Quarterly Report

National Network of Libraries of Medicine – MidContinental Region
Region 4

August 1, 2006 – October 31, 2006

Contract No. N01-LM-6-3504

Spencer S. Eccles Health Sciences Library
University of Utah

Submitted

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Executive Summary

Personnel

The Kansas Liaison position has still not been filled. The director of the library is considering re-advertising the position.

Siobhan Champ-Blackwell, Community Outreach Liaison, was invited to join the Loss of Funding Task Force by the Vice President for Institutional Relations at Creighton University. The group is meeting in response to the need for action after severe cuts in national health related funding. During the meeting, the vice president informed Ms. Champ-Blackwell that her participation was wanted because of the networking that she has developed in her RML position both locally and nationally. Others in the meeting confirmed this statement. This is an example of the benefit of the distributed model. The Resource Library can use the liaison to draw recognition to the role the library can play in institutional policy making.

Consumer Health

We have met two indicators for the consumer health section of our logic model. All of our Resource Libraries and our state libraries link to MedlinePlus.

State library association meetings were held in Nebraska, Missouri, and Wyoming with liaisons on the program at all of them. Marty Magee, Nebraska/Education Liaison, taught "From Snake Oil to Penicillin" at the joint meeting of the Nebraska Library Association and the Nebraska Educational Media Association. At the Missouri

Library Association meeting, an adaptation of the "Caring for the Mind" class was offered by Barb Jones, Missouri/Library Advocacy Liaison. This was the second half of a 2-part session, with the first half presented by staff from the Missouri Institute of Mental Health and Fulton State Mental Hospital. Ms. Jones was also scheduled to do an update session on NLM's consumer health resources, but no one showed up. In fact, attendees didn't show up for any of the sessions scheduled that day. Mary Henning, Wyoming Liaison, taught "Prescription for Success" as a pre-session CE class at the Wyoming Library Association meeting. Ms. Henning enlisted the assistance of one of the hospital librarians to help staff the booth at the meeting.

Technology

The RML now uses a blog as the medium for its news announcements. The news page pulls from the blog and it feeds the weekly email that is sent over the MCMLA listserv. "Breezing Along with the RML" sessions have been transferred from the Eccles Health Sciences Library's licensed Breeze to the NIH Breeze because of the availability of audio via the telephone.

Two classes were taught. "Navigating the Network Jungle" was piloted with the Utah Health Sciences Library Consortium in an abbreviated one hour format. Participants still felt that they got a lot out of it. This class introduces librarians to computer networks to enable them to speak more knowledgably with systems staff. "RSS Feeds: The 'New' Current Awareness Service" was offered twice over Breeze. These sessions were also evaluated as excellent. Sharon Dennis, Technology

Coordinator, is considering offering "Navigating the Network Jungle" via Breeze. The RML is satisfied with Breeze as a training medium. Class participants find it to be convenient, like being able to see the presenter, and the mix of chat and voice for interaction.

Ms. Champ-Blackwell used Gizmo for recording a video podcast with a member of the Digital Divide Network. Phil Shapiro interviewed Ms. Champ-Blackwell and the podcast is available at (*http://www.archive.org/details/siobhanchamp blackwellrosetime*).

Ms. Dennis formed the technology working group made up of a representative from each Resource Library. At the first meeting of the working group via Festoon, Ms. Dennis gave a presentation outlining this contract's activities. The group discussed ways to encourage members to use new technology, including making it relevant to their job and not using technology for its own sake; making sure those working with the RML in projects understand the purpose of the project and have time to carry out the project; and talking in a language that librarians can understand.

Network Membership

The Midcontinental Chapter of the Medical Library Association meeting was held October 10-13, 2006 in St. Louis, Missouri. The NN/LM was very active at this meeting. (See Attachment 2 for MCMLA Brochure) Ms. Magee offered "Thinking Like an MBA: Time, Management, Resources and Change Management in the Library." This was the in-person version of the workshop that she is converting to an online class. The National Training Center and Clearinghouse offered PubMed training using facilities at the Becker Medical Library. We were disappointed that "Measuring Your Impact: Using Evaluation to Demonstrate Value" was cancelled due to poor registration. Staff presented papers and posters describing RML activities. Wayne Peay, RML Director,

presented options for librarians on the Threats to Libraries and Librarianship panel. The RML sponsored a bingo game to introduce members to activities and projects that the staff would be carrying out in the new contract. (See photographs)

In the exhibit hall, liaisons offered ten minute mini-sessions on new NLM resources to introduce Network members to resources that they indicated in the Network Data Inventory that they had never used. Network membership renewal was held during October. Members who had not renewed their membership were encouraged to renew at the exhibit booth. By the end of the month 148 out of 452 memberships had been renewed.

Five institutions signed up with Clinical Pharmacology through the Regional Licensing Consortium. The advisory group for the consortium is working on offering DynaMed and ExamMaster.

Dick Kammer (Olathe Medical Center - Kansas) and Pat Meeves (Creighton University - Nebraska) have agreed to represent the region on the EFTS advisory committee. Current EFTS members for the region totals 62.

Ms. Jones wrote a letter for hospital administrators for October's National Medical Librarians Month. Twenty hospital librarians requested that the letter be sent to their administrator. (See Attachment 3 for the letter)

Community Outreach

Tribal Connections Four Corners (TC4C) is writing an article reporting the results of its health information needs survey of health care providers in the Four Corners area. John Bramble, Utah/Network Membership Liaison will be responsible for running the literature search and writing the narrative that puts this study in context.

Network Infrastructure

Table 1: Quarterly Infrastructure Data

	Current quarter	Previous quarter
Network members – full	184	198
Network members – affiliate	238	231
Libraries providing services to unaffiliated health professionals	110 (60%)	109 (55%)
Libraries providing services to public users	120 (65%)	119 (60%)
Average fill rate for resource libraries	78%	76.37%

Regional Advisory Board Activities

The Regional Advisory Board meeting was held on October 24, 2006. (See Attachment 4 for minutes). Festoon was used for the hour long meeting. Nine members of the Regional Advisory Board and all of the RML staff attended. Following introductions, outcomes for the board itself were discussed. Stan Penfold, board member assigned to the Assessment and Evaluation project area, facilitated the discussion on outcomes. Asking members to review some of the background documents would have facilitated the discussion. The board still feels that it doesn't know how it should be contributing. Betsy Kelly, Assessment and Evaluation Liaison, and Mr. Penfold will determine how board efforts will be collected and shared.

Needs Assessment and Evaluation Activities/Data

Ms. Kelly modified the quarterly report used to review the progress of staff in completing the activities to reach the outcomes and indicators established in the logic model. The report now includes all activities entered for the quarter that match a logic model activity and thus a specific project.

Ms. Champ-Blackwell, Susan Barnes (OERC), and Claire Hamasu, Associate Director; members of the Tribal Connections Four Corners Effective Practices work group; located and summarized various online tools that collect best/effective practices information. They wanted to verify that the EpiCenter's *Effective Practices Collection* was still the best resource for TC4C to share effective practices. No better database was discovered. However, the work

group liked *Library Success: A Best Practices Wiki* (*http://www.libsuccess.org/index.php ?title=Main_Page*) and decided that TC4C would contribute brief entries to this wiki and include a link back to the *Effective Practices Collection* report.

Ms. Kelly and Ms. Hamasu reviewed the Network Data Inventory (NDI) report submitted by Elaine Graham and agreed on minor changes in order to add detail to the administration of the survey, clarify confusing sections, and correct errors. Ms. Kelly will add a then and now staffing comparison of the facilities that completed both the 2002 and the 2005 NDIs.

Ms. Dennis added an online version of the MCR's standard class evaluation form using SurveyMonkey for use with her RSS seminar. The form can be copied and edited for other classes.

Outreach

Table 2: Newly Funded Awards and Projects

Start/ end dates	Title of award/ project	PI institution	PI last name	Funding amount	Project type
	No new projects				

Update of Ongoing, Major Projects

In August, NLM made $99,000 available to fund an extension of the TC4C efforts and to address the communication infrastructure needs identified during the New Mexico Conference on Native American Health Information Services in the United States.

Table 3: Exhibits

Dates	Organization name	Meeting name	Location (city, state)
RML NATIONAL EXHIBITS			
8/2/06 – 8/6/06	Academy of General Dentistry	Annual Meeting	Denver, CO
10/3/06 – 10/6/06	National Rural Health Association	Critical Access Hospital Conference	St. Louis, MO
10/16/06 – 10/19/06	American Dental Association	Annual Conference	Las Vegas, NV

10/17/06 – 10/20/06	US Department of Health and Human Services	Quality Health Care for Culturally Diverse Populations	Seattle, WA
10/25/06 – 10/27/06	ARCH National Respite Network	Annual Meeting	Omaha, NE
RML REGIONAL/STATE/LOCAL EXHIBITS			
8/3/06	Missouri Institute on Minority Aging		Jefferson City, MO
8/10/06 – 8/13/06	Nebraska Association for Translators and Interpreters	Annual Meeting	Lincoln, NE
8/16/06 – 8/18/06		6th Annual Rural Health Conference	Cheyenne, WY
9/18/06 – 9/19/06	Colorado Public Health Association	Public Health in Colorado	Vail, CO
9/11/06 – 9/14/06	Wyoming Environmental Health Association (WEHA) & Wyoming Food Safety Coalition	Joint Educational Conference	Saratoga, WY
9/21/06 – 9/22/06	Public Health Association of Nebraska	Annual Conference	Grand Island, NE
9/27/06 – 9/30/06	Wyoming Library Association	Annual Conference	Gillette, WY
10/3/06 – 10/4/06	Missouri Library Association	Annual Meeting	Columbia, MO
10/7/06	Multicultural Fall Festival		Jefferson City, MO
10/10/06 – 10/13/06	Midcontinental Chapter of the Medical Library Association MCMLA	Gateway to Rediscovery	St. Louis, MO
10/26/06 – 10/27/06	Nebraska Library Association/ Nebraska Educational Media Association	Annual Meeting	Omaha, NE

Actionable Feedback received from Exhibit Visitors

No suggestions or recommendations were received from exhibit visitors this quarter.

MedlinePlus Go Local

Nebraska Go Local made its public launch in October, ahead of its expected December live projection. This is the fourth state in the region and the 20th site nationally to make Go Local available to its citizens.

GoLocalUtah (gLU) is running promotional messages on three local public radio stations – KRCL, KUER, and KCPW. The project has partnered with the Center of Excellence in Women's Health at the University of Utah to provide data on health services in Utah to the center's clients. The resource pages at the center's web site at (*http://uuhsc.utah.edu/coe /womenshealth/resources/inventorymain.html*) direct users to specific areas within the gLU database that deal with women's health issues.

Table 4: Presentations and Training provided by RML Staff

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
8/1/06	Bramble	Dept. of Family & Preventive Medicine – Public/Community Project Library Orientation	Salt Lake City, UT	11	In Person
8/7/06	Magee	PubMed presentation – ICON Consortium	Omaha, NE	10	In Person
8/8/06	Abbey	EBHC Workshop	Vail, CO	8	In Person
8/16/06	Henning, Jones	August – Breezing Along with the RML		23	Distance Education
8/17/06	Abbey	Aurora Public Library Staff Training – MedlinePlus	Aurora, CO	12	In Person
8/18/06	Abbey	Tiara Rado Animal Hospital PubMed Training	Grand Junction, CO	3	In Person
8/21/06	Champ-Blackwell	Urban AHEC Series 2	Omaha, NE	3	In Person
8/25/06	Champ-Blackwell	Urban AHEC Series 3	Omaha, NE	5	In Person
8/25/06	Champ-Blackwell	Salvation Army	Omaha, NE	13	In Person
8/28/06	Dennis	Introduction to Networking – UHSLC	Provo, UT	11	In Person
8/31/06	Magee	Presentation at Metropolitan Community College	Omaha, NE	16	In Person
9/7/06	Abbey	National Swimming Pool Foundation	Colorado Springs, CO	4	In Person
9/12/06	Abbey	Colorado Department of Public Health and Environment	Denver, CO	14	In Person
9/15/06	Magee	Update on various topics to ICON group	Omaha, NE	22	In Person
9/19/06	Champ-Blackwell	"Spanish for the Healthcare Provider" Demonstration of MedlinePlus en Espanol and other resources	Omaha, NE	13	In Person
9/20/06	Champ-Blackwell, Magee	September – Breezing Along with the RML		20	Distance Education
9/21/06	Champ-Blackwell	"Spanish for the Healthcare Provider" Demonstration of MedlinePlus en Espanol and other resources	Omaha, NE	27	In Person
9/22/06	Magee	Public Health Association of Nebraska	Grand Island, NE	35	In Person

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
9/25/06	Champ-Blackwell	"Spanish for the Healthcare Provider" Demonstration of MedlinePlus en Espanol and other resources	Omaha, NE	20	In Person
9/27/06	Henning	Wyoming Library Association – Pre Session CE "Prescription for Success"	Gillette, WY	15	In Person
10/04/06	Dennis	RSS Feeds: The "New" Current Awareness Service		22	Distance Education
10/4/06	Jones	"Caring for the Mind" Missouri Library Association	Columbia, MO	27	In Person
10/11/06	Magee	MCMLA – "Thinking Like an MBA" (CE class)	St. Louis, MO	10	In Person
10/12/06	Champ-Blackwell, Magee	MCMLA- "Getting HIP: Health Information Partnerships in Nebraska" (poster)	St. Louis, MO		In Person
10/12/06	Henning	MCMLA – "Where the rubber meets the Road: Integrating/ embedding library instruction services into an innovative Health Sciences summer course" (poster)	St. Louis, MO		In Person
10/12/06	Jones	MCMLA – "Increasing the Availability of E-Resources to Hospital Libraries" (poster)	St. Louis, MO		In Person
10/12/06	Kelly (co-author)	MCMLA – "Outcomes and Measurable Indicators Drive the Logic Model Approach for a Liaison Program" (poster)	St. Louis, MO		In Person
10/13/06	Champ-Blackwell, Kelly	MCMLA – "Blogging to Empower" (paper)	St. Louis, MO		In Person
10/13/06	Hamasu, Kelly, Peay	MCMLA – "Transforming a Regional Medical Library Program" (paper)	St. Louis, MO		In Person
10/13/06	Hamasu, Kelly	MCMLA – "Logic Models: A Tool for Planning and Evaluating Service" (paper)	St. Louis, MO		In Person
10/18/06	Dennis, Kelly	October – Breezing Along with the RML		20	Distance Education
10/19/06	Champ-Blackwell (co-author)	Quality Health Care for Culturally Diverse Populations – "Patient Education for Diverse Populations: Development, Evaluation & Dissemination" (poster)	Seattle, WA		In Person
10/23/06	Bramble	Family Practice Preceptorship/ Community Project Orientation - PHPartners	Salt Lake City, UT		In Person

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
10/24/06	Abbey	Denison Staff Development Training: Consumer Health Resources	Denver, CO	4	In Person
10/25/06	Magee	Nebraska Library Association/ Nebraska Educational Media Association – "Snake Oil to Penicillin"	Omaha, NE	16	In Person
10/25/06	Dennis	"RSS Feeds: The 'New' Current Awareness Service"		6	Distance Education
10/26/06	Champ-Blackwell	ARCH Respite – "Healthy Blazing on the Web"	Omaha, NE	12	In Person
10/31/06	Henning	Update of NLM Resources to University of Wyoming Librarians	Laramie, WY	14	In Person

Other Staff Activities

Table 5: Publications and Resources Developed by RML Staff

Date completed/ published	Last name of staff responsible	Title	Medium	Submitted to Clearinghouse
9/20/06	Abbey	LactMed	Brochure	Yes
10/2/06	Magee	Distance Education Resources	Brochure	Yes
10/06	Hamasu	2006 Research Poster Award – MCMLA Express	Newsletter Article	Out of Scope
10/06	RML Staff	Plains to Peaks Post Vol.5 No.2	Newsletter	Out of Scope
10/06	Champ-Blackwell	The Internet: Today's Health Information Resource – Class One: Finding Online Health Information	Online Tutorial	Yes

Notable Staff Activities

August 9-16, 2006 - Proposal Writing Assistance Work Group

Ms. Hamasu worked with Lisa Boyd (NNO) to obtain evaluation measures from work group members for the recommendations the group had submitted to NLM.

September 5, 2006 - National Medical Librarians Month

Descriptions of five RML funded projects were submitted to NLM for National Medical Librarians Month: Timely Texts: 24/7, Go Local Utah, TC4C Go Local, FPIN Information Resource, and Training for Nurse Interns

September 7-10, 2006 - Rural Health Institute

Ms. Champ-Blackwell participated in the by invitation only Rural Health Institute held in Denver, Colorado. (*http://oisse.creighton.edu /institute.asp*) As required, she wrote an abstract based rural health model developed by Ms. Henning and Laura Windsor, former Kansas liaison. (*http://oisse.creighton.edu/champ-blackwell.pdf*) Ms. Champ-Blackwell is now a contributor to a book chapter describing the benefits of expanding the medical team to include a medical librarian.

September 12, 2006 - Center for Human Diversity

Ms. Champ-Blackwell is a board member for the newly formed Center for Human Diversity. (*http://www.centerforhumandiversity.org/)* The mission of the Center is "To improve communications between people of different racial, ethnic, social, and cultural backgrounds." The founder and executive director is Valda Ford.

September 12-13, 2006 - NLM New Staff Orientation

Mr. Bramble attended NLM New Staff Orientation.

September 13, 2006 - University of Missouri Library presentation

Jim Cogswell, Director of Libraries - University of Missouri, asked Ms. Jones and Kate Anderson, two librarians with non-traditional responsibilities, to present a program to university librarians outlining how they execute their jobs. Ms. Jones presented the structure of the NN/LM and RML's logic model. Mr. Cogswell was very impressed and desires to incorporate many of the RML's principles and activities into the university library operation.

Photographs

Wayne Peay, Bingo Caller for New Contract Bingo
at MCMLA 2006 in St. Louis

Bingo players at New Contract Bingo at MCMLA
2006 in St. Louis

LactMed mini-session in RML exhibit booth
at MCMLA 2006 in St. Louis

Attachments

Attachment 1:
Quarterly OARF Summary Data – RML Staff Activities

Outreach Activities Conducted by MCR RML Staff

RML Q2, 2006-2007

23 Total Outreach Activities

Generated: Monday, January 08, 2007

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

Activities Summary

Total number of estimated participants:	279 participants	
Average number of participants:	12.13 per activity	
Average length:	1.32 hours	
Under 1 hour:	4 activities	(17.39%)
Between 1 and 2 hours:	18 activities	(78.26%)
Over 2 hours:	1 activity	(4.35%)
Hands-on practice:	8 activities	(34.78%)
Conducted remotely:	3 activities	(13.04%)
Offering continuing education:	2 activities	(8.70%)
Significant number of minorities:	2 activities	(8.70%)

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

Health sciences library:	23 activities	(100.00%)
Public library:	2 activities	(8.70%)
Government agency:	2 activities	(8.70%)
Hospital:	7 activities	(30.43%)
Clinical/Health care:	2 activities	(8.70%)
Academic Institution:	23 activities	(100.00%)
Community-Based:	2 activities	(8.70%)
Faith-Based:	1 activity	(4.35%)
Public Health Agency:	2 activities	(8.70%)
Other:	2 activities	(8.70%)

Session Content

PubMed:	10 activities	(43.48%)
MedlinePlus:	14 activities	(60.87%)
ClinicalTrials.gov:	2 activities	(8.70%)
NCBI:	0 activities	(0.00%)
NLM Gateway:	2 activities	(8.70%)
TOXNET:	4 activities	(17.39%)
Other technology content:	11 activities	(47.83%)
Other, non-technology content:	4 activities	(17.39%)

Significant Minority Population Present
(>=50% of participants)

African American:	0 activities	(0.00%)
Alaska Native:	0 activities	(0.00%)
Asian and Pacific Islander:	0 activities	(0.00%)
Hispanic:	2 activities	(8.70%)
Native American:	0 activities	(0.00%)

213 Participants Completed Participant Information Sheets

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

Participants Summary

Activities at which PI sheet collected:	82.6%	
Health care or service providers:	93 participants	(43.66%)
Health science library staff members:	65 participants	(30.52%)
Public Health worker:	18 participants	(8.45%)
Public/Other library staff members:	26 participants	(12.21%)
Members of general public:	11 participants	(5.16%)

Attachment 2:
MCMLA Brochure

Also at MCMLA...

