

**Greater Midwest Region**  
**Region 3**  
**Quarterly Report**  
**February 2008 – April 2008**  
**University of Illinois at Chicago**  
**Date Submitted: February 26, 2009**

**TABLE OF CONTENTS**

Executive summary_____	3
Network infrastructure_____	4
Outreach_____	4
Other staff activities_____	9
Optional photos with captions (not included)_____	
Attachment 1 – Quarterly OARF summary data: RML staff activities	
Attachment 2 – Quarterly OARF summary data: Subcontractor activities	
Attachment 3 – Minutes: Resource Library Directors Meeting, April 14-15, 2008	
Attachment 4 – Notes: Emergency Preparedness Summit, April 16, 2008	
Attachment 5 – Subcontractor quarterly report: University of Iowa – Go Local Iowa	
Attachment 6 – Subcontractor quarterly report: Gundersen Lutheran – Great Rivers Partners for Health-E People	
Attachment 7 – Subcontractor quarterly report: University of North Dakota – Go Local North Dakota	
Attachment 8 – Subcontractor quarterly report: University of Michigan – Creating a Road Map: Local Public Health 2.0	
Attachment 9 – Subcontractor quarterly report: Alliance Library System – Libraries MUVE (Multi-User Environment) Consumers Into Accessibility Awareness	
Attachment 10 – Subcontractor quarterly report: Royal Oak Public Library – Royal Oak Health Information Portal	

Attachment 11 – Subcontractor quarterly report: University of Michigan – Creating Health Information Connections for Persons with Disabilities

Attachment 12 – Subcontractor quarterly report: Alliance Library System – Providing Consumer Health Outreach and Library Programs to Virtual World Residents in Second Life

Attachment 13 – Subcontractor quarterly report: University of Iowa – Empowering Public Health / Patient Safety Outreach through Community

Attachment 14 – Subcontractor quarterly report: Wausau Area Hmong Mutual Association – Networking for Hmong and Immigrant Health

Attachment 15 – Subcontractor quarterly report: Indiana University – Indiana Public Health Digital Library

## **Executive summary**

Samanthi Hewakapuge accepted the position of Consumer Health Coordinator during this quarter and will begin her position at UIC in May, 2008. Max Anderson was offered the position of Technology Coordinator and will begin his position in May, 2008 as well.

The GMR hosted a meeting of the Resource Library Directors at the Club Quarters Hotel in Chicago on April 14-15, 2008. The meeting was broken into two half-day sessions. Day one included an update from NLM and open discussion on a variety of topics of importance to the directors. Day two focused on emergency preparedness, including a presentation by Dan Wilson, NN/LM Emergency Preparedness Coordinator and discussion about the state of preparedness with our resource libraries. Minutes from the meeting are included as Attachment 3 of this report.

The GMR held an Emergency Preparedness Summit at the Club Quarters in Chicago on April 16, 2008. GMR staff and the GMR's ten Regional Emergency Preparedness Coordinators were invited to attend this training and practice session facilitated by Dan Wilson. Eight of the GMR's ten Coordinators were able to attend in person. Minutes are found in Attachment 4 of this report.

The GMR staff posted 38 messages to GMRLIST during this quarter. In addition, 19 new articles were posted to The Cornflower: The Blog of the National Network of Libraries of Medicine Greater Midwest Region at: <http://nnlm.gov/gmr/blog>

The GMR funded 5 new awards during this quarter and assisted 21 Network members in 10 states to host the 3/5/08 MLA Webcast entitled "*Web 2.0 Principles and Best Practices: Discovering the Participatory Web.*"

## Network infrastructure

TABLE 1. Quarterly infrastructure data

	Current quarter	Previous quarter*
Network members – full	532	529
Network members – affiliate	493	487
Libraries providing services to unaffiliated health professionals	262 (49%)	257 (49%)
Libraries providing services to public users	307 (58%)	303 (57%)
Average fill rate for resource libraries	77%	77%

### Regional Advisory Committee (RAC) activities

The RAC Emergency Preparedness Working Group which consists of the ten Regional Emergency Preparedness Coordinators for the Greater Midwest Region, held its first meeting on April 16, 2008 at the Club Quarters Hotel in Chicago. The ten Regional Coordinators are:

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

### Needs assessment and evaluation activities/data

During the Resource Library Directors meeting on April 14-15, 2008, directors discussed the role of the Resource Library in the current electronic environment and how that role might change in the future.

### **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*
4/8/08-6/12/08	3 Exhibits: IPHA 67 <sup>th</sup> Annual Meeting, IRHA Annual Conference, Annual Illinois Immunization and Communicable Disease Conference & Downstate Emergency Preparedness Pre-Summit	Southern Illinois University School of Medicine Medical Library	Kelley	\$1,500	Exhibit Award
9/26/08	Promoting Excellence through Evidence Based Practice	Children's Hospital of Michigan, Library	Mi	\$1,135	Exhibit Award
3/5/08	MLA Webcast: Web 2.0	21 Network member libraries	Various	\$5,040	Site Registration

					Award
3/1/08-6/30/08	Only Connect...to the Community	University of Michigan	Blumenthal	\$3,355	Outreach Express
3/1/08-4/30/08	2008 Computers in Library Conference	Munson Medical Center	Platts	\$1,000	Professional Development Award
4/1/08-9/30/08	Electronic Document Delivery	Mercy Medical Center (IA)	Kiscaden	\$974	Technology Award

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

### **University of Iowa – Go Local Iowa**

Chris Childs joined the staff at the Hardin Library, replacing Mary White as Project Coordinator. Work continued on entering new records, completing incomplete records and reviewing records. Iowa Go Local staff discussed data sharing options with staff from Iowa Compass, a free, statewide information and referral service for people with disabilities, their families, service providers, and other members of the community.

### **Gundersen Lutheran – Great Rivers Partners for Health-E People**

This first quarter of the subcontract funding period has been primarily devoted to the development and production of the online health literacy awareness courses for consumers and professionals, and to the arrangement of the publicity and marketing to promote the courses once they “go live”. The planning committee completed both course outlines and content. Also completed is the PowerPoint training program for public librarians, and we have begun promoting the training programs via local library newsletters. Additionally, the Community Literacy Coalition’s website and health literacy subpage content have been started. We have ordered and received most of the equipment. Finally, publicity pieces have been printed and the publicity kickoff date has been scheduled for June 24<sup>th</sup>.

### **University of North Dakota – Go Local North Dakota**

Data Input Specialist hired on January 7<sup>th</sup> is Sarah Owens, UND student in Educational Leadership. Most of our energy this quarter was devoted to adding records. Records are indexed as they are added and approved in a timely manner. Record creation has relied on a mix of importing files, copying and editing records already existing in Go Local, and originally creating records by filling out a new form. Explored options for colors and individualizing our Web site. Work began on developing a graphic and banner. The tagline of “Discover Health Services Near You” was selected. Several contacts were made with potential providers of data such as large hospitals, Rural Assistance Center, ND Department of Public Health, and the State Library. Formal presentations were made to the state’s public health departments and to the Moorhead (Minnesota) Public Library Staff. Information was included and questions answered at a library exhibit at the state’s Rural and Public Health Conference in Fargo March 26<sup>th</sup> and 27<sup>th</sup>.

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

The methodology for the Creating a Road Map: Local Public Health 2.0 subcontract is evolving based on our partners’ needs. Based on initial meetings with both the Genesee and Monroe Health Departments, we have made the following adjustments: (1) The Genesee County Health Department has identified specific individuals who will be participating in the training and technology integration phases of this project. We held a single two hour training session in which we defined “Web 2.0,” including which technologies are involved and how these technologies can be applied to local public health practice. (2) The Monroe County Health Department is in the midst of preparing for accreditation and was interested in pushing back the start date for working on this project. The needs assessment survey was created and is currently being completed by all staff at each health department.

## **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, including:

- Interview with a medical student at the [University of Debrecen](#), Hungary
- Interview with a reporter with Voice of America for a tour;
- Meeting with Mony Markova, about her desire to establish a support group for combatting what she is calling 'SL Addiction Syndrome'.
- Answering 14 reference questions about health related topics

Three major events have taken place on Healthinfo Island in this reporting period: a presentation on [grassroots advocacy](#), a panel discussion on [universal design for access](#), and a mixed-reality tour/presentation for a large group (up to 300) members of the [Metropolitan Detroit Medical Library Group](#). Carol has updated the Healthinfo Island blog by writing a description of the HII project, and added a number of event transcripts and slides.

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

Ten planning conference calls were held this quarter (Jan, Feb, and Mar) with various partners to discuss plans for marketing, location, invitations and more. Some of the calls were with the PECCA staff and some of the calls were with the host communities. Patient Safety week was selected as the time to kick-off PPECA in Iowa. Two events were held the first week of March. On Thursday, March 6, a PPECA event was held for Iowa Hospital and Clinic volunteers as a continuing education event for them and as a way for the PPECA team to test the program. The event was attended by 17 people. Pella Regional Health Center hosted the first PPECA community event. The session was very successful. There were 23 people in attendance. The audience consisted of nurses, pharmacists, librarians, ministers, and hospice employees. Pella Regional Health Center also arranged for a radio interview to promote the PPECA program being held at Pella Hospital during Patient Safety Week.

## **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. The content on the [Hmonghealth.org](#) web site grew from 858 items to 1064. Web site usage fluctuates from month to month, ranging from 3,500 to 31,000. Promotional events included a variety of activities at state, regional and national meetings with an interest in Hmong health. A presentation was made at the Wisconsin Hmong Conference was held in Wausau in November 2007.

## **Indiana University – Indiana Public Health Digital Library**

The scanning and imaging cleanup work has been coming along well since technical problems have been resolved, although these problems impeded certain areas of work on the project. Selecting and creating medical/historical metadata has been the focus of this quarter. Using the three selected vocabularies and locally created terms, the subject list now includes about 800+ terms. Metadata has been assigned and reviewed for the *Bulletin* from 1899-1904. Scanning into PDF format and quality checking of the bulletins continues and the digitization is complete until 1912, approximately 144 issues@12 pages per issue. Items from the Indiana Medical History Museum have been examined and selected for digitization. Our original research assistant got a new job and had to leave the project. We immediately hired one of our original interns for the job. There were no interns for this time period, but we have three graduate library school student volunteers.

TABLE 3. Exhibits. Note that separate exhibit reports should not be included with the RML quarterly report.

<b>Dates</b>	<b>Organization name</b>	<b>Meeting name</b>	<b>Location (city, state)</b>
<b>RML NATIONAL EXHIBITS</b>			
3/25-28/08	Public Library Association	22nd Annual Conference	Minneapolis, MN
<b>RML REGIONAL/STATE/LOCAL EXHIBITS</b>			
4/10-11/08	Indiana Health Sciences Librarians Association	Annual Meeting	Indianapolis, IN
4/9-11/08	Public Health Systems & Services Research	Keeneland Conference	Lexington, KY
<b>SUBCONTRACTED NATIONAL EXHIBITS</b>			
<b>SUBCONTRACTED REGIONAL/STATE/LOCAL EXHIBITS</b>			
2/2/08	Wisconsin Student Nurses' Association (WSNA)	Annual Meeting	Wisconsin Dells, WI
2/2/08	Mitchell Chamber of Commerce	Queen of Peace Health Fair	Mitchell, SD
2/2-08	United Asian American Medical Student Association	Asian American Health and Cultural Fair	Ann Arbor, MI
2/2/08	University of Michigan School of Dentistry	Give Kids a Smile	Ann Arbor, MI
2/4/2008	Wilson Park Senior Center	Health Fair	Milwaukee, WI
2/7-08	University of Michigan Health System	Staff Recognition Events	Ann Arbor, MI
2/7-8/08	South Dakota Academy of Family Physicians	Annual Meeting	Spearfish, SD
2/8/08	Sanford Health	Employee Health Fair	Sioux Falls, SD
2/16/08	University of Michigan Athletic Dept	Michigan and Minnesota Women's Gymnastics	Ann Arbor, MI
2/17/08	University of Michigan Medical School	Women's Health and Fitness	Rawsonville, MI
2/28/08	University of Michigan Medical School	Diabetes and Women	Ann Arbor, MI
2/28/2008	Rockcastle Hospital & Respiratory Care Center	Go Red for Women Health Expo	Mt. Vernon, KY
2/29/08	Southern Kentucky AHEC	Meeting the Challenge to Improve Cardiovascular Awareness	Corbin, KY
2/29/08	Area Health Education Center	Rural Senior Outreach and Glaucoma Screening	Coolville, OH
3/3/08	University of Michigan Health Systems	Program for Multicultural Health	Ann Arbor, MI
3/6/08	University of Iowa Hospital and Clinics	Patient Safety Week	Iowa City, IA
3/7/08	Southern Kentucky AHEC	March on Diabetes symposium	Somerset, KY
3/11/08	Ohio University Women's Center	'HerStory' Celebration	Athens, OH
3/14-15/08	Sioux Falls Empire Mall	Health Fair	Sioux Falls, SD
3/20/08	Indiana Rural Health Association	Spring into Quality	Plainfield, IN
3/24/08	University of Minnesota, Medical Center	Mini-Medical School 3	Minneapolis, MN
3/26-28/08	University of North Dakota Center for Rural Health	Dakota Conference on Rural and Public Health	Fargo, ND
3/27/08	Ohio University Community Health	Free Health Clinic	Nelsonville, OH

	Programs		
4/1/08	Faith Community Health Ministries	Monthly meeting	Nelsonville, OH
4/3/08	University of Michigan Health System	Survival Flight Conference 2008	Ann Arbor, MI
4/4/08	Great Lakes Inter-Tribal Council	American Indian Health Sciences Day	Madison, WI
4/8-10/08	Illinois Public Health Association	67th Annual Meeting	Springfield, IL
4/15-16/08	Illinois Rural Health Association	19th Annual Conference	Bloomington, IL
4/29/08	State of Michigan Health & Human Services	Children's Health & Enrollment Fair	Ypsilanti, MI

Actionable feedback received from exhibit visitors

The Household Products Database is used by the city safety committee.  
Re: surgery videos: My 92-year-old mother will love these

RML Supported Exhibits

- South Dakota Council for Exceptional Children, Statewide Special Education Conference – 3/16-18/08, Pierre, SD: Exhibitor: Carolyn Warmann, Outreach Library, Wegner Health Science Information Center

MedlinePlus Go Local

Nothing to report

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
2/26/08	Burt	Researching Patient Safety: Topics and Issues	Chicago, IL	3	Distance
3/4/08	Burt	Eliminate Toxic Waste: Finding Environmental Information without Wasting Time	Chicago, IL	3	Distance
3/36/08	Burt	Advanced PubMed –	Minneapolis, MN	1	In-Person
4/4/08	Burt	GMR Update	Columbus, OH	42	In-Person
4/18/08	Burt	PubMed Expert Searching	Des Moines, IA	16	In-Person
4/18/08	Burt	GMR Update	Des Moines, IA	21	In-Person

The GMR arranged for Cindy Olney and Susan Barnes to teach 2 classes from the Outreach Evaluation Series (Planning Outcomes-Based Outreach Programs and Community Assessment) on March 13, 2008 in Chicago.

The GMR hosted NTCC in Chicago on April 28, 2008 for PubMed training.

**Other staff activities**

TABLE 5. Publications and resources developed by RML staff

<b>Date completed/ published</b>	<b>Last name of staff responsible</b>	<b>Title</b>	<b>Medium (e.g., journal article, newsletter article, brochure, online tutorial)</b>	<b>Submitted to Clearinghouse (“yes” or “out of scope”)</b>
2/18/08	Burt	Patient Safety Resource Seminar	Class materials (update)	Yes
2/23/08	McDaniel	Library Groups: What Are They?	Blog article	Out of Scope
2/29/08	Leskovec	Kudos to Midwest Chapter MLA Members	Blog article	Out of Scope
3/5/08	Holst	NIH Public Access Policy	Blog article	Out of Scope
3/7/08	Burt	NLM Gateway Basics	Trifold brochure (update)	Yes
3/10/08	Carpenter	A Message from the RML Director	Blog article	Out of Scope
3/10/08	Leskovec	New Women’s Health Resources from NLM	Blog article	Out of Scope
3/12/08	Burt	NLM Gateway Redesigned	Blog article	Out of Scope
3/13/08	Burt	NN/LM Funding pages	Online resource (update)	Out of Scope
3/14/08	Burt	Advanced PubMed Searching Resource Packet	Brochure (update)	Yes
3/31/08	Burt	NLM Gateway Basics	Trifold brochure (update)	Yes
4/2/08	Burt	GMR Exhibit Award Packet materials	Online resource (update)	Out of Scope
4/8/08	Burt	PubMed My NCBI	Trifold brochure (update)	Yes
4/28/08	Burt	Non-English Guides to PubMed Resources	Online resource (update)	Yes
4/15/08	Leskovec	AIDS Community Outreach 2008	Blog article	Out of Scope
4/09/08	Leskovec	NLM’s Disaster Information Management Research Center	Blog article	Out of Scope
4/08/08	Leskovec	NIH News in Health with New Features	Blog article	Out of Scope

**Site Visits**

- Leskovec: ILULDH, 2/12/08, Park Ridge, IL
- Leskovec: ILULMK, 2/12/08, Park Ridge, IL
- Burt: Ohio Public Health and Health Promotion Library (OHUKUB), 4/8/08, Columbus, OH; 1 participant
- Burt: Ohio State Library (OHUSLO), 4/8/08, Columbus, OH; 11 participants
- McDaniels: University of Louisville, 4/8/08, Louisville, KY
- McDaniels: University of Kentucky, 4/9/08, Lexington, KY

- Burt: Des Moines University, Osteopathic Medical Center (IAUOMI ), 4/18/08, Des Moines IA; 6 participants

Ruth Holst was one of the presenters for the April 1, 2008 RML All Staff Teleconference. She described the initiative on scholarly communication that she has been working on with Claire Hamasu and Kathel Dunn. She announced that Alison Aldrich from the PNR had agreed to author the NNLM Web page on Scholarly Communication.

Kate Carpenter and Ruth Holst attended a meeting of the Council of Illinois Medical School Library Directors at Loyola University Medical Center on April 4, 2008. They participated in a meeting of the IL Go Local Advisory Committee on the same day at Loyola.

