

**Final Report Outline for NN/LM Pacific NW Region
Subcontracts and Outreach Awards**

COVER SHEET

Title of the Project:	Web-Based Immunization Information Resource Library
Name of Institution:	Healthy Roads Media
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Time Period Covered:	January 1, 2007 – January 31, 2008
Date Submitted:	February 15, 2008

NARRATIVE DESCRIPTION

1. Executive Summary: Summarize the project's major accomplishments.

The major accomplishments of the project included the production of English and Spanish Vaccine Information Statement (VIS) content on Chickenpox, DPaT, Hepatitis A, Hib, MMR, Live Influenza, Pneumococcal polysaccharide, Td, and Polio vaccines into three formats in addition to the written (PDF) handouts produced by the CDC. These included audio (MP3), multimedia (EXE) and web-based video. The free dissemination of these materials via the web resulted in over 36,000 files being accessed/disseminated during the project period. Their continued availability after the end of the project period is providing, on average, 860 files each week.

A second major accomplishment is the development of new and strengthening of existing partnerships. One of these partnerships was with the Virginia Department of Health. This partnership was able to build upon the efforts in this project to create additional vaccine information materials in six additional languages. A second effort which was built upon the project was the development of iPod video versions. This format accounts for about 20% of total access/downloads for eight vaccines and over 40% of two others (MMR and polio). This indicates that further exploration to understand the usefulness of this format to disseminate health information to vulnerable populations is warranted.

The third accomplishment was to gain more understanding of the challenges of implementing patient education efforts in complex, busy clinical settings and the need to be flexible in adjusting project activities.

2. Geographic region/number of counties: List the geographic regions or all the counties that were impacted by the project.

This was a web-based dissemination effort so it is not possible to identify the geographic location of those who accessed the materials that were produced. However, there were two on-line surveys conducted during the project year that inquired about the location of the respondents. The respondents came from 31 states, Asia, Europe, Canada, Mexico, Central America and Pakistan.

3. Collaborations/Partnerships: Include names and types of organizations with which there was collaboration at any time during the project. Provide the current status of the partnerships, challenges encountered, and lessons learned.

Immunization Action Coalition – IAC provides web-links HRM materials and notices in their newsletter of HRM vaccine information activities on an on-going basis.

Virginia Dept of Health – HRM partnered with VDH to create additional vaccine materials (as well as multilingual tuberculosis education). It is anticipated that new collaborative efforts will occur in the future.

Gallatin City County Health Department (GCCHD) – Despite the challenges of carrying out the project activities as originally planned there is expectation of potential to work together once they are moved into a new facility next summer where it will be much easier to carry out patient education efforts

Montana State University-Library – As another Montana NNLM member, it is anticipated that collaboration will continue.

Coalition of Resource Organizations (CORO) – HRM belongs to this new local group that helps to identify needs and provide services to the growing Spanish speaking population. There are ongoing activities.

Community Health Partners – This is the local community health center. They continue to serve as the local fiscal agent for HRM and are included as participants in an HRM grant proposal that is under review.

4. Training: *NOTE: If you haven't already done so, please complete a record of Training/Demonstration Sessions using the form at <http://nnlm.gov/evaluation/datacollection/ActivityInfo.pdf> and fax to your PNR staff contact at (206)543-2469. In this final report, provide a summary of the training events and participants:

Total # of sessions for the Project:	<u>NA</u>
Total # of sessions in which half or more of participants were from minority populations:	<u>NA</u>
Total # of participants for the Project:	<u>NA</u>

Breakdown of the count of participants by:

Health care or service provider, with a subtotal for public health personnel	<u>NA</u>
Health sciences library staff member	<u>NA</u>
Public/other library staff member	<u>NA</u>
Member of the general public	<u>NA</u>