Continuing Education Classes

Wed.- Oct. 11 1:00 PM-5:00 PM

- *Thinking Like an MBA: Time, Money, Resources and Change Management in the Library*—Marty Magee

Fri.-Oct. 13, 8:30 AM-5:00 PM

- *PubMed*—NNLM -National Training Center and Clearinghouse

Papers

Fri., Oct. 13, 11:00 AM-12:00 PM

- *Transforming a Regional Medical Library Program* -Claire Hamasu, Betsy Kelly, and Wayne Peay

- *Logic Models: A Tool for Planning and Evaluating Service*—Betsy Kelly and Claire Hamasu

- *Blogging to Empower* - Siobhan Champ-Blackwell and Betsy Kelly

Following MCMCLA, presentations will be posted on the NNLM MCR website http://nnlm.gov/mcr/education/

Posters

Thu. Oct. 12, 10:30 AM-11:30 AM

- *Outcomes and Measurable Indicators Drive the Logic Model Approach for a Liaison Program*—Betsy Kelly and Neville Prendergasts

- *Getting HIP: Health Information Partnerships in Nebraska*—Marty Magee and Siobhan Champ-Blackwell

- *Where the Rubber Meets the Road : Integrating/embedding library instruction services into an innovative Health Sciences Summer Course*—Mary Henning

- *Increasing the Availability of Electronic Resources to Hospital Libraries*—Barb Jones

Panel

Fri., Oct. 13—2:30 PM –4:30 PM

- *Threats to Libraries and Librarianship* Wayne Peay

For more information call: 800-338-7657

NN/LM
National Network of Libraries of Medicine
MidContinental Region

Your Gateway to Opportunities and Partnerships

GATEWAY

The yoga Gateway asana pose, Parighasana, encourages us to stretch beyond our limits. As we reach, our own bodies become a passageway to opportunity, and thus to partnerships with others. We become able to breakdown our limitations and stretch beyond our barriers. Practice of the Gateway asana pose allows us to explore our possibilities.

At the Booth....

NNLM MidContinental Region Liaisons

♦ Dana Abbey—Univ. of Colorado
   ◊ Colorado State Liaison
   ◊ Consumer Health Liaison
♦ Siobhan Champ-Blackwell—Creighton Univ.
   ◊ Community Outreach Liaison
♦ John Bramble—Univ. of Utah
   ◊ Utah State Liaison
   ◊ Network Membership Liaison
♦ Sharon Dennis—Univ. of Utah
   ◊ Technology Coordinator
♦ Barb Jones—Univ. of Missouri
   ◊ Missouri State Liaison
   ◊ Advocacy Liaison
♦ Betsy Kelley—Washington Univ.
   ◊ Assessment and Evaluation Liaison
♦ Mary Henning—Univ. of Wyoming
   ◊ Wyoming State Liaison
♦ Marty Magee—Univ. of Nebraska
   ◊ Nebraska State Liaison
   ◊ Education Liaison

University of Utah
Wayne Peay - Director
Claire Hamasu - Associate Director

Live Presentations

Thursday October 12

10:30-10:40 **What's New in MedlinePlus**
Dana Abbey

10:45-10:55 **NIH Senior Health**
John Bramble

11:00-11:10 **Genetic Home Reference**
Barb Jones

11:15-11:25 **Other NLM Databases: LactMed, AIDSinfo and PHPartners**
Dana Abbey

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1:30-1:40 **What's New in MedlinePlus**
Siobhan Champ-Blackwell

1:45-1:55 **Toxmap**
Marty Magee

2:00-2:10 **Household Products**
Mary Henning

2:15-2:25 **Other NLM Databases: LactMed, AIDSinfo and PHPartners**
Siobhan Champ-Blackwell

Continuously Running at the Booth

- The New NNLM MCR Website
- Updating Your Serial Holdings
- Distance Education Opportunities

Start or Renew Your FREE five-year NNLM Membership at the booth or online at:
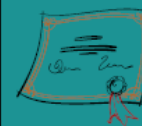
http://nnlm.gov/ mcr/services/ network/

SEE the NN/LM Update

Thursday Oct. 12 5:00-6:00 PM

Attachment 3:
Medical Librarians Month Letter

NN/LM National Network of Libraries of Medicine
MidContinental Region

Spencer S. Eccles Health Sciences Library
University of Utah
10 North 1900 East, Bldg 589
Salt Lake City, Utah
84112-5890

800-338-7657
801-587-3412
Fax: 801-581-3632
http://nnlm.gov/mcr

October, 2006

Wayne J. Peay
Director

Claire Hamasu
Associate Director

Liaisons:

Siobhan Champ-Blackwell, MSLIS
Creighton University

University of Kansas

Sharon Dennis, MLIS
John Bramble, MLS
University of Utah

Mary Henning, LPN, MLS
University of Wyoming Libraries

Barbara Jones, MLS
University of Missouri

Betsy Kelly, MLS, MBA
Washington University

Marty Magee, MLIS
University of Nebraska

NN/LM
National Network of
Libraries of Medicine
MidContinental Region

Dear

Thank you for your continued support of your institution's hospital library. National Medical Librarians Month is an excellent time for us to acknowledge the many contributions your librarian and library make to your hospital.

During the past five years, the MidContinental Region of the National Network of Libraries of Medicine has funded several library projects throughout the six states of the region. Many of the comments we have received as a result of those projects reflect the impact and importance of hospital libraries to their institutions. Some of these comments are:

- The library "impacted and influenced hospital culture by introducing PDA technology into the hospital."
- "The library developed a project to offer and evaluate the impact of electronic books to hospital staff. As a result, hospital administration reported increased support from the medical staff, and increased nursing staff recognition of the library and services offered."
- The library reported a usage increase in document delivery of 284% between 2004 and 2006, and an increase in literature searches of 53%.
- 70% of the hospital staff surveyed reported that they were likely or very likely to recommend the library to colleagues.

These comments reflect an appreciation of library services and the integration of the library into the mainstream of the institution. With this integration, the library becomes an important contributor to increased patient safety and the quality of care provided by the hospital.

Again, thank you for your support of your librarian and library. This support enhances the quality of care provided by your institution, and contributes to furthering the goals of the institution.

Sincerely,

Wayne Peay, MLS
Director, Regional Medical Library
MidContinental Region

Attachment 4:
Regional Advisory Board Meeting Minutes

MidContinental Regional Advisory Board Meeting Minutes
October 24, 2006

Welcome
Wayne Peay, Director of the NN/LM MidContinental Region and of the Spencer S. Eccles
Health Sciences Library, welcomed board members and thanked them for agreeing to advise the
program. He stated that this RML is known as the "technology RML" and we're experimenting
with the use of video conferencing to hold our advisory board meeting.

Claire Hamasu, Associate Director, added ground rules such as muting microphones when not
speaking to eliminate background noise.

Introductions
Members introduced themselves by stating their names and institutions.

Four advisory board members were asked to provide longer introductions.
Karen Cole is Director of the Archie R. Dykes Library of the Health Sciences
University of Kansas Medical Center. Her school of medicine is undergoing curriculum changes
that are technology driven and is impacting how professors teach and students learn. The library
has been involved in implementing these changes. Although the library does not have its RML
position (Kansas/Technology Liaison) filled, the library has been maintaining the relationships
established in outreach with the state library, the university's Health Policy Board, and the
Health Career Pathways program.

Linda Cooperstock, Public Health Planner in Columbia Missouri, described a consumer health
kiosk project that has been established in a WIC office. This has been an idea that she's wanted
to implement for 10 years. In a needs assessment survey over 70% of the respondents indicated
that they would like to have computer access to information in the public health office.
Preliminary training has taken place on MedlinePlus. Computers are on order. Funding is coming
from the University of Missouri.

Amanda Enyeart is Manager of Library Services at the Children's Hospital in Denver. The
hospital is recognized as one of the top ten children's hospitals in America by *U.S. News &
World Report.* Children's ranked seventh. The hospital has two libraries; one is the Family
Health Library that offers consumer health information and has two librarians. Amanda manages
the medical library that is staffed by three librarians. She also provides services to staff at
satellite clinics. The hospital is affiliated with the University of Colorado Health Sciences
Center, so some of the staff has privileges at Denison Memorial Library. The library has
successfully argued for its survival following two reorganizations that would have eliminated
library services and successfully upgraded a support position to a professional position. The
biggest challenge now facing her is moving to a new facility next September.

Roxanna Jokela is the Director of the Rural Health Education Network at the University of Nebraska Medical Center. Her program manages rural rotations, family practice rotations and a new emergency medicine rotation. The Network also works with K-12 to encourage students to think of a entering a health career. They have found that science teachers are good contact and are being funded by NIH through a SEPA (Science Education Partnership Award) to improve K-12 and public understanding of the health sciences with tribes in Nebraska and South Dakota.

Regional Advisory Board Outcomes
Stan Penfold, Director of the Utah AIDS Foundation, facilitated the discussion to come up with outcomes for the board. He started by reviewing the four goals for the NN/LM. Betsy Kelly explained that the first 3 goals came from the NN/LM statement of work. Wayne Peay stated that the RML felt that a goal was needed for evaluation and added the last goal.
[Note: The goals are on the first page of Quickplace http://notesplace.wustl.edu/rml.]

The list of expectations for the board was also brought up. Stan used expectation #3 (Develop plans to encourage health professionals and health sciences librarians to participate actively in regional and national programs affecting the delivery of health information.) as an example and asked about activities, indicators outcomes. Betsy thought that the expectations were outcomes. Others contributed that members were already doing things that addressed these expectations but had no place to share what they were doing with other board members or others in the region. Karen Cole suggested that all members submit an activity, a project, or something that they would like to showcase. Claire suggested that items on this list could be used to address expectation #10 (Present information to the region on their organization or area of expertise. This may be an article in the newsletter or a presentation using collaborative software.) Lisa Traditi confirmed that being able to share how projects are being carried out would be helpful to the region. Gene Hainer asked about collecting quantitative data or effects. Stan advised starting with counting and then evolving into collecting changes (outcomes). Amanda asked whether outcomes were part of the RML's logic model. She would like the outcomes related to the board to be consolidated. Betsy replied that the logic model section that applies to the advisory board is to be found in the Assessment and Evaluation section of the logic model. She will verify that other sections of the logic model don't apply to the advisory board.

Action: Stan and Betsy will devise a way to accumulate and distribute efforts that board members suggest.
Betsy will review the logic model for advisory board sections.

The meeting ended at 11:00 am MT

Regional Advisory Board members in attendance:
Jim Bothmer
Karen Cole
Linda R. Cooperstock
Amanda Enyeart
Eugene Hainer
Roxanna Jokela
Michael Karr
Stan Penfold,
Lisa Traditi

Regional Advisory Board members absent:
Ira Combs
Whitney Davison-Turley
Edwin M. Galan
Kathy Tacke
Mary Beth Warren

RML Staff in Attendance
Wayne Peay
Claire Hamasu
Dana Abbey
John Bramble
Siobhan Champ-Blackwell
Sharon Dennis
Mary Henning
Betsy Kelly
Barb Jones
Marty Magee

Attachment 5:
Promotional Materials Provided

Date	Who	Items Provided	Purpose
9/29/06	Salt Lake County Library	− NLM Database materials	Salt Lake County Fitwell Fair
10/12/06	Heartland Regional Medical Center	− 200 PubMed Bookmarks	Learning bookmarks for patrons
10/16/06	Research Medical Center	− Various NLM publications for 75 attendees	Class for Filipino nurses in the Kansas City area

Attachment 6:
Subcontractor Quarterly Report

University of Nebraska
Nebraska Go Local

Quarterly Report
October 2006
Submitted by Marie Reidelbach, McGoogan Library of Medicine,
University of Nebraska Medical Center, Omaha, NE

A. For projects not yet available to the public:

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

Plans are underway to launch by the middle of October for the annual Nebraska Library Association meeting. A pre-launch meeting was held with the National Library of Medicine on October 4, 2006. With some needed additions and corrections, the official launch is targeted for October 23, 2006. Two months ahead of the original scheduled date.

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

Teri Hartman has been on extended personal leave for health related issues. She has not been working at the library since August and is not expected to return until the first of the year.

· Work done to create the site

All data purchased from the Nebraska Health and Human Services has been imported into Go Local for a total of over 2700 records.

Currently Nebraska dental clinics are being inputted individually. A discussion about importing the Nebraska libraries is underway.

· Outreach and promotion efforts

The Advisory Board is scheduled to meet on October 19. An overview of what has been accomplished along with a discussion of how to further promote the service will be the focus of the meeting. It is expected that GoLocal Nebraska will be ready to launch. The committee will be asked to evaluate the new service by completing a series of exercises based on the Go Local scenarios. A survey will be put in place on Survey Monkey for the Advisory Committee members to complete after trying out the new service. All committee members will be given a t-shirt to thank them for their participation on the Advisory Committee.

A CD is being developed to be distributed to public libraries throughout the state including the following:
- Brief tutorial on how to use GoLocal Nebraska
- Graphics they can place on printed literature
- Press Release for their local newspapers
- One page sheet to print out for their acrylic trays they received in April
- Order form to request GoLocal materials (brochure, magnets, and baseball cards

Currently a new brochure is being developed to promote the Go Local Nebraska initiative and the 20+ year old Consumer Health Information Resource Service (CHIRS). A poster is also being developed that will be sent to Public Libraries upon request. These two items will be eventually be linked from the Go Local Nebraska website at http://www.unmc.edu/library/golocal

A GoLocal exhibit will be provided at the Nebraska Library Association on October 24-26.

Attachment 7:
Subcontractor Quarterly Report

University of Utah
goLocalUtah

goLocalUtah Project
Sixth Quarter Report
15 October 2006

Introduction
We are continuing implementation of our post-contract strategic plan. We have also entered a new partnership that reciprocally benefits both organizations

Current staff and their roles
Liz Workman continues in her role as project director. Jennie Morris loans her many talents to the project as workflow coordinator.

The Hope Fox Eccles Clinical Library staff members have begun the process of annually reviewing approved records. We initially completed this through the original process we used to review and validate records near the beginning of the project, but then we discovered that the auditing method provides a more streamlined, faster means to accomplish re-verification of data.

Volunteer selectors who wish to continue with the project will be notified of gaps as they arise and in turn will submit new records. Project team members will carry out this work for counties not covered by volunteer work.

Major changes or additions made to the database
Since July 1st, 2006, 222 records have been audited or otherwise reviewed. To address the need to annually verify each record, we (a) run reports through the search function, within the parameters of records that were reviewed during the present month of the preceding year, then (b) assign these records to our auditors. They phone the associated agencies to verify the information listed for their services and make corrections as needed, and approve the records once they have ascertained their accuracy.

Outreach and promotion efforts
Two local radio stations - KRCL and KUER - are broadcasting promotional messages for goLocalUtah. Another station, KCPW, will soon broadcast such messages. These messages were funded through the $25,000 grant we received. The messages include a brief description of gLU, including mention of the National Library of Medicine and other key organizations, plus the golocalutah.org URL. We plan on performing a detailed study to determine if there is any correlation between these messages and gLU Website use.

The goLocalUtah Project has partnered with the Center of Excellence in Women's Health at the University of Utah to provide data on health services in Utah to the Center's clients. The resource pages at the Center's Website at http://uuhsc.utah.edu/coe/womenshealth/resources/inventorymain.html (viewed best with Internet Explorer) direct users to specific areas within the gLU database that deal with women's health issues. This results in expanded use of the gLU database as well as better-informed clients for the Center.

Conclusion
The gLU team is pleased with the new partnership with the Center of Excellence in Women's Health and the resulting opportunities it brings. We are also excited about the radio broadcasts. We continue in our efforts to audit records from the preceding year.

Attachment 8:
Subcontractor Quarterly Report

University of Wyoming
Wyoming Go Local

October 5, 2006

Wyoming's Go Local project Report

Current staff and their roles

Rex Gantenbein, Ph.D. is director of the Wyoming Center for Rural Health Research and Education, and manages the project.

Bob Wolverton is the project coordinator (and only one assigned to the project), overseeing the site maintenance.

Web Usage and Outreach

According to the very extensive NLM web usage reports, Wyoming's Go Local site had the following activity:

- July: 2,738 hits from 243 visitors, who visited the site 460 times.
- August: 5,127 hits from 262 visitors, who visited the site 492 times.
- September: 8,823 hits from 265 visitors, who visited the site 488 times.

Outreach for this quarter has been primarily word-of-mouth. With no funding for Go Local, we cannot expend money on paid site promotion.

Ongoing support

Bob Wolverton reviews links reported as broken by the NLM Link "crasher." We generally have between ten and 20 links reported as down each week. (A failure of a Wyoming Department of Health server caused one week's report to state that more than 90 links were broken.) Most of the average week's links (estimated 80%) are reported as down each week and restored on Monday or Tuesday. Many state-sponsored web sites now bar link checkers and are reported as not being available. Each must be checked, of course, which expands to the number of reported 'broken' links and to the time required to check them.

Links that are genuinely broken are disabled and restored when they come back up. As links are checked or restored, Bob audits the sites, adding them to the audited list.

We receive occasional e-mails requesting information or corrections on site listings. We review these requests and make additions as appropriate.

Two new sites (the Converse County Memorial Hospital Library and Substance Abuse Program) were added this quarter.

Attachment 9:
Subcontractor Final Report

University of New Mexico
Conference on Native American Health Information
Services in the United States

Conference on Native American Health Information Services in the United States
July 20-21, 2006
Final Report

The University of New Mexico
Health Sciences Library and Informatics Center
Albuquerque, New Mexico

Prepared by:
Janis Teal, MLS, MAT, Conference PI
Deputy Director, Library Services
Health Sciences Library and Informatics Center
The University of New Mexico
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Submitted September 29, 2006

1. Executive Summary:

The Conference on Native American Health Information Services in the United States accomplished its major goal, which was to promote collaboration among libraries delivering Native American health information services. It did so by increasing awareness of current projects through presentations, through abstracts published in the program, and by developing a plan to support continued networking through a listserv and a collaborative web site. The conference also resulted in the identification of effective practices for working with Native American communities. While many of the effective practices had previously been identified, new information focused on effective ways to conduct research to mitigate research and institutional issues which might negatively impact outreach projects with Native American audiences.

2. Geographic Regions Included:

The conference invited participants from the six previously identified regions of the United States which have active programs for health information delivery to Native Americans: Southeastern Atlantic, Greater Midwest, South Central, MidContinental, Pacific Northwest, and Pacific Southwest. In addition, it brought representatives from the National Library of Medicine and the National Network of Libraries of Medicine (NN/LM).

3. Collaborations/Partnerships:

Planning for the conference was done through collaborators at The University of New Mexico Health Sciences Library and Informatics Center (UNM HSLIC) and the MidContinental Regional Medical Library (MCR RML), with the assistance of Joan LaFrance, who served as consultant and facilitator for the conference.

The HSLIC-MCR partnership evolved from work on Tribal Connections Four Corners (TC4C) and will continue with implementation of the conference outcomes as well as continuing work on TC4C.

4. Participants:

Including the facilitator, there were 57 participants in the conference, representing the following categories:

By Place of Employment	Participants
Academic Health Sciences Libraries	17
Regional Medical Libraries	16
Other Libraries or Academic Settings	8
Public Health Professionals	8
National Library of Medicine	5
Other	2
Health Care Provider	1
Total	57

By NN/LM Region	Participants
South Central	10
Greater Midwestern	9
Pacific Northwest	9
Pacific Southwest	9
MidContinental	8
Southeastern Atlantic	7
National Library of Medicine	5
Total	57

5. Conference site:

The conference was held at the DoubleTree Hotel in Albuquerque, New Mexico, July 20-21, 2006.

6. Exhibits:

Exhibits were not a part of the conference.

7. Resource Materials

The following materials were developed to support the conference and are included in Appendices A-C:

- Conference Program (Appendix A)
- Press Releases (Appendix B)
- Contact List (Appendix C)

8. Web sites:

One outcome of the conference was the development of a web site with digital video clips of the July 20 conference presentations and PowerPoint slides from presenters. This web site can be found at http://hsc.unm.edu/library/nativeservices/2006Conference. The conference web site and an additional web site allowing social networking among health information professionals engaged in service to Native Americans will be maintained by a part-time Library Information Specialist at UNM HSLIC. The position will be supported by a subcontract with the MidContinental Region from the National Library of Medicine®.

Another outcome of the conference was the creation of a steering group drawn from the regions represented at the conference. The MCR has solicited volunteers for the steering group, and MCR and UNM HSLIC have scheduled an initial teleconference in late October to discuss plans for using social networking software on the web site.

9. Document delivery and reference services:

No document delivery and reference services were associated with the conference.

10. Approaches and interventions used:

The conference combined general presentations, breakout groups, and consensus-development general sessions as well as opportunities for informal networking among participants. It was enhanced by an optional evening in Albuquerque's Old Town, a Native American ceremony to begin the conference, and Native American dancers to entertain at the banquet.

The conference presentations were given by representatives of the National Library of Medicine on NLM's Native American programs as well as one presentation from each represented region of NN/LM. The Associate Directors of the six RMLs identified the presenter from their region. In order to allow all participants an opportunity to describe their projects, the program contained an abstract section for which each participant was invited to submit an abstract.