**Attachment 1**  
**Quarterly OARF summary data:**  
**RML staff activities**

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

RML Q4, 2007-2008

Generated: Monday, July 28, 2008

14 Total Outreach Activities

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

**Activities Summary**

Total number of estimated participants:	158 participants
Average number of participants:	11.29 per activity
Average length:	1.34 hours
Under 1 hour:	2 activities (14.29%)
Between 1 and 2 hours:	10 activities (71.43%)
Over 2 hours:	2 activities (14.29%)
Hands-on practice:	2 activities (14.29%)
Conducted remotely:	2 activities (14.29%)
Offering continuing education:	0 activities
Significant number of minorities:	0 activities

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

Health sciences library:	14 activities (100.00%)
Public library:	2 activities (14.29%)
Government agency:	3 activities (21.43%)
Hospital:	5 activities (35.71%)
Clinical/Health care:	2 activities (14.29%)
Academic institution:	10 activities (71.43%)
Community-Based:	0 activities
Faith-Based:	0 activities
Public Health Agency:	1 activity (7.14%)
Other:	1 activity (7.14%)

**Session Content**

PubMed:	3 activities (21.43%)
MedlinePlus:	2 activities (14.29%)
ClinicalTrials.gov:	0 activities (0.00%)
NCBI:	0 activities (0.00%)
NLM Gateway:	2 activities (14.29%)
TOXNET:	2 activities (14.29%)
Other technology content:	2 activities (14.29%)
Other, non-technology content:	10 activities (71.43%)

**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%)

17 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:	14.3%
Health care or service providers:	3 participants (17.65%)
Health science library staff members:	13 participants (76.47%)
Public Health worker:	0 participants
Public/Other library staff members:	1 participant (5.88%)
Members of general public:	0 participants



**Attachment 2**  
**Quarterly OARF summary data:**  
**Subcontractor activities**

Outreach Activities Conducted in the Greater Midwest Region by Subcontractors

RML Q4, 2007-2008

Generated: Monday, July 28, 2008

45 Total Outreach Activities

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

**Activities Summary**

Total number of estimated participants:	1011 participants
Average number of participants:	22.47 per activity
Average length:	1.61 hours
Under 1 hour:	6 activities (13.33%)
Between 1 and 2 hours:	33 activities (73.33%)
Over 2 hours:	6 activities (13.33%)
Hands-on practice:	17 activities (37.78%)
Conducted remotely:	0 activities
Offering continuing education:	8 activities (17.78%)
Significant number of minorities:	8 activities (17.78%)

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

Health sciences library:	44 activities (97.78%)
Public library:	6 activities (13.33%)
Government agency:	2 activities (4.44%)
Hospital:	10 activities (22.22%)
Clinical/Health care:	3 activities (6.67%)
Academic institution:	40 activities (88.89%)
Community-Based:	6 activities (13.33%)
Faith-Based:	5 activities (11.11%)
Public Health Agency:	3 activities (6.67%)
Other:	5 activities (11.11%)

**Session Content**

PubMed:	27 activities (60.00%)
MedlinePlus:	23 activities (51.11%)
ClinicalTrials.gov:	8 activities (17.78%)
NCBI:	10 activities (22.22%)
NLM Gateway:	4 activities (8.89%)
TOXNET:	9 activities (20.00%)
Other technology content:	20 activities (44.44%)
Other, non-technology content:	12 activities (26.67%)

**Significant Minority Population Present**

(>=50% of participants)

African American:	6 activities (13.33%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	6 activities (13.33%)
Hispanic:	3 activities (6.67%)
Native American:	1 activity (2.22%)

440 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:	48.9%
Health care or service providers:	59 participants (13.41%)
Health science library staff members:	13 participants (2.95%)
Public Health worker:	20 participants (4.55%)
Public/Other library staff members:	34 participants (7.73%)
Members of general public:	315 participants (71.59%)



### Attachment 3

Resource Library Directors Meeting  
NN/LM, Greater Midwest Region  
April 14-15, 2008  
Club Quarters, 111 W. Adams Street, Chicago, IL 60603  
Buckingham Room

#### **Library Directors Present:**

Jane Blumenthal, *University of Michigan*  
Terry Burton, *University of Wisconsin*  
Christine Frank, *Rush University Medical Center (day 1 only)*  
Sandy Wenner, *Rush University Medical Center (day 2 only)*  
J. Michael Homan, *Mayo Clinic*  
Susan Kendall, *Michigan State University*  
Mary Kreinbring, *American Dental Association*  
Susan Kroll, *Ohio State University*  
Logan Ludwig, *Loyola University Medical Center*  
Larry Marquardt, *Des Moines University*  
Sandra Martin, *Wayne State University*  
Neal Nixon, *University of Louisville*  
Debbie Orr, *Ohio University*  
Connie Poole, *Southern Illinois University*  
Marlene Porter, *University of Toledo Health Sciences Campus*  
Rick Ralston, *Indiana University School of Medicine*  
Natalie Reed, *Midwestern University*  
Judith Rieke, *University of North Dakota*  
Virginia (Ginger) Saha, *Case Western Reserve University*  
Leslie Schick, *University of Cincinnati*  
Jim Shedlock, *Northwestern University*  
Sheila Shellabarger, *Wright State University*  
Melanie Shuran, *Rosalind Franklin University of Medicine and Science*  
Janet Stith, *University of Kentucky Chandler Medical Center*  
Andrea Twiss-Brooks, *University of Chicago*  
Linda J. Walton, *University of Iowa*  
Carolyn Warmann, *Wegner Health Science Information Center*  
Linda Watson, *University of Minnesota*

#### **GMR Staff Present:**

Kathryn Carpenter, *Director, Library of the Health Sciences, University of Illinois at Chicago, Director, NN/LM, Greater Midwest Region*  
Ruth Holst, *Associate Director, NN/LM GMR*  
Holly Ann Burt, *Outreach & Exhibits Coordinator, NN/LM GMR*  
Jacqueline Leskovec, *Outreach & Evaluation Coordinator, NN/LM GMR*  
Charniel McDaniels, *Network Coordinator, NN/LM GMR*

#### **Guests:**

Dan Wilson, *Coordinator, NN/LM National Emergency Preparedness & Response Plan, Associate Director, University of Virginia Health Sciences Library*  
Susan Yowell, *Project Assistant, NN/LM National Emergency Preparedness & Response Plan, University of Virginia Health Sciences Library*

## **Call to Order**

The meeting was called to order at 1:00 p.m. on April 14, 2008. The group was welcomed by RML Director, Kate Carpenter, who asked the directors to introduce themselves and share one major accomplishment and one major challenge for their respective institutions.

There were a number of common themes that emerged from this exercise. In some instances the greatest accomplishment was also the greatest challenge. Common themes include:

### Accomplishments:

- Added or remodeled space for a learning/computer commons
- Space converted from shelving/storage to study areas
- New content management systems
- Integration of more informatics into the library, including a simulation center, an institute for biomedical informatics, and a center for knowledge management
- Library involvement in CTSA
- Library involvement with e-curriculum, instructional design, and learning systems
- Go Local projects going strong

### Challenges:

- Reduced or “no-increase” budgets
- Finding alternative revenue streams
- Staff reductions and staff reorganizations
- New reporting relationship for director
- Elimination of print collections

## **NLM Update**

Martha Fishel, Chief, Public Services Division, presented an NLM update for the group, including the following topics:

- Budget and budget cuts
- Public Access
- Library Operations – Strategic Planning
- NLM digital Repository
- MedlinePlus Foreign Language
- Collection Space Planning
- Section 108 of Copyright Law

A handout with her slides was included in the meeting packet. Two additional topics were raised by the group: (1) a copy of the presentation by members of the MLA/NLM Joint Legislative Task Force before Congress on April 9, 2008 is linked from the MLA Web page on Information Issues and Policy (<http://www.mlanet.org/government/>), and (2) librarians are expressing concern about staff cuts at NCBI.

---

## **Open Discussion**

Three topics were suggested for discussion by library directors in advance of the meeting.

### Library’s role in translational research (CTSA)

- Approximately half of the institutions represented by directors present have received and/or applied for a CTSA (Clinical and Translational Science Award) from NIH.

- The Prior Library is the administrative home for the Ohio State University (OSU) award; library got new space for a collaboratory, more collections money, and several new research librarians; the department will include administrators, librarians, and fellows.
- Mayo Clinic faculty want the current faculty database to be enhanced; ownership of intellectual property a big issue at Mayo
- University of Wisconsin library got included for connections but not for money
- University of Michigan library was involved in writing the grant; library has role in education, informatics, community engagement; grant to do programming the local public library
- University of Iowa peripherally involved in planning
- Linda Watson in AAHSL role is working with Neil Rambo (of ARL) in EScience piece; library at University of Minnesota is now at the planning table as the University goes into it's third attempt to get a grant; chief obstacle is "silos"
- University of Chicago library was approached by a vendor wanting to sell software (Collexis) for data mining and to facilitate links to electronic medical record
- Initiatives such as CTSA are calling for cross-institutional collaboration – how do we do that without violating our licenses? Need ways to give the people involved in the collaboration a login without giving everyone access
- AAHSL is looking for a speaker for 25<sup>th</sup> anniversary of Matheson report to draw the parallel between the original IAIMS collaboration and the CTSA collaboration

#### Resource Library Role – what needs to change?

- SERHOLD does not make a distinction between print and electronic – OCLC does make distinction; NLM is planning to make changes to address this
- Attendees reviewed the Resource Library (RL) agreement
- Many RLs feel they are letting the libraries in their state down because of licensing restrictions
- Linda Watson reported the Minnesota is looking at licensing a set of core clinical resources for the state
- Does RL have advocacy role? Most of the public universities have some commitments to libraries in the state

#### Collection decisions – impact on other Resource Libraries

- NLM has not cancelled print
- University of Chicago is planning to retain all their print backfiles
- American Dental Association intends to keep print including historical dental titles
- University of Chicago looked at cost per use and found purchase of backfiles as a cost-effective option

**Resource Library Directors, NN/LM, Greater Midwest Region  
Club Quarters, 111 W. Adams Street, Chicago, IL  
The Buckingham Room  
Tuesday, April 15, 2008**

**Day 2: Emergency Preparedness Training/Discussion  
Notes prepared by Susan Yowell**

**8:30-9:30 AM**            **Dan Wilson, Coordinator, NN/LM Emergency Preparedness  
Planning—Introduction to the NN/LM Plan**

Kathryn Carpenter introduced Dan, whose “day job” is Associate Director for Collection Management & Access Services at the Claude Moore Health Sciences Library, University of Virginia, noting that he was hired by Linda Watson, now a Library Director in the GMR, in 1991. Susan Yowell is the Project Assistant for the initiative, as well as being the Project Assistant for the UVa Health Sciences Library.

**PowerPoint Presentation, Dan Wilson** (available on Slideshare at <http://www.slideshare.net/dtw2t/resource-library-directors-in-the-nnlm-gmr-region>)

**Highlights of the presentation / additional content / discussion:**

**Introduction and determining risk factors:**

- Dan’s slide of snow in Central Park, NYC, highlighting a man walking with an umbrella and the statue of Balto, the sled dog: metaphors for preparedness and response
- reviewed several maps focusing on disaster declarations related to natural disasters, locations of nuclear reactors, etc.
- avian influenza /pandemic: businesses should prepare to lose 1/3 of their workforce in the event of a pandemic
- Lisa McGuire, who works in Linda’s library, has done some excellent work on developing procedures for pandemic preparedness
- a list from CNN showed a variety of emergencies or disaster that were examples of non-natural disasters
- slides taken during Dan’s trip to the Gulfport area of Mississippi in February 2007 for the SE/A Emergency Preparedness Task Force showed storm surge damage from Hurricane Katrina
- picture of the hospital library in Americus, GA, after a tornado struck the hospital—this incident pointed out the need to identify key resources as part of the planning process—the librarian here was given two hours to go into the library and retrieve any materials she could remove before the clean-up process began
- identifying the key resources as part of emergency preparedness can also contribute to space planning initiatives in the resource libraries
- recent wildfires in California forced UC libraries to close; their web site showed that they were able to keep their “Ask a Librarian” service up and running from off-site, but no ILL was available. Planning can enable ILL services to be maintained in a disaster.
- another sometimes overlooked factor that contributes to disasters: the declining infrastructure in most of the U.S.; bridges, highways, buildings, etc.
- by far, flooding is the major cause of damage to libraries and their collections. Sometimes by flooding from outside the building, but most often from burst pipes or other problems within the structure that cause water to be released inside the library

**National Emergency Preparedness & Response Plan  
*Preparedness:***

- overview of the development of the National Emergency Preparedness & Response plan (plan provided in the meeting packet)
- the four preparedness goals: up-to-date disaster plan, service continuity plan, back-up library in place, MOU with back-up library
- **Question:** how far away should the buddy library be? Dan: can be close by or distant. For regional disasters, the RML has established a buddy relationship—the buddy for the GMR RML is UCLA.
- flowcharts are visual representations of the text version of The Plan

#### **Toolkit for the Plan:**

- tour of the NN/LM Emergency Preparedness & Response Toolkit, presently being migrated from Wordpress to the nnlm.gov server (<http://nnlm.gov/ep/>)
- four sections—pages by topic on top menu bar; center section for current awareness and updates; left sidebar—photos, categories; right sidebar—1-800-DEV-ROKS, mash-up maps, resources to assist in planning, training, recovery

#### **Response:**

- review of the response part of the plan: roles of various members from network members through RML offices, resource libraries, NLM
- 4 scenarios and appropriate responses: emphasis that everyone can participate, even if they have no plan and no back-up library
- Regional Coordinators will report via a template on the Toolkit
- other players in the process: regional organizations (SOLINET, etc.) for training in comprehensive disaster planning; publishers and vendors (NLM's Emergency Access Initiative); the National Coordinator—will work with organizations such as MLA, AAHSL, etc. and report to the National Network Office
- three key elements for focus: human safety, preservation of unique resources, plan for continuity of essential services
  - human safety example: tornado warning procedures from existing plans
  - preservation of unique resources: floor plans designating locations of high-priority collections for rescue and salvage, commercial salvage companies, supplies
  - continuity of essential resources: databases, online resources, library's homepage
  - "8 Steps" document for service continuity—available on the toolkit
  - encourage members to conduct an exercise incorporating their IT people, public services staff, web managers to see how they can work out ways to continue to provide services during a disaster
- templates for disaster planning are available from the Toolkit: dPlan, NEDCC, PReP from COSA, etc.—something for everyone
- MOU development—originally designed by Michelle Brewer, NJ Hospital Association—can be tailored to fit any situation—it is saved as a Word doc on the Toolkit, and can be filled in, customized
- NLM's Emergency Access Initiative will give emergency access to 300 titles—still in the works and is the first step toward working out arrangements with publishers

#### **Down the road:**

- GIS applications increasingly being used in planning for emergency response
- mash-ups as a way to locate wildfires, alerts, incidents, etc.
- development of best practices for service continuity, emergency response, etc.
- adding value to our institutions, both hospital libraries and academic
- Disaster Information Management Research Center (DIMRC)—developing the “embedded informationist” at several locations
- providing community support—involvement as citizens, get to know first responders, meet local authorities

### Questions/Comments:

- **Ruth** will send out a link to the PowerPoint presentation in Slideshare, as well as the URL to the Toolkit
- working with publishers/vendors after a disaster—once back-up library relationships and temporary access possibly given after a disaster, will need an established procedures for transitioning out of the temporary situations
- several libraries have recently found out what their institutions will expect of them during/after a disaster, i.e. “last library standing” (OSU), being the expert searchers (University of Iowa), serving as the command center—live phone jacks already installed, supplier of extra clinical space
- **Kate** asked about the roles of the RML offices in buddy relationships? Ruth: offices will back each other up in terms of office functions.
- **Linda:** some libraries have very localized plans, even for particular buildings, but there is the need to be able to utilize other system libraries during a disaster—different levels are essential to service continuity—permeability of licensing, etc. throughout the levels is important.
- **Logan:** need to not only think locally and system-wide, but also within timeframes
- **Judith:** based on a flooding incident they experienced at University of North Dakota 11 years ago—agree that the levels and the timeframes are important. They were able to work within their system, but much flexibility was required, and communication was essential. Their existing plan was inside the building—now it is in wiki form so it can be accessed from anywhere that internet is available.
- **Jim:** wondered if the role of the Resource Libraries should be more obligatory than participatory?
- question about how much work has been done in developing understanding with publishers/vendors—Dan: still in progress at this point—NLM has established the ground work with the Emergency Access Initiative. He encouraged everyone to use the opportunity presented at MLA to start discussions with publisher/vendor representatives, especially providers of electronic resources such as Science Direct, Ovid, Elsevier, etc.
- **Logan:** perhaps the resource libraries could work out a generic addendum for what would be available
- the consensus is that the publishers would be inclined to help out in order to promote themselves and their services during/after a disaster
- **Susan Kroll:** mentioned HINARI (Health InterNetwork Access to Research Initiative—see <http://www.who.int/hinari/about/en/>) offered by WHO (World Health Organization). Participants include Elsevier, Springer, Blackwell and many others—over 2,000 titles initially included.
- **Ginger:** Angela has made an effort in this direction previously, but it was not successful—perhaps the emergency preparedness initiative would help create a positive outcome—the pandemic response as an example. She stressed that the need in these cases is not “researchers and rats” but point-of-care (Up To Date) that people will need
- note that NLM is not experienced in working with publishers, to which Ruth added that NLM has to exercise caution because of the politics involved
- **Logan:** noted that the issue could also be addressed through AAHSL
- **Michael:** this will be a great topic for AAHSL with the publishers; currently working on a list of topics to be discussed
- **Linda:** added that the resources being discussed currently are journals rather than point-of-care

### 10:25 AM: “Round Robin” on the state of disaster preparedness among the resource libraries:

Ruth asked for a show of hands in response to several questions about the state of disaster preparedness among the library directors:

- how many have a disaster plan? Most of the libraries represented

- is the plan current? A few
- is the library involved in the campus or institution disaster planning process? 8 to 10

#### Discussion:

- **Connie:** noted that based on their experience with two tornadoes, they realize the importance of having a current plan; several key positions had changed and people had moved. Updated information about computer systems and phone contact information also important. Incidents forced re-prioritizing resources, access issues for clinicians, etc.
- **Neal:** have found that their library would be the last one to close in an emergency or disaster situation
- **Terry:** their library has the most developed disaster plan on campus; he will be planning with University of Minnesota to establish a back-up library relationship—has a handshake deal with Linda. Knowing where the power grids are in the mid-west is important—best idea is to set up back-up relationships that are on opposite sides of the grid.
- **Sheila:** wants to review their plan, look at their unique resources, talk with other Ohio libraries about back-up relationships
- **Leslie:** their plan is the one originally mandated, and is not great. There has been a recent directive focusing on pandemic planning, and in this case, they were ahead. They were involved in the planning for a table-top exercise in January, with a tornado being the focus, which is a more likely scenario for them. They believe that if the data center went down, responders would rely on the HSL. While they have never actually experienced this type of event, they do have an agreement with Ohio to host their web page if their own site went down.
- **Ginger:** they have a plan, and all resources are backed up in off-campus locations
- **Sandra:** the School of Medicine is the designated back-up for the city of Detroit, due to the availability of back-up generators, and she assumes they would also be the command center.
- suggests that MLA make room for this initiative on its program for the annual meeting next year
- **Ruth:** we have already approached Mary Ryan about including it as part of her platform for this year, as well as investigating whether they might sponsor a CE class in disaster planning
- **Linda Watson:** UM has an excellent plan, but the HSL is not part of it. They will be working on the service continuity aspect; Lisa McGuire at UM has done some excellent work on pandemic preparedness. Would also like to address the time framework.
- **Jacqueline** found the website that shows U. S. power grids:  
[http://eere.energy.gov/de/us\\_power\\_grids.html](http://eere.energy.gov/de/us_power_grids.html) from the Department of Energy
- **Logan:** Loyola has a “carpet” compliance committee composed of deans, VPs, heads of departments, etc. and designated 12 areas for which to create workflows, and Emergency Preparedness is one of the 12. Security is also a concern; shootings, etc. Has led to creation of a database of students, listing 5 other points of contact, but not all will participate because of privacy concerns. They do have a continuity plan, which they got from Jane, involving teams, plans for communication, etc. The appendices of the plan contain forms, supply information, etc. Do not yet have any MOUs in place, but will most likely have them by MLA.
- **Jim:** today’s ideas will be good ones to take back to their institutions; i.e. check out server situations in terms of redundancy, find out about evacuation plans, identify issues still to be worked out
- **Jane:** her university is in good shape; there is a document identifying the “threads” for a number of the resources on campus
- the Google project has made many resources available online
- **Rick:** it is possible that members could get grant funding from Homeland Security to help provide for off-site backup of online resources
- **Linda Walton:** in Iowa, it is not a question of “if,” but a question of “when” a disaster will happen, so they are continually prepared. They address situations in which evacuation is appropriate as well as quarantine, or shelter-in-place, and have procedures for both.