5. Training sites: Provide a brief description of training sites. NA

6. Exhibits: List all the exhibits connected with the projects (if applicable). Include the meeting name, dates, location, estimated number of contacts made, demonstrations given and general impressions of success. *NOTE: If you haven't already done so for all exhibits, please complete an exhibit report found at <http://nnlm.gov/pnr/funding/ExhibitReportOutline09-12-02.doc> and submit with this report. None

7. Resource materials: Provide a brief description of any materials that were developed for training or for promotion/marketing (include newspaper announcements, brochures, etc.). Include copies of materials developed. If web-based resources were developed, please provide the URL for the site where the materials are located. URLs for all web-based training materials should also be sent the National Training Center and Clearinghouse (NTCC) for inclusion in the Educational Clearinghouse (<http://nnlm.gov/train/>). Provide verification that this has been done or provide a date by which it is expected that URLs of web-based training materials will be sent to the NTCC's Educational Clearinghouse.

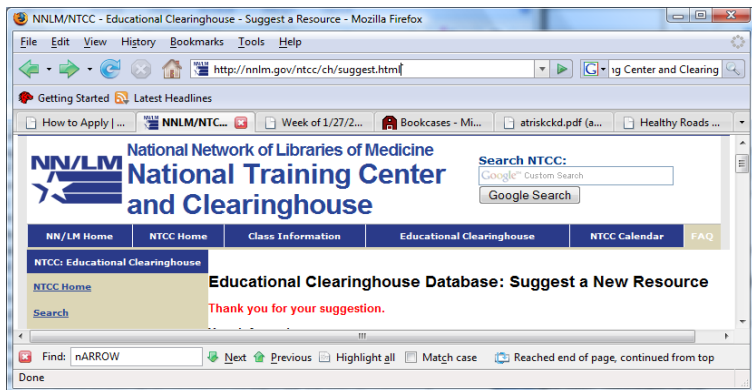
As described in the original proposal, this project resulted in the production of English and Spanish Vaccine Information Statement (VIS) content on Chickenpox, DPaT, Hepatitis A, Hib, MMR, Live Influenza, Pneumococcal polysaccharide, Td, and Polio vaccines. These materials were first developed in three formats in addition to the written (PDF) format from the CDC. The other three formats are audio (MP3), multimedia (EXE) and web-based video. In addition to the full length VIS content, shortened versions with the key messages about each vaccine were produced in the multimedia and web-based video formats. These shortened versions (2-4 minutes run time) were created to be especially useful when patients are receiving multiple vaccines and the 10-12 minute presentation of a complete VIS

would be impractical. All files were posted on the Healthy Roads Media (HRM) website for free use by anyone with internet access. The availability of these new materials was noted by the Virginia Department of Health (VDH) and they were interested in extending these resources to other languages. With funding from VDH, the Polio and MMR VIS content was developed, in the three enhanced formats, in Amharic, Arabic, Farsi, French, Russian and Somali. The NNLM development programming work that was done to create the original English/Spanish language materials work created the framework for this additional development.

An effort in 2007, supported by funding outside of this project, was begun to develop all the web-video files into the iPod video format. The vaccine information materials were

prioritized to be done early in this effort and were completed and posted in the second quarter.

The web-link to the HRM immunization materials - www.healthyroadsmedia.org/topics/immunization.htm was provided to the NTCC's Educational Clearinghouse on 2/4/08 via their web-based submission form. The verification provided was a web message- *Thank you for your*



suggestion. See image.

8. Web sites: Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance, and impact.

No new websites were created under this project, however, the Immunization section of the Healthy Roads Media website was greatly expanded. The URL for this section is - www.healthyroadsmedia.org/topics/immunization.htm . The materials in this section will be maintained with general HRM funds. As the VIS materials are revised by the CDC the materials will be updated as funding allows. Any materials that cannot be updated with available funds will be removed from the website until the funding becomes available. This is because it is critical to provide current VIS materials. The impact of the immunization section of the HRM website can be measured by the large number of materials that were accessed during the project period (see next section) and the continued large number of files that are being used.

