life”.
- Attendance is low and this is a concern.

Support Groups

One support group is meeting at the Royal Oak Public Library meeting rooms – *ALS Caregivers Support Group*. In thanks for them meeting at the Library I developed a resource page to include in the ROHIP web pages

Site Visits

There are no site visits prepared or planned in association with the Royal Oak Health Information Portal.

Outreach Activities

Senior Center Computer Lab – Senior Computer Club

- The internet workshops are no longer offered monthly at the Senior Center computer lab – we decided that the Library venue would be better for participants as well as presenters. Without wireless capability, the laptop could not be used to provide online activity projected on the wall; only PowerPoint could be displayed; the layout made a class presentation difficult on aging necks. As seniors must drive to the Senior Center – it is not a residential center – there didn't seem to be an advantage to using that location as a library venue.
- Attending the computer club to promote the Portal events is effective. Flyers alone do not bring people to the events from the Senior Center.

Website Development Activities

The web page was launched at the very beginning of the project. The URL has now been shortened to www.ropl.org/health/ for easier representation in print media.

During this report period we settled on a new way to represent events which is to develop resource pages that relate to each lecture topic and each workshop topic. These pages are used to link resources mentioned by lecturers and sites mentioned in workshops.

Pages have been developed to support events past or ongoing, including:

Tips for Locating Reliable Drug Information on the Internet

ALS – Lou Gehrig's Disease

Bone Health

Integrative & Complementary Medicine

Exhibits

There are no exhibits prepared or planned in association with the Royal Oak Health Information Portal.

Continuing Education

Michigan Go Local training for entering data has been implemented. Two sessions have been delivered by Linda Draper and regular updates are planned. Training is designed for auditing and updating existing records and entering new records, all for services located in Royal Oak.

Loansome Doc/Document Delivery Activities

We have had no Loansome Doc transactions. During the workshops participants are reminded of the availability of this connection with the Beaumont Hospital Library for access to articles retrieved from PubMed. They are thrilled but have not yet used this opportunity.

Evaluation Activities

- All lectures and workshops are evaluated by participants. The evaluations are summarized on the enclosures.
- Online internet workshops are to be followed by post-workshop call, two weeks after the event. Results of follow-up calls are not yet. This waned during our personnel transition and will be picked up this month.
- The web pages are continuously evaluated; this process is mentioned with remarks about the web site.

Problems/Corrective Actions (including significant changes made in implementation of the project)

- This report period I think the biggest challenge is promotional strategy. New strategies under consideration are outlined with remarks on Promotions and Marketing.
- I believe we have come to terms with the scheduling/communications challenge with the speakers bureau at the hospital. They were not accustomed to filling so many slots over such a long period of time; we have allowed for centering on topics and the Beaumont "name" when announcing the lectures on flyers and press releases.

Lessons Learned/Significant Feedback

Public libraries have an audience that is so comprehensive in terms of demographics served that it is a challenge reaching the right audience for the right events. The year is a lesson in developing this technique for health programs.

Coordinating a cooperative venture between a local public library and a hospital like Beaumont with a regional and national service area has been a challenge that is manifested as two cultures that have to learn each others' languages.

I have been a little restive that we have not been able to 'hit the ground running' with this project and able to show a fully functioning, comprehensive health information programming venture in full swing by this time. I am personally becoming convinced that this project funding year is providing the resources to set infrastructure and content in place. Once this project year is complete, I believe personally that we will be

positioned to continue the programming as an integrated aspect of public Library service for Royal Oak.

Projected Activities for Next Quarter

The third quarter will test our responses to the challenges identified above, most notably the promotional aspects

Reports of Training/Demonstration Sessions and/or Exhibit Reports.

Each training session was evaluated as described above. There were no Exhibits in the second quarter.

Within two weeks of any training or demonstration session, complete a record of the event in the online outreach activity reporting system (<https://staff.nlm.gov/extra/>). Complete and include in the quarterly report an exhibit report and budget sheet following the attached outlines.

This was not completed online. Royal Oak Health Information Portal designed and used its own evaluation tools in partnership with Wayne State University. Budget sheet will be submitted after the first of the year.

APPENDIX

Include copies of: communications, materials produced, evaluation tools/instruments used or developed, press releases, advertisements, articles for newsletters, etc.

Enclosed.

Attachment 16
Subcontractor quarterly report
University of Michigan - Creating Health Information Connections for Persons with Disabilities

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1st Quarter Report, November 2007 through January 2008

Submitted Date: February 15, 2008

Executive Summary

The Creating Health Information Connections for Persons with Disabilities subcontract is off to a good start. One of the key activities this quarter was to host disability sensitivity training for the staff of the University of Michigan Health Sciences Libraries. Members of our partner organization, Ann Arbor Center for Independent Living, provided interactive training for 75% of our staff. The success of this training will be continued through access to the training materials for staff and the general public. Additionally the University Library will be hosting a similar training session for library staff within the University of Michigan in the coming months.