- **Kate:** their library has plans for dealing with routine emergencies, but they need to add some of the others, such as the shooter scenario. Often campus plans do not apply to the library; however, there is so much glass in their building, that a shelter-in-place situation in the event of an active shooter would be complicated.
- **Logan:** is there an NLM back-up plan for GoLocal? Would be a good idea to back-up the database.
- **Linda:** the GoLocal coordinators met at MLA, and they can just turn on features needed in an emergency that are normally suppressed. The GoLocal group is meeting early Sunday morning at MLA this year.
- **Debbie:** they will also need to keep the library open during a level 3 alert, and have wallet cards saying it's okay to be on the road; they have designated people to be emergency workers.
- **Dan:** situation-based training is very helpful, and may create revisions in existing procedures. Exercises can be very simple—give scenario and ask for a report—most important feature is to get the right people in the room.
- **Linda Walton:** bomb threats are an unfortunate reality; necessitates that everyone know evacuation routes; some received by email. They have designated staff to show where targeted areas are, i.e. stem cell research.
- **Michael:** each year, each staff member is required to view an Emergency Preparedness video, including tornado procedures, etc., and then to sign off on having seen it.
- **Ginger:** questioned putting staff at risk, even to try and save other people. She believes the library should close in the interest of keeping the staff safe, especially if no user group will be there anyway. Most academic libraries are not designated as essential now.
- **Michael:** Mayo does give a wallet card to its staff during severe weather, so that they can close and not have to drive home, they are given hotel vouchers.
- **Logan:** adding to Ginger's point—plans should include what to do to help staff recover after an incident.
- **Jim:** agreed with Ginger that people are most important. There is also a need to find out about what the library's insurance will cover in terms of putting people at risk.
- **Andrea:** police have told their staff to take care of themselves first, not be concerned with safety of patrons. First responders want buildings evacuated first, then they will assist where needed. They recommended finding a secure stairwell for handicapped people to shelter, but these must be clearly identified. They have found that students often refuse to leave when alarms go off.
- **Rick:** added that they were once written up for failing to evacuate quickly enough
- **Ginger:** recommends having as many visually recognizable signs posted as possible, for tornadoes, shelter-in-place areas, etc.
- **Ruth:** does the region need to do anything to help with coordinating preparedness activities?
- **Ginger:** recommends that everyone should check their own situations and existing plans within their own political, university or institutional situations, and look at MOU development
- **Jim:** should the RML follow up to their list regarding back-up libraries?
- **Ruth:** the questionnaire is going out to the members regarding emergency preparedness
- **Jim / Michael:** RML can follow-up and also help develop partnerships among the members, to which Ruth agrees
- **Linda Watson:** resource libraries can work on state-wide level to educate and develop back-up relationships, etc., also promoting the toolkit, which is a great site
- **Ruth:** suggested hosting a symposium in the GMR, asked if Dan will be continuing as Coordinator (yes); Ginger recommends having a heavy IT component in the symposium, including people who can answer questions about ILLiad, IP ranges, vendor access issues, etc.
- emphasize developing continuity of service plans
- **Ginger:** how were the state coordinators identified?
- **Ruth:** contacted the state reps on the RAC, who suggested representatives

- **Dan:** role of the state coordinators is to promote the plan, assist with training arrangements, be a part of the team—help gather additional resources, follow-up and report. They will maintain contact and continue to gather information post-disaster.
- **Ruth:** within this group, both Logan and Linda Walton are state coordinators
- question about training opportunities
- **Ruth:** the GMR is unique in that it contains 8 sub-regions, so in terms of training, they will need to find out who offers training; Ruth will add these to their web site.
- **Logan:** TSA also offers training
- **Ruth:** the RML will also use the listserv to continue the discussion and to send out information. They will make an effort to keep the lines of communication open. The state coordinators will be a subgroup of the RAC, so the issue will remain on the agenda for the region.

#### **Wrap-Up:**

Ruth asked whether there were any issues remaining, or questions.

- **Linda Walton:** about the MOU? Dan: an MOU is not legally binding
- questions as to whether Dan can travel to assist with the plan roll-out
- **Ruth:** would there be interest in the RML using Adobe Connect to host a meeting like this, maybe twice next year?
- **Jane:** would prefer to have meetings “as needed” rather than regularly scheduled, due to busy schedules that already exist
- another approach would be to work on certain pieces, such as gathering the people interested in MOUs, service continuity planning, etc.
- **Linda Walton:** see what the state coordinators/regional reps come up with (meeting tomorrow)
- **Kate:** realization that for most of us “our space is not our own” anymore, i.e. our journal stacks are taking up some valuable real estate, so we should stay in touch with this as a group

Ruth expressed her appreciation for the good turnout and participation.

## Attachment 4

**Emergency Preparedness Summit  
Greater Midwest Region, NN/LM  
Club Quarters, 111 W. Adams Street, Chicago, IL  
The Buckingham Room  
Wednesday, April 16, 2008**

### Invited Participants / Regional Coordinators

IL Logan Ludwig, Stritch School of Medicine, Loyola University Medical Center (unable to attend)  
IN Joan Zivich, Community Hospital, Munster (unable to attend)  
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

### GMR Staff

Kate Carpenter, Director  
Ruth Holst, Associate Director  
Holly Burt, Outreach and Exhibits Coordinator  
Jacqueline Leskovec, Outreach and Evaluation Coordinator  
Charniel McDaniels, Network Services Coordinator

**8:00-8:30 AM Continental Breakfast**

**8:30-8:40 AM Welcome and Introductions (Ruth)**

**8:40-10:00 AM NN/LM Emergency Preparedness and Response Plan  
Dan Wilson, Coordinator, NN/LM EP Planning**

- Dan gave a PowerPoint presentation (available on Slideshare at <http://www.slideshare.net/dtw2t>) that provided an overview of the need for emergency preparedness planning within the region based on previous disaster declarations, locations of nuclear power facilities, etc.
- other issues addressed were a pandemic of influenza, wildfires, and others. However, he pointed out, flooding from broken pipes accounts for most of the damage done to library materials.
- most important issue to consider: identify essential services and resources and make plans to continue them in the event of an emergency/disaster
- while the plan is designed to include everyone, it is not exclusive and will provide assistance to all members regardless of their level of involvement—many members will not have the resources (i.e. staffing, time) to prepare a disaster plan or develop buddy-relationships, or to think through prioritizing collections for salvage
- Dan showed the Toolkit for the NN/LM Emergency Preparedness & Response plan, highlighting various features. It will be moved soon to the NN/LM server.
- outline of four scenarios, detailing levels of response within the organization

- three key elements of disaster plan: human safety, preservation of unique resources, service continuity
- encouraged members to borrow content from plans already created (i.e. procedures from plans linked to the toolkit)
- brief overview of how to plan in advance for working with salvage companies—most important part is to know what, if anything, in your collection is irreplaceable and needs to be saved at any cost. Those items need to be identified and will be the only ones that may need to be sent to a professional salvage company.
- look at IT issues: will your web page still be up and running in an emergency or disaster? think through different possibilities
- to push out: the eight steps to service continuity; concentrate on three aspects: human safety, essential resources, service continuity
- opportunities for training within the GMR will be identified; also SOLINET does train outside its area for a fee
- Linda asked whether the UT plan (on the toolkit) could be adapted for hospital libraries, and Dan was not certain, but would like feedback on how useful an academic library's plan would be to a hospital library
- there are no hospital disaster plans on the toolkit yet, and Dan is soliciting them. Many hospital libraries are part of their larger institution's plans.
- Barbara suggested presenting this at the state meetings to hospital librarians; Dan recommends they be the "apostles to the Heartland"
- dPlan, the NEDCC's template linked to the toolkit, is a good possibility for hospital libraries because it can be worked on in sections and saved
- MOU discussion: they are non-binding, but help to specify services that would be rendered
- RML will help with developing partnerships among members to use the MOU or have informal agreements
- pointed out NLM's Emergency Access Initiative—focused on online journal access; noted that point-of-care resources would be the ones needed in an emergency situation
- importance of table-top exercises/scenario-based training in developing response procedures
- preparedness can add value to our institutions
- encouraged community involvement (CERT, Red Cross, etc.)

### **10:20 Table-Top Exercise:**

(Jacqueline sent out the URL to the PowerPoint in Slideshare, as well as the URL to the toolkit after the meeting)

### **10:30 AM:**

The Table-Top Exercise began with the role playing of a call from a hospital librarian, Eileen, in Fargo, North Dakota to the GMR RML office. Ruth took the call and asked the initial questions.

- Eileen recommended re-routing DocLine requests to Diane (neighboring hospital librarian—VA hospital) (Dan: important to distinguish between borrowing and lending in DocLine, i.e. turn off lending, re-route borrowing)
- suggested that Ann Pederson (state representative on the work group) answer research questions until Eileen has re-established access to her resources, with Diane as back-up
- confirmed the main role of the RML in this scenario is to ask questions—suggestion that the office develop a check-list to make sure all questions are covered in the event that Ruth is not available (add this to the toolkit?)
- will be helpful to plan response in small frames of time, i.e. 48 hours or less
- could possibly borrow a computer from a nearby lab for the librarian to use

### **10:45 AM:**

Call from Ruth to Ann Pederson:

- gave account of the incident, informed of changes to DocLine status, asked if Ann had any further suggestions for assisting
- Ann: any indication yet about how long help will be needed? (Dan: might be better for Ann to find out remaining information by calling Eileen at this point.)
- a check-list for the state coordinators will also be helpful, especially how best to communicate
- Dan: reminder about using the flowcharts, which clarify the communication process, and also that the plan is designed to work along a relatively simple path, but can be tailored by each region to fit its needs best. The simpler the plan is kept, the better chance there is that it will work.

**10:48 AM:**

Call from Ann to Eileen:

- how to communicate with her, and where she will be re-located during the clean-up?
- also, how will be the best way to send resources? (fax, email?)
- is there a plan for dealing with the wet books? (Dan: referred to NEDCC and their 800 number, which connects with salvage advice 24/7)
- Linda: suggestion that they also check within their own states to see what commercial salvage services might be available
- Pat: agreed it's good to have as many resources as possible available within a simple framework
- Ann: when would be best for a follow-up call? Dan: varies from one situation to another, really depends on the circumstances—can work this out with Eileen
- Pat: Eileen could update her voice mail about the ways to contact her and could post a sign on the door of the library about the temporary closure and how to get help
- Ann: will put a message on the listserv about the incident. Dan: good to establish early on that the RML is in control of the situation
- Ruth: question as to when to bring in the RML staff person who is the state liaison, in this case Jacqueline, and what is the role of the resource libraries?
- Dan: recommends remembering that prioritization is key—keep needs at the critical services and resources level—helpers are not trying to replace the entire library capacity.
- Ruth: the RML could possibly help with funding to help with computer/equipment replacement. Needs will change as the situation develops.
- Holly: services will probably clear at different times
- the region's newsletter/blog, the "Cornflower" can be used to keep members apprised of the needs, progress and how people are doing
- Jacqueline confirmed that the Cornflower could be used for updates, and also advised clarity in terminology for changes in DocLine status, i.e. "deactivate" and "turn off lending" rather than "re-route"
- Charniel: additional clarification re DocLine: it can be "turned off" (deactivated), but it can't be made to forward a member's requests to another member's account as mentioned earlier. (The system will follow the routing table as it is set up.)

**11:10 AM:**

Dan suggested that the exercise be moved "up a level," supposing that Ann was going to be on vacation for 3 days. How would the ILL "bridge" be kept up in Ann's absence?

- state coordinators would notify the RML about the need for additional assistance
- the RML would be able to identify a participating resource library within the region
- the next player after the resource library would be the RML and possibly NLM
- belief is that all the resources within the GMR would participate

- Dan: MOU development is important in some regions, not so important in others, depending on existing relationships, etc. Some need a more formal agreement in place (MOU), and others do not.
- question: if a resource library (i.e. Mayo) is disabled, then the burden on the plan might be huge? Dan: the responses would remain the same, but the levels would change depending on where the implementation starts.
- Pat: could the workload from a large institution be divided among smaller network members?
- Dan: the need is not as great now as it once was due to so many resources being available electronically. He gave the example of UVa handling UNC's ILL borrowing for 3 days with just one person present.
- most resources are now hosted off-site, the exception being institutional web pages
- this does point out the need to keep core textbooks in print

#### 11:25 AM:

Dan: it is three weeks after the incident. What needs to be done now?

- Ann: will follow-up with Eileen and report on her status to Ruth. Once the incident is resolved, she will file her report on the NN/LM Emergency Preparedness & Response Toolkit.
- communication is key—most important to keep the lines of communication open and to provide follow-up
- consensus that the roles of the state coordinators are:
  - know the state resources
  - promote NN/LM's plan at state meetings and among existing networks
  - know training opportunities

#### 11:55 AM: Lunch and discussion of regional issues and goals

Follow-up from morning session:

- Ruth: possible to agree on what we want the state coordinators to do when they go back? How to know what is available within the states? Already have a listserv for the working group.
- Linda: sees the "to do" list for the state coordinators as investigating training opportunities, communicating to members about the plan and promoting the plan, plus providing follow-up

Training:

- suggestion to look at regional organizations in GMR to see what training is available
- Solinet is a possibility because they do offer training outside their purview if no other organization in the area provides it, but they must charge a fee for non-members
- perhaps the RML could help to offset some of the cost to GMR members
- perhaps suggest a webcast by MLA?
- Julie Page and Deborah Halsted have a class already on emergency preparedness, perhaps they could offer it via an MLA webcast
- Dan: suggested that Ruth contact Deborah and Julie and coordinate through MLA

How best to get started:

- Pat: the baseline questionnaire that went out—this will help to assess the state of disaster preparedness in the regions
- Ann: would like to take the plan basics back to her local organization, start with MOU development, and use the toolkit to get started
- Ruth: will explore regular network opportunities, and work with Linda to urge MLA to offer the webcast, with Deborah and Julie to be in on the planning
- Linda: question about clarification of what to do first

- Dan: suggests using the toolkit to get started, and that there is not any one best way; basically promote the plan, show use of the toolkit, and tell members about opportunities for training where needed
- Susan: Solinet does have many resources available free on their Preservation pages of their website, i.e. a guide to writing a disaster plan, a list of salvage companies, etc.

**Promotion:**

- Ruth: recommendations about how best to roll out? perhaps use the listserv? only about 50-60% of members are on the listserv
- Holly: look into a marketing/promotional article from NLM—waiting for all sites to go live—capability bookmark from HLM to include all websites
- Mary: gave a brief review of results from the questionnaire on emergency preparedness
- Dan: recommended waiting on the survey results to see what the status is in the region, but remain flexible within the states. Can go ahead if it seems best.
- Linda: suggests making a cheat-sheet with the important URLs, email, phone info

**Discussion on selection of back-up libraries:**

- what criteria should be used to select?
- similarity of systems (Illiad, etc.) plus networks—hospitals, etc.
- similar clientele—hospital, medical students, residents, etc.
- similar services provided
- geographic distance / relationship around the power grid
- Dan: this process also works best when kept as simple as possible

**Loose ends?**

- reporting and follow-up: Dan will notify everyone when the reporting form is available from the toolkit
- Ruth: the Table-Top Exercise was really helpful for getting issues out on the table—they might do these with the state groups
- Dan: even with 50 people, the exercises are still helpful—also good to have someone actually call in an incident rather than just using the people in the room as roleplayers
- still need to consider pandemic planning—the prospect that one out of every three people will be off from work, either ill or helping family members who are ill
- Ruth: asked the coordinators to let her know whenever gaps are found in the search for training opportunities, etc. Also, come up with a strategy for reminders, set some goals for timeframe.

**Key take-away points:**

- toolkit
- training
- assess needs
- report to RAC from state meetings

**Attachment 5  
Subcontractor quarterly report**

Go Local Project Name: Iowa Go Local

Submitted by (name and e-mail address): Chris Shaffer, chris-shaffer@uiowa.edu

Date Submitted: April 16, 2008

Dates covered:

xx January-March 2008

— April-June 2008

If currently receiving NN/LM funding, Contract number:

**Go Local Project Report**

**A. For Sites not yet released:**

Estimated release month/year: May 1, 2008

Progress on project timeline: On schedule

**B. For all projects:**

1. Major staff leaving or joining the project this quarter (name and role)

[Include all staff and their roles only in your first report.]

- Chris Childs joined the staff, replacing Mary White as Project Coordinator.

2. Database Development & Maintenance

[Include here sources of data identified, and work on records such as adding, indexing, auditing.]

- Work continued on entering new records, completing incomplete records and reviewing records.
- Iowa Go Local staff discussed data sharing options with staff from Iowa Compass, a free, statewide information and referral service for people with disabilities, their families, service providers, and other members of the community.

3. Website Development & Maintenance

[For NLM hosted sites include here changes to customization and implementation of optional features. For locally hosted sites, include here changes to design and functionality.]

- No activity.

4. Outreach and promotion efforts

[Include here articles, mailings, partnership efforts, summary of exhibits and presentations, and similar activities. Examples of promotional materials can be attachments.]

- No activity.

5. Other

[This may include funding (applying for or getting grants and donations), user feedback, evaluation or other research.]

- No activity.

**C. Statistics: For Locally hosted sites only:**

1. Monthly, quarterly and annual page views and unique visitors, with the proportion of these stats attributable to MedlinePlus topic page referrals. [Please submit these statistics by the 5<sup>th</sup> working day of the next quarter.]

2. Any down times that occurred during the quarter for the public site

**D. Optional: Statistics for NLM hosted sites**

[Not needed by NLM but many projects include for other purposes.]

