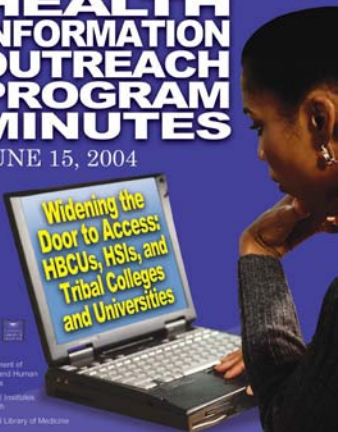


ENVIRONMENTAL HEALTH INFORMATION OUTREACH PROGRAM MINUTES

JUNE 15, 2004



Widening the
Door to Access:
HBCUs, HSIs, and
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ENVIRONMENTAL HEALTH INFORMATION OUTREACH PROGRAM

MINUTES

Bethesda, Maryland

June 15, 2004

Prepared for
Specialized Information Services Division
National Library of Medicine

Prepared by
Medical Education and Outreach Group
Oak Ridge Institute for Science and Education

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Environmental Health Information Outreach Program Meeting
National Library of Medicine
Bethesda, Maryland
June 15, 2004
8:30 a.m.-4:45 p.m.
Executive Board Room

AGENDA

<i>8:45-9:00 a.m.</i>	Opening Remarks	Henry Lewis, Ph.D. <i>Chairman, EnHIOP</i>
<i>9:00-9:15 a.m.</i>	Welcome	Kent Smith <i>Deputy Director, NLM</i>
<i>9:15-9:30 a.m.</i>	Introductions	Henry Lewis, Ph.D. <i>Chairman, EnHIOP</i>
<i>9:30-10:10 a.m.</i>	Principles and Concepts of Pediatrics in Environmental Health	Bailus Walker, Ph.D. <i>Howard University</i>
<i>10:10-10:25 a.m.</i>	BREAK	
<i>10:30-11:15 a.m.</i>	NIH Roadmap	Dushanka Kleinman, D.D.S. <i>Assistant Director for Roadmap Coordination, NIH, OD</i>
<i>11:15-12:00 p.m.</i>	Achieving a Common Goal Through Teamwork for EnHIOP	Vernon Bowen <i>Facilitator: ORC-Macro</i>
<i>12:00-1:30 p.m.</i>	Working Lunch <i>Environmental Health Informatics</i>	Jack Snyder, M.D. <i>Associate Director, SIS</i>
<i>1:30-3:30 p.m.</i>	Discussion of Achieving a Common Goal Through Teamwork	Vernon Bowen <i>Facilitator: ORC-Macro</i>
<i>3:30-3:45 p.m.</i>	BREAK	
<i>3:45-4:30 p.m.</i>	Status, Planning and Discussion	Group
<i>4:30-4:45 p.m.</i>	Wrap-up	Henry Lewis, Ph.D.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
NATIONAL LIBRARY OF MEDICINE**

**MINUTES OF THE ENVIRONMENTAL HEALTH
INFORMATION OUTREACH PROGRAM (EnHIOP) PANEL
June 15, 2004**

The meeting of the Environmental Health Information Outreach Program (EnHIOP) Panel was convened on June 15, 2004, at 8:30 a.m. in the NLM Board Room, Building 38, National Library of Medicine (NLM), National Institutes of Health (NIH), Bethesda, Maryland.

ATTENDEES

Members from Participating Institutions:

Dr. Ann Barbre, Xavier University of Louisiana
Dr. Ted Bates, Texas Southern University
Dr. Peter Bellin, California State University, Northridge
Ms. Kathy Block, Hampton University
Mr. Ferlin Clark, Diné College
Dr. PonJola Coney, Meharry Medical College
Dr. Robert Copeland, Howard University
Ms. Sarah Danner, Oglala Lakota College
Dr. Diogenes Herreno-Saenz, University of Puerto Rico Medical Sciences Campus
Dr. Ramzi Kafoury, Jackson State University (Alternate)
Dr. Henry Lewis, Florida A&M and EnHIOP Chairman
Dr. Joseph McQuirter, Charles R. Drew University of Medicine and Science
Dr. Milton Morris, Benedict College
Dr. Richard Ochillo, Morgan State University
Mr. Perry Riggins, Morehouse School of Medicine
Dr. Karen Schmaling, University of Texas at El Paso
Dr. Cheryl Taylor, Southern University, Baton Rouge (Alternate)
Dr. James Webster, Tuskegee University
Mr. Daniel Wildcat, Haskell Indian Nations University
Dr. Doris Withers, Medgar Evers College