Day 1 breakout groups addressed four questions (Appendix D) regarding effective practices in delivering health information services to Native peoples. Subsequent to the conference, Janis Teal, HSLIC Deputy Director, Library Services and PI for the Conference, analyzed the compiled data to develop a table identifying cross-cutting themes and recommendations for overcoming barriers (Appendix E).

Day 2 breakout groups addressed the question of how to encourage networking among conference participants and others interested in effective delivery of health information services (Appendix F). After meeting in breakout groups, participants convened in a general session led by conference facilitator Joan LaFrance, to establish priorities and an action plan (Appendix G). This discussion led to the plan to establish a listserv for participants and others (now in place as the NAHISUS (Native American Health Information Services in the United States) listserv) and a steering committee to advise on the development of a social networking web site.

11. Evaluation:
Evaluations were received from 40 of 57 participants, a response rate of 70%.

The conference met all of its targeted indicators including development of a set of effective practices, increased awareness of Native American health information projects, and a means of continued networking among those providing tribal health information (Appendix H).

Outcome 1 was development of a set of effective practices based on participants' experiences with successful delivery of tribal health information services and on ideas from NLM's Community Based Outreach Symposium. Several conference activities supported this outcome including breakout group discussions on day 1 (especially question 1, the conference presentations, and the conference program which included abstracts from all participants who submitted an abstract.) Subsequent analysis of the breakout group responses resulted in the compilation of a summary of effective practices (Appendix E). Of these effective practices, the issue not previously included in the Corporation for National and Community Service Effective Practices Collection (http://www.nationalserviceresources.org/epicenter/index.php) focused on research and institutional culture. The conference identified research and institutional practices, particularly related to funding, for effective practice of outreach to Native American communities. There will be follow-up from the conference to post these findings as an effective practice in the Effective Practices Collection. A discussion of this observation can be found in Appendix E.

The evaluation responses submitted indicated that 27 of 37 respondents (73%) agreed or strongly agreed that the conference generated a set of effective practices that participants could use in providing Native American health information services.

Outcome 2 was to increase awareness of tribal health information projects currently in progress. In this case 34 of 39 respondents (87%) agreed or strongly agreed that the conference achieved this outcome.

Outcome 3 set a goal of developing a network of librarians working in reduced isolation as a result of the conference, and a means of maintaining and initiating contacts with potential collaboration partners. The conference participants indicated in discussions on day 2 that establishing a listserv would help in creating and maintaining such a network; establishment of the listserv hosted by the South Central Region was announced on August 18, 2006.

As a second result, NLM identified targeted funding to support development of a social networking website to foster networking among this community of health information professionals. Claire Hamasu called for volunteers for a steering committee to guide development of the web site, and formation of this committee is underway as of this writing.

In response to evaluation questions about networking, 34 of 40 respondents (85%) indicated they agreed or strongly agreed that the conference provided networking opportunities which increased [the participant's] knowledge of who is working to provide Native American health information services. When asked to indicate the extent to which they agreed with the statement that "The conference decreased my sense of isolation by introducing me to other librarians providing Native American health information services," 29 of 38 respondents (76%) indicated "agree" or "strongly agree." Several commented that they do not feel isolated, indicating that the question was based on a possibly incorrect assumption. When asked to indicate the extent to which they agreed with the statement that "There is at least one person I met at this conference with whom I would be interested in collaborating on a future project," 31 of 40 respondents (78%) indicated "agree" or "strongly agree."

A summary of the evaluation results as applied to the project's evaluation plan is included in Appendix H. Tabulation of the evaluation results and comments made in response to the open-ended evaluation comprise Appendix I.

12. Problems or barriers encountered:

Time constraints posed a barrier that affected both days of the conference. Time allotted for the conference did not allow for leisurely consideration of the issues, and keeping to a time schedule resulted in some criticism because it curtailed discussion.

The conference planners also regretted that the NIH Informationist responsible for the Indian Health Service was not able to attend because of NIH policies about funding. This was regrettable, as the NIH Library has the mission of serving such a large number of Native American clinics.

13. Continuation plans:

The networking established among participants at the conference will continue through the listserv and through the social networking web site which will be established. The University of New Mexico Health Sciences Library and Informatics Center will host the website, with targeted support from NLM in cooperation with the MidContinental Regional Medical Library. Discussion regarding continuation plans on day 2 of the conference included several recommendations to conduct a follow-up conference in partnership with a related regional or national association meeting (Appendix G). Such a partnership could be a good way to sustain relationships developed at this meeting and to expand networking as well.

14. Impact:

The Conference on Native American Health Information Services in the United States established means to continue collaboration among health information professionals delivering information to Native Americans. By exposing participants to projects elsewhere in the United States, it served as a catalyst for new ideas about ways to serve this population more effectively. In keeping with Native American preferences for initial meetings to occur in person, it provided an opportunity for synergy among health information professionals and others with a similar mission through shared experiences and ideas. Several conference recommendations addressed project funding practices as they impact Native American communities; if new funding practices are adopted as a result of this conference, improvements in Native/non-Native relationships, relevance of work to the needs of Native communities, and a greater level of trust in funded projects could be achieved and could impact positively the health of Native Americans.

15. Recommendations for improvement:

Based on the lessons learned through the Conference on Native American Health Information Services in the United States, I would make the following recommendations for any future conferences.

A future conference should be expanded to include all areas of the country; the Mid-Atlantic and New England Regions have Native American communities, and librarians from these regions could begin to conceive of programs to address the health information needs of these communities by participating in such a conference.

Several comments on evaluation forms related to the need to have more Native American participants. It is possible that the method used by conference planners (in this case, identification of regional participants by the RML Associate Directors) was not effective in naming many Native American participants. Planners of a future conference should consider alternative means of identifying participants. Resource Library directors and outreach librarians, for example, might be better acquainted with local Native Americans who would be excellent participants.

A two-day conference would have allowed more time for discussion and networking. Having more time would also allow for a poster session so that an increased number of participants could present their programs, identify effective practices, and engage in dialog with other attendees.

The theme of cultural sensitivity (alternatively called cultural awareness or competence during the conference) arose in discussions; it would be a service to librarians to provide a continuing education opportunity to learn about cultural practices and mores in order for librarians to offer services in a culturally gracious manner.

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?
        T*he project goals and objectives were met; the section on Evaluation includes the discussion of goals and objectives.*

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

3.   If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?
        T*he section on Recommendations for Improvement includes the discussion on ideas for improving a similar conference in the future.*

4.   What advice or recommendations would you give to anyone considering a similar outreach effort?
        The section on Recommendations for Improvement includes a discussion with reflections on the conference and outcomes.

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.
        Plans for disseminating lessons learned include the establishment of a listserv (NAHISUS) described above in section 10 (Approaches and Interventions) and establishment of the social networking web site. If any publications result, the project team will, to the best of its ability, assure that the publication will be posted in PMC.

Appendices

Appendix A: Program

Appendix B: Press Releases

Appendix C: Contact List

Appendix D: Breakout Group Questions, Day 1

Appendix E: Compilation of Themes from Breakout Group Responses, Day 1

Appendix F: Breakout Group Questions, Day 2

Appendix G: Compilation of Priorities and Action Plan, Day 2

Appendix H: Evaluation Plan with Results

Appendix I: Summary of Conference Evaluations

Appendix A
Conference on Native American Health Information Services in the United States
Final Report

Appendix A is the program for the Conference on Native American Health Information
Services in the United States.

Conference on Native American Health Information Services in the United States
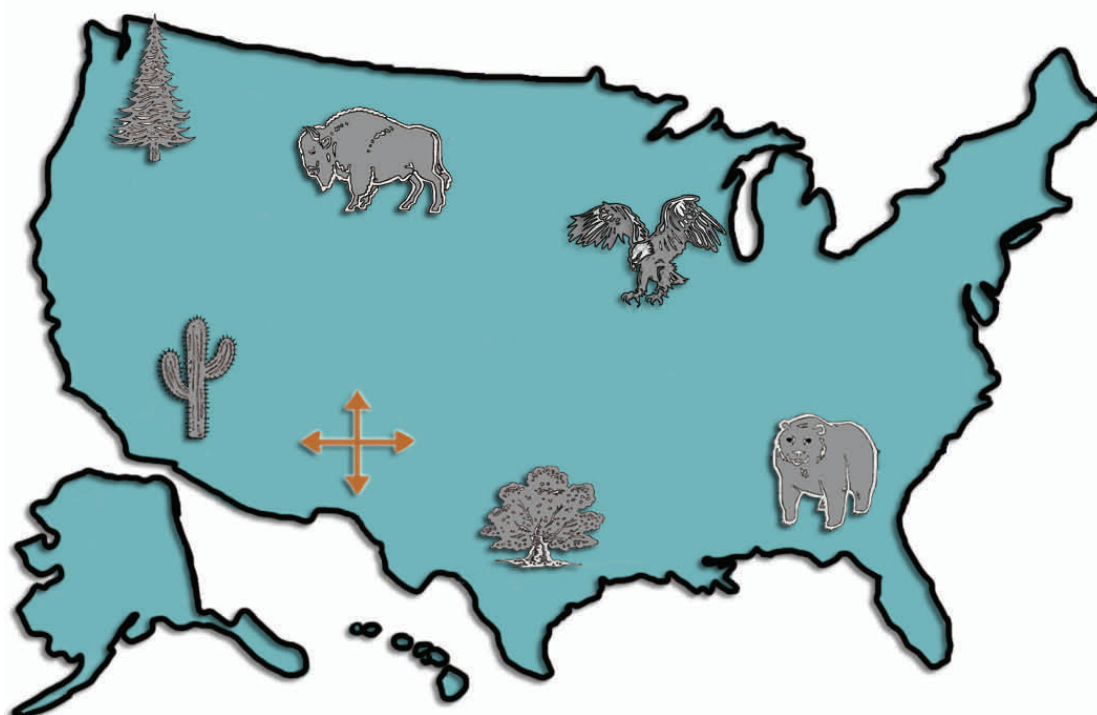
Albuquerque, New Mexico
DoubleTree Hotel
July 20-21, 2006

Welcome

Welcome to the Conference on Native American Health Information Services in the United States! I am looking forward to meeting each of you in person because each of you has unique experiences to share. You will hear presentations, engage in discussions, and learn about other programs of Native American health information services through the conference abstracts. New Mexico is the "Land of Enchantment," a perfect place for us to advance the national effort in delivering health care information to Native Americans. Warmest greetings to all!

Janis Teal, Conference Organizer

Goal of the Conference

The primary goal of this invitational conference is to promote collaboration among libraries delivering Native American health information services by increasing awareness of current projects and by developing a system that supports continued networking among librarians providing those services.

Conference attendees represent the National Library of Medicine®, Regional Medical Libraries and their invited guests.

Conference Planners

Joan LaFrance, Mekinak Consulting

From The University of New Mexico Health Sciences Library and Informatics Center:

Patricia Bradley, Native Services Librarian

Holly Shipp Buchanan, Associate Vice President for Knowledge Management and Information Technology and Director, Health Sciences Library and Informatics Center

Janis Teal, Deputy Director for Library Services

Claire Hamasu, Associate Director, National Network of Libraries of Medicine (NN/LM®) MidContinental Region, Eccles Health Sciences Library, University of Utah

Table of Contents

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Table of Contents, Continued

Conference on Native American Health Information Services in the United States
Albuquerque, New Mexico, July 20-21, 2006
Agenda

July 19, 2006 Arrival

Afternoon	Check-in to DoubleTree Hotel
4:30-8:30 p.m.	Tour of Health Sciences Library and Informatics Center at the University of New Mexico followed by Dinner in Old Town (Meet bus at 4:15 on Marquette Ave. side of hotel. Dinner on your own. Meet bus at 8:15 for return to the DoubleTree.)

July 20, 2006

Morning

8:00-8:45 a.m.	Continental Breakfast, Prefunction Area (Main floor, outside Salons 1 and 2)
8:45-10:00 a.m.	General Session, Salons 1 and 2 (Main floor)
	Introductions by Holly Buchanan, University of New Mexico Health Sciences Library and Informatics Center (UNM HSLIC)
	Introduction of UNM HSLIC Native American Program, Patricia Bradley, UNM HSLIC
10:00-10:15 a.m.	Break, Prefunction Area
10:15-10:45 a.m.	Icebreaker, Joan La France, Facilitator
10:45-11:45 a.m.	National Library of Medicine (NLM®) Presentation, Salons 1 and 2, with Introductions by Holly Buchanan
	Gale Dutcher, Head, Office of Outreach and Special Projects, NLM
	Angela Ruffin, Head, NN/LM® National Network Office, NLM
	Paul Theerman, Head, Images and Archives, NLM
	Patricia Tuohy, Head, Exhibition Program, NLM
	Fred Wood, Computer Scientist, NLM
11:45 a.m.-1:00 p.m.	Lunch, Prefunction Area

Afternoon

1:00-3:45 p.m.	Participant Presentations, Salons 1 and 2 with Introductions by Joan LaFrance, Facilitator
	Jan Gryczynski, LifeLines, Inc., Community Native American Program (South Eastern Atlantic Region)
	Mary Markland, University of North Dakota Medical Education Center, (Greater Midwest Region)
	Roy Sahali, Community Resources Coordinator, and Maile Taualii, Urban Indian Health Institute, Seattle (Pacific Northwest Region)
	Jeanette Ryan, Arizona Health Sciences Library, (Pacific Southwest Region)
	Sohail Khan, Cherokee Nation Health Services, (South Central Region)
	Siobhan Champ-Blackwell, Community Outreach Liaison (MidContinental Region)
3:45-4:00 p.m.	Break, Prefunction Area
4:00-5:00 p.m.	Break-Out Sessions (Groups and Locations listed pp. 7-9 of Program)

Continued on Next Page

June 20, 2006, Continued
Evening

6:00-7:00 p.m.	Hospitality Session with Cash Bar, Prefunction Area
7:00-9:00 p.m.	Plated Dinner (Salons 1 and 2)

Entertainment: Buffalo Dance by Jemez Pueblo Dance Group
Led by Julian Fragua

July 21, 2006
Morning

8:00-8:45 a.m.   Breakfast Buffet, Prefunction Area
8:45-9:40 a.m.   General Session, Salons 1 and 2, Joan LaFrance, Facilitator
                                Welcome, Holly Buchanan
                                Reimbursement Information, Janis Teal, UNM HSLIC
                                Reports from Break-Out Groups
                                Demonstration of Effective Practices Web Site and Blogs, Siobhan
                                        Champ-Blackwell, MidContinental Region
                                Demonstration of Wikis, Gerald Perry, University of Colorado
                                        (MidContinental Region)
9:40-10:30 a.m.   Break-Out Sessions (Groups and Locations listed pp. 7-9 of Program)
10:30-10:45 a.m.   Break, Prefunction Area
                                    Sponsored by ASCG, Inc. (Arctic Slope Consulting Group)
10:45-11:45 a.m.   General Session, Salons 1 and 2, Joan LaFrance, Facilitator
                                Reports from Friday Morning Break-Out Groups
                                Consensus Building
11:45 a.m.-Noon   Closing of Conference
                                Holly Buchanan
                                Patricia Bradley

Day 1 Break-Out Group Leaders

Eagle
Facilitator   Renee Bougard
Recorder   Janice Kelly

Roadrunner
Facilitator   Cathy Burroughs
Recorder   Jacqueline Leskovec

Bear
Facilitator   Ruth Holst
Recorder   Roy Sahali

Buffalo
Facilitator   Heidi Sandstrom
Recorder   Claire Hamasu
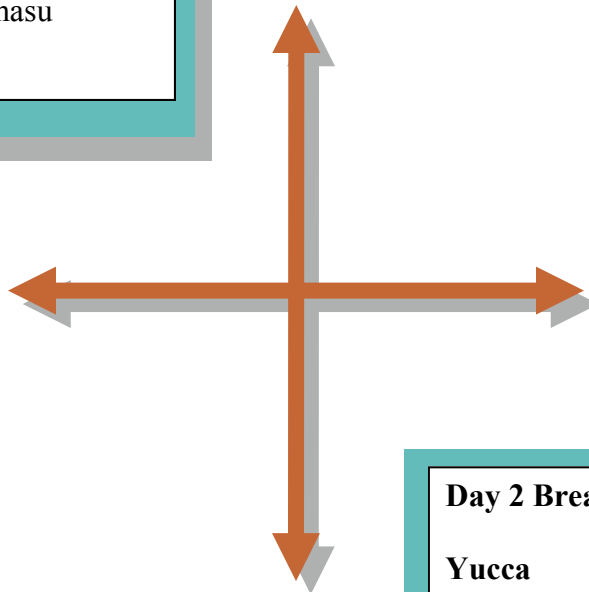
Day 2 Break-Out Group Leaders

Yucca
Facilitator   Renee Bougard
Recorder   Janice Kelly

Desert Willow
Facilitator   Cathy Burroughs
Recorder   Jacqueline Leskovec

Prickly Pear
Facilitator   Ruth Holst
Recorder   Roy Sahali

Pinon
Facilitator   Heidi Sandstrom
Recorder   Claire Hamasu

Break-Out Groups
Day 1

Eagle-Salons 1-2

Facilitator – Renee Bougard
Recorder – Janice Kelly

Patricia Bradley
Holly Ann Burt
Patrick Cross
Ulrike Dieterle
Gale Dutcher
Tom Foye
Mark Holman
Jeannette Johnson
Louis Lafrado
Annette Lewis
Wayne Peay
Joy Voltz

Bear-Cutter Room (Lower Level)

Facilitator – Ruth Holst
Recorder – Roy Sahali

Alan Carr
Siobhan Champ-Blackwell
Jim Curtis
Danielle De Jager-Loftus
Elizabeth Eaton
Lilian Hoffecker
Ellen Howard
Molly Moore
Jeanettte Ryan
Joy Summers-Abels
Janis Teal
Patricia Tuohy

Roadrunner-Salon 3

Facilitator – Cathy Burroughs
Recorder – Jacqueline Leskovec

Pat Auflick
John Bramble
Diane Cooper
Kay Deeney
Myoung Fry
Jan Gryczynski
Mary Anne Hansen
Angela Ruffin
Mark Scully
Maile Taualii
Carolyn Wahrman
Fred Wood

Buffalo-Oppenheimer Room (Lower Level)

Facilitator – Heidi Sandstrom
Recorder – Claire Hamasu

Holly Buchanan
Gary Freiburger
Susan Hanks
Bronson Jim
Sohail Khan
Gail Kouame
Michelle Malizia
Mary Markland
Kathy Murray
Jerry Perry
Loriene Roy
Sheila Snow-Croft
Paul Theerman

Break-Out Groups
Day 2

Yucca-Salons 1-2

Facilitator – Renee Bougard
Recorder – Janice Kelly

John Bramble
Holly Ann Burt
Alan Carr
Patrick Cross
Danielle De Jager-Loftus
Lilian Hoffecker
Jan Gryczynski
Bronson Jim
Annette Lewis
Kathy Murray
Angela Ruffin
Jeanettte Ryan
Carolyn Wahrman

Prickly Pear-Cutter Room (Lower Level)

Facilitator – Ruth Holst
Recorder – Roy Sahali

Holly Buchanan
Diane Cooper
Kay Deeney
Ulrike Dieterle
Gale Dutcher
Gary Freiburger
Ellen Howard
Sohail Khan
Michelle Malizia
Maile Taualii
Paul Theerman
Patricia Tuohy

Desert Willow-Salon 3

Facilitator – Cathy Burroughs
Recorder – Jacqueline Leskovec

Pat Auflick
Patricia Bradley
Jim Curtis
Elizabeth Eaton
Tom Foye
Susan Hanks
Mary Anne Hansen
Gail Kouame
Molly Moore
Wayne Peay
Sheila Snow-Croft
Fred Wood

Pinon-Oppenheimer Room (Lower Level)