9. Document delivery and reference services: If document delivery services and reference services were provided, please provide appropriate statistics.

Documents (vaccine information materials) were provided via the web and the access/download statistics are as follows:

	English					
	Handout	Audio	Multimedia	Web-video	iPod Video	Total
TD	446	617	160	34		1257
TD-Short		257	142	37	106	542

DTaP	353	401	177	98		1029
DTaP-Short		268	149	74	125	616
PPV	370	639	169	44		1222
PPV-Short		257	166	39	147	609
Polio	293	640	174	42		1149
Polio-Short		270	162	32	136	600
MMR	280	671	203	31		1185
MMR-Short		270	148	38	136	592
Hib	301	396	170	62		929
Hib-Short		271	164	42	120	597
Chickenpox	689	821	337	318		2165
Chickenpox-Short		294	203	174	130	801
Hepatitis A	237	229	170	50		686
Heptitis A-Short		263	166	41	136	606
Flu	405	1224	237	395		2261
Flu-Short		265	184	69	166	684
Hepatitis B	262	656	164	49		1131
Hepatitis B-Short		275	146	56	112	589
	3636	8984	3591	1725	1314	19250

	Spanish					
	Handout	Audio	Multimedia	Web-video	iPod Video	Total
TD	213	630	93	23		959
TD-Short		199	89	34	125	447
DTaP	246	551	104	41		942
DTaP-Short		208	93	49	137	487
PPV	199	609	86	32		926
PPV-Short		187	88	17	116	408
Polio	212	304	90	15		621
Polio-Short		194	90	20	128	432
MMR	230	317	89	25		661
MMR-Short		195	88	22	143	448
Hib	250	559	104	21		934
Hib-Short		183	103	33	151	470
Chickenpox	1065	346	148	120		1679
Chickenpox-Short		232	133	589	105	1059
Hepatitis A	2928	157	77	31		3193
Heptitis A-Short		208	86	34	120	448
Flu	248	538	134	374		1294
Flu-Short		206	110	1	115	432
Hepatitis B	180	490	74	20		764
Hepatitis B-Short		189	100	24	118	431

5771	6502	1979	1525	1258	17035
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These statistics show that over 36,000 English and Spanish files were accessed/downloaded from the HRM website. It also reveals that the audio format was the format that was accessed the most in both languages. As noted above, this project provided the framework to do a separate project in additional languages. This resulted in an additional 6226 VIS information files (Arabic-914, Russian-1849, Somali-663, Amharic-866, Farsi-786, French-1148) accessed/downloaded during the project period.

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

There were four main activities proposed for this project – development of vaccine information resources, dissemination of resources via the web, training of staff at a local evaluation setting and local and web-based evaluation of resources.

During the development phase, the text of the CDC’s Vaccine Information Statements (VIS) from ten vaccines was divided into small segments that described one or two messages. Images that could enhance the communication of each message were identified.

The segmented text was audio recorded in English and Spanish. The image-text-audio pairs were used to develop individual screens/slides that were programmed into the multimedia and web-video formats. The audio narration was developed into audio files that narrated each VIS. As described above, iPod video versions and additional language VIS’s were also developed through separate projects but were built upon the framework of this project and extend the original resource development plans.

VIS statements are fairly long documents with a run-time of the multimedia/video versions ranging from 10-15 minutes. This length had the potential to limit their usefulness in clinical settings where multiple vaccines are given in a single visit and/or setting where time is limited. Working with , the largest immunization information organization in the U.S., the Immunization Action Coalition - IAC (www.immunize.org) and staff from the local health department in Bozeman (the local evaluation site), abbreviated versions of these materials were created that contained the agreed upon key VIS messages. Using this shortened VIS text, versions of the materials that had run-times of four minutes or less were developed.

