

NATIONAL NETWORK OF LIBRARIES OF MEDICINE  
PACIFIC SOUTHWEST REGION (REGION 7)

Pacific Southwest Regional Medical Library (PSRML)

Quarterly Progress Report  
**February 2003 – April 2003**

University of California, Los Angeles  
Contract No. N01-LM-1-3517

Date Submitted: October 14, 2003

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Bay Area Health Information, Health Sciences Library, California Pacific Medical Center, San Francisco, CA	
Health Literacy and Information and Referral Resource Awareness, Marshall Medical Community Health Library, Placerville, CA	

**Quarterly Progress Report**  
**Pacific Southwest Regional Medical Library (PSRML)**  
**National Network of Libraries of Medicine, Pacific Southwest Region**  
**February 2003 – April 2003**

**A. NETWORK PROGRAMS**

1. Providing health professionals with a basic level of information services
  - Julie Kwan demonstrated NLM resources and services at the Kaiser Bellflower open house for hospital staff, on March 14, 2003. The open house also included representatives from information system vendors and Permanente Knowledge Connection.
  - Loansome Doc service is offered by 205 libraries in the Pacific Southwest Region.
2. Assessing the needs of health science libraries
  - Julie Kwan and Heidi Sandstrom attended the Annual Meeting of the Hawaii-Pacific Chapter of the Medical Library Association in Honolulu on March 21, 2003. The speakers at this meeting were Carla Funk, Executive Director of the Medical Library Association, and Carol Jenkins, Past President of the Medical Library Association. This meeting offered an opportunity to learn about local conditions and issues and to strengthen relationships with these network members. Two PSRML workshops were offered in conjunction with this meeting (see **Section B. 3 Outreach Programs**).
  - Following the HPCMLA Annual Meeting, Julie Kwan and Heidi Sandstrom visited several health sciences libraries in the area.
  - At the Department of Veterans Affairs, they visited Dr. Richard Frankel, Associate Chief of Staff for Education. Dr. Frankel recently assumed responsibility for the library, which currently is staffed with a part-time volunteer. VA staff and trainees are eligible to use resources onsite at other local libraries but are not eligible for electronic access. Dr. Frankel has several VA clinics under his jurisdiction serving veterans in the Pacific islands, including Hawaii Island, Maui, Kauai, Guam, and a possible future installation in American Samoa. This network might be a candidate for NLM grants.
  - At the Hawaii State Hospital, they visited with the librarian, Lisa Matsumoto. Current issues for this library include web site development and library automation.

- At the University of Hawaii at Manoa, Julie Kwan visited with Paul Wermager, Head of Public Services, Science and Technology, Hamilton Library, and his assistant Jessica Hashimoto and provided assistance with LinkOut for Libraries.
- Julie Kwan also visited the San Diego Naval Hospital Library; this library serves the largest military hospital in the world.
- Throughout this quarter we responded to many types of inquiries from network members; these included many questions about EFTS, LinkOut procedures, questions about Old MEDLINE citations and DOCLINE, SERHOLD to OCLC data migration, adding non-lendable holdings to SERHOLD, resource libraries charging more than the maximum cost, how to deal with libraries that are delinquent in paying ILL bills, and how to publicize LinkOut (LO help screens are written for the librarian not the library user).
- The following videotapes and audiotapes circulated to network members during the quarter:

Videotapes/CD-ROMs/DVDs:

*MLA: Sync or Swim: Managing the Flood of PDAs in Health Care -- 5*  
*Libraries, Copyright and the Internet - 1*

Audiocassettes:

*Medical Library Association 2002 Annual Meeting and Exhibit --8*

### 3. Managing the NN/LM Network membership program for the region

- According to DOCUSER, Region 7 has a total of 644 network members: 237 affiliate and 407 full members. Three Affiliate members joined the Pacific Southwest Region: Pinal County Library District, Vision Literacy of Santa Clara County Library, and Pacific Resources for Education and Learning. Two Full member libraries joined the Pacific Southwest Region: Santa Barbara Graduate Institute and Cushman Wellness Center at Sharp Memorial Hospital.
- PSRML filled **78** requests from network members for NLM promotional items. Over the course of the quarter, PSRML filled and mailed a total of **9,838** items NLM and NN/LM promotional items including: Guides to NIH HIV/AIDS Information Services; Health Hotlines Booklets, MEDLINEplus Bookmarks, MEDLINEplus and NLM Pens, MEDLINEplus Posters and PSRML mouse pads.

### 4. Implementing the Regional Document Delivery Plan

- We were delighted to learn that the 10 millionth DOCLINE request under web-based DOCLINE was a Loansome Doc request that was filled by one of our network members, Sharp Memorial Hospital Medical Library. The request was filled within two hours of receipt.
- DOCLINE statistics for the Pacific Southwest Region are:

- 379 SERHOLD contributors, two of which are the new Full members and are working on entering their holdings
  - There are no pending DOCLINE applications.
  - Two libraries, Santa Barbara Graduate Institute and Cushman Wellness Center at Sharp Memorial Hospital, joined the Network and are participating in DOCLINE this quarter.
  - 407 DOCLINE libraries; 28 of these are Borrow-only libraries.
  - 92 DOCLINE routing table approvals were completed at PSRML during the quarter.
  - 4 DOCLINE orientations were performed via telephone during the quarter, which took a total of 4 hours.
  - Twenty-eight library groups, including those that are cross-regional, are recognized in the DOCLINE system.
  - Twenty-eight requests for DOCLINE holds were received and processed during the quarter.
  - Two libraries were added to the FreeShare Library Group in DOCLINE during the quarter and one removed, for a total of 91 FreeShare library group members in this Region.
- The following chart shows DOCLINE participation in the Pacific Southwest Region:

<b>Location</b>	<b>SERHOLD Contributors</b>	<b>Borrow-Only DOCLINE</b>	<b>Total DOCLINE Participants</b>
Arizona	42	7	49
California	305	18	323
Hawaii	15	1	16
Nevada	12	2	14
Pacific Basin	5	0	5
<b>Regional Total</b>	<b>379</b>	<b>28</b>	<b>407</b>

- Julie Kwan continued meeting with groups of network members to promote EFTS in the region. These meetings included two MLA chapters, the HPCMLA mentioned above on March 21, 2003, and the Medical Library Group of Southern California and Arizona on March 28, 2003. She also met with two local consortia to explain and promote EFTS; these were the Inland Empire Medical Library Consortia meeting on February 6, 2003, at Patton State Hospital (Patton, California) and on April 24, 2003, with the San Fernando Valley medical library consortium at St. Joseph's Hospital (Burbank, California). Further activities are planned for the Central Arizona Biomedical Libraries later in the fall. Julie also wrote an article about EFTS for the *MLGSCA Newsletter*. We regularly announce new EFTS participants from Region 7 on our electronic announcement list.
- We polled our network members for suggestions for the EFTS Advisory Committee and submitted our suggestions to EFTS staff on February 28, 2003. Recommended representatives from the Pacific Southwest Region to the EFTS Advisory Committee are:

- Resource Library  
Christine (Chris) Dechoretz  
Carlson Health Sciences Library  
University of California, Davis  
cadechoretz@ucdavis.edu
  - Primary Access Library  
Ellen Aaronson  
Medical Library  
West Hills Hospital and Medical Center  
bradhill@charter.net
  - RML Representative  
Julie Kwan  
Pacific Southwest Regional Medical Library  
jkkwan@library.ucla.edu
- Along with Penny Glassman of the New England Region, Michael Miller worked on the web survey form for the NN/LM ILL Cost Survey. Julie Kwan, Andrea Lynch, and Elaine Graham analyzed the data from the ILL Cost Study which was distributed via the web to network libraries from March 25 – April 9, 2003. Andrea Lynch and Julie Kwan compiled the data for presentation at the RML Directors Meeting to be held May 2, 2003.
  - We tested DOCLINE 1.5 and assisted network members when it was released.
5. Meeting responsibilities of Resource Libraries and the RML
- Resource libraries were polled regarding their views on the ILL/ISO Protocol and whether or not NLM should continue implementing the protocol in DOCLINE. The Resource Library responses were strongly and emphatically in favor of continuing with the implementation of the protocol, particularly the responses from the UC and Stanford libraries.
  - Elaine Graham attended the RML Directors Meeting, New York, February 6-7, 2003, and coordinated the agenda for the Directors/Associate Directors Breakout Discussion to be held at the RML Directors Meeting, May 2, 2003.
6. Establishing and maintaining communications
- One issue of *Latitudes* was published: March-April 2003. Key articles focused on LinkOut, electronic document delivery, EFTS, the HIV/AIDS Information Summit, a migrant worker conference, and the RML Directors meeting in February 2003. The web statistics for the *Latitudes* index page for the quarter was 1134 hits.
  - During the quarter, 42 postings were sent to RMLRG7-L, PSRML's email announcement list. Updates to RMLRG7-L were as follows:
    - 17 additions to the list
    - 15 deletions from the list

- PSRML staff participated in monthly NN/LM teleconferences on outreach training and exhibits, consumer health outreach, and DOCLINE, as well as the general monthly RML teleconferences.
- Heidi Sandstrom continued to participate in the teleconferences of the Arizona Turning Point Project/Public Health Information Centers training subcommittee.
- She also attended the March 14 teleconference of the Multilingual Materials Working Group. Results of the PSRML Pilot Digitization Project were shared with the latter group. The final report and supporting documentation for the PSRML Pilot Digitization Project is in **Appendix A**. Note that MEDLINEplus subject headings are referenced in the metadata scheme. Mock-up web pages were developed and placed on the NN/LN development site.
- Kay Deeney, a member of the Technical Advisory Committee (TAC) of the NOMC, attended the NOMC teleconferences during the quarter.
- PSRML staff attended the Tribal Connections teleconferences held during the quarter and completed and submitted the questionnaire for the Tribal Connections Four Corners evaluation project.
- Saroj Bahatia, 2003 MLA Cunningham Fellow, visited on March 5, 2003, to learn about the programs and services of the PSRML. She will be submitting an article for the issue of *Latitudes*, September/October 2003. (12:5).
- PSRML web usage summary statistics are:

Month	Visits	Page Views
February 2003	5,089	31,341
March 2003	7,267	38,678
April 2003	8,046	38,774

- The months of February 2003 – April 2003 saw a slight decrease in visits and page views compared to last quarter. See detailed statistics<sup>1</sup>.
- In February the Partners in Information Access for Health Professionals Web Redesign Committee reviewed usability study results. Michael Miller and Greg Bodin implemented necessary design changes in early March for a full report to the Partners organization in mid-March. The web site<sup>2</sup> went live at the end of March 2003. April was spent fixing any problems that came up after the web site's debut.
- The NLM Centric Monitoring Project workstation was configured and brought up in early April.

<sup>1</sup> <https://staff.nlm.gov/usage/psr/>

<sup>2</sup> [Http://phpartners.org](http://phpartners.org)

- New web-based resources developed during the quarter include:
  - *PubMed Basics*<sup>3</sup> and *MEDLINEplus Basics*<sup>4</sup> trifold brochures, updated by PSRML staff.
  - With translator assistance, we created a new trifold for MEDLINEplus en español, entitled “Lo esencial de MEDLINEplus<sup>5</sup>” Feedback on the trifolds via MEDLIB-L has been very positive.

A *Train-the-Trainer Workshop on Health Resources*<sup>6</sup> page was mounted in February. Several Network members interested in training resources have been directed to this page.

- The PSRML librarians attended the Medical Library Group of Southern California and Arizona (MLGSCA) Spring program on March 28, 2003.
7. Consulting with the Regional Advisory Committee – N/A
  8. Monitoring and evaluating programs
    - Pre and post tests were included in instructional sessions.
    - Feedback from the contributors to BioSites indicates that this resource has likely outlived its usefulness; we are considering discontinuing the site. This also applies to the Brandon-Hill page that PSRML has been maintaining. The Brandon-Hill lists are now under the auspices of the Mount Sinai School of Medicine, Levy Library, which has been the home base of the compilers of the lists.
  9. Obtaining feedback from users and recommending ways of improving information access
    - At the request of Carolyn Tilley, NLM, PSRML requested feedback from regional network members on the desirability of a UMLS course on the West Coast; the response was extremely positive, and we look forward to having the course scheduled.
    - Feedback was requested from the Resource Library Directors on the future implementation of the ISO/ILL protocol in DOCLINE; comments were compiled and forwarded to NLM.
    - Julie Kwan forwarded a suggestion to Karen Hajarian on including the MEDLINEplus trifold brochures in the promotional materials for the ACP information prescription project.
  10. Providing a computer-equipped training facility
    - The Computer Training Lab continued to be used for online training classes offered by the National Training Center and Clearinghouse (PubMed, Gateway/ClinicalTrials and Toxnet classes); the UCLA David Geffen School of Medicine, Dean’s Office; UCLA David Geffen School of Medicine, Pharmacology Department; UCLA Biomedical Library staff, and PSRML staff.

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<sup>3</sup> <http://nmlm.gov/nmlm/online/pubmed/pmtri.pdf>

<sup>4</sup> [http://nmlm.gov/nmlm/online/mplus/mptri\\_eng..pdf](http://nmlm.gov/nmlm/online/mplus/mptri_eng..pdf)

<sup>5</sup> [http://nmlm.gov/nmlm/online/mplus/mptri\\_esp.pdf](http://nmlm.gov/nmlm/online/mplus/mptri_esp.pdf)

<sup>6</sup> <http://nmlm.gov/psr/training/tt.html>.

11. Conducting or participating in needs assessments and testing of NLM and NN/LM products and services

- PSRML tested and submitted feedback in April on the alpha version of the NOMC mapping application.
- PSRML completed the “OARF”<sup>7</sup> forms by the requested deadline (March 10, 2003). Feedback was emailed to Amy Hatfield regarding improvements needed to the interface for more efficiency and improved ergonomics.

12. Promoting NLM-sponsored grants

- Julie Kwan met with staff at Pacific Resources for Education and Learning in Honolulu on March 25, 2003, to share program goals and objectives and to discuss NLM funding opportunities. In April, she had a follow-on conversation with Tom Barlow, Franda Liu, and Karen Ehrhorn about their application for NLM’s Community Outreach Partnership Planning Awards.
- Heidi Sandstrom visited and consulted with the staff of the Venice Family Clinic in December on its application for a National Library of Medicine Information System Grant. Elaine Graham wrote a letter of support for the Clinic in January 2003.
- Four Access to Electronic Health Information (AEHI) project contracts were signed during the quarter; the period of performance started on March 1, 2003.

Projects funded are:

- *Central Valley Access to Electronic Health Information Project*  
Project Director: Patrick Newell
- *Facilitating School Nurses' Access to Electronic Data*  
Project Directors: Marilyn Hall and Renee McLeod
- *Hawaii Health Portal*  
Project Director: John Breinich
- *Partnership: Good Samaritan Regional Medical Center and the Body Positive Foundation of Phoenix*  
Project Director: Sally A. Harvey
- Announcements about the AEHI projects were made on the Regional listserv and posted in the “News” section of the PSRML homepage. The contract awardees are listed on the PSRML Projects<sup>8</sup> page.

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<sup>7</sup> <http://nmlm.gov/evaluation/datacollection/ActivityInfo.pdf>

<sup>8</sup> <http://nmlm.gov/psr/projects/>

- Express Outreach Awards were approved for the Judith Tuttle Memorial Research Library, Periodic Paralysis Association; and Vision Literacy service of the Santa Clara County Library/City of Mountain View Public Library. Subcontracts were sent for signature to these organizations.
- PSRML Professional Development Awards were given to Michael Kronenfeld, Learning Resource Center, Arizona School of Health Sciences, Phoenix, AZ, in support of travel associated with the David A. Kronick Traveling Fellowship; and to Barbara Bibel, Oakland Public Library, Oakland, CA, in support of attendance at an MLA Continuing Education Course: Adventures in Public Health.
- In response to NLM's request in April, we promoted the Community Outreach Partnership Planning Award RFP to select Network members in the region.

### 13. Following up on NLM funded grants in the region

- Outreach Subcontracts: An overview of project accomplishments appears here, and complete quarterly reports from subcontractors are included in **Appendix E**. The following also summarizes the subcontractor activities completed as part of the RML contract.
  - **Access to Health Information for Arizona's Tribal Nations** – Activity for the second quarter of the project (October 1-December 31, 2002) continued to focus on Arizona Health Sciences Library identifying and contacting key players among the tribes in Arizona, and on the University of Arizona campus. Two training sessions were scheduled for the quarter, one on November 19<sup>th</sup> and one on November 26<sup>th</sup> (no one attended the latter). An assessment of the status and budgetary requirements of the project was conducted; a modified budget was not submitted with the second quarter as planned, because significant interaction with tribal health leaders of the Inter-Tribal Council of Arizona has not yet taken place.

Total Training/Demonstrations:	<b>3</b>
Total sessions of participants were 50% ≥ minorities:	<b>3</b>
Total Participants:	<b>13</b>
Health Care Service Provider	<b>13</b>
Health Sciences library staff Member	<b>NA</b>
Public /other library staff member	<b>NA</b>
General public	<b>NA</b>

- **Salt River Pima-Maricopa Indian Community Health Information – Scottsdale Healthcare**

Subcontractor Mary Lou Goldstein asked if her subcontract could be rolled over into the new PSRML contract year, with a performance period of June 1, 2003, to May 31, 2004. Her request was approved.

Total Training/Demonstrations:	NA
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- **Petaluma Health Information Access – Redwood Health Library**

On 02/19/03 the library received a thirty-day notice to vacate the building where it had been located for the previous eight years. As a result, subcontractor Eris Weaver needed to put this project on hold and requested a four-month extension of the completion date, to September 30, 2003. The request for extension was approved.

Total Training/Demonstrations:	NA
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- **Bay Area Health Information Outreach – California Pacific Medical Center**

Outreach presentations of MEDLINEplus and other health information resources continued with sessions at the San Francisco Public Library on February 26, 2003, and at the Solano College (Suisun City, CA) main library on March 27, 2003. Both sessions were well attended, and participants at Solano College included community college librarians as well as public librarians. Both sessions included hands-on practice time.

Total Training/Demonstrations:	2
Total sessions of participants were 50% ≥ minorities:	NA
Total Participants:	9
Health Care Service Provider	NA
Health Sciences library staff Member	NA
Public /other library staff member	NA
General public	NA

- **San Fernando Health Information Outreach – Olive View/UCLA Medical Center**

Subcontractor Marsha Kmec conducted an additional MEDLINEplus presentation at the Wellness Community in Pasadena, CA. This clientele consisted primarily of cancer patients, who were very interested in the session content, and continued asking Ms. Kmec for information for several weeks following the event.

Total Training/Demonstrations:	1
Total sessions of participants were 50% ≥ minorities:	NA
Total Participants:	5
Health Care Service Provider	NA
Health Sciences library staff Member	NA
Public /other library staff member	NA
General public	NA

- Outreach to Consumers in Contra Costa County – Degnan Medical Library**  
 Subcontractor Sally Chu conducted several training sessions during this quarter. Participants included Contra Costa County library staff, adult school students, church members, and other members of the general public. The sessions focused on MEDLINEplus, but Ms. Chu also taught PubMed and other NLM databases to the public library staff. All sessions included hands-on practice time.

Total Training/Demonstrations:	<b>11</b>
Total sessions of participants were 50% ≥ minorities:	<b>1</b>
Total Participants:	<b>126</b>
Health Care Service Provider	<b>13</b>
Health Sciences library staff Member	<b>0</b>
Public /other library staff member	<b>53</b>
General public	<b>60</b>

- Health Literacy and Information and Referral Resource Awareness – Marshall Medical Community Health Library**  
 During this quarter, the library continued the physical transition to its new facility, as well as the installation of new computer equipment. Several formal classes were given, as well as numerous individual training sessions. Users received hands-on practice with MEDLINEplus, PubMed, and other health information resources. Ms. Richards’ outreach efforts also helped with recruitment of volunteers to work at the Community Health Library.

Total Training/Demonstrations:	<b>3</b>
Total sessions of participants were 50% ≥ minorities:	<b>NA</b>
Total Participants:	<b>33</b>
Health Care Service Provider	<b>NA</b>
Health Sciences library staff Member	<b>NA</b>
Public /other library staff member	<b>NA</b>
General public	<b>NA</b>

- Assessing Potential of Handheld Computing Applications in Public Health – Savitt Medical Library, University of Nevada**  
 Subcontractor Terry Henner completed analysis of the baseline survey of public health workers regarding PDA usage. He also identified personnel to participate in the pilot project, and selected a PDA platform for the project. PDAs were then purchased and distributed to Washoe and Clark County Health District Offices. Mr. Henner also began consideration of PDA software to use for the project.

Total Training/Demonstrations:	<b>NA</b>
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## **B. OUTREACH PROGRAMS**

- The following summarizes the outreach activities completed as part of the RML contract.

Total Training/Demonstrations:	<b>9</b>
Total sessions of participants were 50% ≥ minorities:	<b>0</b>
Total Participants:	<b>233</b>
Health Care Service Provider	<b>135</b>
Health Sciences library staff Member	<b>72</b>
Public /other library staff member	<b>12</b>
General public	<b>0</b>

### 1. Outreach to Health Professionals

- Alan Carr presented a two-hour Internet resources training session to 14 members of the Violence Prevention Coalition of Greater Los Angeles on February 25, 2003.
- The workshop, *Online Resources for Public Health Nurses*<sup>9</sup>, was presented by Kay Deeney and Heidi Sandstrom at the HCA Nursing Education Advisory Council Meeting in Orange, CA on March 4, 2003.
- Alan Carr was the moderator for the HIV/AIDS Information Summit, held at UCLA on March 19, 2003. The Summit was co-sponsored by the California AIDS Clearinghouse, which was responsible for the logo design, gift mugs, and banner. Approximately one hundred twenty people attended the Summit. Most of the delegates were representatives from community-based organizations and municipal public health departments. The plenary session featured two keynote speakers, Gail Wyatt and Larry Peiperl, as well as six additional panelists, who addressed specific aspects of HIV/AIDS information dissemination. The participants then broke up into four breakout discussion groups, for brainstorming, synthesizing, and networking. Each group examined a topic which represented a challenge in accessing and disseminating HIV/AIDS information. By the end of the day, each group had developed recommendations for future actions to deal with these challenges. An online evaluation survey was sent to all participants following the Summit. Feedback from attendees was extremely positive. A number of them plan to implement some of the final recommendations into their daily work flow, and quite a few participants said they would like to attend similar events in the future. Resources from the Summit were added to the HIV/AIDS Information Summit website<sup>10 11</sup>. The full report is in **Appendix D**.
- PSRML participated in the ACP Foundation's Prescription Project while exhibiting at the NLM booth during the American College of Physicians exhibit in San Diego in April. Attendees were very responsive to this project; over 100 physicians were signed up during the exhibit.

<sup>9</sup> [http://nmlm.gov/psr/pres/phn\\_resources.html](http://nmlm.gov/psr/pres/phn_resources.html)

<sup>10</sup> [http://nmlm.gov/psr/aids\\_summit.html](http://nmlm.gov/psr/aids_summit.html)

<sup>11</sup> <http://nmlm.gov/psr/pdf/hiv.pdf>

- In April, Kay Deeney contacted the president of the local Black Women Physicians Association about training. They are considering a PubMed class for their fall meeting.

## 2. Consumer Health Information Services

- In April, MEDLINEplus began listing those libraries that authorized NLM to list them via their DOCUSER records.

- Kay and Heidi visited UCLA's new Neuropsychiatric Institute Family Resource Center during the quarter, and distributed MEDLINEplus bookmarks for promotional use.

- Kay, Heidi, and Andrea worked on an MLA paper on the Medical Digital Reference Project called "Shooting the Curl: Enhancing Real Time Reference with Health Information Experts."

- Kay Deeney submitted an article about the Medical Digital Reference Project (MDRP) to the Florida Health Sciences Library Association's newsletter, the ALERT. See the Winter/Spring Issue.<sup>12</sup>

- Kay Deeney continued to oversee the Medical Digital Reference Project in the Region; and arranged for participants to receive QRC training on March 7, 2003. Susan Barb of 24/7 Reference conducted a virtual training session for ten librarians. They learned how to answer email questions that are referred by library staff users of the 24/7 software. The librarians doing digital reference are able to forward health and medical calls to a QRC area where medical librarians can pick them up as emails. They can answer questions by responding to the requester via email. MDRP answered thirteen questions via QRC this quarter.

- During the quarter, Heidi Sandstrom provided digital reference for 2 hours/week via the Regional Medical Digital Reference Project.

- Elaine Graham attended monthly meetings of the NexCare Collaborative Advisory Board. She also attended a meeting with Elliot Siegel, NLM, and representatives of the NexCare Collaborative to discuss the concept of MEDLINEplus Go Local and answer questions about the potential involvement of NexCare as a local data participant. Heidi Sandstrom attended the NexCare Advisory Board Meeting on April 29 to provide feedback on NexCare's marketing campaign.

- On March 7, Heidi Sandstrom spoke with Joyce Backus and referred her to three Regional organizations that are potential Go Local sites.

## 3. Training to Support Electronic Access to Health Information

- Julie Kwan and Heidi Sandstrom presented two workshops in conjunction with the Hawaii-Pacific Chapter of the Medical Library Association Annual Meeting on March 21, 2003 in Honolulu: "NLM Systems Update" and "Grants and How to Apply for NN/LM Funding Opportunities." The NLM Systems Update included an overview of EFTS.

<sup>12</sup> <http://www.library.health.ufl.edu/fhsla/newsletters/WinSpr0203.pdf>

- Heidi Sandstrom worked with April Cunningham, UCLA Department of Information Studies intern, to present workshops in Santa Monica, CA to (1) members of the Westside Spanish Speaking Coalition and (2) staff of the Santa Monica Public Library, Fairview Branch on April 23, 2003. April is interning at PSRML during the Winter Quarter; she did a site visit in January and attended a planning meeting in February at Santa Monica Public Library, Fairview Branch. She also attended a Westside Spanish Speaking Coalition meeting in March. Materials she produced during the quarter can be found in **Appendix B**.

#### 4. Exhibits and Presentations at Meetings

- PSRML provided the retrospective exhibit cost data requested by NNO.
- Kay Deeney, along with Toni Yancey and Siobhan Blackwell, completed the NLM Exhibit Manual.
- PSRML exhibited at the following exhibits. Full reports and budgets are in **Appendix C**:
  - Los Angeles Marathon Los Angeles Marathon XVIII Quality of Life Expo, in Los Angeles, CA on February 27- March 1, 2003  
Exhibit volunteers: Liz Gnerre, Athalie Irvine Clarke Library, House Ear Institute , Los Angeles; Judy Kraemer, Norris Medical Library, University of Southern California; April Cunningham, UCLA Department of Information Studies graduate student; and Shirley Tanaka, Parlow Library, Harbor UCLA Medical Center, Torrance, CA.
  - American College of Physicians Annual Meeting, in San Diego, CA, April 2-5, 2003  
Exhibit volunteers: Marilyn Hall, San Diego State University Library; Jenny Reiswig, UC San Diego Biomedical Library
  - Community-Campus Partnerships for Health, Community-Campus Partnerships for Health 7<sup>th</sup> Annual Conference "Taking Partnerships to a New Level: Achieving Outcomes, Sustaining Change" in San Diego, CA, on April 26-29, 2003.  
Exhibit volunteers: Marilyn Hall, San Diego State University Library
- In February, network member Rebecca Davis from UC Davis exhibited at the Black Exposition in Sacramento highlighting MEDLINEplus. She used the PSRML table-top exhibit display, which has interchangeable graphics.
- In March, Clair Kuykendall from UCSF (and a former PSRML staff member) led the exhibit team for a Continuing Education program for the Annual Review in Family Medicine in San Francisco.
- On February 6, 2003 Heidi Sandstrom attended a meeting of ten individuals who work in Family Resource Centers in Northern California. She gave an informal presentation and distributed materials on the NN/LM and NLM consumer health resources. On Feb 7, 2003 Heidi met with Rebecca Davis in Sacramento to tour the site where the symposium on health literacy, planned for January 2004, may be held.

- Alan Carr and Kay Deeney submitted an abstract, on the HIV/AIDS Information Summit, for presentation at the NACCHO meeting in Phoenix, AZ, September 9-12, 2003.
- In April, Kay Deeney worked with Heather Moulton, Chair of the GSA Task Force on Organizational Technology and Computers to submit a proposal for a class on Effective Internet Searching at the Gerontological Society of America Annual Meeting in November.