Facilitator – Heidi Sandstrom
Recorder – Claire Hamasu

Siobhan Champ-Blackwell
Myoung Fry
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ABSTRACTS
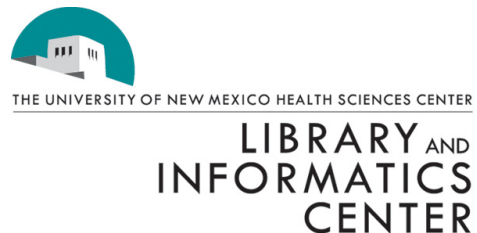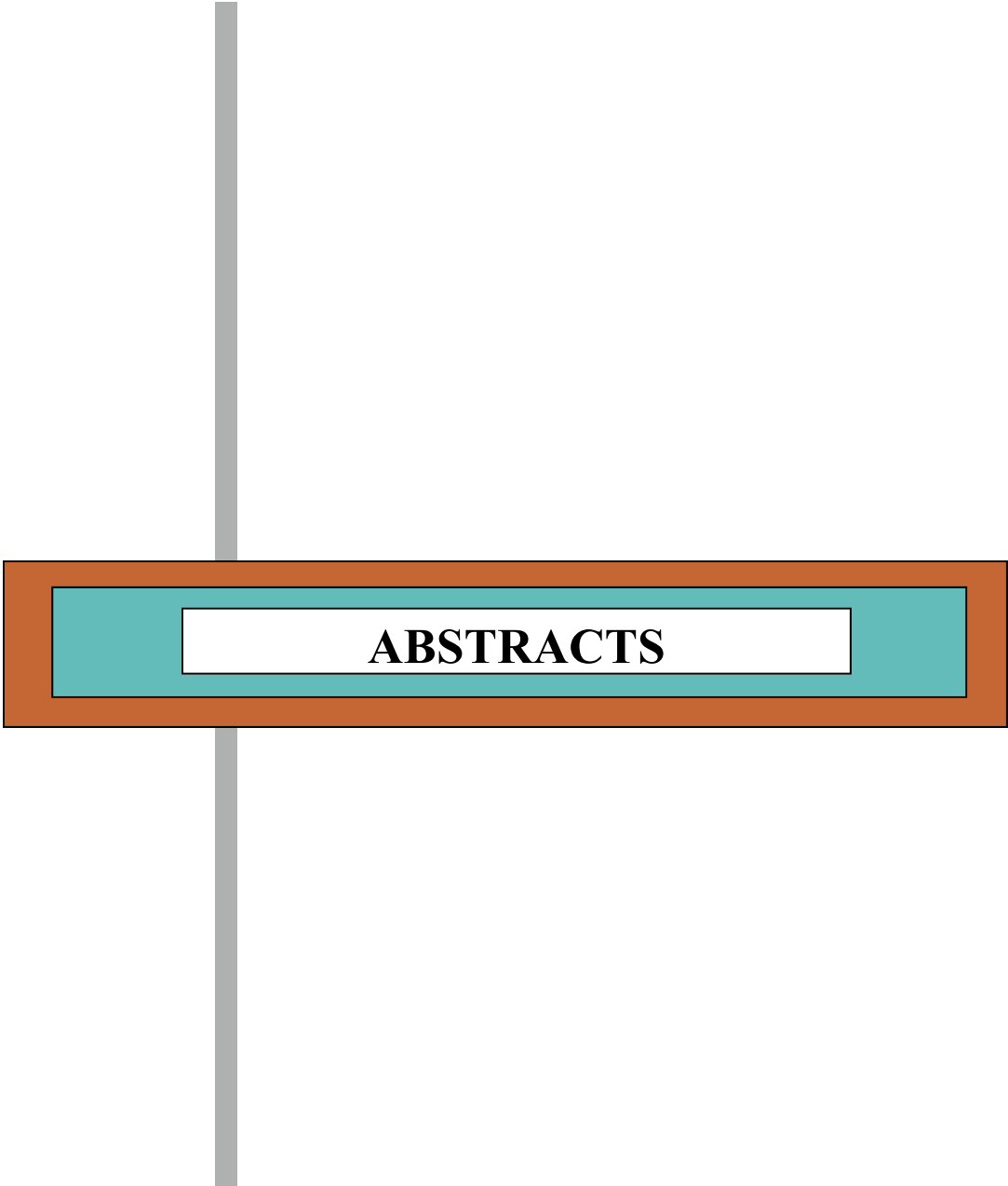
Developing Connections that Will Endure: The Arizona Health Sciences Library (AHSL) Experience

Patricia A. Auflick, Gary A. Freiburger, Jeanette L. Ryan
Arizona Health Sciences Library, University of Arizona, Tucson and Phoenix

Arizona is the home of 21 federally recognized Indian tribes. The tribes together live on 27% of Arizona's land area and constitute 5% of the state's population. Each unique and independent, the tribal communities are located all over the state in all kinds of settings from urban to rural to border. A substantial number of tribal members live elsewhere - away from their tribal communities. Some tribal lands cross state borders – and in at least one case tribal lands transcend national borders. AHSL's strategy in working with Arizona's tribes has focused on visibility, partnerships, communication, and leveraging opportunities, but more often than not, serendipity plays a major role. We exhibit at numerous tribal functions and gatherings, and offer to be a part of the program (workshops/ presentations, etc.) whenever possible.

The Arizona Telemedicine Program facilitated our interactions with CHRs (Community Health Representative/Promotoras) for two tribes. Several tribal hospitals (both IHS and local control) are members of the Arizona Health Information Network (AZHIN). A conference for tribal librarians grew out of contacts made via the Arizona Turning Point project and our relationship with the state library. Public health nurses gave us an opportunity to present workshops to two tribal public health departments. During 2006-7, we will participate in invited opportunities to work with tribal youth and have planned a series of activities around October's "National Child Health Month" including a health information table at a grocery store on the reservation.

Lessons learned: visibility at events that are important to the tribes makes a positive statement about our long-term interest in them; other exhibitors at events can be key contacts; messages sent out over listservs that are pertinent to tribal members' needs/ interests are appreciated and keep the library's name in front of them; ability to be flexible and agile (responsive to last minute requests and changes) are a key to success; turnout at an event may depend on local contact's promotion efforts.

## Native American Health Information Services Program

Patricia Bradley, MLS, Native Services Librarian
The University of New Mexico Health Sciences Library and Informatics Center (HSLIC)

The nation's American Indian and Alaska Native population has unique demographic characteristics, which imply distinctive healthcare needs for the population and for the healthcare providers who serve them. This population also has unique health care problems, including the highest prevalence of diabetes in the world and a high incidence of unintentional injures as a cause of death. New Mexico has the fourth largest American Indian population in the US and the largest percentage (9%) in the lower 48 states. It is home to the 19 Pueblos, the Mescalero Apache, the Jicarilla Apache and the Navajo Nation.

The University of New Mexico Health Sciences Library and Informatics Center (UNM HSLIC) has a full-time faculty position for a Native Services Librarian. This position was initially funded through the Tribal Connections Four Corners collaboration and is now funded fully by UNM. A survey of academic health sciences libraries directors indicated that HSLIC is the only academic health sciences library in the country with a full-time position dedicated to serving Native Americans.

HSLIC has made Native Services a major strategic goal as well, and a team has developed the Native American Health Information Services (NAHIS) program. The goal of the NAHIS program at the HSLIC is to consolidate and expand Native American Health Information Services by creating a strong integrated, effective program so that the HSLIC contributes to the reduction of health disparities through improved health information services to the Native American population of the New Mexico and those who provide health care for them. This has required identifying current services, resources, partnerships and funding and selecting those services, resources, partnerships and funding to create a strong Native American Health Information Services program. Recent activities have included completing a logic model for evaluation, designing a brochure and beginning design of a web site. The program's first year target audience is the Native American faculty, staff, and students on the University of New Mexico campus. Other audiences have been identified for years 2-5 of the program to expand to the rest of New Mexico.

Two resources serve as cornerstones of the HSLIC Native American Health Information Services program.

The Tribal Connections Four Corners Go Local on MedlinePlus provides Native Americans living in the Four Corners with an active online directory of health services. It was launched in October 2005. http://www.4cornersgolocal.com

The Native Health Research Database and Native Health History Database, both created at UNM HSLIC, provide information for the benefit, use and education of organizations and individuals with an interest in American Indian, Alaska Native and Canadian First Nations health-related issues, programs and initiatives. http://hsc.unm.edu/library/nhd

Tribal Connections Four Corners

Patricia Bradley, MLS, Native Services Librarian
University of New Mexico Health Sciences Library and Informatics Center

Tribal Connections Four Corners (TC4C) is a project to link Native American communities in the Four Corners region of Arizona, Colorado, New Mexico and Utah to reliable, high-quality health information on the Internet. The project was developed by the university health sciences libraries in the Four Corners states—the Arizona Health Sciences Library, Denison Memorial Library (CO), Eccles Health Sciences Library (UT), the Health Sciences Library and Informatics Center (NM), the National Library of Medicine and the MidContinental, South Central and Pacific Southwest Regional Medical Libraries in the National Network of Libraries of Medicine.

The population of the Four Corners region is 25% Native American. There are challenges of distance, culture, language and infrastructure when seeking to deliver health information to the Native communities and the health care providers in the region.

The project's goal is to link tribal communities in the region to reliable, high-quality health information. The project funded a Tribal Services Librarian position at the University of New Mexico Health Sciences Library; produced the Tribal Connections Four Corners Go Local on MedlinePlus database; and conducted a health information needs assessment of 162 health care providers in the region in 2005. Small project work groups were responsible for various areas of the project. Communication occurred via conference calls, emails, and a document-sharing web site (Quick Place). The project has recently partnered with five public libraries in the region to improve access to quality health information for consumers.

The project has found that working in the Four Corners requires a great deal of clear and open communication among the project partners and target audience. Managing priorities among the project partners and target audience is necessary. It is also important to build relationships and convey a sense of commitment to those we wish to serve.

Indian Health Service Informationist Service

Diane Cooper, MSLS, AHIP
Indian Health Service, Rockville, Maryland

Background
I was asked by the Indian Health Service (IHS) to provide an Informationist Service. My task is to provide services not only at IHS Headquarters in Rockville, but also to IHS clinicians across the United States. In the past, IHS staff could only obtain information at a shared physical library in Rockville and through agreements with their local academic libraries.

Process
Informationists usually work closely with their target groups. With over 2,700 nurses, 900 physicians, 500 pharmacists, 300 dentists and other allied health professionals in dozens of locations across the country, a coordinated Informationist Service is a challenge. A survey was sent to staff to identify information requirements. The survey results were the foundation for the new service.

Online Services
New resources were implemented to respond to the needs identified in the survey. Electronic access to journals, textbooks, databases, and a document delivery service was made available using an online library website for all IHS staff across the nation.

Informationist Services
As an Informationist, I also respond to information queries and provide both in-depth literature searches, and also summaries of critical articles related to the question. I provide training on how to use electronic databases for searching by giving talks at Grand Rounds and by writing articles for a journal, *The IHS Primary Care Provider*. By offering these services, I have become part of the IHS team, and have been invited to participate in several IHS projects, including the IHS National Point-of-Care Project; the Health Literacy Initiative Work Force; the American Indian Suicide Prevention Work Group; and a new project that is tracking the incidence and prevalence of diseases within the American Indian population by the IHS epidemiology research group.

The new IHS Informationist Service combines typical online library services with services of a dedicated Informationist. It is the core information service for the Indian Health Service.

Four Hills of Life Wellness Center, Omaha Tribe of Nebraska

Patrick Cross, PT, DPT, Director, Four Hills of Life Wellness Center, Director of Rehabilitation
Omaha Tribe of Nebraska

Overview: The Four Hills of Life Wellness Center, functioning under the Carl T. Curtis Health Education Center, is a community-based program that addresses multiple health care needs of members of the Omaha Tribe through wellness, prevention, and chronic disease management. The Wellness Center offers free access to a gym, an outdoor pool, substance abuse counseling, health education, personal training, and physical therapy (PT) and occupational therapy (OT). The Wellness Center primarily operates through various state and Indian Health Service funds.

Highlighted Accomplishments

- An average of 400 signatures per month have been obtained for use of the gym for exercise
- OT/PT see an average of 80 patients per month
- The Tribal Personnel Office has approved one hour of daily administrative leave for employees who desire to participate in activities at the Wellness Center.
- Exercise classes have been initiated for women
- Personal exercise programs have been established for clients with diabetes and/or cardiovascular risk factors.
- Strength, conditioning, and injury prevention programs have been conducted for high school students.
- Through collaboration with local programs, numerous health education activities have been established including: tobacco prevention, diabetes prevention, healthy food choices, STD prevention, seat belt education, head lice prevention, heart health, health fairs, cooking classes, and Arthritis Self-Help Courses.
- Staff has been immersed into the community and integrates culture into activities including: a last buffalo hunt walking program, talking circles, the White Bison Program, injury management at high school sports, adult sporting events, alcohol and drug prevention outreach, and various substance-free activities for youth and adults.
- Through collaboration with local Universities and Colleges, long and short-term rural, interprofessional trainings are ongoing for OT, PT, PTA, pharmacy, nursing, and medical students.

An E-health Website has been developed for the Tribe.

Challenges

Funding: To address funding challenges, the Four Hills of Life Wellness Center partners with community agencies, both within and outside the Tribe, to apply for funding to meet the health needs of the Omaha Tribe.

Underserved community: The IHS system was created to address acute health needs, but the majority American Indians battle chronic diseases, including Type 2 Diabetes and obesity. The Four Hills of Life Wellness Center addresses chronic disease prevention, provides education and treatment, and offers a myriad of health care services in one location at no cost to Omaha Tribal Members.

Shortage of health care professionals: Due to a combination of factors, there is a shortage of qualified health care professionals working in rural America – the Omaha Reservation is no exception. To compensate, many trainings are offered at the Four Hills of Life Wellness Center. In addition, professional student training helps to prepare students to practice in underserved, rural settings, as well as aids in the identification, retention, and recruitment of future providers for the Omaha Tribe.

Limited availability and accessibility: The Omaha Reservation is located at least 25 miles from any major cities and there are limited grocery choices at local convenience stores and gas stations. In addition, individuals often lack transportation and approximately half of the families live on incomes less than $20,000. This presents challenges in integrating healthy food choices. The Tribe has submitted a proposal for a Healthy Café which would offer reasonable healthy food choices.

Limited access to health care information: There is little public access to media in the community, including the internet, making access to health information a challenge. The Four Hills of Life Wellness Center has partnered with Creighton University and Madonna Rehabilitation Hospital to submit a grant proposal to the USDA to implement a distance education model which will establish a 10-station computer lab for Omaha Tribal Members to utilize.

University of Wisconsin-Madison and AHEC Library Collaboration
Ulrike Dieterle, Distance Services & Outreach Coordinator, Ebling Library
University of Wisconsin-Madison

In 2003 and again in 2005, outreach librarians from Ebling Library at the University of Wisconsin-Madison teamed up with AHEC librarians to provide training for healthcare professionals affiliated with the Great Lakes Inter-Tribal Council (GLITC), which supports member tribes in Wisconsin, Minnesota and Michigan. See: http://www.glitc.org/

 These train-the-trainer library workshops – "Library Searches Done Electronically" - were part of a larger three-day Community-Based Research Training Conference sponsored by GLITC and held in the northern Wisconsin town of Rhinelander.   Workshop participants included physicians, physician assistants, nurses, nurse practitioners and pharmacists.

The training addressed the online research process, available databases and other online resources, consumer health and evaluating online information. Demonstrations were interspersed with exercises and sample searches. Resources highlighted included PubMed, MedlinePlus, UpToDate, Micromedex, Cochrane Reviews, BadgerLink (Wisconsin collection of databases) and, of course, Google.

It is always a challenge, when addressing such diverse groups of health practitioners from three different geographic areas, to ascertain the levels and nature of their access to information. We did a fair bit of up-front preparation to make certain we covered resources during the training which were indeed available to most of the group attending the workshops.

South Dakota Native American Health Information Partnership (NAHIP)
Heidi Nickisch Duggan, M.A. Assistant Professor, Head of Access Services & Systems
Danielle De Jager-Loftus, M.F.A. CSA Librarian, Technology Literacy Center Manager
Lommen Health Sciences Library, Sanford School of Medicine, The University of South Dakota

The South Dakota Native American Health Information Partnership (NAHIP) was a GMR Consumer Health subcontract from the NN/LM. It began in September 2004 and ended April 2006. The goal was to improve access to electronic health information for Native American consumers and health professionals needing consumer health information living in the State of South Dakota. Project objectives included: training, both on site and locally, a health information web site, mediated reference and document delivery services.

There are 9 reservations in South Dakota. Initially, we set out to contact the 4 South Dakota Tribal College libraries, and the community health coordinators in the remaining 5 reservations. The four tribal colleges are: Si Tanka University with campuses in Eagle Butte and Huron (Cheyenne River Reservation), Sisseton Wahpeton College in Sisseton (Lake Traverse Sisseton-Wahpeton Reservation), Oglala Lakota College, Kyle (Pine Ridge Reservation), Sinte Gleska University, Rosebud (Rosebud Reservation). Additionally, the library set out to contact community health coordinators at South Dakota's four reservations which don't operate a tribal college: Crow Creek Reservation, Flandreau Reservation, Lower Brule Reservation, and Yankton Reservation. The Standing Rock Reservation is in both South and North Dakota, and its tribal college, Sitting Bull College, is located in Fort Yates, ND. This tribal college previously partnered with The University of North Dakota through a similar grant in 2001.

Si Tanka University declared bankruptcy last year, and has since closed both of its campuses at Eagle Butte and Huron, so communication with that tribal college wasn't possible. Contact with the remaining colleges was successful, due in part to previous relationships with their library personnel. We trained them to use databases available to them, and to use resources such as Lonesome Doc. Sisseton Whapeton's previous two library directors resigned within the last two years, and they have yet to refill that position, so training was particularly useful to them.

Another challenge to the South Dakota reservations is U.S. mail. Mail service is slow, taking a week or more to receive something sent from East River, or even from the State Library in Pierre, located in the middle of South Dakota, where Sisseton is sending their document delivery requests. It was explained that Lommen Library is a Resource Library, and that document delivery requests submitted are filled electronically, many times within the day they are received.

Initial face to face contact was best to establish communication and then following up with phone calls and email continued relationships. South Dakota weather reduces travel in the winter, and the distances between our end of the state, and west and north ends are prohibitive to making many site visits, so phone calls to library personnel at tribal colleges every month was a great way to keep in touch. We answered many reference inquiries, ranging from what kinds of research databases and research methods to use, as well as how to request Document Delivery through the library. Recommendations for hardware and software purchases were even solicited from the library.

Sacred Root - NLM Tribal Information Fellowship Program
Gale A. Dutcher, Head, Office of Outreach and Special Populations
National Library of Medicine

In 2001, NLM began working with Tex Hall, then president of the National Congress of American Indians (NCAI), to improve access to health information in American Indian, Alaska Native and Native Hawaiian communities. In an effort to develop and strengthen important skills needed to sustain community health information programs, NLM created the Sacred Root Information Internship program with guidance from the NCAI President's Task Force on Health Information and Technology. The objective for this project is to provide an opportunity for mid-career professionals from native communities to learn about the National Library of Medicine, the National Network of Libraries of Medicine, and successful information projects currently underway and to use that knowledge to improve access to health information and technology for their tribes or organizations. This project not only provides training in the use of information resources and technology, instruction in managing information outreach projects, information about potential opportunities, but most importantly, connection with people and programs that might provide support and assistance in the future. At the end of the internship NLM funds an information-access-related project that is developed by the participants. NLM continues to work with the interns and help them develop the capacity of their communities. To date NLM has worked with interns from the Three Affiliated Tribes (North Dakota), Nez Perce Tribe (Idaho), and Papa Ola Lokahi (Hawaii) with the next participants expected from the Navajo tribe. Currently NLM is working with a small group of tribes and is examining ways to expand the program to include more tribes as well as the National Network of Libraries of Medicine.

Creating and managing this program has been both rewarding and challenging.

- NLM staff have developed deep relationships with participants and other members of their tribes or organizations and these relationships have led to mutually beneficial outcomes.
- Tribes are administered and managed quite differently than government agencies and academic institutions, leading to some difficulties in program implementation.
- There has been misunderstanding of the term internship as a program for youth leading to the change in name from internship to fellowship.
- It has been difficult for participants to be away from their jobs and families for extended periods and tribal participants from rural areas and reservations have found it stressful and lonely (but also exciting) to work in an urban setting far from home.
- Program participants have been able to successfully implement information access projects at home, which, in some cases have become part of the tribe's or organization's own programs.

Miloli`i Community Health Education Project
Tom Foye, MPH, Planning and Development Director, Papa Ola Lokahi

Background: The Native Hawaiian fishing village of Miloli`i, on the Kona (Leeward) coast of the island of Hawai`i, is geographically isolated and characterized by a lack of electricity, below standard sanitation facilities, and lower than average levels of education and income and higher incidences of most chronic health conditions. In spite of these negative socio-economic and health indicators, there is a high degree of community cohesion and 'ohana (family), a strong "sense of community," a high level of pride in the community's Hawaiian heritage and a clear sense of the culture's strengths and resiliencies. The community, more than most other Hawaiian communities in Hawai`i, has retained a sense of its Hawaiianness.

The National Library of Medicine, through a contract with Papa Ola Lokahi, is supporting efforts to increase the availability of consumer health information to the community. This effort also supports related health activities.

Project Purpose: The purpose of the Miloli`i Community Health Education Project is to 1) increase the knowledge of community members about health information and resources by providing computers to the community's library, and training for the librarian and other community members, and to 2) support community-based initiatives which have their foundation in the Hawaiian concepts of health (which involves a balance between body, mind and spirit).