Once the development of the all the VIS files was completed they were posted on the HRM website. Notice of the availability of these materials was posted on listservs that deal with patient education, consumer health education, health literacy and refugee health. In addition, as part of the effort to increase awareness of these materials, a short article was run in an issue of the IAC Express produced by IAC. This is a widely distributed national weekly e-mail immunization information newsletter for health professionals -

www.immunize.org/express This article was run in Issue 655, Article 5. IAC also directly links to the new HRM immunization materials from their website. All of these efforts by IAC were extremely helpful in increasing awareness.

The Gallatin City County Health Department (GCCHD) had been identified as the local partner that would serve as an evaluation site. The staff of this public health department is spread across several buildings within Bozeman and there is a satellite clinic in West

Yellowstone (90 miles away). It is rare for the staff to ever be all together in the same site but there are brief weekly clinical staff meetings to communicate any current issues.

By federal law, the content of VIS statements from the CDC must be provided to every patient (or parent) who receives a vaccine. This is almost always done by providing the CDC produced written handout. For many, the high reading level (10th-12th grade) of VIS materials makes the information difficult to understand. As materials development was underway, the project coordinator spent time at GCCHD) observing the flow of activities at the immunization clinic including how VIS materials were distributed. This was done to help ensure that implementation of the VIS materials in new formats would help fit into the busy work of the clinic.

Another activity to occur at GCCHD was to provide some staff training to help increase understanding of health literacy issues as well as the availability of web-based resources that help serve diverse patient populations.

It was challenging to schedule a time during the weekly staff sessions to provide brief information about the project and seek any initial comments or suggestions. This was because these meetings are very short and focused on getting through immediate work issues. A project presentation was eventually scheduled. It was presented by the project leader, project coordinator and librarian from Montana State University who was to provide the training. GCCHD staff members were very receptive to the project itself and the training.

The implementation of the computer-based VIS resources into the GCCHD immunization clinic as well as the training proved to be much more difficult to carry out than had been anticipated. The first inkling of this was in how challenging it was to do the brief introductory presentation. The staff was dispersed, very busy and has a diverse set of job duties. This made it difficult to set up training times and also for the staff person identified as the project contact person to take the time that was needed to help with the implementation issues that can always be anticipated with a project like this. In addition, the immunization clinics were extremely busy while there was occasionally a volunteer available, this was rare. Also, the physical layout was very small and made the use of the laptop quite difficult. A new public health department with adequate space is being built and will be open next summer. The issues of limited space was discussed and it was suggested that perhaps an iPod might be a useful tool since it was small and portable. The public health nurse who was most interested in this strategy was also bilingual and found that, for her, just speaking in Spanish was easier than using the iPod. The iPod was not tested in a setting where bilingual staff was not available. Other challenges were that several public health issues that came up during the implementation phase. This pulled staff into unanticipated work efforts and there were also some key staff turnovers. The project coordinator also moved unexpectedly during this time. All these challenges lead HRM and GCCHD to agree that the original plans were just not going to work and that the potential to work together was going to be much improved once they were moved into the new building. There will be more space and at least all the Bozeman staff would be housed in the same site.

These project changes required an alternate plan that would be able to gather some evaluation information from public health personnel. An alternate evaluation strategy was proposed, approved and carried out. It involved the development of an on-line evaluation survey directed at public health departments. As an incentive to complete the survey,

respondents were provided with a CD-ROM that contained all the vaccine information materials created by HRM. The results of this survey are discussed in the evaluation section below.

Another evaluation activity involved a general on-line survey to gather feedback to understand who was using the materials and why. Once this was developed and posted, IAC ran an article in IAC Express (www.immunize.org/express) encouraging readers to provide feedback to on-line project survey (Article 11, Issue 660). The results of this survey are discussed in the evaluation section below.

During the project period the CDC revised the content of several of the VIS statements. This necessitated revisions in the materials that had already been developed. This was completed in order to ensure that current materials were always being provided.