#### 5. Technology Awareness and Integration

- PSRML forwarded suggestions during the quarter of potential interviewees for the NLM/Internet 2 Study.
- PSRML forwarded suggestions for members of the NN/LM Information Technology Task Force.
- Michael Miller completed set-up of the NLM Internet Performance Monitoring System during the quarter.
- PSRML hosted the March 12, 2003, MLA satellite broadcast, Get HIP to HIPAA, and sponsored the following **Six (6)** Network Member sites:
  - **Coordinator: Rebecca Birr, Director, Health Sciences Library  
Maricopa Integrated Health System**  
Health Sciences Library  
2601 East Roosevelt Street  
Phoenix, AZ 85008
  - **Coordinator: Debi Quilty, Director, Physician Education/  
Kaiser Permanente Medical Center**  
Baldwin Park Medical Center,  
1011 Baldwin Park Blvd.  
Baldwin Park, CA 91706
  - **Coordinator: Laura Brown, M.L.S, Associate Director  
Loma Linda University Medical Center**  
Jesse Medical Library & Information Center  
11234 Anderson Street  
Loma Linda, CA 92354
  - **Coordinator: Tina Okamoto, Librarian  
HPCMLA-Hawaii Medical Library**  
Kuakini Medical Center  
1221 Punchbowl Street  
Honolulu, HI 96813
  - **Coordinator: Mari Stoddard, Librarian  
University of Arizona, Health Sciences Library**  
1501 North Campbell Avenue  
Tucson, AZ 85724

- **Coordinator: Terry Henner**  
**University of Nevada, Savitt Medical Library**  
School of Medicine  
Savitt Medical Library/306  
Reno, NV 89557-0046

#### 6. Connections

- The Community Care HIV/AIDS program was able to purchase a microcomputer for their drop-in center through the Internet Connectivity Support Program. The computer will allow the visitors who are usually HIV positive to access information resources on drugs, AIDS, and HIV as well as community resources.

#### 7. Library Improvement – N/A

### **C. OTHER ACTIVITIES**

- Julie Kwan completed the online course, Research with Human Subjects and received a certificate of completion from the UCLA Office of Protection for Human Research Subjects.
- Julie Kwan attended the Annual Research Review of the Center for Software Engineering at the University of Southern California on March 18, 2003.
- Heidi Sandstrom attended QRC training on March 7. She also participated in MLA's Task Force on Health Information Literacy (TFHIL) teleconferences on March 10 and April 7, 2003. She was also asked to participate in the April 9 teleconference for a Fall 2003 MLA satellite broadcast on health information literacy. She attended a class on Complementary and Alternative Medicine resources on April 16 at the UCLA Biomedical Library.
- Kay and Elaine attended Introduction to Arc-GIS training provided by UCLA in preparation for training with the National Online Mapping Center projects in the fall.
- Kay attended UCLA SIANME (Scholarship in a New Media Environment) presentation on Teleconferencing.
- On April 25, Elaine Graham announced that she will be resigning as PSRML Associate Director effective June 1, 2003.

**APPENDIX A**  
**PSRML Pilot Digitization Project**

## **Digitization Pilot Project - Final Report January 2003**

### **Project Goal**

The overarching goal of the pilot has been to develop an information structure and process for identifying, evaluating, digitizing, and enhancing discovery of foreign language consumer health information resources (heretofore only available as hardcopy documents) on the web.

### **Identifying Resources**

At the start of the project, a librarian consultant hired by PSRML used data from the Region 7 Consumer Health Library Directory survey to identify potential library sources of foreign language consumer health information resources in the NN/LM Pacific Southwest Region. She contacted these sources, obtained documents, and sent the documents along with a report of her overall findings to PSRML. Even though some libraries had reported foreign language collections, the number and scope of documents ultimately identified was quite limited. Because of this, PSRML decided to scale down the project and to do it “in-house” rather than to hire a project manager, on a consultant basis, to conduct the project.

### **Evaluation of Resources**

Information about quality was not easy to determine from the set of documents identified for the pilot project. It was not always possible to find out the original source of content for a document; the age of the content, the date of publication, or about rights to reproduce the content. Many agencies do not have explicit review standards for the materials they produce, for quality of translation/cultural appropriateness, or for readability of these materials. While we could apply information quality filters in reviewing documents; we were not in a role to weigh in on content issues (see Evaluation Criteria).

### **Digitization Process**

Prior to digitizing documents, PSRML staff attended a workshop on database-driven websites, and met with Howard Batchelor, Digital Library Coordinator at UCLA, about the feasibility of using tools already developed at UCLA to provide access to digitized materials. Because digitization efforts at UCLA have been driven by preservation and archival concerns, PSRML staff had some difficulty in interpreting and adapting the tools to the more immediate, and practical needs of the pilot. A sample set of documents from a variety of organizations was created; individual documents were scanned and saved as .pdf files. Descriptive item level data and digital object data were captured and entered into the UCLA Digital Library Core Database (CD)--an MSAccess database. Equipment used to digitize the documents included an HP ScanJet 4c and an IBM compatible PC. Software included Adobe Acrobat 5.0, Adobe Photoshop 6.0, and DeskScan II 2.9 (scanning software). After data was entered into the CD, the data and the database file structure were exported into a MySQL database. Each document was scanned in two ways to facilitate viewing and printing. The image created for viewing was in the logical sequence of the pages to be read by the user. The image created for printing was in a sequence that, if printed using a

duplex printer, recreated a version of the original document. The resolution of 100 pixels per inch was decided by taking into account both image file size and printing quality. Images were stored on the UCLA Biomedical Library/PSRML server. Ultimately, a mock-up of the project website design was produced and housed on the NN/LM server. The original intent of the project was to concentrate on consumer health information materials in languages other than Spanish or English. However, to explore metadata issues, it was easiest to work with a sample set of documents that were in English with Spanish translations.

## Metadata

A metadata scheme was produced, incorporating collection level data, digital object data, and administrative data from the CD. The scheme also includes discovery data, incorporating Dublin Core elements, qualifiers, and encoding schemes found in the CD and in other project tools accessible via the web; namely, tools linked from the Dublin Core Metadata Initiative site ([www.dublincore.org](http://www.dublincore.org)). Subject headings and keywords were applied to individual documents.

## Evaluation

Because the project was scaled down, not all of the original project objectives were addressed. The extent, characteristics, and location of foreign language consumer health information resources in Los Angeles and San Francisco were not explored beyond what was identified by the consultant. In retrospect, it might have been better to target potential content producers rather than libraries in locating resources (i.e. public health departments, health systems, commercial providers, etc.). Quality standards were drafted for the project; they may serve as a useful starting point for further discussion before embarking on future projects of this nature. The process of digitization was successfully developed and tested, although on a smaller scale and over a much longer period of time than originally proposed, because of the limited amount of staff time that could be devoted to the project.

## Recommendations

Recommendations to NLM, regarding its role in assessing need and in providing access to multilingual/multicultural consumer health information resources, were forwarded via the Multilingual/Multicultural Materials Working Group of the NN/LM. Hopefully, this project has laid the groundwork for future projects to enhance the public's access to these resources.

**NN/LM PSR Digitization...Pilot Project  
Administrative Metadata**

Collection Level Data

ParentDivID - PSRML  
Object Type – Collection  
Label – Consumer Health Materials (non book, non serial)  
DivID – 00001

Item Data

*Scanning Data*

File Name  
Image size  
Document size  
Resolution (low)  
Resolution (high)  
OCR (?) – may want to make Word doc available  
Scanning notes  
Printing – paper size  
Assembly instructions

*Cataloging Data*

Identifier on document (e.g. Title #R802; CAC M101)

**NN/LM PSR Digitization...Pilot Project  
Metadata Scheme**

REFERENCES:

Dublin Core Metadata Element Set, Version 1.1: Reference Description (see <http://www.dublincore.org/documents/dces/>)  
Dublin Core Qualifiers  
(see <http://dublincore.org/documents/dcmes-qualifiers/>)

Element: Title

DC Qualifier: Alternative

Name: alternative

Label: Alternative

Definition: Any form of the title used as a substitute or alternative to the formal title of the resource.

Comment: This qualifier can include Title abbreviations as well as **translations**.

Element: Creator

Element: Subject

Encoding Schemes for *Subject*:

Name: MeSH

Label: MeSH

Definition: Medical Subject Headings

See also: <http://www.nlm.nih.gov/mesh/meshhome.html>

[Subject Headings used by MEDLINEplus]

[Subheading/aspect (i.e. prevention, diagnosis, treatment)]

Element: Description

DC Qualifier: Abstract

**Name:** abstract

**Label:** Abstract

**Definition:** A summary of the content of the resource.

Element: Publisher

Element: Contributor (to content – e.g. illustrator, other than creator, translator)

Element: Date (YYYY-MM-DD)

DC Qualifier: Created

**Name:** created

**Label:** Created

**Definition:** Date of creation of the resource.

Translated

DC Qualifier: Valid (date range)

**Name:** valid

**Label:** Valid

**Definition:** Date (often a range) of validity of a resource.

DC Qualifier: Issued (publication)

**Name:** issued

**Label:** Issued

**Definition:** Date of formal issuance (e.g., publication) of the resource.

Placed Online\*

Record Created (metadata record)\*

Translation

#### **Encoding Schemes for *Date*:**

##### **DCMI Period**

**Name:** Period

**Label:** DCMI Period

**Definition:** A specification of the limits of a time interval.

**See also:** <http://dublincore.org/documents/dcmi-period/>

##### **W3C-DTF**

**Name:** W3CDTF

**Label:** W3C-DTF

**Definition:** W3C Encoding rules for dates and times - a profile based on ISO 8601

**See also:** <http://www.w3.org/TR/NOTE-datetime>

Element: Type

#### **Encoding Schemes for *Resource Type*:**

##### **DCMI Type Vocabulary**

**Name:** DCMIType

**Label:** DCMI Type Vocabulary

**Definition:** A list of types used to categorize the nature or genre of the content of the

resource.

**See also:** <http://dublincore.org/documents/dcmi-type-vocabulary/>

Text (includes images of text)/PDF

Element: Format

**Qualifiers that refine *Format*:**

**Extent**

**Name:** extent

**Label:** Extent

**Definition:** The size or duration of the resource.

**Medium**

**Name:** medium

**Label:** Medium

**Definition:** The material or physical carrier of the resource. (e.g. single sheet pamphlet, bookmark, postcard, booklet, tape, video)

**Encoding Schemes for *Format*:**

**IMT**

**Name:** IMT

**Label:** IMT

**Definition:** The Internet media type of the resource.

**See also:** <http://www.isi.edu/in-notes/iana/assignments/media-types/media-types>

[Platform (what's needed to access; e.g. Adobe Acrobat)]

Element: Identifier (unique number for physical item)

**Encoding Schemes for *Resource Identifier*:**

**URI**

**Name:** URI

**Label:** URI

**Definition:** A URI Uniform Resource Identifier

**See also:** <http://www.ietf.org/rfc/rfc2396.txt>

Element: Source

Element: Language

**Encoding Scheme for *Language*:**

**RFC 1766**

**Name:** RFC1766

**Label:** RFC 1766

**Definition:** Internet RFC 1766 'Tags for the identification of Language' specifies a two letter code taken from ISO 639-2, followed optionally by a two letter country code taken from ISO 3166.

**See also:** <http://www.ietf.org/rfc/rfc1766.txt>

Element: Relation

isTranslationOf

hasTranslation

isOrderInfo

isAgencyReview

isUserReview

isReplacedBy

**Name:** isReplacedBy

**Label:** Is Replaced By

**Definition:** The described resource is supplanted, displaced, or superceded by the referenced resource.

Replaces

**Name:** replaces

**Label:** Replaces

**Definition:** The described resource supplants, displaces, or supersedes the referenced resource.

isFormatOf

**Name:** isFormatOf

**Label:** Is Format Of

**Definition:** The described resource is the same intellectual content of the referenced resource, but presented in another format.

hasFormat

**Name:** hasFormat

**Label:** Has Format

**Definition:** The described resource pre-existed the referenced resource, which is essentially the same intellectual content presented in another format.

isSponsoredBy

Element: Coverage

Spatial (i.e. national, state, county, city, etc.)

Element: Rights

Rights management statement

Price Code

\*Non-Dublin Core Elements

Element: Quality\*

Element: Audience\*

Mediator (e.g. tool for nurse, health educator, etc.)

Beneficiary

Level (e.g. literacy level 3<sup>rd</sup> grade)

Age

Prerequisites

Element: Cataloger\*

## NN/LM PSR Digitization...Pilot Project Website design

### Homepage – Top Level

Title  
Brief annotation  
Search (by language, subject, keyword)  
About contributors of collections  
About NN/LM  
About project/website

#### Search

Language                      A-L dropdown  
   M-Z dropdown

OR

Subject                        A-L dropdown  
   M-Z dropdown

OR

Keyword                      Box with instruction for phrases, multiple terms  
   Boolean operators

#### Filters

Aspect                        dropdown (Prevention, Diagnosis, Treatment)  
Audience                    checkboxes

### Language Retrieval Display – 2<sup>nd</sup> Level

Example:      Language (e.g. chuukese)  
   Subject (alpha)  
   Title (alpha) – links to record display

### Subject Retrieval Display – 2<sup>nd</sup> Level

Example:      Subject (e.g. communicable diseases)  
   Language (alpha)  
   Title (alpha) – links to record display

### Keyword Retrieval Display – 2<sup>nd</sup> Level

Example:      Title 1 – links to record display

Title 2 – links to record display  
etc.

### Record Retrieval Display – 3<sup>rd</sup> Level

Title – links to online view of item OR to print item OR to vendor  
Reading Level  
Audience  
Subjects  
Keywords  
Resource Type (e.g. pamphlet, booklet, video)  
Format: text/pdf  
Cost  
Cataloging Agency  
See What Users Say (link)  
Comments/Recommendations for Improving This Item

### Contribute pamphlet – 2<sup>nd</sup> Level

Form (see metadata schema)  
e-submission of data  
Verification/Confirmation  
Instructions (print confirmation and mail with pamphlet, video, etc.)

## **NN/LM PSR Digitization...Pilot Project Evaluation Criteria**

Authoritative/reliable source for information

Content is up-to-date, accurate

Purpose to inform, not to sell product or service (not for referral or promotion only)

Content suggests an action/behavior

Material supports health professional/patient relationships

Material avoids bias/stereotyping concerning women and ethnic groups (both text and graphics)

Rights information is implicit or explicitly stated (e.g. government publication; states "You may reproduce this..."; has © symbol and date)

Content is readable; sentence structure/vocabulary appropriate for general public

Is age appropriate in text/graphics (e.g. if for children, simple text and suitable graphics, plays on interests)

Design issues:

Has clear message

Logical design

Well-organized

Content Producer:

Do you know about the review standards of the organization/agency? Does it use a rating scale for materials?

**APPENDIX B**  
**MEDLINEplus Project**

A collaborative internship project by April Cunningham, PSRML Intern (February-April 2003) under the direction of Heidi Sandstrom.

# Spanish Speakers and Consumer Health Information

April 23, 2003

## I. Welcome / Introductions

--Objectives: Increasing your

1. awareness of the healthcare and online health information environments (evaluative criteria, cultural competence, legal liability, definitions of health literacy)
2. awareness of techniques specific to health reference
3. knowledge of the services and resources of the National Network of Libraries of Medicine (NN/LM) and the National Library of Medicine (NLM)
4. knowledge of other reputable online health resources

## II. Reference Interview

What is health literacy?

Don't people get health information from their doctors?

-- 40% of Hispanic adults ages 19-64 were uninsured in 2000 and 66% of uninsured Hispanics do not have a regular doctor (Commonwealth Fund).

In the taped scenario, did the librarian display awareness of the following elements of quality health reference service:

Privacy / Confidentiality

Empathetic listening

Listening more, talking less

Clarifying the patron's question

Making sure the terms are correct / spelled correctly

Referring patrons back to their doctor when clarification is needed

Referring patrons to area academic health sciences libraries for more information / print resources

For further information about providing health information reference, please refer to the attached Guidelines for Medical, Legal, and Business Responses prepared by the Reference and User Services Association of the American Library Association.

### III. Evaluation

Evaluate DrKoop.com for:

- **Authority / Source:**

What is the Authority or Source of this website?

- **Transparency of Authorship / Transparency of Sponsorship:**

Is there a statement including the editorial policy about the content providers or financial contributors for this site?

- **Currency / Date / Timeliness:**

Is there a “last updated” note to indicate recent revisions to the site?

- **Verifiability and Accuracy / Justifiability:**

Is there a statement about the way this information was gathered or the way the conclusions were arrived at that indicates why it should be trusted?

- **Content / Function / Audience:**

Does the site make clear who it is intending to reach with its content? Who is the audience?

- **Technical and Visual Aspects / Structure / Access:**

Is the site easy to navigate?

Are there text links on the page so that adaptive software can enable visually impaired patrons to use the site?

- **Confidentiality:**

Is there a statement on the site’s policies regarding collecting, storing, and sharing information about the people who access it?

- **Complementarity:**

Does the site acknowledge that it is designed to support, not replace, the relationship that exists between a site visitor and his/her physician? Does the content back up their claims?

## Identify Dependable Sites

Examples of metasites and Spanish language health sites:

Medical Library Association Top 100 Websites You Can Trust

<http://caphis.mlanet.org/consumer/index.html>

Santa Monica Public Library Latino Outreach Program—Otros Recursos

<http://www.smpl.org/library/intro/fbspan3.htm>

Los Angeles Public Library Selected Web Sites,  
including Spanish language health resources

<http://www.lapl.org/espanol/lared/html>

The Greater Midwest Region of the National Network of Libraries of Medicine

<http://www.HealthWeb.org>

Librarians' Index to the Internet, A Program of the Library of California  
Health and Medicine Page

<http://lii.org/search/file/health>

National Network of Libraries of Medicine Guide to Consumer Health Materials in  
Spanish (included with handout)

<http://nnlm.gov/train/chi/spres.html>

MEDLINEplus en español

<http://medlineplus.gov/spanish/>

CDC en español

<http://www.cdc.gov/spanish/default.htm>

New York Online Access to Health NOAH

<http://www.noah-health.org/>

and

NOAH's "Other Medical Information Resources"

<http://www.noah-health.org/spanish/spxrsrc.html>

<http://www.noah-health.org/english/xrsrc.html>

## National Institutes of Health

<http://salud.nih.gov/>

#### IV. Ethical / Legal Concerns

##### **Reference and User Services Association Guidelines for Medical, Legal, and Business Responses (see attached)**

Casini, Barbara and Kenyon, Andrea. *The Public Librarian's Guide to Providing Consumer Health Information*. Chicago: Public Library Association. 2002.

#### V. Introduction to NLM and NN/LM

#### VI. MEDLINEplus

- Health News
  - Spanish language health news resources
- Health Topics
- Interactive Tutorials
- Encyclopedia
- Drug information (not currently available in Spanish)
  - FDA
- Medical Dictionary
- Directories
- Other Resources Page
- About

#### Overview of key points

Connecting people with resources—empowering people to fulfill their own information needs, including evaluating the information they find on the Internet

Getting the information across—addressing concerns regarding cultural competence and the legal liability of providing information

Preparing yourself—resources for information providers

## RUSA Reference Guidelines

### Guidelines for Medical, Legal, and Business Responses

Originally prepared by the Standards and Guidelines Committee, Reference and Adult Services Division, American Library Association in 1992. Revised and updated by the Business Reference and Services Section, Reference and User Services Association, in 2000 and 2001. Approved by the RUSA Board of Directors, June 2001.

#### Introduction

This is the second revision of the guidelines developed by members of the American Library Association designed to assist information services staff in meeting user needs and in responding to users requesting medical, legal or business information. In this edition, revisions are focused on three issues: (1) new terminology, specifically the replacement of the term 'reference' with the term 'information services,' 'patron' with 'user' and 'librarian' with 'information services staff;' (2) recognition and incorporation of the impacts that rapidly changing technologies have on the delivery of specialized information services and source formats; and (3) change in focus of the original intention of the guideline from one of addressing the needs of non-specialists at general reference desks to one which addresses the needs of both specialists and non-specialists.

Serving as an enhancement to the information included in "Guidelines for Information Services" (2000), the following issues and perspectives specific to medical, legal, and business information service responses are addressed:

1. Role of Information Services Staff
2. Sources
3. Information Service Responses for Off-Site Users
4. Ethics

#### 1.0 Role of Information Services Staff

1.0.1 A library's information services staff must have the knowledge and preparation appropriate to meet the routine legal, medical, or business information needs of their clientele.

1.0.2 Staff members need to keep current in subject areas and refer questions beyond their level of competency.

1.0.3 Libraries should develop written disclaimers stating a policy on providing specialized information service denoting variations in types and levels of service. The level of assistance and interpretation provided to users should reflect differing degrees of subject expertise between specialists and non-specialists.

1.0.4 When asked legal, medical, or business questions, information services staff should make clear their roles as stated in their library's specialized information services policies.

1.0.5 Information services staff members are responsible for providing complete and accurate responses to users' questions when possible and for guiding library users to the most appropriate resources for their information needs.

1.0.6 Staff should provide instruction in the use of the sources, enabling users to pursue information independently and effectively, if so desired.

1.0.7 If a user has trouble understanding a source, an alternative source should be sought for further explanation or for comparison. If no appropriate sources can be located, a referral should be made.

1.0.8 The information service transaction should satisfy the user's need for information, by providing either accurate sources in hand or clear and concise referrals to obtainable sources and/or services located elsewhere.

## 1.1 Advice

1.1.1 Libraries may advise users regarding the relative merits of sources, regardless of their medium, and make recommendations regarding library materials when appropriate.

1.1.2 Materials recommended should be the most comprehensive and the most current available.

## 1.2 Confidentiality

1.2.1 Confidentiality of user requests, both in-person and off-site, must be respected at all times.

1.2.2 Questions should not be discussed outside of the library except when seeking assistance with an information query and names should never be mentioned without the user's permission.

## 1.3 Tact

1.3.1 Information services staff should use discretion during the reference interview. While it is important to conduct a thorough interview, this should be done in such a way as to minimize discomfort to the user.

1.3.2 Staff should try to identify the issue in question without intruding on the user's privacy.

1.3.3 Information services staff should be impartial and nonjudgmental in handling users' queries.

## 2.0 Sources

2.0.1 Each library should evaluate and acquire appropriate sources in medical, legal, and business subject areas that are current, accurate, and accessible to meet the needs of the community served.

2.0.2 Users have a right to access information available in library collections within the parameters of copyright and licensing agreements. Information should not be withheld from a user unless the use of a resource in providing that information violates a licensing agreement.

2.0.3 Information services staff should direct the user to possible sources where the information the user requires would be provided. These sources may include in-house print and non-print collections as well as access to external resources.

2.0.4 Aids that assist users in identifying, using, and evaluating relevant sources should be made available.

## 2.1 Currency of Sources

2.1.1 Libraries should provide the most current information possible, consistent with the needs of the library's primary clientele and within the limitations of the library's materials budget and collection development policy.

2.1.2 User guides should be periodically evaluated to remove references to dated materials.

2.1.3 Information services collections should be weeded to withdraw or transfer dated materials to the general collections.

2.1.4 Currency of publication dates should be made clear to the user in the case of information and information resources of a time-sensitive nature.

2.1.5 Since information in medical, legal, and business areas changes rapidly, the user should be advised that there might be more current information available elsewhere on the topic.

## 2.2 Accuracy of Sources

2.2.1 Information service collections may provide more than one source that answers a user's request for medical, legal, or business information. Whenever possible, information services staff members should assist users in assessing the accuracy of information by providing alternate sources for comparison or explanation.

2.2.2 In cases where advertisements or solicitations may be misinterpreted as information content, staff should assist users in making the differentiation whenever possible.

## 2.3 Referrals to Other Sources

2.3.1 Information services staff should make every effort to answer users' questions in accordance with local information services and collection development policies.

2.3.2 If the question cannot be answered using available sources and personnel, they should be prepared to refer questions to individuals as well as to published sources in a variety of formats.

2.3.3 Referrals should be made to other sources only if the agency, service, or individual, will extend its services to that user.

2.3.4 Awareness of community, state, and private services outside of the library is important and referrals to services should follow any protocols in effect.

2.3.5 Staff may not make recommendations to specific lawyers, legal firms, doctors, other medical care providers or business professionals but may provide access to other information that may help the user identify and locate those resources.

## 3.0 Information Service Responses for Off-site Users

Off-site users include both affiliated and non-affiliated users requesting assistance from remote locations.

3.1 Special care must be taken with off-site requests for assistance since it is easy to misinterpret voice messages, and text-based communication may need explanations or interpretation.

3.2 Each library should develop information service policies that include provisions for off-site requests.

3.3 Requestors may have to be informed that the library does have information on the topic but that they will need to come into the library to use in-house print and non-print materials and for further research assistance.

#### 4.0 Ethics

4.1 The American Library Association's current Code of Ethics (as stated in the ALA Policy Manual in the ALA Handbook of Organization) governs the conduct of all staff members providing the information service.

## Consumer Health Materials in Spanish

There are many agencies, organizations, associations, book and video distributors that are now providing bilingual information. The following list is a sampling of resources to utilize when looking for Spanish language consumer health information. This list contains resources originating from the United States, as the medical standard of care is different from country to country. This list is to be used as a guide in providing information, and is by no means inclusive of all Spanish consumer health information available.

- Associations/Foundations/Organizations
- Book and Video Distributors
- Government Agencies/Resources
- State/Local/Regional Resources

### **Associations/Foundations/Organizations:**

American Academy of Child and Adolescent Psychiatry (AACAP):  
<http://www.aacap.org/publications/factsfam/index.htm>

American Academy of Dermatology Pamphlet Index: <http://www.aad.org/pamphlets/index.html>

American Academy of Orthopaedic Surgeons Patient Education Brochures (Select En Español):  
<http://orthoinfo.aaos.org/>

American Cancer Society Información En Español:  
[http://www3.cancer.org/cancerinfo/load\\_cont.asp?language=Spanish](http://www3.cancer.org/cancerinfo/load_cont.asp?language=Spanish)

American Diabetes Association: <http://www.diabetes.org/ada/diabetesinfo.asp#spanish>

American Heart Association: <http://www.americanheart.org/presenter.jhtml?identifier=177>

Cancer Care Información en español: <http://www.cancercare.org/espanol/index.asp>

Cancer Librarians Section Medical Library Association:  
<http://www.selu.com/cancerlib/spanish.htm>

Council on Family Health: <http://www.cfhinfo.org/educationResources/educationIndex.html>

Epilepsy Foundation of America: <http://www.efa.org/>

GINE-web: <http://www.unizar.es/gine/entrada.htm>

Hablamos Juntos (We Speak Together): <http://www.hablamosjuntos.org/index/>

La Leche League International: <http://www.lalecheleague.org/LangEspanol.html>

The Merck Manual of Medical Information -- Home Edition en Español:  
[http://www.msd.es/publicaciones/mmerck\\_hogar/index.html](http://www.msd.es/publicaciones/mmerck_hogar/index.html)

National AIDS Clearinghouse: <http://www.cdcnpin.org/topic/spanish.htm>

The National Coalition of Hispanic Health and Human Services Organizations Catalog (COSSMHO): <http://www.hispanichealth.org/>

National Multiple Sclerosis Society Información En Español:  
<http://www.nationalmssociety.org/Informacion%20en%20Espanol.asp>

National Parkinson Foundation: <http://www.parkinson.org/literatu.htm>

Planned Parenthood Federation of America En Español:  
<http://www.plannedparenthood.org/espanol/INDEX.html>

REPROLINE - Reproductive Health Online En Español:  
<http://www.reproline.jhu.edu/spanish/index.htm>

Well-Connected via Egalenia.com (Select Enciclopedia): <http://www.egalenia.com/>

### **Book and Video Distributors:**

Adler's Foreign Books: <http://www.afb-adlers.com/>

AIMS Multimedia Spanish Videos: <http://www.aims-multimedia.com>

Blackboard Entertainment: <http://www.blackboardkids.com>

Churchill Media Spanish Titles: 1-800-315-8122

DLB Educational Corp.: 281-987-0383 [dlbeduc@PDQ.net](mailto:dlbeduc@PDQ.net)

Donars Spanish Books: 1-800-552-3316

EBSCO, Spanish Title List: 1-800-653-2726

Family Experiences Productions, Inc.: <http://www.fepi.com/>

Libros Sin Fronteras: <http://www.librossinfronteras.com>

Madera CineVideo: 1-877-964-0644

McGraw-Hill Companies: 212-904-5099

Milner-Fenwick Online: 1-800-432-8433 <http://www.milner-fenwick.com/>

National Educational Systems, Inc.: [booksnes@swbell.net](mailto:booksnes@swbell.net)

Pyramid Media: <http://www.pyramidmedia.com>

Quality Books, Inc.: 1-800-323-4241

Richardsons Distribution & Books, Inc.: 1-800-392-8562

T.R. Books, Spanish Language Book Distributor: <http://www.trbooks.com/>

Universal Health Communications: <http://www.uhci.com>

Workman Publishing: 1-800-722-7202

World Book/Childcraft: 1-800-975-3250

**Government Agencies/Resources:**

Agency for Health Care Policy and Research/Clinical Guidelines en Español:  
<http://www.ahcpr.gov/consumer/espanoix.htm>

CancerNet en Español: <http://www.cancer.gov/espanol/>

Center for Mental Health Services Knowledge Exchange Network (KEN) en Español:  
<http://www.mentalhealth.org/espanol/index.htm>

Centers for Disease Control en Español: <http://www.cdc.gov/spanish>

Combined Health Information Database (keyword Spanish): <http://chid.nih.gov/simple/simple.html>

Food and Drug Administration: <http://www.fda.gov/opacom/catalog/spanlist.html> or for easy-to-read health brochures in spanish: <http://www.fda.gov/opacom/lowlit/spanlow.html>

healthfinder™ lo que usted necesita: español: <http://www.healthfinder.gov/espanol/>

MEDLINEplus en español: <http://medlineplus.gov/esp/>

Multicultural Health Communication Service (MHCS): <http://mhcs.health.nsw.gov.au>

National Cancer Institute: <http://www.nci.nih.gov>

National Heart, Lung and Blood Institute Latino Cardiovascular Health Resources:  
[http://www.nhlbi.nih.gov/health/prof/heart/latino/lat\\_pat.htm](http://www.nhlbi.nih.gov/health/prof/heart/latino/lat_pat.htm)

National Institute of Diabetes and Digestive and Kidney Diseases en Español:  
<http://www.niddk.nih.gov/health/diabetes/diabetes.htm#spanish>

National Institutes of Health, Consumer Health Information:  
<http://www.nih.gov/health/consumer/conicd.htm>

National Institute of Mental Health: <http://www.nimh.nih.gov/publicat/spanishpub.cfm>

National Institute of Neurological Disorders and Stroke:  
[http://www.ninds.nih.gov/health\\_and\\_medical/spanishindex.htm](http://www.ninds.nih.gov/health_and_medical/spanishindex.htm)

National Institute on Alcohol Abuse and Alcoholism Publications:  
<http://www.niaaa.nih.gov/publications/brochures.htm>

National Institute on Deafness and Other Communication Disorders:  
[http://www.nidcd.nih.gov/health/pubs\\_span/index.htm](http://www.nidcd.nih.gov/health/pubs_span/index.htm)

National Institute on Drug Abuse: <http://www.drugabuse.gov>

National Women's Health Information Center Recursos en Espanol:  
<http://www.4woman.gov/spanish/index.htm>

Office of Minority Health Resource Center: <http://www.omhrc.gov>

US Department of Health and Human Services: <http://www.hhs.gov>

U.S. Environmental Protection Agency: <http://www.epa.gov/iaq/espanol.html>

**State/Local/Regional Resources:**

Access to Electronic Spanish-Language Patient Education Materials: A Utah Community Project -  
Directorio de recursos / Resources Directory:

<http://www.med.utah.edu/pated/handouts/indexspan.cfm>

HealthWeb: <http://healthweb.org/index.cfm>

Houston HealthWays: <http://hhw.library.tmc.edu>

Migrant Health Promoter Program: <http://www.bae.umn.edu/annrpt/1998/outreach/ext3.html>

The Minnesota Council of Nonprofits: <http://www.mncn.org>

New Mexico AIDS Infonet: <http://www.aidsinfonet.org/001-index.html>

New York Online Access to Health (NOAH): <http://www.noah-health.org/index.html>

Oregon Health Sciences University: <http://www.ohsu.edu/library/patiented/esplinks.shtml>

University of Texas Health Science Center in San Antonio:  
<http://www.library.uthscsa.edu/tif/spanish.html>

University of New Mexico Health Sciences Center: <http://hsc.unm.edu/>

**Spanish Language Consumer Health Resources  
Pre-Test**

1. Public librarians can provide advice about health information.  
T\_\_\_\_\_ F\_\_\_\_\_
2. List 3 consumer health information web sites that offer Spanish language content.
3. Spanish speaking Latinos are more than twice as likely as English speaking whites to be highly dissatisfied with the answers they get to the health questions they ask medical staff.  
T\_\_\_\_\_ F\_\_\_\_\_
4. One appropriate response to patrons with health questions is referral to local medical libraries.  
T\_\_\_\_\_ F\_\_\_\_\_
5. List 3 criteria for evaluating consumer health information web sites.
6. All health information resources linked from MEDLINEplus are free to the user.  
T\_\_\_\_\_ F\_\_\_\_\_

**Spanish Language Consumer Health Resources  
Post-Test**

1. Public librarians can provide advice about health information.  
T\_\_\_\_\_ F\_\_\_\_\_
2. List 3 consumer health information web sites that offer Spanish language content.
3. Spanish speaking Latinos are more than twice as likely as English speaking whites to be highly dissatisfied with the answers they get to the health questions they ask medical staff.  
T\_\_\_\_\_ F\_\_\_\_\_
4. One appropriate response to patrons with health questions is referral to local medical libraries.  
T\_\_\_\_\_ F\_\_\_\_\_
- 5.. List 3 criteria for evaluating consumer health information web sites.
6. All health information resources linked from MEDLINEplus are free to the user.  
T\_\_\_\_\_ F\_\_\_\_\_

## MEDLINEplus En Espanol Class Handout by April Cunningham

About MEDLINEplus en español

<http://medlineplus.gov/spanish/>

- On October 22, 1998, the National Library of Medicine (NLM) launched a consumer health home page called MEDLINEplus®. On September 2002, NLM launched MEDLINEplus en español®.