Project Methods: The core program component involves placing computers in the community's one-room library. The computers have access to the internet and have a list of health-related Web sites which patients and community residents can access. The sites include MedlinePlus and a number of local (Hawai`i) and national health sites. The community's part-time librarian has been trained in the health applications of the computers, and educates community members about this resource.

Other uses of the technology, supporting the broad purpose of "improving the health of the community" in a holistic sense, have been developed, in consultation with the community. The following program components were identified:

After-school program – The computers are used for an after-school tutoring program to assist students with their studies and to conduct research on the Web.
Links with other Hawaiian communities – The project's resources would be made available to enable email and Web-based communication with other Hawaiian learning communities.
Community Web site – A community Web site is being developed.
Learning from the Elders –The community's knowledge of traditional practices is being documented and will be made available to community members and, as appropriate, placed on the community's Web site.

The computers are also available for other uses, supporting the broad purpose of improving community health. These uses might include, for example, teaching kupuna (elders) computer skills to find health information and resources.

Lessons Learned
- Allow time for the community decision-making process.
- The importance of a "sponsor" to gain access to the community.
- Identifying community sources of information.
- Tolerance for uncertainties, delays.
- Focusing on the purpose.

Consumer Health Education Outreach with an Emphasis on Native Americans
Myoung Fry, Medical Librarian at Mercy Regional Medical Center and Project Liaison to
Fort Lewis College Library

The project was a cooperative venture of three community organizations: Fort Lewis College (FLC), the Durango Public Library (DPL) and the Southwest Regional Library Service System (SWRLSS). Its intention was for Fort Lewis College, an institution with a large number of Native American students, to be the lead agency to improve access to health information and to provide special outreach efforts to Native Americans. The consortium created a web resource for Native Americans in the Durango area, which can serve the entire rural area of southwest Colorado.

Fort Lewis College hired Myoung Fry, a local medical librarian, as a consultant to manage the project, provide outreach, and develop the website. Fry eventually trained the personnel of the other organizations in the use of health sciences resources and in the answering of medical questions. She also traveled to the Ute Mountain Ute and the Southern Ute Indian reservations to meet with clinicians and individuals who provide health information. She shared with them the resources offered by the National Library of Medicine, Fort Lewis College and the Durango Public Library. She also met with the public librarian of Cortez, Colorado to share the outreach mission and to offer training from the project. Furthermore, Fry developed and implemented a program to encourage Native American students at Fort Lewis College to take back health information to their families.

The Durango Public Library provided reference services and made its new computer lab available for public classes. Librarians in all the participating institutions assisted with those classes. The primary responsibility of the Southwest Regional Library Service System was to promote outreach services to Native American public and school libraries through its regular mailings. All public and school libraries in the area have Native American populations and therefore may want to partake in the web site or training materials.

Fort Lewis College purchased a laptop computer and a projector for presentations for outreach, and Fry created a website called "Online Consumer Health Resources" within the FLC Library Website. Fry, in consultation with DPL and FLC, designed the site with a view toward the specific needs of patrons in southwestern Colorado. It includes links to health websites in Colorado, all the National Library of Medicine's consumer health databases, appropriate health-related links organized by subject, links to websites of particular interest to Native Americans, and other databases, books and video tapes that also indicate the locations of libraries. Eventually, it will serve as a virtual library for the community. Fry later developed a brochure to hand out after each presentation to the Ute Mountain Nation and the Southern Ute Nation. Evaluations were collected in order to assess future training for DPL and FLC librarians.

One positive aspect of the project was that it reached many more organizations than Fry had originally planned. Some, such as the San Juan Department of Health, invited her to speak about her webpage to the whole staff and to school nurses in the area. Furthermore, the Southern Ute Indian Foundation granted funds to purchase for the FLC library over 100 additional books on consumer health. Many unexpected events happened, too. SWRLS stopped supporting the project when the state discontinued its funding. Mercy Medical Center decided to support a patient education center at its new facility based on the project's webpage.

The Utility of Qualitative Methodology to Supplement Local-Level Knowledge of the Health Service Needs of Small Minority Populations: Native Americans in Baltimore, Maryland

Jan Gryczynski, Jeannette Johnson, Emily Sears, Shelly Weichelt, and Susan Roth
LifeLines Community Native American Program

Access to local epidemiological and health information is important for organizations working to provide health resources and information services to American Indian populations. In many areas of the United States, however, finding accurate health data at the local level can be challenging if not impossible. Specifically, there is a lack of solid health profile data on American Indians in urban metropolitan areas. This issue is compounded in instances where the Native population is relatively small and fragmented.

LifeLines Community Native American Program is a community-based substance abuse treatment agency for urban American Indians in Baltimore, Maryland. Currently we are partnering with Friends Research Institute's Social Research Center on a federally funded grant from the Center for Substance Abuse Prevention (CSAP) to implement a substance abuse, HIV/AIDS, and hepatitis prevention program for urban Indians in the Baltimore area. The first step in this process has been to conduct a community health needs assessment. This component is especially crucial due to the lack of local health indicator data on this population. Social and cultural factors at the local level can influence the major health issues faced by minority populations. Increases in Native Americans with mixed heritage, the absence of government-recognized tribes in the state of Maryland, and racial misclassification by health and social service agencies has made it difficult to assess health service needs for this population.

Our needs assessment utilized a participatory framework in which members of the community worked in tandem with researchers. Our mixed-method approach consists of community surveys, focus groups, individual and group community readiness interviews with key stakeholders, as well as systematic fieldwork and unobtrusive observation in neighborhoods with large concentrations of American Indians. The most productive methodologies in this regard proved to be those which were qualitatively-oriented. Focus groups conducted with members of the American Indian community provided rich contextual detail for our other findings, and allowed us to identify health service needs, barriers to care, and at-risk subpopulations.

American Indians in Baltimore perceive their people to be at great risk for substance abuse, HIV/AIDS, and hepatitis, and indicate that the existing service structure is insufficient to meet their needs. Health service providers were viewed as being insensitive to American Indian concerns, and the incongruence of the existing service system with American Indian cultural values serves as a barrier to accessing prevention and treatment services. Participants described feelings of collective disempowerment rooted largely in their small constituency and the disintegration of their community and cultural identity. Willingness to seek services is diminished by shame of socially deviant health-risking behavior. Widespread poverty and lack of employment opportunities add complications to maintaining healthy lifestyles and providing services. However, conducting a thorough needs assessment with a heavy focus on qualitative inquiry has given us the information necessary to design timely and acceptable services. We are working to disseminate our results at the local, state, and national level, and will use these findings to provide tailored, culturally-appropriate prevention services for Baltimore American Indians.

Sitting Bull College Library and Health Information for Standing Rock Reservation

Mark Holman, Library Director
Sitting Bull College Library

Sitting Bull College Library is located on the Standing Rock Reservation, which straddles the borders of North and South Dakota. The library serves Sitting Bull College: a tribal community college. Sitting Bull College is a member of the American Indian Higher Education Consortium consisting of 38 colleges across the nation.

Sitting Bull College Library also serves as a public library for the local community. This broad patron base allows Sitting Bull College Library to act as an effective platform for the dissemination of health information.

Sitting Bull College Library has an ongoing project to improve health information access and utilization for the people of the Standing Rock Reservation. The library provides formal and informal training as well as access to health information in various formats.

Grants funded by the National Library of Medicine and facilitated through the Harley E. French Library of the Health Sciences at the University of North Dakota have trained library staff in accessing good health information. These grant projects were the impetus for our ongoing health information initiative.

We received a Consumer Health Award Grant from the National Library of Medicine Greater Midwest Region. This Grant allowed us to expand the access we are providing to our patron base on Standing Rock, by supplying new computers for public access as well as formal training sessions. These new resources are allowing us to act even more effectively as a portal for good health information on Standing Rock. In addition to this, we have developed a Consumer Health Page that will be connected to the library and college websites, aimed at directing patrons to quality health information.

The overall focus of the project has been on access. The library attempts to provide broad access to quality health information. This access is provided through Internet, print and video resources.

The primary lesson we have learned through implementation of this project is that the job is ongoing. Health information is an area of constant change that requires constant vigilance and new knowledge to provide the best quality health resources.

Finding Health Information: Native Investigators

Ellen Howard

Harborview Medical Center, Seattle, Washington

The Native Elder Research Center in Denver established a program to increase the number of American Indian/Alaska Native (AI/AN) professionals, Native Investigators, who do research to improve the health status of AI/AN people. As described on their Web site, "The Investigator Development Core weaves together didactic, experiential, and mentored instruction as well as specialized seminars to equip the Native Investigators to function as independent scientists working at the interface of aging, health, and culture, with special emphasis on Native elders."
(http://www.uchsc.edu/ai/nerc/nerc_overview.htm)

Faculty and staff from both the University of Washington and Colorado Health Sciences Centers provide the training and serve as mentors for the Investigators. As a part of program I teach a medical information literacy segment to each new cohort.

The latest version of my teaching program is at:
http://faculty.washington.edu/ehh/NativeInvestigators2006.ppt

I have been able to generalize the program for other courses developed for AI/AN researchers; for example, AI/AN health educators and University of Washington students. I am very interested in sharing my presentation with others to promote the creation of Web based instructional modules tailored to the needs of AI/AN learners.

Where are the Evidence Based Programs for Urban American Indians?

Jeannette L. Johnson, Ph.D., Jan Gryczynski, M.S., Susan Roth, B.S., Emily Sears, M.S., Shelly A. Wiechelt, Ph.D., LCSW-C
LifeLines Community Native American Program

Now, and for many decades, drug and alcohol use and abuse problems have continued to occur in Native American communities. More recently, HIV/AIDS and hepatitis have appeared in all but a few of these communities. Along with the frustration, pain, and senseless deaths that result from these problems, Native Americans must struggle with treating and preventing a problem that does not seem to fit within their own traditional healing systems. Through a partnership between LifeLines Community Native American Program and Friends Research Institute, our project, *"Substance Abuse, HIV/AIDS, and Hepatitis Prevention for Urban American Indians"* seeks to build a foundation for delivering and sustaining effective and culturally relevant services to prevent and reduce the onset of substance abuse (SA), and transmission of HIV and hepatitis among urban Native Americans in Baltimore, MD.

As for many Indian tribes, the members of the indigenous groups of Maryland (Shawnee, Piscataway, Accohannock, Nanticoke, Yaocomaco, Susquehannock) were forced to relocate from their home lands due to early US governmental policies. Many Indians currently living in the Baltimore metropolitan area are from other tribes who moved here as a result of federal relocation policies that moved Indians off the reservation and into urban areas. According to the most recently completed decennial census, there were 39,437 Native Americans living in Maryland, with 5,066 making their home in Baltimore City alone. Urbanization has left its mark. Compared to more affluent Americans, their low income levels and low levels of formal education lead them to be at higher risk for physical, mental, or alcohol and other drug (AOD) related problems. CDC (1999) suggests that because the Native American population is disproportionately affected by many of the social and behavioral factors associated with increased risk for HIV infection, that culturally appropriate programs are critical to prevent the spread of HIV/AIDS.

Nevertheless, evidence-based programs for American Indians are difficult to locate. Those that have been found in our programmatic review suggest that culturally responsive programs result in better outcomes for American Indians. These programs are not obvious -- locating them is difficult and it takes hours of searching through embedded links on multiple internet sites. There does not exist a centrally located library site that houses information on culturally responsive and effective programs for American Indians. To meet this need, our program is conducting a search of multiple databases to create a listing of culturally appropriate and effective prevention and treatment programs designed specifically for urban American Indians. After our review, we will post it on our website and offer it as a link to all interested communities. We will also examine ways to inform the community at large of its existence.

Cherokee Health Information Network (CHIN)

Sohail Khan, MBBS, MPH, CIP, Epidemiologist
Cherokee Nation Health Services, Tahlequah, Oklahoma

Cherokees suffer disproportionately from diabetes, hypertension, heart disease, obesity and some forms of cancer, i.e. lung cancer, as compared to the general U.S. population. Cherokee Nation has long recognized the value of health information and its impact on health outcomes. When patients are well-informed, participate in decisions, and communicate openly with their doctor and other health professionals, they adhere to their therapy more faithfully and help make health care more effective. This therapeutic alliance is possible in the Cherokee service population; however, there are several barriers that remain before this relationship can be realized. Due to the remoteness of many tribal communities, individuals are geographically isolated from conventional public information sources. Additionally, telecommunications and network resources are simply unavailable within many of these rural communities. Advanced telecommunication services that do exist are difficult and costly to obtain. Most Cherokees cannot afford to purchase and maintain a personal computer in their household, much less finance monthly Internet services.

The proposed Cherokee Health Information Network (C.H.I.N.) or electronic access to health information project will help alleviate these barriers. Cherokee Health Information Network (C.H.I.N.) will consist of a web site and work stations linked to internet at each community center in surrounding Cherokee communities. This web site will be easy to access and it will offer links to sites such as, Medline Plus, clinicaltrials.gov, PubMed, phpartners.org, and additional National Library of Medicine databases. This project will also furnish at each site a laser printer, printing supplies such as print cartridges and paper, so clients can print and retain information. Once the project workstations and web site are operational, our project partner and resource library staff (OUHSC-Tulsa Library) will provide user training at the community meetings on how to access and utilize the electronic health information. The project will be evaluated as soon as it becomes operational by using PDCA (Plan, Do, Check, Assess) methodology. Various tools will be used to evaluate the project, such as Web tracker to assess the usage, quarterly review and analysis of a visitors log count, analysis of customer surveys and informal feed back from clients during community meetings. Improvements in the content, accessibility, links and training module will be made based on project evaluation throughout the project.

Increasing Rural Access to Health Information on the Internet

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Background: Connection to the Internet in rural New Mexico is limited by the lack of adequate technology infrastructure. The "digital divide" in rural states like New Mexico prevents access to consumer health information for residents in these areas and limits healthcare professionals' access to evidence-based health information.

Method: Through a series of grant efforts access to the Internet and consumer health information has been increased through grants from National Network of Libraries of Medicine South Central Region. Access to evidence-based health literature was increased through health information outreach grants and improved technology to increase Internet connectivity in rural and frontier clinics. Improved access and training in evidence-based literature search and retrieval were implemented through wireless personal digital assistants (PDA) in the public health nursing department of the Santa Fe Indian Hospital. Training on the use of PDA and PubMed (Medline Database on Tap, MDoT) was conducted.

Results: Installation of Internet workstations in rural clinics open to the public has had expected and unexpected results. Increased patient access and utilization of consumer health information has overwhelmed some workstations with scheduling and time limitations imposed at one facility where 6-8 users/hour/day using the workstation. One workstation was used to initiate a Patient Diabetes Learning Center. The use of PDAs has provided access to evidence-based literature through PubMed at the point-of-care in underserved American Indian health clinics. Public health nurses have gained increased connectivity to real time data and evidence-based literature for improved point-of-care service delivery.

Conclusion: The "Digital Divide" threatens the health and well being of those without adequate Internet access. As the Digital Divide closes for some, lack of access becomes even more acute for those left out of the mainstream. The threat then becomes that those without access to the Internet and the health information available there leaves them marginalized from the rest of society. Where telephone technology is limited it is clear that Internet access will be equally limited. Too often those with Internet access in urban settings assume their counterparts in rural and frontier counties have the same access. These assumptions leave the rural resident further isolated leading to underutilization of the Internet and health information.

Delivering access is insufficient to make consumer health information available to those with limited access. Technology literacy and reading literacy are areas of training necessary to improve access to and comprehension of consumer health information. The ability to discern reputable consumer health information is also imperative. Efforts will continue to increase technology literacy in rural communities while local healthcare professionals will be encouraged to assist their patients in the comprehension of online consumer health information beyond their reading level and from reputable sites.

Division of Behavioral Health and Mississippi Choctaw Communities

Annette Lewis, Prevention Coordinator, Bronson Jim, Sr., Choctaw Community Coalition Coordinator
Division of Behavioral Health
Department of Family and Community Services, Mississippi Band of Choctaw Indians
Choctaw, Mississippi

The Mississippi Band of Choctaw Indians is a federally recognized tribe that provides a variety of services to meet the health needs of the Choctaw people. The Division of Behavioral Health is one of many helping programs that function under the umbrella of the Department of Family and Community services. The division provides treatment and prevention services for individuals suffering from mental disorders, substance disorders or individuals at risk of these disorders.

One initiative that has proven effective in promoting health among Choctaw Communities is the Drug Free Communities program. This program is mainly community driven and is needs driven from the mission of the Choctaw Community Planning Coalition (CCPC). This coalition is facilitated through the Division of Behavioral Health. The CCPC is committed to decreasing substance abuse among Choctaw youth, and the adverse effects of substance abuse in the Choctaw Communities. The CCPC forms a framework for collaboration between service agencies, seven tribal communities, surrounding non-tribal communities, mental health, law enforcement, the media, the business sector, schools, health care, parents, and youths to provide positives activities and programs that educate and strengthen Choctaw families, resulting in a healthy, responsible, and caring community.

The objectives of this health promotion projects are: to increase Tribal leaders participation, increase community awareness/provide parent education, and increase faith-based organizations participation. Multiple strategies have been utilized to fulfill the goals and mission of this project but one of the most effective strategies has been to implement alternative activities in the underserved communities.

Together the CCPC and its partners provide alternatives for youth by hosting substance-free social activities, prevention-related educational topics, youth leadership functions, and recreational events. The benefit of working with the partners is that their members are established groups with positive role models. The project began activities to the eight tribal communities in October of 2004. The activities in each community have helped to overcome the transportation barriers typically experienced by youth, who reside on the rural Reservation lands, by providing the activity close to their homes in the perspective tribal communities. This program offers a positive peer educator model (designated youth from the community provide training at the educational presentations) to deliver the educational information. The positive peer group activities are intended to promote protective factors for youth at risk and who are affected by negative social influences.

The coalition members from the designated community, the CCPC coordinator, and service organizations in the designated communities support these events by planning, preparing, and organizing the events. Volunteers from the community support the events by assisting in preparing and providing some food and chaperoning supervision.

These constructive healthy activities are designed to offset the attraction to alcohol and other drugs and therefore, would minimize participation in negative activities. The efforts of this project have been most successful due to the coalitions ability to expand services once they were awarded a SAMHSA's Drug Free Communities Grant in 2005. The award has enabled the group to become more organized and systematic in their efforts.

Summary of Amputee Coalition of America's Initiative for Outreach to Native Americans
Molly Moore, Librarian
National Limb Loss Information Center

A major issue in the field of limb loss is the differential in outcomes for certain ethnic groups. Diabetes is the number one cause of amputation and American Indians and Alaskan Natives are 2.3 times more likely to have diabetes as non-Hispanic whites of similar age. As of 2000-2001, the rate of lower-limb amputations for Native Americans with diabetes was approximately 3.5 times that of non-Hispanic whites with diabetes.

Working with a broad coalition, the Amputee Coalition of America (ACA) is implementing activities that:
- empower amputees to obtain improved care
- offer emotional support to amputees, their family and caregivers
- educate providers regarding the cost-effectiveness and importance of access to appropriate care and, promote legislation that results in improved coverage and care.

Made evident through ACA's internal database, less than 1% of the amputees we reach are Native American. With the disproportionate likeliness of limb loss in Native Americans with diabetes, the ACA is very concerned about having reached only a small percentage of the Native American population.

ACA performs national outreach through exhibiting, presentations and the dissemination of educational materials. Educating medical professionals that serve Native American communities has been one target audience reached through conference attendance. However, the major goal of making individual tribal communities aware of ACA's services is not met through conference participation. To resolve this problem, the ACA created a Multicultural Outreach Coordinator (MCO) position to be filled with an experienced professional with an outreach background who was also a person of color.

The MCO Coordinator was responsible for calling individual Native American hospitals, clinics and community houses to introduce ACA's services. This initiative was the result of a failed e-mail and mailing campaign. The personal telephone calls made by the MCO Coordinator were very successful. Each facility contacted received a box of our multicultural publication, *Connections*. Results of this effort included 170 new Native American contacts in our database which now receive ACA's bi-monthly magazine *inMotion*, and the dissemination of thousands of *Connections* to 11 of the 12 regions of the Indian Health Services. Additional outreach includes articles about American Indians with limb loss and/or diabetes which were published in the *Native Times* and ACA's *inMotion*.

Challenges facing the ACA include the inability to forge long-term relationships with individual communities and the lack of follow-up for a continuous presence of ACA educational materials and programs in Native American communities. The primary reason for these challenges is a lack of staff resources.

Arctic Health Website
Kathy Murray, Professor
Head, Health Sciences Information Service, Consortium Library
University of Alaska Anchorage

Background: When the United States assumed chairmanship of the Arctic Council from 1998-2000, government representatives wished to leave a lasting legacy and the topic of "Health in the Arctic" became the focus of some of that effort. The National Institutes of Health (NIH) became involved and requested the involvement of the Specialized Information Services (SIS) Division at the National Library of Medicine (NLM). In the fall of 2000, NLM committed to develop an Arctic Health website to help organize and disseminate pertinent health information affecting the Arctic.