11. Evaluation: How was the project evaluated? What results were achieved based on the objectives of the project?

The project was evaluated using three strategies. First, the availability of the materials on the HRM website was no assurance that the materials would actually be used. However, during the project period, over 36,000 individual files (of all formats) were accessed/downloaded. This is an indication that these were perceived as useful materials. The materials will remain available and are being accessed/downloaded at an average rate of 860 files per week.

A second evaluation strategy involved the development of a web-based survey to learn more about who was accessing the materials, where the materials were being used and feedback/suggestions from users. This general vaccine survey was posted early in the project and responses were accepted until the end of the project period with a total of 111 respondents. Survey results are as follows:

1. First time visitors to the HRM website: 80%

2. Female: 90%

3 Location:

37 states, Europe, Canada, Mexico, Central America, and Pakistan

4 Age groups:

18-24 years 3%

25-34 years 14%

35-44 years 19%

45-54 years 35%

55-64 years 28%

5 Setting of respondents:

Public health department 41%

Clinic 19%

Home 17%

A Business 8%

Hospital 7%

Library 0%
Other 8%

6 Respondent self-description:

I'm a healthcare provider helping my patient 75%
I'm just interested in health information 8%
I'm a student working on a class project 2%
I'm a researcher 2%
Other 13%

7 Which formats are most helpful in making vaccine information easy to understand?

Written 70%
Audio 34%
Multimedia 35%
Web-video 21%
iPod Video 0% (survey did not record responses)

8 In what languages do you need vaccine information?

English 85%
Spanish 63%
Other 30% (Marshallese, Hmong, Russia, French, Bengali, Nepalese, Chinese, Polish, Tibetan, Portuguese, Somali, Korean, Farsi, Vietnamese, Hebrew, Creole, Arabic, Korean, Croatian, Hindi, Sinhali, Tamil)

9 Was it easy to access the vaccine information in the format you wanted?

Yes 77%
Somewhat 13%
No 4%
Other 6%

10 Would you recommend these vaccine materials to friends, family members or colleagues?

Yes 92%
Maybe 8%

11 Comments provided:

1. *I am using these materials to present TB and Tetanus information to indigenous Oaxacan migrant farm workers.*
2. *Just found this website. I love it...will probably use it in immunization clinics.*
3. *did not answer Vax questions because that's not my focus*
4. *email address*
5. *I am a nurse practitioner and these tools will be an excellent addition to my teaching/education tool kit. thanks*
6. *I found this site very informative and will return again to gather information.*
7. *Was referred to site by IAC express. Opened to determine if useful in our clinic. After several trials was able to view Chickenpox short version and hand washing. Trouble getting to home page and to determine how to view other vaccines. Can see being very useful.*
8. *Is there any way to adapt this to the hospital's closed-circuit TV channel? The multi-media*

information on vaccines is exactly what we need. I am doing a project for my MSN in education and we are trying to address clients with different learning styles. This is great! J. S.RN BS email address

9. J.B. email address

10. Am always interested in options for those who provide immunizations-this is great.

11. This is an amazing website, sites with information about vaccines like this one are necessary throughout the country, not only in English but also in Spanish and other languages to help those who are least informed about our health. Y.N. email address

12. Excellent information, unfortunately I found it by luck. C.G. CLS,MBA. Professional Lab Consultants email address Have a Beautiful Day

13. email address

14. Spanish translations need to be up-to-date; it's not helpful if only the OLD version is translated. Thank you.

15. email address

16. At our Health Department, we work a lot through World Relief with refugees and immigration. Several of these individuals speak very little if any English and may not be able to read in their native languages. Audio and/or pictures with what the immunizations they are getting would be of great use. They commonly receive a TB test, Hepatitis B, IPV, MMR, Varicella and Td. The children that come in through the refugee program get Dtap or Tdap. The parents do not always understand the need for multiple visits to get the rest of the series. S.D.RN email address

17. In our community, audio in Spanish and English would be helpful for individual who can not read.

18. Dr. L.G.L email address If you would like to visit my page www.cenvac.com

19. E.D.M.RN BSN Immunization Coordinator email address If you have any way to get a VIS for Hepatitis A and B and Tetanus and HPV in Sinhali or Tamil I would appreciate it.