The site is designed to direct consumers to resources containing information that will assist them in researching their health questions.

The pages are designed for educational use only and are not intended to replace advice from a health professional.

These pages provide a carefully selected list of resources, not a comprehensive catalog.

Click on the MEDLINEplus image on the right-hand side of the NLM home page at <http://www.nlm.nih.gov/>:



# MEDLINEplus en español Home Page

MEDLINEplus Información de Salud de la Biblioteca Nacional de Medicina - Netscape

File Edit View Go Bookmarks Tools Window Help

MEDLINEplus Información de Salud de la Bi...

**MEDLINEplus**  
Información

Un servicio de la  
BIBLIOTECA NACIONAL DE MEDICINA DE EE.UU.  
y los INSTITUTOS NACIONALES DE LA SALUD

Buscar

Sobre | Mapa de Contenido | FAQs | Contáctenos **inglés**

**Temas de Salud**  
Comience su búsqueda en esta sección para encontrar información sobre diversas condiciones, enfermedades y bienestar

**Enciclopedia Médica**  
Artículos sobre enfermedades, pruebas médicas, síntomas, lesiones y cirugías; además de fotografías e ilustraciones

**Tutoriales Interactivos**  
Programas de educación al paciente con gráficas animadas y sonido

**Temas de Actualidad**

- ▶ [Alergia](#)
- ▶ [Nutrición del niño](#)
- ▶ [Pérdida de peso/ ponerse a dieta](#)

**Página Recomendada**

 Infórmese acerca de la nueva enfermedad [Síndrome respiratorio agudo severo](#)

**Últimas Novedades**

Marzo es el mes de la Prevención del Cáncer de Colon. Más información:

- ▶ MEDLINEplus [Página de Temas de Salud sobre Cáncer de Colon](#)
- ▶ [Tutorial interactivo: Colonoscopia](#)
- ▶ Información e ilustraciones de la [enciclopedia médica](#)

▶ [Vincule su portal en Internet a MEDLINEplus](#)

[Derechos Reservados](#) | [Política de Privacidad](#) | [Accesibilidad](#) | [Freedom of Information Act](#) | [Criterios para Recopilar Información](#)

[U.S. National Library of Medicine](#) | [National Institutes of Health](#) | [Department of Health & Human Services](#)

Actualizado: 02 abril 2003 | Dirección de esta página: <http://medlineplus.gov/spanish/>

Document: Done (0.734 secs)

start training outline - Micr... medlineplusgov - Micr... MEDLINEplus: Medical... MEDLINEplus Informa...

2:59 PM

# MEDLINEplus Home Page

The screenshot shows the MEDLINEplus Home Page in a Netscape browser window. The browser title is "MEDLINEplus Health Information from the National Library of Medicine - Netscape". The address bar shows "MEDLINEplus Health Information from the ...". The page header features the MEDLINEplus logo, the text "Health Information", and "A service of the U.S. NATIONAL LIBRARY OF MEDICINE and the NATIONAL INSTITUTES OF HEALTH". A search bar and a "Search" button are present. Navigation links include "About | Site Map | FAQs | Contact Us" and a "español" button.

**Health Topics**  
Start here with over 600 topics on conditions, diseases and wellness

**Drug Information**  
About your prescription and over-the-counter medicines

**Medical Encyclopedia**  
Includes pictures and diagrams

**Dictionary**  
Spellings and definitions of medical words

**News**  
Health News from the past 30 days

**Directories**  
Find doctors, dentists and hospitals

**Other Resources**  
Organizations, consumer health libraries, international sites, MEDLINE and more

**Current Health News**

- ▶ [Understanding SARS: Scientists Around World Looking for Clues](#)
- ▶ [Reduced Brain Volume Found in Diabetics](#)
- ▶ [Patients from Poor Areas Arrive at Hospital Later](#)
- ▶ [More news](#)

**Featured Site**

  
Alcohol & Health: Where Do You Draw the Line?

**In the Spotlight**

Learn about the new disease Severe Acute Respiratory Syndrome (SARS):

- ▶ [MEDLINEplus Health Topic: Severe Acute Respiratory Syndrome](#)
- ▶ [Latest News on Severe Acute Respiratory Syndrome](#)

**Interactive Tutorials**  
Over 150 slideshows with sound and pictures

**ClinicalTrials.gov**  
Studies for new drugs and treatments

**NIH Senior Health**  
Health information for older adults

▶ What's new on MEDLINEplus?  
[Sign up now!](#) 

▶ [Add MEDLINEplus to your site](#)

▶ Take a [tour](#) of the site

Copyright | Privacy | Accessibility | Freedom of Information Act | Selection Guidelines  
U.S. National Library of Medicine | National Institutes of Health | Department of Health & Human Services  
Page last updated: 07 April 2003 | URL for this page: <http://medlineplus.gov>

Document: Done (0.625 secs)

start | MEDLINEplus Health I... | Tuberculosis: Noveda... | ADA - Latinos: La Dia... | training outline - Micr... | medlineplusgov - Micr... | 2:33 PM

**1** Cómo comenzar

Empiece su búsqueda seleccionando "Temas de salud" de la **página de inicio de MEDLINEplus**. Luego busque su tema haciendo click en una letra o en los otros enlaces de la página de Temas de Salud. Los temas de salud están en inglés y en español.

**2** Cursillos Interactivos de Salud

La casilla **Cursillos Interactivos de Salud** conecta a una lista de todos los cursillos disponibles. Cada cursillo explica un procedimiento o afección y uno se demora aproximadamente 10 minutos en estudiarla. Usted puede también imprimir el texto de cada cursillo. Los cursillos están en Inglés y en español.

**3** El casillero de búsqueda

Use el casillero de búsqueda cuando no pueda encontrar **una página que trate el tema** de su enfermedad o afección. Use el casillero también si desea ver toda la información de MEDLINEplus sobre su tema. Escriba una palabra o frase en el casillero. Luego, haga click en el botón de **Búsqueda** o presione la tecla Enter en su computador.

**Esta es la página de inicio de MEDLINEplus en español, en <http://medlineplus.gov/esp/>**

**6** MEDLINEplus en inglés

Haga click una vez en **inglés** en la parte superior de cada página, esto lo llevará a **Temas de Salud**, la **Enciclopedia Médica** y **Cursillos Interactivos** en inglés. Usted encontrará las versiones en inglés de gran parte de la información en español.

**Información de fármacos**

Encuentre información práctica acerca de un fármaco. Sepa por qué se debe usar cierto fármaco y cómo se debe tomar. Sepa cuándo contactar a un doctor o farmacéutico y qué decirles. No disponible en español.

**Consulte con su profesional de la salud**

MEDLINEplus no entrega consejo médico específico sino que le proporciona información para entender mejor su salud, enfermedad, o afección médica. Consulte con su profesional de la salud para recibir consejo médico.

**5** Más acerca de MEDLINEplus

Averigüe sobre el sitio haciendo click en el enlace llamado **Acerca de** en la parte superior de la barra de menú. ¿Preguntas? Haga click en el enlace de **FAQs** para encontrar las respuestas a las preguntas más frecuentes. Use el enlace **Contactenos** para sus otras preguntas o comentarios.

**4** Encontrará un enlace para volver a la página de Temas de Salud debajo del encabezamiento de cada página MEDLINEplus. Use estos rótulos para dirigirse a todos los recursos que se encuentren en el sitio.

Si la palabra no ha sido escrita correctamente, un corrector ortográfico le ayudará a encontrar la palabra correcta. El enlace a **Diccionario** también le puede ayudar a buscar palabras médicas. No disponible en español.

### Página de temas de salud

Las páginas temáticas en inglés contienen enlaces a las últimas noticias, cursillos interactivos, ensayos clínicos y (en ciertos casos) a los servicios de salud locales relacionados con su tema. Use los enlaces de contenidos a la izquierda para ir al tipo de información que desea saber.



Al pulsar en un enlace hará que se abra otra ventana para ver una página web confiable. Cierre la ventana para volver a MEDLINEplus.

### Información de fácil lectura

Los documentos de fácil lectura se pueden hallar en las páginas de Temas de Salud. Puede reconocer tales materiales por la frase **Fácil lectura**.

Los cursillos interactivos se consideran de fácil lectura. Busque la frase **Cursillo interactivo**.

### Artículos de Investigación Científica

Puede consultar la información escrita para los profesionales del área de la salud con sólo un clic en los enlaces de el recuadro que dice **Search MEDLINE** a la izquierda de cada página de tema de salud. No disponible en español.



### Consiga ayuda y entrenamiento

Encuentre una biblioteca de la salud en su área al seleccionar el enlace **Other Resources** en la página de inicio de MEDLINEplus en inglés. O contacte al bibliotecario de la salud del consumidor en NN/LM\* Biblioteca Médica Regional en su área. Llame gratis al 1 (800) 338-7657 o visítenos en línea en <http://nml.gov>.

**NN/LM**  
National Network of Libraries of Medicine  
\*The National Network of Libraries of Medicine® (NN/LM), la red nacional de bibliotecas médicas, un programa social de la Biblioteca Nacional de Medicina (National Library of Medicine) (NLM), ofrece ayuda y entrenamiento en todo el país.  
Desarrollado y actualizado por personal de NN/LM. Fundado por NLM. Este folleto se puede reproducir. Se encuentra en la Internet en [http://nmlm.gov/nmlm/online/implus/mptri\\_esp.pdf](http://nmlm.gov/nmlm/online/implus/mptri_esp.pdf)

Revisado: Marzo 2003



### Lo esencial de MEDLINEplus

MEDLINEplus® es un sitio creado para los consumidores por la Biblioteca Nacional de Medicina de los EE.UU. Comience aquí para encontrar información gratuita de fuentes fidedignas, en inglés y español.

### Características de MEDLINEplus

Encuentre temas de salud, busque información sobre fármacos, aprenda con los cursillos interactivos. Use los directorios para encontrar doctores, dentistas y hospitales. Averigüe acerca de las investigaciones científicas de los nuevos fármacos y tratamientos. Lea las últimas informaciones sobre salud. Use la **enciclopedia médica** para buscar artículos, imágenes y fotos. MEDLINEplus ha sido diseñado para ayudarle a responder sus preguntas y a tomar decisiones acerca de su salud. Este folleto le ayudará para comenzar.

### Calidad en la que puede confiar

Las fuentes de MEDLINEplus han sido seleccionadas cuidadosamente. Usted puede tener la seguridad de recibir información confiable y útil.

*La información confiable y útil es la mejor medicina.*  
Michael E. DeBakey

## Current Health News (limited availability in Spanish)

Skip to content

**MEDLINEplus**  
Health Information

A service of the National Library of Medicine

Search  Go [Advanced Search](#) [Site Map](#) [About MEDLINEplus](#) [Home](#) [español](#)

[Health Topics](#) [Drug Information](#) [Dictionaries](#) [Directories](#) [Other Resources](#)

### Health News by Date

The past 30 days of news from the New York Times Syndicate, AP News Service, Reuters Health Information and others.

Also see [health news by topic](#).

**September:** [15](#) [14](#) [13](#) [12](#) [11](#) [10](#) [9](#) [8](#) [7](#) [6](#) [5](#) [4](#) [3](#) [2](#) [1](#)

**August:** [31](#) [30](#) [29](#) [28](#) [27](#) [26](#) [25](#) [24](#) [23](#) [22](#) [21](#) [20](#) [19](#) [18](#) [17](#)

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### September 2002

**Sunday, September 15**

- [Grim Times for State Medicaid Budgets](#) (United Press International)

**Friday, September 13** [Return to top](#)

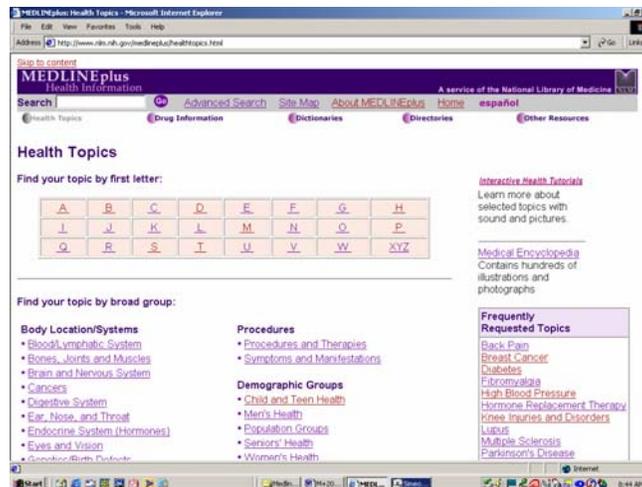
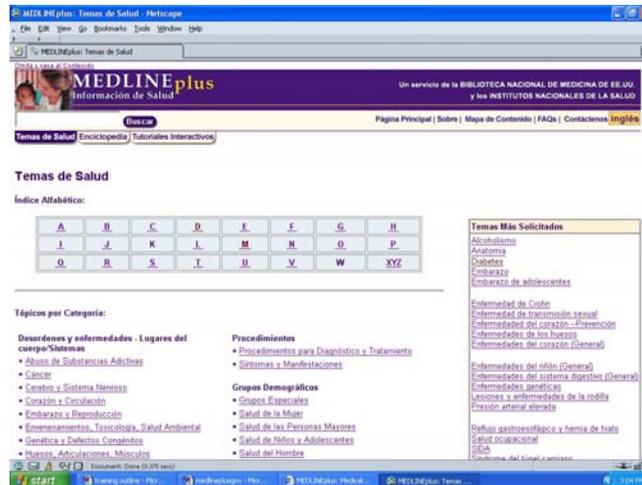
- [Administration Smallpox Plan Would Vaccinate Health Workers First, General Public Later](#) (Associated Press)
- [US to Study West Nile Virus in Blood Supply](#) (Reuters Health)
- [West Nile Kills Two in Massachusetts](#) (Reuters Health)
- [Artificial Heart Patient Celebrates Anniversary](#) (Reuters Health)
- [Getting Drugs a Struggle for Safety Net Providers](#) (Reuters Health)
- [Fifty Percent of Stalkers Are Ex-partners](#) (Reuters Health)

- The home page of MEDLINEplus is updated every weekday morning with health-related articles selected from the New York Times Syndicate, AP News Service, Reuters Health Information and others.
- The Library has made special arrangements with the publishers to make the articles available.
- Articles are not only listed on the home page, but each is linked to one or more of the "health topics" within MEDLINEplus (for example, someone interested in diabetes will find a section called "Latest News" at the top of the diabetes page).
- Spanish language news items may be found on some health topics pages, but there is no central access.

- The following websites offer access to health news in Spanish:  
Healthfinder [www.healthfinder.gov/news/esdefault.asp](http://www.healthfinder.gov/news/esdefault.asp) (U.S.)  
Reuters Health [www.reutershealth.com/frame2/eline\\_es.html](http://www.reutershealth.com/frame2/eline_es.html) (U.S.) -- limited content  
Health News Agency [www.healthig.com](http://www.healthig.com) (Argentina)

## Temas de Salud / Health Topics

Information on conditions, diseases, and wellness topics



## How to Find What You Want

- Frequently Requested Topics
- Alphabet Letter
- Broad Groups – allows you to browse topic categories
- Search Box – use when you can't find a page on your topic
  - Spell Checking
  - Advanced Search
    - Limits – uses Boolean (AND/OR) and word variations
    - Select Content Area – limit to certain content within MEDLINEplus
- For health topics in Spanish, click on the **español** link from the Health Topics page or from an individual English language topic page

## Topic Pages

The screenshot shows a Netscape browser window displaying the MEDLINEplus website for 'Cáncer del útero'. The browser's address bar shows 'MEDLINEplus: Cáncer del útero'. The website header includes the MEDLINEplus logo and the text 'Un servicio de la BIBLIOTECA NACIONAL DE MEDICINA DE EE.UU. y los INSTITUTOS NACIONALES DE LA SALUD'. A search bar with the text 'Buscar' is visible. Below the header, there are navigation links for 'Página Principal', 'Sobre', 'Mapa de Contenido', 'FAQs', and 'Contáctenos' with a language selector set to 'inglés'. The main content area is titled 'Cáncer del útero' and features several sections: 'Otras páginas de interés en MEDLINEplus' with links to 'Cáncer del cuello uterino', 'Histerectomía', 'Cáncer', and 'Salud de la Mujer'; 'Información del NIH' with links to 'Cáncer del endometrio (PDQ): Tratamiento' and 'Sarcoma uterino (PDQ): Tratamiento'; 'Otros Recursos' with links to 'Cáncer endometrial Archivo PDF', 'Cáncer uterino', 'Detección y síntomas: Cáncer del endometrio', 'Dilatación y Curretaje Tutorial Interactivo', 'Prevención y factores de riesgo: Cáncer del endometrio', '¿Qué es? Cáncer del endometrio', 'Salud ginecológica: Glosario', and 'Tratamiento: Cáncer del endometrio'; and 'Información de la enciclopedia médica' with a link to 'Cáncer del útero'. A 'Tutorial Interactivo' box on the right side of the page contains the text 'Vea la presentación sobre: Dilatación y Curretaje' and a logo for the National Cancer Institute with the text 'La organización del NIH que mayormente conduce investigaciones científicas sobre Cáncer del útero es el Instituto Nacional del Cáncer'. The browser's taskbar at the bottom shows several open windows, including 'training outline - Micr...', 'medlineplusgov - Micr...', 'MEDLINEplus: Medical...', and 'MEDLINEplus: Cáncer...'. The system clock shows 3:10 PM.

- NIH Organization – links to the primary National Institutes of Health organization doing research on your topic
- Related Pages – links to other topic pages/categories related to your topic
- Available only on the English page:
  - Latest Health News – past 30 days of news from trusted sources
  - Clinical Trials – information about clinical research studies
  - **MEDLINE** Search – links to a preformulated search in **PubMed** for recent medical research articles

NCBI PubMed National Library of Medicine NLM

Search PubMed for (knee injuries[mh] OR patella/injuries) AND engl: Go Clear

Limits: 1 Year

Display Summary Sort Save Text Clip Add Order

Show: 20 Items 1-20 of 87 Page 1 of 5 Select page: 1 2 3 4 5

## Interactive Health Tutorials

Series of interactive modules for patient education

MEDLINEplus: Tutoriales Interactivos - Netscape

Un servicio de la BIBLIOTECA NACIONAL DE MEDICINA DE EE.UU. y los INSTITUTOS NACIONALES DE LA SALUD

Buscar

Página Principal | Sobre | Mapa de Contenido | FAQs | Contáctenos **inglés**

Temas de Salud Enciclopedia Tutoriales Interactivos

### Tutoriales Interactivos de Salud

Los tutoriales interactivos enumerados a continuación han sido creados por el [Patient Education Institute](#) (Instituto para la Educación del Paciente). Estos tutoriales ofrecen información acerca de diferentes enfermedades, medidas para su prevención, procedimientos médicos y promoción de una vida sana. En cada tutorial se presentan gráficas animadas y se utiliza vocabulario fácil de entender. Además, se puede escuchar la narración del texto de cada uno de ellos.

**NOTA:** Estos tutoriales requieren Flash plug-in, versión 4 en adelante. Si no tiene Flash instalado, usted lo puede obtener gratis para instalarlo en su computadora. Debe instalarlo antes de comenzar con el tutorial.

- ◆ **Enfermedades y Condiciones**
  - ◊ [Acné](#)
  - ◊ [Acúfenos o zumbido de oído](#)
  - ◊ [Alergia al látex](#)
  - ◊ [Alopecia](#)
  - ◊ [Angina de pecho](#)
  - ◊ [Aritmia cardíaca](#)
  - ◊ [Artritis reumatoide](#)
  - ◊ [Artritis](#)
  - ◊ [Asma](#)
  - ◊ [Ataque cardíaco](#)
  - ◊ [Cálculos renales](#)
  - ◊ [Cáncer de la piel](#)
  - ◊ [Cáncer de la próstata](#)
  - ◊ [Cáncer de pulmón](#)
  - ◊ [Cáncer del seno](#)
- ◆ **Exámenes y Procedimientos Diagnósticos**
  - ◊ [Angiograma coronario y angioplastia](#)
  - ◊ [Artroscopia de la rodilla](#)
  - ◊ [Artroscopia de hombro](#)
  - ◊ [Biopsia del seno](#)
  - ◊ [Citoscopia](#)
  - ◊ [Colonoscopia](#)
  - ◊ [Ecocardiograma](#)
  - ◊ [Ecocardiograma de esfuerzo](#)
  - ◊ [Ecografías](#)
  - ◊ [Enema de bario](#)
  - ◊ [Escanografías nucleares](#)
  - ◊ [Examen de Papanicolaou](#)
  - ◊ [Laparoscopia diagnóstica](#)
  - ◊ [Mielograma](#)
  - ◊ [MRI \(Imágenes por resonancia magnética\)](#)

- Learn more about selected topics with sound and pictures.
- Each module takes about 10 minutes to review.

- Uses animated graphics and explains a condition or procedure in easy-to read language.
- The user can also listen to the tutorial or print the text of each from a PDF file.
- The modules require a Flash plug-in, version 4 or above, which may be downloaded free of charge.
- Tutorials are available in English and Spanish.
- The tutorials are prepared by the Patient Education Institute (PEI) and modified to NLM's specifications. PEI is a private company located on the Technology Innovation Campus of the University of Iowa.

## Adam Health Illustrated Encyclopedia

The screenshot shows the MEDLINEplus website interface in Spanish. The header includes the logo and navigation links. Below the header, there is a search bar and a table of alphabetical links for the encyclopedia.

**Enciclopedia Médica en español**

La Enciclopedia Ilustrada de Salud (Health Illustrated Encyclopedia) incluye más de 4.000 artículos acerca de enfermedades, exámenes, síntomas, lesiones y procedimientos quirúrgicos. También contiene una biblioteca extensa de fotografías médicas e ilustraciones. Para más información acerca de Adam, vea el [directorio de contenidos](#) (en inglés).

**Búsqueda realizada por primera letra del tema:**

<a href="#">A-Aq</a>	<a href="#">Ah-Ap</a>	<a href="#">Aq-Az</a>	<a href="#">B-Bk</a>	<a href="#">Bl-Bz</a>	<a href="#">C-Cq</a>	<a href="#">Ch-Co</a>
<a href="#">Cp-Cz</a>	<a href="#">D-Di</a>	<a href="#">Dj-Dz</a>	<a href="#">E-Ep</a>	<a href="#">Eq-Ez</a>	<a href="#">F</a>	<a href="#">G</a>
<a href="#">H-Hf</a>	<a href="#">Hg-Hz</a>	<a href="#">I-In</a>	<a href="#">Ij-Iz</a>	<a href="#">J</a>	<a href="#">K</a>	<a href="#">L-Ln</a>
<a href="#">Lo-Lz</a>	<a href="#">M-Mf</a>	<a href="#">Mg-Mz</a>	<a href="#">N</a>	<a href="#">O</a>	<a href="#">P-Pl</a>	<a href="#">Pm-Pz</a>
<a href="#">Q</a>	<a href="#">R</a>	<a href="#">S-Sh</a>	<a href="#">Si-Sp</a>	<a href="#">Sq-Sz</a>	<a href="#">T-Tn</a>	<a href="#">To-Tz</a>
<a href="#">U</a>	<a href="#">V</a>	<a href="#">W</a>	<a href="#">X</a>	<a href="#">Y</a>	<a href="#">Z</a>	<a href="#">0-9</a>

#ADAM

La información contenida no debe ser usada durante emergencias médicas o para el tratamiento y diagnóstico de cualquier condición médica o de salud. Un Doctor con licencia debe ser consultado para los tratamientos y diagnósticos sobre todas las condiciones de salud y de medicina. Para todas las emergencias de salud por favor llamar el número de emergencia, 911. Conexiones a otras paginas de la red, son dedicadas para información solamente. Ellas, las paginas, no constituyen autorización de las otras paginas. Derechos de propiedad literaria, 2002, de A.D.A.M., Inc.

- Includes over 4,000 articles from the adam.com medical encyclopedia.
- This encyclopedia brings health consumers an extensive library of medical images as well as thousands of articles about diseases, tests, symptoms, injuries, and surgeries.
- You may also search the encyclopedia by selecting *Advanced Search*, typing in your search terms, and choosing the content area *MEDLINEplus Medical Encyclopedia* before pressing the "Go" button.
- English and Spanish versions of the encyclopedia are available, with links between the two languages.

## Drug Information (not available in Spanish)

**Drug Information**

Information on thousands of prescription and over-the-counter medications is provided through two drug resources -- MedMaster™†, a product of the [American Society of Health-System Pharmacists \(ASHP\)](#), and the USP DI® Advice for the Patient® ‡, a product of the [United States Pharmacopeia \(USP\)](#).