Consultants to the EnHIOP:

Mr. John Scott, Center for Public Service Communications
Dr. Melvin Spann, NLM retired (EnHIOP Executive Secretary)
Dr. Bailus Walker, Howard University (EnHIOP Senior Scientific Advisor)

Speakers :

Dr. Dushanka Kleinman, Assistant Director for Roadmap Coordination, National Institutes of Health
Mr. Vernon Bowen, Teambuilding Facilitator, ORC/MACRO

Guests:

Ms. Rebecca Love, National Environmental Education and Training Foundation
Ms. Sydnee Winston, NLM/SIS Summer Intern

NLM Staff:

Mr. Kent A. Smith, Deputy Director, NLM
Dr. Donald W. King, Deputy Director for Research and Education, NLM
Dr. Eliot Siegel, Assistant Director for Health Information Programs Development, NLM
Ms. Cassandra Allen, Specialized Information Services Division, NLM
Ms. Stacey Arnesen, Specialized Information Services Division, NLM
Ms. Richelle Cureton, Specialized Information Services Division, NLM
Ms. Nicole Dancy, Specialized Information Services Division, NLM
Ms. Gale Dutcher, Specialized Information Services Division, NLM
Ms. Cynthia Gaines, Specialized Information Services Division, NLM (EnHIOP Project Officer)
Ms. Cindy Love, Specialized Information Services Division, NLM
Ms. Deena Pers, Specialized Information Services Division, NLM
Dr. Jack Snyder, Specialized Information Services Division, NLM
Ms. Marti Szczur, Specialized Information Services Division, NLM
Ms. Rose White, Specialized Information Services Division, NLM

NLM/SIS Contractor Employees:

Ms. Diane De Binder, Oak Ridge Institute for Science and Education
Ms. Rose Foster, Oak Ridge Institute for Science and Education (EnHIOP Project Advisor)

OPENING REMARKS AND WELCOME

Dr. Henry Lewis, EnHIOP Chairman, called the meeting of the Environmental Health Information Outreach Program (EnHIOP) to order at 8:45 a.m. The meeting was held in the NLM Board of Regents' Room. Dr. Lewis indicated that the focus of the meeting would be teambuilding exercises that would take the group to a new level of organization and collaboration. He then introduced Kent Smith, NLM Deputy Director, who welcomed everyone to NLM.

Mr. Smith noted the EnHIOP's increased scope and membership and complimented the great leadership the group has enjoyed from the beginning. He said that this program, which began in 1991 as a pilot project to improve minority access to electronic information on toxicology and environmental health, is a success story of which everyone should be proud. Results of the project include training of more than 80 Historically Black Colleges and Universities (HBCUs) and other Minority Educational Institutions (MEIs) across the United States and the Caribbean, and now include tribal and additional Hispanic-serving institutions.

Mr. Smith explained that the World Wide Web can be a two-edged sword: "It provides opportunities to improve health and wellness, but if you do not have access to the technology it can actually increase the digital divide." Although new technology is great, he said, it is the information itself and what people do with that information that matters. Mr. Smith also challenged the panel to continue to be change agents in this arena.

On the subject of health disparities, Mr. Smith cited the variety of interwoven factors involved, including social, cultural, genetic, environmental, and the outcome of racial and ethnic differences in access to quality health care. He recalled a quote from Judith Stern, who said that genetics loads the gun, but the environment pulls the trigger. Research has shown that many illnesses, including Parkinson's disease and cancer, have large non-genetic components.