**E. Optional: Comments and Suggestions on this form**

**Attachment 6  
Subcontractor quarterly report**

## **Great Rivers Partners for Health-E People**

**Gundersen Lutheran  
La Crosse, WI 54601**

Submitted by: Melinda Orebaugh  
Gundersen Lutheran  
1900 South Ave.  
H01-011  
La Crosse, WI 54601

Email:  
mgorebau@gundluth.org  
Telephone:  
(608)775-5406  
FAX  
(608)775-6343

**Quarterly Report No. 1  
March 1 – April 30, 2008  
Submitted May 15, 2008**

**SUB615  
Contract No. NO1-LM-6-3503**

### **Executive Summary**

This first quarter of the subcontract funding period has been primarily devoted to the development and production of the online health literacy awareness courses for consumers and professionals, and to the arrangement of the publicity and marketing to promote the courses once they “go live”. The planning committee completed both course outlines and content for the professional instructional designer by early April, and we are waiting for the final proofing/storyboarding near the end of May and expect the courses to be loaded on the Community Literacy Coalition’s website and available to the public (healthcare professionals and consumers) by mid-June. Also completed is the PowerPoint training program for public librarians, and we have begun promoting the training programs via local library newsletters. Additionally, the Community Literacy Coalition’s website and health literacy subpage content have been submitted to the website designer and will be live by early June in preparation for the hosting of the online courses. We have ordered and received most of the equipment to be used as we pilot different venues of patient education (iPods, Zunes, portable DVD players). Finally, publicity pieces have been printed and the publicity kickoff date has been scheduled for June 24<sup>th</sup>. We are planning a large-scale community presentation that will include administration from

Franciscan Skemp/Mayo Health System, Gundersen Lutheran, the Community Literacy Coalition, and University of Wisconsin-La Crosse.

#### Description of Progress towards Major Objectives

##### **a. Administrative / Planning Activities**

- Content for both healthcare professional and consumer online health literacy awareness programs developed and submitted to instructional designer
- Logo for Great Rivers Partners for Health-e People designed (for use on stationery, website banner, publicity pieces, etc.—see cover page of this report)
- Training program for public librarians designed, now being marketed.
- Media kick-off scheduled for June 24. Will involve administrative personnel from partner organizations and representative from NLM.
- Equipment to be used and tested as patient education vehicles ordered and received.
- Collaborated with GMR on the subcontract budget reimbursement and have an internal process in place in Gundersen Lutheran.

##### **b. Collaborations / Partnerships**

- Community Literacy Coalition, Franciscan Skemp/Mayo Health System, Gundersen Lutheran, and University of Wisconsin-La Crosse continue to meet in regular planning meetings.
- Contract has been negotiated with Gundersen Lutheran and Great Rivers 2-1-1 to handle incoming phone calls regarding health literacy. Includes addition of the term “health literacy” to the 2-1-1 national database.

##### **c. Publicity / Marketing Activities**

- Melinda Orebaugh has made a presentation on health literacy and the NLM subcontract project to the administrative team at Gundersen Lutheran.
- Doris Doherty and Elly Lensch have made a presentation on health literacy and the NLM subcontract project to the Board of Directors of the Franciscan Skemp Foundation.
- Melinda Orebaugh and Kaye Crampton conducted social marketing research at a patient advisory group that reviewed and discussed the draft of the publicity brochure piece for consumers to promote the Great Rivers for Health-e People project.
- Brochures for consumers on health literacy have been printed and distributed to the Community Literacy Coalition Board, Indiana Health Science Library Association, and University of Wisconsin-La Crosse Health Science Consortium. Melinda Orebaugh had a display promoting this project at the annual conference of the Indiana Health Science Library Association in Indianapolis.
- About 1500 small plastic notebook cases (“jotters”) with the Great Rivers Partners for Health-e People logo and url of the online course will be ordered as promotional giveaways. (Though url isn’t currently shown on the attached pdf, it will be added to the final product.)

##### **d. Product / Resource Development Activities**

- Brochure developed for consumer, professional brochure in process.
- Online courses in process.

##### **e. Site Visits (number of sites, description of sites, target populations) - None**

- f. **Outreach Activities** (total number of sessions, total number of sessions in which over half of participants are from minority populations, total number of participants for quarter, breakdown of count of participants by:

Health care or service provider, with subtotal of public health personnel

Health sciences library staff member

Public/other library staff member

Member of general public

Activity	Date	Total # of Participants	#General Public	# Service Providers			
				# Public Health	#Health Sci Library Staff	#Public Library Staff	Other
Adminstrative team presentation on health literacy	2/5/07	20	0	0	1	0	20
Cathedral Health Fair, St. Joseph the Workman Cathedral, La Crosse, WI (preliminary activity)	2/7/08	25	20	1	1	0	3
Optimists' Club of La Crosse, WI (preliminary activity)	2/27/08	8	6	0	1	1	0
Social marketing: Focus group of consumers to review health literacy awareness brochure for the public. La Crosse, WI	3/27/08	15	11	0	2	0	2
Indiana Health Sciences Library Assoc conference display, Indianapolis, IN	4/10-4/11/08	50	0	0	1	0	45
Indiana Health Science Librarians conference continuing education class taught by Melinda Orebaugh on health literacy, Indianapolis, IN	4/10/08	45	0	0	1	0	45
Presentation on health literacy to Hmong elders, La Crosse, WI	4/26/08	11	8	0	1	0	2

**g. Web site development activities**

- The planning committee has worked with the Community Literacy Coalition's web designer to update the site and ready it to host the online courses. We have also designed a health literacy subpage on the website which will contain the two online courses and tool kits about health literacy for both consumers and healthcare professionals.

**h. Exhibits**

- Cathedral Health Fair, St. Joseph the Workman Cathedral, February 7, 2008, La Crosse, Wisconsin. Community health fair, attended by approximately 150, actual contact made with 25. See "f. Outreach Activities", above.
- Indiana Health Sciences Librarians Association, April 10-11, 2008, Indianapolis, Indiana. Display table at conference, contact made with approximately 50 people. See "f. Outreach Activities", above.

**Loansome Doc / Document Delivery Activities – N/A**

**Evaluation Activities – N/A**

**Problems / Corrective Actions - N/A**

**Lessons Learned / Significant Feedback**

The social marketing process we went through with the patient advisory group was very helpful for us as we developed the consumer brochure for health literacy awareness. Based on the feedback of the group, we made numerous changes in the brochure, and feel confident that it will speak effectively to our consumer population.

### **Projected Activities for Next Quarter**

- Finalization of online courses
- Finalization of Community Literacy Coalition website re-design and update.  
Load online courses.
- Planning for June 24<sup>th</sup> media kick-off. Requires invitations to all letter of support writers, coordination of subcontract partners and their administrative officers, open house preparations (event will take place at Gundersen Lutheran with open house afterwards at the John & Nettie Mooney Health Resource Library), printing of brochures.
- Institute for Healthcare Advancement conference, May 1, 2008, Los Angeles, CA.  
Poster presentation.
- Special Library Association annual conference, June 17, 2008, Seattle, WA.  
Poster presentation.

### **Reports of Training/Demonstration Sessions and/or Exhibit Reports – N/A**

Appendix: The following items are attached.

- Press release to WHSLA (Wisconsin Health Science Libraries Assoc) newsletter and article in Whirlpools, the Winding Rivers public library area newsletter
- Grant talking points
- Consumer brochure about health literacy
- Photo of health literacy display
- Photo of promotional notebook “jotter” to be used as a giveaway item
- Timeline

**Attachment 7  
Subcontractor quarterly report**

Go Local Project Name: \_\_\_\_Go Local North Dakota: Discover Health Services Near You \_

Submitted by (name and e-mail address):\_\_Judy Rieke, jriek@medicine.nodak.edu\_  
\_\_\_\_\_

Date Submitted: \_\_April 11, 2008\_\_\_\_\_

Dates covered:

January-March 2008

April-June 2008

**If currently receiving NN/LM funding, Contract number: \_\_\_\_ HHS NO1-LM-6-3503**

**Go Local Project Report**

**A. For Sites not yet released:**

Estimated release month/year \_08/08\_\_\_\_\_

Progress on project timeline

Our activities are in sync with our time line. Specific activities on our time line for this period include:

- Hire and employ data input specialist - accomplished
- Identify resources – ongoing.
- Collect and enter data – 1,140 records entered and approved
- Test with collaborators – no progress; but NLM did a review and offered suggestions.

**B. For all projects:**

1. Major staff leaving or joining the project this quarter (name and role)

[Include all staff and their roles only in your first report.]

- Data Input Specialist hired on January 7<sup>th</sup> is Sarah Owens, UND student in Educational Leadership with experience as coordinator for Women's Health CORE, and she also worked for the College of Nursing.

2. Database Development & Maintenance

[Include here sources of data identified, and work on records such as adding, indexing, auditing.]

- Most of our energy this quarter was devoted to adding records. Sources of records included Medicare data from NLM, hospital and clinic data from the ND Medical Association and individual hospitals (from SW Clinical Campus Librarian), public health unit data from individual units, health associations (ND Medical Association), services on or near the Ft. Berthold Indian Reservation (compiled by Rural/Reservation Community Partners Americorps, spreadsheet data extracted from 211, and information searched directly on the web.

- Records are indexed as they are added and approved in a timely manner.
- Record creation has relied on a mix of importing files, copying and editing records already existing in Go Local, and originally creating records by filling out a new form.
- The auditing function was thoroughly examined. The records completed by the end of February had not had audit dates set, so those records are now being manually set for audit. Our practice was changed to incorporate setting the audit date at the time of record creation.

### 3. Website Development & Maintenance

[For NLM hosted sites include here changes to customization and implementation of optional features. For locally hosted sites, include here changes to design and functionality.]

- Explored options for colors and individualizing our site.
- Work began on developing a graphic and banner. The tagline of “Discover Health Services Near You” was selected. It interfaces with a “Discover North Dakota” theme used by the state tourism department. The graphics department at UND School of Medicine has developed several prototypes, and we are in the process of selecting one.

### 4. Outreach and promotion efforts

[Include here articles, mailings, partnership efforts, summary of exhibits and presentations, and similar activities. Examples of promotional materials can be attachments.]

- Several contacts were made with potential providers of data such as large hospitals, Rural Assistance Center, ND Department of Public Health, and the State Library.
- Formal presentations were made to the state’s public health departments (as part of a statewide meeting conducted through video conferencing) and to the Moorhead (Minnesota) Public Library Staff. Moorhead is a border city, and Minnesota’s Go Local was used in the presentation and at the request of the Minnesota Go Local staff.
- Information was included and questions answered at a library exhibit at the state’s Rural and Public Health Conference in Fargo March 26<sup>th</sup> and 27<sup>th</sup>.

### 5. Other

[This may include funding (applying for or getting grants and donations), user feedback, evaluation or other research.]

- 

### **C. Statistics: For Locally hosted sites only:**

1. Monthly, quarterly and annual page views and unique visitors, with the proportion of these stats attributable to MedlinePlus topic page referrals. [Please submit these statistics by the 5<sup>th</sup> working day of the next quarter.]

2. Any down times that occurred during the quarter for the public site

### **D. Optional: Statistics for NLM hosted sites**

[Not needed by NLM but many projects include for other purposes.]

### **E. Optional: Comments and Suggestions on this form**

**Attachment 8  
Subcontractor quarterly report**

Public Health Subcontract

**Creating a Road Map: Local Public Health 2.0**

University of Michigan  
3003 S. State St.  
Ann Arbor, MI 48109-1288

Jane Blumenthal, Director  
Health Sciences Libraries  
University of Michigan  
1135 E. Catherine St.  
Ann Arbor, MI 48109-2038

janeblum@umich.edu  
(734) 936-1403  
(734) 936-1404 FAX

2<sup>nd</sup> Quarter Report, February 2008 through April 2008

Submitted Date: May 15<sup>th</sup>, 2008

**Executive Summary**

The methodology for the Creating a Road Map: Local Public Health 2.0 subcontract is evolving based on our partners' needs. Based on initial meetings with both the Genesee and Monroe Health Departments, we have made the following adjustments:

The Genesee County Health Department has identified specific individuals who will be participating in the training and technology integration phases of this project. This group of about 20 public health workers was more interested in working on projects which integrate the use of Web 2.0 technologies and less on a broad set of training sessions. To this end, we held a single two hour training session in which we defined "Web 2.0," including which technologies are involved and how these technologies can be applied to local public health practice. During the training we also included a brainstorming session in which the group discussed how they could apply Web 2.0 technologies to their specific areas of interest. Following this training, this group will be meeting to discuss among themselves which projects they would like to pursue with the help of the subcontract project team. We will work with them to finalize the list of projects and then organize training for small groups and individuals who will be working on each project.

The Monroe County Health Department is in the midst of preparing for accreditation and was interested in pushing back the start date for working on this project. We will meet

with their project liaison at the end of the summer and plan to begin working with the Monroe County Health Department in September. The ongoing work at the Genesee County Health Department will be informative to the project work with Monroe.

The needs assessment survey was created and is currently being completed by all staff at each health department.

## **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.*

An initial meeting was held with the Genesee County Health Department. Fifteen staff members were invited by Ward Lindsay, the project liaison, to attend the meeting. G. Mayman and A. Grodzinski presented the goals of the project and led a discussion to clarify how the project methodology could be tailored to meet the needs of the health department. There was a great amount of excitement and interest among the staff. They were particularly interested in indentifying projects to work on and less on attending a broad set of training sessions. We will be adjusting our methodology and timeline accordingly.

An initial meeting was held with the Monroe County Health Department. The meeting was attended by the Public Health Management Team. G. Mayman and A. Grodzinski presented the goals of the project. While there was excitement and interest among the Management Team, there was also concern about a lack of time and ability to focus on this project right now. The Health Department is currently preparing for accreditation and the staff is overextended. It was decided that we would begin our work with this group in September and that we will be able to use the project work, training sessions, and lessons learned with Genesee County to inform the work with Monroe County.

G. Mayman, A. Grodzinski, W. Townsend, A. Perorazio, and H. Truong created a questionnaire for the needs assessment of each health department. The project team worked with an evaluation researcher at the University of Michigan Center for Research on Learning and Teaching as well as the project liaisons at the Genesee and Monroe Health Departments to finalize the survey. A Survey Monkey account was purchased in order to administer the survey. All staff members at each health department have been asked to participate. The survey results will be completed by May 9<sup>th</sup>. The survey can be accessed at: <http://tinyurl.com/4eo9p4>.

### Objective 2

*Train public health workers in the skills needed to strategically use and incorporate Web 2.0 technologies into the work of the department.*

An initial two hour training session was held at the Genesee County Department of Health by W. Townsend, A. Grodzinski, and G. Mayman. The session explained what is meant by "Web 2.0", what technologies are involved, and how these technologies can be applied to local public health practice. During the training session we also included a brainstorming

session in which the participants discussed how they could apply Web 2.0 technologies to their specific areas of interest. Seventeen members of the health department attended, including the Health Officer.

A project blog has been created to be used during the duration of the project to post information about training sessions, provide follow-up information after each session, and to discuss any issues or concerns relating to Web 2.0 technologies which arise during the project. The blog will also be used to highlight specific resources and technologies. <http://publichealth20.wordpress.com/>.

### **Loansome Doc/Document Delivery Activities**

Not applicable.

### **Evaluation Activities**

Not yet applicable.

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

For the Genesee County Health Department, the focus of the project will be on integrating Web 2.0 technologies into the work of the department and less on offering training sessions to large groups. Training sessions will be limited to the individuals and small groups working on specific projects.

Work with the Monroe County Health Department will not begin until September 2008.

### **Lessons Learned/Significant Feedback**

Not yet applicable.

### **Projected Activities next Quarter (May – July)**

- Analyze results of the questionnaire
- Identify and begin implementation of projects for Genesee County Health Department
- Provide training to individuals and small groups at Genesee County Health Department
- Continue to develop project blog
- Continue to develop project wiki

### **Reports of Training/Demonstration Sessions and/or Exhibit Reports**

Genesee County Health Department Initial Training Session report attached

**Quarterly Report, February 2008 through April 2008**

		<b>Genesee Status</b>	<b>Monroe Status</b>
<b>Objective 1</b>	Plan and hold kick off meetings	Completed	Next step
	Identify project liaisons	Completed	Completed
	Plan focus groups	In progress	Next step
	Conduct and evaluate focus groups	Next step	Next step
	Develop and distribute pre-test	Completed	Completed
	Gather/evaluate results of pre-test	In progress	In progress
<b>Objective 2</b>	Create instruction plan	In progress	
	Develop/adapt course material	In progress	
	Create schedule for courses	Next step	
	Finalize training locations	Completed	
	Teach courses	In progress	
	Analyze course evaluations		
	Create project blog	Completed	
	Develop and distribute post-test		
	Gather/evaluate results of post-test		
<b>Objective 3</b>	Plan and hold staff retreats	N/A	
	Work with individuals & groups to apply technologies	Next step	
	Develop and distribute final project survey		
	Gather/evaluate results of final project survey		
<b>Objective 4</b>	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 9  
Subcontractor final  
report**

**Accessibility Center Final Report**

**Cover Sheet**

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

**Name of Institution: Alliance Library System**

**Location of Institution: 600 High Point Lane,  
East Peoria, Illinois 61611**

**Contact Information for Report Author:  
Lori Bell, Director of Innovation,  
Alliance Library System,  
600 High Point Lane, East Peoria, IL 61611.  
Email: [lbell@alliancelibrarysystem.com](mailto:lbell@alliancelibrarysystem.com)  
Phone: (309) 694-9200 ext. 2128  
Fax: (309) 694-9230**

**Inclusive Dates: April 1, 2007  
through March 31, 2008**

**Date Submitted: April 24, 2008**

# Narrative Report

## Executive Summary: The Project's Major Accomplishments

The goal of the Accessibility Center is to provide continuing education and awareness about disabilities to the residents of and visitors to Second Life. The information materials and interactive exhibits center around specific types of disabilities, the accessibility of virtual worlds and electronic games, support and resource groups in Second Life for persons with disabilities, and aspects of assistive technology in the real world.

Lori Bell served as the Project Director, and Kristen Hall and Alice Krueger served as co-Project Coordinators. Ms. Hall (Katt Kongo in Second Life) is the editor of the Metaverse Messenger, the most popular newspaper in Second Life. Ms. Krueger (Gentle Heron in Second Life) is the co-founder of the Heron Sanctuary in Second Life. The Heron Sanctuary serves as a safe place for people with disabilities in Second Life.

Speaking at the February 28, 2008 live in-world panel discussion on HealthInfo Island in Second Life called "Accessing Second Life: Universal Design in a Virtual World" conducted by panelists Atsuko Watanabe and Jondan Lundquist, Carol Perryman, the Project Coordinator of HealthInfo Island, noted, "The Accessibility Center also has an objective of enhancing awareness. We're about helping people to know about assistive technology in RL and in SL; about different kinds of disabilities, and providing a space for the support of in-world groups of people who are disabled. Working with this Center is my wonderful colleague Gentle Heron, host for today's event, and a number of other people. Her activities at the Heron Sanctuary, providing a community of support and helping people navigate the geography and skills needed in SL, are truly important to us here at HealthInfo Island. Making the Heron community a visible and vital part of the overall SL community IS important – it can help to change perceptions on the part of others about what a disability is, helping all to see how truly interrelated we are as humans in a world - virtual or real – with barriers to access that also bar the way to new ways of being."

The panel discussion was chaired by Alice Krueger, and speakers included Carolina Keats (Carol Perryman's avatar) and two subject experts:

With 35 years in education and rehabilitation services, **Jondan Lundquist** often found himself devising home made accessibility solutions for his students. Returning to studies in biomechanical engineering and later, a doctorate in education, Lundquist now works as a consultant in assistive technology in the Western United States. Jondan's interest in Second Life is in accessibility solutions for residents who have disabilities or impairments, in order that they may have the best possible in-world experience. Whether in the appearance of a building, an interface adaptation, or addressing any other particular need or desire of a resident, he hopes to use his expertise to apply principles of Universal Design whenever possible.