**Browse by first letter of generic or brand name drug:**

<a href="#">A-Am</a>	<a href="#">An-Az</a>	<a href="#">B</a>	<a href="#">C-Ch</a>	<a href="#">Ci-Cz</a>	<a href="#">D-Dh</a>	<a href="#">Di-Dz</a>
<a href="#">E</a>	<a href="#">F</a>	<a href="#">G</a>	<a href="#">H</a>	<a href="#">I-J</a>	<a href="#">K-L</a>	<a href="#">M-Mh</a>
<a href="#">Mi-Mz</a>	<a href="#">N-Nh</a>	<a href="#">Ni-Nz</a>	<a href="#">O</a>	<a href="#">P-Pl</a>	<a href="#">Pm-Pz</a>	<a href="#">Q-R</a>
<a href="#">S-Sn</a>	<a href="#">So-Sz</a>	<a href="#">T-To</a>	<a href="#">Tp-Tz</a>	<a href="#">U-V</a>	<a href="#">W-Z</a>	<a href="#">0-9</a>

For additional drug information, see the MEDLINEplus [About Your Medicines](#) and [Drug and Medical Device Safety](#) pages

The **Food and Drug Administration** provides late-breaking news on:

- [Consumer Drug Information](#)
- [Warnings, Recalls, and other Drug Information](#)
- Safety Information Summaries from MedWatch for years: [2000](#), [2001](#), [2002](#)

- Includes extensive information on thousands of prescription and over-the-counter drugs.
- Search for a drug by brand or generic name.
- Gives information about side effects, dosing, drug interactions, precautions, and storage for each drug.
- Because the articles are intended for the use of patients, they are written in non-technical language.
- The information is provided in MEDLINEplus through a special arrangement with the American Society of Health-System Pharmacists (ASHP), and the United States Pharmacopeia (USP).
- Makes available ASHP's MedMaster™ Patient Drug Information database, and USP's Drug Information (USP DI®), Volume II, Advice for the Patient®.
- For general Spanish language information about drugs also see the Food and Drug Administration Spanish web site at <http://www.fda.gov/oc/spanish/>.

## Dictionary (not available in Spanish) – Spellings and definitions of medical terms

The screenshot shows a Microsoft Internet Explorer browser window displaying the MEDLINEplus Medical Dictionary page. The address bar shows the URL: <http://www.nlm.nih.gov/medlineplus/plusdictionary.html>. The page header includes the MEDLINEplus logo, the text "Health Information", and "A service of the U.S. NATIONAL LIBRARY OF MEDICINE and the NATIONAL INSTITUTES OF HEALTH". A search bar is present with a "Search" button. Below the search bar, there are navigation links: Home | About | Site Map | FAQs | Contact Us | **español**. A secondary navigation bar includes: Health Topics | Drug Information | Encyclopedia | **Dictionary** | News | Directories | Other Resources. The main heading is "Medical Dictionary". Below this, a text prompt reads: "Type the word that you would like to find. If you're not sure of the spelling, type the first few letters, followed by an asterisk(\*)". A search input field is shown with a "SEARCH" button and the Merriam-Webster logo. At the bottom of the page, there is a footer with links: Health Topics | Drug Information | Encyclopedia | Dictionary | News | Directories | Other Resources | Home. Below these links are: Copyright | Privacy | Accessibility | Selection Guidelines | U.S. National Library of Medicine | National Institutes of Health. The page was last updated on 04 February 2003. The Windows taskbar at the bottom shows the Start button and several open applications: training outline - Mic..., medlineplusgov - Mic..., Microsoft PowerPoint..., and MEDLINEplus: Medical... The system clock shows 2:45 PM.

While the Merriam-Webster medical Dictionary is not available in Spanish, subject dictionaries (such as for diabetes) that are available are included on the appropriate Health Topics pages

## Directories (not available in Spanish) – Locations and credentials of doctors, dentists and hospitals

The screenshot shows a Netscape browser window displaying the MEDLINEplus Directories page. The browser's address bar shows the URL <http://www.nlm.nih.gov/medlineplus/directories.html>. The page header features the MEDLINEplus logo, a search bar, and navigation links for Home, About, Site Map, FAQs, Contact Us, and a Spanish language option. A menu bar below the header lists various health-related topics, with 'Directories' highlighted. The main content area is titled 'Directories' and is divided into two sections: 'General Doctors and Dentists' and 'Doctor/Dentist Specialists'. Each section contains a list of links to various professional directories.

**Directories**

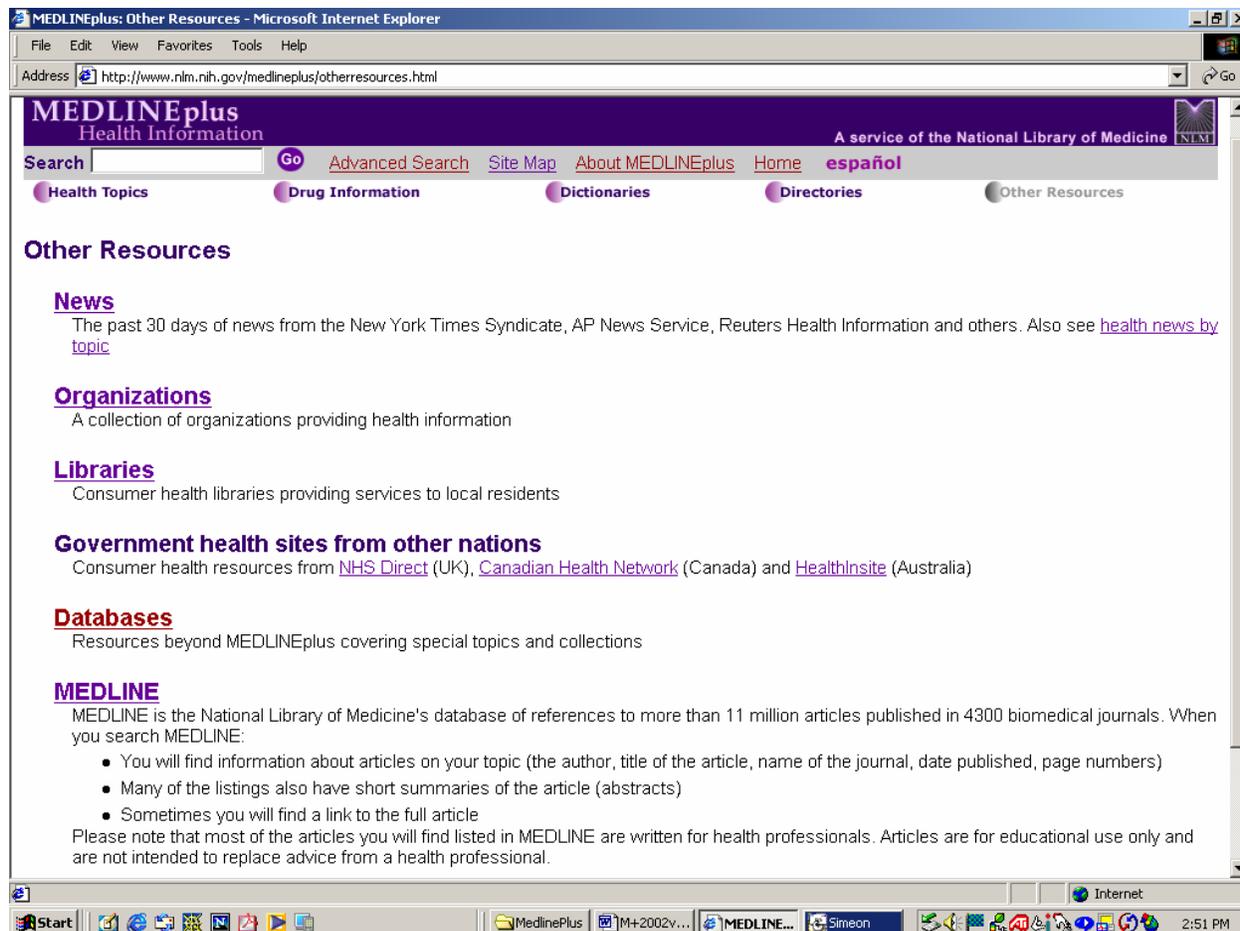
**General Doctors and Dentists**

- [ADA Find a Dentist Member Directory](#) (American Dental Association)
- [AMA Physician Select: Online Doctor Finder](#) (American Medical Association)
- [American Podiatric Medical Association: Member Locator](#) (American Podiatric Medical Association)
- [DocFinder](#) (Association of State Medical Board Executive Directors) - health professional licensing listings by state.
- [Medicare Participating Physician Directory](#) (Centers for Medicare and Medicaid Services)

**Doctor/Dentist Specialists**

- [ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists)
- [AGLP Referral Service](#) (Association of Gay and Lesbian Psychiatrists)
- [American Academy of Pediatrics Pediatrician Referral Service](#) (American Academy of Pediatrics)
- [American College of Phlebology - Online Database](#) (American College of Phlebology)
- [American Osteopathic Association D.O. Database](#) (American Osteopathic Association)
- [AOSSM Directory: Find a Doctor](#) (American Orthopaedic Society for Sports Medicine)
- [Cancer Genetics Services Directory](#) (National Cancer Institute)
- [Emergency Contraception: Directory of Providers](#) (Princeton University, Office of Population Research)
- [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation)
- [Fellowship Database \(Membership Directory\)](#) (American College of Surgeons)
- [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery)
- [Find a Dermatologist](#) (American Academy of Dermatology)
- [Find a Foot and Ankle Surgeon \(Podiatrist\)](#) (American College of Foot and Ankle Surgeons)

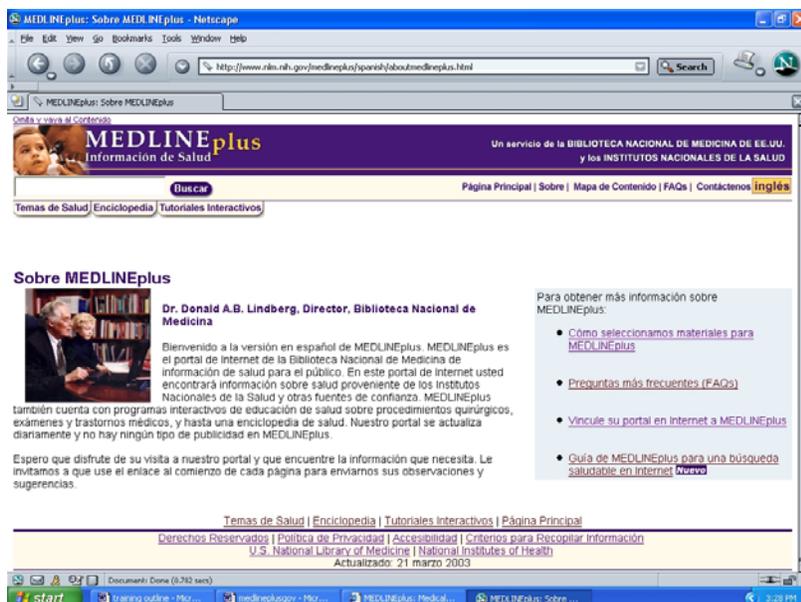
**Other Resources (not available in Spanish)**– Provides links to other health information resources, including organizations, consumer health libraries, international sites, databases, MEDLINE, and more



While the content of this page is not available in Spanish, some of the resources gathered here include Spanish language materials.

On the Databases page, listed under “Other Databases,” users will find a link to the Multilingual Glossary of Technical and Popular Medical Terms. The languages of this resource are Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish.

## About MEDLINEplus Page



## Selecting Materials – guidelines used to evaluate links to Web pages in MEDLINEplus:

- Quality, authority and accuracy of content
- The purpose of the Web page is educational and is not selling a product or service. Most content is available at no charge.
- Availability and maintenance of the Web page
- Special features – includes providing unique information, access to persons with disabilities

## Linking to MEDLINEplus

- You may link to MEDLINEplus, its topic pages, or to the homepages of the Medical Encyclopedia, Drug Information, or Interactive Health Tutorials.
- Images and text are provided to assist you in coding your html links to MEDLINEplus.

**MEDLINEplus Email Announcement Lists** – to receive weekly updates containing links to new consumer health information topics and sites. **Now available in Spanish.**

**MEDLINEplus Tour** – online introduction to key features of English language version.  
**Practice Exercises**

Please use MEDLINEplus en español, MEDLINEplus, and other electronic resources to complete the following. Indicate your source for each item.

1. Find a diabetes dictionary that's available in Spanish.
2. Find a periodontist in your area who does dental implants.
3. Find the Website of the *Agency for Healthcare Research and Quality*. Does the site have consumer materials in Spanish?
4. Find a recent Spanish-language news article on the topic of tuberculosis.
5. Find a Spanish language interactive health tutorial on acne.
6. Find information on Hepatitis B in a language other than English or Spanish

## Suggested Answers

1. To find a diabetes dictionary, go to the **Diabetes** topic page. Click on the **español** button.

Find • [Diccionario de la diabetes](#) (Centro Nacional para la Información Sobre la Diabetes)

OR

On the **Diabetes** topic page, find **Dictionaries/Glossaries** link in the *Contents of this page* panel on the left. Find • [Diabetes Dictionary Index](#) (Nat Diabetes Info. Clearinghouse)

Also available in: [Spanish](#)

2. To find a periodontist in your area who does dental implants, click on the **Directories** link on the homepage. Under *Doctor/Dentist Specialists*, click on the **Find a Periodontist** link. Enter area information in the search box(es) and check the Implants box.

3. To find the Website of the *Agency for Healthcare Research and Quality (AHRQ)*, click on the **Other Resources** link on the homepage. Click on the **Organizations** link under Other Resources. The AHRQ link is under *Other Federal Government Resources*. Consumer materials in Spanish are found by clicking on the **Información en español** link.

4. To find a recent Spanish language newspaper article on tuberculosis, search in either Healthfinder.gov or HealthIG.com.

OR

In Healthfinder.gov, locate the Spanish news page link “las noticias diarias de la salud” on the first Español page or on the English news page.

5. To find a Spanish language interactive health tutorial on acne, click on the **español** link on the homepage of MEDLINEplus, then click on the **Tutoriales Interactivos** link. Find the [Acné](#) link on the page.

OR

Click on the **Health Topics** link on the homepage of MEDLINEplus, then on the **Interactive Health Tutorials** link. Click on the **español** link to get to the interactive health tutorials

in Spanish. Find the [Acné](#) link on the page.

6. To find information on Hepatitis B in a language other than English or Spanish, locate the Hepatitis B Health Topic Page. Find the **Other Foreign Langge** link in the *Contents of this page* panel on the left. For this topic, two Chinese language resources are available.

**APPENDIX C**  
**PSRML Exhibits and Budgets**

## EXHIBIT REPORT OUTLINE

- I. DATE OF REPORT April 9, 2003
- II. NAME OF PERSON SUBMITTING REPORT Alan Carr
- III. ADDRESS
- IV. EXHIBIT: American College of Physicians

Name of Meeting American College of Physicians Annual Meeting

Location (City, State) San Diego, CA

Dates April 2-5, 2003

Staff Alan Carr, Julie Kwan, Marilyn Hall, San Diego State University Library, Jenny Reiswig, UCSD Biomedical Library

Number of Registrants 6500

Number of Exhibits ~900

Specify by Days:

<b>Dates</b>	<b><u>Hours</u></b>	<b><u>Visitors</u></b>	<b><u>NLM Demos</u></b>	<b><u>Internet Demos</u></b>
04/02/03	5:00-7:00	48	23	
04/03/03	9:30-4:00	121	83	
04/04/03	9:30-4:00	70	40	
04/05/03	9:30-2:00	56	30	
<b>Total</b>	<b>19.5</b>	<b>295</b>	<b>176</b>	

Total Number of People Visiting the Booth 295

Total Number of NLM System Demonstrations 176

Total Number of Internet Demonstrations other than NLM System Demonstrations 0

## V. EXHIBIT SUMMARY (Narrative)

### A. Distribution of Pre-mailers, Letters or Invitations (if applicable)

### B. Description of Booth Location

Our booth was located along a side wall, away from the main traffic entrance. Our row of exhibitors included many non-profit organizations.

### C. Description of Program Presentations

The Health Information Referral Project was highlighted at this meeting. The Health Information Referral Project is a collaborative project of the ACP Foundation and NLM to assist internists in referring their patients to MEDLINEplus as an authoritative, user-friendly, and commercial-free Internet site for health information (for more information, see <http://foundation.acponline.org/healthcom/hirp.htm>).

As part of this project, we distributed application forms that physicians can fill out to obtain a package to participate in this pilot program. Reactions from attendees to this project were very enthusiastic. We distributed all 100 application packets that we brought, and the ACP booth also gave out all of their supply. Most people decided to take the application away to fill out and mail later.

During the welcome reception, a member of the ACP Board of Regents stopped by our booth and told us of the strong support for the project during their board meeting prior to the start of the conference. Jean Krause and Robert Harnsberger from ACP stopped by our booth on April 3, and we showed them the MEDLINEplus Basics brochure. We also visited the ACP booth. Physicians responded well to this brochure as an inexpensive handout that gives patients an instructional overview of MEDLINEplus.

Severe Acute Respiratory Syndrome (SARS) was a key topic in Julie Geberding's keynote address. We used this topic for both PubMed and MEDLINEplus examples. We found that the MEDLINE search through MEDLINEplus included PMIDs for the very first articles that do not include the specific name of this new syndrome

There were several courses offering PubMed training. There were three sessions of an introductory course called "Using Computers for Evidence-Based Practice: Basic PubMed Searching" and two sessions of an advanced course called "Using Computers for Evidence-Based Practice: Advanced PubMed Searching." These courses were taught by Denise M. Dupras, PhD, and Jon O. Ebbert, MD, MSc. Course objectives for the basic course included: (1) understand the steps in evidence-based practice (EBP), (2) learn how to develop a focused clinical question, and (3) using the Internet to find answers: EBP resources and an introduction to PubMed. Course objectives for the advanced course included: (1) review how to use focused clinical questions to find answers in PubMed, (2) learn about MeSH indexing in PubMed and how to capitalize on MeSH to improve

searching, and (3) learn advanced search features, such as filters, MeSH browser, search field descriptors, and “Cubby.”

There were also two sessions of a course entitled “Using Electronic Textbooks and Other Knowledge Resources to Answer Clinical Questions” and two sessions of “Using Internet-Based Resources to Answer Clinical Questions.” Each course cost \$35.00.

Other information related exhibitors included STATRef, WebMD, and UpToDate. The American College of Physicians booth included *Annals of Internal Medicine*, PIER (Physicians’ Information and Education Resource), and ACP publications.

D. Were SIS resources highlighted at this meeting? If so, identify the SIS resources that were highlighted. No SIS resources were highlighted.

#### E. Problems

We followed directions to set up Internet connections with our computers, but had trouble at first. We asked for assistance from telecommunications. They also had trouble establishing the connection, and then discovered that a setting on the hub was in the wrong position.

Also, one of our electrical outlets was not working. Electricians came and worked on this for a while, and thought that the problem involved electrical outlets behind several other booths. But they were never able to establish power in the faulty outlet, so we ended up with one functioning electrical outlet.

Conference attendees carried only the complimentary bags received from the meeting, and were running out of room for handout material. Other bags were not allowed unless they included the complete meeting information.

#### F. User feedback

Attendees were very impressed by the SARS information included in MEDLINEplus, especially the links to local public health departments, CDC, and WHO, which provided a link to an up-to-date table of reported SARS cases.

Two exhibitors asked how they could get their journals indexed in MEDLINE. The journals were *The American Journal of Bariatric Medicine—The Bariatrician* and *Permanente Journal*. We referred them to LSTRC.

The President of the Costa Rica Internal Medicine Association will add MEDLINEplus to the association website.

We encountered several physicians who have trouble using PubMed; and recommend that NLM staff consider conducting a PubMed usability study. It is not easy for clinicians to get to the best clinical literature easily, and it is not readily apparent how to search for

Systematic Reviews. When we showed attendees PubMed's Systematic Reviews, we pointed out that the search algorithm included the *ACP Journal Club*.

A physician who wrote a book about spondylitis said that he will include MEDLINEplus in the second edition of his book.

One physician said: "You've changed my life!" He was disappointed when Grateful Med was no longer available and did not feel successful searching PubMed. His opinion totally changed when he learned about the Systematic Reviews feature.

Physicians at Kaiser Hospitals and the Mayo Clinic facilities feel that they have very comprehensive sources available to them.

A physician asked if he could use our computer to find two citations that were mentioned in a talk. He wanted to use the "single citation matcher" feature, and was successful with retrieving the results.

One of the *Annals* editorial team was confused by NLM's use of the term "Systematic Reviews" in PubMed, since the search strategy includes much more than systematic reviews. Perhaps the name could be changed, but not the search strategy.

One person expressed the wish that NLM would not change the IP addresses of topical pages in MEDLINEplus. His institution links to MEDLINEplus from clinical pathways and electronic medical records, and the changes in server IP addresses throws off the links to MEDLINEplus in their system.

A physician asked how materials are selected for MEDLINEplus and how they are matched with or are derived from evidence-based materials designed for the physician. The selection criteria on the "About Us" page of MEDLINEplus did not provide the rigor that seemed needed during the conversation. The physician turned out to be R.B. Haynes, of McMaster University. He later sent an email message recommending reading his article: Haynes RB, Of studies, summaries, synopses, and systems: the "4S" evolution of services for finding current best evidence. *Evid Based Ment Health*, 2001 May; 4(2):37-9. (PMID: 11855214).

#### G. Suggestions/comments

W.W. Addington, Chair of the Board of Regents of the ACP Foundation, had a very positive relationship with his hospital librarian, Barbara Roach, while at the Cook County Hospital in the 1970s. They co-authored an article about their clinical librarian service: Roach AA, Addington WW, The effects of an information specialist on patient care and medical education, *J Med Educ*, 1975 Feb; 50(2):176-80 (PMID: 1120121).

Ginny DuPont was recommended as someone to contact with questions about VA library services.

H. Recommendations: Should NLM exhibit at this meeting next year? (Yes or no, give reasons for your answer)

Yes, it will be important to attend this meeting next year to follow up and promote the Health Information Referral Project, and to help physicians needing to reorder additional promotional materials.

## Exhibit Budget Sheet

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Meeting Title: **American College of Physicians Annual Meeting**

Meeting City, State: **San Diego, CA**

Meeting Dates: **April 2-5, 2003**

ITEM	COST
Booth Space Fee	<b>\$350.00</b>
Internet Connection or Phone Line Fee:	<b>\$1,750.00</b>
Other booth fees: Furniture and accessories (\$571.00), Carpet (\$161.00) Padding (\$180.00), Cleaning/Vacuuming (\$31.00), Electricity (\$279.00)	<b>\$759.26</b>
<b>Total Exhibit Booth Fees</b>	<b>\$1,869.26</b>
Shipping	<b>\$800.00</b>
Drayage and material handling	<b>\$268.00</b>
Total travel costs: Alan Carr, Julie Kwan (~700.00)	<b>\$700.00</b>
<b>Total Other Cost:</b>	<b>\$1,768.00</b>
<b>TOTAL EXHIBIT COST</b>	<b>\$3,637.26</b>

## EXHIBIT REPORT OUTLINE

- I. DATE OF REPORT April 30, 2003
- II. NAME OF PERSON SUBMITTING REPORT Alan Carr
- III. ADDRESS: Los Angeles, CA
- IV. EXHIBIT: Community-Campus Partnerships for Health 7<sup>th</sup> Annual Conference
  - A. Name of Meeting Taking Partnerships to a New Level: Achieving Outcomes, Sustaining Change
  - B. Location (City, State) San Diego, CA
  - C. Dates April 26-29, 2003
  - D. Staff Alan Carr, Marilyn Hall, San Diego State University Library
  - E. Number of Registrants ~500
  - F. Number of Exhibits ~23
  - G. Specify by Days:

<b>Dates</b>	<b>Hours</b>	<b>Visitors</b>	<b><u>NLM</u> Demos</b>	<b><u>Internet</u> Demos</b>
04/27/03	12:00-7:30	114	0	
04/28/03	7:30-5:30	17	0	
<b>Total</b>	<b>17.5</b>	<b>131</b>	<b>0</b>	

- H. Total Number of People Visiting the Booth 131
- I. Total Number of NLM System Demonstrations 0
- J. Total Number of Internet Demonstrations other than NLM System Demonstrations 0
- V. EXHIBIT SUMMARY (Narrative)
  - G. Distribution of Pre-mailers, Letters or Invitations (if applicable)
  - H. Description of Booth Location

The exhibit area was quite small, and each exhibitor had one six-foot table rather than a booth. Our table was located in the front row, near one of the main entrances to the room.

#### I. Description of Program Presentations

One of the plenary sessions was a "Funder Panel," which included four speakers. Valerie Florance represented NLM, and she covered NLM's Extramural Programs Division and NLM Grant Programs. Valerie Florance also mentioned NN/LM subcontracts as another potential source of funding, and concluded with contact information.

There was a separate literature display table for all exhibitors located just outside the exhibit hall. We submitted the NLM Databases 8½ x 11 inch handout for display. Other exhibitors included CDC, American Heart Association, and the California Office of Statewide Health Planning and Development.

J. Were SIS resources highlighted at this meeting? If so, identify the SIS resources that were highlighted. N/A

#### K. Problems

With only one six-foot table acting as an exhibit booth, it quickly became crowded with the pop-up exhibit and display literature. There wasn't much room left to set up computers, and none of the other exhibitors used live computer connections. We were to have access to a phone line connection, but it never worked properly, and the audiovisual support person on site was not able to resolve the difficulty.

The exhibit area was quite busy on the first day, but slowed to a crawl on the second day. Many exhibitors left literature on their tables, and then disappeared for long stretches of time. Only about three exhibitors were in attendance at the announced opening time of 7:30 on the second day. Since it was so slow, a number of exhibitors began taking down their exhibits beginning around noon, and by 4:00 hotel staff were dismantling the room setup.

#### L. User feedback

Some attendees were totally unfamiliar with NLM resources, and were very appreciative to learn of them. Many participants were excited to know about MEDLINEplus, and one person writing a book will include the MEDLINEplus link in a section designed for patient materials to include in physicians' waiting rooms.

A number of attendees asked about funding opportunities after hearing the panel which included Valerie Florance. Several good contacts were made with people in Region 7, who may be able to take advantage of our NN/LM subcontracts.

#### G. Suggestions/comments

Conference participants came from a wide variety of backgrounds, and included dentists, physicians, AHEC delegates, representatives from community-based organizations, and a person from AAMC.

Exhibit hours were too long on the second day. It may have been more productive to have had them open for a four-hour block of time. With only a six-foot table to use, it may be best to have only computers and literature set up without a display backdrop, or else a display with literature, and no computers. Otherwise, the table appears too crowded.

H. Recommendations: Should NLM exhibit at this meeting next year? (Yes or no, give reasons for your answer)

Yes, the 8th Annual CCPH Conference will be held in October, 2004, in Atlanta, GA, in conjunction with the 25th anniversary of the Network towards Unity for Health, an organization based in the Netherlands, which has exhibited at several CCPH conferences. This meeting will have a more international flavor, with delegates from all over the world, potentially doubling the number of participants. This is an excellent opportunity for an NLM exhibit.

Meeting Title: Community-Campus Partnerships for Health 7th Annual Conference

Meeting City, State: Los Angeles, CA

Meeting Dates: April 26-29, 2003

<b>ITEM</b>	<b>COST</b>
Booth Space Fee	\$295.00
Internet Connection or Phone Line Fee:	\$170.00
Other booth fees: Furniture and accessories (Included in cost of booth), Carpet (Included in cost of booth), Electricity (\$20.00)	\$20.00
Total Exhibit Booth Fees	\$485.00
Shipping	\$400.00
Drayage and material handling	NA
Total travel costs: Alan Carr(~300.00)	\$300.00
Total Other Costs:	<b>\$700.00</b>
<b>TOTAL EXHIBIT COST</b>	<b>\$785.00</b>

**EXHIBIT REPORT OUTLINE**

- I. DATE OF REPORT Mar 3, 2003
- II. NAME OF PERSON SUBMITTING REPORT Kay Deeney
- III. ADDRESS Pacific Southwest Regional Medical Library, Los Angeles, CA
- IV. EXHIBIT:

- A. Name of Meeting Los Angeles Marathon XVIII Quality of Life Expo
- B. Location (City, State) Los Angeles, CA
- C. Dates February 27- March 1, 2003
- D. Staff Alan Carr, Kay Deeney, Elaine Graham, Julie Kwan, Heidi Sandstrom, Liz Gnerre, House Ear Institute, Los Angeles, Judy Kraemer, University of Southern California, Los Angeles, April Cunningham, GSLIS graduate student, Shirley Tanaka, Harbor UCLA Medical Center, Torrance.
- E. Number of Registrants ~60,000
- F. Number of Exhibits 200
- G. Specify by Days:

<b>Date</b>	<b><u>Hours</u></b>	<b><u>Visitors</u></b>	<b><u>NLM Demos</u></b>	<b><u>Internet Demos</u></b>
<b>2/27/03</b>	<b>11:30-8</b>	<b>342</b>	<b>22</b>	
<b>2/28/03</b>	<b>11-8</b>	<b>325</b>	<b>20</b>	
<b>3/1/03</b>	<b>8:30-6</b>	<b>941</b>	<b>35</b>	
<b>Total</b>	<b>27 hours</b>	<b>1608</b>	<b>77</b>	

- H. Total Number of People Visiting the Booth 1608
- I. Total Number of NLM System Demonstrations 77
- J. Total Number of Internet Demonstrations other than NLM System Demonstrations 0

V. EXHIBIT SUMMARY (Narrative)

- M. Distribution of Pre-mailers, Letters or Invitations (if applicable) N/A

N. Description of Booth Location

This was the first time we exhibited at this venue. 30,000 runners and 20,000 bicyclists come through the Los Angeles Convention Center to pick up their

registration. Open to the public, the Quality of Life Expo attracts many members of the general public.

