



**THE UNITED STATES NATIONAL COMMISSION ON
LIBRARIES AND INFORMATION SCIENCE (NCLIS)
WASHINGTON, DC**

LIBRARIES AND HEALTH INFORMATION

**THE NCLIS HEALTH INFORMATION AWARDS FOR LIBRARIES AND
THE LIBRARIES AND HEALTH INFORMATION FORUM**

MAY 3, 2006

**NATIONAL LIBRARY OF MEDICINE
BETHESDA MD**

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FOREWORD – DR. J. EDWARD HILL, PRESIDENT, AMERICAN MEDICAL ASSOCIATION

[Dr. Hill's Foreword is the text of his Keynote Address for the 2006 Libraries & Health Information Forum, May 3, 2006 at the National Library of Medicine, Bethesda, MD.]

Thank you, ladies and gentlemen. It is quite a privilege for a family physician from Tupelo, Mississippi, to come before this group. I am honored to be included, and doubly honored to represent the nation's 900,000 physicians and, through them, the nation's 300 million patients.

The American Medical Association and your Commission share a deep and abiding concern for those patients. And, as you meet to discuss health literacy and effective programs, partnership and outreach, as you wrestle with the great issue of these days, your focus on health information is both appropriate and timely.

But it also is most fitting given the setting in which we find ourselves. This Lister Hill Center at the NIH was named for a statesman and innovator from my part of the country. Sen. Hill was an Alabamian who distinguished himself in Congress from 1923 until 1969. In those 46 years, he left an indelible mark on the nation he served, working tirelessly for the have-nots. Perhaps the best-known legislation which bears his name is the Hospital and Health Center Construction Act, better known as the Hill-Burton Act, and he also sponsored the Hill-Harris Act which gave federal assistance in constructing facilities for the mentally retarded and mentally ill.

I recall him as recognized as being instrumental in gaining greatly increased Congressional support for medical research at the nation's medical schools and other research institution. He sponsored the TVA Act, the Rural Telephone Act, the Rural Housing Act, the Vocational Education Act, and the National Defense Education Act.

Librarians of American owe him a debt of gratitude for his work as Chairman of the Senate Labor and Public Welfare Committee, which handled important legislation on libraries and other vital public institutions.

If he were here today, I am certain he would share his strong commitment to a healthy America. And to the work you are doing, as well.

U.S. Health Care

As a nation we spend more on health care than any other country, some \$1.9 trillion, or \$6,300 for every man, woman and child in America. As Emerson observed long ago: "The first wealth is health." What others see as a nearly \$2 trillion a year cost, I see as a \$2 trillion a year investment.

And, with others, I recognize there is a considerable amount of waste. In addition, we have not solved some of the fundamental issues of health care, access to quality care and the means to achieve healthy lifestyles.

There are 46 million uninsured Americans today and 15 million more under-insured. That's one-fifth of a nation living day-to-day under the threat of devastating accident or illness, catastrophic bills and no way to pay, other than charity and Uncle Sam's help.

Unhealthy Lifestyles

I mentioned areas of misuse. And by far, to the tune of billions of dollars, are the social costs of the kinds of choices we make. I'm talking about the millions of Americans suffering from what I call the eight scourges, eight behaviors, easily changed behaviors, that put a trillion dollar a year burden on our nation.

Eight scourges that cause poor health, that are largely preventable, and that have enormous health information challenge within them. Eight scourges that take a tragic toll on human life, and wastes hundreds of billion of dollars in health and social costs.

Listen to this inventory of infamy:

- Violence and abuse in America, each year, cost us \$300 billion. [World Health Organization, 2004]
- Alcohol and other drug abuse eat up \$246 billion. [National Institutes of Health, 2004]
- Traffic accidents total \$150 billion in health care costs, lost wages and other societal costs. [National Center for Statistics and Analysis, 2005]
- Work-related accidents - \$123 billion. [National Safety Council, 2004]
- Tobacco - \$182 billion and 400,000 lives. [Centers for Disease Control, 2005]
- Obesity, as much as \$75 billion [Centers for Disease Control, 2005]
- And there are no estimates on the cost of teen pregnancy, STDs and suicides, but they no doubt run into the tens of billion dollars, also.

These numbers are taken from a variety of sources, so the AMA can't vouch for each and every one, but they do tell the tale of behaviors that cost our economy hundreds of billions of dollars annually. Worse, they take a tremendous toll in wrecked and ruined lives.

Obesity and America

For instance, consider obesity. The number of deaths linked to obesity is the subject of debate, but there's no question that it's in the tens of thousands. Earlier this year the U.S. Centers for Disease Control and Prevention said obesity caused nearly 26,000 deaths annually in the U.S.

But other CDC research associates obesity with approximately 112,000 deaths per year over the expected number. Depending upon which estimate you use, as many as 306 Americans die every day from obesity. That's one full Boeing 747 crashing every day.

If it were from a terrorist act, think of the consequences. But many of us stand idly by as obesity kills what no terrorist organization could kill. Because of this country's growing heft, there are wheelchairs with seats up to four feet wide and home scales that measure up to 660 pounds.

Perhaps more telling is a newspaper item I read recently, about the Batesville Caskets Co., which last year launched its "Dimensions" line of super sized coffins. Think about that one, for a second. [Scripps-Howard, Oct. 18 2005].

For many, though, it's not too late to change, and for all of us, it's never too early to start learning these healthy habits, and preventing these deadly diseases. In fact, it's imperative that we start early.

If that sounds like an appeal for better, more creative, more innovative services from the libraries of America, well, it is. It's also why the American Medical Association's priorities include reducing risky behaviors by promoting healthy lifestyles.

Health Education

I believe, and the evidence suggests, that one of the best ways to promote good health habits is to help people establish those habits early in life, and stick to them.

Which leads me to my passion: Comprehensive school health education, as a requirement, for grades K through 12, at least. And starting even younger wherever possible. Studies have shown that comprehensive school health education programs help kids build better health habits.

For example, students who have had comprehensive school health education are less likely to drink, smoke, take drugs, or ride with drivers who have been drinking, than students with little or no health instruction. [*Journal of School Health*, Pigg, 1989]

I want every student in America, to get comprehensive, age-appropriate health education. Beginning before kindergarten, and continuing through high school. Knowledge is power, as Sir Francis Bacon told us. It can have an enormous, positive impact.

I have a wonderful granddaughter named Virginia. She calls me "Grand Doc." When she was three, I took her to Wal-Mart and put her in the grocery cart. We started going up and down the aisles. But when we got to the aisle with all the potato chips and snacks, she shocked me a little.

She looked up at me and said, “Grand Doc, I just love those saturated fats.” Where she learned about saturated fats is beyond me. But, as a 3-year-old, she knew she should avoid them. Too few other Americans have that wisdom ingrained in them.

I believe returning health education to the schools and libraries of America is more than a nice thing. It’s vital to the future well-being of the country. So I encourage you in this Forum, and in other activities.

And I would go even further. I’d like to see you link up locally with the medical community and get more involved. Make a joint call on your local school board. Tell them that healthy kids go to school and learn better than unhealthy kids. Ask them to get rid of junk food in the lunchroom and vending machines. Explain to them why health education and P.E. should be the last things on the chopping block, not the first.

Embracing comprehensive school education nationally could improve health, and save billion of dollars in the long term, some have estimated as much as \$400 billion a year. And it would improve the well-being and quality of life for millions of people, which is something priceless, indeed.

Cooper

In the final analysis, it gets down to ones. Not billions of dollars and millions of lives, important as they are. But ones. Individuals, like an inspirational school superintendent from McComb, in my home state of Mississippi.

His name is Dr. Pat Cooper. When he became superintendent a decade ago, he found high dropout and absentee rates and low test scores. No news there. How many schools in your town still have these scourges?

Dr. Cooper did a little digging, and found a link between school performance and student health. He tells it in these words: “I decided that we had to stop investing in stuff and start investing in people. We had good teachers, great training, good textbooks. But we realized . . . we weren’t reaching kids because the kids weren’t in school.”

They were absent because they were sick. They had asthma, Type 2 diabetes, childhood obesity issues. Dr. Cooper went to work, enlisted other community and health leaders, devised a five-year plan to meet student health needs,

And got them back in school. As attendance rates rose, so did state funding for the district. As attendance rates rose, so did test scores. Before Dr. Cooper, the McComb schools dropout rates were above 30 percent. Now they’re less than 2.

What a model to emulate. Do you think parents will support the model? Well, 82 percent of parents of adolescents, for example, believe health education is either more important or as important as other subjects taught in school.

And here's a twist. Ninety percent of adolescents feel health information and skills are of equal or greater importance compared with other subjects taught in school.

Now, when both teenagers and their parents agree on something, well, we're onto big news. You and I need to understand that, and to act on that, to put teeth behind promoting healthy lifestyles in our communities.

Challenge

Remember back in grade school when we all played a game called "What If?" The rules were simple, as I recall. Someone would say What if you were President of the United States? And everyone would take turns imagining all sorts of crazy things.

Well, I'd like to propose a what-if game right here. What if each of you began a personal crusade to restore comprehensive school health education in your town? Or just in your library? What if you sought out your local, county medical society and helped put together a public awareness campaign? Or wrote an op-ed piece for your local paper?

What if people saw their libraries and their medical communities as allies? You know, St. Francis Xavier once penned these words: "Give me the children until they are seven and then anyone may have them."

Well, in communities all over American, children under seven go to libraries. What if they went to the Kid's library, or the Junior Room, or the Cool Stuff Room, whatever their special wing of the library is called, and got excited about healthy lifestyles, as well as purple whales and trees that talk and amazing trips to imaginary planets?

What if your library inspired and supported the next Dr. Seuss of children's healthy lifestyles? What if?

I played a form of what-if with Senator Tom Harkin of Iowa not long ago. For a long time, I've wondered what-if we adapt the tried-and-true federal highway construction model to pushing funding for comprehensive school health education. What if states or school districts that fit a federal framework for comprehensive health education got federal matching funds?

Senator Tom Harkin is thinking that one through. As the ranking Democrat of the Senate education funding subcommittee, his thoughts matter. And I have to believe he is not alone. Just a few days later, I spoke with Sen. Hillary Clinton's staff members. And they expressed interest, as well.

Our leaders recognize that other countries, China, India and Eastern European nations, have linked good health and good education. And for America to continue to lead the

economic and technological world, America needs healthy, smart, motivated kids. Kids you see every day. Kids you can help.

You know, Benjamin Disraeli said, “The health of a people is really the foundation upon which all their happiness and all their powers as a state depend.” The truth of that rings clear and true every time we consider the uninsured, the underinsured, the victims of bad lifestyle decisions, the children under-educated in health and healthy living.

If statistical studies are right, about 20 percent of you think that’s the neatest idea in the world. And another 20 percent think I’m ready for the rubber room. That leaves 60 percent of you that I hope will at least consider my appeals.

You and I share enormous responsibilities. You, because no education program ever succeeded, ever could claim to be the least bit comprehensive, without the active involvement, often the active leadership, of library scientists. Me, because of the trust our patients have in physicians to give them the straight scoop, the timely information, the proper advice.

Together, what a powerful force. And, because the most enormous avalanche begins with one snow flake; because our history books abound in cases of one person making an enormous difference; because Gandhi recognized that in saying, “We must become the change we want to see in the world.”

And, because we care. America is going to be so much, much better off.

J. Edward Hill, MD
President
American Medical Association

INTRODUCTION – BETH FITZSIMMONS, PH.D. COMMISSION CHAIR

The statutory role of the U.S. National Commission on Libraries and Information Science, stated in Public Law 91-345, is to provide policy advice to the President and Congress about matters pertaining to library and information science. To accomplish its mission, the Commission restructured itself in April 2004 and established three goals:

- To appraise library and information services provided for the American people,
- To strengthen the relevance of library and information science in the lives of the American people, and
- To promote research and development for better library and information services for the American people.

I am happy to report that the Commission has made great progress in meeting these goals, particularly that having to do with the relevance of American libraries. This document is the report of the 2006 NCLIS Libraries and Health Information Awards initiative, and with its publication, we could not be more pleased with the information we will convey to the President and to Congress. The contents of this document, program descriptions submitted as applications for the 2006 NCLIS Libraries and Health Information Awards, exemplify the best that American libraries are doing in this important work. In presenting this information to the Nation's leaders, the Commission calls attention to the fact that libraries are the appropriate vehicle for delivering health information to the American people and encourages further efforts in using libraries for this purpose.

When we embarked on this initiative, a year ago, I announced that during the next twelve months the Commission would embark on a project to identify the best library program in consumer health information delivery. That project culminates in this report, and South Carolina's REACH 2010 – The Charleston and Georgetown Diabetes Coalition's Library Partnership is, in the opinion of our distinguished judges, the Nation's best library program in consumer health information. The Commission congratulates the winning program on the excellence of its service to its community, and all of us affiliated with the Commission are pleased to publish the description of the program in this report.

The report also includes program descriptions of the other finalists, practical and useful information that can be adapted and used in other libraries. A listing of other winning state programs is provided as well, and contact information is provided for all of the programs. Librarians responsible for the programs can be contacted directly, and we at the Commission are happy to share information about these programs.

The winning programs were discussed in detail at The 2006 Libraries & Health Information Forum, held at the Lister Hill Center Auditorium of the National Library of Medicine of the National Institutes of Health in Bethesda MD on May 3, 2006. At the Forum, welcoming remarks were delivered by Forum Moderator Eugenie Prime, myself, and Donald A. B. Lindberg, Director of the National Library of Medicine. Ms. Prime spoke about importance and significance of the NCLIS Libraries and Health Information Award, noting that the work of libraries in this field is of critical importance. With 46

million Americans unemployed and 90 million Americans not knowing how to use health information when they have access to it, “what you are doing,” she said, “is critical to the very health, indeed to the very survival of American society.” As for the impact of the awards, Ms. Prime pointed out that in fact, “everyone is a winner, indeed the United States is a winner because libraries are providing critical health information when health information is critically important.”

In his welcoming remarks, Dr. Lindberg pointed out that good, reliable, and safe information for patients and patient families is an NLM priority. He spoke about how patients and their families now have a much different perspective about health information, not only because of major changes in society – such as the development and success of the Internet – but also because patients are now “so much better educated” and with their physicians can learn more about their health information needs. Noting that this different way of thinking about health information puts both medical professionals and librarians in a better position to respond to patients’ information needs, Dr. Lindberg then commented about how the delivery of health information is still very much a new field for research, and “we don’t yet know quite how to do this.” Therefore, looking at the programs represented at the Forum and to be discussed during the day, Dr. Lindberg congratulated the Commission for sponsoring the awards and recognizing that health information delivery is, as he put it, not just about retrieving the information but about helping those who are seeking information understand the information they find.

Following our welcoming remarks, the Forum attendees began their meeting with a keynote address from Dr. J. Edward Hill, President of American Medical Association and one of the judges who selected the best library program from among the finalists. Dr. Hill’s report, with his kind permission, serves as the Foreword for this report.

The remainder of the day was devoted to the winning programs, the finalist selections that demonstrate how libraries are succeeding in providing health information and sponsoring programs that encourage a healthy lifestyle. The three panels, as noted in the agenda to the Forum included in this report, addressed the subjects of Health Literacy, Effective Programs, and Partnerships and Outreach. Each panel was made up of a moderator and librarians who have responsibility for finalist programs that address those topics. After a brief presentation about each program, the panelists discussed the programs together and responded to questions and comments from the invited audience.

During the Forum, attendees and panelists did not know which program had been selected as the best program, and conversation during the Forum’s networking opportunities, the luncheon and tour of the NLM Exhibit “Visible Proofs: Forensic Views of the Body” and the reception following the Forum, focused on the various programs and which library would be announced as having the best program.

At the reception, NCLIS Task Force Leader Mary H. “Mitzi” Perdue and NCLIS Executive Director Trudi Bellardo Hahn presented plaques and checks for \$1,000.00 each to the finalists, leading to a “countdown” as reception attendees and finalists waited to see which program would be the last one announced. South Carolina’s REACH 2010 –

The Charleston and Georgetown Diabetes Coalition's Library Partnership was announced as the winner of the 2006 NCLIS Libraries & Health Information Award, and Dr. Edward Hill, President of the American Medical Association, presented Barbara Carlson, Director, and representatives of several of the partnership organizations for REACH 2010 with a plaque and a check for \$20,000.00.

This report of the 2006 NCLIS Libraries and Health Information Awards is an important milestone in the history of the Commission. It describes the results of an initiative, one of several, to address the library and information needs of America's citizens. The development of a recognition award to identify and honor libraries providing the best programs in health information delivery and in encouraging healthy lifestyles is a new approach to collecting such information.* As such, it serves several purposes.

First, as noted, the award identifies excellence in health information delivery by libraries and recognizes libraries that have achieved excellence in service delivery. Equally important, this award demonstrates the commitment and professional expertise of the many librarians who bring health information to their library's users. These professional librarians are the standard bearers in health information delivery. They understand the organization of information, they are experts in using the tools – electronic and otherwise – in which the information is to be found, and they are particularly skilled in providing comprehensive and confidential health information delivery. The award enables the Commission to bring attention to their good work.

Finally, the award gives the Commission the opportunity to publish and disseminate information about successful programs that can be replicated in other libraries. For additional background, we have included the criteria for the award and a compilation of current trends and issues, to provide library and community leaders with further information relating to libraries and health information delivery. We of the Commission are honored – and in many respects humbled – to be able to put before you descriptions of such fine programs. It is our sincere hope that these programs will inspire other leaders in other communities to put much of what is described here into practice.

The implementation of this award initiative and the strong response of America's librarians in applying for the award speak eloquently to the Commission's efforts in this work. American citizens understand the critical importance of quality health information and they expect consumer health information to be delivered to them through a trusted source. For most citizens, there is no source they trust more than their library. In this respect, by coming together in initiatives like the 2006 NCLIS Libraries and Health Information Awards, America's libraries and the Commission are performing a valuable public service for the American people.

* The prototype for the 2006 award was the 2004 NCLIS Blue Ribbon Consumer Health Information Recognition Award for Libraries (see *Libraries and Health Communication: Model Programs in Health Information Provided by Libraries Throughout the Nation* <http://www.nclis.gov/info/ModelProgramsReport04-19-05.pdf>).

As you can read in this document, the initiative has been remarkably successful, and I wish to thank the many people who have been involved in this important work. The Commissioners, the many personal and professional colleagues who offered advice and support, and the Commission's staff and consultants all contributed significantly to the success of the initiative and I thank them all. I should also point out, and thank directly the distinguished leaders in the health sciences field who served as our judges. We are very grateful to former Health and Human Services Secretary Louis Sullivan, former Health Education and Welfare Secretary Joseph Califano, and American Medical Association President J. Edward Hill.

Finally, we must particularly acknowledge and thank the several corporate and philanthropic donors who provided resources to support the initiative. No tax-payer funds were used in this initiative, except for staff support. The other Commissioners and I are extremely grateful to the Henderson Foundation, to Commissioner Mary H. "Mitzi" Perdue (who provided support for the initiative in memory of Frank Perdue), to Thomson Gale, and to the ProQuest Company. The Commission could not have undertaken this work without their support, as appropriations funding was not provided for this work.

So we have succeeded, and we have succeeded spectacularly. We stated in 2005 that we Commissioners believe that the nation's libraries can match a critical need with a practical means of responding to that need and in doing so, to establish the relevance of libraries. We have not changed our thinking in this matter, and with the success of this program, that belief is now enshrined in the country's collective consciousness as a truism: libraries are relevant to American society.