Mr. Smith noted that knowledge and access to good health information clearly matter, adding that the EnHIOP's deliberations are valuable not only for NLM but for the larger community and contribute to NLM's goal of making its databases more consumer-friendly. He encouraged all representatives to tell NLM what works best in each of their settings. Mr. Smith went on to discuss the success of the Specialized Information Services (SIS) databases, which he said are scoring above average in customer satisfaction surveys. He noted that MedlinePlus has been recognized as a top-rated Web site for consumer health information by the American Customer Satisfaction Index, with a score of 86 out of 100. SIS' ethnic Web sites, too, are reaching out to the communities. Although health disparities cannot be solved by information access alone, Mr. Smith said, it does help.

In closing, Mr. Smith outlined NLM's role in the NIH Roadmap as encompassing three areas, noting that Congress has been kept apprised of NLM's role in this effort. First, the NIH Roadmap project recognizes that a concept of 21st century biology is informatics. NLM's National Center for Biotechnology Information (NCBI) analysis will play a key role in this effort. NLM will develop and run a central database of up to one million compounds called PubChem. Secondly, the Roadmap talks about re-engineering the national clinical research enterprise. NLM's role here will initially be in vocabulary building. Finally, the Roadmap articulates something closer to this committee, and that is NIH's responsibility, namely to communicate the research results to improve the quality of life of everybody. The Library always has a central role in collecting and communicating these results through Web-based information services and online databases. Mr. Smith expressed the importance of the EnHIOP members as key partners in reaching out to health professionals and the general public. Any questions on the Roadmap should be addressed to the new Deputy Director for Research and Education, Dr. Donald W. King, who is coordinating the NLM's efforts with the Roadmap activities.

INTRODUCTIONS AND ANNOUNCEMENTS

Dr. Henry Lewis, EnHIOP chairman, asked everyone to introduce themselves. Showing a copy of the minutes from the January meeting, Dr. Lewis reminded everyone to transmit minutes of the EnHIOP meetings to the academic leaders of their institutions to keep them aware of what this body is doing and of opportunities to partner with NLM. He then asked Kent Smith to update the attendees on the status of NLM's new building project. Mr. Smith discussed the architect's rendering of the design of the new NLM facility, which is posted in the NLM Board Room, stating that the design would be complete in June. A major portion of the new facility will be occupied by the NCBI, which is growing at a rapid pace.

During the introductions, Ms. Rebecca Love, of the National Environmental Education and Training Foundation's Health and Environment Programs (NEETF), described NEETF's commitment to improving public health and health care by advancing environmental education and training for health professionals. Two new initiatives are the Environmental Exposure History-Taking Initiative, a multi-year campaign to make environmental history-taking a routine undertaking in pediatric practice, and a Pediatric Asthma Initiative, for which NEETF is convening a group of experts to develop competencies and environmental history forms for environmental triggers of asthma for pediatric health care providers.

Dr. Lewis congratulated Dr. Cheryl Taylor, Southern University, on the school's charter class of four Ph.D. students in nursing to graduate just recently and acknowledged the National Aeronautics and Space Administration (NASA) grant received by Texas Southern University.

One of the visions Dr. Lewis mentioned is for the EnHIOP members to be the change agents for working with NLM and with the communities they serve. He mentioned a project in which a Florida A&M University faculty member is involved that is facilitating access to the NLM in an inner-city middle

school (in which a large percentage of the students receive free lunches) with NLM information and hardware. The result has been more than 5,000 uses of those computers in a 7-month period. He challenged the rest of the panel that part of their role is to bring those kinds of projects to the table, saying, “We are not here to predict the future—we are here to enable it.”

PRINCIPLES AND CONCEPTS OF PEDIATRICS IN ENVIRONMENTAL HEALTH

Dr. Bailus Walker, EnHIOP Senior Scientific Advisor and professor of environmental and occupational medicine and toxicology at Howard University College of Medicine, gave a presentation on the Principles and Concepts of Pediatrics in Environmental Health. He stressed that the issue of pediatrics in environmental health has been elevated into sharp focus by a range of activities, including the announcement by the federal government that it will fund a study on children and the environment. Dr. Walker handed out copies of two articles that have helped to increase awareness of this issue: “Inhibition of Ape1 Nuclease Activity by Lead, Iron, and Cadmium” (*Environmental Health Perspectives*, Vol. 112, No. 7, May 2004) and “Molecular Evidence of an Interaction Between Prenatal Environmental Exposures and Birth Outcomes in a Multiethnic Population” (*Environmental Health Perspectives*, Vol. 112, No. 5, April 2004).