We were located next to a prepared foods vendor who was giving away free rice samples. Frequently people lined up in front of our booth. We had ordered zipper pulls and key holders for sneakers especially for this event. Attendees eagerly snatched these up. We gave away 2500 key holders, 3067 zipper pulls, and 1000 MEDLINEplus pens.

## **O. Description of Program Presentations**

At the booth, we highlighted MEDLINEplus. A few attendees were interested in PubMed. We also ran the MEDLINEplus DVD to attract the attention of people waiting in line for the rice.

**P.** Were SIS resources highlighted at this meeting? If so, identify the SIS resources that were highlighted.

No.

**Q.** Problems

We did spend a lot of time explaining what the zipper pulls were useful for, and showing people the sample sneaker with the attached MEDLINEplus key holder, instead of being able to talk about MEDLINEplus and why we were there. At times, it was difficult to talk with a person because of the congestion around the rice booth. Hopefully, our advertising gimmick (the zipper pulls and key holders) will suffice to entice them to try the website.

**R.** User feedback

We encountered many health care professionals, such as physicians, occupational therapists, physical therapists, nurses, many of whom were participating in the race. A few health professionals were confused about MEDLINE versus MEDLINEplus. One woman from Gatorade which has a research wing located in Illinois was very interested in searching PubMed for topics such as dehydration and hyponatremia and marathons. A woman who works in cardiac rehabilitation asked for some MEDLINEplus bookmarks for her office. We talked with a website developer for hospitals about how she can encourage clients to point to MEDLINEplus for quality consumer health information.

A large number of the attendees were minorities, specifically Latinos and African Americans. A large number of students attended also. Los Angeles Unified School District has a running program, called Students Run LA that trains interested students in the elementary and high schools to run in the LA Marathon.

Attendees are quite international--coming from Ecuador, El Salvador, England, Guatemala, Japan, Mexico, and Russia.

**G.** Suggestions/comments

Someone suggested we give away refrigerator magnets with cutouts for pictures. We were invited to exhibit at the Bike Expo and a few local marathons, but since the Bike Expo is more commercial, upscale and primarily Caucasian, we don't consider it suitable for NLM exhibiting.

H. Recommendations: Should NLM exhibit at this meeting next year? (Yes or no, give reasons for your answer)

Yes, definitely. The attendees were very diverse, with large numbers of Hispanics, African Americans, youth and even elderly. Health care professionals who were participating in the Marathon or Bike race were plentiful. This was an extremely popular and successful venue for highlighting MEDLINEplus.

## Exhibit Budget SHEET

Meeting Title: Los Angeles Marathon XVIII Quality of Life Expo

Meeting City, State: Los Angeles, CA

Meeting Dates: February 27- March 1, 2003

ITEM	COST
Booth space fee	\$500.00
Internet connection fee/Phone Line	\$760.00
Other booth fees: Furniture (\$446.25), Carpet (\$158.00), Padding (166.50) Cleaning (62.00), Electricity (180.00)	\$1,012.75
<b>Total exhibit booth fees</b>	<b>\$2,272.75</b>
Shipping	\$400.00
Drayage and material handling	\$540.00
Total travel costs (including mileage, parking, airfare, accommodation, per diem) Alan Carr, Kay Deeney, Elaine Graham, Julie Kwan, Heidi Sandstrom,	\$200.00
<b>Total Other costs (please specify)</b>	<b>\$3,412.75</b>

## EXHIBIT REPORT OUTLINE

- I. DATE OF REPORT March 11, 2003
- II. NAME OF PERSON SUBMITTING REPORT Rebecca Davis
- III. ADDRESS University of California, Davis  
Davis, CA 95616-5291
- IV. EXHIBIT: Black Exposition

Location (City, State) Sacramento CA

Dates 2/21-23/2003

Staff Rebecca Davis, University of California, Davis

Number of Registrants 25,000

Number of Exhibits Unknown

Specify by Days:

<b>Date</b>	<b><u>Hours</u></b>	<b><u>Visitors</u></b>	<b><u>NLM Demos</u></b>	<b><u>Internet Demos</u></b>
<b>2/22/03</b>	<b>12-6</b>			
<b>2/23/03</b>	<b>11-5</b>			
<b>Total</b>	<b>Hours 12</b>	<b>120</b>		

Total Number of People Visiting the Booth 120

Total Number of NLM System Demonstrations NA

Total Number of Internet Demonstrations other than NLM System Demonstrations NA

- V. EXHIBIT SUMMARY (Narrative)
- A. Distribution of Pre-mailers, Letters or Invitations (if applicable) NA
- B. Description of Booth Location  
My table was part of the area occupied by staff from the UC Davis Health System who were testing for diabetes and taking blood for marrow transplants.
- C. Description of Program Presentations

- I estimate that I personally gave a pen and bookmark to approximately 120 people. I had both pens, bookmarks and the health organizations booklets sitting on the table at first, but as the attendees at the expo were very keen on any sort of promotional item, and had earlier descended on the unattended table like locusts, I decided to hand out pens personally.
  - I started out telling people that they could find out about the side effects of drugs. After a few people reacted to that phrase with puzzlement and the beginnings of outrage, I changed it to telling them they could find out about the side effects of any medicine they might be taking. That single feature was usually all I had time to mention as I engaged people passing by the booth. Almost everyone I spoke with was very interested in MEDLINEplus, with the elderly being particularly interested in looking up a drug they might have been taking. I had a few people who thought I was representing a new HMO. Go figure.
- D. Were SIS resources highlighted at this meeting? If so, identify the SIS resources that were highlighted. (ToxNet, Toxline, Tox Town, DIRLINE, etc.)- No.
- E. Problems
- F. User feedback  
I felt so much more comfortable having a professional looking display. I felt that I was able to compete visually with other booths. I took a laptop and a 17in flat panel display and had a sign next to it saying "Try it!". I got a few takers and a few kids thinking they could find games. I also searched for a few people. I found that when I displayed an illustration of the heart, I got the most people coming up to the table. Just having the MEDLINEplus screen didn't seem to be interesting enough for anyone to stop.
- G. Suggestions/comments-NA
- H. Recommendations: Should NLM exhibit at this meeting next year? (Yes or no, give reasons for your answer)-NA

## EXHIBIT REPORT OUTLINE

- I. DATE OF REPORT: April 8, 2003
- II. NAME OF PERSON SUBMITTING REPORT: Clair Kuykendall
- III. ADDRESS: UCSF Library & Center for Knowledge Management  
530 Parnassus Avenue, Box 0840, San Francisco, CA 94143
- IV. EXHIBIT:
- A. Name of Meeting: Annual Review in Family Medicine, San Francisco, CA
- B. Dates: March 27 and 28, 2003
- C. Staff (exhibit volunteers): Clair Kuykendall, Gail Persily, Nadya Disend, Keir Reavie,  
University of California, San Francisco
- D. Number of Registrants: 150
- E. Number of Exhibits: 6
- F. Specify by Days:

<b>Dates</b>	<b>Hours</b>	<b>Visitors</b>	<b>NLM Demos</b>	<b>Internet Demos</b>
3/27/03	9:00 am to 4:00 pm	40	28	
3/28/03	9:00 am to 4:00 pm	20	10	
<b>Total</b>	<b>14 hours</b>	<b>60</b>	<b>38</b>	

Total Number of People Visiting the Booth: 60

Total Number of NLM System Demonstrations: 38

Total Number of Internet Demonstrations other than NLM System Demonstrations: 0

- V. EXHIBIT SUMMARY (Narrative)

Description of Booth Location: The six exhibit booths (tables) were located between the primary meeting room and the rest rooms. Morning and afternoon refreshment tables were set up in an open foyer between the exhibit tables.

Description of Program Presentations:

There were no specific NLM presentations made at this meeting. How to effectively search PubMed was highlighted at the booth.

Were SIS resources highlighted at this meeting? If so, identify the SIS resources that were highlighted. No.

Problems: On the first of the two days, we were not able to establish a live internet connection from our exhibit table laptop. Therefore, demonstrations consisted of showing cached pages from previously-run PubMed searches, along with descriptions of relevant sites (PubMed, MEDLINEplus and ClinicalTrials.gov), and giving bookmarks and pens so attendees had URLs and phone numbers to refer to later. On the second of the two days, we were able to conduct live demos, in addition to descriptions as described above.

User feedback: Attendees' responses were generally very positive. Many had not used MEDLINE in some years, and were not aware that it is now available to them at no cost via the Internet. Many were delighted to learn of the existence of MEDLINEplus both in English and in Spanish, as resource for their patients.

G. Suggestions/comments- none.

H. Recommendations: Should NLM exhibit at this meeting next year? (Yes or no, give reasons for your answer): Yes, I believe NLM should exhibit at this meeting next year, since so many of the attendees were not aware of the services available to them. However, given the small size of the meeting, and the fact that the majority of our encounters took place on the first day, it might be appropriate to exhibit just on the first day

**APPENDIX D**

**PSRML HIV/AIDS Information Summit Final Report**

**PACIFIC SOUTHWEST REGIONAL MEDICAL LIBRARY (PSRML)**

**HIV/AIDS INFORMATION SUMMIT:**

**FINAL REPORT**

Pacific Southwest Regional Medical Library, NN/LM  
UCLA Louise M. Darling Biomedical Library  
Direct: (310) 825-2183  
Toll Free: (800) 338-7657  
Fax: (310) 825-5389  
<http://nmlm.gov/psr/>

Date Submitted: Tuesday, October 14, 2003

Funded by the National Library of Medicine, National Institutes of Health, under Contract No. N01-LM-1-3517 with the UCLA Louise M. Darling Biomedical Library.

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## FINAL REPORT: HIV/AIDS INFORMATION SUMMIT

### INTRODUCTION AND MISSION

The Pacific Southwest Regional Medical Library (PSRML), one of eight regional offices of the National Network of Libraries of Medicine (NN/LM), in cooperation with the California AIDS Clearinghouse (CAC), sponsored a one-day HIV/AIDS Information Summit, which was held at UCLA's Covel Commons Conference Center on March 19, 2003. The initial proposal for the Summit in 2000 was to hold a two-day event at a remote conference center, but due to staffing changes and the halving of the planning budget, the plans were revised to a one-day event located at an accessible urban location. The Summit was originally conceived as a forum for representatives of groups involved in HIV/AIDS information access and delivery, such as health care practitioners, librarians, students, and community-based organizations, to have an opportunity to share information and concerns, and develop action plans to address unmet information needs. Details about the Summit, including online registration procedures, were posted to the event's website, located at: [http://nnlm.gov/psr/aids\\_summit.html](http://nnlm.gov/psr/aids_summit.html), as they became available. The Summit's website also includes links to webcasts of most portions of the program, which may be viewed with RealOne Player, as well as links to all PowerPoint presentations, meeting notes, handouts, photographs, and graphic recordings of the event.

A seven-member Steering Committee was formed to plan the Summit. Members of the Steering Committee included: Alan Carr, Chair, PSRML; Joe Cavan, San Diego Council of Community Clinics; Mark Etzel, UCLA Center for HIV Identification, Prevention, and Treatment Services; David Fletcher, Plumas County Public Health Agency; Lisa Smith, UCLA School of Public Health; Scott Stumbo, UCSF Center for AIDS Prevention Studies; and Phaedra Torres, California AIDS Clearinghouse. Elaine Graham, PSRML Associate Director, and Russ Toth, CAC Director, were ex-officio members of the Steering Committee. The committee met in person at UCLA on August 27, 2002 to begin planning the format and content of meeting sessions, and also developed the following mission statement for the Summit: "To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV/AIDS information." The Steering Committee also decided to use the services of a graphic recorder, who colorfully captured the content of the plenary session and group reporting session on large charts, or "road maps." Her work is displayed in [Appendix A](#). Planning efforts were completed through monthly teleconferences and electronic mail communications. The final program agenda is included in [Appendix B](#).

### PLANNING PROCESS

Publicity for the Summit was widely distributed by e-mail to HIV/AIDS surveillance contacts in all California counties, and was also posted on the California AIDS Clearinghouse and California Department of Health Services Office of AIDS/HIV Epidemiology websites. In addition, notice was sent to the health sciences communities at the University of California campuses, as well as to numerous community-based AIDS organizations. Approximately one hundred twenty people attended the Summit on March 19, 2003. Most of the attendees were from California, and there were also several delegates from Arizona and Washington, as well as representatives from several other states and the National Library of Medicine. The majority of attendees were representatives from community-based organizations and municipal public

health departments. A number of health sciences librarians, graduate students from the UCLA School of Public Health, and other academics, also attended. Two laptop computers were set up in the meeting room, so that participants could check their e-mail or look at websites of interest during the day. The room set-up also included a “sharing table,” since a number of the attendees wished to bring their organizational literature for distribution to Summit participants.

The plenary session featured two keynote speakers: Gail Wyatt, Ph.D., UCLA AIDS Institute Associate Director, and Professor of Psychiatry and Biobehavioral Sciences; and Larry Peiperl, M.D., Director of the Center for HIV Information at the UCSF AIDS Research Institute. In addition, the plenary session included a series of panelists, who addressed specific aspects of HIV/AIDS information dissemination, such as evaluation of Internet sites, maximizing website visibility, and National Library of Medicine HIV/AIDS resources. These speakers included Gail Dutcher, Head of the Office of Outreach & Special Populations at the National Library of Medicine; Lisa Hoskins and Vanessa Robison, representing the AIDS Education Global Information System (AEGiS); Claire Hamasu, Associate Director of the National Network of Libraries of Medicine Midcontinental Region; Jennifer Reiswig, UCSD Biomedical Library Electronic Services Librarian; and Julie Kwan, Library Network Coordinator at PSRML.

As part of the registration process, applicants were asked to describe the challenges they faced in accessing and disseminating accurate and current HIV/AIDS information, and also what they hoped to gain by attending the Summit. Based on the input received from responses to these questions, included in [Appendix C](#), the Steering Committee developed a series of discussion topics for four breakout groups, each composed of roughly thirty people. The groups met briefly before the luncheon to begin the brainstorming process. The luncheon was held on a patio adjacent to the meeting room, so that participants could continue their networking and brainstorming if they chose to. The breakout groups then met more extensively during the afternoon portion of the Summit for discussion and synthesizing of the breakout topics. One facilitator and one recorder were assigned to each group, and each group was asked to develop three to five specific recommendations for future outreach efforts and information dissemination related to HIV/AIDS information as a result of their sessions. The list of breakout group discussion topics is included in [Appendix D](#). After the breakout group meetings, the large group reconvened to hear reports and recommendations from each group, as well as any insightful messages that were revealed during the discussions.

## **RESULTS AND RECOMMENDATIONS**

Breakout group 1 examined issues related to HIV/AIDS information overload, disseminating information sources with the right message(s), and developing electronic safer sex messages. The group felt that it was important to take a holistic approach to safer sex messages, and not just focus on sex behavior. Websites with inaccurate information or that promoted people with HIV/AIDS as sexy and healthy were identified as primary issues relating to dissemination of the right message. The consensus of the group was that it was all right to use a computer’s delete button or trash can as an important component of managing information overload. Specific action items recommended by this group included:

- Develop organizational collaborations to avoid duplication of efforts; and,
- Ensure that information sources that are selected for dissemination are culturally competent.

Breakout group 2 looked at the issues of developing strategies for increasing coordination and collaboration with websites, accessing online full-text journal articles, improving information dissemination to rural areas, and developing a centralized HIV/AIDS information databank. Another issue of interest to this group was archiving mechanisms for ephemeral web materials, such as conferences. The group felt that it was important to dispel the myth that the Internet easily provides all the information needed to answer any question, without any effort on the part of the searcher. One suggestion from this group was a “Consumer Report” user guide that would provide the flavor of a website before linking to it, and would help define standards for reviewing websites in a consistent manner. The group also suggested that libraries use a sliding fee scale to provide interlibrary lending services, so that lesser-funded rural organizations and community-based organizations could more easily afford to access the journal literature. Recommendations for next steps from the group included:

- A working group, sponsored by the National Library of Medicine, that would determine the important characteristics needed for an HIV/AIDS website, and how to better cope with information overload;
- A Request for Proposal, from the National Library of Medicine, to conduct an evaluation of HIV/AIDS websites or to sponsor a study examining what people did with HIV/AIDS information obtained from the Internet after turning off their computers; and,
- Further training for health sciences librarians in accessing HIV/AIDS information sites, beyond what is provided by the National Library of Medicine.

Breakout group 3 focused on the issues of identifying current and accurate HIV/AIDS information sources, identifying possible sources of misinformation, and sharing strategies and networking to provide accurate information. The group also discussed electronic safer sex messages. Specific recommendations from the group included:

- Disclose the limits on data and make clear that some numbers are estimates when releasing information to the public;
- Determine if locally relevant statistics were available from a city or county health agency, because all organizations could make use of and distribute good quality, camera-ready material housed in a central location; and,
- Report trends in data rather than specific numbers.

Breakout group 4 examined the issues of providing HIV/AIDS information to hard-to-reach groups, such as youth and communities of color, providing HIV/AIDS information to developing countries, how to best disseminate reliable HIV/AIDS information to consumers, and determining the best medium to disseminate HIV/AIDS information. The group felt that to reach rural populations it was important to work with family practitioners by providing them with appropriate technology and information, but making it user-friendly so as not to overload them. An alternative suggestion was using phones for browsing the Web. Further suggestions from the group included being clear on audiences that were being reached and the type of information disseminated to them; determining what website users need vs. what intended audiences need, which may not necessarily be the same things; using an intermediate

messenger when the Web does not work for everyone; and how to determine best practices and evaluate the HIV/AIDS information system. Recommendations for further actions from the group included:

- Use mobile computers on vans that would travel to hard-to-reach population centers;
- Create an HIV/AIDS interactive tutorial for MEDLINEplus; and,
- Create more HIV/AIDS instructional videos.

## **FEEDBACK AND CONCLUSIONS**

Feedback from the Summit participants was extremely positive. A number of attendees expressed their gratitude for the convening of such a meeting, and said the opportunity to have an entire day to meet and discuss issues with colleagues in such an attractive venue was invaluable. All Summit participants were asked to complete an evaluation survey through Zoomerang shortly after the event. Responses to the survey confirmed the positive impressions received on the day of the meeting. In the survey, attendees were asked to rate the knowledge and effectiveness of all speakers at the Summit. The survey also asked about the quality of the meeting facilities, the appropriateness and organization of the session content, and whether or not the Summit met both its stated purpose and the personal objectives of attendees. As a final outcome measure, the survey asked participants if they felt better prepared to meet the challenges associated with HIV/AIDS information. All attendees either agreed or agreed somewhat with this desired outcome. On the whole, all speakers were judged to be effective, and expectations for the day were met. The survey also asked attendees for comments about which part(s) of the Summit they found most and least helpful. These comments indicated that the Summit was a tremendous networking opportunity, and many of the attendees planned to implement some of the recommendations into their daily work flow. Many people said that they would be interested in attending similar events in the future, and desire was expressed for a nationwide meeting of this sort.

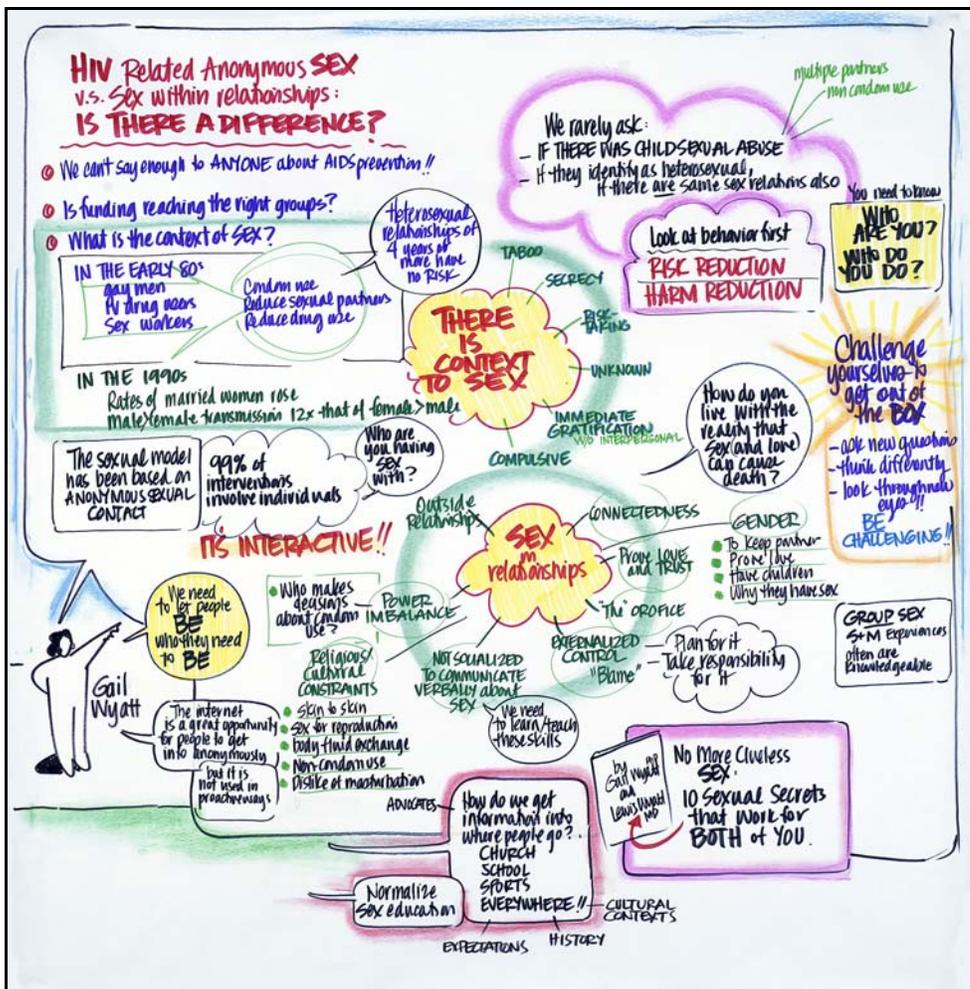
There was some indication from the survey responses that there was not sufficient time for the breakout groups, and that some of the breakout discussion topics were too broad and difficult to get a handle on. Others said that some people in their breakout group took over the discussion, and led it in whatever direction they chose. The Steering Committee debated about how much time to allow for the breakout group sessions in the planning process, but in the end decided that it might be better to have a more structured day, which was provided by the keynote speakers and panelists. However, some of the Summit participants felt that the topics covered during the plenary session were not relevant to them, or was information that was already widely known. Complete survey results are included in [Appendix E](#).

The planning budget for the Summit included funding that was sufficient to cover the travel and lodging expenses of the participants, if needed, which provided a great incentive for attendance, and contributed to the success of the meeting. Many of the participants would not have been able to attend the Summit without the financial support they received. It was money well spent because the connections made that day and the dialogue that began will most likely continue and be a positive influence on the effective dissemination of HIV/AIDS information.

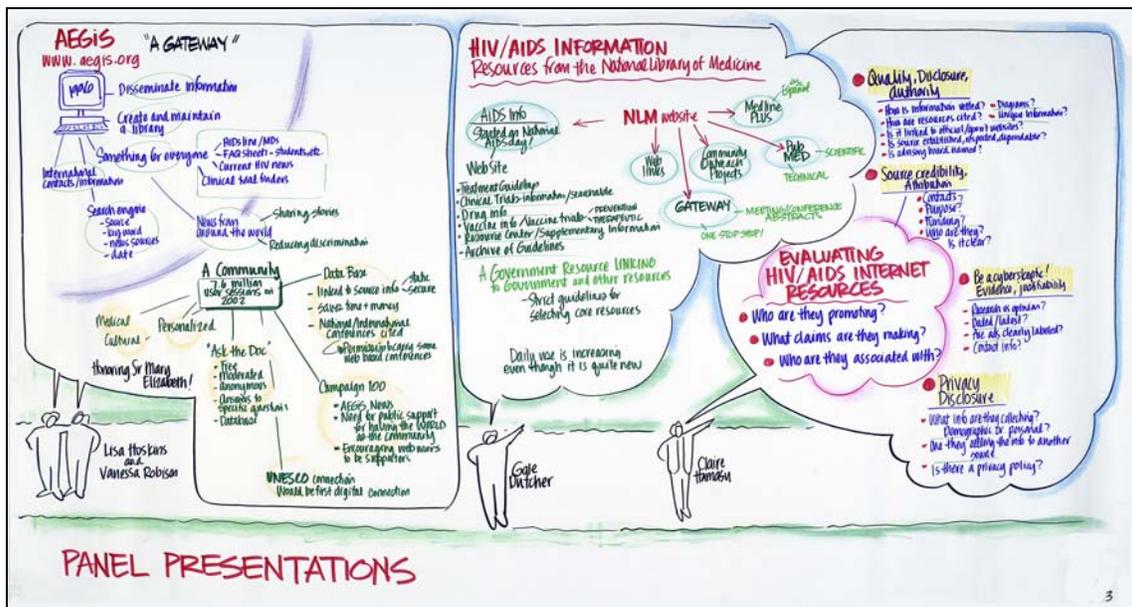
**Appendix A: Art For Change Graphic Recordings**  
**Christine Valenza, Artist**