Beth Fitzsimmons, Ph.D.
Chairman
U.S. National Commission on Libraries
and Information Science (NCLIS)

HEALTH INFORMATION FOR A HEALTHY NATION – COMMISSIONER MARY H. PERDUE

Since April, 2004 it has been my great privilege and honor to lead the Commission's Libraries and Health Information Task Force. Working with task force members Colleen Huebner and Carol Diehl, with Chairman Fitzsimmons, with the other members of the Commission, with the Chief Officers of State Library Agencies (COSLA), and with the many colleagues and friends who have supported our efforts, the development and implementation of the awards has been a rewarding and successful experience.

And why not? For us as a nation, there has seldom been a more needed task. All of us who worked on this NCLIS initiative felt ourselves literally *called* to do this work. What some might consider merely an *avocation* became, for us, a vocation, an endeavor that took on the attributes of a commitment and, indeed, of a *passion* to fix something that was terribly wrong.

Simply put, Americans need to live healthier lifestyles, and they need better delivery of consumer health information. Most Americans don't know where to go to get the information they need, and from our perspective (not totally unprejudiced, of course), libraries are the best agency for providing that information. Libraries already exist as a connected network of serious, professional information providers who understand the organization of information and the role of managing and dispensing knowledge so that everyone can benefit from that knowledge. Who better to provide health information to our citizens than our country's educated librarians and information specialists? They know how to do it, and they are professionally qualified to do it.

What we have is a critical national problem, and it is the goal of the NCLIS Libraries and Health Information Awards initiative to help solve the problem by tapping into the creativity of the nation's 120,000 libraries. The U.S currently spends one dollar in seven on health care (more than \$1.7 trillion a year), and these already-high health care costs are rising at an unsustainable pace. But we also know, because we have the information from the Centers for Disease Control, that 75% of the nation's medical care costs come from a small number of chronic disorders, such as diabetes and cardiovascular disease.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Some experts estimate that 70% of our health care expenditures would not be needed if we would: eat a healthy diet; exercise enough; avoid such risky behaviors as smoking, abusing alcohol, or using drugs; and have regular check-ups with a primary care physician or other health care provider.

Because of their broad reach, libraries are uniquely equipped to disseminate health information and to encourage healthy lifestyles. All ages, races, and economic levels use libraries. Nationwide, library visits to public libraries total more than 1.2 billion a year. With the NCLIS Libraries and Health Information initiative, all we are trying to do is simply to celebrate the role of libraries in community-based health promotion and to provide information so that all libraries can take on this important work, or enhance what they are doing if they are already providing health information. Libraries – because of

their large information resources, their well-established and well-organized network, and their diverse customer base – can make a critical difference.

From the practical point of view, the NCLIS Awards are designed to mobilize the resources of libraries to help citizens learn how to live healthy lifestyles and to provide them with consumer health information, particularly when they require health information in a critical or unusual situation. In establishing and implementing the awards program, NCLIS hopes to encourage the nation's libraries to align their resources to address this exceptionally serious problem. The need for health information is a pressing one for many Americans, and there are libraries in every community already providing a wide variety of consumer-focused health information services. Let's fix it so all American libraries are providing these services.

Commissioner Mary (Mitzi) H. Perdue
NCLIS Libraries and Health Information Task Force Leader

THE NCLIS AWARDS INITIATIVE

The U.S. National Commission on Libraries and Information Science (NCLIS) was established as a permanent, independent agency of the United States government with Public Law 91-345 (20 U.S.C. 1501 *et seq.*), signed July 20, 1970. The law includes the following statement of policy:

SEC 2. The Congress hereby affirms that library and information services adequate to meet the needs of the people of the United States are essential to achieve national goals and to utilize most effectively the Nation's educational resources and that the Federal Government will cooperate with State and local governments and public and private agencies in assuring optimum provision of such services.

It is the Commission's responsibility to develop and recommend plans that will enable the American people to have adequate library and information services. In carrying out this responsibility, the Commission is directed to advise the President and Congress on the implementation of national policy with respect to libraries and information science.

From its beginnings, the Commission, which includes the Librarian of Congress, the Director of the Institute of Museum and Library Services (IMLS) and fourteen Commissioners appointed by the President and confirmed by the Senate, has played a significant role in addressing the library and information science needs of the American people. Its mission is unique, for no other government agency, professional association, trade association, research and development organization, academic institution, or philanthropic organization has the statutory responsibility that is the Commission's very reason for being, to provide policy advice to the President and the Congress with respect to libraries and information science. Many other organizations are of course involved in these matters, and these organizations advise, partner with, and collaborate with the Commission in developing the knowledge that – by definition – informs the Commission's recommendations to the President and Congress. Many such organizations are solicited to join with NCLIS in sharing this knowledge in the larger society, since such knowledge development and knowledge sharing is for the common good. But only the Commission has the statutory responsibility to provide policy advice.

In January 2004, President George W. Bush appointed and the U.S. Senate confirmed twelve new Commissioners, bringing the Commission to full strength for the first time in several years. Dr. Beth Fitzsimmons, of Ann Arbor, Michigan, was designated Chairman. After their appointment and confirmation, the Commissioners drew up a strategic plan to guide their deliberations and actions. One consideration had to do with the role of the Commission and the variety of expectations that are held, by people in many different walks of life and at all levels of society, about libraries and the role of libraries, information management, knowledge management, and learning in today's world.

At their first official meeting, in April 2004, the Commissioners gave attention to the Commission's mission and adopted in principle a plan that laid out three specific goals for the Commission:

- To appraise library and information services provided for the American people,
- To strengthen the relevance of library and information science in the lives of American citizens, and
- To promote research and development for better library and information services for the American people.

To achieve its goals, the Commissioners also set a number of objectives, to be accomplished through specific strategic initiatives, with each initiative in turn to result in specific policy advice to be delivered to the President and to Congress as required by law.

Among its objectives, the Commission chose to study health communication and the role of libraries in distributing consumer health information and in promoting healthy lifestyles for all Americans. This NCLIS initiative seeks to expand the role of libraries in addressing the health information needs of the American people and in doing so, to enable libraries to play a key role in encouraging the development of healthy lifestyles for all American citizens. As part of this effort, the Commission determined to identify methodologies and strategic partners for working with the Commission, to ensure that all libraries in America are empowered to respond to citizens' health communication needs.

In the late spring of 2004, the Commission introduced a program designed to recognize libraries that excel in providing library and information services to their particular communities, with the first recognition program to identify libraries that excel in providing consumer health information or offer services that promote a healthy lifestyle. Each state library agency was invited to submit nominees for the award, with NCLIS providing overall direction for the award and a special task force of NCLIS members organizing the process and judging the entries.

Called the *2004 NCLIS Blue Ribbon Consumer Health Information Recognition Award for Libraries*, the designation was created to honor those library programs that do the best job of identifying, obtaining or accessing, and disseminating health information to their users. The purpose of the awards was to increase awareness of healthy lifestyles and to recognize libraries which, as respected providers of trusted information, have in place programs designed to help their users access the health information they need. Thirty-seven libraries were chosen to receive the award, which were presented in May 2005 at a reception and ceremony at the National Agricultural Library in Beltsville MD.

For each of the 37 winning libraries, the award was made on the basis of the program's potential impact, innovativeness, and replicability. As libraries submitted their entries, they brought to the Commission a collection of best practices, which were included in the documentation for the activity (*Libraries and Health Communication: Model Programs In Health Information Provided by Libraries Throughout the Nation*, published at <http://www.nclis.gov/info/ModelProgramsReport04-19-05.pdf>). This document shares

those best practices with the larger library and information science community and with the general public and, as required by law, provides background information for supporting the Commission's recommendations to the President and to Congress.

Following the success of the Blue Ribbon Awards, the Commissioners determined to build on the process and establish a more detailed competition, to identify the library with the best health information delivery program. With funds donated to the Commission's Gift Fund, an award of \$20,000 was announced, with nine finalists to receive \$1,000 each.

Planning for the awards started in the summer of 2005 with the development of the awards criteria published on the Commission's website (a copy is published as a background document at the end of this report) and planning and building a web-based application and judging process, together with a public relations effort to ensure that libraries and their communities would know to apply for the awards. With the cooperation of the Chief Officers of State Library Association (COSLA), state judges were chosen, and through their efforts, state winners were identified within each of the participating states.

Following the selection of state winners, a panel of Commissioners chose the ten finalists, and the final selection was made by a panel of eminent experts, former Secretary of Health and Human Services Louis Sullivan, former Health Education and Welfare Secretary Joseph Califano, and Dr. J. Edward Hill, President of the American Medical Association.

INITIATIVE AND FORUM SUMMARY (NCLIS NEWS RELEASE MAY 4, 2006)

NCLIS Announces Winner of 2006 Health Information Awards South Carolina's REACH 2010 Judged America's Best Library Consumer Health Program

Washington, DC USA May 4, 2006—Beth Fitzsimmons, Chairman of the U.S. National Commission on Libraries and Information Science (NCLIS), has announced the winner of the 2006 NCLIS Health Information Award for libraries. Chosen from entries from throughout America, South Carolina's REACH 2010 program was judged the best library program for encouraging healthy lifestyles and providing health information to the citizens. Organized and managed by the Charleston and Georgetown Diabetes Coalition's Library Partnership, South Carolina's REACH 2010 expands Internet access at five community sites and uses libraries and the Internet to train African Americans to locate high quality diabetes information.

REACH (Racial and Ethnic Approaches to Community Health), is a national demonstration project funded by the U.S. Department of Health and Human Services (HHS) through the Centers for Disease Control and Prevention (CDC). The NCLIS award recognizes how South Carolina's REACH 2010 is effectively teaching 12,000 African Americans diagnosed with diabetes to reduce disparities through improved self-management and care. Dr. J. Edward Hill, President of the American Medical Association, made the presentation to Barbara Carlson and a delegation of the Coalition's leadership at a reception following the 2006 Libraries and Health Information Forum at the National Library of Medicine in Bethesda, MD. REACH 2010 was presented with a plaque and \$20,000 for continuing and expanding its programs. Each of the other nine finalist programs was given a \$1,000 award.

Sponsored by NCLIS, and organized by staff of both NCLIS and the National Library of Medicine, the forum offered representatives of the ten award finalist libraries the opportunity to describe their programs in three panel discussions, each focusing on one of the criteria established for the awards. All entries were judged on all three criteria: health literacy, effective programs, and partnerships and outreach. The panelists and their programs were:

“Health Literacy” panel, moderated by Heidi Sandstrom of the National Network of libraries of Medicine, Pacific Southwest Region:

- Jean Shipman, Tompkins-McCaw library, Virginia Commonwealth University Libraries
- Sally Mandler, Minnesota Prevention Resource Center
- Naomi Broering; Pacific College of Oriental Medicine, California

“Effective Programs” panel, moderated by Karen Motylewski, Institute of Museum and Library Services:

- Jeanne Farnworth, Portneuf Library District, Idaho
- Ada Seltzer, Rowland Medical Library, University of Mississippi
- Alberta Richetell, Lyman Maynard Stowe Library, University of Connecticut

“Partnership and Outreach” panel, moderated by Barbara Nail-Chiwetalu, University of Maryland:

- Elizabeth Schneider, Treadwell Library, Massachusetts General Hospital
- Vickie Rose, Olive Hill Adult Learning Center/Library, Kentucky
- Barbara Shultz, Health Information Center, Memphis Public Library, Tennessee
- Barbara Carlson, REACH 2010 Charleston and Georgetown Diabetes Coalition Library Partnership, South Carolina

Two of the finalists, the “Get Fit Get Real!” programs in Portneuf Library District, Idaho, and the Olive Hill Adult Learning Center/Library in Kentucky were supported by Libraries for the Future and MetLife Foundation, in their efforts to establish library-based activities and discussions focused on physical fitness and healthy eating for teenagers and families.

In his keynote presentation at the forum, Dr. Hill emphasized the need for health education, particularly through educating people early in life about the benefits of good health habits. Dr. Hill praised libraries for undertaking this important effort. Forum moderator Eugenie Prime, a member of the Board of Regents of the National Library of Medicine, commented that an estimated 90 million Americans have limited skills in understanding health information. She praised the awards program and congratulated each of the ten finalists for their efforts in enabling citizens to have access to health information.

The NCLIS Health Information Awards for Libraries are designed to encourage library programs that address one or more of the following: dietary choices; exercise; smoking cessation; alcohol and/or drug abuse prevention or cessation; immunizations and health screenings; and improved health literacy, that is, the ability to understand and make use of health information. State winners were selected in each state, and from those, a panel of NCLIS Commissioners—Mary H. (“Mitzi”) Perdue, Carol Diehl, and Dr. Colleen Huebner—selected the ten finalists. A panel of distinguished judges, including former Health and Human Services Secretary Louis Sullivan, former Health Education and Welfare Secretary Joseph Califano, and American Medical Association President J. Edward Hill chose the South Carolina program as the best library program for health information distribution.

Support for the forum was provided by generous donations to the Commission’s Gift Fund from the Henderson Foundation, Commissioner Perdue in memory of Frank Perdue, Thomson Gale, and the ProQuest Company. The Commission gratefully acknowledges these gifts.

At the forum, Chairman Fitzsimmons spoke about the importance of the Commission's awards program. Listing the Commission's goals: (1) appraising the country's library and information services; (2) strengthening the relevance of American libraries; and (3) promoting research and development in library and information science, Dr. Fitzsimmons said, "I am happy to say that the Commission has made great progress in addressing these goals, and your presence here today—and the subject of today's forum—speaks eloquently to the Commission's efforts in achieving its objectives. America's libraries today are better libraries because the Commission takes an interest in and is committed to this effort, to recognize libraries that achieve excellence in providing consumer health information to their users."

ABOUT NCLIS

The U.S. National Commission on Libraries and Information Science (NCLIS) is a permanent, independent agency of the Federal government charged by Public Law 91-345 to advise the President and Congress on national and international library and information policies, to appraise and assess the adequacies and deficiencies of library and information resources and services, and to develop overall plans for meeting national library and information needs.

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2006 LIBRARIES & HEALTH INFORMATION FORUM AGENDA (MAY 3, 2006)

2006 Libraries & Health Information Forum Lister Hill Center Auditorium National Library of Medicine Bethesda Maryland

May 3, 2006

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| 8:30 – 9:00 am | Registration and Coffee |
| 9:00 – 9:30 am | Introductions and Welcome <i>Eugenie Prime</i> , Forum Moderator <i>Beth Fitzsimmons</i> , Chairman, NCLIS <i>Donald A.B. Lindberg</i> , Director, NLM |
| 9:30 – 10:15 am | Keynote <i>J. Edward Hill</i> , President, American Medical Association |
| 10:30 – 10:45 am | Break |
| 10:45 am – 12:00 | Panel I: Health Literacy Moderator: <i>Heidi Sandstrom</i> , NN/LM, Pacific Southwest Region Panelists: <i>Jean Shipman</i> , Tompkins-McCaw Library, Virginia Commonwealth University Libraries; <i>Sally Mandler</i> , Minnesota Prevention Resource Center; <i>Naomi Broering</i> , Pacific College of Oriental Medicine |
| 12:00 – 1:30 pm | Lunch NLM Tour & Exhibit: <i>Visible Proofs: Forensic Views of the Body</i> |
| 1:30 – 2:45 pm | Panel II: Effective Programs Moderator: <i>Karen Motylewski</i> , IMLS Panelists: <i>Jeanne Farnworth</i> , Portneuf Library District; <i>Ada Seltzer</i> , Rowland Medical Library, University of Mississippi Medical Center, <i>Alberta Richetelle</i> , Lyman Maynard Stowe Library, University of Connecticut |
| 2:45 – 3:00 pm | Break |
| 3:00 – 4:15 pm | Panel III: Partnerships and Outreach Moderator: <i>Barbara Nail-Chiwetalu</i> , University of Maryland Panelists: <i>Barbara Carlson</i> , Charleston and Georgetown Diabetes Coalition; <i>Elizabeth Schneider</i> , Treadwell Library, Massachusetts General Hospital; <i>Vickie Rose</i> , Olive Hill Adult Learning Center/Library; <i>Barbara Shultz</i> , Health Information Center, Memphis Public Library |
| 4:15 – 4:45 pm | Wrap-up/End of Forum |
| 5:00 – 7:00 pm | Reception and Awards Presentations in Lister Hill Center Lobby |

ACKNOWLEDGEMENTS

The U.S. National Commission on Libraries and Information Science (NCLIS) gratefully acknowledges the following for their generous support of the 2006 Health Information Awards for Libraries:

The Henderson Foundation
Mary H. (“Mitzi”) Perdue, in memory of Frank Perdue
Thomson Gale
ProQuest Company

ABOUT THE 2006 HEALTH INFORMATION AWARDS FOR LIBRARIES

“One of the goals of the Commission is to strengthen the relevance of libraries in the lives of Americans, and I can think of no better way to do this than to identify and recognize library programs that help increase awareness of healthy lifestyles. The NCLIS Health Information Awards for Libraries does just that, and at the same time enables the Commission to collection information about these successful programs and disseminate that information, so that Libraries and Health Information organizations can study and, we trust, emulate these best practices”

Beth Fitzsimmons, Ph.D.
Chairman, NCLIS

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ABOUT NLM

The National Library of Medicine (NLM), on the campus of the National Institutes of Health in Bethesda, Maryland, is the world’s largest medical library. The Library collects materials in all areas of biomedicine and health care, as well as works on biomedical aspects of technology, the humanities, and the physical, life, and social sciences. The collections stand at more than 8 million items – books, journals, technical reports, manuscripts, microfilms, photographs, and images. Housed within the Library is one of the world’s finest medical history collections of old and rare medical works. NLM is a national resource for all U.S. health science libraries through a National Network of Libraries of Medicine®.

PROGRAM DESCRIPTIONS

The following descriptions are presented here for the purpose of providing other libraries with ideas, concepts, and information that can be adapted and used to establish or enhance health information delivery programs for library patrons. Contact information is provided, and librarians with management responsibility for providing health information to their patrons are invited to contact the winning libraries directly.

In most cases, these descriptions are presented as submitted in the original applications made by the participating libraries, with minimal editing. The titles are the titles provided with the entries.

2006 NCLIS GRAND PRIZE AWARD – REACH 2010 (SOUTH CAROLINA)

REACH 2010: Charleston and Georgetown Diabetes Coalition's Library Partnership

At the NCLIS 2006 Libraries & Health Information Forum, Barbara Carlson, Library Coordinator for REACH 2010 participated in the “Partnerships and Outreach” panel discussion and spoke about the importance of a special emphasis on collaborating with all partners, particularly community organizations. “We were particularly effective with the ripple effect,” she said, “because we were able to reach people who would then reach other people, and that enabled us to customize our program with local target audiences.” Carlson also spoke about the importance of connecting with local inspirational leaders, and these are people who are respected and honored in the community, and their participation puts a “stamp of approval” on the program which encourages others to participate.

In the application for the award, the Reach 2010 Charleston and Georgetown Diabetes Coalition’s Library Partnership program was described as follows:

Program Description, Justification, and Outcomes. The REACH 2010 Charleston and Georgetown Diabetes Coalition’s Library Partnership expands Internet access at 5 community sites and trains people to use high-quality diabetes information through libraries and the Internet. This library-community-campus partnership consists of the Charleston County Public Library System, the Georgetown County Public Library System, the Medical University of South Carolina (MUSC) College of Nursing, the MUSC Department of Library Science and Informatics, and community-based organizations.

The REACH 2010 Charleston and Georgetown Diabetes Coalition aims to eliminate disparities for more than 12,000 African Americans diagnosed with diabetes by improving self-management and care. The Coalition includes over 16 organizations and people with diabetes. Activities cover 1,600 square miles, along 150 miles of coastal South Carolina, and happen where people live, work, worship, play, and seek health care. The Coalition improves access, care, education, and outcomes within health care systems, enhances community development, empowerment and education for African Americans with diabetes, and builds coalition power, advocacy and sustainability.