20. Formats or something is different between the Chicken Pox, HIB and the DTAP, HEP A. I could easily save the first two but could not save the information for DTAP,HEP A. This is great for us for those who do not read in Spanish and the interpreter is already busy with someone else. I can also guarantee that the information that is being said to the client is standard info that CDC wants clients to know. It's done simple yet very informative.

21. I just came across this site from the IAC Express newsletter. Great site. I am going to forward it to my colleagues. Thank you.

22. more languages

23. Great site. Thank you

24. Wonderful!!!! Thanks you. In the shortened version the information you REALLY want to know as a provider is "who should not get this vaccine". We must have that information, especially in a busy clinic.

25. The chickenpox video has some incorrect information. It says that people who have had a previous dose of chickenpox vaccine should not get a dose of chickenpox vaccine. This is wrong. 2 doses of vaccine are recommended for varicella.

The third evaluation strategy was originally intended to be carried out with the local health department but due to circumstances described above needed to be revised. To gather information specifically from health departments (as opposed to some of the other settings that respondents came from in the general vaccine survey) a new brief survey was developed to gather specific information from public health staff members. This survey resulted in responses from 24 health departments in 14 states. The results are as follows:

1. **How great is the NEED for vaccine information among the patients who visit your health department?**

Very high 57%

High 39%
Low 4%

2 How great is the DESIRE (or interest) for vaccine information among the patients who visit your health department?

High 48%
Low 39%
Very low 9%

3 How likely are your patients to ask a vaccine question that they have on their mind?

Will always ask questions 9%
Very likely to ask questions 61%
Not likely to ask questions 30%

4. What format(s) are most often used in your health department to provide vaccine information patients? (check all that apply)

Brochures/handouts 96%
Healthcare provider discussion during clinical visits 83%
Computer 22%
DVD's 13%
Formal education sessions 4%

5 How many patients used the Healthy Roads Media vaccine information at your health department?

Ranged from 1-50 with an average of 9 patients

6. Did these patients speak English?

Yes, all of them 19%
Yes, some of them 62%
No, none of them 19%

7. What is your best guess of the age range(s) of these patients? (check all that apply)

Less than 21 48%
Ages 21-40 81%
Ages 41-60 19%
Ages 61 or more 10%

8. What was the gender of these patients? 81 % both

9. What setting(s) were these patients in when they used the materials? (check all that apply)

Waiting room 55%
Exam Room 64%
Classroom 5%
Home visit 14%

10. What languages of the vaccine information materials were used by these patients?

Amharic 10%
Arabic 29%
English 81%
Farsi 10%
French 19%
Russian 33%
Somali 14%
Spanish 62%

11. Which VIS vaccine materials were used by these patients? (check all that apply)

Chickenpox 76%
DTap 67%
Influenza 71%
Hepatitis A 62%
Hepatitis B 100%
HiB 48%
MMR 76%
Polio 62%
PPV 43%
TD 71%

12. Which Healthy Roads Media formats did you use to provide vaccine information to these patients? (check all that apply)

Handouts 89%
Multimedia 6%
Web-video 6%

13 These patients required assistance with the equipment (e.g. headphones, computer, speakers, iPod) to use the vaccine information materials?

Yes, all patients 14%
Yes, some patients 7%
None of these patients needed assistance 79%

14 These patients required assistance with language issues (e.g. family member, friend, interpreter, language line)

Yes, all these patients 28%
Yes, some 61%
None of these patients needed assistance 11%

15. Overall, how comfortable did these patients appear to be when using the vaccine information materials?

Very comfortable 15%
Comfortable 80%
Uncomfortable 5%

What was observed?