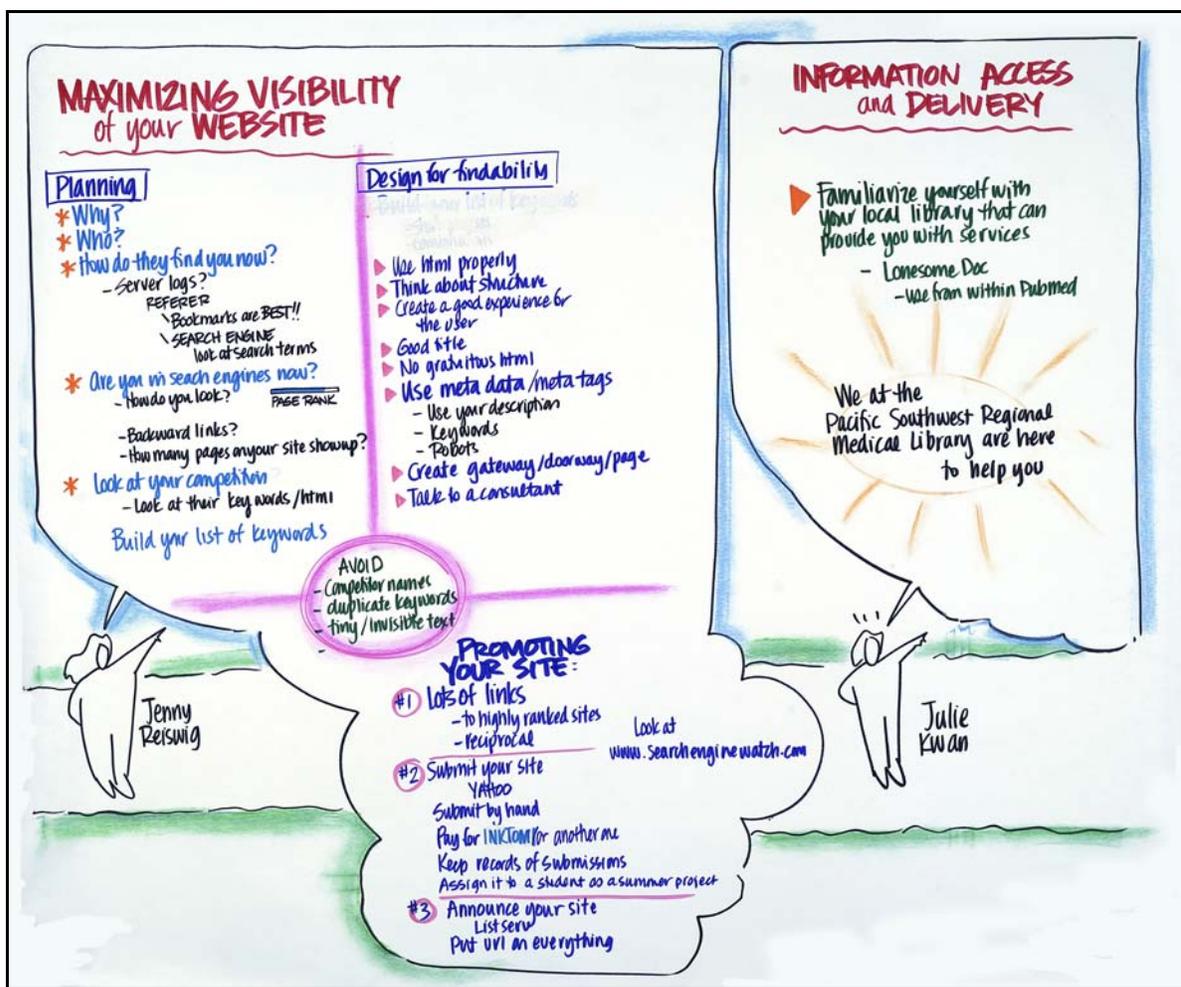
Keynote Address 1  
 Larry Peiperl



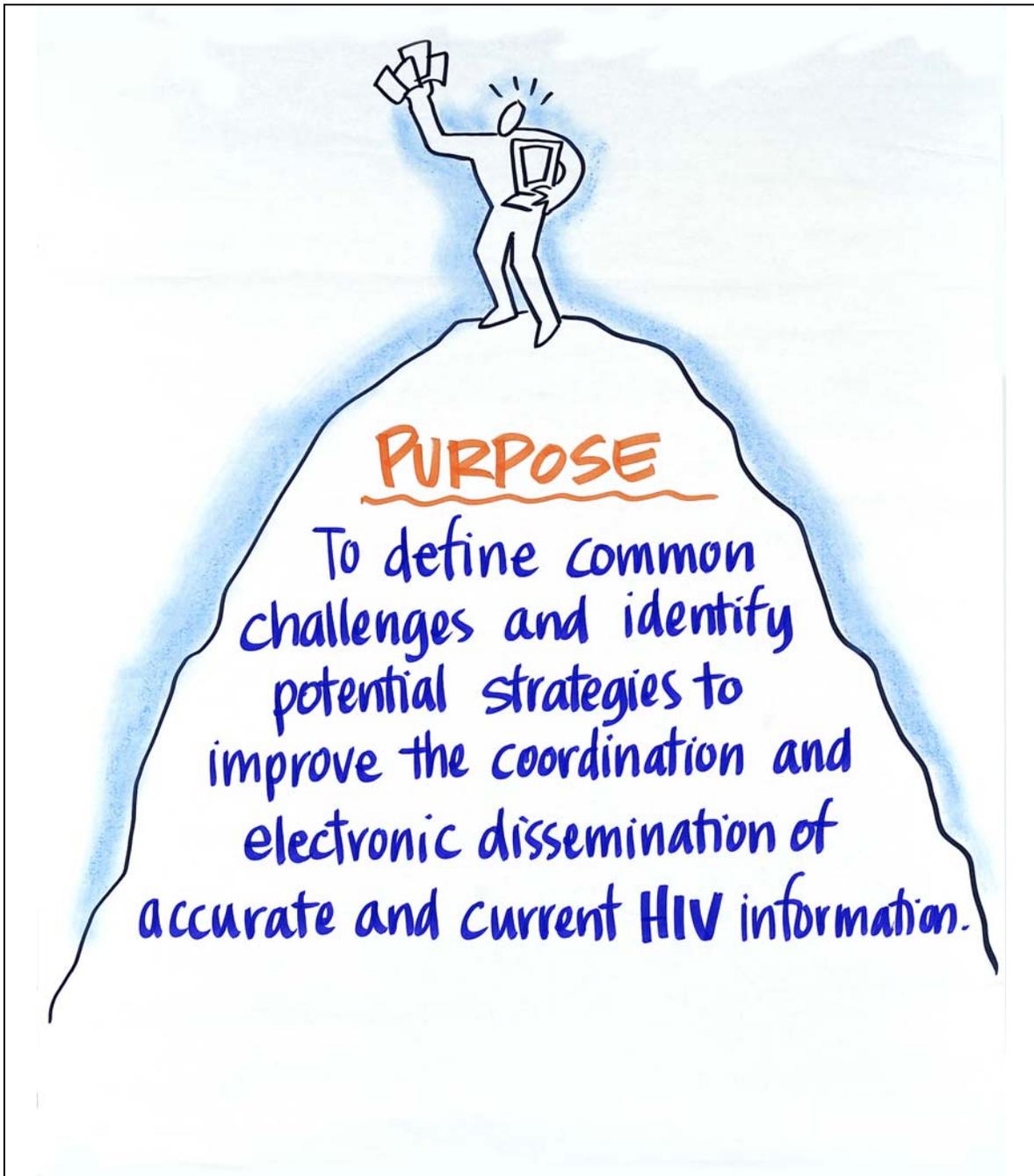
Keynote Address 2  
 Gail Wyatt



Panel Presentation 1



Panel Presentation 2

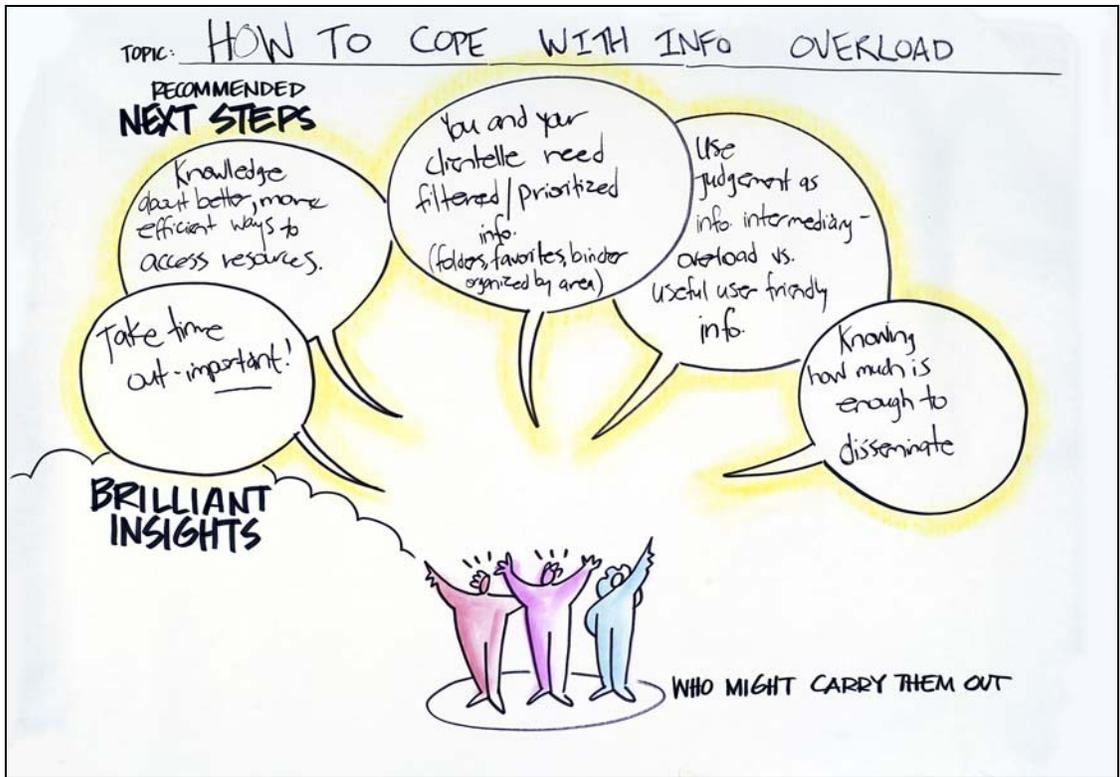


### **Purpose of Meeting**

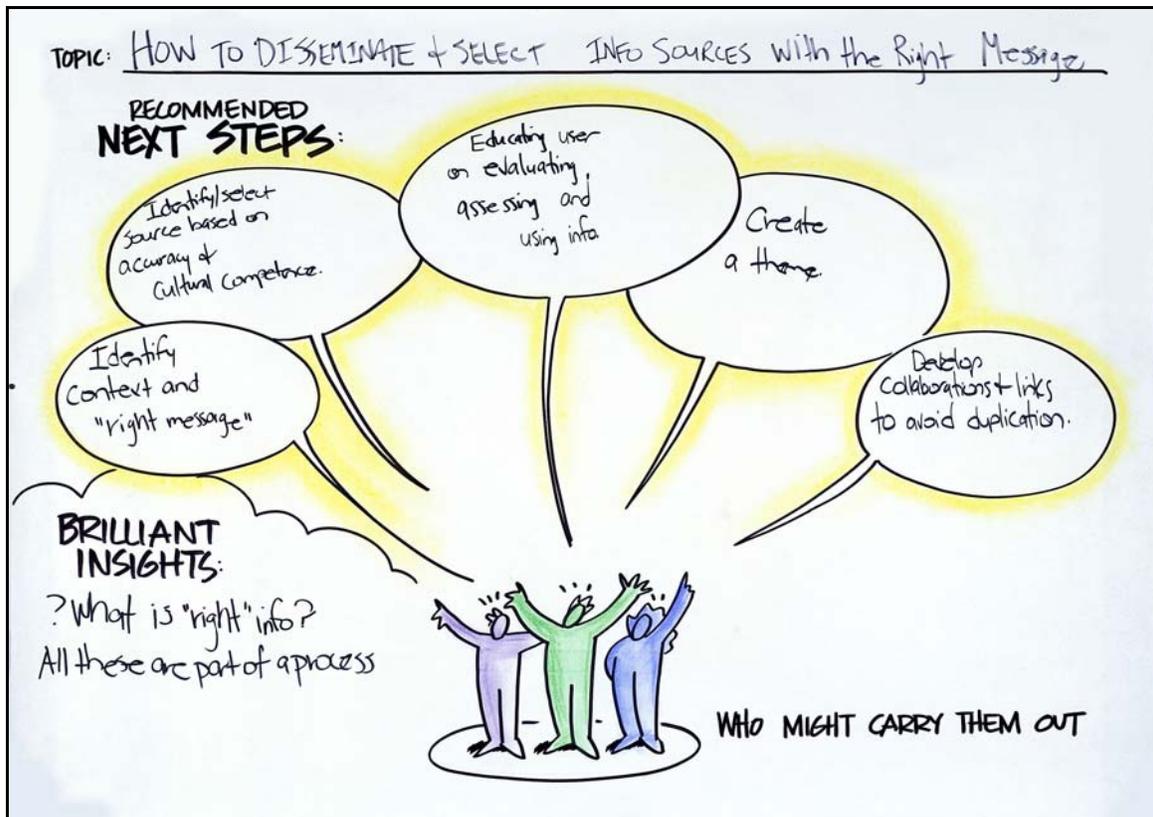
# Brainstorming

- Do not judge ideas ~~GOOD~~ ~~BAD~~
- Repeat ideas are fine
- "Piggybacking" off someone else's idea is fine
- Wait for silences to the end...  
the greatest creativity often follows.
- The more ideas the better!

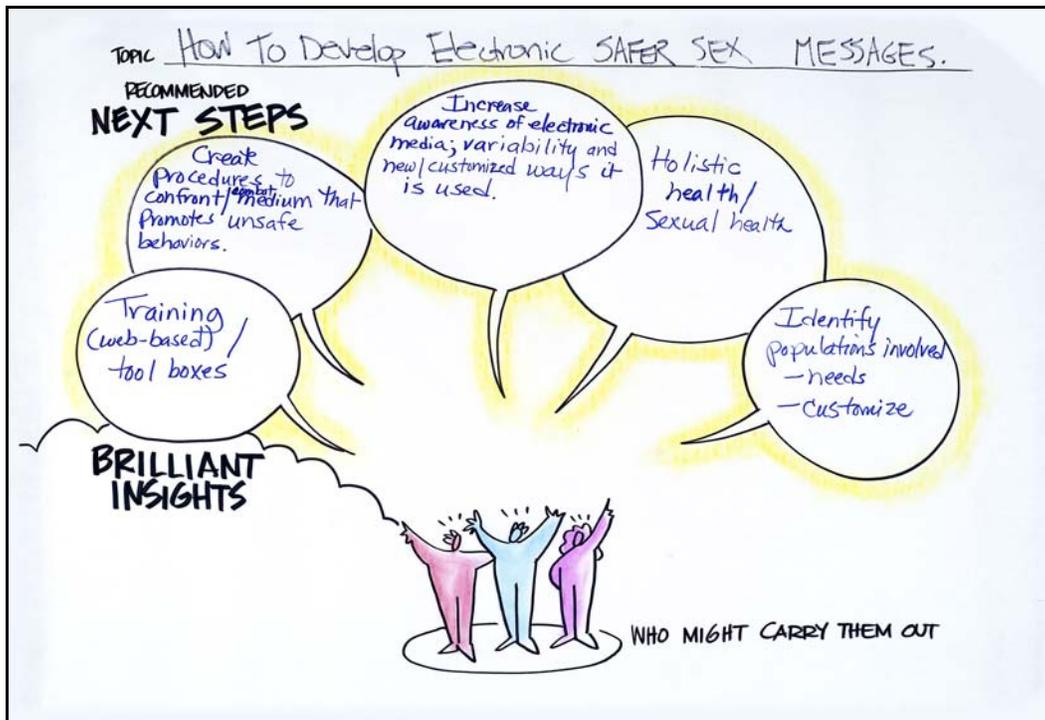
## Brainstorming



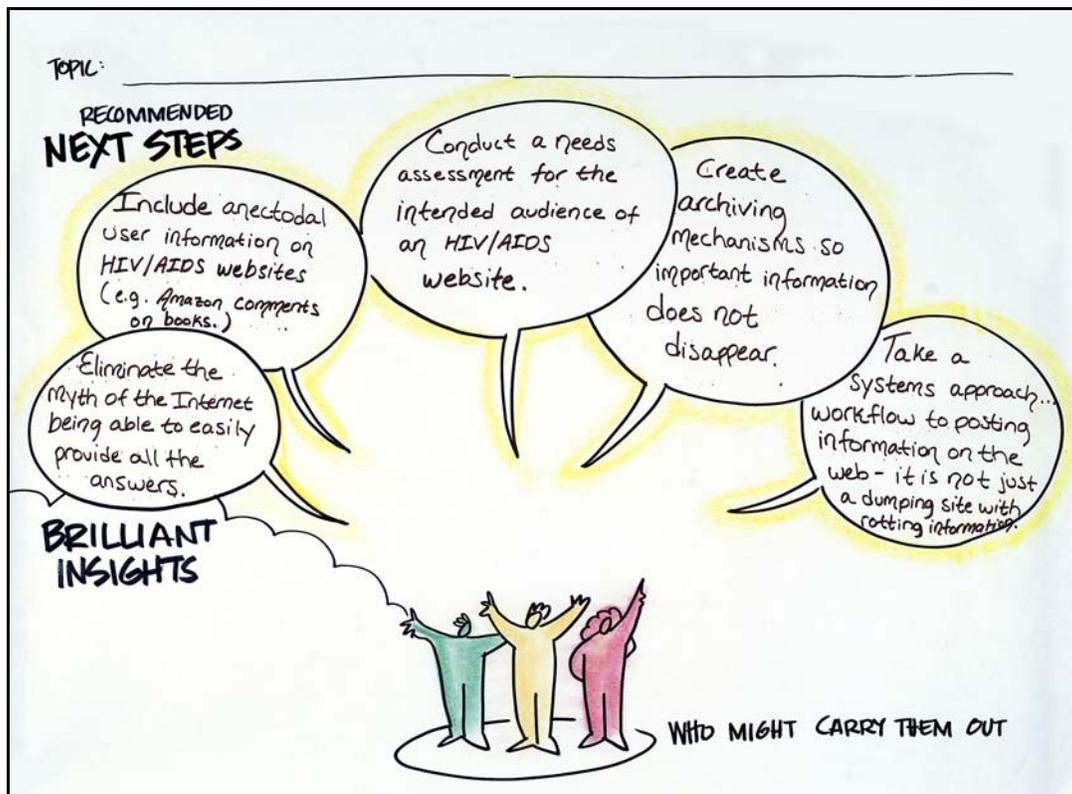
Group 1 (a)



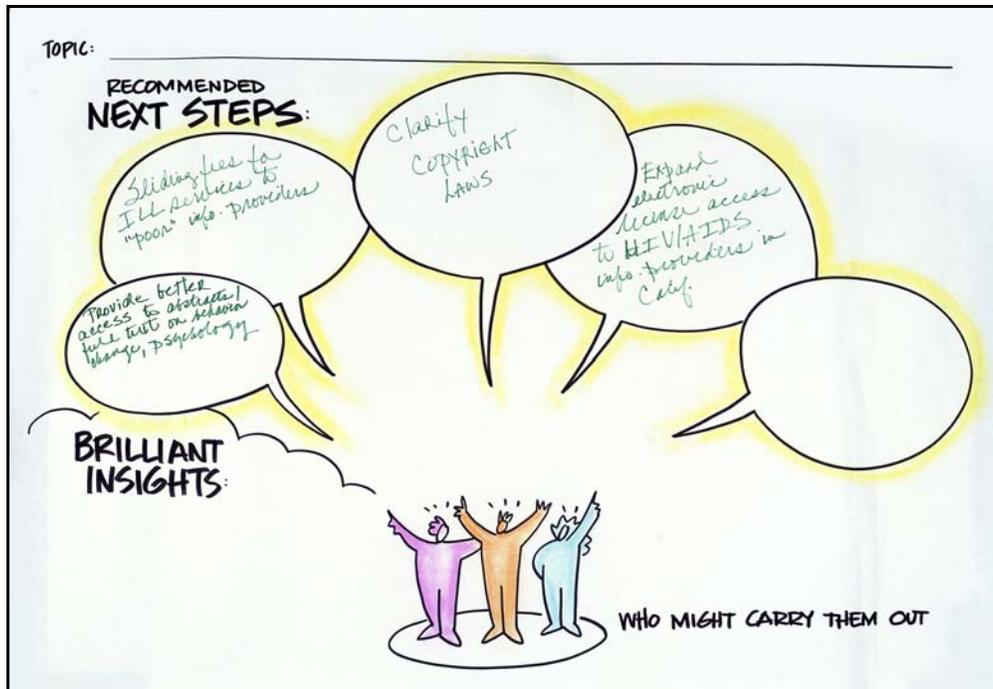
Group 1 (b)



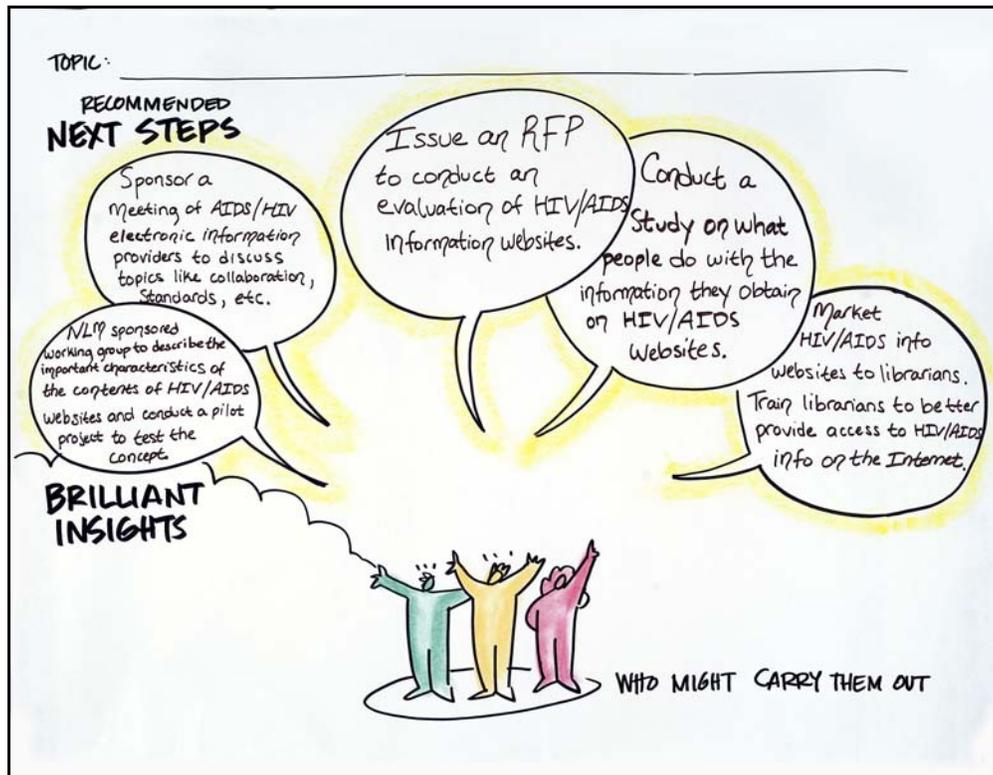
Group 1 (c)



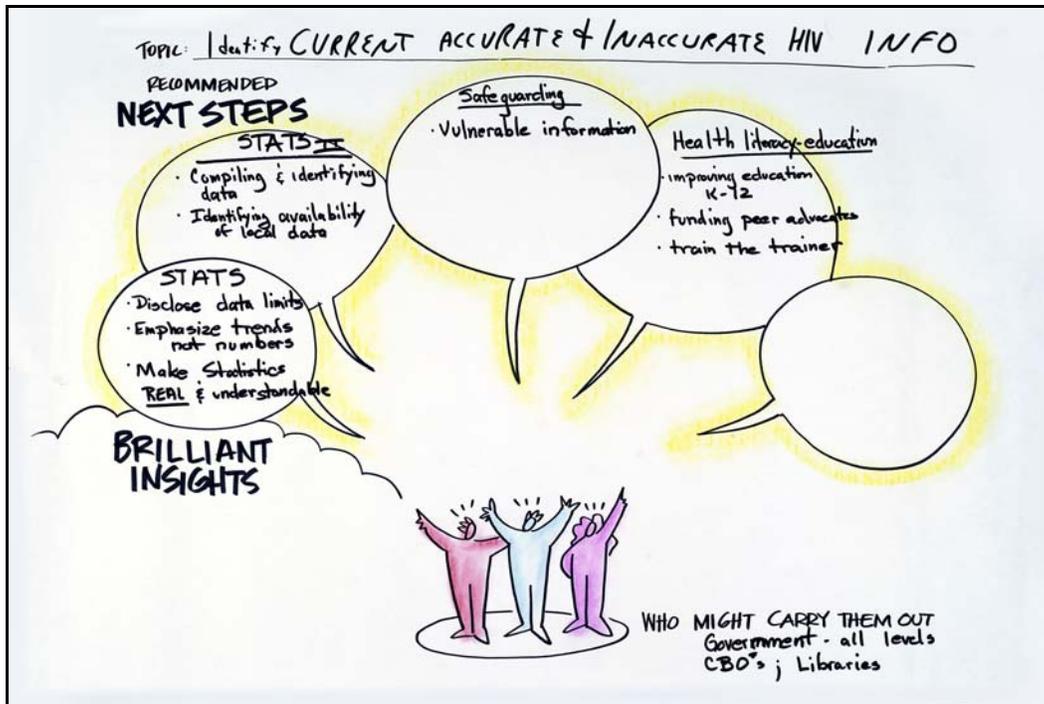
Group 2 (a)



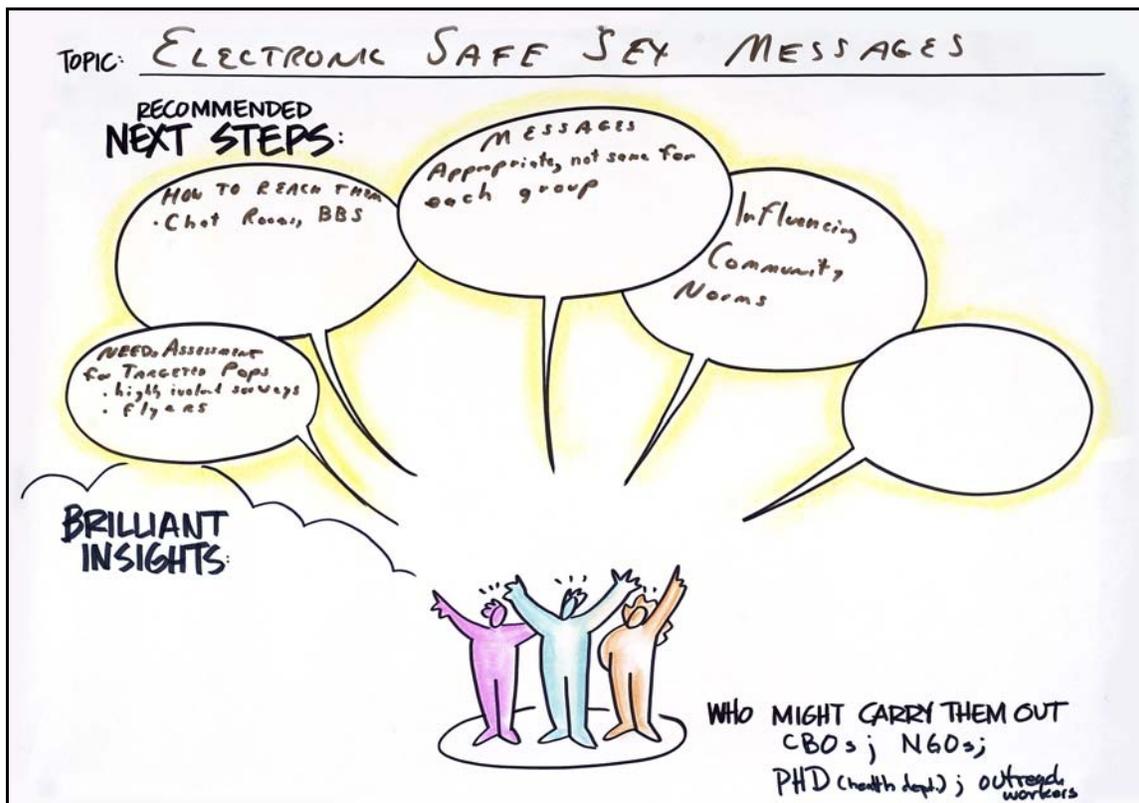
Group 2 (b)



Group 2 (c)



Group 3 (a)



Group 3 (b)

TOPIC: Sharing Strategies & Networking to Provide Accurate Info

**RECOMMENDED NEXT STEPS**

**SPEC. POPS II**

- Involve targeted pops. in developing information
- E-buy interface for data providers

**SPECIFIC POPULATIONS**

Targeting Info/  
Tailoring Info.

- Coordination of info GATPs
- Availability of camera ready materials for distribution

**BRILLIANT INSIGHTS:**



**WHO MIGHT CARRY THEM OUT**  
Libraries; CBDs; HIV/AIDS website manager.

Group 3 (c)

TOPIC: Who are we reaching? How are we doing?

**RECOMMENDED NEXT STEPS:**

① Evaluate what our web site also need - Also what our intended audience needs

② Be clear on who we are trying to reach? what we are trying to do

③ Think about the medium or inter mediate messenger - web may not work for all

④ Web site should have easy to find links to client resources - culturally competent translations, etc.

⑤ Conduct evaluation to determine best practices & improve system

**BRILLIANT INSIGHTS:**

Send van + mobile PC into hard to serve populations - do test of this

Offer incentives to access the net

Address gov't restrictions - gov't (blame)



**WHO MIGHT CARRY THEM OUT**  
NLM (3)  
Advisory boards (1) (2) (3)

Group 4



Breakout Group Summary

## Appendix B: Program and Agenda



March 19, 2003  
 UCLA Covel Commons  
 Los Angeles, California

### Purpose

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

### Schedule

8:00 – 9:00 a.m.	Continental Breakfast and Registration
9:00 – 11:00 a.m.	Plenary Session: Keynote Addresses and Panel Presentations
11:00 – 11:15 a.m.	Coffee Break
11:15 – 11:30 a.m.	Review Breakout Group Charges
11:30 a.m.– Noon	Breakout Group Sessions – Brainstorming
Noon – 1:00 p.m.	Lunch
1:00 – 2:30 p.m.	Breakout Group Sessions – Discussion and Synthesis
2:30 – 3:00 p.m.	Refreshment Break
3:00 – 4:00 p.m.	Group Reports and Recommendations
4:00 – 4:30 p.m.	Closing

### Program

**8:00 – 9:00 a.m. Continental Breakfast and Registration**  
 Covel Commons, 3rd Floor Lobby

**9:00 – 10:00 a.m. Plenary Session**  
 Grand Horizon Ballroom

**Welcome:** Elaine Graham, Associate Director, Pacific Southwest Regional Medical Library, National Network of Libraries of Medicine (NN/LM), UCLA Louise M. Darling Biomedical Library

**Introductions:** Alan Carr, Health Information Services Coordinator, Pacific Southwest Regional Medical Library, NN/LM

Presented by the Pacific Southwest Regional Medical Library, NN/LM and the California AIDS Clearinghouse.  
 Funded by the National Library of Medicine under contract N01-LM-1-3517 with the UCLA Biomedical Library.