The REACH Library Partnership has been part of the Coalition since 1999, and includes faith leaders, public librarians, health sciences librarians, grass-root diabetes advocates, community centers’ directors, IT experts, and volunteers. Librarians from Charleston and Georgetown counties collaborate with REACH’s health sciences librarian and lay community health advisors/advocates to teach health information skills. The partnership works to improve the diabetes collections in public libraries, and produces posters, bookmarks, and pathfinders to help people find diabetes materials in all formats. Partners write letters to state legislators in support of public libraries on behalf of people with diabetes. A series of “Learn About Diabetes @ the Library” classes in 2003 combined neighborhood branch library promotion with lay community diabetes education. Pre-post test data showed increased awareness and use of libraries for health information among participants. The program had a significant positive impact on people with 12 or

fewer years of education, and/or those 60 years and older – the most vulnerable and needy persons with diabetes.

In 2004, a community health information needs assessment linked local digital divide and health issues when the partnership developed, pilot tested, and administered a survey, held three focus groups, analyzed results, and proposed projects. Vision, passion, and commitment provide ongoing local access to information resources, training, and services for underserved health consumers. This collaboration, working through planning and steering committees, has notable accomplishments:

- Established and maintains Internet access at 2 community centers, 2 churches, and 1 diabetes advocacy/education center. Four of these sites are in rural areas with limited or no prior Internet access or library services.
- Operates a “train-the-trainer” program. Librarians train and support volunteers and teach people with diabetes, their family, and friends how to judge the quality of health information. Progress is measured through pre-post tests, trainers’ journals, logs, and focus groups.
- Emphasizes interactive multimedia for easy and fun ways to learn about diabetes, enabling participants with low literacy and limited computer skills to learn about healthy eating, increasing physical activity, standards of care, and diabetes life-long learning.
- Created a teaching curriculum that guides learning through a digital collection of health websites, CCPL and GCPL Websites, and resources from the SC State library’s DISCUS project: MedlinePlus, American Diabetes Association, Hands-on-Health-SC, Health and Wellness Resource Center, and others, as well as basic computer skills.
- Produced new evaluation instruments to measure information seeking behaviors and attitudes. Created tailored educational materials and is constructing a Website for faith leaders to help people with diabetes.

The REACH Library Partnership promotes a better understanding of the role of libraries and networked health information in eliminating health disparities. Good information is now a higher health priority.

Replicability. The REACH Library Partnership unites people in fighting health information disparities. Wherever medical and public librarians can work together, focus on a chronic disease that disproportionately affects a minority or ethnic group, and engage people in community-driven solutions, this program can be replicated. Large and small libraries can participate with top administrative support, staff that embraces community outreach, and out-of-the-box thinking.

Charleston County is a large 16- library system, while Georgetown County is small with 3 libraries, and each has the same percentage of staff involved with this program. The total program operates on \$60,000 annually. Staff cost estimates are \$30,000 yearly with guidelines of 200 hours from 1 health sciences librarian (administration and training), 220 total hours from 5-6 public librarians (planning and training), 200 total hours from 5 community leaders (administration and planning), 110 hours from 10 volunteers (training), a web designer, and a computer technician. Other costs are for network services (\$6,000), focus groups (\$1,000), hardware/software (\$12,500), travel (\$4,600), participants’ incentives (\$4,000), and supplies, printing and miscellaneous expenses (\$1,900). Initial external funding is necessary and possible from the regional medical library network or other sponsors. Ongoing costs are considerably less with hardware/software and web design as one-time expenses. As volunteers increase training costs decrease. In this collaboration, technical support costs are low because of donated services from a community member, whose family has suffered from diabetes. Librarians and community leaders serve as caring change agents, with or without added funds, because they too know friends and family with diabetes. Librarians promote libraries by promoting health resources and healthy lifestyles. Their reproducible teaching curriculum steps participants through diabetes resources and into basic computer skills – keyboard, computer, Internet and WORD basics. Community facilities and libraries serve as training sites that co-publicize services. Librarians build health and technology skills, encourage patient-provider communication, and empower communities with knowledge. Community collaboration is central to this initiative – all partners design, implement, share equally in processes, and take credit for success. Although community health advisors/advocates may seem unique to the REACH Coalition, advocates are found in every community

with active health coalitions. Whether paid or volunteer, they, like librarians, serve from their hearts and are powerful forces waiting to be tapped in communities. Community champions make this partnership work.

Community Collaboration and Sustainability. All partners, listed below, work together to offer health information and computer training as free services. Librarians train and support community volunteers, write grants, plan and implement programs, and educate communities. On the freedom of information frontline, they form a safety net for health information that will not break. This initiative leverages funding to sustain efforts, but its driving force lies deep within the community.

- REACH 2010 Charleston and Georgetown Diabetes Coalition (See Criterion 1, paragraph 2)
- Charleston County Public library (CCPL) System serves over 300,000 people through 16 branches and a bookmobile. Johns Island Regional Branch opened in October 2004. The Georgetown County Public Library (GCPL) System has 3 libraries and a bookmobile, and will open a new Carvers Bay Branch in the Choppee area in Spring 2006.
- The Georgetown County Diabetes CORE Group is a grass-roots community organization, centered at the Choppee Health Center. Over 50 persons volunteer their time and resources to initiate programs, screen for diabetes, and improve the lifestyle of persons with diabetes. Nazareth A.M.E. Church has 500 congregants with an average Sunday attendance of 150-175. The church is in Choppee, a very rural area of Georgetown and works closely with the Georgetown County Diabetes CORE Group and GCPL.
- Greater St. Peters Church of Our Lord Jesus Christ is a Holiness Church in a Charleston suburb and averages 56 Sunday attendees. The church is committed to increasing health care services to needy citizens in the greater Charleston area, and provides health education and screenings monthly.
- Wadmalaw Island Community Center addresses quality of life for all residents of Wadmalaw and preserves the unique history of the island. The Center runs a senior exercise, nutrition, and recreation program.
- Wiltown Community Center strives to address the welfare, recreation, health, and education needs of 5 rural communities, and holds after-school and adult education programs that teach life-enhancement strategies.
- wired.MD is a company that offers patient and consumer health education videos and print handouts for use at the point of care and beyond. It has donated its products to the REACH library Partnership for a year.

Other community organizations have asked how to start this program in their areas. The need is great, but so is the “can do” spirit.

Outreach REACH data show 68% of African Americans with less than 12 years of education and 78% of 60 years and older adults do not use the Internet for health information, yet up to 38% want to learn how. To answer this need of people with low health literacy, library partners use strategies based on experience and culture. The curriculum emphasizes streaming video, audio, and interactive programs. Trusted neighbors, friends, and family teach by making learning enjoyable. Local librarians and volunteers push the right buttons on the keyboard and with people to convert information into healthy behaviors. For example, finding new recipes on the American Diabetes Association’s Website and answering the quizzes in the Diabetes-Meal Planning interactive tutorial on MedlinePlus teach people to eat healthy foods and are fun group activities. Health information mixed with laughter and people who care is a good prescription for a healthier community.

Contact

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FINALISTS

California: Senior Health Information Goes Electronic in San Diego

At the NCLIS 2006 Libraries & Health Information Forum, Naomi Cordero Broering, Dean of Libraries of the Pacific College of Oriental Medicine participated in the “Health Literacy” panel discussion and spoke about the need for working with senior citizens to help them determine the difference between good information and bad information. She noted that the lay public, especially in a community such as San Diego where there are many languages spoken, are not skilled in making these evaluative decisions and in their program, Broering realized early on that training the users would be a primary focus of the project.

In the application for the award, the Pacific College of Oriental Medicine Library program was described follows:

Program Description, Justification, and Outcomes. In 2004, the Pacific College of Oriental Medicine Library (PCOM) developed a model consumer health outreach program in partnership with five local San Diego clinics, senior centers and libraries to enable senior/older adults to access electronic health information. The program is ongoing. The purpose of the program is to improve the lives of the community seniors/adults, to promote healthy lifestyles by teaching access to reliable, accurate and authoritative health information and to improve home health care by providing sources for patient education information. The East-West Integrative Medicine approach of the college makes this program unique because it utilizes both scopes of medical knowledge. The partners include:

- First Lutheran Church, 3rd St Charitable Organization free senior clinic
- Florence Riford Senior Center
- Clairemont Friendship Community Center
- San Diego Public Library Taylor Pacific Beach Branch
- San Diego Public Library Riford La Jolla Branch

There are four major objectives and tasks:

1. To teach free health information computer classes at the partner sites and reach 2,500 people.
2. To implement technical services including wireless networking, a library Web page, and develop instructional materials, tutorials and training brochures.
3. To provide free access to the library’s Web-based information links, to full text and print materials.
4. To evaluate project services, gather and analyze attendee surveys, publish articles and reports.

Justification: San Diego is the city of choice when people retire. Needs assessment from the 2000 San Diego Association of Government data indicated that growing populations of over 50,000 seniors have recently moved into the city and San Diego districts. Many of these citizens are culturally diverse, low-income and information underserved. They are primarily Caucasian, Hispanic, African American, Asians, and Eastern European. The majority does not have access to quality health information, which seniors desperately need for disease prevention and to cope with health problems. PCOM developed the first San Diego library outreach program to address these health information needs.

Accomplishments and Outcomes to-date are:

- Needs assessment tools included preliminary meetings, questionnaires, surveys & interviews at partnership sites, which substantiated the need for a health information instructional program.
- The library developed a consumer health collection and designed a webpage with Health Databases (MedlinePlus, Pub Med, NIH NCCAM, and DHHS systems), Senior Health section, Nutrition links and other authoritative health related links:

http://www.pacificcollege.edu/library/health_databases.htm

http://www.pacificcollege.edu/library/senior_health_databases.htm
http://www.pacificcollege.edu/library/complementary_medicine.htm#2 (includes nutrition).
<http://www.pacificcollege.edu/library/index.html> (access to e-books journals & databases).

- The library emphasizes hands-on computer classes and community health information presentations, because this is the area of the greatest need, and our expertise in computers and medical sciences is well utilized to make a valuable contribution. Attendees are taught how to access health information using MedlinePlus and other NIH databases in English and Spanish, including prescriptions drugs, various health diseases and conditions, diet (nutrition), finding physicians, Medicare, health organizations and hospitals.
- Baseline data & project goals to reach 2,500 people have been surpassed, making the program highly successful. Over 3,300 seniors/adults have attended our Health Information Literacy sessions and over 425 participated in the hands-on computer classes. MedlinePlus en español and the new MedlinePlus/Drug Information Herbs & Supplements are heavily used.
- Evaluation questions and interviews indicate that few knew how to access health information nor were they aware of MedlinePlus & other databases. Questionnaires and telephone surveys indicate that all attendees felt they gained previously unknown knowledge, computer skills, and they expressed their appreciation.
- Lessons Learned include the need for one-on-one instruction, labor-intensive instruction to teach seniors basic mouse and computer use, and Wi-Fi wireless network issues. There are other local libraries and senior centers asking to participate.

Replicability. The PCOM Library with the partnering institutions applied to the National Network of Libraries, Pacific Regional Medical Library Services, supported by the National Library of Medicine for funds to launch this project. The PCOM Library was awarded an Access to Health Information contract of \$40,000 for 18-month period and a one-year Express Project contract of \$6,000. The total \$46,000 project budget covers personnel (\$29,725), travel (\$4,835 mileage to sites and meetings), equipment (\$8,385 laptops & desktop computers and printers), wireless connection (\$1,057 internet/router/modems) at partner sites, and supplies (\$710), copying (\$500 posters & flyers). The project is labor intensive; laptops, network and wireless routers were needed for the senior clinic.

The PCOM Library and the five partners (senior center, clinic and libraries) all contribute in-kind with staff time, facilities, and equipment for the project. Total in-kind donations are \$38,500 (\$30,000 from PCOM Library (personnel \$25,000, equipment \$3,000, network \$2,000 internet) & from partners \$8,500 (personnel \$3,000, computer/network \$5,500). The combined project costs are \$84,500. The PCOM Library and partners contributed \$38,500 which is 45.5 % of the project costs. PCOM also supported student/interns as teaching aids.

Replicability Features: The program model can be easily duplicated at other libraries and senior centers. Positive aspects for replicating this project are its affordability, ease of attracting partners, and our training materials can be executed at other libraries. The service can be duplicated to a smaller or larger scale by libraries. PCOM used the donated librarian's salary, the library's equipment and computers at two senior centers to minimize project cost outlay. We calculate the average cost per participant is \$1.23, making the project cost effective with a high economy of scale. Two other libraries asked us to replicate the service.

Community Collaboration and Sustainability. The project participants have joined together to form a consumer health information network with the Healthy People 2010 concept. They provide health programs and having launched this collaborative project, they intend to sustain and continue it. The affiliation with PCOM Library, the first in San Diego to develop this network relationship, provides a continuing foundation and invaluable base for sustainability.

1. Although a small library of 7,500+ items, PCOM Library's digital, electronic and educational services are expansive. Project Director, Naomi Broering, MLS, MA, Dean of Libraries, is former Director of Georgetown University Medical Center Library, HAM-TMC Library and MLA President. The library's role is to conduct computer classes and presentations, coordinate with partners and write

grants. It supports educational programs of PCOM, a nationally respected, private, accredited graduate college that grants masters and doctoral degrees in integrative East-West Medicine at three campuses: San Diego, New York & Chicago. PCOM has clinical affiliations with Children's Hospital and UCSD. Contributed value is \$30,000.

2. First Lutheran Church & Third Avenue Charitable Organization and PCOM have a long-term on-going senior free clinic affiliation. Library staff brings laptops using WI-FI for the classes, and they provide space weekly; contributed value is \$1,700.
3. The Florence Riford Senior Center is supported from county funds and private donations. It supports health information and contributes a ten-computer lab; value is \$1,700.
4. The Clairemont Friendship Community Center is similarly funded as the Riford Center. It administers finances, writes grants for both centers, and contributes a computer lab; value is \$1,700.
5. The SDPL Taylor Pacific Beach Branch is supported by the city. It has 15 computers, and a community room for presentations; value is \$1,700.
6. The SDPL Riford La Jolla Branch is supported by the city, and has over 25 computers and a community room for presentations; value is \$1,700.

Staffs at these locations have been trained and can provide information or contact PCOM. A relationship with the Pacific Symposium provides free conference exhibit space and plans are to provide continuing education. On-going relationships with exercise and blood pressure programs at senior centers attract participants. PCOM Library plans a Consumer Health Information Literacy Center to expand and continue these community services, and will use the award, if granted, toward this noble goal.

Health Literacy Outreach. The PCOM Library's goal is to improve health information literacy outreach to community seniors by providing the most accurate and authoritative sources. A major point emphasized in our presentations is the magnitude of medical misinformation on the web. Criteria for selecting quality and reliable sites include MedlinePlus, Pub Med, NIH, academic medical centers and health associations. Seniors are given instructional manuals, brochures, and pens with URL reminders. One-on-one assistance enables novice seniors with mouse, scrolling, and basic computer skills. Large-type, ear phones and special keyboard and large monitors are used for disabled and visually impaired seniors. Health literacy outreach through the PCOM Library webpage includes links to authoritative health information databases, and online tutorials. A "Go Local" PCOM service includes links to local academic and public libraries. PCOM updates public health issues; we added "My Pyramid" about nutrition and diet. We asked NLM to add Medicare (prescription drugs). Bookmarks are distributed for handy access to www.Medlineplus.gov.

Contact

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Connecticut: Healthnet – Connecticut Consumer Health Information Network

At the NCLIS 2006 Libraries & Health Information Forum, Alberta L. Richetelle, Program Director for Healthnet participated in the "Effective Programs" panel discussion. She related how the guiding principle for the establishment of the program was to recognize that Connecticut is a very diverse state and as such, would require a very personalized, very customized program. As the program was developed, it became clear that a "one-size-fits-all" model would not work, so by enlisting the assistance and enthusiasm of the public library community ("the people who know what citizens need best are the public librarians") and letting them set the agenda, a successful design for the Healthnet program was created.

In the application for the award, the Healthnet: Connecticut Consumer Health Information Network Partnership program was described as follows:

Program Description, Justification, and Outcomes. Healthnet: Connecticut Consumer Health Information Network is an outreach program of the Lyman Maynard Stowe library, University of Connecticut Health Center.

Healthnet's goal is to increase access to high quality, authoritative consumer health information for the citizens of the state of Connecticut directly and through their local public libraries. As the public's demand for health information increased in the early 1980's, it was apparent that a statewide formal program was needed to meet these information needs. This was reinforced by the results of a 1984 statewide survey conducted by the Connecticut State library of the information needs of over 500 households in Connecticut in which health information ranked third as a topic of concern.

Healthnet began as a grant-funded program in January 1985. The University of Connecticut Health Center is home to the School of Medicine, School of Dental Medicine, graduate medical programs, John Dempsey Hospital, and the University's medical clinics. The library provides services to over 850 students, 775 faculty, approximately 2,000 researchers and research assistants, and over 2,000 administrative and support staff.

Connecticut has 169 towns, of varying population sizes, economic, and literacy levels, all of which have at least one public library. The libraries vary greatly in their size and resources. The Healthnet program strives to reach every library to inform the staff and its library users of available services and training opportunities that can help meet the community's health information needs.

Healthnet services and programs include:

- training of public librarians to effectively answer consumer health questions and to locate and use authoritative, high quality resources including print, online, and Internet resources
- assistance to help public librarians answer consumer health questions
- research service for Connecticut residents who can call Healthnet directly to obtain a customized packet of printed information related to a personal medical concern
- training of consumers to help them develop effective search skills to do their own research
- evaluation of consumer health resources
- maintenance of a Website with topical resource guides and other tools to help librarians and consumers research consumer health questions

Healthnet's Website is at [http:// library.uhc.edu/departm/hnet](http://library.uhc.edu/departm/hnet). Each of Healthnet's online Resource Guides, directed to health consumers, focuses on a medical topic such as children's health, mental health, or aging. The Guides also provide direction to public librarians searching for specific consumer health information. They incorporate descriptions of relevant, recommended books, patient brochures, organizations, government agencies, and Websites. To reach its overall goal of promoting the public library as the central source for a community's health information needs, Healthnet has offered more than fifty different training workshops for librarians since its inception. These have included medical reference workshops, programs on evaluating and finding authoritative health information on the Internet, medical database searching, special seminars on important health topics, including alternative health resources and environmental health resources, special lectures on topics such as nutrition resources, medical privacy, and locating and evaluating health news stories.

In 2000, Healthnet initiated a program to teach consumers how to find quality health information on the Internet. Called "Healthy Websites," the program demonstrates high quality Internet resources where individuals can find information to improve their health literacy on topics such as diseases and medical conditions, treatments, medications, and health care providers. So far, twenty-one of these programs have been presented at public libraries. The "Healthy Websites" program has also been offered to librarians to teach them the basics of searching the Internet for health information and allow them to offer a similar program in their own libraries. Guides used for the "Healthy Websites" program are located on Healthnet's homepage at [http:// library.uhc.edu/departm/hnet/rbempowermentplus.html](http://library.uhc.edu/departm/hnet/rbempowermentplus.html)

The Healthnet program is continuously monitored by Healthnet staff to determine if program goals are being met. Trainees attending workshops complete written evaluations to determine if training objectives are being met. Staff makes on-site visits to public libraries to talk to library staff about the program and to determine if there are additional program needs.