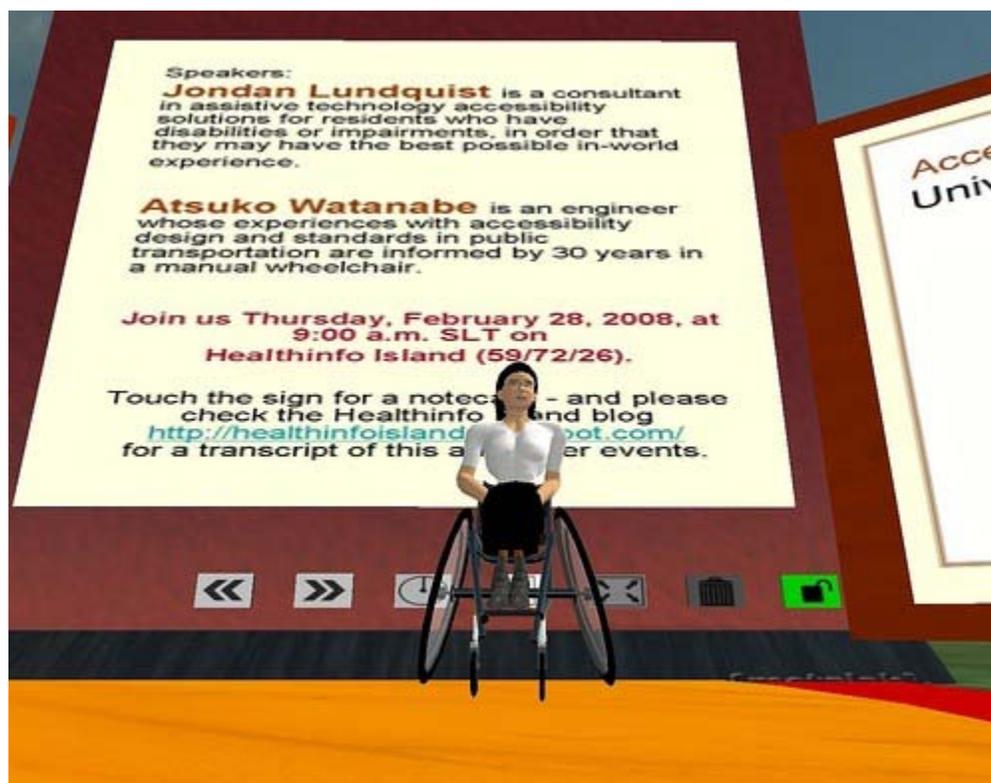
**Atsuko Watanabe** spends her Second Life redesigning and rebuilding some of the structures on Simon Walsh's Second Ability sim. Watanabe is a degreed engineer who has worked on accessible transportation engineering projects for many years, including contributing roles for major regulation and design criteria documentation for subway, bus, and light rail systems, recreational, and prison system. Atsuko has been a manual wheelchair user for over 30 years.

Watanabe will discuss her experiences with accessibility issues in SL, as well as how access and acceptance of people with disabilities in SL is a reflection of attitudes in RL.

The chat transcript, and the slides from the panelists, are available on the Healthinfo Island blog: [http://healthinfoisland.blogspot.com/2008/02/accessing-second-life-universal-design\\_28.html](http://healthinfoisland.blogspot.com/2008/02/accessing-second-life-universal-design_28.html)



Panel discussion, February 28<sup>th</sup>, 2008: *Accessing Second Life: Universal Design in a Virtual World*



Atsuko Watanabe, speaking at the *Accessing Second Life* panel discussion.

The event was written up by Nobody Fugazi, on his blog:  
<http://www.your2ndplace.com/node/937>

From that report:

“Overall, I would have to say that this meeting was a stunning success - I say that because there was a lot of involved and informed discussion on a topic that is hardly mentioned in Second Life or other virtual worlds. It immediately made me think of other synthetic worlds and how usable they are in contrast - and how this could be improved in the future.”

Other notice of this event came from the egov site of Victoria, Australia <http://www.egov.vic.gov.au/index.php?env=-inlink/detail:m2803-1-1-8-s-0:l-10109-1-1--> who linked to the Healthinfo blog entry for the event; from the website for the National Center on Disability and Access to Education (NCDAE) connected to Utah State University's Center for Persons with Disabilities; and a number of other blogger sites picked up the event: a Google search for such links netted 314 hits. It is interesting to find that very disparate blogs such as that of a self-described anthropologist observing health activities in a virtual world, a Tokyo blogger who also took the opportunity to tour Healthinfo Island (<http://slrank.com/slblog/?eid=2669>), and a site about accessibility design such as PlanABC: web standards, accessibility, usability picked up on the event.



An equally successful event was the presentation by Namav Abramovic (Nick Dupree in real life) entitled “Grassroots Advocacy in Second Life”.



Picture of Nick Dupree from the NPR site. NPR interviewed Nick about his one-man fight for continued Medicare funding, here:

<http://www.npr.org/templates/story/story.php?storyId=974391>

Nick, who is now a member of the Advisory Committee for the new Virtual Ability Island project also funded by GMR/NNLM, is associated with the Heron Sanctuary, and has become an activist, successfully suing Alabama Medicaid for continued at-home coverage past the age of 25 for disability care. He shared his experience and led a very lively and informative discussion with approximately 35 other avatars in attendance. This group was comprised mostly of people with disabilities, and the opportunity permitted them to speak out about frustrations and fears. In addition, a number of health professionals were in attendance.

Slides and the full transcript for this event are also available on the Healthinfo blog, <http://tinyurl.com/5o79b8> . Here too, as with the previously noted event, health and education bloggers wrote about or linked to the Healthinfo blog. An example is the entry written by Aldon Hynes, <http://www.orient-lodge.com/node/2800>, excerpted below:

“So, let’s take a reality check from an unlikely and unreal venue, Second Life. Second Life is a place where people can create avatars, representations of themselves, that interact with one another. These avatars can be different from how people are in real life. The unattractive can become more attractive, people can become animals, they can change genders and they can experience disabilities or freedom from disabilities that they can’t in real life. The woman with a fused backbone can jump on a trampoline, a wheelchair bound person fighting MS can go down a waterslide.

More importantly, people can connect with one another and share experiences and perspectives that they normally don’t share. The other day, I heard a joke from a wheelchair bound person that those of us who are temporarily able bodied may never have heard, but apparently is well known by wheelchair bound people.

Actually, let me take a moment before I go on with the joke. You see, the phrase “Temporarily Able Bodied” is one that I learned last night as I sat with my disabled friends in Second Life. It is an important perspective. During this time of Lent, Christians are reminded that “dust you are, and to dust you shall return.” However, we are rarely reminded that our journey back to dust often comes with the loss of abilities we’ve taken for granted. My mother who was the able bodied homemaker of my childhood has tremors now and can no longer even knit, let alone do many of the tasks that were essential to my childhood.”

From Nick, a quote: “To deny inclusion is to deny humanity.”

This project has succeeded in developing an Accessibility Center in Second Life that contains a wide variety of informational and experiential objects and exhibits that have been used by hundreds of visitors during the project period. The Accessibility Center team also has planned, organized, and conducted several well-attended live in-world events, from the grand opening near the beginning of the grant period to the program on universal design near the conclusion of the grant period.

## **Geographic Region/Number of Counties: List of the geographic regions impacted by the project**

Because Second Life is a global village of avatars, for this project we need to think in terms of the global impact. The Accessibility Center has been visited by hundreds of avatars. Although no attempt was made to learn the geographic locations of the people behind the visiting avatars, given the diverse worldwide population within Second Life, it is safe to assume that people from several continents have been able to experience first-hand the Accessibility Center.

## **Collaborations/Partnerships**

### **Names and Types of organizations**

#### **Dreams and Brigadoon Islands**

Sojourner Truth, the woman who runs "Dreams" island for stroke victims and "Brigadoon" for people with Asperger Syndrome and adult autism spoke to the project team about how we could work together. Quoting from a notecard about Dreams available near the center pavilion on HealthInfo Island, "The Sojourner (Soj) and Rick Kent started Dreams in Luo to accomplish a number of dreams:

1. To provide a base for creative interaction among people in SL.
2. To provide an area for teaching, holding discussions, and holding events.
3. To provide a support base for people who encounter strokes (brain attacks) in their own lives or in the lives of their loved ones."

#### **Health Support Coalition**

In late 2007 Carol Perry, Project Coordinator, 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), collaborated to form a new support group in Second Life. Quoting from the notecard about the group available on HealthInfo Island, "The Health Support Coalition is a group of support group leaders within SL who focus on health issues and conditions. The group is meant to be means of sharing information, supporting each other in keeping our groups viable, and assisting new groups get their footing." Because it is very difficult to reach Second Life participants, the Health Support Coalition has proven to be a valuable tool for promotion and collaboration.

#### **Heron Sanctuary**

The Accessibility Center and the Heron Sanctuary have had a close working relationship throughout the project. Gentle Heron, one of the founders and leaders of the Heron Sanctuary, was instrumental in the success of the Accessibility Center. Quoting from the inaugural issue of the Heron Sanctuary Newsletter, "The Heron Sanctuary is a project in Second Life to develop and sustain a supportive community for disabled people both already in SL and those who want to enter it. Just as in the real world, disabled people face access barriers in joining and participating in SL. The Sanctuary project is designed to provide the assistance disabled people

need. The Sanctuary officially began on June 29, 2007 when groundbreaking occurred on EduIsland 4.”

### **Homeless Shelter in Second Life**

Project team members met with Traderjohn Susa, who is running a Homeless Shelter which trains people with disabilities on how to do things in Second Life, how to create and run a business, and offers low interest loans for disabled individuals who want to run a business.

### **Mark Ravenscraft**

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.

### **National Physical Laboratory (UK)**

The NPL designed and created the Protanopia Room.

### **Current status of partnerships**

Partnerships and collaborative efforts with these and other groups in Second Life continue as needs and opportunities arise.

### **Challenges Encountered**

Each group in Second Life has its own internal politics, personalities, and pecuniary needs—the 3 P’s. Sometimes the 3 P’s can hamper or even kill a collaborative initiative involving two or more groups.

### **Lessons Learned**

Strong yet flexible leadership is essential to many collaborative efforts involving two or more groups. Each group needs to feel that they are getting sufficient benefit from the collaborative effort as they continue to pursue their mission.

## **Training/Demonstration Sessions**

### **Total number of sessions conducted**

During the three-month period from August 1 through October 31, 2007, the following instructional sessions were held:

- “Looking for Health”
- “Come See What We’ve Got: Low Vision Resources”
- “Starting a Second Life Business”
- “SL Basics for Newcomers”
- “Avatar Creation and Shopping in Second Life”

Average attendance for each class was 15 during the afternoon and 5 during evening programs.

From October through November, classes were held on:

- Startng an SL Business
- The Basics of Avatar Creation
- Avatar Creation
- Shopping

From November through 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, 2007, Katt Kongo hosted a music event which attracted 43 people.

In December and January, Katt Kongo and Fleet Goldenberg worked together to offer regular tours of the accessibility center.

### **Total number of sessions in which half or more of the participants were from minority populations**

Most of the large events held at the Accessibility Center during the grant period attracted many persons with physical challenges.

### **Total number of participants**

An estimated 225 avatars have participated in one or more of the training and instructional sessions held by Accessibility Center staff and volunteers.

### **Breakdown of participants by**

#### **Health care or service provider, with a subtotal for public health personnel**

##### **Health sciences library staff**

##### **Public/other library staff**

##### **General public**

Because we did not ask avatars to provide demographic information about themselves or to self-declare their professional affiliations for each Accessibility Center event they attended, we can only estimate that at least of the participants were members of the general public (although many of these individuals were affiliated with one or more disability support groups in Second Life), probably one-third of the participants were health care or health service providers, and less than 20 percent were library staff members at any type of library.

## Training Sites

### Brief descriptions of training sites

#### Overview of the Accessibility Center on Health Info Island



The Accessibility Center on HealthInfo Island in Second Life is a high-rise building. Most floors contain an exhibit centered around a specific accessibility theme (e.g., blindness and low-vision, or hearing). Three sides of the building are enclosed with walls, but the fourth side is open, so that visitors may fly up and into any floor. There also is an internal teleportation system within the building for moving from one floor to the next. The themes of each floor are as follows:

- 1<sup>st</sup> Floor: General Welcome Area
- 2<sup>nd</sup> Floor: Mobility/Dexterity Resources
- 3<sup>rd</sup> Floor: In-World Support and Groups
- 4<sup>th</sup> Floor: Blindness and Low Vision
- 5<sup>th</sup> Floor: Audio Description
- 6<sup>th</sup> Floor: NLM Tutorials
- 7<sup>th</sup> Floor: Hearing
- 8<sup>th</sup> Floor: Learning Disability Resources

- 9<sup>th</sup> Floor: Learning Disability Resources 2
- 10<sup>th</sup> Floor: Assistive Technology Resources
- 11<sup>th</sup> Floor: Meeting Area
- Rooftop: Meeting Area

## Exhibits

### **List all exhibits connected with the project**

Nearly every floor of the Accessibility Center is an informational exhibit about a category of disability or an overview of a service agency, such as NLM. Valerie Brandon was the member of the project team who took the lead on researching, selecting, creating, and organizing the 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.

Other exhibits, such as the Protanopia Room, which allows visiting avatars to experience the effects of a certain type of color blindness, are located near but not in the Accessibility Center tower.

## Resource Materials

### **Brief descriptions of any materials developed for training or for promotion/marketing.**

Because most floors of the Accessibility Center building contain exhibits, each floor contains materials and handouts. Other promotional materials were developed for specific events. For example, for the grand opening a press release was written and disseminated widely. A copy of the press release is available as an open-air bi-fold poster near the entrance to the Accessibility Center.

## Web Sites

### **Current status of web sites created as part of this project**

The Heron Sanctuary started a wiki website on health and accessibility in Second Life. Accessibility Center volunteers and staff contribute content to this. That wiki website currently is parked.

### **Plan for future maintenance of these web sites**

The Accessibility Center will remain on HealthInfo Island indefinitely. As time and funding permit, the exhibits on each floor will be updated and/or replaced by entirely new exhibits.

### **Impact of these web sites**

The existence of the Accessibility Center in Second Life and the programs and services associated with it have had a noticeable impact on persons with disabilities who are active in Second Life, as well as on groups comprised of these individuals.

## Document Delivery and Reference Service

### **Provide appropriate statistics**

Neither document delivery nor reference service as traditionally conceived were made available through this project.

## Approaches and Interventions Used

### **Describe the specific steps or activities used in the following areas:**

#### **Identifying and scheduling sessions**

The project team for this grant project included volunteers from several groups and organizations. The project team met frequently to discuss possible programs and exhibits and when to schedule them. The input and feedback from the volunteers was invaluable.

## **Promotion/Marketing**

### ***Grand Opening***

The grand opening of the Accessibility Center was held on September 9, 2007. Approximately 38 avatars attended the grand opening, which featured welcoming addresses from various members of the project team, a panel discussion involving Gentle Heron, Lorelei Juno, and Carolina Keats, tours of the facility, and a live music concert.

### ***Metaverse Messenger***

Kristen Hall placed ongoing ads on the Accessibility Center in the Metaverse Messenger. The opening was publicized to publications in Second Life and radio stations.

### ***Linden Lab Publicity Team***

Katt Kongo sent news items about the Accessibility Center to the Linden Lab publicity team.

### ***YouTube Machinima***

Katt Kongo produced several short machinima (or films made within Second life) that highlight the Accessibility Center. They have been made available through YouTube. For an example, please visit the following URL: <http://www.youtube.com/watch?v=wuE0wol4jx8>

### ***Articles***

Several HealthInfo island staff and volunteers were interviewed for an article on health resources in Second Life which appeared in the "Washington Post."

## **Evaluation**

### **Evaluation methods**

#### **Observation of Events, Workshops, Exhibits, Resources, etc.**

The project evaluator attended many of the events and viewed many of the exhibits conducted in association with the Accessibility Center in order to gain first-hand knowledge of the level of participation and general levels of interest of the participants. The project evaluator also attended most of the weekly or biweekly meetings of the project team.

#### **Interviews with project team members and stakeholders**

During the course of the grant period, the project evaluator conducted several interviews with members of the project team and representatives of stakeholder groups.

### **Proximity Sensors**

Proximity sensors are small, inexpensive devices that, when deployed and activated, keep a tally of how many unique avatars enter the space within a set radius of the sensor (25 feet, for example) within a given period of time (hour, day, week, and month). Although proximity

sensors do not gather information about repeat visitors to the Accessibility Center, and although the sensors do not gather demographic data or survey responses, these raw indicators of basic traffic can provide useful information about the overall use of the Accessibility Center.

Proximity sensors were deployed and activated near the main teleportation station in the center of Health Info Island, as well as on the following floors of the Accessibility Center: First, second (Mobility/Dexterity), third (In-World Support and Groups), fourth (Blindness/Low-Vision), sixth (NLM Tutorials), seventh (Hearing), ninth (Learning Disabilities 2), and on the rooftop (meeting space). The sensors on the fifth and eighth floors either were malfunctioning or non-existent.

From mid-September through the end of December, 2007, the average number of unique avatars who visited the first floor of the Accessibility Center ranged from 24 to 67, with many data points at the time of each observation in the mid-40's. The average number of minutes spent by each avatar within the sensor range of the sensor on the first floor ranged from 6.3 to 13.0 minutes.

During the first three months of 2008, after a new teleportation station specifically for the Accessibility Sensor was added to the lawn area in front of the Accessibility Sensor, the number of monthly unique visitors to the first floor sensor area increased to over 100, but the average number of minutes spent by each visitor did not increase.

During the final three months of 2007, the sensor on the second floor consistently reported the number of unique visitors in the 60's, with the average number of minutes spent per minute ranging from 5.8 to 9.1. Again, after the new teleportation station was installed in front of the Accessibility Center in early January, the number of unique visitors per month jumped into the low 100's, but the average number of minutes spent within range of the proximity sensor did not increase.

Data generated by the proximity sensor on the third floor (In-World Support and Groups) during the final three months of 2007 indicate an average number of unique visitors per month consistently in the low 40's, with the average number of minutes spent within range between 6.1 and 8.1 minutes. During the first three months of 2008 the average number of unique visitors jumped to the low 60's, but again the average number of minutes spent within range of the sensor did not increase.

During the final three months of 2007 the proximity sensor data gathered from the fourth floor (Blindness and Low-Vision) sensor indicate an average number of unique visitors ranging from 20 to 33, with an average time spent within range of the sensor ranging from 5.6 to 15.3 minutes. After the new teleportation station was added in early January 2008, the number of unique visitors increased somewhat to the upper 30's and the lower 40's, but not as markedly as for the lower floors of the Accessibility Center. The average number of minutes spent within range of the sensor did not increase appreciably during the first three months of 2008.

During the final three months of 2007 the proximity sensor data for the sixth floor (NLM tutorials) indicate monthly average unique visitors in the teens and lower 20's, with average time spent within range of the sensor ranging from 6.2 to 11.3 minutes. After the new teleportation station was added in early January 2008, the average number of monthly unique visitors did not increase, and the average time spent within range of the sixth floor sensor actually decreased to a range of 3.5 to 5.2 minutes.