Dr. Walker gave a review of current thinking with respect to environmental effects on the pediatric population. He stated that much of the information has come about through research among academic and community partners, of which the Center at Columbia University is a prime example. He listed some well-known factors that may increase children’s exposure to environmental contaminants, including their short stature, the fact that they spend more time outdoors, and the reduced metabolism of toxicants—factors that can lead to disease and dysfunction in this vulnerable population.

Dr. Walker expressed that there is a serious lack of information on environmental exposure in medical records because very few pediatricians get a history. To address this issue, pediatricians and the medical community will have to do a better job taking a history. Several references for environmental history-taking were mentioned by Dr. Walker and others, including a video and a module by the Agency for Toxic Substances and Disease Registry, a publication on pediatrics and environmental health by the Pediatrics Council, and an excellent article in the April issue (Vol. 113) of *Pediatrics*, from the American Academy of Pediatrics.

NIH ROADMAP

Dr. Dushanka Kleinman, Assistant Director for Roadmap Coordination at the National Institutes of Health (NIH), gave a presentation on the NIH Roadmap. She articulated the primary purpose of the project is to position NIH to address evolving public health challenges, but also to accelerate the pace of discoveries, develop more rapid translation from laboratories to patients and back, and explore novel approaches in medical research. Kleinman described the project as a high priority initiative of the director, Dr. Elias Zerhouni, who began this initiative soon after becoming director in response to the rising cost of health care.

Dr. Kleinman explained that the NIH Roadmap addresses five major public health challenges:

- A shift from acute diseases to chronic diseases
- An aging population

- Health disparities
- Emerging diseases
- Biodefense

Initial development of the Roadmap began, Dr. Kleinman said, with the creation of working groups from the different institutes of the NIH that all discussed the same questions: “What are today’s scientific challenges?,” “What are the roadblocks to moving forward and what needs to be done to overcome them?,” and “What cannot be accomplished by any one agency but is the responsibility of NIH as a whole?.” In September, the institute directors convened to discuss the outcomes of the individual working groups and applied the following criteria to decide which initiatives to fund for the project:

- Does it address key issues?
- Is it transforming?
- Will the outcome benefit all institutes?
- Is it something that no other entity can or will do?
- Can NIH afford not to do it?

Dr. Kleinman defined the NIH Roadmap as a framework of priorities that the NIH must address to optimize its research portfolio, a set of initiatives that are central to extending the quality of healthy life for people in this country and around the world, and a vision for a more efficient and productive system of biomedical and behavioral research. Kleinman explained that three themes emerged out of the initial work of the project; these three themes are: **New Pathways to Discovery**, **Research Teams of the Future**, and **Re-engineering the Clinical Research Enterprise**. Dr. Kleinman described the focus of each theme.

The primary focus of **New Pathways to Discovery**, Kleinman explained, is basic research. There are five working groups in this area addressing technologies and approaches necessary to meet contemporary research challenges. Under **Research Teams of the Future**, three working groups are addressing public/private partnerships, high-risk research, and interdisciplinary research teams. An early outcome under the high-risk research area, Kleinman announced, is a new funding initiative called the NIH Director’s Pioneer Award that will enable NIH to mine the creativity of investigators in the hope that they will be able to make major breakthroughs; there will be 5-10 awards in FY2004. The third theme, **Re-engineering the Clinical Research Enterprise**, encompasses one large working group with multiple subcomponents addressing such issues as clinical research infrastructure, regulatory processes, and clinical research measurement standardization.

Dr. Kleinman noted that the NIH Roadmap will benefit all areas of interest by eliminating barriers common to all diseases, developing resources that will be broadly available, stimulating interdisciplinary research, creating “communities of research,” supporting high-risk pioneering research, and addressing critical clinical research policies. Implementation issues include appropriate communication within and beyond NIH, evaluation, and new flexible research authority to include innovative peer review and cooperative agreements. She added that an early notification system will allow anyone and any institute to see what issues are emerging and add their collaboration.