Replicability. The Healthnet program was one of the first statewide consumer health information programs in the United States. Originally funded with federal grant money from the Connecticut State Library, Healthnet was so successful in its first two years that the Connecticut Library Association, in its legislative lobbying efforts, was instrumental in obtaining state funding to allow the program to continue. Currently, the program is managed by two full-time librarians and has an operating budget of approximately \$4,000.00. Healthnet's statewide program can be adapted in other states by similar medical center libraries, provided funding for staff and operating expenses are available. The library would need to have access to a comprehensive professional medical collection similar to the Health Center Library's collection to answer complex consumer health questions, plus a collection of basic consumer health titles. Individual public or medical libraries wishing to replicate a similar program on a more local level can use Healthnet's list of recommended consumer health print titles to establish their collections – <http://library.uhc.edu/departm/hnet/corelist.html> – and link to Healthnet's list of authoritative Internet resources if they decide to develop their own Website.

Healthnet staff has consulted with other library systems and individual libraries to help them develop similar consumer health programs, most notably the Massachusetts Board of Library Commissioners and the New York Public Library. Healthnet staff provided training for librarians in consumer health reference services and assisted with collection and program development. Healthnet staff encourages individual libraries to develop their own community-wide consumer health information programs and is available to assist the libraries with training, collection development, and other program activities. Within Connecticut, Healthnet has provided training and collection development assistance for the Greenwich Public Library and the New Haven Free Public Library when they were developing their community consumer health information centers. The "Healthy Websites" program, mentioned above, is an example of one aspect of the Healthnet program that could be easily replicated and adapted to any size public library or audience.

Connecticut librarians who want to provide their own training can attend the "Healthy Websites" session specifically geared for librarians. The librarians can duplicate the print guides and use the online links to teach a "Healthy Websites" session in their own libraries. Healthnet staff is available to assist with publicity and answer questions the librarians may have about specific Websites.

Community Collaboration and Sustainability. The network concept of the Healthnet focuses on the public library as the central source for up-to-date, authoritative health information derived from many different sources. The structural relationship between the public libraries and other components of the network can be described as a free flow of information between all points of the network including Healthnet, the Health Center Library, public libraries, voluntary health associations, state agencies, senior centers, and self-help groups. To support Healthnet's network, staff systematically alerts organizations throughout the state about its services and programs and keeps public librarians informed about new services or new online resources. This is either accomplished through visits to the organization's headquarters, telephone contacts followed up by a mailing of Healthnet information, or by email. Just in the past two years, staff has made contacts with 106 statewide organizations. Organizations have publicized the services offered by Healthnet, have referred their clients to our free consumer health research service, and educated clients about local public library resources.

Healthnet publishes an online quarterly newsletter that features information on upcoming programs and workshops, reviews of recommended consumers health books and Websites, and information on important health publications available from federal and state agencies and organizations. The newsletter is on Healthnet's Website and libraries and organizations are alerted via email about the availability of a new edition. The newsletter can be found at <http://library.uhc.edu/departm/hnet>. Examples of collaborative projects include the following:

- In 1991-1992, Healthnet worked with the New Britain Public library, a medium sized urban library, to develop a children's health collection. Healthnet staff, in cooperation with New Britain's Children's librarian, developed a grant proposal to fund the project. Children's books, books for parents on children's health issues, and videos on health topics were purchased for the collection.
- In 1999, Healthnet was awarded a grant by the National Library of Medicine to develop a collaborative program with the Connecticut Self-Help Network to provide training for self-help groups to find quality health information on the Internet. Details of the program can be found at <http://library.uchc.edu/departm/hnet/rbarempower.html>.
- In 2002, Healthnet was awarded a grant by the National Network of Libraries of Medicine/New England Region, to develop a regional conference on consumer health information and technology. Healthnet staff identified speakers for the conference and invited regional organizations to participate as exhibitors to discuss their programs and provide printed literature to conference participants. Conference attendees included public librarians, health sciences librarians, and health organization and health agency representatives.

Health Literacy Outreach. Healthnet is statewide outreach program to Connecticut's public libraries and residents. A special goal has been to improve the health literacy of Connecticut's residents by providing high quality, authoritative consumer health information for individuals with different reading abilities in response to their specific information needs. Evaluating information resources and informing public librarians, consumers, and health organizations and agencies about the availability of these resources help accomplish this.

Examples of outreach activities include:

- Information sessions at local senior centers to inform staff and clients about Healthnet's free research service to answer consumer health questions
- Participation in senior center health fairs
- In cooperation with local public libraries, training consumers to find high quality, authoritative, and readable online health information to answer their specific health questions
- On-site visits to statewide health organizations and agencies to promote cooperative efforts to increase the availability of health information to the public.

Contact

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Idaho: Get Real, Get Fit!

At the NCLIS 2006 Libraries & Health Information Forum, Jeanne Susan Farnworth, Youth Services Librarian at the Portneuf District Library participated in the "Effective Programs" panel discussion and spoke about the importance of publicity and targeted marketing to the success of the program. "We appealed to the parent," she said, and noted that by getting information in the local newspapers as often as she could, citizens became aware of the program and were interested in participating from the beginning.

In the application for the award, the Portneuf District Library program was described as follows:

Program Description, Justification, and Outcomes. The Portneuf District Library in Chubbuck, Idaho serves over 20,000 Bannock County residents surrounding the city of Pocatello. This population includes Native American families living on the Fort Hall Indian Reservation, migrant Hispanic workers and their families, Asian Americans, African American and Caucasian families.

Our community is an eclectic mixture of rural and urban lifestyles. However, state statistics show that 1 out of 5 Idahoans is obese. According to a local diabetes survey, 63% of youth living on the Fort Hall Indian Reservation are obese or at risk for becoming obese. In addition, statistics (gleaned from our local Developmental Assets Survey) show that only 36% of our community's youth feels that they have positive family communication. According to the same survey, only 26% of our young people feel that adults in our community value youth. Just 33% believe parents and other adults model positive, responsible behavior.

Recognizing the need for quality fitness programs for adolescents and their families, the Portneuf District Library targets this multigenerational audience. Because adolescence is beginning earlier in many children, we include all youth from grades 5 through 12. Our target audience includes youths ages 11-19 and their parents, grandparents or caregivers. We registered 50 adolescents and their adult family members or caregivers at the first 2 events. Some participants brought their extended family, serving to increase family communication and also effectiveness of the event programming. Over 125 different individuals participated in each of the first 2 events. Each adolescent who participates in our events receives a free pedometer, event T-shirt, pool pass, novel of choice, and goody bag (bags are filled with area hiking maps, art walk maps and other health and fitness related opportunities in our area).

Held at the Portneuf District Library 4 times from May 2005 – May 2006, our Get Real, Get Fit! events incorporate the “In The Mix” video and discussion, break out sessions and fitness stations designed to meet a variety of needs and interests, and a one-mile fitness walk. “In The Mix” is an award-winning fitness theme video designed to stimulate discussion and activities that educate adolescents and their families about healthy lifestyle choices. The break out sessions and fitness samplers include Stress Relief Samplers (Yoga, Reading for Relaxation, Massage), Sports Samplers (Low-impact Aerobics, Weight Resistance Training, Walk Your Way to Wellness), Lifestyle Samplers (Nutrition Labels Literacy, Substance Abuse Awareness, Making Healthy Eating Choices, Making Time For Exercise). These fun-filled, hands-on learning events not only promote fitness, they help us strengthen ties to our target community as youth and families will see the library as an information center and more than just a clearinghouse for books. The events serve as tools for educating the target community about the many health services that are available throughout our community as well as about healthy, fit lifestyle choices. The Get Real, Get Fit! events also enhance connections to young people as we show youth in our community that adults do value them and care about their fitness and health. In addition, the Portneuf District Library and our community partners provide adult role models that promote healthy, responsible behaviors.

Attendance is an indicator used for evaluation. Participants’ pre-test and post-test scores are compared in order to evaluate effectiveness of events. The pre- and post-tests scores indicate increase in knowledge of exercise, label reading and making healthy choices. We have completed 2 of this year's 4 events and over 91% of participants scored higher on post-test knowledge, indicating an increase in knowledge about fitness and improved ability to understand and use health information on food product labels.

Replicability. The Get Real, Get Fit! events could be easily and inexpensively replicated by most libraries in communities with health and fitness professionals. Most communities have hospitals, dentists, health professionals, and businesses which could be utilized as partners in fitness/health related events. Because so many folks are aware of the need for positive programs for teens, volunteers are easily found.

Due to funding insufficiencies, the Portneuf District Library relies heavily on community partners to help plan and facilitate the events. Our community partners helped plan and staff the sports samplers, fitness stations and one-mile walk during the events. Other community partners donate free pedometers, pool passes, refreshments and more. Only 1 library staff person is necessary as a coordinator at each Get Real, Get Fit! event. Because community partners helped plan the events, they have a degree of ownership in them and their participation is enthusiastic. Due to the positive response of participants and the effectiveness of the programs, all of our community partners are committed to continuing the events in the future. Due to local contributions, the cost per person has been minimal. The posters and flyers that go out to the schools are our biggest expense.

Community Collaboration and Sustainability. In order to promote healthy lifestyles and our Get Real, Get Fit! events, School District 25 and the Fort Hall Shoshone – Bannock School District assist by authorizing Get Real, Get Fit! exhibits in local middle and high school libraries. Collaboration among our librarians, school librarians and South Eastern Idaho District Health Department professionals produced materials used in library exhibits. These exhibits include information about our events as well as fitness-related literature and other fitness-related promotional materials. Posters and flyers are also distributed at the nine local Jr/Sr High Schools. Some classes also promote our events by offering extra credit for intergenerational attendance. The South Eastern District Health Department further collaborates by furnishing promotional materials and facilitating presentations/activities during Get Real, Get Fit! events.

Other community partners include:

- The Bannock County Juvenile Justice System promotes participation by actively encouraging families involved in the juvenile justice system to learn more about healthy lifestyles by attending our events
- They also allow exhibits in their High School Equivalency program
- Our local hospital donates pedometers for each teen participating in our Get Real, Get Fit! events
- Local Extension 4-H professionals provide staff for teaching how to use the pedometers
- Area health centers staff fitness stations, break out sessions and health and fitness samplers
- Area food service businesses (Idaho Dairy Council, Great Harvest Bread, Culligan Water, etc.) offer free, healthy refreshments
- The Pocatello Chamber of Commerce donated goody bags, area maps and other bag fillers
- Lava Hot Springs donated a free pool pass to everyone participating in Get Real, Get Fit! events
- Idaho State University Dental Program staffs a dental health sampler with educational tips, free toothbrushes, mouthwash, and more
- Our local Asset Builders in conjunction with Idaho Health & Welfare employees staff a healthy assets sampler

While the Get Real, Get Fit! events began through a mini-grant which helped us purchase event t-shirts, our post-test feedback sheets indicate that folks would still be willing to participate without the incentives. The Portneuf District Library will continue to house future fitness/health programs and our partners are committed to bring health education to the high-risk adolescent population and their families.

Health Literacy Outreach. Several Get Real, Get Fit! samplers and stations, including the “In The Mix” video and discussion focus on the ability to successfully interpret nutrition labels. Because teens are faced with many food-related choices, we believe that conscious label reading is an important beginning step in improving health information literacy skills.

In order that entire families benefit from this health education, it is important to share this information intergenerationally. Pre-test scores indicate that many folks (parents and teens alike) have low health information literacy. Over 91% of folks participating scored higher on post test knowledge. This indicates an increase in knowledge of health-related issues and an improved ability to understand and use health information on food product labels. Feedback also indicates that many participants are unaware of basic health services. Our community partners are able to provide valuable information about access to health services that are available in our area.

Contact

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Kentucky: Get Real Get Fit Program

At the NCLIS 2006 Libraries & Health Information Forum, Vickie Rose, Supervisor, Olive Hill Adult Learning Center/Library participated in the "Partnerships and Outreach" panel discussion and spoke about the importance of enlisting support from local merchants and citizens. Since the county is the only county in Kentucky that does not have a publicly funded library, the Olive Hill Adult Learning Center/Library is totally staffed with volunteers (one of 15 years, and one of 9 years), and it is this volunteer effort that seems to enable the library to raise money from merchants and other community groups and churches.

In the application for the award, the Olive Hill Adult Learning Center/ Library program was described as follows:

Program Description, Justification, and Outcomes. The Olive Hill Adult Learning Center/ Library is located in a very rural area of Kentucky. Our county is the only county in the state of Kentucky without a tax supported library. The library we do have is totally staffed by volunteers.

The library is connected to the Olive Hill Adult Learning Center. We applied for a grant through the libraries for the Future and the Metlife Foundation in New York City. We were awarded a grant to educate the teen population in our area. The teens in our area have no recreation center, such as a YMCA, and if there was one would not have the money to attend, so we established the Get Real Get Fit Program! in the area.

We had targeted 60 families in four sessions. I finished the last session last week, and I had fifty families to attend just this one. The total number of families served in the four sessions was over one hundred. I raised money for free merchandise for the teens, such as T-shirts, water bottles, gift certificates, free healthy food and refreshments, and free membership to the local gym. I am very proud of our library and our volunteers. We now have a new library that was completely built by volunteers. It is two floors and has a lift to accommodate people who not use the stairs. I hope in the future that our community will now support a library because now they see just how much it is needed and all the people it can help. This award would help to make this dream come true.

Replicability. This program is easily replicated. All that is needed is the collaboration of businesses in the community. I have materials already prepared that could be picked up and used by any other library. For example, a library in another county has requested the information on the Get Real Get Fit Program. I am sending them all of my materials and contact information for a fitness tracker program that was bought to go in the library for the families to come in and print out a nutrition and exercise plan. The participants in this program did not have to pay anything to attend. A nutritionist I had come in was from the health department so she did not charge, the businesses I collaborated with didn't charge anything, and I was not paid. The library is continuing this program. We have set up every other Thursday for families to come into the library to use the software and books that were purchased. We have a large space upstairs where they can go to exercise. A lot of the teens have taken advantage of the free membership at the local gym. The fitness center is located right by the middle and high school. I wish this program was replicated in every library.

Community Collaboration and Sustainability. I collaborated with two businesses for this program. The first was our state park, Carter Caves State Park. The first two sessions were held at the park where the teens and their families received a free nutrition workshop and watched a video called "In the Mix" (this video is completely done by teens for teens). After the workshop, the park naturalist led everyone on a 2 mile hike in the park and they loved it. At the end of the two hour session, the participants received a free swim pass to the pool located at the park. They also received a nutrition guide, free food from the healthy menu at McDonalds, free clothing, and access to the fitness tracker program at the library. The second business is the local fitness center called DynaBody. The first part of the session was a nutrition workshop with the video. The second part was free personal training at the gym. The families received a free membership to the gym, and all the free things mentioned above.

Outreach. Our community does not receive the health information that it should. We are a very poor area and do not have the resources that a lot of places have. This program provided over 100 families with very important information and at the same time has given them a chance to change their lifestyle. I will continue to reach out to our community to promote healthy lifestyle changes. One way I am doing that is getting the word out. If our library is chosen for this award I hope our community will vote for a tax supported library. If we had a tax supported library so many more programs can be implemented to help the families in our community.

Contact.

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Massachusetts: ARCH: Access to Community Health Resources

At the NCLIS 2006 Libraries & Health Information Forum, Elizabeth Schneider, Director of the Treadwell Library at the Massachusetts General Hospital participated in the “Partnerships and Outreach” panel discussion and spoke about the value of enlisting other organizations, particularly neighborhood groups and special focus groups like Head Start who are already investing in the community.

In the application for the award, the ARCH program was described as follows:

Program Description, Justification, and Outcomes. In 2000, Treadwell Library, the health sciences library of Massachusetts General Hospital (MGH) partnered with MGH Community Health Associates (CHA) to form a new model for providing health information in four poor, urban and underserved communities. A collaborative project ARCH (Access to Community Health Resources) accomplished this through the MGH Community HealthCare Centers in Revere, Chelsea, Charlestown, and Everett, MA. The goal of ARCH was to provide access, especially electronic access, to quality health information to help people living and working in the communities make more informed health decisions. The project crossed organizational boundaries to reach all types of educators who could impact the health of the community including clinicians, outreach workers, health educators, public librarians, Head Start staff, and school nurses. The target communities, just north of Boston, are culturally and linguistically diverse. Many residents are new immigrants or refugees, unemployed or working poor, and uninsured. CHA has well-established relationships with these communities and an in-depth knowledge of their health problems. They identified major health problems such as asthma, AIDS/HIV, hepatitis C, and substance abuse. With CHA’s extensive knowledge of community needs, Treadwell leveraged its expertise in health information resources to best meet the health information needs of these communities. ARCH implemented several major components over the last five years.

1. The ARCH Resource Center was established in the Revere HealthCare Center with a small print collection and two PC’s with access to the Internet and MGH network (<http://massgeneral.org/library>) This space is used for small group and individual hands-on teaching and consultation.
2. A user-friendly Website (<http://www.arch-mgh.org>) was created with links to carefully selected and culturally appropriate free health information on the Internet. The content reflects community needs and meshes with Healthy People 2010 goals. (<http://www.healthypeople.gov/About/>).
3. Conducting educational and training sessions was a major focus of the ARCH project. ARCH’s Certified Health Education Specialist led sessions for clinicians, outreach workers, health educators, public librarians, Head Start staff, school nurses and senior citizens. Understaffing of the public libraries prevented continuing efforts with this group. High demands on clinicians’ time made scheduling challenging.
4. Content is continually added to the ARCH Website including creating a page in Spanish to serve the needs of the large Spanish speaking population. Multilingual information is provided in Arabic, Bosnian, Russian, Somali, and Vietnamese.

Another component, the ARCH Patient Education Initiative, provides printed patient education brochures to the Health Centers.

Through a Community Languages grant from the Massachusetts Board of library Commissioners, ARCH purchased print handouts in multiple languages for patients to use. Treadwell purchased materials for MGH interpreters and the MGH ESOL program. The objectives of the ARCH project were met. ARCH delivered high quality health information to individuals and organizations in the target communities through the ARCH Resource Center, ARCH Website and training sessions to clinicians, outreach workers, school nurses and community residents. From 2002-2005 there were 774 individual requests for information. From 2001-2005, 182 sessions/presentations taught 1316 attendees, who learned how to access and use ARCH online resources to find health information to meet personal needs or those of their patients, students, clients, etc. Evaluation data was collected in multiple ways: Website usage statistics; evaluation of Website's content by a physician, mental health librarian, drug outreach worker and diabetes primary care team; a survey of Website usefulness; evaluations of presentations, training sessions, and Patient Education Initiative; and pre-and post-training surveys. Evaluation data indicate that ARCH did accomplish its major goals and objectives and is highly valued by its target population.

Replicability. ARCH was developed with the support of a \$40,000 grant from the National Library of Medicine/New England Region (NNLM/NER). Two additional NNLM/NER grants enabled ARCH to expand and extend services to more community residents and organizations. Budget breakdown of grants:

- \$ 39,955 (2000-2001)
- \$ 25,000 (2002-2003)
- \$ 40,000 (2002-2004)
- \$ 53,536 Personnel
- \$ 42,993 Print materials, computers, furniture, supplies, marketing, events, etc.
- \$ 8,426 Indirect Costs

Between 2001 and 2005 there were 182 training sessions/presentations with 1316 attendees. Because this project uses the "train the trainer" model, the number of people ultimately using ARCH is much higher.

ARCH Website usage increased from fewer than 8,000 hits in 2001 to 66,000 hits/28,000 visits in 2005.

There were 774 individual requests for information between 2002 and 2005. Individual requestors usually shared their information with patients, clinicians, outreach workers and community residents, thus increasing the number of people served by ARCH.