The needs assessment is underway and we are anticipating a good response to the focus group recruitment efforts supported by the Ann Arbor Center of Independent Living. These sessions will provide us insight into the types of health information needs individuals have within the community with disabilities. Along with survey data to be collected this next quarter, we will have a good foundation for developing customized instructional sessions, the primary goal of this consumer health subcontract.

Description of Progress toward the project's major objectives

Objective A1: Conduct sensitivity training.

Two sensitivity training sessions were held for the Health Sciences Libraries (HSL) staff on January 10 and January 16, 2008 with attendance by 26 staff members (75% of staff, meeting

the evaluation criteria of this objective). The training was conducted by members of our subcontract partners, Carolyn Grawi and Tom Hoatlin, Ann Arbor Center for Independent Living (CIL).

An unexpected outcome of the sensitivity training is the response from the University Library Staff Development Officer, Lucy Cohen. Ms. Cohen is actively planning similar sensitivity sessions, involving the CIL staff, to offer to the entire University Library community.

A report on the success of the disability sensitivity sessions was posted to The Cornflower NNLM Greater Midwest Region Blog (entry date January 24, 2008).

Objective A2: Compile training resources.

We will share CIL sensitivity materials with HSL staff on a secured web-based resource. Plans are underway for a new disabilities liaison web page to include these same sensitivity training materials.

The sensitivity training materials will also be incorporated into a special disabilities issues web site being developed for the University of Michigan Department of Family Medicine. This collaborative effort involving Dr. Philip Zazove, Medical Director of Ambulatory Care, Elizabeth Wilson, the Family Medicine webmaster and Anna Schnitzer, HSL, will be compiled in the near future.

Objective B1a: Plan needs assessment.

Needs assessment planning began in December and was finalized in January. The set of questions with prompts for the moderator (Marisa Conte) have been created (*see appendix*). Since the needs assessment involves individuals outside of the University, we were required to submit an IRB application. An IRB Notice of Exemption from ongoing IRB review has been received.

Objective B1b: Hold focus groups.

The focus groups have been scheduled for February 19, February 22, and February 28. Two sessions will be with CIL community members, one specifically with CIL staff. We decided to have one group specifically composed of CIL staff members since they actively work with the population with disabilities, and many are members of this community themselves.

Publicity is through email sent out through the CIL (*see appendix*). Each participant will receive \$5.00 in cash to cover transportation and will receive a \$15.00 Meijer's gift certificate.

Objective B1c: Conduct survey.

Survey questions will be compiled from the focus group responses. The survey questions will be sent out as part of an ongoing CIL survey already in place. Between the feedback from the focus groups and the surveys, we expect to identify specific health information needs within the population with disabilities.

We anticipate conducting the survey during February, March and April.

Loansome Doc/Document Delivery Activities

Not applicable

Evaluation Activities

Objective A1: Conduct sensitivity training.

We met the evaluation criteria (75% participation by staff) with 26 HSL staff attending one of the two training sessions.

Objective A2: Compile training resources.

Resources are available for the HSL staff on a secured web-based resource. The development of a new disabilities liaison web site is in process.

Objective B1: Needs assessment.

Registration is underway for the three focus groups in February. The expected participation is a minimum of 15 participants.

Problems/corrective actions (including significant changes made in implementation of the project)

We responded to the unanticipated request for an IRB application and received a Notice of Exemption. We may need to periodically amend the application (with Objectives B and C) to assure continuation of exemption.

We are adjusting the timeframe of the survey collection period to follow after the completion of the focus group sessions in February.

Lessons Learned/Significant Feedback

Sensitivity Session Feedback

I thought it was fantastic! I would love more information on resources targeted on educating children like the High Point session for AAPS Preschoolers/Kindergarteners? Is there someplace I can go (website) where I can get more information for children? Like book recommendations or other things. The hands-on stuff was particularly enlightening for me and I REALLY liked the handout on what is and is not appropriate behavior.

Also, is it worth our while to find out about any other possible physical barriers in all of the HSL? I mean, should we do a more complete job of locating possible problem areas (narrow aisles ... not accessible bathrooms...)?

First off, thanks very much for organizing this session! I enjoyed listening to both of the presenters. I have to admit - when I first heard about the session, I didn't think I would learn anything new. We had a lot of training on working with people with disabilities when I worked at the airline - especially with people who required physical assistance to board/deplane, hearing and visually impaired. A lot of the information today reinforced what I had learned working at the airline, which was nice (to know I'd been doing the right things) and a good refresher. But I also learned some new things - specifically that conditions and personality disorders are also considered disabilities. I thought it was interesting to re-formulate my conception of what constitutes a disability and to realize that my old definition was very limited. I also learned that I need to learn a lot more about this building! At the airport, all of the restrooms were accessible, and we were trained on the location of adaptive communications devices, etc.

When Tom talked today about places where only specific restrooms were accessible, I realized that I don't know much about this building and that I couldn't really provide good assistance in that situation.

Thanks again for organizing this session, and please pass along my compliments to Carolyn and Tom for their interesting, engaging talk!

We have also come to learn through conversations with the Director of the Ann Arbor District Library that others are also very interested in working with the population with disabilities. This widens the possibilities of future collaborations.