Funding for the NIH Roadmap, projected to 2009, Dr. Kleinman said, is a total estimated 2.2 billion dollars, which is under one percent of the NIH budget. The goals of the initiative are to accelerate basic research discoveries and to address roadblocks that slow the pace of medical research. A new initiative that has emerged, announced early in May, is the NIH Public Trust Initiative, which is also being addressed by the Director’s Council of Public Representatives and has as its goal to improve the public’s health by promoting public trust in biomedical and behavioral research. This is crucial as each of the themes in the NIH Roadmap has a public trust component that must be addressed.

In closing, Dr. Kleinman showed the Roadmap Web site at <http://nihroadmap.nih.gov>, encouraging everyone to visit and stay informed on the progress of the Roadmap initiative. She also announced that a listserv is available to receive announcements and updates; she then called for questions.

Following is a brief summary of the comments/questions and Dr. Kleinman's responses:

- Kathy Block, Hampton University, commented on the public trust issue and the importance of patients feeling that someone is interested in them personally, as well as the issue being studied. Dr. Kleinman agreed.
- Dr. Bailus Walker, Howard University, asked if the Roadmap process would speed up changes in medical practice and health services. Dr. Kleinman noted that the Roadmap is at an early stage, and there are feasibility studies looking at this issue—hopefully they will lead to the next stage.
- John Scott, EnHIOP consultant from the Center for Public Service Communication, brought up the issues of health disparities and environmental health, which Dr. Kleinman expressed are definitely cross-cutting issues that are of vital importance, as well as biodefense.
- Dr. Henry Lewis, Florida A&M University, applauded the focus on environmental strategies and asked if the focus for high-risk research would eventually go beyond the director's level. Dr. Kleinman responded that the evaluation process would provide an avenue for expanding beyond the director's level—it will just take time.
- Dr. Jack Snyder, Associate Director for Specialized Information Services, asked what measures would be used to show whether the Roadmap is successful. Dr. Kleinman responded that each project team leader is developing an evaluation approach and each area and working group has an evaluation contact.
- Dr. Lewis asked how smaller institutions, such as those represented in EnHIOP, could engage in the process. Dr. Kleinman suggested partnering with institutions that are or would be working with a Roadmap initiative. Another option is a 3-year planning grant for interdisciplinary research that would become an interdisciplinary research center; she encouraged everyone to have their students apply for the training programs in the interdisciplinary research arena. She welcomed additional suggestions.
- Dr. Snyder asked about the funding mechanisms and how the funding would be split between NIH money and money from individual institutes. Dr. Kleinman responded that although the Roadmap is funded at the NIH level, individual institutes would also be funding initiatives that are "Roadmap-related" and application should be made to both the NIH and individual institutes. Kent Smith, Deputy Director of NLM, added that an example is NLM's PubChem initiative, which is a part of the Roadmap initiative but is funded through NLM.
- Dr. James Webster, Tuskegee University, asked about the communication process, for example if the findings of each institute would be communicated to other institutes and to the public. Dr. Kleinman responded that there are a number of processes in place for the institutes to share their emerging initiatives. The "Early Notification System" will provide a forum for putting out initiatives for all to see what is emerging and participate in the collaboration process as well. Dr. Kleinman also pointed out that there is now a large number of interest groups and trans-NIH committees that have representation from different institutes and centers that have launched multi-mission initiatives. There have also been teams formed, such as the brain research team, which involves nine institutions sharing not only initiatives, but intramural research efforts. Kleinman also stressed that communication will be a continuous focus.

ACHIEVING A COMMON GOAL THROUGH TEAMWORK FOR EnHIOP

Vernon Bowen, a team facilitator, provided a workshop on team building. He began by asking the group to identify the common mission and goals of the EnHIOP. Responses included 1) Making NLM information available to populations that are not aware of it and not effectively utilizing it, and 2) Serving as a resource at their individual institutions. The national impact of the group was identified as enhancing the capacity of each institution for service to collectively improve the health of the population. Mr. Bowen noted the diversity of the group and that each institution has a unique set of skills and knowledge to offer and share with each other.