The Community Languages grant for \$20,000 awarded in 2003 was spent on books, brochures, and media. In total, 10,474 items were purchased for a unit cost of \$2.00. While difficult to completely quantify usage, we know the 276 items purchased for Treadwell library's Community Language collection circulated 552 times since opening in April 2005. All brochures purchased were used.

The Pre-natal Units at the Chelsea and Revere HealthCare Centers see 100-150 pregnant women each month. Their nurses love the booklets in English and Spanish made available by the grant.

The low-literacy "Balance Your Act - A Book for Adult Diabetics" is an extremely useful resource for the 1,256 diabetes patients served at the Revere HealthCare Center. This project could be easily replicated. It was supported by small grants that are more accessible to libraries than large grants.

Eliminating one barrier to Replicability, ARCH does not require a large physical facility. The project's critical asset is the strong collaborative partnership among the partners, in particular between CHA and Treadwell library.

All partners contributed staff time and expertise that varied over the years depending on circumstances.

Through open communication, mutual respect, and leveraging each other's knowledge and expertise, the partners created a service far superior to any they could have developed individually. This model of collaboration can be replicated across all types and sizes of organizations.

Community Collaboration and Sustainability. Treadwell library worked with a number of community-based organizations throughout the growth and development of the ARCH project. CHA was, and continues to be, a key partner. Other founding partners were the Chelsea Health Dept. (CHD), and Mass Prevention Center – now called Greater Boston Center for Healthy Communities (GBCHC).

Additional community organizations that worked with Treadwell on various ARCH activities included:

- MGH HealthCare Centers in Revere, Chelsea and Charlestown
- school and community nurses in Chelsea and Revere
- seniors at the Chelsea Senior Center
- the Revere Council on Aging
- the Jack Satter House Senior Living Complex
- residents of the Cornu Managed Chelsea Square Apartments
- the Head Start Programs in Chelsea and Charlestown

CHA contributed space for the ARCH Resource Center as well as funding additional staff hours contributed by nurses, health educators and outreach workers. Treadwell library also contributed staff time to the project. CHD contributed its expertise in disease prevention work among immigrant and refugee groups. A link to the GBCH catalog continues to facilitate ARCH patient access to materials in the GBCH collection. GBCHC contributed staff time, expertise in population-based health education, materials, and training. During orientations for nurses and nursing students, GBCHC continues to introduce the ARCH Website to these potential users and links to ARCH from its web page (<http://www.masspreventioncenter.org/>).

At this time, the senior centers continue to invite ARCH to use their computer rooms for training sessions on a regular basis. Through ARCH, Treadwell has relationships with the Revere and Chelsea schools, Head Start programs in Chelsea and Charlestown, and the Cornu Managed Chelsea Square apartments. CAPIC Head Start in Chelsea is now collaborating with CHA and Treadwell on a grant application that would establish an onsite health library to serve Head Start staff and parents. This center would focus on child development, nutrition and obesity prevention. CAPIC Head Start will donate the space and contribute some staff time to this project. Treadwell continues to update and improve the ARCH Website (including translating it into Spanish) and collaborates in writing grants for additional funding.

Health Literacy Outreach. From its inception, ARCH focused on meeting health information needs of people with low literacy skills. All resources, print and electronic, were carefully chosen with this in mind. Online tutorials and audio files were identified and included, while a web page devoted to literacy guides users toward health literacy resources. Because a large percentage of the target population does not read English, materials written in other languages were included. In 2004, Treadwell created a web page of major resources entirely in Spanish <http://www.mgh.harvard.edu/library/arch/espanol.asp>. These resources were also checked for literacy level. Staff from CHA and Treadwell attended Plain Language workshops to enhance their skills in identifying and writing easy-to-read materials. Through the partnership with CHA and other community organizations, ARCH was able to help members of the target population to obtain access to information and health related services that otherwise would have been out of reach for them.

Contact

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Minnesota: Prevention Resource Center (MPRC)

At the NCLIS 2006 Libraries & Health Information Forum, Sally Ann Mandler, Information Services Coordinator for the Minnesota Institute of Public Health participated in the “Health Literacy” panel discussion and spoke about how the program serves as to provide information and training to “the providers behind the providers,” enabling police departments, corrections officers, emergency service personnel and others in the community to have access to the health information that they require for working with citizens who need the information.

In the application for the award, the Minnesota Prevention Resource Center program was described as follows:

Program Description, Justification, and Outcomes. The purpose the Minnesota Prevention Resource Center (MPRC) is to make resources about preventing alcohol, tobacco and other drug use problems available throughout the state.

MPRC has provided information through its library and clearinghouse, as well as its training and technical assistance services since 1981. We emphasize building the capacity of prevention practitioners at the county and local community levels while continuing to serve individuals, families, peers, schools, public libraries and community-based organizations throughout Minnesota in their efforts to prevent alcohol, tobacco and other drug (ATOD) use problems and to promote chemical health.

Members of our target audience – county public health professionals, school personnel and local prevention practitioners – were recruited to participate in focus groups. Their input formed the basis upon which we developed our initial service plan. Subsequent data gathered from our target audience informs the continued evolution of MPRC services. Because of this, MPRC's program activities address the target audience's work to reduce risk factors and enhance protective factors in our mutual efforts to prevent ATOD problems.

MPRC provides technical assistance in prevention program planning, implementation, evaluation and best practices. We also offer educational and networking opportunities through conferences and regional trainings. It is the research-based information found in our special library collection and through online literature searches as well as our clearinghouse of publications, which form the heart of our services that support local prevention efforts.

Outcomes:

- Prevention practitioners and all MPRC customers throughout Minnesota have greater capacity to reduce the risk factors and increase the protective factors associated with ATOD use problems.
- Local community-based prevention programming is improving and evidence-based.
- Targeted mailings about MPRC resources expand the use of MPRC and enhance programming offered in counties and local communities statewide.
- Minnesota prevention practitioners and the Minnesota Department of Human Services are closely connected to federal prevention services and resources (MPRC is Minnesota's State RADAR Network Center).
- Residents of Minnesota and any other interested persons with an Internet connection have access to accurate and useful prevention information (www.emprc.org).
- Prevention practitioners as well as school, law enforcement and human services personnel and the general public communicate important ATOD prevention information among themselves quickly and easily (via MN-Prev electronic mailing list).

Evaluation tools/processes:

- Our evaluator and project director review data quarterly
- Qualitative data collected through key informant interviews and observations are analyzed using the QSR NUD*IST (Non-numerical Unstructured Data Indexing, Searching, and Theorizing) software package
- Quantitative data are analyzed using SPSS. From the July 12, 2005 report of our independent evaluator, Ken Winters, Ph.D., Department of Psychiatry, University of Minnesota:

MPRC is universally viewed by the respondents as a strong and responsive resource. It is viewed as effective at teaching skills to its customers (all recorded “strongly agree” or “agree”); it provides relevant and cutting-edge skills for its customers; it provides customers information and services that are evidence-based (all recorded “strongly agree” or “agree”); and it effectively communicates with its customers, particularly due to its publications and newsletters. All of the Clearinghouse users surveyed indicated that they were very satisfied with the customer service and that the materials were very useful. Commonly cited reasons for satisfaction were timeliness and helpfulness of the MPRC staff; frequently cited reasons for the usefulness of the materials were pertinence of the topics, thorough information and easily understood by youth. All respondents indicated that they were either very likely or likely to use the MPRC Clearinghouse during the next year.

Replicability. Taking a modular approach to replicating MPRC's success is the most feasible depending on local needs and existing resources. MPRC is one of nearly 40 projects managed by the Minnesota Institute of Public Health, a 501.c.3 organization. As such, MPRC project staff are able to leverage the resources and realize economies of scale by partnering with co-located projects as well as with outside agencies such as the Minnesota Departments of Education, Health, Human Services and Public Safety in addition to tapping the resources of Minnesota Planning, Department of Administration, University of Minnesota Extension, State Legislative Library, Minnesota Organization on Fetal Alcohol Syndrome and others.

We rely on consultants throughout the state to help disseminate information from our central location. We disseminate free materials from the Federally-funded National Clearinghouse (NCADI) and we also develop a number of items each year in-house. Libraries not having the capacity to develop materials could readily acquire materials from NCADI and make referrals to other organizations and Websites as we do including, for example: SAMHSA, CASA, ONDCP, RADAR Network and numerous others. The MPRC Clearinghouse and Information Services Coordinator positions combine for a total of 1.2 FTE. Our clearinghouse disseminated 160,983 items between July 1, 2004 and June 30, 2005 and our Information Services Coordinator (whose MLS degree was conferred by University of Maryland) responded to 1,364 reference questions during the same period. Of those reference questions, many required in-depth research/comprehensive literature searches.

Our clearinghouse customers pay shipping costs and, for some items, a nominal fee based on the item cost.

Persons posing reference questions have free access to the resources, skills and experience of our professional librarian. MPRC does not charge customers who require literature searches or reviews, or who need answers to specific questions or the most current research findings on ATOD and related topics.

While MPRC does charge participants who attend trainings and conferences, the charges are based on the amount necessary to cover the cost of providing these services. In terms of replicability, MPRC recommends that other libraries not attempt to establish or offer trainings or conferences, but they could readily incorporate our reference practices and clearinghouse services into their existing services.

Community Collaboration and Sustainability. MPRC convenes meetings of Minnesota's ATOD (Alcohol, Tobacco and Other Drugs) Prevention Coordinating Council (MAPCC). This group is comprised of representatives from several state agencies (Education, Health, Human Services and Public Safety) as well as MPRC.

The MPRC Library serves the council in a variety of ways including locating information about best practices and effective programs, promoting MAPCC programs through newsletters and our listserv and responding to the numerous questions referred to the library by the various state agencies' divisions responsible for prevention programming and services.

We also participate in the efforts of the Minnesota Association of Resources for Recovery and Chemical Health, a professional association of chemical health agencies.

We maintain close ties with county public health departments, county and tribal social service agencies, K-12 schools and community organizations including community education.

The Minnesota Partnership for Action Against Tobacco (MPAAT), the Center for Prevention at BlueCross and BlueShield of Minnesota as well as other managed care organizations in Minnesota are regular users of our library resources.

We also provide training and technical assistance to members of culturally specific organizations providing ATOD prevention services to their specific populations – African American, Native American, Latino and Asian.

Whether reference questions and requests for resources, training or other services come to us through any of these venues or directly from the public themselves, everyone in Minnesota grappling with ATOD issues has access to us.

Our library continues to be a priority for our parent organization (the Minnesota Institute of Public Health) and MPRC's primary funder, the Minnesota Department of Human Services, Chemical Health Division. Efforts to sustain MPRC are ongoing.

Library staff are key in the preparation and submission of proposals to the State for continued funding, and have been since 1981 when the State issued an RFP to provide ATOD prevention resources it had, to that point, provided.

Additionally, thanks to other projects within our parent organization, we are able to leverage resources and extend MPRC/ library reach by acquiring more materials and disseminating them in response to requests and in anticipation of others.

Health Literacy Outreach. Our program addresses the information needs of people with low health information literacy skills in a variety of ways. MPRC staff, and that of our parent organization, come from many backgrounds and represent a range of educational disciplines including library science, education, social work, evaluation, communications and administration. We can and do assist persons understand the often-confusing health messages they see and hear. Among our staff are native Spanish, Hmong and Cambodian speakers. We have long-standing connections with members of Native American, Latino and Asian communities in Minnesota.

Our work with African American Family Service extends our reach into African American communities, including recent Somali immigrants. Evaluations of our workshops and trainings on connecting cultural diversity with substance abuse prevention are consistently high and in demand throughout our increasingly diverse state. A hallmark of our work is our proven ability to translate science into practice. We make the confusing understandable.

Contact

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Mississippi: Consumer Health Education Center

At the NCLIS 2006 Libraries & Health Information Forum, Ada Seltzer, Director of the Rowland Medical Library at the University of Mississippi Medical Center participated in the "Effective Programs" panel discussion and spoke about the importance of focusing on the target audience (in this case an underserved population) to ensure that the highest levels of service delivery could be provided. She also commented on the value of integrating the program with other providers in the community, such as clinical services, and the importance of extending outreach at every opportunity

In the application for the award, the Consumer Health Education Center program was described as follows:

Program Description, Justification, and Outcomes. The University of Mississippi Medical Center's [UMC] Rowland Medical library and the University Hospitals and Clinics established the Consumer Health Education Center [CHEC] to reduce the effects of inadequate health information associated with health disparities and improve the knowledge of health issues associated with health literacy among all members of the community.

Patients intimidated by the health care delivery system are reluctant to comply with prescribed treatment programs. Low reading levels and the scarcity of appropriate, accessible consumer health information further increase health disparities. CHEC's goal is to work with such individuals to provide health information and instill confidence in making health-related decisions.

The primary CHEC location is at the Jackson Medical Mall, which houses UMC clinics and other medical offices. The community surrounding the Mall is predominantly African-American with 27-36% of residents below poverty level. The Mall was strategically located in this economically depressed area to address the health care disparities. The second site (multipurpose room) is located in Holmes County at the UMC-owned Lexington Hospital, serving an economically depressed, rural African-American (79%) population. Although not open daily, this site serves patient needs and community health education activities coordinated by the hospital's Clinical Staff Educator.

A trained staff provides personal and confidential services, supplying health information requested by clients at a level they understand. Information is provided at no cost and includes low-reading level pamphlets on hundreds of topics, a non-circulating consumer health and medical reference library, and videos viewed behind a privacy screen. Three computers provide access to the Internet to supplement available print materials. The CHEC Website (<http://chec.library.umc.edu>) provides authoritative electronic health information, and interested clients are trained in its use.

Outcomes and measurements focus on individuals who seek health information so that they 1) obtain information that answers their health questions, 2) gain knowledge specific to their health issues through the materials provided, and 3) demonstrate confidence in finding information to increase their understanding of their health conditions.

For the past three years, an average of 2,000+ clients have visited CHEC annually. African-Americans represent 55-64% of these clients and over 80% are females. CHEC clients request information on an average of 3,600+ topics annually for which staff has provided answers for over 96%. Annually, about 80% of this information is supplied from the print collections and the remainder is answered using electronic sources. For FY05, users logged 40,585 Website hits. Confidence in finding health information is also measured in the number of repeat visitors. Approximately one quarter of the clients for the past two years were repeat visitors.

The Visitor Registration Log collects basic demographics for each client, topics requested, and the types of materials provided. A User Satisfaction Form is randomly distributed to 200-250 clients annually to gather information about the quality of CHEC services, user satisfaction with the materials provided, and city/county/state of residence. This instrument reveals that 14% of patrons are referred by a health care provider, 6% by a friend or relative, and 80% visit on their own. Ninety-eight percent of those surveyed in

FY05 found the information they were seeking. These data reveal that CHEC continues to meet its goals of helping the target population locate useful information on their health questions, reducing health information disparities, and improving health literacy. Clients seek and gain knowledge about their personal health issues. They demonstrate confidence in finding information at CHEC or on the Web. Privacy regulations and patient confidentiality issues require Institutional Review Board approval and consent forms that are not user-friendly in a facility that strives to be non-intimidating; consequently, specific health and literacy outcomes for each client are unavailable.

Replicability. A project subcontract of \$40,000 to the Rowland Medical library from the National Network of Libraries of Medicine, Southeastern/Atlantic Region at the University of Maryland Health Sciences Library provided the initial funding for CHEC. These funds supported the purchase of equipment, electrical, telephone and Internet connections, and training of public library staff. UMC provided used shelving and furniture. Initial books, pamphlets and video tapes were purchased with funds provided by the United Way (\$10,000), two mall tenants (\$500 each) and the American Cancer Society (ACS), Mid-South Division, Inc. (\$15,000). ACS funds purchased the Lexington collection, consumer health book collections for two rural libraries in Holmes County, and pamphlet display units for both sites.

Other start-up funds included the salary for a half-time librarian funded by UHC (\$17,000) and funds to provide pamphlets to the Jackson-Hinds Library System, a primary collaborator. The Mall site is open 8:30-4:30 Monday-Thursday, 8:30-12:30 Friday. The librarian trains community volunteers and library staff and staffs CHEC regularly during the week. The center is small and requires only one worker. Lexington CHEC is in an 80-bed hospital and nursing facility. Opened in August 2001, it is staffed sporadically by hospital personnel and the CHEC librarian (two days/month), with occasional volunteer staffing. Each site includes over 350 pamphlets, 70-100 books, and about 40 videotapes. Topics covered reflect generalized healthy lifestyle information and specific information on diseases, illnesses, tests and procedures with a special focus on those chronic conditions with a high incidence in the state. The Jackson-Hinds Library System and Mid-Mississippi Library System staff received training on the CHEC Website. Web links from these library sites, the Mississippi Library Commission, United Way, and Medical Center Websites to the CHEC Web page were established after CHEC became operational in April 2001. These libraries refer clients to CHEC sites and to libraries with consumer health collections. UHC funds the annual budget to operate both facilities, averaging about \$33,000: \$22,000 salary and fringe for a .5 FTE professional librarian; \$10,000 for pamphlets; \$1,000 for supplies and travel to Lexington. The United Way of the Capitol Area provided an additional \$10,000/yr for two years to purchase pamphlets for the Mall site. In 2004, UMC United Way designations for CHEC resulted in \$66; in 2005, \$1300.

Community Collaboration and Sustainability. CHEC is a collaborative community outreach project for the University Hospitals and Clinics (UHC) administered by the Rowland Medical Library (RML). UHC provided staff who assisted with the subcontract and continue to serve on the Advisory Panel, identified and donated space to house CHEC, donated used furniture for the sites, offered its Volunteer Services division to help recruit and train volunteers, and assigned staff to help with staffing. RML wrote the subcontract application and administers CHEC operations. The library hires and trains the CHEC librarian and provides support for all operations. Although designed to be staffed by volunteers, the CHEC librarian and library staff cover most of the Mall site's 36 weekly hours. Library staff order and process materials. The Jackson-Hinds Library System (JHLS) has been a partner from the beginning, helping to establish the concept and services for CHEC. JHLS branches that cannot supply requested health information refer patrons to CHEC, and JHLS and CHEC provide each other's Websites on their sites. JHLS staff has been trained on the use of the CHEC Website. Librarians in the West and Durant libraries of the Mid-Mississippi Library System received similar training.

The United Way of the Capitol Area and the Mid-South Division of the American Cancer Society were supportive and provided critical initial funding. Although the United Way is not able to continue its annual fund allocation, it continues to support CHEC as a partner, which allows donors to designate contributions to CHEC. An Advisory Panel chaired by the library associate director of public services includes representatives from UHC nursing, social work, patient education, volunteer services, and hospital

administration, RML, JHLS, United Way, the Jackson Medical Mall Foundation and ACS. The panel meets bimonthly.

A project initiated this year expands CHEC services to children. A program developed in cooperation with the Medical Center's National Center of Excellence in Women's Health (CoE) incorporates health information for children delivered by puppets with a presentation by a CoE-designated health professional. JHLS is scheduling these programs in conjunction with its summer reading programs. These programs will be marketed to schools, public libraries, churches, health fairs, and after-school organizations. The CHEC librarian procures free materials from health services, government agencies, and health organizations to defray material costs.

Health Literacy Outreach. CHEC meets its objectives of providing outreach services by trained staff, thereby reducing disparities in access to health information, and improving health literacy by supplying health information to target communities. Clients receive free access to a comprehensive physical collection and access to electronic information through the CHEC Website. Reference interviews help staff tailor information to clients' preferred reading level and format. The majority of CHEC users are African-American, and random user satisfaction surveys repeatedly indicate that 98% of requests are satisfied. Twenty-five percent of all clients are repeat users, measuring CHEC's impact upon the community. Direct follow-up is not possible as CHEC is an anonymous service. In FY05, 2,000+ clients requested health information, and 1,185 additional clients asked non-health questions (directions, etc.). CHEC was one of eight programs (out of 153) to receive the Certificate of Highest Honor for the 2002 California Pacific Award for Excellence in Patient Education.