1. *She was very grateful for information in her own language.*
2. *the only problem was the length of time that it took to view all of the vaccines that their newborn was given*
3. *Attention*
4. *appreciate their language*
5. *relief*
6. *they kept the materials but did not read unless person providing immunization promoted them to discuss*
7. *relief to have something in their native language*

16. Did these patients complete the vaccine health information activity?

Yes, every patient completed the activity 29%
Most of the patients completed the activity 7%
About half completed the activity 0%
Less than half completed the activity 64%

17. Did these patients ask for more information about vaccines after using these materials?

Yes, all of them 0 %
Yes, some of them 53%
No, none of them 47%

18 Did these patients ask for more information on topics other than vaccines after using these materials?

Yes, all of them 0 %
Yes, some of them 37%
No, none of them 63%

19 Would you recommend the Healthy Roads Media vaccine information materials to your colleagues?

Yes 71%
Maybe 24%
No 5%

20. How does your health department generally address the vaccine information needs of low-literacy, non-English or other vulnerable populations that you serve?

1. *We almost always mandate they bring an interpreter with them.*
2. *written VIS in their language with an interpreter going over the info and asking if they have any questions. However, it is not always easy to assess their literacy level.*
3. *Interpreters, and translations of written materials and some media in the language of the client.*
4. *The use of interpreters and breaking the information into small sections in easy to understand wording.*
5. *plain language explanations, interpreters and no missed opportunities to vaccinate*
6. *We use translators and language-based materials*
7. *We utilize in house interpreters, with many of our staff being bilingual*
8. *questions and native language or interpreters*
9. *Verballt*
10. *CDC Handouts, one on one education usually with a RN*
11. *Special program with multi-lingual staff; translators and translations; language line*
12. *We utilize interpreters and videos to get messages across.*
13. *VIS's available in other languages*
14. *Non-English are offered VIS's in their language, low-literacy are given information by the nurse.*
15. *individual approach--to promote a more comfortable feeling*
16. *We use the AT&T language line for translation to explain/answer any questions they may have.*
17. *Low literacy literature, pictograms*

21. What characteristics about your health department HELPED in providing Healthy Roads Media vaccine information? (e.g. physical layout of the health department, ongoing health education activities, staff characteristics)?

1. *Good internet connection?*
2. *We had a student nurse that was available to assist pulling up each web program for the parent--Also had an empty office available.*
3. *Several programs, Healthy Start Visitor, WIC, Family Planning, Home Day Cares, Vaccine program and MCH program (all run out of the Health Dept.) We also have individual exam rooms and a waiting room that was set up with a TV media player.*
4. *We have ready access to internet for searches for clients we have.*
5. *on going health education activities*
6. *Our staff is very dedicated to informing our patients of pertinent information in order for them to make informed decisions.*

7. *Our staff are the key to success in educating clients.*

8. *staff*

9. *We are currently only using the VIS*

10. *able to print off media*

11. *The physical layout of the waiting room at the health department and that the staff want patients to learn about the vaccines they're receiving.*

12. *New VIS's sent to the clinic*

13. *all but layout*

14. *having the information available in each exam room*

15. *Health ed activities, willingness to assist in getting information needed*

22. What characteristics about your health department HINDERED providing Healthy Roads Media vaccine information? (e.g. physical layout of the health department, ongoing health education activities, staff characteristics)?

1. *The education room is also used to fill out paper work and to wait for the vaccines to be given-- so it is sometimes noisy and crowded.*

3. *patient interest*

4. *Unsure*

5. *physical layout,*

6. *We were not aware of Healthy Roads Media. We subscribe to IAC Express, MMWR, etc but we had never received info on Healthy Roads.*

7. *Not having the necessary equipment-ie. iPods, DVD players.*

8. *physical plant*

9. *the cost of duplicating the information hindered us from placing the information in the waiting room*

10. *no bilingual staff readily available*

23. Please add any other comments or suggestions.

1. *Not familiar with the product. Please send us information. Note: This was provided as a mail-in form.*