To wrap up the morning, Mr. Bowen led a teambuilding, problem-solving exercise called “Broken Squares.” He outlined the guidelines for the exercise, separated the group into small groups, leaving some participants to observe. The purpose of this exercise was to notice what other people were doing and fully participate in the process while keeping the “big picture” in focus and trying not to withdraw from the process when their personal part had been accomplished. He noted that even if an individual’s project is completed, the whole team’s goal may not yet be accomplished. Each individual may have a resource or a tool that a colleague may need to accomplish their individual goal. Often, one person with the ability or the energy will take over, and, although this gets the work done, it does not build the team. Problem-solving guidelines for this exercise were:

- Each individual needs to understand the total problem.
- Each individual needs to understand how he/she can contribute toward solving the problem.
- Each individual needs to be aware of the potential contributions of other individuals.
- One must recognize the problems of other individuals in order to aid them in making their maximum contribution.
- Groups that pay attention to their own problem solving processes are likely to be more effective than groups that do not.

Following the working lunch, Mr. Bowen continued his presentation on *Achieving a Common Goal Through Teamwork for EnHIOP*. He reviewed the stages of group development and explained that everyone brings skills to the table and can contribute to solving the problem. Everyone needs to be aware of the skills of other individuals to aid them in making their maximum contribution. A constant line of communication is necessary, as well as knowledge of everyone’s strengths and weaknesses.

Mr. Bowen asked the group to share what they are doing individually for EnHIOP. Responses included the following:

- Benedict College is working with the science department in conjunction with the library to increase usage and awareness among students and faculty. They are also working with identified communities with identified problems to provide information about their areas of concern and how they can access that information.
- Meharry Medical School is creating a network of community health centers as a liaison for the public to address health disparities.
- Diné College is sharing the knowledge with the community for all aspects of health.

Mr. Bowen next discussed conducting community needs assessments prior to conducting outreach projects. He stressed the importance of considering that every community is different and people learn differently, so it is important to be flexible in the approach to projects. One plan will not work for all audiences, and there are many audiences for the EnHIOP projects. Bowen noted that needs assessments

are valuable for developing the right types of experiences for the audience, assessing their perception of value, and providing a baseline point of reference. He added that assessment is a constant process that sometimes leads to changing goals.

A discussion on needs assessments followed, with the following comments:

- A needs assessment can affect the focus of the project—it may show that the problem is different from that assumed. Also, the assumption cannot be made that training can automatically change behavior.
- One way to expedite the assessment is to poll a representative sample of the population, such as a health center, block organization, etc., or in a faith-based environment, leaders of the congregation.
- The willingness of the target audience to learn is a factor.
- The public perception may be different from what professional data shows, but often perception is reality. An assessment can show why the perception is the way it is and help to determine the best way to address it.
- Traditional assessment tools, where a social scientist goes in and does the survey, do not work in the Native American community. It takes someone from within the community, someone with contacts.
- There is powerful information in independent data, such as census data and other independent data, that can also be used.

Mr. Bowen summarized this portion of the workshop by saying to state the problem, assess the causes, recommend solutions, and plan ahead.

The next part of the teambuilding workshop consisted of a discussion of needs analysis tools, specifically the “SWOT” analysis. Mr. Bowen explained that SWOT stands for strengths, weaknesses, opportunities, and threats, and described a SWOT analysis as “a basic straightforward process that provides direction and serves as the basis for development of marketing plans.” He explained that strengths and weaknesses are internal issues, and opportunities and threats are external issues. Following the short lecture, the group was divided into two smaller groups to conduct a SWOT analysis of the EnHIOP team for the purpose of identifying opportunities for collaboration.