NLM contracted with the University of Alaska Anchorage (UAA), Health Sciences Information Service (HSIS) to continue the development and day-to-day management and maintenance of the website in May 2002. The intent of this arrangement was to ensure ongoing development and management activities were carried out by an organization having experience with and knowledge of Alaska and the Arctic region, and with indigenous peoples and their health issues.

Challenges/Lesson Learned:
1) Time
   We have learned the sometimes surprising amount of time required to complete some initiatives. Matters ranging from the complex (website design and layout, collection development policy, metadata descriptors) to the relatively mundane (poster colors, search box placement) can take from several weeks to months to complete. But the input and guidance provided by the diverse group that comprises project staff and Users Council are invaluable, and the time invested in the process clearly strengthens the website.
2) Website
   The value of usability testing of a website led to significant design elements changes, all based on test results with Alaska Natives and other users of the web pages.
   Over the past two years objectives for the website have evolved and priorities have changed. Funding limitations are behind some of this, but so too, is the time commitment required by specific objectives. Being flexible is a must!
3) Communication
   Communication is critical. This is true for any endeavor. We've discovered that written communication is not always the preferred method for keeping up with decisions and progress. Actually having separate teleconferences with key personnel at our funding agency works better.
4) Collaboration
   We created a Users Council in Year 1 of this project. Representatives came from NIH, the Alaska Native Science Commission, the largest hospital in the state, the State Epidemiology department, Dinlishla, the Alaska Native Tribal Health Consortium, the local CDC office, the university, and AFHCAN. It is their vision and knowledge that drove the design of the website and selected the health topics.

Future: The International Polar Year activities will occur between 2006--2009. This once in a lifetime opportunity will drive some of the goals for the Arctic Health Website during the next three years. In particular, it will expand the content from being predominately U.S. based, to being international in scope.

Health Information Outreach to Native Americans in Colorado: Update

Gerald Perry, Interim Director, and Lilian Hoffecker, Reference and Education Librarian
Denison Memorial Library
University of Colorado at Denver and Health Sciences Center

Programming Summary: The Denison Memorial Library serves the health-related schools of the University of Colorado at Denver and Health Sciences Center (UCDHSC), and is the sole academic health sciences library in the state.   Health information services and outreach targeting Native Americans in Colorado is conducted almost exclusively in the context of participation, with the other "Four Corners" academic health sciences libraries, in the Tribal Connections Four Corners (TC4C) initiative.   While community service and outreach are goals of our parent University, funding for this directive has not been forthcoming, and recent budget setbacks have forced the library to focus on its education, research and clinical care support missions.   The bulk of our outreach activities, including those to Native Americans, therefore are conducted by our Consumer Health Information Liaison, under the auspices of the MidContinental RML/NNLM program.   Additional limited outreach to Native Americans includes exhibiting at local conferences directed to Native Americans and/or health practitioners, such as the Prevention of Cardiovascular Disease and Diabetes among American Indians and Alaska Natives Conference held in Denver May 2005, and support for the UCDHSC's National Center for American Indian and Alaska Native Mental Health Research (NCAIANMHR).   In that context, in 2006 Denison staff conducted instruction for participants in the Native TeleHealth Outreach and Technical Assistance Program (NTOTAP).   Involvement included instructing five program awardees on searching and evaluating the literature, searching the Internet for quality health information, and presentation skills.   Participants applied to the NTOTAP with the intent of developing focused community specific health information products leveraging technologies such as video streaming or the Web.   The Library subcontracted for its services with the NCAIANMHR in order to fund participation.

Effective Practices: Be mindful that not all potential partners share the same priorities, timeframes, needs or expectations.   Be mindful that access to, comfort with, interest in and reliance upon technologies of all sorts are divergent.   Be clear, open, respectful and consistent, and identify how, when and in what formats potential partners prefer communication.   Connecting with and sustaining positive relationships are paramount.   Be mindful that there is significant diversity among the potential partners with which we may work.

Challenges: Denison's capacity to conduct outreach, including to Native American communities, is limited.   Due to staff reductions in 2002 and 2003, library staff are stretched thin and necessarily focused on the needs of primary University-based customers.   Therefore, Denison staff lack the ability to participate robustly in outreach to Native Americans unless additional revenue is identified.   However, Denison staff believes it is critical to participate in outreach partnerships and collaborations that leverage extramural funds.

Reaching the American Indian Community in North Dakota: A Multi-faceted Approach

Judith L. Rieke and Mary Markland
University of North Dakota School of Medicine and Health Sciences

The staff at the University of North Dakota Health Sciences Library has continuously done outreach to North Dakota Indian reservation communities for the past four years. Funding was from the National Network of Libraries of Medicine (NN/LM) Greater Midwest Region subcontracts and training grants.

Description of Projects:
1. Consumer Health Subcontract March 2002—September 2003 focusing on tribal college librarians and users of North Dakota's five tribal college libraries. The project trained librarians, purchased computers for libraries, purchased a subscription to a full-text health database, and developed a web site, Linking Native Americans to Health Information http://harley.med.und.nodak.edu/tcl
2. Training grant, August 2003, trained Fort Berthold Reservation Community Health Representatives (CHRs) to access health information on the Internet, and served as a pilot project for the Outreach to Health Professionals Subcontract.
3. Outreach to Health Professionals Subcontract, April 2004 – December 2005 had three objectives:
   a. Train reservation health care providers.
   b. Reinforce, strengthen, and maintain a working relationship with the tribal college librarians.
   c. Expand the Linking Native Americans to Health Information web site.

Challenges and effective practices:
1. Priorities are different for tribal college librarians. They have severe time constraints. Being patient and consistent are important.
2. There are often technology limitations. Although Internet access and equipment in tribal colleges are often very good, the librarians may not be technologically proficient nor have control over their Web pages. Directly approaching the colleges' IT staffs about adding links is an option.
3. Determining IP ranges was difficult. Some colleges contract with local Internet providers, while others use the Bureau of Indian Affairs (BIA). Each case must be approached on an individual basis. The librarians often had little knowledge of their systems, and it was effective to contact the IT staff directly.
4. There were cultural considerations in approaching the colleges and the health care providers. Learning as much as possible about health issues and communication styles was helpful. Training materials focusing on the group's health problems is appreciated.
5. When doing outreach to the health providers, especially IHS staff, scheduling time for training was difficult. Either the administrative officer or the medical director is the best contact, but the demands on both are many. The IHS facilities are hectic, and they are reluctant to make time for training.
6. Selling the value of the training to the IHS facilities was difficult. At the IHS facilities, physicians rely on Up-To-Date and Micromedex. Many are not doing "research," so PubMed was not important. The counter to resistance is to be persistent and flexible. Introductory in-person visits proved helpful in some cases.
7. When working with the tribal health departments, making the right contact can be difficult. Once a contact is found, they are often more receptive to training than IHS. Having an advocate who promotes the advantages of training and provides assistance in making arrangements, is most effective.
8. Be wary of tribal politics. If there is unrest politically, tribal health personnel are reluctant to make any commitments. Relax and wait until later.

What ALA Can Learn From Native Health and Wellness Issues

Loriene Roy, School of Information
The University of Texas at Austin

Dr. Loriene Roy was recently elected the first Native President-Elect of the American Library Association. She is Anishinabe, enrolled on the White Earth Reservation, a member of the Minnesota Chippewa Tribe. In a previous career, Dr. Roy was a board certified Medical Radiologic Technologist (medical imager) and worked in hospitals in Oregon and Arizona. With over 66,000 members, ALA is the largest general library organization in the world. Dr. Roy identified three platform issues during her ALA Presidential campaign. These are (1) Supporting Library and Information Science Education Through Practice; (2) Circle of Literacy; and (3) Workplace Wellness. She is currently establishing Task Forces to address each of these platforms. The Task Forces will be assisted by members of an Envisioning Circle, an Events Planning Circle, and a Student Action Circle who will help infuse the platform responses with both international and indigenous presences.

The Workplace Wellness Task Force will be charged with developing tangible expressions that promote healthy workplaces and lifestyles among library workers. This attention is increasingly important due to aging among a large percentage of the library workforce and vulnerability of sometimes sedentary workers in situations that require repetitive motions, intensive time spent in front of personal computers, and the stress of public service. The Task Force will draft a personal health passport for ALA Members. This will be a document with health advice and resources as well as charting documents to help ALA members assess progress made toward achieving personal health wellness goals. Another projected document is a workplace environmental scan that can be used to review working conditions that may impact worker health. The Workplace Wellness Task Force will work with the Events Planning Circle to design and deliver a Wellness Fair to take place at an ALA Annual Conference as well as discussion panels featuring health care professionals.

The Wellness Fair will highlight indigenous approaches to preventing injury and recovering and sustaining health. Native peoples are recovering culturally centered approaches to facing the health challenges of diabetes, obesity, and drug and alcohol dependency. A example of such a programs of interest includes Mino-Miijim, the "Good Food" program managed by the White Earth Land Recovery Project that delivers traditional foods such as hominy corn and wild rice to community elders who live with diabetes.

The Workplace Wellness Task Force's efforts will be both supportive and interdependent of the other two task forces. The Circle of Literacy Task Force will organize the Gathering of Readers, an international celebration of indigenous reading and culture, aspects of which will include illustrating indigenous lifeways. The Supporting LIS Education Through Practice Task Force will develop a national and international database of fieldwork/Capstone/Practicum experiences for students enrolled in LIS programs. Students completing these culminating projects will be able to contribute a one-slide presentation of their work to prospective employers. The challenge of these initiatives will be to design, develop, launch, test, and evaluate the tangible efforts of the Task Forces within the calendar of the ALA Presidential term.

The NN/LM: Partnering Opportunities

Angela B. Ruffin, Head, NN/LM National Network Office
National Library of Medicine

Over the past several years the National Network of Libraries of Medicine (NN/LM) Contracts have specifically addressed outreach to underserved, rural and inner city areas, minority health professionals, health professionals working with minority populations, and more recently the general public. The NN/LM has three major goals:

- Foster collaborations among NN/LM libraries to improve access to and sharing of biomedical information resources

- Promote awareness of and access to biomedical information resources for health professionals and the public, with a particular emphasis on contributing to the Healthy People 2010 goal of eliminating health disparities.

- Develop, promote, and improve access to electronic health information resources by network member libraries, health professionals, and organizations providing health information to the public.

We fund a variety of projects that improve access to quality health information resources for minority communities. In the previous five years, NN/LM funded forty-four projects involving Native American communities.

In addition to continuing to support collaborative projects including cross regional efforts, the next five-year contract period will build on lessons learned from previous projects, and focus on identifying best practices in outreach, addressing health literacy issues and providing proposal writing assistance to network members and community based organizations.

Informed Caring: An NLM Information System Grant to the Northern Wisconsin Area Health Education Center (NAHEC)

Mark Scully, Northern Wisconsin Area Health Education Center (NAHEC)
Wausau, Wisconsin

Description of the project:
The Informed Caring (IC) project provides user friendly online access to knowledge-based medical and health information for nursing, allied and public health, and public library professionals at the point of need. The project serves a network of partner organizations across ten northeastern Wisconsin counties, all of which include Native American populations and/or Health Professional Shortage Areas.

By the end of year 2005 the groundwork for the IC project had been laid with completion of the following tasks:

Designed an IC <u>Website Portal</u>

Established a <u>Virtual Health Library</u> of free and licensed health information resources

Developed a model <u>Health Information Literacy curriculum</u>

For the current year of 2006 the emphasis has shifted to:

Rolling-out the IC Website for health care and library professionals in IC partner organizations

Training nursing students and health care professionals in health information literacy skills

Continuing to develop and enhance the IC Website in response to feedback from IC project partners

Challenges/issues encountered:
Issue #1: How did we go about designing a health care website that would meet the information needs of Informed Caring partners?
Our approach: We formed a Web Work Team that includes members of the academic, hospital, public health, and library communities. This diverse team of professionals brought together the breadth of perspectives and experience that was needed to guide the design of the website.
Lesson learned: Identify and mobilize the available talent for tackling a complex job that involves multiple disciplines.

Issue #2: How would we go about developing Health Information Literacy (HIL) curricula for nursing students and for practicing health care professionals?
Our approach: A team of faculty members at Bellin College of Nursing took on this task and produced an HIL curriculum for implementation at the college during the 2006 spring term. This same HIL curriculum is in the process of being adapted for training practicing health care professionals.
Lesson learned: When faced with creating an instructional program, make use of academic professionals who are trained and experienced in that area.

Issue #3: After the IC Website had been developed, the challenge then became, "How do we go about rolling-out the IC Website in a way that engages our partners and teaches them to use this new resource?"
Our approach: While computer-based and distance instruction are effective training techniques for imparting specific skills, we decided that in-person presentations were more appropriate for an effective project roll-out. Consequently, our IC project director is making personal visits throughout this year to each of our partnering public and community health organizations, where he will be meeting staff members and instructing them in the use of the IC Website.
Lesson learned: Remote instruction is a wonderful thing for imparting certain skills, but when it comes to motivating people, there is no substitute for the personal visit. And the acquaintances that are made on these visits should facilitate future dealings with members of the IC partner community.

A Learning Process: The Collaboration of The Mandan–Hidatsa–Arikara Tribal Business 'MHA Systems' and the National Library of Medicine's History of Medicine Division.

Dr. Paul Theerman, Head, Images and Archives, History of Medicine Division
National Library of Medicine

Beginning in December 2004, in conjunction with the Office of Health Information Programs Development, the History of Medicine Division began a training, outreach, and digitization production program with MHA Systems, Inc., a tribal business of the Mandan, Hidatsa, and Arikara Nation of Fort Berthold Reservation, North Dakota. John Rees, Manuscripts Curator, and Paul Theerman, Head of the Images and Archives Section of the History of Medicine Division, selected printed materials to serve both as a training exercise and to add to the National Library of Medicine's own historical documents on line. These included 1) Wyndham Miles's *History of the National Library of Medicine,* 2) minutes of the Library's Board of Regents meetings, 3) *NLM Annual Reports,* and 4) *NLM Technical Bulletins*—which provide expert information about Library databases and services. The collaboration was intended to teach basic concepts of XML coding and document markup, as well as scanning procedures. As part of the training component, the History of Medicine Division mounted a one-week training course at MHA systems in April 2005, provided by Dr. Susan Schreibman of the University of Maryland and Mr. Rees. The initial successes of the work led to the mounting of all four series of materials as part of the NLM's on-line "Archives," where the materials are available as PDF files. Under the direction of Mr. Rees, the collaboration with MHA Systems continues in the production phase, with tribal employees scanning thousands of pages of a printed guide to an extensive HMD collection of FDA files. This scanning work will become part of the on-line finding aid to the collection, as well as the basis for automated data extraction from the OCR text. Over the last 18 months, we trust that we have been able to teach applicable skills to the tribal employees, while learning more ourselves about the conditions under which tribal businesses work and the challenges that they face.

Good Medicine: Native American Ways of Well-Being and Health an Exhibition at the National Library of Medicine, Bethesda Maryland Spring 2010 to Spring 2012
Patricia Tuohy, Head of the Exhibition Program
National Library of Medicine

In the fall of 2004, the director of the National Library of Medicine instructed me to explore the idea of producing an exhibition about Native American concepts of health and disease. Soon after, the deputy director of the Library convened an intramural working group to explore the idea in more depth. When after receiving the group's interim report, the director concluded that, yes, we should create such an exhibition.

In 2005, the Library invited Clifford E. Trafzer, a man of Wyandot and German descent, to serve as Senior Curator of the exhibition. Dr Trafzer is Professor of American Indian History at the University of California. He has recently completed co-editing Native Universe: Voices of Indian America, the inaugural book of the Smithsonian Institution's National Museum of the American Indian. This work had been an outgrowth in his participation in an interpretive program sponsored by the National Museum of the American Indian, the basis of many exhibitions found today within the new museum on the Mall in Washington, D.C.

During one of our early working meeting, the phrase good medicine kept coming up. Native Americans practice good medicine. There's both good medicine and bad medicine. I usually don't like to propose working titles for exhibitions so early in the process but somehow Good Medicine: Native American Ways of Well-Being and Health felt right.

Good Medicine is a term used by Native Americans to describe positive, healing, and regenerative power. For Native Americans, good medicine is a product of creation and creative forces, the beginning of time, and the continuance of positive efforts and energy to benefit the health of individuals and communities.

An aspect of the exhibition development process to which the Library is fully committed is for our project team to consult with Native Americans about the project, seeking advice and asking for help. We are planning four consultation meetings with Native Americans who are knowledgeable about their tribe's history, who are writers and teachers, healers and health care providers, and presidents and council members. For the project team, this is a crucial step in understanding what messages this exhibition needs to communicate and whose voices will tell these stories.

The themes of Good Medicine and the companion online exhibition will reflect and represent those topics and objects chosen by Native peoples. The curatorial team will draw on research found in libraries, archives, and museums. However, they will privilege accounts provided by members of living Native cultures, communities, and families. By following this path, the Library will be able to present an exhibition that is community-based with the full and open participation of the Native peoples who will be represented in Good Medicine.

Good Medicine: Native American Ways of Well-Being and Health will introduce many new visitors and patrons to the National Library of Medicine's rich resources. We hope the participants in this conference will come visit us when they are in the Washington DC area—and will help us share the good information about the project with their constituents.

Office of Interprofessional Scholarship, Service and Education (OISSE)
School of Pharmacy and Health Professions (SPAHP)
Joy D. Voltz, OTD, OTR/L, Coordinator, OISSE
Creighton University Medical Center

Overview:
OISSE has been in partnership with the Omaha and Winnebago Tribes of Nebraska for over a decade when both Tribes requested rehabilitation services for their people from Creighton University. Activities between OISSE and the Tribal communities have primarily been driven by profound health deficits and the need of services identified by the 2 communities, which led to an opportunity to train tomorrow's health care professionals to work with underserved communities as part of the Jesuit mission of Creighton University. Both rural, underserved communities provide an authentic, culturally-rich environment for health professional student learning where health disparities are blatant and the system is less than adequate for addressing health needs.

The infrastructure for providing needed services and the implementation of health professional student training has been supported through 4 Health Resources and Services Administration (HRSA) grant projects (For a complete list, visit http://oisse.creighton.edu/local/Grants.asp). As HRSA funding has been cut, Creighton University has recognized the impact on the community and student learning and created sustainable institutional funding.

Highlighted accomplishments:
- Sustainable physical and occupational therapy services at Four Hills of Life Wellness Center in Macy, Nebraska
- 5-year clinical contract between Creighton University and Indian Health Service for physical and occupational therapy services at the Winnebago Public Health Service Hospital (2005-2010)
- Established eHealth website (http://ehealth.creighton.edu)
- Clinical experiences offered to physical therapy, occupational therapy, and pharmacy students (3 weeks to 3 months)
- Classroom projects related to research, health promotion and community development which enhance student learning and meet community need
- Interprofessional student training activities for pharmacy, nursing, medicine, physical and occupational therapy students
- Scholarship of engagement – over 40 scholarly presentations; 8 scholarly papers; 1 book chapter and 1 book (for complete list visit, http://oisse.creighton.edu/scholarship.asp)

Challenges:
1. Funding: To address funding challenges, OISSE has explored sustainable practices including a physical therapist being hired as a full time Tribal employee and the 5-year clinical contract. As HRSA is being restructured, OISSE looks for other useful funding streams for grant funding and looks for ways to implement sustainable/reimbursable practice in the community.
2. Dynamics of community-campus partnership: OISSE has discovered a coordinator is necessary to maintain the relationship between the two entities. Each institution functions widely differently and a coordinator is necessary to ensure a successful partnership. OISSE has also discovered the benefits to having a coordinator who is also a health care professional provides an understanding of the system, successful student learning and the development of community-based health programs that are sustainable and relevant.
3. More needs than can be met: All faculty and student projects are directed by current community need as identified by key community members and not built around the needs of Creighton University. This method creates community ownership and a true learning experience for health professional students.

Native American Health Information Services in Minnesota

Carolyn Wahrman, Biomedical Information Service
University of Minnesota

A group of library organizations in Minnesota has formed a partnership of libraries, coordinated by the University of Minnesota Health Sciences Libraries, to create and maintain a database of links to local health services across Minnesota. My Health Minnesota→Go Local will include web sites and contact information from Minnesota hospitals, physicians, eldercare facilities, support groups, rehabilitation services and complementary and alternative medicine practitioners. The project team includes representation from the University of Minnesota – TC Health Sciences Libraries, MINITEX Library Information Network and Rochester Mayo Clinic Libraries.