From mid-September 2007 through the end of March 2008, the number of monthly unique visitors to the seventh floor (Hearing) ranged from 15 to 35, with most data points in the mid-

20s. The average time spent within the range of the proximity sensor ranged from 6.8 to 23.1 minutes. The addition of a new teleportation station in early January 2008 seems to have little effect on usage of the seventh floor. The average time spent on the seventh floor, however, did increase slightly during the final three months of the project.

From late September 2007 through the end of March 2008, the number of monthly unique visitors to the ninth (top) floor (Learning Disabilities 2) ranged from 20 to 31, and the average time spent within range of this sensor ranged from 6 to 81.6 minutes, with most data points during the high end of the range. The probable cause for the high values here and the wildly varying times is that this sensor often sensed avatars who were attending meetings on the roof of the building. These meetings often lasted more than one hour.

Between mid-September 2007 and the end of March 2008 the average number of unique avatars to visit the roof of the building ranged from 8 to 29, with most values falling in the 20s. The average time spent by visitors to the rooftop ranged from 23.0 minutes to a whopping 90.6. Because the rooftop contained no exhibits or informational material, but often was used for meetings, especially by members of the project team, these high average times per visitor are understandable.

Based upon the proximity sensor data, at least two tentative conclusions can be drawn. First, the addition in early January 2008 of a new teleportation station located directly in front of the Accessibility Center had a noticeable impact on the average number of unique visitors to the lower floors of the Accessibility Center, but little or no impact on the average number of unique visitors to the upper floors. Second, the addition of the teleportation station had little or no effect on the average time spent by visitors to any of the floors of the Accessibility Center.

Between September 20, 2007 and March 31, 2008, eight data collections were made on all the floors with active proximity sensors. Adding the number of unique visitors for the preceding for each floor yields the following results:

- 1<sup>st</sup> Floor: 475
- 2<sup>nd</sup> Floor: 512
- 3<sup>rd</sup> Floor: 334
- 4<sup>th</sup> Floor: 228
- 6<sup>th</sup> Floor: 114
- 7<sup>th</sup> Floor: 203
- 9<sup>th</sup> Floor: 190
- Rooftop: 180

It may be that two principal factors produced this vertical usage pattern. First, despite the fact that avatars can fly in Second Life, and that one side of the building was open, thus enabling anyone to fly to any floor of interest, there seems to be an observable pattern of the lower floors receiving heavier usage than the upper floors. Second, floors with thematically organized information resources seemed to receive more visitors than did floors with little or no information resources, as well floors with organizational based, rather than thematically based, disability information resources.

## **Problems or Barriers Encountered**

### **Promotion/Marketing**

Because the Accessibility Center was located in one of the corners of the 16-acre HealthInfo Island, and because the main teleportation “landing station” for the island was located in the center, we initially experienced some difficulties in finding ways to entice visitors to explore to the outer corners of the island. The way we solved this problem was to place another teleportation landing station right in front of the Accessibility Center. When this new teleportation station was added early in January 2008, we noticed an almost immediate increase in the number of visitors to the Accessibility Center.

### **Equipment/Telecommunications**

Some of the tools and techniques used in the various displays on the floors of the Accessibility Center presented some accessibility challenges in their own right. For example, one of the audio-emitting display items on one of the floors produced low, faint audio output, which seemed to be caused by a basic component of the Second Life virtual environment platform.

### **Personnel/Staffing**

Because Second Life attracts participants from all over the world (who live in most of the world’s time zones), we found it difficult to schedule programs, events, and even meetings of the project team at times that were convenient for everyone.

### **Web Site Development**

Designing two or more ways to move from one floor to the next in the Accessibility Center tower presented some design challenges. Eventually we decided to keep one side of the building open so that avatars could fly to the floor of their choice. Large signs were placed at the entrance to each floor to let flying avatars know what each floor contained. The second mode of moving from one floor to the next was teleportation.

## **Continuation Plans**

### **Plans to continue the project**

Current plans are to continue the Accessibility Center indefinitely. If time and funding are available, the exhibit floors may be enhanced or swapped out with entirely new disability topics.

### **Sources of funding and staffing**

The iViNNiE publishing group has expressed some interest in providing financial support for the Accessibility Center.

## Impact

### **Perceived and actual impact on the library, institution, or consortium**

Building and developing the Accessibility Center has help inform and sensitize everyone involved to the possibilities and challenges of providing accessibility information resources in a virtual environment such as Second Life.

### **Impact on individuals with health problems and/or health information needs**

Individuals with accessibility needs have gained value from their use of the Accessibility Center. The average length of time – ranging from five to upwards of twenty minutes -- avatars spent within sensation range of the proximity sensors placed throughout the building is an indication that each exhibit was garnering attention.

### **Impact on groups of individuals with health problems and/or health information needs**

In general, groups in Second Life centered around accessibility issues have responded positively to the existence of the Accessibility Center.

### **Impact on medical agencies and professional organizations**

Several organizations in the U.S. and elsewhere have taken an interest in the Accessibility Center.

## Recommendations for Improvement

### **Alternative methods**

One advantage of Second Life, compared to the real world, is that it is relatively easy, inexpensive, and quick to move the location of a building or replace the building entirely with another building with a different footprint and design.

Based upon the proximity sensor data, eventually the Accessibility Center may want to become something other than a high-rise building. Fewer avatars had the persistence and/or flying skills to explore the upper floors. Some users, including a few disabled users, reported problems moving from one floor to the next.

### **Additional and different training materials**

To maintain a high level of interest, the floor exhibits will need to be refreshed and updated periodically. We also should deploy some method for gaining visitor input into additional thematic displays.

### **Additional and different promotional materials and methods**

Working through emerging and established groups related to disabilities seemed to be one of the most effective ways to promote the Accessibility Center. Nevertheless, more general promotional channels, such as blogs and the Metaverse Messenger, should continue to be used as

well, so that member of the general public in Second Life have an opportunity to learn about the Accessibility Center and the information resources and experiences it has to offer.

## **Follow-Up Questions**

**Were the original project goals and objectives met? If not, why not?**

Yes, the original project goals were met.

**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?**

Events and exhibits are the greater drivers of traffic to an informational resource such as the Accessibility Center. Different methods and avenues need to be offered to users to explore and gain value from the Center.

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

With hindsight, it is easy to say that it would have been better to have a teleportation “landing point” near the Accessibility Center from the very beginning of the project. This seems to have increased usage of at least the lower floors of the Accessibility Center.

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

Early on, identify “birds of a feather” groups and organizations, then work with them on worthwhile collaborative endeavors.

**Plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication.**

The members of the project team continue to explore avenues for disseminating information about the Accessibility Center, including publications and conference presentations.

**Attachment 10**  
**Subcontractor quarterly report**

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

3<sup>rd</sup> Quarterly Report

Reporting for the Period:

February 1, 2007 through April 30, 2008

Submitted June 5, 2008

Submitted by:  
Metta T. Lansdale, Jr., Director  
Royal Oak Public Library  
Lansdale@ropl.org

222 E. Eleven Mile Road  
Royal Oak, MI 48068  
PH: 248.246.3710  
FX: 248.246.3701

**Executive Summary**

The Royal Oak Health Information Portal is coming to the close of its funding year, which ends June 30, 2008. Leadership is beginning to assess successes and disappointments with the objective of what form the program will take at the beginning of the new fiscal year. During this 3<sup>rd</sup> report period, Portal participants held 2 meetings, chaired by the Project Director; three Lectures were presented; one workshop was developed and three distinct workshops were presented in 15 sessions. 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**

- Changes in the workshops were implemented for better use of personnel and facility resources in view of the low participation rate. Instead of 3 or 4 distinct topical workshops, the content was compressed into one overall workshop on how to

search for and evaluate health information which includes elements of the original three workshops. With so few participants, this allows the workshop leader to concentrate on a topic of particular interest to the participants.

- More than half of this report period saw Royal Oak Public Library and the Royal Oak community engaged in a rather intensive internet filtering debate, some of which is captured at this ROPL site (which is waiting to be updated with the resolution of the issue) <http://www.ropl.org/filter>. The debate culminated in the city commission mandating that filters be extended to the adult computers; filters were already in place on children's and teen computers.

Much of the dialog with the community involved the efficacy of internet filtering technology, in particular its impact on the ability of adults to retrieve personal health information. With determination to see the glass half full, the Library Director (

ROHIP Project Director) decided to approach a blocked health information site as a teachable moment. The Library has "white listed" MedlinePlus.

The Blocked Page Message invites users to explore MedlinePlus and the ROHIP portal and to consult with reference librarians for best health resources.

[http://www.ropl.org/index.php?option=com\\_contact&task=view&contact\\_id=39&Itemid=289](http://www.ropl.org/index.php?option=com_contact&task=view&contact_id=39&Itemid=289)

American Libraries reported the situation in this online news article

<http://www.ala.org/ala/online/currentnews/newsarchive/2008/may2008/royaloakforcedtofilter.cfm>

*Library Hotline* reported the news in its June 2 2008 edition. Print edition attached.

### **Collaborations / Partnerships**

- Two meetings of the Portal partners were held; Minutes for these meetings are enclosed. A third scheduled meeting was cancelled due to massive scheduling problems.
- 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 libraries 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.
- The Beaumont Medical Library provides ongoing support via access to medical journal articles on request.

### **Publicity and Marketing Activities**

Liberal use of press releases, posters greeting the 1500 daily visitors to the Library, flyers distributed in the Library at service desks and at events, web announcements and articles in the Library newsletter that goes to each Royal Oak home comprise the mainstay of ROHIP activity promotion.

To this, the Portal added digital video recordings of the lectures for broadcast to local cable access television and the Library web pages, in the 3<sup>rd</sup> quarter of the program. Copies are provided to Beaumont Hospital for its use.

Visits to service clubs and the senior center were attempted but were met with only cordial patience as the newness of the project has worn off.

## **Product/Resource Development Activities**

### Lectures

- Three lectures were held during the reporting period. The topics were: *Heart Health*, *The Aging Eye* and *The Weekend Athlete*. All three lectures were presented by physicians from ROHIP Partner Beaumont Hospital. A fourth lecture to be given on Diabetes was cancelled due to inclement weather. This lecture is rescheduled in the Fall of 2008.
- After obtaining the lecturing physicians permission two lectures were recorded and broadcast on Royal Oak Cable System WROK and the Royal Oak Public Library website.
  - The Aging Eye-Dr. Stephen Tait  
[http://www.ropl.org/index.php?option=com\\_content&task=view&id=158&Itemid=280](http://www.ropl.org/index.php?option=com_content&task=view&id=158&Itemid=280)
  - The Weekend Athlete-Dr. Joseph Guettler  
[http://www.ropl.org/index.php?option=com\\_content&task=view&id=159&Itemid=281](http://www.ropl.org/index.php?option=com_content&task=view&id=159&Itemid=281)
- Audience feedback on all three Health Lectures this quarter was enthusiastically positive.
- Lectures are scheduled one Wednesday per month.

### Workshops

- 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. During the report period, 15 workshop sessions were presented and a total of 11 individuals participated.
- Notes and links for a total of three workshops now appear on the ROHIP web portal at these direct addresses:
  - Locating Reliable Cancer Information on the Internet  
[http://www.ropl.org/index.php?option=com\\_mycontent&task=view&id=140&Itemid=220](http://www.ropl.org/index.php?option=com_mycontent&task=view&id=140&Itemid=220)
  - Locating Reliable Diet and Nutrition Information on the Internet  
[http://www.ropl.org/index.php?option=com\\_mycontent&task=view&id=141&Itemid=220](http://www.ropl.org/index.php?option=com_mycontent&task=view&id=141&Itemid=220)
  - Tips for Locating Reliable Drug Information on the Internet  
[http://www.ropl.org/index.php?option=com\\_mycontent&task=view&id=125&Itemid=220](http://www.ropl.org/index.php?option=com_mycontent&task=view&id=125&Itemid=220)
- Royal Oak Public Library was successful in obtaining 10 laptops using the Gates granting process as administered by the Library of Michigan. This allowed health information instruction to move to a large meeting room where laptops could access the wireless network and the instructor could use the overhead projector and large

pull-down screen. This was a satisfactory solution to the discontent of regular computer lab users who are displaced due to scheduled workshops with low attendance.

- In April, due to the low number of participants, the workshops were compressed to one overview topic-*evaluating and searching for health information*. Scheduling is settled on three Wednesdays per month, skipping the Wednesday when a lecture is scheduled.
- Although attendance has been low in the workshops the individuals attending the workshops have expressed pleasure with the workshops and the individual attention they receive during the workshops. Patrons who attend one lecture sometimes return to the library to attend a health workshop.
- One new workshop was developed by Margie Kowalczyk: *Searching for Reliable Diet and Nutrition Information on the Web*.

### Support Groups

- The ALS Caregivers Support Group continues to utilize the Royal Oak Public Library meeting rooms. A resource page for this group can be accessed Royal Oak Health Information Portal and directly from this address  
[http://www.ropl.org/index.php?option=com\\_content&task=view&id=157&Itemid=220&limit=1&limitstart=2](http://www.ropl.org/index.php?option=com_content&task=view&id=157&Itemid=220&limit=1&limitstart=2)

### **Site Visits**

There were none.

### **Outreach Activities**

The Royal Oak Health Information Portal has an outreach visit planned for the next quarter at Gilda's Club Metro Detroit, scheduled for June 16, 2008.

### **Website Development Activities**

Two new resource web pages providing the resources and notes from workshops developed have been placed on the web portal:

- *Locating Reliable Cancer Information on the Internet* 205 hits in 80 days
- *Locating Reliable Diet and Nutrition Information* 382 hits in 80 days

Two recorded lectures were placed on the web portal:

- The Aging Eye Dr. Stephen Tait 224 hits in 34 days
- The Weekend Athlete Dr. Joseph Guettler 217 hits in 34 days

### **Exhibits**

Royal Oak Health Information Portal has no planned or prepared exhibits.

### **Continuing Education**

Training by Linda Draper continues for Michigan Go Local data entry, the hour before each monthly ROHIP meeting. 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**

There were four Loansome Doc transactions made during this 3<sup>rd</sup> Quarter. Three of the four requests to Loansome Doc were successful in obtaining the requested documents. One document was not available through Loansome Doc. Patrons expressed appreciation for the service.

### **Evaluation Activities**

- All lectures and workshops are evaluated by participants. The evaluations are summarized on the enclosures.
- Online internet workshops were followed up by post-workshop call, two weeks after the event. By the end of March the follow up phone calls were discontinued due to the low attendance in the workshops.

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

Scant attention to the computer health information workshops remains a disappointment. Future partnerships with organizations are hoped to bring more interest. The consolidation of four topics into one overview workshop was implemented.

### **Lessons Learned/Significant Feedback**

I think the program has been beneficial to the community and well received. The Lecture series has developed a dependable following. The lecturers have all been excellent, without exception. We are quite happy to have the lectures appear on the website. Full analysis of the evaluation component will be presented in the final project report.

I have begun to form a plan to continue health information programming at the end of the grant period:

- Lectures will continue and they will be filmed and mounted on the library website
- Computer workshops may continue on a monthly basis
- Web portal will continue but its web presentation may move from its prime "real estate" location.
- Outreach will continue and be folded into the over all Royal Oak Public Library effort to expand its reach through partnerships with community agencies. Gilda's club is an excellent starting point. I expect this activity will generate additional interest in lectures and workshops.

### **Projected Activities for Next Quarter**

In the Fourth Quarter the Library will complete its final report for the year of health information programming and activities and complete and assessment of what programming can continue based on the infrastructure provided under this grant funding.

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

Wayne State University Shiffman Medical Library staff member Linda Draper provided ongoing Michigan Go Local mentoring. There was no additional training in the 3<sup>rd</sup> quarter with the exception of from. There were no Exhibits in the second quarter.

## APPENDIX

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

### Royal Oak Health Information Portal

#### Meeting #8

February 7, 2008 ~ 2:00 PM

#### Minutes

#### In Attendance

Metta Lansdale, Project Director; Margie Kowalczyk, Project Coordinator; Janet Zimmerman, Beaumont Hospital Medical Library Director; Lynda Baker, WSU Library and Information Science Program; Linda Draper, WSU Shiffman Medical Library and Michigan Go Local Project Director; Eric Hayes, Technology Specialist.

#### Absent with Notice

Andrea Rogers, Beaumont Hospital Medical Librarian

#### Guest Lecture Scheduling Update

Some communication concerns and protocols were reviewed. The remaining lectures are confirmed.

#### Internet Workshops – topics and timing

The third workshop has been prepared – *Searching for Cancer Information on the Web*. The group critiqued the new workshop and made suggestions for changes, specifically the emphasis on *reliable* information and the inclusion of sites about *quackery*.

#### Michigan Go Local

Linda Draper reported that the second round of training had taken place and assignments were made for specific entries to be audited. Trainings are now scheduled before each ROHIP meeting. The group made suggestions for Royal Oak services to be added. Linda made suggestions for integrating Michigan Go Local into the workshop protocol.

#### Promotions Concerns

The group suggested using local cable TV station and *Detroit Health*”.

#### Web Pages Review –

Suggestions were made to rearrange the site to give lectures and workshops better prominence on the page, listing them side by side as are programs on the front page of the library website. Content pages are planned for each lecture and workshop for referral by the community.

#### Next Meeting and Meeting Schedule and Needs

Meeting #9: March 6<sup>th</sup> at 2:00

Next Meeting Agenda: Lectures and Workshops Evaluation Review  
Workshop Follow-up evaluation Review  
Web pages update  
Michigan Go Local Update

## **Royal Oak Health Information Portal**

### **Meeting #9**

**April 3, 2008 ~ 2:00 PM**

### **Minutes**

#### **In Attendance**

Metta Lansdale, Project Director; Margie Kowalczyk, Project Coordinator; Linda Draper, WSU Shiffman Medical Library and Michigan Go Local Project Director; Eric Hayes, Technology Specialist.

#### **Absent with Notice**

Andrea Rogers, Beaumont Hospital Medical Librarian; Janet Zimmerman, Beaumont Hospital Medical Library Director; Lynda Baker, WSU Library and Information Science Program

#### **Guest Lectures and Internet Workshops Review**

Due to the low number of participants, workshops are compressed to one general topic – evaluating and searching for health information. Scheduling is centered on three Wednesdays per month, skipping the Wednesday when a lecture is scheduled.

#### **Michigan Go Local**

Linda Draper a new total of 10,300 records. She offered to assist with visits to support groups. She announces that Ellen Marks is moving from her position as director of Shiffman Medical Library to Professor at the WSU Library and Information Science Program as of April 11<sup>th</sup>.

#### **Web Pages Review –**

Video recording was made of the Ageing Eye lecture and is being prepared for the web site. Suggestions included inserting to this page a *MedlinePlus* retrieval for Eye Disorders.