**Keynote Addresses:**

*HIV/AIDS in Context*

Gail Wyatt, Ph.D., Associate Director, UCLA AIDS Institute, and Professor of Psychiatry and Biobehavioral Sciences, UCLA

*HIV/AIDS Information on the Internet*

Larry Peiperl, M.D., Director, Center for HIV Information, UCSF AIDS Research Institute

**10:00 – 11:00 a.m. Panel Presentations:**

*AEGiS Goals and Future Plans*

Lisa Hoskins, Content Analyst, and Vanessa Robison, Assistant Operations Director, AEGiS (AIDS Education Global Information System)

*HIV/AIDS Information Resources from the National Library of Medicine*

Gale Dutcher, Head, Office of Outreach and Special Populations, National Library of Medicine

*Evaluating HIV/AIDS Internet Resources*

Claire Hamasu, Associate Director, MidContinental Region, NN/LM, Eccles Health Sciences Library, University of Utah

*Maximizing Visibility of Your Website*

Jenny Reiswig, Electronic Services Librarian, Biomedical Library, UCSD

*National Network of Libraries of Medicine: Information Access and Delivery*

Julie Kwan, Library Network Coordinator, Pacific Southwest Regional Medical Library, NN/LM

**11:00 – 11:15 a.m. Coffee Break**

**11:15 – 11:30 a.m. Review Breakout Group Charges:** Christine Valenza, Graphic Facilitator, Art for Change, Sausalito

**11:30 a.m. – Noon Breakout Group Sessions — Brainstorming**

Group 1: Sunset Village Salon Rooms E/F

Group 2: Southbay Room

Group 3: Westcoast Room  
Group 4: Northridge Room

**Noon – 1:00 p.m. Lunch**  
Sunset Village Patio Terrace

**1:00 – 2:30 p.m. Breakout Group Sessions — Discussion and Synthesis**

Group 1: Sunset Village Salon Rooms E/F  
Group 2: Southbay Room  
Group 3: Westcoast Room  
Group 4: Northridge Room

**2:30 – 3:00 p.m. Refreshment Break**  
Grand Horizon Ballroom

**3:00 – 4:00 p.m. Group Reports and Recommendations**  
Grand Horizon Ballroom

**4:00 – 4:30 p.m. Closing**

Christine Valenza, Graphic Facilitator, Art for Change, Sausalito  
Russ Toth, Director, California AIDS Clearinghouse, Los Angeles  
Alan Carr, Health Information Services Coordinator, PSRML-  
NN/LM

### **Steering Committee Members**

Alan Carr (Chair)  
Health Information Services Coordinator  
Pacific Southwest Regional Medical Library,  
NN/LM  
UCLA Louise M. Darling Biomedical Library  
Los Angeles, California  
<http://nmlm.gov/psr/>

Joe Cavan  
Social Marketing Campaign Manager  
San Diego County HIV Prevention  
Council of Community Clinics  
San Diego, California  
<http://www.ccc-sd.org/>

Mark Etzel  
Director of Policy  
UCLA-NPI Center for Community Health  
and Executive Director  
Center for HIV Identification, Prevention, and  
Treatment Services (CHIPTS)  
Los Angeles, California  
<http://cch.ucla.edu/>  
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HIV/AIDS Information Summit  
March 19, 2003  
Los Angeles, California

[http://nnlm.gov/psr/aids\\_summit.html](http://nnlm.gov/psr/aids_summit.html)  
<http://www.hivinfo.org/cac/working/informationsummit.shtml>

## Appendix C: Challenges Faced and Summit hopes

## **Breakout Group 1: Challenges Faced**

Information changes rapidly; information needs to be disseminated in different formats depending on the client; there are too many sources of information; how do you assure the information is the most up-to-date and unbiased.

A major component of CTAP is the support of the launch and implementation of a new web-based information system called Evaluating Local Interventions (ELI). ELI is a system for monitoring prevention activities and behavioral risks statewide. It provides primarily process monitoring and evaluation data on a number of intervention activities and eventually it will provide outcome monitoring data. It has been difficult to disseminate information to a state which consists of such diverse agencies at different levels of capacity.

Too much information; often there is lots of information on HIV/AIDS but it is difficult to know if it is reliable.

How to reach minorities; how to ensure that case managers, social workers, counseling and testing centers have access to the most current information, including treatment guidelines; how to ensure that physicians use the latest treatment guidelines.

Information overload; deciding what's important; needing ideas on reframing what we know to change messages we give to clients; burnout; creativity in the face of limited funding.

I would have to say the challenge is getting the individuals that need accurate HIV prevention information to access the information. We provide HIV/AIDS 101 to Los Angeles County employees and train about 1000 employees per year, and it's still amazing how misinformed they are about basic HIV transmission.

Resources for developing countries.

Geographical isolation; amount of information available; form in which information is disseminated.

I am interested in accessing information on HIV in sub-Saharan Africa.

Understanding how the most current prevalence and incidence rate estimates are arrived at and applying those estimates to understanding the relative impact of the epidemic in a given community and among different demographics. It's difficult to explain to a lay person the relative impact of the epidemic when news reports simply say that rates are declining.

One-third of people still believe AIDS is a government plot; many still think spit is infectious; AIDS is old news; PWA's are invisible; just take the pills if you get it; intelligent people can sort out the facts; less intelligent people know AIDS kills and you can get it from needles and sex; depression, low self-esteem and "I don't want to be alone when the bar closes" are the major issues; ice, XTC, Viagra, and alcohol are the HIV helpers.

There is just too much information!

**Breakout Group 1: Challenges Faced - Cont.**

Combating gay media on the Internet that posts inaccurate and one-sided information of HIV prevention issues; not having easy Internet links to local HIV/STD testing and counseling locations using ZIP codes; not having accurate HIV/STD FAQs that are accessible, electronic, and provided at the consumer level; developing information in pop format for use inside chat rooms and other websites; development of electronic safer sex messages, websites, and other vehicles to combat the onslaught of barebacking sites.

The information seems to constantly change, and sometimes it is simply time that poses a challenge to keeping up. I also find that even among agencies in the area, some of them are disseminating different information; which is discouraging because my concern is for my clients. I understand that new research is always going on, so I am faced with questions that I have conflicting information on.

Determine that the process reaches to all of our targets in an appropriate manner.

Limitations of providing healthy sex messages that need to be understood to enforce the behavior based safety messages. Including multiple sex partners and sex outside of marriage.

Trying to get to those individuals that think they are not infected or affected by AIDS, like the rural population, the unemployed, and those who have different socioeconomic levels.

Cultivating partnerships with CBOs who are the eyes and ears of their constituents, and whose expertise is culturally appropriate for community education. No one-size-fits-all approach in community education and information dissemination.

To most people in my state, AIDS is non-existent and doesn't affect them, so HIV/AIDS stigma is rampant. I need every tool at my disposal to disseminate the correct information across my state. Showing clinical staff how to access information on the Internet.

## **Breakout Group 1: Summit Hopes**

Define benchmarks for evaluating information and interventions as to their accuracy and effectiveness.

We combine a didactic approach with small group activities to facilitate learning. We respect and build on the innate skills that our participants bring to these trainings and to their use of the Evaluating Local Interventions system. Any resources gained at this Summit to benefit these goals would be appreciated.

Identify current reputable information sources and ways to access it.

Provide some input and guidance to those of us planning and developing information resources and services.

Looking at a common set of problems and goals; setting up standards for information and dissemination; knowing the service providers and their target audiences; finding new and different tools.

To discuss strategies on how to make sure HIV information on the Internet is accurate. I hear stories from young adults that they got information via the Internet that was wrong, and I was glad to clear up the information.

Better, more concise and accurate information.

I hope the Summit will allow participants an opportunity to share diverse communication strategies and techniques utilized in disseminating accurate and current information electronically. With the ever increasing amount of HIV information available, it becomes more important to acquire skills and strategies necessary to be discriminating in utilizing and disseminating such information. I would welcome an opportunity to learn such techniques from others, and to share what I have learned.

Provide insight into other professionals' experiences with strategies employed to stay on top of the most current information.

Coordinate linkages to "The Idiot's Guide to HIV/STD Avoidance."

Help improve the dissemination of accurate and current HIV information via our website.

I would be willing to co-chair a task force, design a work plan, and implement strategies to accomplish my concerns. I would also like to learn about the challenges and ideas for solutions that other attendees face around these issues.

I feel it is my responsibility to have the most accurate and updated information as a health educator, so I am hoping that I will walk away with something more to offer the community.

Provide a renewal of energy; opportunity to network; insights, updates, and research in this field.

**Breakout Group 1: Summit Hopes - Cont.**

Create further discussion on how being on the same page with others in the field can shape the outcome from multiple aspects, e.g., client, community, and political.

I hope this Summit will help me to gather information from other individuals that I network with to help the population that I work with in getting the message out about HIV education.

Continue to keep the public aware that HIV/AIDS is not over; prevalence of cases of STD are on the rise across cities among gay/bisexual male groups; participants will exchange ideas and their expertise in working with HIV issues in their communities.

I hope the Summit will provide me with fresh ideas for reducing stigma in rural areas and new information highways on the Internet.

## **Breakout Group 2: Challenges Faced**

Distance, small town attitudes; lack of community resources.

Locating the appropriate entities to receive information. Finding people who want information but don't know where to look or how to contact/utilize available resources.

Challenges are several: Many researchers are not eager to disseminate their findings until it has been published in an academic journal. Many researchers write in research-ese and don't know how to address a service provider audience. Many service providers in the field do not have the time, training, or resources to access and incorporate science into their programs.

Not enough time to keep up with current information. I suspect there's a lot of duplication of information, which we could leverage off of.

I live in a rural area and don't have access to a university library. I am not able to access full-text articles online or even summaries of articles. I had online access as a UCLA student, but when I graduated, that service was no longer available.

The challenges I face include learning about the latest theories and discoveries related to how HIV attacks the body and keeping abreast of all current breakthroughs and developments in HIV/AIDS therapy-related research. It's not clear to me the best sources to access the latest research on HIV in various disciplines.

Not having permission to use a certain news source. We have permission from many excellent sources to use their HIV-related material for free, but some sources will not allow us to use their articles. Another challenge is trying to get a feel for what our readers want to read about; whether it is new medications, the crisis within AIDS Drug Assistance Programs, or workplace rights of HIV-positive people. I try to cover as much information as the day allows, since time is a constant challenge in getting out current information.

Late information.

How to get complicated scientific findings and concepts to people who have little knowledge of science or medicine. Keeping on top of the literature when limited by time and availability of full-text articles. Dealing with the challenges of creating and distributing culturally appropriate messages or information to those most at risk of HIV infection. Keeping our own public health staff up-to-date. Disseminating important articles and reports to those who need to know. Keeping track of the incredible mountain of information that is out there and getting appropriate information to those who need or request it. Finding the time and money to help train the staff of CBOs how to use computers to access important information electronically. Developing an electronic library of full-text articles.

I have access to many information sources through my work. My main interest is how to translate that information accurately to empower consumers who don't have the same levels of training and access.

## **Breakout Group 2: Challenges Faced - Cont.**

Users of my InfoNet report lack of understandable information, difficulties knowing if material is trustworthy and/or current, and unavailability of materials in Spanish. The InfoNet attempts to address these concerns.

I don't know what resources are available to the public. Living in a conservative and rural area, HIV/AIDS education has been problematic; many people do not think HIV is an issue they need to consider, and many religious institutions in the area have rebuked AIDS education efforts.

Getting and learning the software for our website. Determining what to include and how to do so in an interesting and attention-keeping manner. Developing new approaches to information dissemination. Getting responses from staff on items for the website.

Research by its nature is a snapshot of events that happened in the past year or so. Latest studies and the information published is often too late by the time it reaches CBOs. Preliminary information and emerging trends on specific populations should be made available earlier and be easily accessible through the Internet or the resources used by the community.

I am unknowledgeable about what databases exist and how to access them.

Many of my clients do not read well. It would be helpful to have information that is simple, short in length, and easy for me to disseminate. Also, my clients need easier access to Internet resources. They don't all have good computers with superior search engines!

With so much information, how does one cull through the best resources to offer quality programs.

Serving a large geographical area with low socioeconomic status tops the list of challenges.

A way of assessing quality of information, especially of online information. The information divide between those who work at universities and have access to peer-reviewed journals, and those who don't, and can only read abstracts or pay \$10-30 per article to view the article text. The distortion of information, and limited distribution created by political and religious influence in AIDS prevention education.

There are 2 main challenges I face, both of which are related to location. The vast majority of research information available is generated from study populations in large metropolitan areas. The clinical information translates well to rural areas, but behavioral and community-level information and methods frequently do not apply at all. Modifying and adapting methodologies developed for urban areas by research institutions with large budgets is always difficult, and often not feasible. Access to information specific and relevant to rural areas is currently a major barrier. Locating useful references is not difficult through the use of web-based databases, but obtaining the materials is problematic. I have no local access to current journals or other publications unless they are freely available online. Programmatic budgetary restrictions don't allow for subscriptions to printed or online journals, nor do they allow for the purchase of other publications. My county does not maintain a current medical library, and I do not have checkout or document delivery privileges from the local university.

## **Breakout Group 2: Summit Hopes**

Learn new strategies to improve programs in order to be able to disseminate accurate and current HIV information.

We are working on updating and expanding our telemedicine and web-based programs. I hope to get information that will help with these projects.

Contacts/network/technology solutions, e.g., email, website, etc.

I think the major accomplishment will be getting together to exchange information. I also hope that this will lead to less duplication of websites and more cross-site collaboration.

I will be updated with new developments in the fight against HIV and will be more prepared to inform my clients and other co-workers.

Discover ways of collaborating to avoid duplication of effort, and provide more current information.

Improve dissemination of accurate HIV information to rural areas.

I hope to learn about more resources available to me as an HIV/AIDS researcher.

I hope to have a forum where all of us in the field can share ideas on the dissemination of electronic information and how best to benefit those infected. I hope to learn from others, and possibly to give others ideas to improve their work.

Get advanced and new information on HIV research in the public health area.

To talk to other people who have been involved in disseminating HIV information to get more ideas and confer on common problems. To get a sense of how others are dealing with the whole copyright issue around journals and how to get better access to electronic full-text articles. To explore how HIV prevention programs might be able to better use the Internet for HIV prevention work. To get others' ideas and experiences on how to work better with CBOs around basic computer skills and access to electronic information. To explore arrangements other areas might have between university libraries and public health departments.

It might provide a fresh perspective I can use in the review of current state training and education rules. As a professional communicator and a consumer, I might be able to contribute some thought that could advance the goals of the conference organizers.

Help me understand others' problems with accessing reliable AIDS treatment information; get some ideas on how to make the InfoNet a more useful resource.

I hope to learn what information the government and NLM make available to the public. I hope to learn strategies for reaching transient populations (mainly Hmong and Hispanic agricultural

## **Breakout Group 2: Summit Hopes - Cont**

workers). I hope to learn strategies for providing HIV/AIDS information in areas that have religious biases against AIDS education. I hope to learn about successful library and public information projects.

Provide some insights on how other people have been dealing with their issues or problems. Learning about information accessing and dissemination, and networking about information dissemination.

Establish a central information bank that can be promoted as the primary source of current and accurate information. Establish a mailing list of organizations that would benefit from information generated in the research community. Develop a centralized information bank that categorizes research and best practices interventions according to behavioral risk populations.

Inform me about the HIV databases and networks available to assist in research.

An exchange of ideas of all kinds in the HIV field.

The summit will provide the foundation of current AIDS information, and will allow us to see what others are doing and the problems they face. I hope it will also allow us to meet other participants to use as resources.

Identify potential strategies to improve the coordination and dissemination of accurate HIV information.

Identify issues, and build relationships between organizations and people who can work on solutions.

I hope the Summit will identify means for providers in areas with limited access to traditional sources of recent and accurate information to access sources that are potentially geographically distant. I would also hope that sources of information specific and relevant to rural areas would be explored and identified. I would also hope the Summit would provide an opportunity for information exchange between providers from similar jurisdictions about methods for overcoming these difficulties. I have high hopes for the Summit and can foresee that useful action steps could be generated for the benefit of all HIV/AIDS providers from diverse practice backgrounds.

### **Breakout Group 3: Challenges Faced**

I find no problem with accessing information; my main goal is to integrate the different genres of HIV research and public health practice. This way, all groups will be current and up-to-date with the information that they need to effectively make a change.

Poor understanding of the scientific, empirical method that's used to conduct research, poor interpretation by consumer oriented media (and some scientific media) of the actual meaning of pilot and novel research studies. Poor comprehension of statistical measures used to describe the data presented and wild extrapolation of impact from simple data. Presenting the bedside face of HIV research is a problematic challenge as the impact on bedside solutions is not immediately comprehensible. Also, establishing mechanisms for multiple researchers to access common research tools that could assist, if not propel, the development of new investigations is compromised by various competing media input habits and resources.

New information is not always accessible to me or the agency in which I work.

Challenges involve how fast the information changes, mainly around protocols for medications. It is also sometimes difficult to put out information about safer sex activities when there seems to be so many different opinions from professionals about what is safe and what is not.

Timeliness of reporting.

Verifying the accuracy of online information.

All of my clients are indigent and don't find HIV a priority. Most of my clients have diagnosed mental health issues, and many of them have substance abuse or alcohol abuse issues. All my clients are homeless. It's difficult to engage them in discussions of HIV when there seems to be so many other issues which can't wait until they are ready to deal with them.

With the overwhelming amount of information available, the ability to discern that which is authoritative is quite challenging.

The lag time between cases being reported and that information being available to the public makes it difficult to have a clear view of the HIV epidemic in Los Angeles.

Fear and discrimination from the general population against those with HIV infection. Planning, developing, and implementing new innovative strategies to reduce morbidity through behavioral change.

By far the biggest challenge is lack of money and time. Many people who need good information don't have the time to read all the new information and their CBOs don't have the money to maintain reliable technology infrastructures. There is too much information and too little ability to organize and digest the information.

Microbicides are not yet available to the public and many people, even among AIDS advocates, don't know what they are or what they can do. It is difficult to generate interest and enthusiasm

**Breakout Group 3: Challenges Faced - Cont.**

about a product that does not exist and that many people view as competing with vaccine research for resources. There should be just as much importance placed on prevention methods as on the treatment of those already infected.

Anticipating what critical health information is essential to people the world over as it pertains to preventing, transmitting, and surviving the HIV virus. Keeping pace with the amount of related news to process and maintain in our web-based setting. Deciphering what information may evoke understanding and empathy while encouraging tolerance. Obtaining permission to include HIV/AIDS information from major news organizations as a humanitarian effort, as opposed to a source of monetary gain.

Assessment of what's considered currently accurate information is a challenge due to the evolution of the information and lack of consensus on some issues.

Obtaining the most up-to-date and relevant figures on HIV/AIDS.

There are so many resources: newspapers, magazines, Internet, workshops, etc., that it's virtually impossible to assimilate all the information into a cohesive and easily understandable format for clients. It's challenging to know all the misinformation sites as well!

The challenge in Partners Counseling and Referral Services, without much cooperation from patients.

It's always a challenge to find new ways to disseminate information, so that the groups you are working with do not tune you out, because they have heard it all before. It's also very challenging giving information to Hispanic and African American communities, who have a history of distrust of medical and government agencies and services they provide. It's also difficult online to access and keep up with the most current information and trends, and I find myself going over 5-10 sites to collect information I can use in my work.

Getting current information and finding a receptive ear.

### **Breakout Group 3: Summit Hopes**

I hope the Summit will increase my knowledge and understanding. In addition I want to be able to see what the current activity in this field is.

I'd like to hear and discuss with other technical information specialists how they handle similar benchside HIV/AIDS information problems and to better understand the information needs of care providers and infected individuals regarding basic HIV research and related information.

I want to learn new information that I can share with others in my agency. I'd like to network with others who work with the same population as I do.

Identify issues and build relationships between organizations and people who can work on solutions.

Learn from providers about types of information needed, what formats, issues regarding technical assistance, and uses of the Internet to disseminate information.

Identify strategies for current and accurate information.

Give me updated information; strategies in reaching clients and finding ways to disseminate information in a relevant way; get literature for my clients and co-workers.

Become knowledgeable in current research and information sources, and network with others involved in the field.

Bring together key people in HIV research and give me a chance to hear what challenges other people face in their research.

I hope to learn educational methods to help decrease fear and promote understanding.

Additional accurate resources to call upon.

Sharing of information on strategies that worked and did not work.

To clearly define the problems and funding priorities for coming years. I also hope that it generates creative ideas for dissemination of quality information.

That information about the development of prevention options becomes part of the dialogue concerning AIDS and that the community recognizes the importance of putting valuable resources toward prevention options, particularly microbicides, and that all tools available to stop the spread of AIDS are discussed loudly and often.

I hope many connections are made between participants to encourage our individual efforts and that the exchange of knowledge benefits our many challenges.

Provide guidelines and clarify issues.

**Breakout Group 3: Summit Hopes – Cont.**

Reach a definitive conclusion on the best medium in which to disseminate new and relevant information, as well as what websites to use to obtain the most reliable data.

I'm hoping the Summit will provide a comprehensive guide to accessing accurate information as well as indicate areas where clients may be getting misinformation.

I hope to learn the latest trends and current treatment of HIV/AIDS, and also information on drug resistance.

I hope this event will offer suggestions as to who or what agencies are consistent in providing accurate information in a timely manner. I also hope to hear from and meet with other providers and learn the ways they have been successful in giving out accurate information.

Linkages; information resources.

## **Breakout Group 4: Challenges Faced**

One of the challenges for accessing information is that resources in Spanish are too spread out. Online searches can be very time consuming since materials are often classified broadly. In some cases, searching sites for Spanish information may be tricky. It is common not to find in Spanish what is offered in English, and it is a challenge to find the Spanish information, because more pre-screening and digging for information is required than for searches in English.

Housing substance abusers.

I think there is a lot of information about HIV, but I feel that information is not getting to us on time. I don't know if that information is getting to our supervisors and they don't give it to us. There are pamphlets and brochures that are good, but there are not enough to give to each client, and when you request more to give to different agencies, you have to buy them.

I guess I have been blessed with being associated with AEGiS, which is probably one of the best resources in the field.

Hoping that the current collection development staff will actively monitor and select the important resources, especially the international, federal, and state documents. Get the electronic resources cataloged. Hope that our federal government does not remove electronic documents from the Internet agencies' sites. Educate public service librarians that it is important for them to be knowledgeable about government document publications. Marketing the information to consumer health patrons. The public has become quite blasé about HIV/AIDS. Libraries need to actively participate in outreach campaigns.

The current challenges I face in accessing accurate information deals with the recent debate of prescription drug coverage for Medicare beneficiaries with HIV/AIDS. I have not found any data regarding out-of-pocket spending estimates for prescription drugs for people with AIDS.

Trainers are not well versed on the subject of HIV and its effects.

Obtaining original stories from those who are most affected by AIDS (sub-Saharan Africa and least developed countries), for our newsletter.

Maintaining accuracy of information in a rapidly changing environment.

Getting stories from the same sources over and over again.

A key problem in dissemination is having the time and manpower to verify that paths to known information are accurate and to discover and validate new sources of information as they arise. Also, a source of information is only useful to those who know about it; promoting awareness of a resource to the target population is problematic, particularly in HIV-infected or at-risk people who maintain a low profile and have heightened concerns about privacy and stigmatization.

I find it challenging to make arrangements in the community, such as in schools or social centers. I need to make more contacts so students may make visits.

**Breakout Group 4: Challenges Faced – Cont.**

Outside of a peer reviewed publication, I am unsure how to test the veracity of certain information; especially new information that while contradictory to my training, may be true.

Locating culturally appropriate information and methods of involving people in its dissemination and acceptance.

One very difficult challenge out there is the number of inaccurate, misleading, and in some cases outright fraudulent information directed at persons affected by HIV. There is money lost, treatments dropped, and in the worst case, illness or death due to some of these fraudulent promotions. This affects the community as a whole.

To sort through a large number of electronic sources to find culturally appropriate educational material, research, and experiences on the subject that would be relevant to a particular region and/or international setting.

Finding and reaching the positive community in a very conservative county.

Because the knowledgebase of HIV/AIDS is changing so rapidly, it's difficult to keep up with what is considered to be the current standards. What seemed to be common knowledge two years ago may be passé now. This is particularly true with clinical advances in treating HIV patients. Since I have little contact with clinicians, I feel that I easily fall behind.

The fact that the information changes so quickly, and finding reliable information can be difficult.

Availability of detailed information about HIV/AIDS from developing countries.

We have posted our annual reports on our website, but don't know how many people are making use of it or whether the information we provide is what people are seeking.

#### **Breakout Group 4: Summit Hopes**

This Summit will be key for coordinating efforts. It can be an opportunity to learn about specific issues of dissemination and how they are being addressed. It can be a good way to identify big areas in information provision and information needs. It's certainly an opportunity to learn about existing resources and to network. It may provide a platform to obtain an overview and place in perspective what is currently available with regard to information and dissemination strategies. I am happy to bring my experience in developing, finding, and referring people to electronic information sources in Spanish.

I direct a program for substance users and abusers living with HIV/AIDS, MSM, and post incarcerated individuals. Looking to network.

Enhance public awareness; a great opportunity to exchange ideas and expertise, and to gain information and learn things to better serve my clients.

The sharing of knowledge to enable all of us to better serve the HIV/AIDS community.

Learn up-to-date information about AIDS research, therapy, and how patient information is being disseminated by various groups. How stakeholders can help each other out.

Bring me up-to-date on current issues and policies that affect people with HIV. Hopefully addressing prescription drug coverage for Medicare beneficiaries.

Learning of others' experiences with newsletters, making connections within the community, and getting feedback on our newsletter.

Discuss handling of large volumes of information resources; disseminating accurate information to varied audiences from healthcare professionals to "Joe Public".

I'd like to learn from others' AIDS newsletter publishing experiences, get feedback on my newsletter, and make more connections in the AIDS provider and advocacy community.

My hope is that the Summit will stimulate thinking on ways to expand access to quality HIV/AIDS information for caregivers and at-risk populations, particularly among Spanish-speaking, rural, or technology-deficient groups.

How agencies intend to reach minority communities, where the rate of HIV infection is increasing.

Plans and strategies for providing accurate information: written, electronic and through the media, for communities of color regarding HIV treatment.

Obtaining ideas of what others are doing and facilitating networking.

Identify challenges and strategies to improve data collection, analysis, and dissemination on HIV/AIDS.

**Breakout Group 4: Summit Hopes – Cont.**

Hope the Summit is able to direct persons to appropriate venues of information, and coordinate these better among the providers of information. Also expect the Summit will allow for networking and interchanges that will complement the information received.

To assess the Internet's potential as a provider of useful and relevant information on HIV/AIDS to health professionals in developing countries. Establishing an Internet network designed particularly to serve the needs of health professionals in developing countries could close the existing information dissemination gap between the low resource countries and the latest findings and research on AIDS.

Provide ideas about how to get AIDS information to hard-to-reach populations such as minorities and youth.

I hope to learn new methods of accessing current information on clinical and experimental HIV advancements.

I hope that we will leave with an action plan that we will be able to disseminate to CBOs or use to offer training.

I hope to find out more about what information people are seeking and the best ways to make them aware of the information we have.

## **Appendix D: Breakout Group Discussion Topics**



Breakout Groups  
March 19, 2003  
Los Angeles, California

**Purpose:**

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

Group 1: Sunset Village Salon Rooms E/F

Facilitator: Scott Boots  
Recorder: Heidi Sandstrom

- 1) How to cope with HIV/AIDS information overload?
- 2) How to disseminate and select information sources with the right message?
- 3) How to develop electronic safer sex messages?

Presented by the Pacific Southwest Regional Medical Library, NN/LM and the California AIDS Clearinghouse.  
Funded by the National Library of Medicine under contract N01-LM-1-3517 with the UCLA Biomedical Library.



Breakout Groups  
March 19, 2003  
Los Angeles, California

**Purpose:**

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

Group 2: Southbay Room

Facilitator: Alison Bunting  
Recorder: Tim Hogan

- 1) How to develop strategies for increasing coordination and collaboration of websites?
- 2) How to access full-text online articles?
- 3) How to improve information dissemination to rural areas?
- 4) How to develop a centralized HIV/AIDS information databank?



Breakout Groups  
March 19, 2003  
Los Angeles, California

**Purpose:**

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

Group 3: Westcoast Room

Facilitator: Claire Hamasu  
Recorder: Kay Deeney

- 1) How to identify current and accurate HIV/AIDS information sources?
- 2) How to identify possible sources of misinformation?
- 3) How to share strategies and network to provide accurate information?



Breakout Groups  
March 19, 2003  
Los Angeles, California

**Purpose:**

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

Group 4: Northridge Room

Facilitator: Chris Partis  
Recorder: Julie Kwan

- 1) How to provide accurate HIV/AIDS information to hard-to-reach groups, e.g., youth and communities of color?
- 2) How to provide HIV/AIDS information to developing countries?
- 3) How to best disseminate reliable HIV/AIDS information to consumers?
- 4) How to determine the best medium to disseminate HIV/AIDS information?

## **Appendix E: Zoomerang Evaluation Survey Results**

**<http://www.zoomerang.com/reports/>**

## Survey Results (Included Responses)

Go to Individual Responses:

### 1. Presenter Larry Peiperl was:

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Knowledgeable	96% 49	4% 2	0% 0	0% 0
2. Well prepared	94% 48	6% 3	0% 0	0% 0
3. Effective	66% 33	34% 17	0% 0	0% 0

### 2. Presenter Gail Wyatt was:

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Knowledgeable	86% 44	14% 7	0% 0	0% 0
2. Well prepared	71% 36	20% 10	6% 3	4% 2
3. Effective	82% 42	8% 4	4% 2	6% 3

### 3. Panelists were:

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Knowledgeable	77% 40	23% 12	0% 0	0% 0
2. Well prepared	60% 31	37% 19	4% 2	0% 0
3. Effective	49% 25	41% 21	10% 5	0% 0

<b>4. Session Objectives:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Met the stated purpose	59% 30	39% 20	2% 1	0% 0
2. Met personal objectives	54% 27	36% 18	10% 5	0% 0

<b>5. Session Content:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Met my expectations	54% 28	38% 20	8% 4	0% 0
2. Was well organized	80% 41	18% 9	2% 1	0% 0
3. Length was appropriate	65% 34	21% 11	12% 6	2% 1

<b>6. Facility was:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Conducive to learning	96% 50	4% 2	0% 0	0% 0

<b>7. Outcome:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. I feel better prepared to meet challenges with HIV information	63% 32	37% 19	0% 0	0% 0

8 What part of the Summit was most helpful?	
#	Response
1	Learning about the Internet resources from the guest speakers was beneficial. Learning from my session peers was extremely helpful. I was impressed with the need to be practical, with so many individuals demonstrating effective analytical skills.
2	Contacts
3	Meeting other people and brainstorming in the Sessions
4	meeting colleagues
5	The breakout sessions
6	networking
7	Meeting and seeing web site developers and staff.
8	Panelists presentations including 'web page tips'.
9	The presentation of Gail Wyatt had a lot of information that impacted my view of many aspects of sexual behaviors. I think it was an excellent presentation.
10	Presenters overviews Small group discussions
11	connecting with people and other organizations.
12	Learning about websites and how search engines work
13	Listening to Dr. Wyatt was the absolute highlight of the day. She is such an amazing speaker. Networking was great. Web design suggestions were also really useful.
14	The panel discussion of web information sites, and website standards was very useful.
15	The break out session and the discussion that followed.
16	The ability to network with other professionals in the field.
17	Working group discussions
18	break out group & report back
19	the panel
20	I particularly enjoyed Gail Wyatt!  It was very helpful for me to network with so many different people involved in AIDS/HIV work. I heard perspectives and ideas which will help me in my own work.