In addition to traditional health resources, service and practitioners, our goal is to also focus on CAM resources including:
- Multilingual, multicultural and minority populations and services, including those related to our Hispanic, Tibetan, Asian and Pacific Islander, Somali and other immigrant populations
- Native American Tribal Councils
- Minnesota Department of Health
- University of Minnesota Center for Spirituality and Healing and resources including Chiropractors, Naturopaths, Homeopaths and Shamanic healers

The University of Minnesota has many unique programs serving the Native American student population. University Libraries and the Multicultural Center for Academic Excellence support a position of an Outreach Librarian for Academic Programs and liaison to the American Indian Studies Department. In this position, Jody Gray, MLS, acts as an Academic Progress Associate for the Circle of Indigenous Nations, working with students who participate in the Multicultural Civic Engagement Program. She manages collection development for the American Indian Studies Department and is gathering information about library services available to under-represented groups on campus. Jody is enrolled at the Cheyenne River Sioux Tribe in South Dakota.

Doubling the number of American Indian nurses with Ph.D.s in the US is the goal of an initiative at the School of Nursing. Until the American Indian/Alaska Native M.S.-to-Ph.D. Nursing Science Bridge was established in 2000, there were only a dozen such nurses. Now, nine more are well on their way to getting Ph.D.s. Funded by the National Institutes of Health, the bridge program is designed for nurses who want a career as a nurse researcher and who already have a baccalaureate degree in nursing. Through a partnership between universities, students accepted get their M.S. degree at the University of Oklahoma, then apply to go on for their Ph.D. at the University of Minnesota.

The Center for American Indian and Minority Health is located on the Duluth campus of the University of Minnesota. Students come from across the country, drawn by the opportunity to work on reservations, study with Native American doctors, and take classes that address the issues of integrating traditional healing practices to meet the cultural needs and beliefs of the people they serve This program has helped the U graduate more than 100 Native American physicians since 1990. 83% of the federal funding for this program will end September 1st, 2006. University officials hope that the school can redirect enough money to restore at least half of the cut funds. The medical school is lobbying Minnesota's congressional delegation to get funding restored next year.

My Health Minnesota→Go Local hopes to continue the initiatives within the state to expand access to resources that serve our Native American population.

An Appraisal of NLM's Native American Outreach To Date

Fred B. Wood
National Library of Medicine

Overcoming health disparities between majority and minority populations remains a significant national challenge, and this paper assesses NLM's outreach to Native Americans. NLM's Native American Outreach is assessed: a) within the framework of goals and strategies in the Health Disparities Plan; and b) the results of a December 2004 Community-Based Health Information Outreach Symposium. The evaluation focuses on outreach initiatives involving Native Americans: American Indians, Alaska Natives, and Native Hawaiians.

NLM's current portfolio of Native American Outreach projects appears most advanced in meeting the goal set in Area I of the Health Disparities Plan, "Promote use of health information by health professionals and the public." NLM's portfolio also shows significant strength and good progress regarding Area 2 of the Plan, "Expand partnerships among various types of libraries and community-based organizations..." NLM's current Native American portfolio appears to parallel the five strategies underlying the Health Disparities Plan. The portfolio is relatively weaker in Area 3, "Conduct and support informatics research."

While gradually improving during the last several years, the evaluative dimension of NLM's Native outreach still has significant potential for growth. Similarly, while there has been some progress in building the collective understanding of Native outreach and exchanging learning, more knowledge-building efforts would be collectively beneficial to NLM and NN/LM as well as the Native and community-based organizations. The "Good Medicine" exhibit may stimulate new opportunities to focus on Native health and healing, a topic that emerged in part from NLM's Listening Circles with Native leaders.

Tribal College Librarians Institute, Montana State University

Mary Anne Hansen, Co-Coordinator and Associate Professor/Reference Librarian
Montana State University Libraries

Mary Anne Hansen, Montana State University Libraries, co-coordinates the Tribal College Librarians' Annual professional Development Institute, an effort originally created to provide professional development to Montana's Tribal College Library staff; TCLI is now a yearly Institute offered to Tribal Libraries internationally. Through TCLI, we provide four and half days of educational and cultural programming relevant to indigenous peoples, tribal colleges and tribal college libraries. Our Institute operates on a shoestring budget, relying on any grant support we can find each year. The bulk of any grant is distributed to participants to either defray or entirely cover their travel costs to the institute, while some funding is used to fund outside presenters who aren't able to fund their own travel. As part of our outreach to tribal college librarians, we also sponsor the TCLIB-L discussion list, a forum that has become a vital means of communication and networking support mechanism among the tribal college librarians. They come together not just to learn about library issues and skills, but more important, to share their stories and to support and educate each other. Many of the participants are native, while many are not, yet they all share common issues in serving their indigenous communities. Valuable group problem solving happens during the institute each year in addition to the new knowledge and skills gained. This group of librarians faces unique issues and challenges. They are isolated professionally and geographically with few opportunities for professional development and education. The libraries, like their parent institutions, function under severe financial constraints. Resources as a whole are sparse, including staffing. Professional training and experience among these library staff are varied. Even today, only half of the librarians have earned a professional library degree. Additionally, we have seen a high turnover rate of librarians at the tribal colleges. The institute has helped facilitate the acculturation of many librarians who are new to tribal college libraries, often contributing to their longevity. Each year we strive to create a balanced mix of topics from basic librarianship to cutting edge developments, while addressing cultural concerns important at the tribal colleges. This is especially important because even today, more than half of the librarians are non-Native. We have featured guest speakers and experts from both the library profession and Native culture. Especially important have been Native librarians who have served as role models and even entered into mentoring relationships with some of the participants. Evaluations each year are overwhelmingly positive. Participants have found programs relevant and useful, and they agree that each institute has been conducted in a friendly, non-threatening and encouraging manner. They regard the institute as a unique opportunity to meet with other tribal college librarians. In fact, many have come to regard this as 'the meeting' they will attend each year because no other addresses their particular needs as well as the MSU institute.

THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER

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DRAFT NEWS RELEASE

For release the week of July 10, 2006

Contact: Luke Frank, Senior Public Affairs Representative, 272-3679

FOR IMMEDIATE RELEASE

Library Conference To Focus on Health Information for Native Americans

ALBUQUERQUE, NM – National leaders who provide health information to Native Americans will gather next week in Albuquerque for a conference hosted by the Health Sciences Library and Informatics Center (HSLIC) at the University of New Mexico.

Funded by a grant from the National Library of Medicine, a division of the National Institutes of Health in Bethesda, Maryland, and the MidContinental Regional Medical Library in Utah, the conference will bring together more than 60 librarians, health care providers, and researchers who provide health information to Native Americans. Attendees from as far away as Alaska will share experiences on the effective delivery of information services and will plan the development of a network to continue sharing effective practices.

Holly Shipp Buchanan, Associate Vice President for Knowledge Management and Information Technology and Director of HSLIC said, "HSLIC is developing a new program in Native American Health Information Services. This conference will allow us to work closely with others in sharing experiences to create the best model for information service delivery to Native Americans."

For more information contact Janis Teal, Deputy Director of Library Services at HSLIC (272-2311).

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HSC – Providing New Mexicans a Healthy Outlook!

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Albuquerque, NM July 20-21, 2006

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Instructions for Small Group Discussion Leaders and Reporters

Thursday Session (4:00-5:00): Cross-cutting/Cross- Regional Discussion Groups

- We recommend that you ask the group to arrange chairs in circles so it is easy to see each other.

- This is a cross regional group, so participants should introduce themselves – name, regional area and affiliation.

- The questions to be addressed are below (copies of questions should be distributed to group).

  1. *What was learned about "effective practices" from the presentations in morning and afternoon -- what are the qualities or aspects of these outreach efforts that make them effective?*

  2. *What are the challenges health science librarians & NLM face in working in American Indian/Alaskan Native and Native Hawaiian communities?*

  3. *Also from the perspective of these communities, what are the challenges in working with health science librarians and NLM?*

  4. *What are potential solutions to those challenges?*

- There is only an hour for these discussions so we recommend that it be conducted in a <u>brainstorming fashion – get main thoughts out and recorded</u>.

- If prompting is needed to get the brainstorming started or to probe for a range of issues, consider asking if any of the following are issues to explore: making connections, building relationships (dealing with time, distance, etc.), technology, language/literacy, or others that come to mind.

- You might want to spend about 15 minutes on each question, or a little less on the first question to allow more time on the last three.

- The <u>recorder will record the thoughts/ideas that emerge on a flip chart</u>. Please put the name of your group on the first page then number of the question on each flip chart so when making the report on Friday, the reporter can go from responses for question 1 to question 2, etc. <u>Number each page so they can be put up in the right order in the main meeting room.</u>

- Decide who will give the report to the entire group on Friday morning.

- Once the discussion is finished, the group is done for the day – remind them of the hospitality time at 6:00 and dinner at 7:00.

- Bring the flip chart pages to the main room so they can be put up for display.

Thursday Cross Regional Group (4:00-5:00)

Questions for Discussion:

1. What was learned about "effective practices" from the presentations in morning and afternoon -- what are the qualities or aspects of these outreach efforts that make them effective?

2. What are the challenges health science librarians & NLM face in working in American Indian/Alaskan Native and Native Hawaiian communities?

3. Also from the perspective of these communities, what are the challenges in working with health science librarians and NLM?

4. What are potential solutions to these challenges?

Appendix E. Conference on Native American Health Information Services in the United States Final Report

Themes in Health Information Service Delivery to Native American Communities

September 29, 2006

Note: At the Conference on Native American Health Information Services in the United States, participants in breakout groups responded to four questions on day 1 of the conference. The questions were:

1.   What was learned about "effective practices" from the presentations in morning and afternoon -- what are the qualities or aspects of these outreach efforts that make them effective?
2.   What are the challenges health science librarians & NLM face in working in American Indian/Alaskan Native and Native Hawaiian communities?
3.   Also from the perspective of these communities, what are the challenges in working with health science librarians and NLM?
4.   What are potential solutions to these challenges?

This table identifies themes common across question topics. Numbers at the top of each box reflect number of breakout session group comments related to the theme(s) represented in the corresponding cell.

THEME	1. EFFECTIVE PRACTICES	2. CHALLENGES TO LIBRARIES & NLM®	3. CHALLENGES TO NATIVE COMMUNITIES	4. SOLUTIONS
Community/ Relationships/ Partnership/ Trust	36 Building a relationship with the community is critical so that community can articulate needs, bring strengths to the project. Partnerships and trust can be built through genuine interest and engaging in community activities, through concern for the community. Sharing celebrations and happy times can help to build trust. Librarians should be reliable, consistent, and responsive. Libraries are advised to approach outreach as a partnership not a project.	16 Time and distance impact building relationships, as does turnover in library positions and turnover in tribal leadership. Bring ideas from both partners to the project; this empowers everyone. Personal boundaries may exist, and crossing them can break trust. Building trust helps to pave the way for needs to be revealed. Long travel distances are a barrier librarians must overcome.	12 Librarians may not use the community's vocabulary, may not have good information about the community, may have mis-identified community members. What librarians do should depend on what communities need and want, as well as what communities don't want. There may be a discomfort in the community with expressing real needs. Two-way orientations are needed Distance impacts relationship-building.	16 Communities will not tell librarians unless asked. Librarians should develop trust by keeping appointments, listening, following through, being present at pow-wows etc. Libraries should partner with state libraries and organizations/systems (not with individuals.) Librarians and tribes can develop partnerships so that each has a presence at joint conferences.
Commitment/ Priorities	4 Library must be committed to outreach; the community leadership must agree that health information has a high priority. The institution must honor time and travel commitments in order for trust to develop and a project to succeed.	1 Health information might not be a priority for the community.	4 Librarians' priorities may be mis-matched with community's.	4 Projects must focus priorities and advance the tribe's priorities.
Contacts (Leaders, Champions)	7 Champions and community leaders can help the community understand the work and can help the librarian to understand the community.	1 There is multiple and changing leadership within tribes. Identifying who the key people are can be a barrier to librarians. Librarians may need to work outside their comfort zone.	4 Community leadership may be thin, opportunities overwhelming.	4 Leaders can be an aid to overcoming challenges.

Cultural Awareness/ Diversity of Tribes/ Spiritual Issues	4 Cultural sensitivity is critical in interactions, relationship-building. Training materials work best when culturally sensitive.	12 There is great diversity among tribes; one size does not fit all. There may be political competition among agencies and tribes. Librarians come from an institutional culture, which also factors into the project.	5 There is a spiritual side of healing that may not be honored by the project.	3 Librarians need to work with communities to create a sense of balance and harmony during planning and implementation of the project in order to ensure the community's comfort with the project. Librarians need to be educated about tribes; professional development opportunities at conferences or cultural immersion are possible methods.
Perceptions and Values	4 Success depends on investing time and patience.	4 Tribes may have preconceived notions/stereotypes to overcome about librarians or institutional projects. Librarians are seen as outsiders. Relationship-building takes time; projects have timelines and deadlines that work against relationship-building. Ceremonies may affect schedules	6 Librarians may have preconceived notions/stereotypes to overcome about Native Americans. The librarian may be intrusive and not sensitive to the culture. An us/them perception can be a barrier. Time affects relationship building.	4 Librarians must know how they are perceived, be self-reflective and know their own values. Development of flexible funding timelines would help to alleviate the barriers imposed by deadlines.
Profession of Librarianship	0	2 There is a need for Native American librarians. Turnover of outreach librarians is a challenge for libraries. Librarians may not know how to do community based outreach (CBO).	1 Librarians need to work creatively within the system, especially with CBOs.	6 Libraries should have more Native American librarians to serve the Native American community. Libraries could work to create internships in tribal libraries. Educational programs such as mentoring, summer programs, and programs for high school students…
Publicity	0	0	0	2 Public relations and press releases can help increase awareness of projects (e.g. branding through T-shirts). A summary of this meeting could be submitted to the I.H.S. Provider.

Research and Institutional Issues Including Resources, Sustainability	8 The community will have difficulty accepting system-driven goals and timelines. It is important for the tribe, not the librarian, to identify the need. Librarians should be open to new possibilities and explore opportunities and alternatives with the tribe.	11 Funding is usually on a cost reimbursement basis which may be difficult for tribes or libraries which incur costs up front. Outreach may not be part of the library's home institutional mission. Librarians may need to effect policy changes that allow or support outreach. Indirect costs reduce the amount available for actual project funding. Sustainability is a challenge for continuation of the project after the funding period.	16 There may be a history between a tribe and an institution that negatively impacts current work. Many barriers derive from institutional and research issues: communities do not understand or are impatient with bureaucracy and processes such as the formality of grant writing and the Institutional Review Board processes. Librarians/institutions may engage in "helicopter research" that doesn't involve full tribal participation. Tribes often are not presented with reports of research results. Not being affiliated with I.H.S. can be a barrier. Funding may support digital solutions when the tribe wants print. Sustainability is a concern for the tribes, who want to see a good project continue.	8 Librarians can analyze assumptions reflected in institutional policies and work to influence change to benefit the outreach mission. Using the metaphor of the institution as a community may help to increase tribal understanding of institutions. Librarians can serve as interpreter of regulations, can explain how data will be used, can share and help interpret results; librarians can also elicit tribes' requirements are and expectations regarding outcomes. Librarians can work with tribal leaders to contact government officials to show the impact of projects. Sources of funding can be through congressmen, senators, IMLS, special funding for 501 3 C tribes, local foundations or other sources. Project funding could be given as up-front money rather than cost reimbursement, it would facilitate implementation of the project. In the cost reimbursement model, the community or the library must have sufficient seed money to begin the project before receiving reimbursement. Grant funders should build more flexibility into their funding timelines. NLM® should work with other agencies such as the Office of Minority Health and HRSA to achieve better funding coordination. NLM® should allocate more money for RMLs. Funders should follow up planning grants with implementation grants. Creative thinking about funding options could bring positive results. Libraries could adopt an economic capacity building model to position themselves better for outreach work.

Technology	1 Librarians should not assume knowledge about and skills with technology; start with low tech approaches if the skills aren't there. Librarians can assure that the personal contact comes first, the technical contact later.	7 Rural does not mean low tech, but in some places phone and broadband access can be a barrier. The technology barrier can be broken by thinking creatively.	6 There may be a restricted infrastructure capacity. There may be technological impediments such as blocking even MedlinePlus® access.	1 Librarians can build web sites with tribes, train in technology skills

Discussion of Themes

The Corporation for National and Community Service web site, in its Effective Practices Collections,[1] retrieves six effective practices in response to a search on the keyword "native," three in response to a query on the word "Indian," and three additional unique practices resulting from a search for "tribal." Of those 12 effective practices, the following five practices relate or may potentially relate to the delivery of health information:

- Assessing the information needs of health care providers in rural areas
- Identifying factors that influence quality tribal programs
- Working with tribal populations to increase access to health information
- Working with a tribal council
- Making a presentation to a tribal council

Several of these effective practices discuss the importance of building relationships with communities, allowing needs to be identified by the community, taking the time to learn about the community, knowing the key decision makers, flexibility, respect, and the uniqueness of each tribe. These practices were also identified by Conference participants as being effective practices (Effective Practices column in Table above).

The new insights arising from the Albuquerque conference related to research practices (see theme of Institutional Issues/ Research Issues Including Resources, Sustainability in the table above). The following discussion analyzes barriers to successful projects and potential solutions.

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[1] http://www.nationalserviceresources.org/epicenter/index.php, accessed September 13, 2006

Barriers:	Solutions:

Barriers:

- The very nature of a research "project" implies the imposition of an external will upon the tribal community, rather than the development of a partnership working toward common goals.
- There may be tribal sensitivity about participating in a research project because of past experiences with the institution approaching the tribe to engage in a project.
- Rules and regulations may be difficult to understand.
- General funding practice within the organization of health sciences libraries (including the National Library of Medicine®, the National Network of Libraries of Medicine® regional medical libraries (RMLs), and resource libraries) has been a barrier to implementation of projects because this funding is usually on a cost reimbursement basis. Cost reimbursement can be difficult for libraries and tribes who may lack resources to incur expenses "up front."
- Funding programs may support digital solutions when print solutions are desired by the community.
- Funding timelines are generally not responsive to delays which may be incurred because of busy clinic schedules or ceremonial events; rigid timelines thus present a barrier that make communities less willing to participate in projects.
- Finally, communities may be wary of participating in yet one more "helicopter research" project, in which researchers fail to present community leaders with the results of the project.

Solutions:

- The negatives which create barriers to successful work with tribal communities can be converted into recommendations for effective practices.
- Libraries seeking to work with tribal communities should develop good relationships with those communities before beginning to consider a proposal for funding.
- Proposals should be generated based on the community's own articulation of its needs.
- Librarians can conduct sensitive discussions of the community's past experiences with research projects and with the librarian's home institution to allow discussion of any "elephants under the table."
- Librarians can also elicit the community's expectations regarding a proposed project and its outcomes, in order to maximize the possibility that the project will be perceived as having been successful.
- Librarians can serve as interpreters of grant-related regulations and can explain how data will be used. Later, they can share and help interpret results.
- The National Library of Medicine® and the regional medical libraries can and should work with resource libraries to identify alternatives to cost reimbursement funding. For example, programs to fund initial planning followed by implementation of a project may be effective.
- Librarians should remain committed to the needs of the community, prior to and following a project, thus creating a true partnership dedicated to common goals.
- In cases of tribal projects, NLM® and the RMLs can and should develop an appreciation of barriers to completion of projects on deadline and should approve requests for time extensions accompanied by extension of the funding as well.
- Finally, librarians must assure that the principal investigator compiles the results and presents them to community leaders, with time to discuss their questions and concerns about the results.

Instructions for Small Group Discussion Leaders and Reporters

Friday Session (9:40 – 10:30): Cross-cutting/Cross- Regional Discussion Groups

- We recommend that you ask the group to arrange chairs in circles so it is easy to see each other.

- This is a cross regional group, so participants should introduce themselves – name, regional area and affiliation.

- The questions to be addressed are below (copies of questions should be distributed to group).

    1. *How can we continue to communicate across our areas? (Brainstorm)*

    2. *What are our preferred mechanism(s)? (Prioritize brainstormed list)*

    3. *What needs to be done to facilitate the preferred mechanism(s) for communication? (List issues that need to be addressed in #2)*

- There are only 50 minutes for this discussion. We recommend the group brainstorm for 15 minutes and then discuss the priority for ideas regarding ways to communicate. Voting can be used to select priorities, if group does not come to a general consensus.

- The recorder will record the thoughts/ideas for communication as well as clearly indicate the priorities given the list of suggestions.

- Record the issues to be addressed that relate to the priority ways to communicate.

- Please put the name of your group on the first page then number of the question on each flip chart so when making the report on later today (Friday), the reporter can go from responses for question 1 to question 2, etc. It is also good to number each page so they can be put up in the right order in the main meeting room.

- Decide who will give the report to the entire group on after the break.

- Once the discussion is finished, the group can take a break, but remind them to convene in the main room at 10:45.

- Bring the flip chart pages to the main room and put them up during the break.