#### **Next Meeting and Meeting Schedule and Needs**

Meeting #10: May 1<sup>st</sup> at 2:00

Next Meeting Agenda: Lectures  
Internet Workshops  
Evaluations  
MI Go Local Update  
Web pages update

**Attachment 11**  
**Subcontractor quarterly report**

Consumer Health Subcontract

**Creating Health Information Connections for Persons with Disabilities**

Health Sciences Libraries  
University of Michigan

Jane Blumenthal  
Director, Health Sciences Libraries  
University of Michigan  
1135 E. Catherine St.  
Ann Arbor, MI 48109

janeblum@umich.edu  
(734) 936-1403

2<sup>nd</sup> Quarter Report, February through April 2008

Submitted Date: May 15, 2008

**Executive Summary**

The Creating Health Information Connections for Persons with Disabilities subcontract focus this quarter has been on needs assessment of the target population. Three successful focus group sessions were held with higher than expected participation. Recruitment efforts were handled by our community partner, the Ann Arbor Center for Independent Living (AACIL). Of the three sessions, two were conducted with community members with disabilities and one with AACIL staff. The goals of the focus groups were to 1) assess health information needs of people with disabilities, 2) identify barriers or perceived barriers in accessing and retrieving health information, and 3) identify the best methods for removing these barriers and facilitating information access. The findings show that people with disabilities have many of the same health information needs as others—facts about both general and specific health topics, and locating health practitioners and support groups. Where the difference comes is in how to provide this information to individuals with a variety of disabilities. This is where the type and structure of the instructional sessions will need to include variety—accommodating those with visual impairment separate from those with auditory concerns, etc. These insights have given us a solid foundation for ‘thinking outside the box’ as we develop customized instructional opportunities for the diverse population we are working with.

We have begun sharing the focus group findings within the University community. In April we presented a poster, entitled “Sources of Health Information for Members of the Disability

Community,” at the University of Michigan (UM) Initiative on Disability Studies (UMInDS) Spring Symposium: Disability and War. The same poster has been submitted for presentation at UM Medical Education Day in June.

## **Description of Progress toward the project’s major objectives**

### Objective B1b: Hold focus groups.

The focus groups sessions were held on February 19, February 22, and February 28, 2008. The first two sessions were for Ann Arbor Center for Independent Living (AACIL) community members, and the last session was specifically with AACIL staff. In total, we had 26 participants, 9 more than originally expected. Focus group facilitators were Marisa Conte, NLM Associate Fellow, and Anna Ercoli Schnitzer, HSL InfoPoint and Outreach Librarian.

As an incentive for focus group participation, each participant received a \$20.00 Meijer’s gift card for his/her involvement in the needs assessment.

### Objective B1c: Conduct survey.

Based on the rich data gleaned during the focus groups, we are moving forward on planning for the instructional sessions without conducting a separate user survey, as originally planned. Additionally, we have general survey data available through an established ongoing survey conducted by the Ann Arbor Center for Independent Living.

### Objective B2a: Compile results and identify needs.

Marisa Conte, NLM Associate Fellow, and Anna Ercoli Schnitzer skillfully led the focus groups and transcribed the recorded sessions. A compiled list of the focus group responses is attached. We gained many insights into the types of resources the groups were already using, what they were looking for, what information they found hard to find, and problems and barriers to obtaining the information they were seeking. The participants also provided information about what topics to include in classes and ways to teach or present the information.

Additionally we learned that we need to ‘think outside the box’ with our approaches to meeting the health information needs of the population with disabilities. Some of these approaches may include holding separate sessions for those with visual, hearing, and physical disabilities, hosting “office hours” for one-on-one consultations at AACIL, and creating online video-based tutorials.

### Objective B2b: Communicate results.

On April 4 we presented a poster, entitled “Sources of Health Information for Members of the Disability Community,” at the University of Michigan Initiative on Disability Studies (UMInDS) Spring Symposium: Disability and War. The same poster has been submitted for presentation at UM Medical Education Day on June 10th. A PDF of the poster is attached.

## **Loansome Doc/Document Delivery Activities**

Not applicable.

## **Evaluation Activities**

Objective B1b: Hold focus groups.

26 total participants (9 more than originally expected).

Objective B1c: Conduct survey.

Based on the rich data gleaned during the focus groups, we have sufficient data to move forward on planning for the instructional sessions.

Objective B2a: Compile results and identify needs.

Outline of the focus group script and compiled results are attached. See attachment: ConsHlth-FG-SummaryGuide.doc.

Objective B2b: Communicate results.

Presented poster on information gained through focus group sessions at University of Michigan Initiative on Disability Studies (UMInDS) Spring Symposium on April 4<sup>th</sup>. Poster attached: ConsHlth-FG-Poster-UMInDS-Apr08.pdf

We have also submitted the poster for presentation at UM Medical Education Day on June 10.

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

We will be submitting a revised budget, as a separate document, based on a need to accommodate consultation fees incurred from the Ann Arbor Center for Independent Living.

## **Lessons Learned/Significant Feedback**

Not yet applicable.

## **Projected Activities next Quarter (May--July)**

Objective C1: Develop and teach customized instructional sessions.

Objective C2: Conduct pre-tests and post-tests.

## **Reports of Training/Demonstration Sessions and/or Exhibit Reports**

Focus group session data submitted online.

## **Appendix**

Focus Group Outline and Summary (ConsHlth-FG-SummaryGuide.doc)

Focus Group Poster Presentation (ConsHlth-FG-Poster-UMInDS-Apr08.pdf)

## **OVERALL GOALS FOR FOCUSED GROUP DISCUSSION:**

- **Assess health information needs of people with disabilities**
- **Identify barriers or perceived barriers in accessing and retrieving health information**
- **Identify the best methods for removing these barriers and facilitating information access**

## **METHOD:**

The following outline is a general guide to moderate these focused group discussions. Following the introductory material are the three overall questions that we'd like to have answered. Each broad question is followed by a number of brief questions, or prompts intended to elicit information about the information needs and information-seeking behaviors of people with disabilities.

The broad questions will be posed about what kinds of information this population needs and how they currently find it, difficulties they encounter, and tools that could facilitate their information-seeking. When possible, the moderator will follow-up on participant responses to elicit more detailed information. Otherwise the prompts will be used to keep the discussion going. Once the subject has been exhausted, or the time limit has been reached, the moderator will move onto the next broad topic.

Text in italics is intended to be read verbatim.

### **I. Introduction**

Welcome participants, introduce moderator and recorders

Explain general purpose of focus group discussion

Outline ground rules (speaking one at a time, everyone contributing to discussion, role of moderator in guiding discussion)

Review compensation (\$20 Meijers' gift card)

Explain presence of recorders and audio recording devices (recordings will be used to guarantee accuracy of manual transcripts and destroyed after results are coded)

Discuss confidentiality (all responses will be de-identified, participants will not be named or otherwise identified)

Read/summarize protocol summary (from grant proposal):

*A collaboration of the Ann Arbor Center for Independent Living and the University of Michigan's Health Sciences Libraries are developing a series of customized, in-person instructional sessions to address the health information needs of the population with disabilities. These sessions will seek to increase awareness and improve access to vital health information, while considering the unique needs of the population.*

*The purpose of this discussion is to develop a deeper understanding of the information needs, and barriers to information access of people with disabilities in order to inform development of these instructional sessions.*

#### **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 class or tutorial or instruction 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 class 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)

## **Compiled Results:**

### **Sources**

#### *Internet or web-based resources*

Internet

Google

Mayo Clinic site

Ask.com

Yahoo Answers

WebMD

Dictionary.com (definitions and verify spelling)

Johns Hopkins

Websites, forums, email lists of condition-specific affinity groups, associations, organizations

“Tag sites” such as Digg and Delicious

obesityhelp.com

Yahoo forums

Wikipedia

University of Michigan (website)

Insurance websites (Blue Cross Blue Shield)

Dr Weill

Cornell

Purdue

#### *Personal contacts*

Physicians (for information on conditions)

Physicians or dentists (for referrals to specialists)

Calling U of M and asking for information relevant departments

Friends and family (for information on conditions, or for help in searching)

Friends and family (for physician recommendations)

People on the 14 busline (respondent feels that this is a reliable source as many of the people who ride the bus work at the hospital and she believes they are experts in the field)

“Young people” (about technology and new Internet sites or applications)

Librarians

Health care providers (for help contacting other people with the condition who are willing to share their experiences)

#### *Associations, organizations (internet, phone calls, personal involvement)*

Amputee Coalition (local)

Autism Society (Michigan)

MS Association

American Diabetes Association

Lupus Foundation

Ann Arbor Center for Independent Living

Library for the Blind [Washtenaw County]

#### *Other resources*

Health and Nutrition newsletter

Yellow Pages (for physicians)

American Medical Association  
University of Michigan  
Trade journals (chemistry)  
800 numbers (unspecified)  
Booklets or pamphlets (dispensed by or available from health care providers)

### **Things they looked for**

Information about their disabilities, or conditions: autism, Shako, Wilson's disease, Hashimoto's, Retinitis pigmentosa, septo-optic dysplasia, spina bifida, ADD, Raynaud's Syndrome, macular degeneration, diabetes)  
Information for others (twin with arachnoid brain cyst, father with macular degeneration, sister-in-law with arterio venous malfunction, client with autism, friend with cancer, mom had stroke)  
What to eat after diagnosis with diverticulitis  
Information for a partner with cancer of the parotid gland - medications, side effects, what to do and not to do  
Research to compare a recommended back surgery to a less-invasive procedure  
Information on specific physicians (locations, specializations, years of experience)  
Information on how to live/cope/function after an amputation  
Information on a condition or procedure from people who have been through it (oral cancer, cochlear implants, bariatric surgery)  
Wheelchair that would climb stairs  
Cheaper costs for medication (eg. Adderall)  
Relocating to a new area for medical treatment, needed information on affordable housing, transportation, etc.  
Self-diagnosis  
How to meet people with the same disability or condition  
People to talk to on the phone (about conditions, physicians, medications, how to cope)  
Health information that was available in print format, eg. booklet or something to print, rather than having to find that site again later

### **Things that are hard to find**

Percentage of people with autism that are high-functioning  
Information on ADD for adults as opposed to children  
Photographs or images of people with conditions (eg. Raynaud's Syndrome)  
Patient reports on physicians, first-hand opinions or references  
Physicians or therapists covered by searcher's insurance  
A good place to start a search  
Information on insurance, what procedures will be covered, etc.  
Local physicians or therapists who specialize in specific conditions

### **Problems/barriers**

*Searcher's inexperience or lack of knowledge*  
Too overwhelming  
"I'm not good at searching for things"

Need perseverance to follow many links and find what you want  
Not knowing where to go  
Too much information or stimulus on one web page, or result set (for people with ADD or learning disabilities) - becomes overwhelming  
Perceived inability to write a good search query that will deliver relevant results  
Unable to phrase searches to get relevant information  
Frustration with large or irrelevant result sets

#### *Other Internet barriers*

Misinformation on the Internet, difficult to weed through misinformation to find credible information  
Making sense of or resolving contradictory information  
Have to go too far into Google to get results  
Cyber-bullying on sites such as Facebook, message boards, Yahoo Answers  
Internet websites can have worst-case information, you need to evaluate it for your own condition  
Un sourced information, or anonymous information, makes searchers unsure of its credibility  
No-one to contact or talk to about information on a website  
Websites want personal information from you before they answer questions  
Fear that providing information (eg. to insurance companies' nurse hotlines) will result in negative action or denial of coverage

#### *Subjects' personal disabilities or conditions*

Eyes tiring due to glaucoma after spending too much time online  
Unable to look at computer screens  
Unable to get out of the house or out of bed on some days due to MS  
Needing information when hospitalized and incapacitated or unable to get online or find resources  
Unwilling (and occasionally unable) to travel to a library for research due to difficulties in traveling, want to research from a desktop

#### *Inaccessible websites/problems with technology*

Vista does not work with JAWS 9.0  
For people with visual impairment Google brings back so many results and it's time consuming and hard to open them and see if it's relevant  
Web design problems that make information inaccessible to people with visual impairment: graphics with no descriptions, new pages or files opening on mouseover (which is problematic with screen readers or enlargers), popups [also for people with motion-related disabilities], tables that read down columns rather than across rows), small font sizes, too many links, flash, eyes have to scan all over the place, combo boxes for fields, when you link from one page to another, not sure where you are on the page you are being linked to, tabs (hard to see), incorrect metadata (sighted people can see if it's an irrelevant site more quickly), validation boxes that block auto-responders  
Sites or email attachments that don't work with screen readers or enlarge software  
WebMD mentioned often as poorly-designed or inaccessible site

#### *Other*

How little people [clients] know about their own condition when they come to the Center for

help

Conditions that are embarrassing to talk about, people don't want to ask for help finding information on sensitive topics

Lighting in public places not good for people with visual impairments or hearing impairments that require lip-reading

#### *Health care professionals (primarily physicians)*

No information from physicians makes it difficult to start a search

Maybe the doctor thinks I already know?

Physicians don't know about resources (for cheaper meds, on conditions, etc.)

Doctors don't want to read information that patients bring them

Doctors don't take time to explain condition or diagnosis and answer questions

Social workers and hospital discharge personnel do not know resources or have the time to go over those with patients

Health care providers do not give out information because they want to control the situation

#### *Lack of resources*

People do not have computers in the home or Internet access at home, especially those living on fixed incomes

People do not have extra money for bus tokens or transportation to public libraries or information centers

People with disabilities may not have the energy or ability to leave the house and go to public libraries or information centers

Time - don't have sufficient time, takes too long to find good information, don't want to spend all day in front of computer

#### *Language and literacy*

People are not computer-literate or are intimidated by computers

People are illiterate or have low literacy levels

Not enough material online or in print for illiterate people or people with low literacy levels

Language barriers - both online and dealing with health care providers

### **Things to include in classes**

#### *Searching for healthcare information online*

How to construct a search strategy, what words to use

How to identify relevant results from a URL

How to identify credible resources

How to weed out the good from the bad

How different search engines work

Search strategies that can save the user's time

How to refine searches on Google

#### *Resources*

How to meet more people with my disability/condition

Resources that give you information in a nutshell, without a lot of searching or clicking through different links

Websites that can save time

Clinical research that's currently going on, results from ongoing research, not just the final papers

Opportunities to be involved in clinical trials or research

Healthcare information and research or studies in other countries

Is there a health search engine out there I don't know about?

How to use adaptive technologies

Information about drugs, e.g. when will brands go generic, side effects, etc.

Is there a Better Business Bureau equivalent for doctors

### **Ways to teach or present information**

Pictures or screenshots

Hands-on

A class or resource that doesn't involve a lot of reading

Train learners to train other people

Make images large enough for people with visual impairments to see them

Demonstrating, then walking through in a hands-on setting

Braille materials

Time for questions

Materials people can take with them

Practice sheets people can take with them

Provide accommodations, like someone to take notes

Be very descriptive of what you're showing on a screen, describe screen by quadrants

One on one consultations

Material in an audio format (cassette, DVD, podcast) that can be listened to rather than viewed or experienced personally



# Creating Health Information Connections for Persons with Disabilities

Marisa Conte, MLIS; Anna Ercoli Schnitzer, AMLS,  
University of Michigan Health Sciences Center

Carolyn Grawi, MS  
Ann Arbor Center for Independent Living

*"I'm really reluctant to use the Internet because there is absolutely no defining line between information and complete misinformation. And all the garbage is mixed in with the meat, and it's a mess."\**

*"You would think that our doctors would be a good source of medical information. But ... I find that more often I'm giving the information to my doctor about where to find information related to something that's going on with me than I find them giving the information to me."*

*"I don't know where to start, where do I go to find information? None of my doctors have ever given me websites to go to. And I've seen numerous doctors, I've been seeing them continuously for years now, and maybe they think I already know."*

*\* All quotes from focus group participants*

## SUMMARY

Creating Health Information Connections for Persons with Disabilities is a collaborative project between the University of Michigan Health Sciences Libraries and the Ann Arbor Center for Independent Living (AACIL). The project consists of three components: staff sensitivity training, a health-information needs assessment, and customized instructional sessions. The primary goal of the project is to improve access to reliable health information for the local population of individuals with disabilities.

## BACKGROUND

Target Population – People with disabilities living in the Ann Arbor area.

Demographic Information\* for Ann Arbor, Michigan

- Total Population (2005): 98,743 estimated
- Percentage of people aged 5 to 20 years old with disabilities: 3%
- Percentage of people aged 21 to 64 years of age with disabilities: 7%
- Percentage of people aged 65 years and older with disabilities: 36%

Carolyn Grawi, AACIL Director of Advocacy and Education, identifies 3,800 active constituents of the AACIL, and an identified population of 17,000 individuals with disabilities.

\*Source: US Census Bureau. American FactFinder, 2005 Data Profiles from the American Community Survey for Ann Arbor (city), Michigan.

## METHODOLOGY

A series of focus groups was conducted in February 2008 to assess the information-seeking behaviors of members of the disability community. A total of 28 participants were conducted at AACIL. Participants included individuals with a wide range of physical, emotional, and learning disabilities. Group discussions were recorded and transcribed, and used to identify predominant themes and issues. Data obtained from the focus groups informed development of instruction sessions and materials to assist individuals in obtaining access to reliable, high-quality health information.

## FINDINGS

People with disabilities have varied health information needs, and limited clinical research opportunities. Primary areas of information needs from three focus groups included:

- General health information – about common conditions and treatments
- Specific health information – about rare diseases or conditions
- Local resources – including health practitioners and support services

Focus group participants also discussed barriers to information access:

- Physicians who do not explain conditions or treatments, or do not conduct their own research
- Websites that are difficult for people with visual disabilities to access with screen-reading software
- Lack of training in formulating effective search queries or search points
- Physical disabilities limiting access to public resources
- Economic barriers, including lack of home computers and internet access

*"There's an assumption that the person has transportation to their house, and that they have money to pay ... and that they can get bus service and that they can get there. Some of them have a limited amount of energy because of their disability, so they use all of their energy and effort to get to the computer, or information or are they maybe going to stay at home and do something else?"\**

*"It's often assumed that the patient has that, that they've got Internet. And they don't, you know, especially if they're living on Social Security, disability or something like that, it's expensive, to have a computer. And to pay Internet bills, it's expensive to have it."*

*\* All quotes from focus group participants*

**Attachment 12**  
**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

600 High Point Lane

East Peoria, IL 61611

lbell@alliancelibrarysystem.com

(309)694-9200 ext. 2128

Fax: (309)694-9230

**Number and Inclusive Dates of Quarterly Report**

February 1 – March 31, 2008

**Date Submitted:**

April 10, 2008

**Executive Summary**

Project Coordinator Carol Perryman has been very busy during this quarter.

Bertalan Meskó, a medical student (who is involved with the Ann Myers Center) and medical blogger at the [University of Debrecen](http://www.unideb.hu), Hungary, asked for an interview, which is available here: <http://sciencerooll.com/2008/03/25/healthinfo-island-in-sechond-life-interview/>

Carol announced new funding for “Share the Health”, by publicizing it through the Healthinfo Island blog, person-to-person in meetings and in several talks (such as a brief introduction to HII I did at both speaker events, described below).

Carol was contacted by a reporter with Voice of America for a tour; she provided her with Gentle Heron's name as a good interview subject (she was interested in disabilities in SL).