Contact

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Tennessee: Memphis Health Information Center

At the NCLIS 2006 Libraries & Health Information Forum, Barbara Schultz of the Health Information Center at the Memphis Public Library participated in the "Partnerships and Outreach" panel discussion and spoke about the library's good fortune in having the program funded by a local foundation. An important challenge was to identify health information gaps and then to find the resources for meeting the need. An important consideration was for the Health Information Center to become a viable member of the healthcare community and to reach out and enlist both the corporate community and the greater Memphis community at large.

In the application for the award, the Memphis Health Information Center program was described as follows:

Program Description, Justification, and Outcomes. Memphis is an unhealthy city! Its demographics dictate the need for health information literacy.

- Both Self and Men's Health magazines rated Memphis among the unhealthiest cities for men and women in the U.S. based upon obesity, diet, disease rates, etc.
- Literacy Council statistics state over 22% of Memphis is truly illiterate. The Commercial Appeal (daily newspaper) stated over 50% of Memphis is functionally illiterate, unable to read and understand elementary concepts.
- Memphis poverty statistics state 15.3% live below the poverty line and have little access to health information.

The purpose of Memphis Public library's Health Information Center (HIC), located at 3030 Poplar Avenue in Memphis, TN is to be the central resource for health information with the following objectives and activities:

- a. Provide accurate, current information to expand health literacy in many formats for equal access to resources. Staff continually promotes the collection in the community.
- b. Provide access to health care through technology. A Virtual HIC was developed.
- c. Provide computer training for easy access to the Virtual HIC.
- d. Provide information on general health, community health concerns, and specific diseases. Educate customers on these topics through programs.
- e. Answer health questions of all customers accurately.
- f. Become a recognized community asset to empower customers to improve their health. The HIC participates in many community events to promote a healthier Memphis and serves on the Regional Health Council and "Healthy Memphis".
- g. Collaborate with the medical community to enhance access to health information. The HIC co-sponsors health screenings, conducts health fairs and workshops, and is active in many local organizations that establish community health priorities.

Many objectives have been achieved.

- The collection has continued to grow.
- The Virtual HIC enhances access to information. Twenty-one specialized categories provide easy access at www.memphislibrary.org/virtualhic/. It includes links to databases and health magazines, Website reviews, reading recommendations, and MEDLINE information. The virtual HIC has a local monthly virtual newsletter.
- The HIC collaborates with health organizations to target specific health issues having an average six health screenings per year.
- The HIC sponsors health fairs which recruit 30-40 organizations to provide booths and conduct 15-20 workshops.
- Doctors and health care professionals rely on the HIC. Area doctors refer patients to the HIC, recommend materials for the collection, and volunteer on the HIC Advisory Board.
- Approximately 40% of Business & Sciences Desk questions are health related. This totals over 5,400 questions/year, or more than 15/day.

The impact of the HIC is remarkable. It relies on typical library statistics, attendance figures, web hits and trends to document its success.

- Use of the HIC has jumped 58% in three years, an average of almost 20% per year. Opening circulation was 1,593 items per month. Now the average is 2,509 per month.
- Last year, there were 7,560 hits to the Virtual HIC, or 630/month.
- Sixteen health computer classes were conducted in 3 years in-house. Additional classes are taught at community health agencies.
- Health fair attendance ranged from 1,200 to 1,500 per event. At each health fair, participants were accurately diagnosed with potential health problems that sent them to the hospital.
- There have been at least six screenings for specific diseases each year.
- HIC programs have been conducted at the library and at health agencies.
- HIC's positive role has been documented by experts, such as Helen Osborne, in health publications.

To change lifestyles and positively impact the community's health requires long term commitment. The HIC remains steadfast in providing services for those with low functional literacy, low health information literacy and low incomes.

Replicability. The HIC concept is easily adaptable for libraries. With a daily commitment of providing health information any library can adapt the HIC program to their community. Cost containment can be

achieved by effectively partnering with health care agencies. This networking, plus independent library research, enabled the HIC staff to identify its target health care responses for the community.

The MUSTS for the program to work-

1. Staff must be able to network with health care providers and social service agencies to develop a strategic plan addressing local health care literacy needs.
2. Specific staff members must be identified to make health care information a priority. These staff must develop an action plan in collaboration with outside health care agencies.
3. Staff must be willing to be persistent in remaining on the leading edge of health information while researching community needs.
4. Libraries and staff must be visible in their communities to maintain their positions as health care information leaders. There has been no overall budget developed for the entire program. Each segment was identified by priority and funded in that order.

The cost per participant was:

- The initial cost of collection and databases was \$650,000 funded over 3 grant cycles from the Assisi Foundation. Based on Memphis' population of 670,829 and SMSA population total of 1,135,614, the average collection cost was \$.96 and \$.57 per person respectively.
- Each Health Information Fair cost \$2,250 including handouts to participants and coverage of advertising expenses. The last two fairs had attendance of 1,500 and 1,200. Therefore, the average cost per person was \$1.50 and \$2.08 respectively. These were funded by BlueCross/BlueShield.
- All programs conducted at the library or remote venues were without hard costs. All speakers donated their participation.
- The cost of the Virtual HIC was underwritten by the library as part staff responsibilities. The library re-prioritized their time to work on this project. In time, one hour per week is dedicated to health care updates.
- Computer classes for health information are conducted on an as needed basis. Since 2003, 16 classes have been conducted at the library. Additional classes are conducted at community organizations. Again, this is incorporated to current staff responsibilities. Computer classes are offered free of charge.

Community Collaboration and Sustainability. The following list is sampling of those that have worked with the HIC:

- Blue Cross/Blue Shield: financial sponsor for health fairs, collection
- Church Health Center: (health care provider for the working uninsured) monthly training sessions at their location
- Hope House: (day care for children with HIV) parents visit library to learn about HIV
- Shelby County Regional Health Council: (50 member advocacy group for prioritizing the community's health concerns) appointed to obesity subcommittee, participant in Remote Area Medical Clinic to reach lowest income families and provide access to health care.
- Peabody Hotel (largest hotel in downtown Memphis) and FedEx: participated in employee health fairs
- Common Table: (regional collaborative of approximately 150 organizations dedicated to improving health in Memphis) chief initiative is reducing obesity
- Methodist Hospital: (large local hospital)-donated interactive software and touch screen computer designed for cancer patients and families
- Oncology Public Education Board: sponsored series of programs to introduce various cancers and therapies to customers in layman's terms
- Memphis Area Nutrition Council: are preparing an action plan to provide upcoming programs

The HIC recruited local health groups to provide information and displays that positively impacted health information:

- West Clinic (cancer treatment center)
- State of Tennessee – Radon Detection
- American Heart Association – Women’s Health initiatives plus upcoming program for Mass CPR Day
- American Dieticians Association – Food and Nutrition
- Iron Disorders Institute – Hemochromatosis
- Mid South Transplant Foundation – Organ donor information
- University of Tennessee Health Science Center – Diabetes
- Memphis Hypertension Preventive Medicine Coalition-upcoming blood pressure screenings
- Health Literacy Month-local funder sponsored newspaper ads to highlight resources to positively impact health information literacy

Media contacts – the library seeks media to help to tell its story. Media coverage of events and human interest stories keeps attention on health literacy issues.

Memphis Public’s HIC has become an important institution to improving health information literacy in the community. The library continues to expand its role in through ongoing collection and format expansions, new programming efforts, health fairs, and maintaining a vigilant commitment to work with local health care providers. The commitment of key health care experts on the HIC’s Community Advisory Board allows for input from leaders in the health care community.

Health Literacy Outreach. As seen above, the chief underlying goals of the HIC are to enable customers to understand health information that affects them or their families. While the collection itself is a testament to this, the HIC has used additional tools to provide additional literacy enhancements. This is best seen through the use of Pfizer’s Ask Me 3 literature. The library is active in its outreach and regularly works the Remote Area medical Clinic to provide access to the lowest income levels in the state. As the HIC looks forward, it will continue expanding its service area to immigrant populations having English as a second language. Spanish will be the first language to address. The library has been successful in its efforts to date and is committed to continuing its efforts to serve the low health literacy population. It will continue to seek financial and inkind assistance where needed. The numbers documented above speak for themselves. The library welcomes the opportunity to help other libraries establish effective health initiatives.

Contact

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Virginia: COIN: Community Outreach Information Network

At the NCLIS 2006 Libraries & Health Information Forum, Jean Pugh Shipman, Director of the Tompkins-McCaw Library at Virginia Commonwealth University participated in the “Health Literacy” panel discussion and spoke about the necessity for looking at different models of health information delivery, since different target markets require different approaches. She also commented on the value of reaching out to the people to whom most lay people go for information, such as librarians and teachers, and soliciting their input on what models work best.

In the application for the award, the Community Outreach Information Network program was described as follows:

Program Description, Justification, and Outcomes. Virginia Commonwealth University (VCU) and its Health System offer four consumer health information centers to the general public to empower individuals to learn more about their health. These four centers collaborate as the COIN network – Community Outreach Information Network. Since 2002, 24,290 individuals have used COIN. Two COIN libraries, the MCVH Auxiliary of the VCU Health System’s Community Health Education Center (CHEC) and the Massey Cancer Center’s Linen Powell Resource Library are located on the VCU Medical College of

Virginia Campus. The Charlotte K. Roberts Women's Health Resource Center (WHRC) and the Massey Cancer Center's Patient Resource Center are located at the Stony Point clinic. These four libraries provide information on general health topics, diabetes, cancer, and women's and family health, in multiple languages and in a variety of ways. Besides offering books, Internet access and assistance, COIN offers a virtual reference service where users can electronically talk with a professional medical librarian. Users can also telephone for assistance by using a centralized COIN telephone number or can send emails.

The need for COIN was determined through a community-wide assessment project funded by the National Library of Medicine (NLM). The key information needs identified were diabetes, cancer, and asthma. The assessment, which included surveys, focus groups and informal feedback, also indicated that the public obtain their health information through the Internet, friends, and other non-official venues. People prefer to talk with someone about their health.

To address the assessment findings, another award was obtained from NLM to create COIN in order to inform people within the Richmond area of the four COIN centers and the ease at which they can obtain reliable quality health information on their desired topics through both human interactions and technology. The COIN centers continually assess their value through user surveys (print and online), informal feedback and through several advisory committees that include community representatives. As suggestions are offered, changes in services and resources are made.

COIN is publicized through community and local health fairs, newspapers, pens, information prescriptions, and via health education sessions including ones that specifically address health literacy. Training sessions for public librarians, pharmacists, senior center staff and volunteers have been conducted. A single COIN Website <http://www.library.vcu.edu/coin/> provides users with subject access to the four COIN centers and also "quicklinks" to reliable health information. This Website is available in English and Spanish, 24x7. Users calling the central COIN number are referred to the appropriate COIN center based on their health topic, physical location and travel mobility. A total of 185 health education sessions have been offered with an attendance of 11,600. The CHEC librarian taught eight health literacy classes for health professionals.

A brief description of each COIN center is provided below:

- Community Health Education Center: CHEC has 3,110 print books and media, 24 magazines, 8 computers that offer Internet access, and children's materials. CHEC has materials for all ages and all reading levels in multiple languages. CHEC is located on the ground floor of the VCU Health System Gateway.
- Massey Cancer Center Linen Powell Resource Library: This library has 1,295 books, plus videotapes and audiotapes on topics related to cancer. Annually, an average of 2,060 information packets are distributed. This center is near the Dalton Oncology Clinic.
- Patient Resource Center at Stony Point, located at 9000 Stony Point Parkway. Books, videos and Internet access are available. Annually, an average of 250 information packets are distributed.
- Women's Health Resource Center: This center offers Internet access, 130 books, and referrals to community services. The center is located in the Stony Point Women's Health Center.

Replicability. The COIN centers are funded differently as described below: (donations are accepted; no user fees are assessed):

- CHEC is funded by the VCU Health System, its MCVH Auxiliary and the VCU libraries. Initial development costs for CHEC were \$150,000. Annual operating costs are \$110,000. Space is donated. Additional CHEC funding (\$6000) was obtained from two community agencies to serve as their resource centers – the Urban League of Greater Richmond and the Central Virginia Care Connection for Children (VCCC). CHEC serves as the Urban League's diabetes resource center for its Lift Every Voice program. CHEC provides relevant resources to families who are referred by VCCC staff. In both of these cases, the agencies wanted to partner with CHEC versus creating their own resource centers to meet their funding obligations. These partnerships enable more resources to be available to the targeted populations.

- The two Massey Cancer Center (MCC) libraries are funded as a part of regular MCC operations. Their budgets total \$120,000 with contributions of books and volunteer staff time.
- The WHRC is funded through a local Theresa Thomas Foundation award of \$100,000 and an Auxiliary grant of \$10,000. Its annual operating costs are \$25,000. This center serves as the required resource center for VCU's designation as a National Center of Excellence for Women's Health. VCU libraries contribute staff and material ordering and processing time. Other Virginia entities have approached COIN to become potential affiliate partners. This includes a group in Roanoke Virginia, and an agency in Southern Richmond.

In addition, COIN's existence has leveraged VCU Libraries' ability to obtain additional federal funding to provide and study the value of consumer health information. COIN centers have received three National Library of Medicine (NLM) outreach awards totaling \$119,977. These awards funded community assessments as well as COIN promotion and community training sessions. Computers were also placed in four Richmond free health clinics and the Virginia Hispanic Chamber of Commerce. In addition, NLM has funded a \$35,000 project to study physician issuance of information prescriptions and the perceived resultant ability to link patients with quality information. NLM is funding two fellows that work with COIN. This funding totals \$ 96,772 per year. All of this NLM funding is competitively available to any library in the U.S.

Community Collaboration and Sustainability. COIN is managed by the VCU Libraries via a new full-time managerial position. Librarians work with each COIN center's partners and governance structure. Some centers have memorandums of understanding with the VCU libraries. The librarians provide staffing, conduct community training sessions, write and administer grants, conduct advisory committee meetings, prepare and manage center budgets, order and process materials, maintain computer equipment, and assist with strategic planning. COIN has an advisory council that meets quarterly with representatives from Senior Navigator, Henrico County Public Libraries, VCU Libraries, Urban League of Greater Richmond, VCU Center of Excellence Women's Health, VCU Department of Pharmacy, NCI Cancer Information Service, VCU Community Solutions, and REACH.

Each COIN center works with community representatives:

- CHEC's advisory team includes VCU Health System representatives as well ones from the Urban League of Greater Richmond and Instructive Visiting Nurse Association.
- WHRC has, as part of its Center of Excellence for Women's Health designation, a Community Outreach Advisory Committee and Steering Committee that include community agency representation from the Virginia Department of Health, St. Paul's Baptist Church, Women's Health Virginia, YWCA, REACH and more.
- Massey's centers partner with Richmond Chapter of Hadassah and the American Cancer Society to present a "Check-It Out" program to create awareness among high school and college students about prevention of breast and testicular cancers. A library Advisory Committee also exists.

Two community agencies have given CHEC funding to serve as their resource centers – Urban League of Greater Richmond and Central Virginia Care Connection for Children. CHEC was given \$100,000 by the MCVH Auxiliary for its initial creation and WHRC received \$10,000. The Theresa Thomas Foundation awarded CHEC \$50,000 and WHRC \$100,000 for both centers' operational costs.

Since 2002, COIN has participated in numerous community health fairs and has offered community health lectures dealing with topics such as: smoking cessation, health literacy, genetics, diabetes, menopause, fitness, and Medicare Part D. Any member of the general public can offer guidance and feedback through a COIN postcard survey that can be mailed after any COIN center visit. In addition, CHEC has an evaluation survey (in print and online formats) that can be completed by users. Feedback received is discussed by the various COIN advisory teams and program adjustments are made as needed.

Health Literacy Outreach. COIN naturally serves low literacy individuals as VCU is the primary provider of health care services to Virginia's indigent patients. Most NLM grants address the needs of vulnerable

populations, so these populations are targeted in COIN grants. The 1992 National Adult Literacy Survey reported that 33.7% of Richmond adults read at a fifth grade level or below. COIN centers include easy-to-read information in multiple formats, including visual aids such as models. CHEC users have access to a private video viewing room and COIN staff read to individuals upon request. Each COIN staff member receives health literacy training. CHEC routinely teaches a health literacy continuing education class for health care providers. The CHEC web page offers health and low literacy information. VCU libraries is spearheading a VCU-wide planning team to apply for an R01 health literacy grant. COIN information centers will serve as test sites for this research if funded.