Projected Activities next Quarter (February – April)

- Objective B1: Needs assessment (focus groups and survey).
- Objective B2: Compile survey results, determine instructional topics, and share results with other health sciences libraries professionals.
- Objective C1: Develop customized instructional sessions.

Reports of Training/Demonstration Sessions and/or Exhibit Reports

Sensitivity Training report forms submitted separately.

Appendix

Cornflower Blog entry (January 24, 2008)

Focus Group Prompts

Focus Group Recruitment Flyer

Cornflower Blog National Network of Libraries of Medicine, Greater Midwest Region

U of M Health Sciences Libraries Host Disability Sensitivity Session



Anna Ercoli Schnitzer

InfoPoint Librarian

Health Sciences Libraries

University of Michigan

Ann Arbor, MI

As part of our project, *Creating Health Information Connections for Persons with Disabilities*, funded by the National Network of Libraries of Medicine, Greater Midwest Region, the staff members of the University of Michigan (U of M) Health Sciences Libraries attended one of two Disability Sensitivity Sessions presented by representatives of the Ann Arbor Center for Independent Living, our partner and collaborator in the project. The sessions were facilitated by Carolyn Grawi, director of advocacy and education, and Tom Hoatlin, director of development, and took place in the Conference Room of the Health Sciences Libraries on January 10 and January 17, 2008. A total of 26 people attended one of the sessions.

Tom, who uses a wheelchair, and Carolyn, who is legally blind, emphasized using “people first language,” i.e., not limiting or describing an individual by his or her disability, which should be merely an incidental factor in the totality of each person. There was also a lively question and answer period that included such issues as to whether to “help” an individual in a wheelchair up a steep incline. (*Answer: Always ask before assisting.*) The correct way to guide an individual who is visually impaired was demonstrated using blindfolded volunteers from the audience. There also was role-playing to illustrate how a library patron in a wheelchair might need assistance in reaching higher shelving areas. A number of staff members gave very appreciative verbal input after each session, and several others wrote to indicate that they had learned many new and helpful aspects to help them in their interactions with people who have disabilities.

We’re looking forward to the next phases of our project, in which we hold focus groups and conduct a needs assessment in preparation for developing target health information classes for the community. There are also plans underway for our Library Human Resources to hold similar sensitivity sessions that will be open to all of the University Library staff.

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. N01-LM-6-3503 with the University of Illinois at Chicago.

This entry was posted on Thursday, January 24th, 2008 at 1:54 pm and is filed under General, News from the Region. You can follow any responses to this entry through the RSS 2.0 feed. Both comments and pings are currently closed.

Focus Group Prompts

NN/LM GMR Consumer Health Subcontract Jan/Feb 2008

1. Assess health information needs of people with disabilities

What kinds of health information needs exist for people with disabilities? What are they doing now to access health information?

- a. Give an example of a time when you needed health information, information about a medical condition, had a question about your health or the health of a family member.
 - i. What did you do? What resources did you use?
 - ii. Were you satisfied with the information you found? Why or why not?
- b. How do you find health care services or providers?
- c. What sorts of information do you need that you can't easily obtain?

2. Identify barriers or perceived barriers in accessing information

What difficulties do people with disabilities have finding and accessing health information?

- a. Give an example of a health or medical question for which you could not find a satisfactory answer.
 - i. What could have helped you find the information you needed?
- b. What are some difficulties you encounter with information resources that you use?
- c. How do you determine the credibility/quality of an information resource? Is it easy or hard for you to find sources or resources you trust?
- d. What are some physical barriers to accessing information? (transportation, public facilities aren't physically acceptable, Internet sites, video/audio/printed formats, etc.).

3. Identify the best methods for removing these barriers or facilitating information access

How can librarians facilitate improved access to information for people with disabilities?

- a. If you could design the perfect information resource/Internet site/facility that you could use to get access to health information, what would it be like?
 - i. What would it include?
 - ii. What wouldn't it include?
 - iii. How would this perfect resource/place be different from current resources or places you go to find information?
- b. Can you identify specific skills you'd like to learn – eg. better ways to search the Internet, reliable sources for health information, how to find local healthcare services or providers? How would you like to learn those? (hands-on instruction, demonstration, printed materials, other).

Do you use the Internet or a library to find health information? **U of M's Health Sciences Libraries** and **Ann Arbor Center for Independent Living** want to hear from **YOU!**

Please **volunteer** for a small-group **discussion** session to help us improve your **access** to health information! Volunteers will receive a **Meijers gift card**, and \$5 to defray transportation costs.



Sessions will be held on **Tuesday 2/19** and **Friday, 2/22** from **1:45p – 3p** at the **AACIL, 3941 Research Park Drive**, Ann Arbor, MI.

To volunteer, please contact: **Carolyn Grawi** (AACIL) at **734-971-0277 ext 47** or email **cgrawi@aacil.org**. Please leave detailed contact information, and let us know if you will need accommodations to participate!

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. N01-LM-6-3503 with the University of Illinois at Chicago.

Attachment 17
Subcontractor quarterly report

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