2. *I am planning on using the TB info with my Spanish speaking clients who come in for TB skin tests--that often are positive. Perhaps as an initial learning tool.*

3. *We distribute the materials to anyone receiving vaccines at the health department.*

4. *Some of these questions did not make sense in the context of our use of the VIS's.*

5. *given when the vaccines are ordered by the provider and while they are still in contact with the translator so questions may be answered*

The respondents of this public health targeted survey indicated that only two used a format other than the written handouts. Written VIS materials are available in a number of languages from a variety of sources (CDC, Immunization Action Coalition, state health departments, etc.). This low use of enhanced formats was quite different than the respondents from the general vaccine project survey that had identified themselves as public health department staff. In this group of 45 health department respondents 69% used written materials, 44% used audio, 36% used multimedia and 22% used web-video. It is not clear why there was such a difference in the strategies being used between these two public health department respondents to the two surveys. The health department specific survey was only posted on-line for two months as opposed to the general vaccine survey which was on-line for a year. The very low use of enhanced formats by the health department specific survey respondents makes it difficult to gain much understanding of the actual use of these materials from this survey. However, by selecting out the health department respondents in

the general vaccine survey who used the enhanced formats there is some data available. Of the thirty respondents who fit this category, 83% Found it was easy to access the vaccine information in the format they wanted and 97% would recommend these vaccine materials to friends, family members or colleagues.

1. Problems or barriers encountered: Provide details on problems encountered in the areas of promotion/marketing; training; equipment/telecommunications; personnel/staffing; and web site development.

The challenges to carrying out the original evaluation plan with the local health department are described above in Section 10.

The only other challenge of note during the project was that the reimbursement time was very long at the start of the project. With much of the development work occurring during this period it caused real fiscal challenges and some adjustment in scheduling project work activities.

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

The vaccine information materials that were developed will remain available on the Healthy Roads Media website and will be updated as needed (or removed from the site if funds are not available to maintain current materials). If there are major changes needed in the materials, additional funding would need to be sought. About 860 of these files are currently being downloaded/accessed from the site each week and this is anticipated to continue for the foreseeable future.

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

The addition of health information covering the major basic health issues is one of the resource development goals of Healthy Roads Media. The addition of vaccine information is important because this is one of the most common medical interventions and affects all patient populations.

The other impact was to increase the potential for further partnership efforts locally (GCCHD, Montana State University Library, The Language Center) despite the challenges that occurred in carrying out the planned collaborative evaluation/training efforts during this project.

4. Recommendations for improvement: Include suggestions for alternative methods, training materials, promotional materials, etc.

It was thought that the evaluation activities with the local health department had been well planned but a number of issues forced this to change. It may have been a better strategy, in view of the busy and dispersed staff, to identify two or three specific staff members to work with to provide individual training and project activity support. Additional project staff time would have been needed to be scheduled for this approach.

FOLLOW-UP QUESTIONS

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

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

The development of the vaccine health information materials exceeded the project goals with the addition of a new format (iPod videos) and a new partner (Virginia Department of Health) that allowed the development of vaccine health information materials in 6 additional languages.

The plans for local evaluation activities did not meet the original goals for the reasons described in Section 10. Alternate evaluation activities were developed, approved and carried out.

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

One of the most important lessons in this kind of outreach work is to try to plan carefully but to be flexible and open to adjustments (and partners) as the project evolves.

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

See Section 10.

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

It is important to keep the activities realistic so that the work can actually be carried out and evaluated within the scope of resources available.

5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (<http://publicaccess.nih.gov>), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (<http://www.nihms.nih.gov>) at PubMed Central (PMC) final manuscripts upon acceptance for publication.

The vaccine health information materials will continue to be disseminated via the HRM website. The Project Leader has submitted an abstract to present a poster describing HRM at the Sixth National Conference on Quality Health Care for Culturally Diverse Populations to be held in September 2008 in Minneapolis (www.diversityxconference.org).