Contact

Jean Pugh Shipman, Director, Tompkins-McCaw Library, VCU Libraries, Virginia Commonwealth University, 510 North 12th Street, P.O. Box 980582, Richmond VA 23298-0582
Tel: 804-828-0634 E-Mail: jpsipma@vcu.edu Website: <http://www.library.vcu.edu/coin/>

STATE WINNERS

Alaska: Kenai Community Library: A Health Resource for Our Community

Contact: Ms. Julie Marie Niederhauser, Reference Librarian, Kenai Community Library, 163 Main Street Loop, Kenai AK 99611 Tel: 907.283.4400 E-Mail: jniederhauser@ci.kenai.ak.us
Website: <http://www.kenailibrary.org>

Arizona / Winner # 1 (Tied Scores): Get Real, Get Fit! @ Tempe Public Library

Contact: Ms. Sarah Kaufman, Youth Services Librarian, Tempe Public Library, 3500 South Rural Road, Tempe AZ 95282 Tel: 480.350.5521 E-Mail: sarah_kaufman@tempe.gov
Website: <http://www.tempe.gov/library>

Arizona / Winner # 2 (Tied Scores): Operation Health Outreach

Contact: Ms. Frieda Ling, Health Librarian, Glendale Public Library, 5959 West Brown Street, Glendale AZ 85302 Tel: 623.930.3553 E-Mail: fling@glendaleaz.com Website: <http://www.glendaleaz.com/library>

Arkansas: Patient Education Resource Center

Contact: Edward J. Poletti, Chief, Learning Resource Center, Central Arkansas Veterans Healthcare System Library, 4300 West 7th Street, Little Rock AR 72205, Tel: 501.275.5622
E-Mail: Edward.poletti@med.va.gov

Colorado: Community Breast Cancer Resource Center: A Collaborative Community Endeavor

Contact: Ms. Dee Vazquez, Community Relations and Development Officer, Pikes Peak Library District, 20 N. Cascade Avenue, Colorado Springs CO 80903 Tel: 719.531.6333, E-Mail: dvazquez@ppld.org
Website: <http://ppld.org>

Delaware: Sussex County Consumer Health Library Program

Contact: Mr. Perski L. Grier Jr., Director, Library and Information Services, Delaware Academy of Medicine, 1925 Lovering Avenue, Wilmington DE 19806 Tel: 302.656.0470 E-Mail: plg@delamed.org
Website: <http://www.delamed.org>

District of Columbia: Allied Health Care Education Resource Locator

Contact: Ms. Barbara Roberts, D.C. Public Library, 901 G Street, N.W., Washington DC 20001 Tel: 202.727.1175 E-Mail: Barbara.roberts@dc.gov Website: <http://www.dclibrary.org/>

Florida: Healthy Connections

Contact: Jim Myers, Department Head, Special Services, Orange County Library System, 101 East Central Boulevard, Orlando FL 32801 Tel: 407.835.7460 E-Mail: myers.jim@ocls.info
Website: <http://www.ocls.info>

Illinois: Project Healthy: Hearing Electronically About Living the Healthy Years

Contact: Mrs. Lori Ann Bell, Project Director, Alliance Library System/Mid-Illinois Talking Book Center – Library, 600 High Point Lane, East Peoria IL 61611, Tel: 309.694.9200
E-Mail: lbell@alliancelibrarysystem.com Website: <http://www.alliancelibrarysystem.com>

Indiana: Healthy Living Series

Contact: Mrs. Melody Luan Gault, Director, Whitewater Valley Community Library District, 919 Main Street, Brookville IN 47012 Tel: 765.647.4031 E-Mail: mgault@wvcl.org Website: <http://wvcl.org>

Iowa: Consumer Health Information in the Radiation Oncology Media Center

Contact: Ms. Mindwell Egeland, Director, UI Patients' Library, University of Iowa Hospitals & Clinics, 200 Hawkins Drive 8016 JCP, Iowa City IA 52246-1624 Tel: 319.384.8908
E-Mail: mindwell-egeland@uiowa.edu Website: <http://www.uihealthcare.com/patlib>

Kansas: JoCoHealth.net: Thriving on Its Utility

Contact: Ms. Patricia Lynn Hassan, Development Projects Coordinator, Johnson County Library, PO Box 2933, Shawnee Mission KS 66062 Tel: 913.261.2303 E-Mail: hassanp@ocolibrary.org
Website: <http://www.jocolibrary.org>

Louisiana: Allendale Family-Centered, Community-Based Diabetes Project

Contact: Dr. Michael McGregor Watson, Associate Director, LSU Health Sciences Center Library, 1501 Kings Highway, Shreveport LA 71103 Tel: 318.675.5455 E-Mail: mwatso@lsuhsc.edu
Website: <http://lib.sh.lsuhs.edu>

Maryland: "We Are All Health Consumers"

Contact: Ms. Rebecca McCoy, Library Associate, Union Memorial Hospital Medical Library, 201 E. University Parkway, Baltimore MD 21217 Tel: 410.554.2294 E-Mail: Rebecca.mccoy@medstar.net
Website: <http://library.medstar.net>

Michigan: Taking Life in Stride

Contact: Ms. Gernaldine Barlage, Adult Services Librarian, Plymouth District Library, 223 South Main Street, Plymouth MI 48170 Tel: 734.453.0750 E-Mail: gb@plymouthlibrary.org
Website: <http://www.plymouthlibrary.org>

Montana: North Valley Hospital Community Health Resource Library

Contact: Ms. Gina Barker, Public Relations Specialist, North Valley Hospital Community Health Resource Library, 6575 Highway 93S, Whitefish MT 59937 Tel: 406.863.3634 E-Mail: gbarker@nvhosp.org
Website: <http://www.nvhosp.org/nv.nsf/View/CommHealthLibrary>

Nevada: Family Health Fair at Your Library

Contact: Ms. Elaine Wing, Assistant Branch Manager, Las Vegas Clark County Library District, Whitney Library, 5175 East Tropicana Avenue, Las Vegas NV 89122 Tel: 702.507.4023 E-Mail: winge@lvccld.org
Website: <http://lvccld.org>

New Mexico: Border Health Information and Education Network (BIEN!)

Contact: Ms. Norice Lee, Head, Access Services Department, New Mexico State University Library University Library, MSC 3475, P.O. Box 30006, Las Cruces NM 88003 Tel: 505.646.5091
E-Mail: nlee@lib.nmsu.edu Website: <http://www.bienhealth.org>

New Jersey: HealthyNJ - Information for Healthy Living

Contact: Judith S. Cohn, Associate Vice President for Scholarly Information, University Librarian University of Medicine and Dentistry of New Jersey (UMDNJ), 30 Twelfth Avenue, PO Box 1709, Newark NJ 07101-1709 Tel: 973.972.4353 E-Mail: cohn@umdnj.edu Website: <http://www.healthynj.org>

New York: CLIC-on-Health for Seniors

Contact: Ms. Kathleen M. Miller, Executive Director, Rochester Regional Library Council, 390 Padckett's Landing, Fairport NY 14450 Tel: 585.223.7570 E-Mail: kmiller@rrlc.org Website: <http://www.rrlc.org>

North Dakota: Linking Native Americans to Health Information

Contact: Dr. Judith L. Rieke, Library of the Health Sciences, University of North Dakota, P.O. Box 9002, Grand Forks ND 58202-9002 Tel: 701.777.4129 E-Mail: jrieke@medicine.nodak.edu
Website: <http://harley.med.und.nodak.edu/tcl>

Ohio: NetWellness

Contact: Mr. Stephen A. Marine, Director, Outreach, AITL, University of Cincinnati AIT&L, Health Professions Building Room 238, Cincinnati OH 45267-0574 Tel: 513.558.0166
E-Mail: steve.marine@uc.edu Website: <http://www.netwellness.org>

Oklahoma: The Health Information Center at Saint Francis Health System

Contact: Ms. Beth Treaster, Medical Librarian, Saint Francis Health Sciences Library, 6161 South Yale Avenue, Tulsa OK 74136 Tel: 918.494.1893 E-Mail: bhtreaster@saintfrancis.com
Website: <http://www.saintfrancis.com>

Pennsylvania: Carnegie Library of Pittsburgh: Mental Health & Wellness Lecture Series

Contact: Ms. Suzanne Thinnes, Communications Manager, Carnegie Library of Pittsburgh, 4400 Forbes Avenue, Pittsburgh, PA 15213 Tel: 412.688.2458 E-Mail: thinness@carnegielibrary.org
Website: <http://www.carnegielibrary.org>

South Dakota: Healthy Neighbors Project

Contact: Ms. Fran A.E. Rice, Executive Director, Health Connect of South Dakota, P.O. Box 89306, Sioux Falls, SD 57109-9306 Tel: 605.371.1000 E-Mail: director@healthconnectsd.info
Website: <http://www.healthconnectsd.info>

Texas: Cancer Resource Library

Contact: Ms. Meg Wagner, Education Resources Coordinator/Librarian, Harris Methodist Fort Worth Hospital, 1300 West Terrell Avenue, Fort Worth TX 76101 Tel: 817.820.4889
E-Mail: megwagner@texashealth.org
Website: <http://www.texashealth.org/hmfw/cancerlibrary>

Utah: The GoLocalUtah Project

Contact: Ms. Terri Elizabeth Workman, Associate Librarian, University of Utah, Spencer S. Eccles Health Sciences Library, 10 North 1900 East, Salt Lake City UT 84112 Tel: 801.581.5534
E-Mail: lworkman@lib.med.utah.edu Website: <http://medstat.med.utah.edu/>

Vermont: The Vermont Community Health Information Network

Contact: Ms. Marianne Burke, Director, Dana Medical Library, University of Vermont Medical Education Center, 81 Colchester Avenue, Burlington VT 05405 Tel: 802.656.3483 E-Mail: marianne.burke@uvm.edu
Website: <http://library.uvm.edu/dana>

Washington: Community Health Library

Contact: Mrs. Melanie D. Jones, Library Coordinator, KVCH Community Health Library, 603 S. Chestnut Ellensburg WA 98926 Tel: 509.933.7533 E-Mail: healthlibrary@kvch.com
Website: <http://www.kvch.com/library.html>

West Virginia: CAMC Institute Health Information Center

Contact: Mrs. Beverly Withrow-Thornton, Director, Health Information Center, CAMC Institute Health Information Center, 3110 MacCorkle Avenue, S.E., Charleston WV 25304 Tel: 304.388.9989
E-Mail: Beverly.withrow@camc.org Website: <http://www.camcinstitute.org>

Wisconsin: Gundersen Lutheran Health Resource Libraries

Contact: Mrs. Mary Jo Boland, Consumer Health Librarian, Gundersen Lutheran Health System, 1900 South Avenue Mailstop H01-011, La Crosse WI 54601 Tel: 608.775.5995 E-Mail: mboland@gundluth.org
Website: <http://www.gundluth.org/libraries>

FORUM PARTICIPANTS

Eugenie Prime, Forum Moderator, recently retired from Hewlett Packard Company where she served as manager of corporate libraries for 17 years. Before joining HP in 1987, Eugenie was President of CINAHL Corporation, a publisher and database producer of the Index to Nursing and Allied Health Literature. Eugenie speaks extensively in the areas of Information Management, Digital Libraries, Strategic Planning, and Knowledge Management, and has been an invited speaker at ASIS, ASIDIC, Online, MLA and at SLA Regional Chapters and Annual Conferences. She was a keynote speaker at the SLA Annual Conference in Seattle in 1997. She has also given presentations and has lectured across North America, Canada, Europe, Japan, and South Africa. An interview with Eugenie appeared in the inaugural issue of *Information Outlook* (January, 1997), in which she discussed the importance of a vision for libraries and the process for developing that vision, and another interview, by Barbara Quint, "Retooling the Information Professional: The Librarian as a Winner – Eugenie Prime of Hewlett Packard," was published in *Searcher: The Magazine for Database Professionals* (October, 1997). Eugenie received a Bachelor's degree in History and Sociology from the University of the West Indies, and a postgraduate research scholarship in History from the University of London. Ms. Prime also holds an M.A. in History from Andrew's University, an M.S. from Drexel University, and an M.B.A. from the University of California, Los Angeles (UCLA).

Donald A.B. Lindberg, MD, Director, National Library of Medicine (NLM), National Institutes of Health (NIH), a scientist who has pioneered in applying computer technology to health care beginning in 1960 at the University of Missouri, in 1984 was appointed Director of the National Library of Medicine, the world's largest biomedical library (annual budget \$275 million, 690 career staff). From 1992-1995 he served in a concurrent position as Founding Director of the National Coordination Office for High Performance Computing and Communications (HPCC) in the Office of Science and Technology Policy, Executive Office of the President. In 1996 he was named by the Secretary of Health and Human Services to be the U.S. Coordinator for the G-7 Global Health Application Project. In addition to an eminent career in pathology, Dr. Lindberg has made notable contributions to information and computer activities in medical diagnosis, artificial intelligence, and educational programs. Before his appointment as NLM Director, he was Professor of Information Science and Professor of Pathology at the University of Missouri-Columbia. He has current academic appointments as Clinical Professor of Pathology at the University of Virginia and Adjunct Professor of Pathology at the University of Maryland School of Medicine.

Beth Fitzsimmons, PhD, Chairman, U.S. National Commission on Libraries and Information Science (NCLIS), has provided a full range of information services for high tech companies since 1975. Her firm, Information Strategists, founded in 1987, features development of technical information centers, corporate information audits, electronic online and Internet information resources, database creation and maintenance, customized market research, and patent searches. Information Strategists is networked with science and engineering experts nationwide. Clients include scientists, engineers, marketing specialists, and executives of major U.S. corporations. Dr. Fitzsimmons has also served as the Chairman of the Depository Library Council to the U.S. Public Printer (1993-1994) and received the Public Printer's Distinguished Service Award. She was a Presidential appointee to the Advisory Board of the 2nd White House Conference on Libraries and Information Services (1991) and based on her understanding of information technology, chaired the White House Conference Technology Committee. She is also a member of the American Chemical Society (ACS), Special Libraries Association (SLA), and the American Association for the Advancement of Science (AAAS).

J. Edward Hill, M.D., a family physician from Tupelo, Mississippi, was elected three times to the American Medical Association (AMA) Board of Trustees (BOT), and became its Chair in 2002. Dr. Hill was elected President-Elect in June, 2004, and assumed the Presidency in June, 2005. Prior to his election to the Board of Trustees, he served as an AMA Delegate to the Mississippi State Medical Association since 1984 after beginning service as an Alternate Delegate in 1979. In 1990 he was appointed by the Board of Trustees to the AMA's Council on Legislation and served as its Vice Chair from 1995 to 1996. In addition to his active participation in the AMA, Dr. Hill has served in a variety of leadership positions in other medical organizations. He has been Chairman of the Board of Trustees and President of the Mississippi

State Medical Association, President of the Mississippi Academy of Family Physicians, an Alternate Delegate and Delegate to the American Academy of Family Physicians, and President of the Southern Medical Association. In addition to his busy professional life, Dr. Hill is also an active participant and leader in community activities. He has served as President of the Mississippi Affiliate of the American Heart Association, Chair of the Industrial Development Committee for his local Chamber of Commerce, member of the Advisory Board for his county Head Start program, President of his local school board, and a member of the Board of Directors of his church.

Heidi Sandstrom is the Associate Director of the National Network of Libraries of Medicine, Pacific Southwest Region (NN/LM PSR). She has been with this program for nearly ten years, working in the areas of resource sharing, consumer health outreach, and now program planning, implementation, and evaluation. Heidi is passionate about improving access to health information, especially as it relates to the health literacy needs of the public. In 2004 Heidi facilitated a west coast regional symposium, *Stake Your Claim to Health Literacy*, from 2003 to 2005 she served on the Health Information Literacy Task Force of the Medical Library Association. She has a Master of Library and Information Science degree from the University of California, Los Angeles (UCLA) and a Bachelor of Nursing degree from Mount St. Mary's College in Los Angeles. Before attending graduate school, Heidi worked as a register nurse/certified public health nurse in clinical, instructional, and hospital quality improvement settings.

Barbara Nail-Chiwetalu has been a Health Librarian at the University of Maryland, College Park since 1999, following an extensive career in the field of disabilities. She is also an adjunct faculty in the Department of Hearing and Speech Sciences and a guest lecturer in the College of Information Studies. Barbara received a B.A. in Human Development from St. Mary's College of Maryland, two M.S. degrees, one in special education and the other in adaptive computer technology, from The Johns Hopkins University, a Ph.D. in Augmentative and Alternative Communication from Purdue University, and an M.L.S. from the University of Maryland. As a librarian faculty, the focus of her interests and scholarship has been on information literacy, evidence-based practice, and health literacy. Professionally, she has been very active in the area of public health and serves as a volunteer consultant to a community-based health information project in Prince George's County, MD supported by grants from the National Library of Medicine. Barbara also teaches English to Speakers of other Languages (ESOL) through the Literacy Council of Montgomery County, MD.

Karen Motylewski is Evaluation Officer for the U.S. Institute of Museum and Library Services (<http://www.ims.gov>). IMLS is an independent federal agency that fosters leadership, innovation, and life-long learning by helping libraries and museums enhance their capacities, sustain our cultural heritage, and ensure broad use of a rich spectrum of information and learning resources. Karen is responsible for helping IMLS's communities strengthen their capacity for planning, assessment, and reporting, with a strong focus on outcomes-results for people. She holds an Ed.M. from Harvard University, and before joining IMLS in 1999 she served as Director of Field Service for the Northeast Document Conservation Center in Massachusetts (1986-1995) and as Senior Lecturer and Director of Conservation and Preservation Studies at the University of Texas (Austin) Information School (1995-1999). In those capacities she taught and consulted with staff of hundreds of libraries, museums, and other cultural collections on needs assessment, planning for collections preservation, and emergency preparedness. Karen's approach to evaluation responds to the nature of libraries and museums as educational organizations with broad audiences and complex responsibilities, and as institutions that need effective ways to communicate their public value to a wide spectrum of stakeholders.

BACKGROUND: AWARD CRITERIA

Following is the text of the award criteria published on the Commission Website in the autumn of 2005.

Eligibility

All American libraries are eligible for consideration. We encourage all types (including public, academic, specialized, government, and school libraries) and all sizes of libraries, large and small, rural and urban or suburban to apply for this important prize. A library that received the NCLIS Blue Ribbon Award in 2004 is eligible to participate in the program. The deadline for submitting your entry is January 31, 2006. The awards will be given out a ceremony in Washington, D.C. in May of 2006.

Levels of Awards

There are three tiers of awards.

The first tier consists of one winner from each of the 50 states, plus the Virgin Islands and the District of Columbia. The State librarian for each state or territory, with the help of a panel of state judges, will select his or her state or territory winner. The 52 winners will each receive a plaque and a small stipend to help fund a local celebration. The area newspapers for each of the 52 winners will be notified by press release.

The next tier consists of the top 10, selected from the 52 state awards recipients. Commissioners of the U.S. National Commission on Libraries and Information Science plus a representative from the American Academy of Family Physicians will select the ten winners at this level. Each of the top 10 will receive a \$1,000 award. A press release announcing these awards will be issued both to the national media and to their local papers and other media. Five of the ten \$1000 awards will be reserved for specific categories of libraries: \$1000 award for a small library, \$1000 award for a medium size library, \$1000 for a large library, a \$1000 award given for the library with the most outstanding program for children and health, and a \$1000 award for the library that does the most to address substance abuse prevention or treatment. (In future years, there may be additional categories which will be eligible for prizes, but in this pilot year, the specifically designated awards will be limited to these five categories.) The remaining five \$1000 prizes will be open to all libraries.

Grand Prize Award—The Grand Prize Award winner will be selected from the top ten by a prestigious panel of judges, including former Health and Human Services Secretary Louis Sullivan, former Health Education and Welfare Secretary Joseph Califano, and American Medical Association President J. Edward Hill. Finalists may be asked for additional information about their programs. The Grand Prize Award winner will receive \$20,000 at a national awards ceremony in Washington, D.C. National and local press releases will describe these events (or the prize).

Application Process

Please respond to each of the four sections below. Keep in mind the overall goal of these Awards: to engage libraries in the national effort to encourage healthier lifestyles in order to prevent or postpone death, disease and disability. In the case of people who already have a health condition, healthier lifestyles can delay or decrease the complications associated with the health condition. The Awards are designed to encourage library programs that address one or more of the following: dietary choices; exercise; smoking cessation; alcohol and/or drug abuse prevention or cessation; immunizations and health screenings; and improved health literacy, that is, the ability to understand and make use of health information.

When evaluating your application, the judges will look favorably on programs that can serve as models of best practice – programs that not only make a difference in the community, but also lend themselves to Replicability.

CRITERION ONE: PROGRAM DESCRIPTION, JUSTIFICATION, AND OUTCOMES

This section will determine 40% of your library's score. Please limit your response to 600 words. Describe your program in sufficient detail to inform a reviewer who is not familiar with your library about: the purpose of the program; how the program reflects community needs; its intended population (the age, sex, racial or ethnic groups, or other groups, such as, for example, pregnant women); the program's location(s) and primary activities.

Describe the program outcomes or expected outcomes. The judges have been asked to evaluate the answers in Criterion One according to how the program or programs promoted healthy lifestyles through one or more of the following: improved diet; increased exercise; smoking cessation; alcohol and/or drug abuse prevention or cessation; regular medical check-ups and preventive screenings; improved health literacy, that is, the ability to understand and make use of health information.

Specify the evaluation tools or processes used to assess program outcomes. Were program goals met relative to baseline data or pre-established targets? If not, why not?

Judging for Criterion One:

Your answer for Criterion One will be evaluated according to: how well the program encouraged lifestyle improvement among the target population, while being responsive to identified community needs.

You may wonder, as you plan your program(s) whether the judges will give a higher score to: a) a library that covers several or all of the lifestyle improvement goals well; or b) focuses on one narrow aspect of health improvement (e.g. obesity prevention for children, a program which would come under improved diet and increased exercise) and does it exceptionally well. The judges have been asked to give high marks to a narrowly focused effort that is carried out exceptionally well. This kind of effort would do well in preference to a library that tackles all the lifestyle improvement goals but does an average job on all of them. If one library has several programs that are exceptionally good, that library would get a higher score than a library with one exceptional program.

In addition, since the judges will be looking for best practices, and replicable programs, they will be interested in whether unexpected outcomes have been identified, or negative outcomes have been used to restructure or improve the overall project. They will consider surveys or other evaluation tools that show actual results and that people value this program.