Friday Cross Regional Group (9:40 – 10:30)

Questions for Discussion:

1. How can we continue to communicate across our areas?

2. What are our preferred mechanism(s)?

3. What needs to be done to facilitate the preferred mechanism(s) for communication?

Conference on Native American Health Information Services in the United States
Priorities and Action Plan for Continued Networking
Final Session, July 21, 2006

On Day 2, participants addressed the question of the best means to continue networking with others providing health information to Native Americans. After break-out group discussions, the entire group met to identify issues and opportunities in follow-up through in-person conferences, video or virtual meetings, and a web portal that fosters networking. The discussion is summarized below.

FACE TO FACE (IN-PERSON) CONFERENCES	
ISSUES	**OPPORTUNITIES**
- In-person meetings or conferences are expensive in terms of both time and money. - The answer to the question of how often to hold such conferences will vary, but cofnerences should be held often enough to be beneficial. - Conferences will come up against cultural sensitivity issues such as timekeeping. - Potential participants may find it difficult to carve out time to attend. - An issue to be addressed is how to broaden participation to include more Native participants. - Virtual meetings are a possibility.	- Such conferences afford the opportunity to build partnerships through in-person relationships. - Opportunities exist to address Native American health information services at regional in-person conferences, conferences of related organizations, and virtual meetings. - It may not be necessary to devote an entire conference to this subject but to address it through posters and papers at other conferences.
VIDEO/VIRTUAL MEETINGS	
ISSUES	**OPPORTUNITIES**
No issues were articulated at the conference, but issues of technology (hardware and software) and network speed will exist.	- Multiple options exist for video/virtual meetings, e.g. telephone conferencing or Internet conferencing using software such as Breeze. - Video-based conferencing allows incorporation of visual materials. - Video/virtual meetings could be combined with a regional or organizational in-person conference to create a hybrid conference. - A variation of a hybrid conference could be held in a Native community with remote video added in.
HI TECH (BLOGS, WIKIS, LISTSERVS)	
ISSUES	**OPPORTUNITIES**
- The culture of "living on the net" may not be pervasive in Native communities. However, technology is being used to some extent. - To create a web site as a conference follow-up, the issues of funding and responsibility for the web site would have to be addressed.	- Use a listserv to communicate to this conference group. - Providing a portal would guide people to the siki, blog or other social networking feature. It should use Internet resources already available in Native communities. - A site could and should be advised by a steering group including regional contact representatives from around the country.

Conclusions:
- Establishing a listserv should be the first priority as a follow-up to the conference.
- A web portal advised by a steering committee should be the second priority. This steering committee will hold video/virtual meetings to conduct their work.
- Options regarding holding other conferences in person, as hybrid conferences, or as virtual meetings can be addressed over time.

**Conference on Native American Health Information Services
in the United States
Evaluation Plan with Results**

Below is the conference evaluation plan submitted as part of the proposal. Results are indicated by ==highlighting==.

Goal	To promote collaboration among libraries delivering tribal health information services by increasing awareness of current projects and by developing a system that supports continued networking among librarians providing those services
Objectives	1. Participants will analyze successful collaborative practices as well as ideas expressed in NLM's Community Based Outreach (CBO) Symposium held in December 2004, in order to identify effective practices for delivering tribal health information services. 2. Participants will report increased awareness of tribal health information projects currently underway in the U.S. 3. Participants will identify at least 2 communication methods to facilitate continued collaboration among participants and to encourage new participants in the delivery of tribal health information services.
Activities	1. Conference agenda allows for discussion and identification of effective practices with incorporation of CBO ideas. 2. Conference agenda allows for presentation of projects currently in progress. 3. Conference agenda allows for networking among individuals and provides for identification of preferred methods of maintaining or initiating contacts after the conference.
Outcome 1	**A set of effective practices based on experiences with successful delivery of tribal health information services and on ideas from NLM's CBO Symposium.** Indicator: Development of a set of effective practices is completed by the end of the conference. *Target: Written list of effective practices with incorporation of CBO ideas is included in final evaluation report by month 2 after the conference.* ==*Result: Appendix E of this report includes a summary of effective practices identified at the conference.*== *Target: Effective practices are identified and are posted to Effective Practices Collection website by month 2 after the conference.* ==*These effective practices are undergoing analysis, and a best practice regarding research and institutional issues is being prepared to submit to the Effective Practices Collection website.*== Indicator: On post-conference evaluation, participants indicate the extent to which the conference developed a useable set of effective practices. *Target: At least 50% of respondents to the evaluation will report 4 or 5 on a scale of 1-5 (with 5 being most positive) indicating their agreement that the*

	conference generated a useable set of effective practices. *Result: When asked to indicate the extent to which they agreed with the statement that "The conference generated a set of effective practices that I will be able to use in providing Native American health information services," 27 of 37 respondents (73%) responded with a 4 or a 5.*
Outcome 2	**Increased awareness of tribal health information projects currently in progress.** Indicator: On post-conference evaluation, participants indicate the extent to which the conference increased their awareness of tribal health information projects currently in progress. *Target: At least 50% of respondents to the evaluation will report 4 or 5 on a scale of 1-5 (with 5 being the most positive) indicating their agreement that the conference increased their awareness of in-progress tribal health information projects.* *Result: When asked to indicate the extent to which they agreed with the statement that "The conference increased my awareness of in-progress Native American health information projects currently in progress," 34 of 39 respondents (87%) responded with a 4 or a 5.*
Outcome 3	**A network of librarians working in reduced isolation as a result of the conference and a means of maintaining and initiating contacts with potential collaboration partners** Indicator: At least two methods to maintain or initiate contacts after the conference will have been identified by the end of the conference. *Target: Written report describing at least two methods to maintain or initiate contacts after the conference will have been incorporated into the final evaluation report by month 2 after the conference.* *Result: This report includes description of NAHISUS listserv (method 1) and NAHISUS web site (method 2).* *Target: Within 3 months of the conference, mechanisms to facilitate networking have been put in place.* *Result: The listserv was announced on August 18, 2006, less than 1 month after the conference. A call for volunteers to serve on the social networking web site steering committee was issued August 29, 2006, 6 weeks after the conference.* *In mid-August, the MidContinental Region submitted a proposal to receive targeted funding from NLM® to support the creation of the social networking web site at a resource library.* Indicator: On post-conference evaluation, participants indicate the extent to which the conference decreased their sense of isolation as a result of networking opportunities. *Target: At least 50% of respondents to the evaluation will report 4 or 5 on a scale of 1-5 (with 5 being the most positive) indicating their agreement that the*

	conference decreased their sense of isolation. *Result: When asked to indicate the extent to which they agreed with the statement that "The conference decreased my sense of isolation by introducing me to other librarians doing Native American health information services," 29 of 38 respondents (76%) indicated a 4 or a 5.* *Target: At least 50% of respondents to the evaluation will report 4 or 5 on a scale of 1-5 (with 5 being the most positive) indicating their agreement that the conference provided networking opportunities which increased their knowledge of who is working in tribal health information services.* *Result: When asked to indicate the extent to which they agreed with the statement that "The conference provided networking opportunities which increased my knowledge of who is working in Native American health information services," 34 of 40 respondents (85%) indicated a 4 or 5.* *Result: When asked to indicate the extent to which they agreed with the statement that "There is at least one person I met at this conference with whom I would be interested in collaborating on a future project," 31 of 40 respondents (78%) indicated a 4 or a 5.*

Summary of Evaluations

Questions asked on Evaluation Form

Respondents were asked to rate the extent to which they agreed with the following statements, using a scale of 1-5 with 5 being the most positive.

1. The conference generated a set of best practices that I will be able to use in providing Native American health information services.

2. The conference increased my awareness of in-progress Native American health information projects in the United States.

3. The conference decreased my sense of isolation by introducing me to other librarians doing Native American services work.

4. The conference provided networking opportunities which increased my knowledge of who is working in Native American health information services.

5. There is at least one person I met at this conference with whom I would be interested in collaborating on a future project.

6. The best part of this conference was:

7. The part of this conference I would most like to improve was:

Appendix I. Conference on Native American Health Information Services in the United States Final Report

Tabulation of Evaluations (Count)

	Strongly Agree				Strongly Disagree	
40 Respondents (Response Rate 70%) Tabulation						
Ratings per Question, All Respondents						
	Rated 5	**Rated 4**	**Rated 3**	**Rated 2**	**Rated 1**	**No Response**
Q 1. The conference generated a set of best practices that I will be able to use in providing Native American health information services.	10	17.5	5.5	2	3	2
Q.2. The conference increased my awareness of in-progress Native American health information projects currently in progress.	28	6	3	1	2	0
Q.3. The conference decreased my sense of isolation by introducing me to other librarians doing Native american health information services.	18	11	5	2	2	2
Q.4. The conference provided networking opportunities which increased my knowledge of who is working in Native American health information services.	27	7	4	1	1	0
Q.5. There is at least one person I met at this conference with whom I would be interested in collaborating on a future project.	19	12	6	0	2	1

Tabulation (Mean Scores)

	Q.1	Q.2	Q.3	Q.4	Q.5	
40 Respondents (Response Rate 70%)						
Mean Scores for Each Question						
	3	4	4	5	5	
	4	4	4	4	4	
	3	5	5	5	5	
	4	4	4	5	3	
	3	5	4	5	4	
	4	5	5	5	5	
	4	5	4	5	5	
	5	5	5	5	5	
	4	5	5	5	5	
	4	5	4	4	3	
	5	5	5	5	5	
	4	5	5	5	3	
	5	5	5	5	5	
	5	5	3	5	5	
	4	3	3	4	4	
	5	5	3	5	4	
	4	5	3	3	4	
	2	1	2	1	1	
	5	5	No respons	5	4	
	5	5	4	4	4	
	5	5	5	5	5	
	4	4	4	5	4	
	3	5	2	3	3	
	1	3	No respons	3	3	
	4	5	5	5	No response	
	5	5	5	5	5	
	3	4	5	4	4	
	No response	5	3	5	1	
	4	4	4	4	3	
	4	5	5	5	5	
	4	5	4	5	5	
	4	5	5	5	4	
	4	5	5	5	5	
	4	5	5	5	5	
	2	3	4	4	4	
	5	5	5	5	5	
	No response	5	5	5	5	
	1	1	1	3	5	
	3.5	5	5	5	5	
	1	2	1	2	4	
Mean	3.78	4.43	4.08	4.45	4.18	

Comments

Q.6 The best part of this conference was:
Variety of ideas through small focus group and general discussion
Enjoyed everything!
Break-out sessions & informal discussions with other professionals re. successful strategies
Cultural integration - practicing & demonstrating what is presenting
Networking opportunities
[increasing my awareness of in-progress Native American health information projects] was one of the strongest aspects for me. Excellent networking opportunities built in. [Re. one person I would be interested in collaborating with on a future project] maybe not right away, but certainly I will connect for additional information.
Networking; awareness raising, content; good planning/org; not too big
Project reports and abstracts
The variety of folks attending--especially representatives from the Native American Community; *very fine and convenient for meeting and talking--facilities arrangement
Diversity of presentations, all regions represented
Breakouts
Networking with potential new partners; Planning for how to move forward with this group; Inclusion of culturally-appropriate reflections, etc.
Hearing that others deal with challenges similar to mine and discussing possible solutions
Facility was very good (price, location, etc.)
Event coordination
Opportunity to celebrate the progress and connections that have resulted from dedication and commitment of so many.
Meeting new people
Increasing awareness of the collaborations going on around the country. We achieved some outcomes. Social times were built in.
Breakout groups and 6 reports from different parts of the country. Good location. Collaboraboration was good-(illegible)
Having representatives throughout the country; Well-run. Conference planners did a good job making it hassle-free
Meeting individuals working on diverse projects from various states, regions & communities
The focused breakout sessions for collaboration and exchange of ideas, as well as to generate a work product for presentation to the main group; Strict adherence to the agenda schedule times. Joan LaFrance is a superb facilitator.
Everything was on time!
Networking and learning about what people do
(Re. q. 4)--There were many dedicated and committed people participating. An opportunity to connect with project officers from NN/LM.
Variety of participants & presenters--not just librarians; Networking opportunities; Taking the time to meet one another; National representatives; Collaboration among regions; Timeliness and staying on schedule--Thank you time keepers!; Joan was a great facilitator; Native song/dance/culture present at conference; Finally thank you for reimbursing airfare and paying for hotel for the invited participants--it was a wonderful opportunity given.
Becoming aware of what's being done; 2) Commonalities in practices & problems; 3) Meeting people
Talking with colleagues; Meeting Loriene Roy
The national scope of participants; the abstracts in the program
Overall this was a great conference
Very well organized--covered lots of information efficiently; Networking

Comments

Best for me was introducing me to concepts and projects and people doing N.A. health information services. This is an area I am just beginning to work in and this was a great way to start.
Networking with colleagues
Networking
Learning about ALL the programs and meeting the people who are staffing these projects
Networking with a diverse group of individuals who are interested in providing health information to American Indians. Structure to meet others and to start the conversations was provided. And then there was time to talk. Participants were willing to candidly share their experiences and ideas.
Provided an infusion of ideas and inspiration into our outreach program.
Networking and sharing with each other. There is no substitute for meeting face-to-face.
1) The overview of technologies for using the web to communicate was too fast, no time for questions, needed more time.
2) Send out abstracts and participants in advance.
3) Some visuals hard to see from back half of room.
4) All-group discussion hard to hear.
The bringing together of Native American service providers from across the nation, Alaska and Hawaii. I also liked the breakout sessions icluding bringing new participants together in day 1 and day 2. The organizers and the hosts did an excellent job.
Q.7: The part of this conference I would most like to improve was:
Make the conference at least 2 full days
Including more tribal representatives in determining most effective strategies. Also, not being so time-structured (limits good discussions). Please consider this time issue as a component of AI/AN culture if more tribal representatives are invited.
Food. I appreciated the vegetarian option for food but excepted for the plated dinner, there were little vegetarian options. This however is minor in the overall success of the conference. Thank you for bringing us all together.
More unstructured time
Location of hotel; it was difficult to walk anywhere, especially to Old Town.
Breakout sessions
More folks from CBO and Agencies; Perhaps 2 full days--keep the breakout session; have the recorder send the report to the organizer to save time (& put it up sooner) and to help the ???? Use the MLA Roundtable sessions as a model for reporting.
More room for the dancers! Larger breaks for networking. Community discussion too broad!
Goal: Collaboration: Increasing awareness--excellent. Developing a system that supports continued networking among librarians providing those services: Because the communication question was too broad, this was not as clearly addressed. All groups considered not only self-networking but also networking between areas of services, cross-tribes, etc. More focused (or split) would be much better. E.g. 1) How shall we/librarians/service folk communicate? 2) How shall we help our service group network and receive information about opportunities, grants, etc.
***Needed to have more indigenous/tribal participants and presenters; more cultural "experts"' attendance by NIH/I.H.S. and other relevant agencies
More time for breakout groups to discuss topics
I would like to hear from people outside NLM and NN/LM who are successfully working with tribes. Maybe even some non-librarians! It feels a little bit like we're talking to ourselves. This meeting implies that outreach to Native communities is an NLM®/NNLM priority, yet I have not seen this spelled out in the new NN/LM contract, other than to focus on community-based organizations. I am concerned about the expected balance of outreach to Native groups, as well as to other organizations.

Comments

I would have liked to have had more input from other non-library participants. A way to have a mututal understand[ing] of what each group does in order to identify where the relevant needs are and how they can be met.
Communications among participants after conf.--post conf. activities in/ Native groups. Meetings like this could be held at national & regional conferences held by Native Americans.
Increased participation by non-library colleagues in Native communities, or who work with Native communities.
More interaction; No time for questions
Food--apples and oranges don't work, need more fruit that is cut up. Healthier food. More Native Americans present
More time for Siobhan and Jerry. We've been talking about ways to communicate; blogs & wikis are a great way to do that. Second breakout session was not helpful. It would have been better to discuss in group.
It was really quite good--Even though I am not a librarian I found it extremely valuable. I think this type of conference would also be beneficial for non-library entities/organizations, or those who partner with libraries to deliver more accessible health information for Native Americans.
The icebreaker exercise consumed an inordinate amount of time. It was fun, but not especially productive.
Involve representatives of Native communities being served.
More of a Native presence - for one, open with an opening prayer from a Native participant or someone brought in just to do a prayer; Have a participants' list out via email or on the web ahead of time so folks can be better prepared for both personal and professional networking (e.g. make plans for fun trips/outings post-conference).
1) Do away with ice breaker, a silly exercise for professional adults. 2) Inclusion of American Indian Tribal leaders, elders, community members. This conference discussed Tribes and Tribal issues as an academic exercise. Nothing more than a perpetuation of the exact problem. The result may be that this group will continue to "work on" rather than "work with" the Tribes. Yet one can hardly expect differently under these conditions. The question was raised about "needs assessments fitting preconceived ideas." Perhaps this conference did not dispel that philosophy. 3) A student contingent should be invited. We "older" participants are harder to train. Mentor students on improving their interactions prior to their introduction to the community. 4) More depth and breath to presentations.
More fruit/healthy food options/yogurt
Would have been nice to have the results of the first breakout groups typed, edited and collated for morning session. Hard to follow oral reports! Would involve later work on recorders' parts.
[Re. conference raising my awareness of in-progress Native American health information projects]: Only NLM® projects. Involvement of community members, too much academic/agency participation and not enough community representation.
[Re. conference generating a set of best practices...]: Nothing new. The conference was redundant. Nothing was new. There was no serious acknowledgement of the fact that almost all aspects of outreach to Native Americans are the same as those practices in use in community-based outreach in general.
More time for discussion/consensus of the whole group
More imvolvement by others doing outreach. "Invited" nature of the conference left some people out.
Provide podium for speakers; Provide abstracts & participant list prior to meeting; Someone should have found funding for NIH librarian--I think she is a key player.
More projects reported and by the communities we are wanting to serve; Involve more Native Americans.
Include more presentations from tribal groups.
The conference was well done. There were no negatives for me. Good job!

Appendix I. Conference on Native American Health Information Services in the United States Final Report

Comments
Time was really short. A pre-conference featuring one or two model programs would be good.
The abstracts in the program are outstanding. We discussed websites, blogs and wikkis, maybe some of particpipants would be willing to expand on their abstracts for a web presence.
Other:
GREAT MEETING!
Well done! Excellent gathering.
Thank you to conference planners Janis Teal et. al.
[Re. conference decreasing my sense of isolation]: "Not isolated."
The conference generated a set of best practices that I will be able to use in providing Native American health informatin services. 3-4 The conference was a 1st step. It brought together Native American service providers from across the nation to present information about their otreach and communities. They also shared many challenges of providing information services to Native Americans including lack of infrastructure, lack of funding, lack of culturally appropriate resources, the remote locations of many U.S. tribal lands, the sheer size of some of the reservations, lack of acknowledgement of Native American popoulations in urban areas including statistics that represent much lower percentages of Native Americans than are actually present, a lack of coordination between service providers...so along with those best practices I was reminded of the pervasive obstacles. Also, personal attributes needed in order to provide Native American services were discussed in depth and included but was not limited to: patience;cultural competency, cultural knowledge, cultural awareness and cultural sensitivity;the ability to recognize Native American streng
The conference increased my awareness of in-progress Native American health information projects in the United States. 5- To me it seems for the most part that most Native American information services projects in the U. S. are "in progress" for many reasons. Some programs are light years ahead of other, again for many reasons. I'm very grateful to have had the opportunity to hear of these programs and to have met the service providers involved. My expereience has been there are limited resources at the local level. Participationin a national gathering of Native American service providers increases the wealth and sharing of the knowledge of the development of programs nad delivery of services exponentially.
The conference decreased my sense of isolation by introducing me to other librarians doing Native American services work. 5 The obvious lack of funding demonstrated through the need for continued grant funding for the development of information services to Native Americans stand lack luster in comparison to the wealth of knowledge presented at this confreence by service providers. The service providers and the information and links to thier program information will be invaluable. Also, we heard a broad range of reports that were not all rosy. We heard about one large reservation in the continental U.S> where 50% of the residents are without phone service, and an Alaskan village that onley has running water in their community center. However, on the other end of the range we heard about diligent service providers that have instituted avenues to enable Native Americans to access health information that has had positive impacts on their communities.
The conference provided networking opportunities, which increased my knowledge of who is working in Native American health information services. 5. My position is a new position. People who provide services to Native Americans must be very passionate about the services they provide and those they are providing the services to. In many areas there is not a set precedent for providing services. The most effective training I have received is attending conerences like this, which are far and few in between, and meeting and networking with other service providers.
There is at least one person I met at this conference with whome I would be interested in collaborating on a future project. 5- Definitely yes. Several of us seemed to be in different stages of developing services to Native Americans, both on reservations and in urban ares. There is power in bringing those programs and knowledge together.