Carol met with Mony Markova, about her desire to establish a support group for combatting what she is calling 'SL Addiction Syndrome'. She had asked for help and for a critical evaluation of her documents, so Carol provided information (an opportunity for health information literacy 'just in time' education - despite her claims, there was no actual evidence for the existence of the 'syndrome')

Carol messaged, researched, and then met with a woman (Vindi Siemens), who is promoting a quack web service that touts 'Perfect Health, NATURALLY!' (turns out that 'doctor Golob' cited on the web link provided is not only not an MD, but had his chiropractic license taken away after a client who had died from some rather strange therapy ([http://seattletimes.nwsourc.com/html/localnews/2004022169\\_miraclegolob19m0.html](http://seattletimes.nwsourc.com/html/localnews/2004022169_miraclegolob19m0.html))). This was most interesting – Carol has often used actual examples to help people learn what to watch out for in evaluating health claims, but this was the first time she ever actually communicated with anyone associated with such operations!

**Reference questions** - 14: (1) speech-to-text technology; (3) concerning inworld health sites and groups; (1) question about Guus's browser bar; (2) questions about purpose of Healthinfo Island; (3) questions about classes and workshops; (2) requests for transcripts for events; (1) request for info about SL resources on diagnostic xray imaging; (1) request for information on grant sources for disability funding

Time spent working on PPT slides for Michigan librarians' tour - set and notes will become the core of my SLA presentation, where Carol was invited to speak about the project.

Three major events have taken place on Healthinfo Island in this reporting period: a presentation on [grassroots advocacy](#), a panel discussion on [universal design for access](#), and a mixed-reality tour/presentation for a large group (up to 300) members of the [Metropolitan Detroit Medical Library Group](#). Transcripts for the first two events are available on the Healthinfo Island blog. Both were well attended (Tom has the numbers). Guus and Carol hosted another 'mixed reality' group tour on March 4, this time for a group of seven educators, doctors, entrepreneurs and librarians from around the world, led by Brielle Coronet. Several members of that group and from the other tours and presentations have followed up with contacts.

Carol has updated the Healthinfo Island blog by writing a description of the HII project, and added a number of event transcripts and slides, as well as beginning a new 'occasional' post intended to spotlight consumer health news: <http://healthinfoisland.blogspot.com/> Posts have included the CDC International Travel site, and a new report on the 'top 50 US hospitals,' together (for the last item) with commentary about the report.

Space has been given to a new AIDS, HIV, and Sexual Health Center on Healthinfo Island. Carol was asked by ChaCha Biedermann to provide space, and as we have a growing number of informational displays, Carol suggested that the building, located between the Path of Support and the Karolinska Institutet, be used for both HIV/AIDS groups, for events, and as a center for all the displays. ChaCha is leader of one health support group, and works closely with Ricken Flow, who leads another AIDS/HIV support groups; they are also working with several universities whose inworld researchers Carol has yet to meet.

Carol is working with Namro to organize the island in a more self-sufficient way, looking at creating a TP directory similar to the one at the Info Island International reference area, and trying to see whether functions and areas for the two islands (Healthinfo and the new island, which has just been ordered) can be streamlined.

Meetings with Eme Capalini and with the newly formed advisory committee for the new VAI Island (who have all been recruited within this reporting period), as well as explorations of Second Life orientation centers and training facilities, have taken many hours.

**Attachment 13**  
**Subcontractor quarterly report**

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

3<sup>rd</sup> Quarterly Report: January-March 2008

Submitted: June 10, 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**

Ten planning conference calls were held this quarter (Jan, Feb, and Mar) with various partners to discuss plans for marketing, location, invitations and more. Some of the calls were with the PECCA staff and some of the calls were with the host communities.

## Partners

All partners have been contacted and have agreed to participate in the PPECA II project. The following dates have been set:

March 6	Patient Safety Week Kick-off - University of Iowa Hospitals and Clinics
March 7	Pella Regional Health Center
April 16	Jefferson County Hospital
May 1	University of Iowa Hospitals and Clinics
June 3	Waverly Health Center
June 17	Van Buren County Hospital – Keosauqua Clinic

## Events & Training

Patient Safety week was selected as the time to kick-off PPECA in Iowa. Two events were held the first week of March. On Thursday, March 6, a PPECA event was held for Iowa Hospital and Clinic volunteers as a continuing education event for them and as a way for the PPECA team to test the program. The event was attended by 17 people.

Presenting was Christine Sheetz (consumer), Mary Kay Brookes (nurse administrator), Mindwell Egeland (health sciences librarian), and Brooke Billman (health sciences librarian). Evaluation forms were positive about the program.

A Patient Safety reception, hosted by the Quality and Patient Safety department of UIHC was held following the program. Twenty-five people attended the reception. The various partners talked about the importance of patient safety and their role. A special feature of the program was a poetry reading by Iowa City author and physician, Loreen Herwaldt, M.D. who recently published, [Patient Listening: A Doctor's Guide](#). A brief review of the books states:

This book will inspire thoughtfulness in everyone who reads it. It is also designed to foster discussions about all aspects of the patient experience from ethics to stigmatization to health insurance. *Patient Listening* is not just about bedside manner but also about how health care providers can gain the most from their interactions with patients and in turn offer more appropriate treatments, develop more cooperative and responsive relationships with their patients, and thus become better doctors.

Pella Regional Health Center hosted the first PPECA community event. The session was very successful. There were 23 people in attendance. The audience consisted of nurses, pharmacists, librarians, ministers, and hospice employees. The biggest challenge for the PPECA staff was using technology. The hospital's firewall needed to be adjusted so that we could show the video of Roxanne Goeltz. The hospital's technology person was new and did not understand what was wrong. After several phone calls and visits to the classroom, the problem was resolved. The audience was very interactive and added to the program. They really enjoyed the interactive sessions that were developed. Obtaining Continuing Education credits for nurses and librarians was a really nice benefit for the program.

The train-the-trainers session was a bit more challenging to present for several reasons. First of all, the staff had to pretend the audience was consumers and sometimes the participants would get confused and miss the point that this was a demonstration of a program. Based on this information and observation, the layout of the slides will be adjusted for the next session.

## **Training Materials**

Training materials, agendas and evaluation forms were updated and hand-outs were selected for the Patient Safety week event and the Pella Train-the-Trainers program. Folders were provided by the host institutions for the various events. Pella Public Library developed a very nice online pathfinder for patient safety information available in their library. (attached)

## **Media and Awareness activities**

Updating the Web site was one of the biggest challenges for the quarter. It became clear that we needed a current Web site for the project as well as the "mother" Web site for PECCA. After much discussion with Galter Library staff at Northwestern University, it was determined that we would move the PPECA Web site to the University of Iowa. The Web site is now a blend of PPECA I and PPECA II. The new URL is <http://hosted.lib.uiowa.edu/ppeca/>

Pella Regional Health Center arranged for a radio interview to promote the PPECA program being held at Pella Hospital during Patient Safety Week. Leonard, Bob: *Interview with Rhonda Reimer, Pella Regional Health Center; Linda Walton, Director, Hardin Library for the Health Sciences; Lorri Zipperer, Zipperer Project Management. In Depth. News Radio KNIA/KRLS, Knoxville/Pella. 7 March 2008.*

Lorri Zipperer developed template fliers about the various events so that event coordinators simply had to tweak the flyer to meet their needs.

Pella Regional Health Center posted the following flyer and sent invitations to identified members of the Pella community.

<http://hosted.lib.uiowa.edu/ppeca/images/PPECA%20II%20Pella%20Flyer.pdf>

Consumers Advancing Patient Safety (CAPS) posted a PPECA announcement of the program on their Web site and sent a new alert to their members. The URL for the announcement is below. Additionally, CAPS included the sessions on its event calendar.

[http://www.patientsafety.org/index.v3page;jsessionid=1q23nutu6o8l4?ct=cdisplay&nt=true&cd\\_eid=57808](http://www.patientsafety.org/index.v3page;jsessionid=1q23nutu6o8l4?ct=cdisplay&nt=true&cd_eid=57808)

Several announcements were posted on listservs announcing the program including the Iowa State Library, the Iowa health sciences librarians, special libraries association Iowa and Illinois chapters, MLA Midwest Chapter and the GMR. Partners posted to the public library directors listserv in Iowa and we went beyond librarians and had materials in the Iowa Community Pharmacists newsletter and the IASOPHE Chapter Members and Midwest CHES. Partners also posted announcements to their Web sites including both the hospitals and the public libraries.

Invitations were sent by mail to the UIHC volunteer list to attend the patient safety continuing education event. UIHC staff was invited to attend the patient safety reception through an e-vite. Finally, an announcement about the events was posted in the hospital's lunch time newsletter.

## **Plans for next quarter**

- Four programs to be held



# Patient Safety Resources



March, 2008

Patient safety is **defined** as: "actions undertaken by individuals and organizations to protect health care recipients from being harmed by the effects of health care services." --Spath, P.L. *Patient Safety Improvement Guidebook*

This pathfinder will be useful in finding information about patient safety. The resources listed are intended for use by consumers rather than health care professionals.

For an introduction to the topic, see:

- What You Can Do To Make Health Care Safer: A Consumer Fact Sheet  
[www.npsf.org/download/WhatYouCanDo.pdf](http://www.npsf.org/download/WhatYouCanDo.pdf)

## Key Resources at a Glance:

- Be Involved in Your Health Care - A brochure of tips for patients to prevent medical errors. (*Virginians Improving Patient Care and Safety*)  
[www.vipcs.org/patients/index.htm](http://www.vipcs.org/patients/index.htm)
- *You, the Smart Patient: an Insider's Handbook for Getting the Best Treatment*, by Michael F. Roizen and Mehmet C. Oz (2006). Shows readers in simple steps how to take control of their own health care and deal with choosing the right doctor, hospital, and insurance company, navigating prescription drugs, specialists, treatment options, alternative medicine, pain management, and more. **610.69 Rozien You**

## Resources

### Books available at the Pella Public Library

- *After Any Diagnosis: How to Take Action Against Your Illness Using the Best and Most Current Medical Information Available*, by Carol Svec (2001) **615.5071 Svec After**
- *Complications: A Surgeon's Notes on an Imperfect Science*, by Atul Gawande (2002) **617.092 Gawande Comp**
- *Consumer's Guide to Laboratory Tests*, by Mary C. Ricotta (2005) **616.075 Ricotta Consumer**
- *How Doctors Think*, by Jerome Groopman (2007) **610 Groopman How**

## Search Aids

### Search Terms

(Use for computer searches)

- Patient safety
- Patient rights
- Medical errors

### Subject Headings

(Use in card catalogs and print indexes)

- Patient participation
- Physician and patient
- Medical personnel and patient
- Patient education
- Communication in medicine

### Call Number

- 610.69 (Dewey Decimal)
- 616.075 (Dewey Decimal)

### Indexes and Web Portals

- EBSCOHost (access from library catalog)
- HealthInfoIowa  
[www.healthinfoiowa.org/](http://www.healthinfoiowa.org/)
- MedlinePlus  
[www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)

### Library catalogs

- Pella Public Library catalog  
[lib.central.edu](http://lib.central.edu)
- SILO – State-wide catalog  
[www.statelibraryofiowa.org/ld/silo/local](http://www.statelibraryofiowa.org/ld/silo/local)
- World Cat – World-wide catalog  
[www.worldcat.org](http://www.worldcat.org)

**Attachment 14**  
**Subcontractor quarterly report**

**NN/LM GMR Health Disparities 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  
Hmong Health Education Network Coordinator  
Wausau Area Hmong Mutual Association (WAHMA) LIBID WIUKRL  
1109 6th Street  
Wausau, WI 54403  
pegallen@verizon.net

WAHMA: 715-842-8390  
Peg Allen, when not in office: 715-687-4976 or 715-212-3635 (cell)

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 as 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](http://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.

<b>Content summary</b>	<b>Start</b>	<b>1<sup>st</sup> Q</b>	<b>2<sup>nd</sup> Q</b>	<b>3<sup>rd</sup> - 5<sup>th</sup> Q</b>	<b>Final</b>
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	
<b>Total</b>	<b>735</b>	<b>858</b>	<b>866</b>	<b>1064</b>	

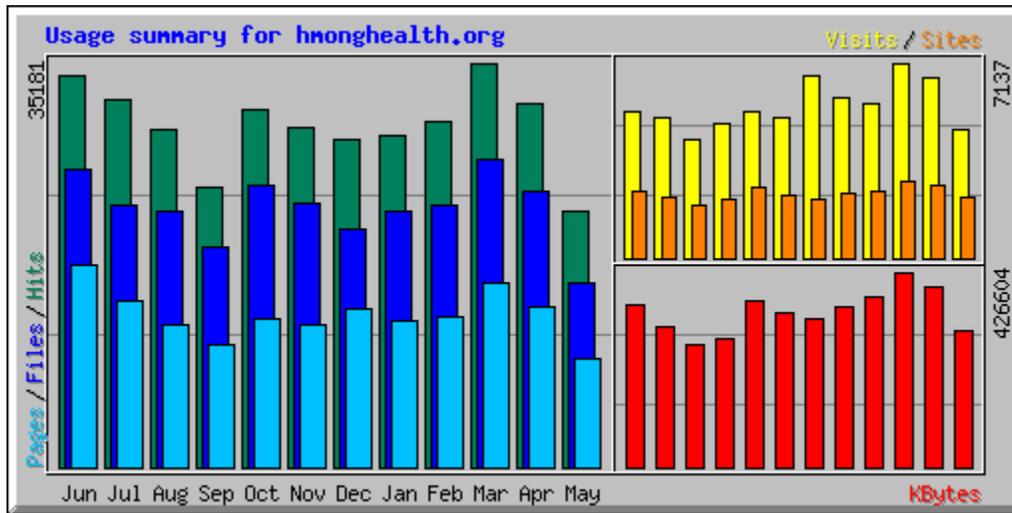
Website use

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



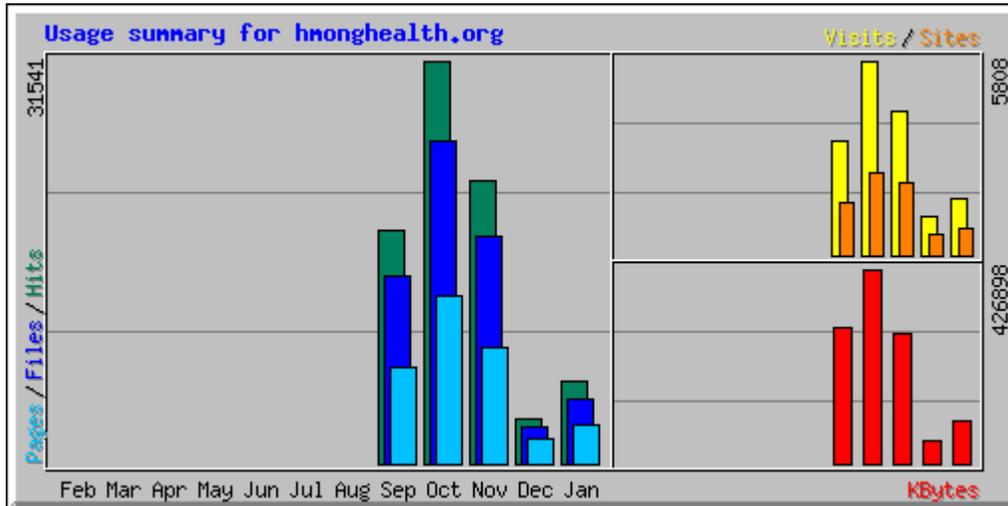
Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
May 2007 Incomplete	1014	728	428	212	2192	297217	4678	9420	16035	22311
Apr 2007	1054	799	467	218	2633	392668	6567	14034	23994	31627
Mar 2007	1134	864	515	230	2776	426604	7137	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
<b>Totals</b>						<b>4081938</b>	<b>66697</b>	<b>159593</b>	<b>270397</b>	<b>357113</b>

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	<b>1017</b>	<b>815</b>	<b>425</b>	<b>187</b>	<b>2480</b>	<b>426898</b>	<b>5808</b>	<b>13180</b>	<b>25273</b>	<b>31541</b>
Sep 2007	828	670	340	156	1575	297472	3436	7493	14745	18219
<b>Totals</b>						<b>1152287</b>	<b>16350</b>	<b>34788</b>	<b>65653</b>	<b>81941</b>

### 2) 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.umtia-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](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 2<sup>nd</sup> and 3<sup>rd</sup> 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 15  
Subcontractor quarterly report**

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

**Elaine Skopelja MALS, AHIP  
Indiana University School of Medicine Library  
975 W. Walnut Street IB 109  
Indianapolis, IN 46202  
317-274-8358 (phone)  
317-274-4056 (fax)  
eskopelj@iupui.edu**

**January-March 2008**

**Submitted August 24, 2008**

**Indiana Public Health Digital Library**  
**Public Health Subcontract**  
**Progress Report for the Greater Midwest Region**  
**January-March 2008**

**NARRATIVE DESCRIPTION**

**Executive Summary**

The scanning and imaging cleanup work has been coming along well since technical problems have been resolved, although these problems impeded certain areas of work on the project. Selecting and creating medical/historical metadata has been the focus of this quarter. Using the three selected vocabularies and locally created terms, the subject list now includes about 800+ terms. Metadata has been assigned and reviewed for the *Bulletin* from 1899-1904. Scanning into PDF format and quality checking of the bulletins continues and the digitization is complete until 1912, approximately 144 issues@12 pages per issue. Items from the Indiana Medical History Museum have been examined and selected for digitization. Our original research assistant got a new job and had to leave the project. We immediately hired one of our original interns for the job. There were no interns for this time period, but we have three graduate library school student volunteers.

**Description of Progress toward the Project's Major Objectives**

***Administration/Planning Activities***

- Hiring, training and supervising the new Research Assistant (replacing one who left in January)
- Supervising the undergraduate student worker
- Soliciting, training and supervising 3 School of Library Science graduate student volunteers
- Managing the upgrade of the OPUS digitizing software
- Troubleshooting hardware/software problems
- Reviewing metadata terms selected by the Research Assistant
- Creating local metadata terms for terminology not found in the primary vocabularies by researching archaic medical language sources, medical dictionaries and other resources

***Collaborations/Partnerships***

- Working with the Indiana State Library to download ContentDM, the digital repository software provided by them for this project
- Reporting to the Indiana State Library regarding this project
- Meeting with epidemiologists at the Indiana State Department of Health to analyze the statistical information that will be digitized

***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
- Contributing to the Project Manual and technical procedures for the project
- Training volunteers
- ContentDM\* troubleshooting
- OPUS\*\* software troubleshooting

*\*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

### SLIS Volunteers

- Sorting and scanning original resources
- Quality-checking for legibility and readability
- Assigning metadata under the supervision of the PI

### Lessons Learned/Significant Feedback

The technical problems mentioned in earlier reports are still causing delays, however, during a delay in scanning we have workers sorting materials, working on the metadata lists or other jobs.

We have had no trouble acquiring graduate library school students to work on this project. They have been eager to learn about the digitizing process and the historical and archival themes of the project. They have done many hours of work.

The larger our authority lists grow (Subject, Geographic and Personal/Corporate Name), the faster the metadata assignment process goes. It is very time-consuming at first, and it has been necessary to include many definitions, SEE and SEE ALSO references to the lists to make it useful to other project participants. The historical nature of the digitized materials makes researching unusual terms difficult.