Examples:

The Healthy Hart Program of the Hart County Public Library in Munfordville, KY provides outreach and training in health literacy, particularly with citizens living in the four-county region. The library supports an active publicity program for health information and sponsors a Baby Safety Fair and a Health Fair for Seniors.

The Rural Outreach and Delivery Service (ROADS); of the Beauregard Parish Library in DeRidder, LA maintains health clinics in each of the six library branches. http://library.beau.org/lib/rural_services.html

The Pediatric Library of the Lamar Soutter library of the University of Massachusetts Medical School in Worcester, MA provides training for workers and clients in pediatric agencies. <http://library.umassmed.edu/> <http://library.umassmed.edu/pedlib/> (The Pediatric Library)

<http://library.umassmed.edu/catch> (The CATCH Project)
<http://library.umassmed.edu/ecrc/> (The Early Intervention Resource Center)

The McGoogan Library of Medicine at the University of Nebraska Medical Center in Omaha, NE develops and distributes tools for educating women on women's health issues.

<http://www.unmc.edu/library/consumer/about.html>

The Calumet County Public Libraries in Chilton, WI provide onsite children's health and fitness programs.

<http://www.mc.lib.wi.us/healthresources/index.htm>

CRITERION TWO: REPLICABILITY

This section will determine 25% of your library's score. Please limit your response to 375 words. Your answer to this section will be evaluated according to how well your program can be adapted for use by other libraries. What staffing, community cooperation, funding, materials or facilities must be available for the program to work? What was the cost per participant or other unit cost? Provide a brief breakdown of the budget here.

» Judging for Criterion Two:

Programs that are inexpensive in comparison to their impact will receive higher scores. The judges will also take note of innovative approaches to overcoming insufficient funding, staffing, materials or other obstacles, as long as the approaches can be copied by other libraries. The judges will also value approaches that are scaleable, that is, they could be applicable to large, small, or in-between libraries. (Programs that rely on unique circumstances for success will score lower in this section.)

» Examples:

The Arizona Health Sciences Library in Tucson, AZ brought together the state's public libraries, medical libraries, and the public health community to collaborate in providing integrated, up-to-date information centers in public libraries, health departments, and tribal service centers. www.AZHealthInfo.org

The Greenwich Library Health Information Center in Greenwich, CT uses local experts to speak about various health-related topics to the public. <http://www.greenwichlibrary.org/health.htm>

The Consumer Health Information Service (CHIS) of the Palm Beach County Library System in West Palm Beach, FL used foundation support to start an information service to 731,460 citizens who lacked access to quality health information. www.pbclibrary.org/health.htm

The Garceau Library of St. Vincent Hospital in Indianapolis, IN provides facilities and training for enabling seniors in using computers to search electronic databases and Internet resources.

The Archie Dykes Health Sciences Library of the University of Kansas Medical Center in Kansas City, KS assigned a dedicated staff coordinator to work with library systems and individual libraries to refine the delivery of information to the end user. <http://library.kumc.edu/>

The Montgomery County Public Libraries/Wheaton Library Health Information Center in Montgomery, MD provides training to all library associates in Maryland's public libraries and to other libraries in state and surrounding metropolitan areas. www.montgomerycountymd.gov/library

The Munson Healthcare/Munson Medical Center Department of Library Services in Traverse City, MI provides a Caregiver Resource Center and library, a Community Health Library, and supplies a Community Health Education Team (CHET) to provide consumer information delivery and training.

http://www.munsonhealthcare.org/locations/pomc/health_info/pomc_library.php (Caregiver Resource Center & Library)

http://www.munsonhealthcare.org/munson/health_info/community_library.php (Community Health Library)

CRITERION THREE: COMMUNITY COLLABORATION AND SUSTAINABILITY

This section will determine 25% of your library's score. Please limit your response to 375 words. Describe or list the organizations that worked together with the library in developing and implementing this program, including a description or list of in-kind and paid services. What efforts have been made to continue this program over time and what is the library's role, if any, in maintaining this program (e.g., as a training site, an established location for this activity, a grant writer, etc)?

» Judging for Criterion Three:

Your answers will be evaluated for both depth of participation and breadth. The judges will value evidence that the library leveraged its impact by collaborating with other organizations to carry out the lifestyle improvement efforts and they will take note of the potential for sustainability. The judges will be impressed by libraries that form collaborations with other groups or organizations such as, for example, local businesses, hospitals, fitness centers, or primary care physicians.

» Examples:

The Lister Hill Medical Library of the University of Alabama and the public libraries of Jefferson and Shelby Counties, Birmingham, AL have joined together to create Health InfoNet, a collaborative consumer health information service. www.healthinfonet.org

The Denver Public Library and the Denver Healthy People 2010 Agency of the Denver Department of Public Health have joined together to create three interconnected health information Websites providing community and family health information in both English and Spanish.

<http://denverlibrary.org/research/health> [English] <http://espanol.denverlibrary.org/health> [Spanish]
www.denvergov.org/hp2010 [Denver Healthy People 2010]

The Coalition of Regional and Academic Libraries/CORAL in Statesboro, GA is a collaborative effort of the Statesboro Regional library, the Magnolia Coastlands Area Health Education Center, and the Zach S. Henderson Library of Georgia Southern University. <http://library.georgiasouthern.edu/coralhen/about.html>

The Henderson District Public Library of Henderson, NV has combined with the St. Rose Dominican Hospital to create a special reading area in the library for the St. Rose's Barbara Greenspun Women's Care Center of Excellence. <http://www.hdpl.org/>

The Crandall Public Library in Glens Falls, NY serves as a model library for providing consumer health information services to other libraries in New York State. www.crandalllibrary.org

The Eugene Public Library Eugene, OR and PeaceHealth Oregon Region collaborated to sponsor a consumer health project for the new Eugene Public library facility. <http://www.peacehealth.org/epl/>

The Preston Medical Library of the University of Tennessee Knoxville, TN partners with other educational professionals to provide a wide range of health information delivery. http://gsm.utmck.edu/med_library/consumer/caphis.htm

The South Texas High School for Health Professionals ("Med High") and the University of Texas Health Science Center at San Antonio Regional Academic Health Center library in San Antonio, TX collaborated

in creating the Peer Tutor Pilot Project, training 11th grade student to serve as peer tutors teaching other students to use MedlinePlus. http://bla.stisd.net/Peer%20Tutor_Project.htm

The Ilsley Public library in Middlebury, VT collaborated with Porter Hospital and the Champlain Valley Area Health Education Commission to create an advisory committee to oversee the creation and deployment of a consumer health information initiative (the Collier Health Information Center), which serves as the patient library that Porter Hospital would provide if it had the resources. <http://www.ilsleypubliclibrary.org/library%20resources/collier.htm>

Health Information Prescriptions: A Virginia library Partnership in Charlottesville, VA – a collaboration of academic health centers, hospitals, and public libraries across Virginia (Norfolk, Richmond, Charlottesville, Fairfax, Roanoke, working with the National Library of Medicine) – was created to strengthen the ties between public and health sciences libraries, and to encourage community partnerships among health professionals who prescribe information, librarians who dispense information, and patients and their families who use information to increase their knowledge of how to stay healthy as well as cope with health problems. <http://www.cbil.vcu.edu/mac/vacohsl/informationprescription.htm>

Other possibilities that have been done include having local physicians sponsor talks at the local library on various prevention topics. Local sports team celebrities can appear in the local media, promoting health exhibits at your library. Youth groups can be enlisted in creating anti-smoking exhibits or in reading to younger children. Medical libraries, academic libraries and other specialized libraries can work with public libraries to reinforce each other's efforts.

CRITERION FOUR: HEALTH LITERACY OUTREACH

This section will determine 10% of your library's score. (Please limit your response to 150 words.) Describe how your program addresses the information needs of people with low health information literacy skills and your success at serving this group.

Judging for Criterion Four:

Your answer will be evaluated according to how successfully your library was able to reach out to people with low information literacy skills. The goal is to improve their capacity to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing. Health literacy skills would include, for example, the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions and consent forms. These skills would also include the ability to negotiate the health care systems, and it would include the ability to locate information about health questions and concerns that is actually useful to persons with low health literacy skills.

Examples:

The Pediatric Library of the Lamar Soutter Library of the University of Massachusetts Medical School in Worcester, MA provides training for workers and clients in pediatric agencies. <http://library.umassmed.edu/> <http://library.umassmed.edu/pedlib/> (The Pediatric Library) <http://library.umassmed.edu/catch> (The CATCH Project) <http://library.umassmed.edu/ecrc/> (The Early Intervention Resource Center)

The Greenwich Library Health Information Center in Greenwich, CT uses local experts to speak about various health-related topics to the public. <http://www.greenwichlibrary.org/health.htm>

The Consumer Health Information Service (CHIS) of the Palm Beach County Library System in West Palm Beach, FL used foundation support to start an information service to 731,460 citizens who lacked access to quality health information. www.pbclibrary.org/health.htm

The Hawaii Medical Library in Honolulu, HI organized and presented workshops and presentations to the public. <http://hawaiihealthportal.org>

The Kootenai Medical Center William T. Wood Medical Library Coeur d'Alene, ID provided health literacy training for a growing population of seniors (developing readability and comprehension testing, developing senior-friendly Website, providing free, hands-on individualized basic computer skills training at senior centers).

<http://www.kmc.org/Services/dearmondlibrary.htm>

<http://www.nicon.org/DeArmond/seniors.html>

The Garceau Library of St. Vincent Hospital in Indianapolis, IN provides facilities and training for enabling seniors in using computers to search electronic databases and Internet resources. .

The Crandall Public Library in Glen Falls, NY provided training sessions for consumers.

www.crandalllibrary.org

The South Texas High School for Health Professionals (“Med High”) and the University of Texas Health Science Center at San Antonio Regional Academic Health Center library in San Antonio, TX collaborated in creating the Peer Tutor Pilot Project, training 11th grade student to serve as peer tutors teaching other students to use MedlinePlus. http://bla.stisd.net/Peer%20Tutor_Project.htm

BACKGROUND: TRENDS AND ISSUES

Libraries Meeting Community Health Needs A Review of Current Trends and Issues

The initiative, *Healthy People 2010*, launched by the Department of Health and Human Services in 2000, outlines a prioritized set of health objectives representing the most critical public health issues currently facing the United States. Its two main goals are to increase quality and years of health life and to eliminate health disparities. Libraries serve an important role in the dissemination of health information and the promotion of healthy lifestyles which assists in reaching these goals. Following is a summary of the trends and issues reported in the literature in two special issues of *Library Trends* (2004 and 2005) and a supplement in the *Journal of the Medical Library Association* (2005), addressing ways in which libraries are serving or may strive to serve the health needs of the community better.

Reaching Vulnerable or At-Risk Populations

Reducing health disparities suggests that emphasis be placed on vulnerable, at-risk, or underserved populations such as the elderly (Detlefsen, 2004), African-Americans (Detlefsen, 2004), immigrants and refugees (Allen, Matthew, & Boland, 2004), Native Americans (Siegel, et al., 2005; Wood, et al., 2005), and racial and ethnic minorities (Dervin, 2005). Some important concepts for successful outreach with these populations include:

- Developing partnerships beyond traditional constituents as key to outreach success (Allen, Matthews, & Boland, 2004; Siegel, et al., 2005)
- Sharing perspectives to ensure that all perspectives are considered and respected (Siegel, et al., 2005)
- Understanding the information behavior and use of the population (Detlefsen, 2004)
- Investigating what is known about the specific population's use of the Internet (Detlefsen, 2004) and computer availability (Allen, Matthew, & Boland, 2004)
- Assessing the cultural and health issues of the population (Allen, Matthew, & Boland, 2004; Detlefsen, 2004;)
- Considering the use of information prepared for one population which may be useful for another (Detlefsen, 2004)

Community Outreach and Sustainability

A tremendous effort in reducing health disparities involves a clear consensus of the importance of librarians reaching out into the community by making health information accessible at the point of need. The process for developing community outreach projects may include:

- Identifying and defining the community, including health needs, before visiting or starting any projects (Alpi & Bibel, 2004; Dutscher & Hamasu, 2005; Press & Diggs-Hobson, 2005)
- Visiting the community in person and approaching key community leaders or organizations to develop trust and mutual understanding (Alpi & Bibel, 2004; Dutscher & Hamasu, 2005; Press & Diggs-Hobson, 2005)
- Engaging the implementers and end users of the project at the beginning stages of assessment (Ottoson & Green, 2005; Press & Diggs-Hobson, 2005)
- Locating and assisting in the development of relevant information or materials (Alpi & Bibel, 2004; Press & Diggs-Hobson, 2005)
- Pairing information outreach with other activities in which the population is already engaged, such as health fairs, conferences, community events, health agencies, educational organizations (Dutscher & Hamasu, 2005; Press & Diggs-Hobson, 2005)
- Sustaining the project by integrating health information into ongoing programs or efforts reaching the target population in the community, empowering members in the community to serve as

experts, securing funding, and working with people who share a common vision and value the project (Dutscher & Hamasu, 2005).

Establishing Partnerships

Due to the interdisciplinary nature of what constitutes health, no one entity or organization can make effective change alone. Librarians, as one partner in the health arena, are encouraged to “think outside the library” (Spatz, 2005, p. 454). Successful health information programs establish partnerships with any of a wide range of interdisciplinary community partners. Partners might include area health education centers, state and local health departments, hospitals, clinics, managed care programs, local branches of national health organizations (e.g. National Cancer Society), free clinics, community health centers serving uninsured or underinsured, managed care programs, nonprofit organizations (e.g., American Heart Association), public libraries, hospital libraries, academic institutions, and English for Speakers of Other Languages (ESOL) programs (Allen, Matthews, & Boland, 2004; Alpi & Bibel, 2004; Kenyon, 2005). The process for establishing successful partnerships may include (Spatz, 2005):

- Understanding the unique role of each agency or partner in order to better establish common ground
- Defining the scope and mission of the partnership to ensure clear understanding of mutual goals and one’s relationship to others
- Establishing accountability to ensure that each partner has a stake in achieving success
- Establishing rules of conduct and communication
- Providing a form of measurement for evaluation and reflection

Evaluation of Community Outreach Programs

Evaluation is an essential component of any community outreach program. It is not only a requirement in reports to external funding providers, but is necessary for measuring the effectiveness of a program or project and lessons learned. Some considerations for evaluation include:

- Bringing all stakeholders into the discussion (Olney, 2005; Ottoson & Green, 2005)
- Conducting a needs assessment at the onset of a project (Olney, 2005)
- Monitoring changing needs during the course of the project so that the plan may be adapted as needed through site visits and interviews (Olney, 2005)
- Conducting outcomes assessment through a combination of quantitative and semi-structured qualitative assessment (Olney, 2005)
- Considering use of a participatory approach which assesses use, program, valuing, and knowledge construction (Ottoson & Green, 2005)
- Examining each step in the process to make the design and implementation of a project self – correcting (Friedman, 2005)

Health Literacy

Health literacy may be defined as the ability to obtain, read, comprehend, and use health information to make appropriate health decisions. The development of appropriate and effective health communication is an initiative recognized in *Health People 2010*. To this end, improving health communication may call for use of a variety of approaches, which may include:

- Improving the accessibility of appropriate health materials in communities (Burnham & Peterson, 2005)
- Emphasizing readability and comprehension of health communication materials (e.g., pamphlets, instruction guides, package inserts, books, Websites) by
 - acquiring materials that are written in conversational style (active voice) (Baker & Gollop, 2004)
 - using short sentences of ten to fifteen words (Baker & Gollop, 2004)
 - translating complex medical terms (Parker & Kreps, 2005)

- using plain language at the fifth grade level or lower to accommodate differing literacy levels (Parker & Kreps, 2005)
- using caution with medical textbooks written for physicians or other health professions with consumer due to the high readability level and comprehension of terms (Baker & Gollop, 2005)
- considering use of nonwritten materials (e.g., charts, diagrams, photographs, picture books, videotapes, audiotapes, multimedia presentations) with persons having limited literacy (Allen, Matthew, & Boland, 2004; Parker & Kreps, 2005)
- Showing sensitivity to language and cultural needs by
 - providing materials that are culturally relevant (Parker & Kreps, 2005)
 - translating materials into different languages (Parker & Kreps, 2005)
 - using interpreter services to provide direct translations of what is said (Allen, Matthew, & Boland, 2004)
- Adjusting oral communication of health information by
 - slowing down the rate of speech when delivering health information (Parker & Kreps, 2005)
 - using a “teach back” or “show me” approach to ensure understanding (Parker & Kreps, 2005)
 - including important family members or close friends in discussions including “surrogate” readers (Parker & Kreps, 2005)

Effective Use of the Internet

With the rapid advances in technology and as computers become more affordable and accessible, use of the Web as a means to provide access to health information becomes increasingly valuable. To use the Internet effectively, consideration must be given to the design of Websites, the development or selection of information to be posted or linked on the Web pages, and educating health information seekers in not only finding health information but being able to critically evaluate what they find for its authoritativeness, accuracy, and relevance to meeting their health need. Some considerations in use of the Web include:

- Selecting high-quality information on the Web by librarians including the criteria of quality, authority, and accuracy of information; purpose of site; maintenance; and minimal redundancy (Miller, Tyler, & Backus, 2004) and validity; accessibility, presentation, and design; and Website transparency, credibility, and currency (Crespo, 2004)
- Educating the health information seeker to classifications of information providers such as health information directories and producers of databases that license the resources on the Internet (Crespo, 2004)
- Making health information seekers aware of “pseudo-health” Websites and other quackery (Crespo, 2004)
- Creating easy to use Websites by avoiding health care jargon, making the reading level no higher than eighth grade, creating pages that load easily, making pages accessible to both PC and Mac users, providing a glossary, creating the feeling of a “trusted, knowledgeable friend” (Detlefsen, 2004)

Marketing

With the rapid closing of hospital libraries nationwide due to reduced hospital funding, marketing is necessary to educate and increase the awareness of hospital administrators, health professionals, and the public about the value of the librarian’s critical role in providing relevant health information (Weldon, 2005). Marketing plans should be developed to promote what libraries do for the community (Kouame, Harris, & Murray, 2005). Low-cost forms of marketing that may be implemented by librarians include:

- Establishing partnerships between medical libraries and public libraries which can be marketed on a health information page on the public library’s Website (Weldon, 2005)

- Writing an article for the local newspaper highlighting health information services provided by the library (Weldon, 2005)
- Writing articles for journals read by health professionals (Weldon, 2005)
- Advertising library programs and services on local access television channels (Smith, Logsdon, & Clark, 2005)
- Creating “giveaways” such as pencils, bookmarks, refrigerator magnets, bandage holders, or cardboard fans to distribute to the community (Smith, Logsdon, & Clark, 2005)
- Displaying exhibits within the library for the duration of a project (Smith, Logsdon, & Clark, 2005)
- Using volunteers to promote library services to local media, business and religious organizations, and local schools (Alpi & Bibel, 2004)
- Displaying library brochures at human service providers such as hospitals, clinics, and day care centers (Alpi & Bibel, 2004)
- Reaching out to service organizations with bilingual staff assisting the target population or ESOL classes (Alpi & Bibel, 2004)

Summary

This document outlines some of the major trends and issues in the implementation of community outreach programs by libraries. In order to reduce health disparities, it is critical that vulnerable or at-risk populations be reached. Libraries can play a significant role in alleviating health disparities by making their expertise in health information a vital part of the community. This can be achieved by defining the population and their particular health needs and then going into the community, partnering with established organizations or groups to integrate health information where it is most useful and best received. This entails learning a lot about the community surrounding the library and becoming an integral part of it rather than waiting for customers in need to come to the library.

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