## Question 8 (Continued)

21	The breakout session was extremely useful but much too short. The group definitely needs to meet again as this should be an on-going dialog. The group was good at brainstorming and developing solutions; more time was needed to continue that process and move to assigning tasks and developing an implementation timeline.
22	having the opportunity to meet so many people who are doing many of the same activities I am and having the chance to talk with them about effective HIV prevention messages. Also, I found the session right before lunch very helpful - the one where several individuals (I believe they were all women) who each spoke for a few minutes regarding a variety of aspects of sharing information electronically. I found that much of what they shared was very helpful to my work in Hawaii and I will be using many of their recommendations. I also enjoyed the down time at lunch when we had the chance to talk with others around the lunch tables and hear about their work and challenges. The collaboration we did in the small groups in the afternoon was an opportunity to really apply what we heard in the morning session, and what we knew from our individual worksites. Most helpful!
23	Breakout session and networking at lunch; and the speaker who emphasized collaboration over competition.
24	Plenary Session and Networking
25	Plenary speakers
26	I especially found the information presented by the speakers and panelists most helpful. I like the mix of general information and then the more pragmatic panelist discussing web design and resources.
27	Equally helpful. Very well organized. Diversity was appreciated. Excellent presenters, organizers and facilitators. I appreciated the open, almost provocative presentation of Gail Wyatt.
28	Panel: a good overview of what resources are out there, and some good points about what electronic media can and cannot do. I wish some of the participants were better prepared and some open-ended questions might be helpful to the audience.
29	Hearing the guest speakers, and the small groups.
30	Sessions
31	Meeting in small groups with people doing the same work to brainstorm and share ideas. I also greatly enjoyed the graphic recorder.
32	Opening presentations were insightful.
33	Networking, brainstorming.
34	All of the various resources that were cited and/or distributed at the conference. The networking with librarians, public health people and others was also very useful.
35	Meeting new contacts; overall presentation made me appreciate how much organizational work has gone into producing the network we have access to today. Wyatt was inspiring!
36	Keynotes, and breakout group sessions
37	Overall the Summit was helpful.
38	Maximizing Visibility of website
39	Resources and handouts.
40	Meeting people and sharing information.
41	Gail Wyatt's session
42	key note speakers
43	Dr. Wyatt's presentation!
44	Meeting people
45	The last ~hour or so when we gave our group reports and recommendations was very helpful. It was the perfect mix of presentation (by the group facilitators) and discussion (following the presentations).

<b>9 What part of the Summit was least helpful?</b>	
<b>#</b>	<b>Response</b>
1	Panelists level of background.
2	The panelists at the beginning. There's only so much you can sit and listen to stuff about accessing internet sites.
3	not knowing what exactly to take home from the day...what message or what thing learned
4	n/a
5	panelists
6	While I was fascinated by Gail Wyatt's presentation, it was too long and it did not appear immediately relevant to the day's purpose or topic.
7	none
8	All was useful
9	people with different levels of knowledge and different backgrounds trying to solve problems
10	The breakout groups
11	I had a lot of the resources already.
12	As a web master, Ms. Wyatt's talk wasn't as relevant to my job, but I thoroughly enjoyed it, and told her so.
13	n/a
14	The breakout group, because some in my particular group basically took over, and decided the nature of the objectives.
15	2 opening speakers
16	I guess the panel, because much of it I already knew!
17	The plenary session was least helpful. Gail Wyatt was very knowledgeable and entertaining although I wasn't sure of the relevance of her presentation at the Summit.
18	I really liked Gail Wyatt, but I had a difficult time trying to ascertain what her main message was. Her presentation seemed to me to be somewhat confusing and lacking in clarity, although I loved her energy and enthusiasm!
19	None
20	I wouldn't say this was the least helpful, but in my break out session because of the wide variety of issues and the [so] different HIV areas of involvement of group participants, it was very challenging trying to narrow down the discussion and get some consensus. I felt a little lost in our discussion. It was useful to hear about the different concerns; however, to come up with specific approaches or suggestions on access to HIV information and effective ways of disseminating such information, it would be more effective having discussions among providers that work in the same HIV area.
21	Panelists
22	Break out sessions--I enjoyed interacting with other participants but the level of information was far below that of the formal presentations.
23	None
24	The keynote presenters were both excellent and interesting, but I don't know how practical/applicable the information is.
25	I found something helpful in all parts of the conference
26	None.
27	The panel discussion seemed to present information most of us already knew and some of them went on too long.

## Question 9 (Continued)

28	Discussion topics were very broad for such a short time together - perhaps in the future we can have a very focused topic to solve or provide expertise about.
29	Breakout sessions. I would have rather had more time with the speakers.
30	N/A
31	NONE
32	Breakout session. Smaller groups with more specific tasks may have produced a more useful result.-
33	Different interest in breakout groups
34	none
35	Panel. I was already aware of most of their material.
36	This is difficult to answer - I saw value in all the activities. If I had to pinpoint one segment of the program, it would be the 11:30-noon group brainstorming session. We spent considerable energy trying to collectively determine what topics/challenges to analyze in the afternoon session. I would have rather started the analysis work prior to lunch.

<b>10 Have you had the opportunity to use any of the resources highlighted in the Summit? Which one(s)?</b>	
<b>#</b>	<b>Response</b>
1	Not yet.
2	All
3	No, but I plan to use the info the last panelist provided about marketing our internet site.
4	not yet
5	Already using most of the NIH resources. Don't use much front-line patient oriented resources.
6	have accessed some of the websites
7	All the illustrated websites.
8	yes, I am using in my counseling session many comments and numbers that Dr Wyatt used in her presentation.
9	information through internet
10	Aegis
11	Aegis, CAC
12	Yes. I have updated our HIV resources links with those discussed at the Summit.
13	Not yet.
14	Yes, I have used the web adresses that were included in the handouts, and have referred to others given to me by people I met at the summit.
15	Not yet
16	no
17	no
18	Not yet, but I know I will use AEGIS.
19	I have found that using Google (especially images) has helped in my work. I'm sure that the resource lists will be useful in the future.
20	See response to #8 above. I will be sending a message to my email list (about 175 people who work in HIV prevention, either directly or indirectly) with a list of the websites that were shared in the morning session just before lunch. I found that information very helpful.
21	Yes. California AIDS Clearinghouse, National Library of Medicine, AIDSInfo site
22	Not yet.
23	No
24	I have used Aegis, and insite. I collected many brochures etc. which will be useful in compiling materials for education.
25	Yes. Written material is being shared with webmaster from my institution.
26	Not yet.....but I'm sure that I will.
27	Not yet.
28	I already use most of them, but have yet to go to a couple of websites highlighted. Maybe I will get there next week!
29	Not yet although I plan to review many of the webpages on which information was provided.
30	I have been in touch with people I met there.
31	Not yet, but I plan to use them in the future.
32	LIFE program at Shanti SF. I need to do more of my own research on what's available and understandable to youth and low literacy adults.
33	Took a look at AEGIS
34	NONE

### Question 10 (Continued)

35	Yes The hand out about maximizing website visibility was really great. A useful resource. I have distributed to others in my group
36	Information resources have been used by associates.
37	not yet
38	not yet.
39	Yes, for research purposes.
40	I use the NLM, HIV Insite and AEGIS all of the time. I also used the idea of a drawing person in a recent meeting (instead of notes.)
41	Yes - AEGIS, and California AIDS Clearinghouse.

11 Additional comments:	
#	Response
1	It would have been nice if some would have pushed for more direct discussion of Larry Peiper's points about need for more coordination to reduce redundancy to improve targeting. Felt like the elephant in the room no one was really ready to talk about.
2	I thought many of the Session questions overlapped and were not particularly clear. It seems like everyone turned the Sessions into what they wanted anyway. If we have this meeting again, I would like for more "end users" to be there, i.e. a nurse who gives info to patients, a hot line volunteer who answers questions, a staff research librarian. Folks who could talk about how they want info, in what form, etc. Great job. Thanks so much.
3	thanks for all your efforts- it was a great summit
4	Not separating the web sites that focused on prevention services vs. site focused on care and Rx during the breakouts.
5	The venue was fabulous! The organization was superb.
6	I want to THANK the staff for the excellent preparation and the success of the event. I really appreciated your care for us and how important you made us feel.
7	Very good session -- I would suggest that we asked the small groups for specific recommendations - i.e. who should do what and when.
8	Would have liked more resources such as who has the best, most up to date statistics on the AIDS epidemic
9	Please let me know if you do this again.
10	I also plan to incorporate standards for creating searchable web content. This had to be the best organized, and productive conference I've attended in years. So many conferences are a waste of time, or only marginally relevant, but this one got right to the meat of the issue without any extraneous fluff.  Great organization too. The breakout discussions were perfectly planned, the time length just right, the facilitators expert, and conference participants vocal.
11	Thank you for a well organized summit.
12	Thank you for the experience!
13	I think this was an excellent initial meeting, but I think future meetings to coordinate information sharing, standards for information exchange, etc. would be very useful.
14	Very well done! Thank you.
15	I appreciate all the hard work done in putting together the Summit. I enjoyed the mix of participants i.e. researchers, computer experts, field staff, library staff, etc. They were not the usual group of people that I meet at HIV/AIDS meetings. It gave me much more insight about the information dissemination world - very useful information. I will be contacting several of the participants to continue the dialog and learning process started at the Summit. Please let's do it again!
16	Thanks again for a most useful day - I felt it was time very well spent, and that it will benefit others as I share the information with them. Also, THANKS FOR MAKING THE EVALUATION /SURVEY PROCESS SO SIMPLE!
17	Very well organized and presented. Thank you! We look forward to other such summits.
18	The summit was exceptionally well organized. I think we need to continue working on HIV/AIDS electronic information issues. It still is a naïve field. This meeting helps to initiate a more structured discussion on the topic and it will help identify major areas of concentration. The summit is also valuable to foster and promote more collaborative efforts between Northern and Southern California. The fact that we don't get to collaborate much and the competition for funding allocation etc. were stated many times by presenters and participants. My general sense is that everybody was happy to be together and acknowledge how much we need it. I congratulate the National Network of Libraries of Medicine Pacific Southwest Region for their effort on promoting linking and connectivity.
19	The working groups needed more time. I would have preferred to skip the panel and spend time with the working group.

### Question 11 (Continued)

20	I think the Summit Committee should be congratulated for a very successful program. The Conference was well organized, and I liked the participant mix of prevention, treatment and librarians. Also the fact that we were all together all day rather than spreading away for lunch, forced us to interact more personally. Good Job!!
21	I had not expected that a part of the information will be so technically oriented about electronic information in the web. I believe that will be very helpful for my institution. Thank you.
22	I would like to see another conference. The networking opportunities were valuable. I think that now that we all have one experience, perhaps the focus should be narrowed and more depth added. Thank you for taking the lead.
23	I thought the conference was absolutely well organized, and informative.
24	I appreciated the high level of organization and really enjoyed the graphic recorder. That is a great way to keep people up to date about what has gone on and to do it in such a visually appealing manner. Thanks to all the organizers for their efforts and thoughtfulness and especially for covering the costs of attending.
25	Wonderfully organized, please host this every year!
26	Thanks for an excellent, well-coordinated conference.
27	Thank you for all your work on this.
28	Nice venue for bringing people together on this issue.
29	Summit was well organized, in both presentation and speakers. Focus Group was fine, but it could be improved with additional time for discussion.  Thank you again for the invitation. Keep up the good work!
30	I enjoyed the pace of the conference and the opportunity to meet a range of different types of people involved in HIV/AIDS work
31	I was really excited to see librarians expanding the dialogue of health workers by contributing their expertise about the flow of information and the most current resources.
32	It was amazingly well organized.
33	This was one of my most valuable professional experiences to date. The format was rather unique - it allowed all attendees to make a contribution rather than passively receiving information from a slew of presenters.

**APPENDIX E**

**PSRML Outreach Subcontracts Projects**

**PROJECT NAME:**

Bay Area Health Information  
5415 G DB 065 00

**NAME/LOCATION OF INSTITUTION**

California Pacific Medical Center  
San Francisco, California  
Purchase Order Number RVB176186

**REPORT SUBMITTED BY:**

Douglas L. Varner  
Library Manager  
California Pacific Medical Center  
Health Sciences Library  
P.O. Box 7999  
San Francisco, CA 94120-7999

**TITLE:**

Third Quarter Report  
December 1<sup>st</sup>, 2002 to February 28<sup>th</sup>, 2003  
Submitted: April 28<sup>th</sup>, 2003

- **Success Stories:** Presentations coordinated with the Golden Gateway Library Network began in the 3<sup>rd</sup> quarter with presentations at the San Jose Public Library on January 23<sup>rd</sup>, 2003 and at the San Francisco Public Library on February 26<sup>th</sup>, 2003. Events were well attended and coordinators at both sites were very conscientious with ensuring that all equipment was set up and in operation prior to the event beginning. Rooms were set up to allow for simultaneous hands-on interaction with resources while the instructor was lecturing which contributed to a dynamic learning environment with a sense of immediacy and direct relevance to past reference interactions participants had encountered with patrons.
- **Impact of Information:** Target population attendees able to relate previous resources used, both commercial and governmental, allowing the instructor to conduct a comparative analysis of these sources with resources available from the National Library of Medicine. Several attendees requested copies of PowerPoint presentations on content to share with staff that was unable to attend. All course materials distributed at sessions were well-received.
- **Problems:** No significant problems were encountered.
- **Administrative Activities:** Ongoing content preparation by presenter and logistical coordination with GGLN staff.
- **Activities Planned for Next Quarter.** Presentation on March 27<sup>th</sup>, 2003 sponsored by the Golden Gateway Library Network.

**Success Stories:** We obtained public broadcast rights for two excellent video programs on breast cancer produced by Medical Media Associates/Woman to Woman and aired them throughout October, which was National Breast Cancer Awareness Month. Throughout the month we also ran print ads in local newspapers, as well as two columns, about breast cancer screening and diagnosis.

We shot two hours of footage during meetings of Tomando Control, a Petaluma Health Center class for Spanish-speaking patients with chronic diseases. The participants were very enthusiastic about being filmed, knowing that they would be on local TV and that they would help get information that they have found so useful out into the rest of the community. Besides shooting the class itself, we did brief interviews with some of the students as well as one of the instructors. One whole segment of the class dealt with evaluating home remedies and herbal medicines, which are very popular in the Latino community; we decided to use that section for a separate program.

**Impact of Information:** It is always difficult, if not impossible, to measure the effect of television programming. The tiny local station does not have viewership statistics. However, since every local media outlet - the station and two newspapers - were flooded with breast cancer information throughout October, it is highly likely that the message got to a significant number of people.

Viewership of the station's Spanish-language programming is apparently higher, so I anticipate that once we get the Spanish programs on air we will see some effects.

**Problems/Challenges:** Producing programs in one's second language presents a whole host of challenges. The person who will be doing the actual online editing doesn't speak Spanish at all, so we have had to be creative about bringing several people together to put the final program together.

The other major challenge has been changes in staff at the television station. When this project began, the station appeared to be running well under the interim director. That person has now left and it is somewhat unclear what will be happening there in terms of leadership and management. Each time there is a changeover we have to start over in building the relationships that are necessary to achieve our goals.

#### **Administrative Activities:**

September 2002 Received and processed videos.

October 2002 Aired programs for National Breast Cancer Awareness Month. Planning for video shoots continue.

November 6 Shot footage of Tomando Control; some of that footage will also be used for Remedios Caseros,  
Began editing process.

#### **Activities for Next Quarter:**

- Complete Tomando Control and Remedios Caseros

- Plan shoots for Health Information on the Internet, Using the Redwood Health Library, and possibly a program on dental care

Attachments:

- 0 Request for reimbursement

**Health Literacy and Information and Referral Resource  
Awareness –  
Marshall Medical Community Health Library**

**Program Activity Dates:**

**November 13, 2002 to February 28, 2003**

March 31, 2003

Alan Carr

UCLA Louise Darling Biomedical Library

NLM Express Outreach Project Coordinator

Los Angeles, CA

Re: Project: "*Health Literacy and Information and  
Referral Resource Awareness*"

P.O. # 5415 G DB932 00.

**Success Stories:**

- CHL librarian has been interviewed for Comstock's Magazine (Sacramento) re. Internet usage for consumer medical research  
<http://www.comstocksbusiness.com/ccr.htm>
- CHL librarian and educator have been interviewed on local public broadcasting channel 14 (broadcast population ~ 40,000)
- Hospital and public health departments are requesting outreach classes without being solicited by CHL
- Senior volunteers are asking to do more research on-line with Medline-Plus versus typical volunteer tasks such as filing and data-entry.
- All patrons, particularly students and Internet-savvy seniors are taking multiple copies of NLM MEDLINEPlus bookmarks

### **Impact of Information:**

- 7 formal Outreach Classes and 153 individuals users received at least ¾ hr hands-on Medline Plus, PubMed and other Internet based resource review
- Spanish language materials and tutorials are being received with great excitement by educator and community volunteer participants whose clients are Hispanic
- Interactive tutorials, in general, are receiving good reviews and lots of excitement about potential use from outreach class participants and daily patrons.
- Patients/patrons are telling us they are less fearful after seeing data in MedlinePlus regarding procedures, medications, tests and disease info.
- Spanish language volunteers are enjoying reviewing the Spanish links and sharing same within their community.....1 volunteer has been recruited based on availability of the outreach

### **Problems:**

- Physical transition and concurrent installation of new computer equipment in our new library location.
- Not enough time available to “employed” outreach participants due to tight scheduling....I’ve printed screen shots of MedlinePlus pages targeted to the job descriptions to allow paper review after outreach class. Am asking for repeat participants to give them more hands-on coaching time.

### **Administrative Activities:**

- Bookmarks and Pens distributed to all participants
- MedlinePlus posters on display
- Medline Plus linked in multiple pages on Intranet and hospital and library website
- Coordination of space and times available for all participants
- Printing screenshots, collating and stapling
- Reviewing and highlighting links significant to outreach participants based on their client population and job description

Ex: Rehab tutorials emphasized for Physical Therapists

Senior resources emphasized for Parish Nurses/Health Ministers

Mental Health and support group links emphasized for Human Services students

**Activities Planned for Next Quarter:**

Hands-on demonstrations of Medline Plus, PubMed, Interactive Tutorials & CHL Website for:

- Lead Categorical Staff, El Dorado County Public Health Dept.
- Women's Center Staff
- Marshall Medical Mended Hearts Support Group
- El Dorado County Office of Education School Nurses
- El Dorado County Office of Education School Psychologists
- Marshall Hospital Nurse Educators, Nutritionists, Respiratory Therapists, Pharmacists, Home Care Nurses, CME committee members
- Daily Health Library Patrons: seniors, students, consumers, patients, caregivers, et.al

# **Access to Health Information for Arizona's Tribal Nations**

UCLA Sub award No. 5415-G-DB163

Arizona Health Sciences Library  
**University of Arizona**  
**Tucson, Arizona**

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**Third (3rd) Quarterly Report**  
**January 1, 2003 – March 31, 2003**

**Submitted April 30, 2003**

## Introduction

The goals of this project are to improve access to health information resources for Native Americans in Arizona, and to develop a sustainable, working partnerships between the Arizona Health Sciences Library (AHSL) and tribal representatives.

The 3<sup>rd</sup> quarter brought opportunities to interact closely with representatives from 6 different tribes and provided opportunities to learn more about developing sustainable relationships with Native Americans.

### I. Description of Progress toward the Project's Major Objectives

#### A. Administrative/Planning Activities

We are following up on contacts made with attendees of the 2 Inter Tribal Council of Arizona workshops held in February. There were 3 attendees at each workshop representing the Pascua Yaqui, San Carlos Apache, Navajo Nation, Colorado River Indian Tribes, Salt River Pima Maricopa Indian Community, and a consultant who works with several tribes. There was interest in a variety of options. Subsequent communication is painfully slow, although we have managed to arrange a workshop for the Pascua Yaqui tribe in July.

Planning is continuing for the monthly interactive videoconferences with Tuba City community health representatives (mostly nurses) and quarterly sessions with the Gila River Indian Community. Pat Auflick is pursuing the possibility for CME credit for both groups. The nurses are interested in obtaining the credit and UCLA apparently has a mechanism in place to confer the credits.

Pat Auflick's abstract for a Tribal Connections project report at the MLA Annual meeting in San Diego was accepted and she was successful in finding a volunteer to lead the development and presentation of the paper itself. In addition, the abstract she wrote for our Tribal Nations project (this one) was also accepted. Pat will spearhead the development of that paper and present it as well. Amazingly enough, she also had a paper accepted on her bioterrorism work.

Plans have been worked out to test UCLA's portable LAN in April (although the workshop we wanted to use it for was eventually cancelled). If it works well over phone lines, we'll investigate the cost of purchasing our own.

Funding for the Arizona Turning Point project finally came through in February and work began in earnest on the development of the Web site. The project aims to bring public librarians and health departments together to deliver public health information to their communities, state-wide. The Web site is being developed by AHSL and on-site training is included. Tribal libraries and health departments are represented in the project through Ken Poocha, director of Native American Programs, Arizona Department of Health Services, and we are optimistic that they will be active participants in the project.

Pat Auflick and Jeanette McCray participated in a one-credit class on Tribal Health Policy offered by Yvette Roubideaux, MD, MPH, professor in the College of Public Health. This class has been invaluable in learning not only about history of tribal health policy in this country, but has also provided a number of insights into the cultural lives of American Indians and the role of traditional medicine. Since Dr. Roubideaux has invited a number of outside speakers, we have been introduced to a number of people who are possibilities for follow-up as the project moves along. The lectures and speakers were:

Introduction to Indian Health Policy	Yvette Roubideaux, MD, MPH, professor, College of Public Health, University of Arizona
Public Health Challenges in Indian Communities: Trends In Health Status And Challenge Of Chronic Disease/Prevention	Yvette Roubideaux, MD, MPH
Tribal Management Of Indian Health Systems	Melanie Mandelin MD, FAAFP, Medical Director, Fr. McDowell Yavapai Nation, Wassaja Memorial Health Center
Public Health Challenges In Indian Communities: Diabetes In American Indians	Yvette Roubideaux, MD, MPH
Addressing Public Health Challenges In Indian Communities	Zeenat Mahal, MBBS, MS, Community Epidemiologist, Inter Tribal Council of Arizona, Inc.
Research In Indian Communities	Star Oosahwe, MEd, Training Coordinator, American Indian Research Center for Health, Inter Tribal Council of Arizona/The University of Arizona
Addressing Public Health Challenges In Indian Communities – Health Surveillance, Research And Information	Yvette Roubideaux, MD, MPH
Traditional Indian Medicine And Its Role In The Indian Healthcare System	Donald Warne, MD, MPH, Staff Clinician, NIDDK, Phoenix
The Future Of Indian Health – Legislation, Policy Issues, Tribal Consultation, Leadership/Governance	Yvette Roubideaux, MD, MPH
Lessons In Leadership/Governance Of Indian Nations	Stephen Cornell, PhD, Director, Udall Center for Studies in Public Policy, Professor of Sociology and Public Administration policy, University of Arizona
Use of psychoneuroimmunology and sustainability theory in Navajo ceremonies to create healing environments	Lori Arviso Alvord, MD, Associate Dean of Student and Multicultural Affairs, Dartmouth Medical School

## B. Publicity/Marketing Activities

For the workshops offered in February to tribal health leaders associated with the Inter Tribal Council of Arizona, we

- Sent a postcard to each leader (approximately 50 on the mailing list) in December to save the date
- In early January, a letter was sent describing the content
- Late January, reminders were faxed

As a result, we had 3 attendees in Tucson (one each from the Pascua Yaqui and San Carlos Apache tribes, and a non-Indian consultant who works with several tribes) and 3 in Phoenix (representing the Colorado River Tribes, the Navajo Nation, and the Salt River Pima Maricopa Indian Community). We had been advised by our ITCA liaison that this approach would be the most effective in reaching the tribal health leaders. We had found and been told that phone calls are not effective – typically we are unable to get through to the person we want to speak with and phone calls are not returned. Responses to email invitations can take weeks. We were quite pleased with the results of these workshops.

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

Pat Auflick has begun development of a Native American web resource for Arizona. See [http://www.ahsl.arizona.edu/weblinks/resources\\_by\\_topic.cfm?name=Native%20American%20Health](http://www.ahsl.arizona.edu/weblinks/resources_by_topic.cfm?name=Native%20American%20Health) .

### **D. Site Visits/Training/Demonstration Sessions/Presentations (Include description of the sites and target population)**

Five (5) training workshops were planned during this quarter, 2 for tribal health directors associated with the Inter Tribal Council of Arizona (ITCA), and 3 for community health representatives in Tuba City (presented by via live interactive videoconference). For 1 of the Tuba City workshops, no one showed up and we were told this was because of the very cold weather in Tuba City. For the other 4 workshops, we were pleased with the turnout.

Date: February 5, 2003

Target population: Inter Tribal Council of Arizona tribal health leaders

Presentation format: Hands-on training plus time for brainstorming

Topics covered: AHSL services, consumer health resources, professional health information, tribal health resources, models/projects dialogue

Site: Arizona Health Sciences Library, Tucson

Comments:

Date: February 14, 2003

Target population: Inter Tribal Council of Arizona tribal health leaders

Presentation format: Hands-on training plus time for brainstorming

Topics to be covered: AHSL services, consumer health resources, professional health information, tribal health resources, models/projects dialogue

Site: Phoenix Public Library

Comments:

Date: January 7, 2003

Target population: Tuba City community health representatives

Presentation format: Interactive videoconference

Topics to be covered: Introductory session – assessment of their needs and desires

Site: AHSL and Tuba City

Date: February 4, 2003

Target population: Tuba City community health representatives

Presentation format: Interactive videoconference

Topics to be covered: MEDLINEplus, consumer health

Site: AHSL and Tuba City

Date: March 4, 2003

Target population: Tuba City community health representatives

Presentation format: Interactive videoconference

Topics to be covered: Basic Internet Explorer and AZHIN resources

Site: AHSL and Tuba City

Comments: Cancelled due to cold weather in Tuba City – no one showed up

#### **E. Exhibits**

No activity.

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

No activity.

### **III. Evaluation Activities**

No activity.

### **IV. Problems/Corrective Actions. Lessons Learned/Significant Feedback**

Lessons learned: back-and-forth communications, no matter the method, are slower than we are used to. Workshops are cancelled by participants rather easily. Tribes may be driven by priorities which we cannot address.

The key thing we have learned thus far is to work on relationships with key individuals, be on the lookout for opportunities in whatever (sometimes unusual and/or unexpected) form they may take. And then to follow up assiduously with our contacts.

### **V. Projected Activities for Next Quarter**

- Workshops for Tuba City community health representatives and Gila River Indian Community public health nurses are scheduled.

- Continue to follow up with ITCA workshop participants
- Look at exploiting contacts identified in ways outside the Inter Tribal Council of Arizona (such as some of the speakers at the Tribal Health Policy class, or AZHIN members, etc.)
- Deliver a paper on this project at the MLA Annual Meeting in San Diego
- Follow up with Gale Dutcher re NLM's interest in supporting Knowledge River program interns from the UA library school
- Pat Auflick and Jeanette McCray will continue to participate in once-monthly conference calls with Tribal Connections 4 Corners Project participants. Planning for the June 26-27 workshop is ongoing.
- A mini-symposium is planned by the Arizona Turning Point project for late May which will bring together public librarians and health department professionals. We are hopeful that tribal entities will participate.

#### **VI. Reporting Forms for Training/Demonstration Sessions**

- and/or Exhibit Reports

See attached file (hard copy being mailed).

#### **Appendix**

Copies of: communications, materials produced, press releases, advertisements, articles for newsletters, etc.

#### **ITCA workshop packet**

**From the National Library of Medicine and Pacific SW Regional Medical Library (not attached):**

- **MEDLINEplus Basics (brochure)**
- **PubMed Basics (brochure)**
- **MEDLINEplus.gov HEALTH INFORMATION BOOKMARK**
- **HEALTH HOTLINES: TOLL-FREE NUMBERS FROM THE NATIONAL LIBRARY OF MEDICINE'S DIRLINE DIRECTORY**
- **GUIDE TO NIH HIV/AIDS INFORMATION SERVICES**
- **PACIFIC SOUTHWEST REGIONAL MEDICAL LIBRARY MOUSE PAD**

**Created at AHSL (attached, i.e., being mailed):**

- **Agenda**
- **Health-Related Consumer Sources: Alphabetical List**
- **Multicultural Sources of Consumer Health Information**
- **Native American Web Sites**
- **Arizona Health Sciences Library Bookmark**
- **Models for Tribal/Arizona Health Sciences Library Collaboration**