The conclusions of the group can be summarized as follows:

- The major strength of the EnHIOP team is its collective expertise. Other strengths included the diversity of the group, the existing infrastructure, the fact that the members are spread across the country, the NLM’s successful track record within NIH, and the willingness of the members to listen to each other.
- Diversity and being spread across the country were also listed as weaknesses. Other weaknesses included not enough resources to meet every day, having full-time jobs that limit their time on the project, and bureaucracy.
- Opportunities listed included the desire of all parties to form this partnership, the support from NLM and Congress, the support of faculty at the individual institutions, and the diffusion of information with bioinformatics.
- The EnHIOP team listed their threats as the rapidly changing technology, inadequate support resources for ongoing maintenance, and assumptions that students have access to computers when they may not.

Bowen pointed out that analyses can change depending on situations at the time and recommended that the group conduct a more in-depth analysis at a later time.

In conclusion, Mr. Bowen made the following points:

- It is not enough to simply identify strengths, weaknesses, opportunities, and threats. One also needs to apply the findings and address the issues. In so doing, it is necessary to minimize or avoid both weaknesses and threats.
- Weaknesses can be converted to strengths and threats should be converted into opportunities.
- Strengths and opportunities should be matched to optimize the potential of the team.

WORKING LUNCH: ENVIRONMENTAL HEALTH INFORMATICS OVERVIEW

During the working lunch, Dr. Jack Snyder, Associate Director, SIS, was joined by SIS staff to discuss environmental health informatics as it relates to the goals of the EnHIOP. He opened by demonstrating the new NLM Web page, showing the various interfaces for different communities, i.e., The Public, Health Care Professionals, Researchers, Librarians, and Publishers. Dr. Snyder demonstrated each of these interfaces. In response to a question about the interface for publishers, Gale Dutcher explained that many publishers call NLM to ask how they can get their publications included in the NLM resources.



NLM's New Home Page

Going back to the interface for the public, Dr. Snyder discussed the links on this page, which include MedlinePlus, ClinicalTrials.gov, NIH Senior Health, Tox Town, and the Household Products Database. Snyder encouraged the EnHIOP members to use and promote the Household Products Database in particular. Kathy Block, Hampton University, Hampton, Virginia, announced that her small grant topic would address the use of the Household Products Database and Tox Town at a community resource with a Vista volunteer already in place who is training people how to use the Internet. Dr. Snyder then demonstrated the Household Products Database interface, noting that the goal of the Household Products Database is to make people more effective and knowledgeable about the products they use and more confident users of the products. Information from manufacturers—from the Material Safety Data Sheets—is balanced by providing other neutral sources of information, such as TOXNET. He encouraged everyone to read the “About” pages for each database to become more familiar with the resource and better able to share it with others.

Dr. Snyder also highlighted PubMed Central, a free digital archive of biomedical and life sciences journal literature. There is a link to PubMed Central on the PubMed home page.

Changes in the SIS Web pages, Dr. Snyder announced, are in development with the goal of presenting a more unified interface. Presently, there are two different interfaces, one for toxicology and environmental health and one for HIV/AIDS information.

Marti Szczur, Deputy Associate Director, SIS, gave a brief update on the Wireless Information System for Emergency Responders (WISER) project, noting that a free download to Personal Digital Assistants is available on the home page (<http://www.nextcentury.com/WISER>) for beta testers.

Gale Dutcher reviewed the SIS HIV/AIDS page, noting that the links page is very helpful and all links are carefully reviewed and selected.

STATUS, PLANNING, AND DISCUSSION

Dr. Lewis led a discussion on the status of the EnHIOP and plans for the future. During the discussion, suggestions for activities included the following:

- Plan a one-day symposium on a targeted topic; plan a half-day workshop.
- Compile the papers that will result from the eight completed projects of the United Negro College Fund Special Projects Corporation initiative, “Empowerment Through Health Information,” into a document to serve as a resource for the EnHIOP. Also identify a journal that could publish it rather than making it an “in-house” document.
- Discuss as a group the role of the media in understanding environmental health issues and conveying accurate health information to the public.
- In response to Dr. Kleinman’s charge, each member should present one or two suggestions of issues that should be included in the NIH Roadmap, and that they be posted on the listserv. The issue of environmental health, for example, was brought up in the discussion following the presentation.
- Devote the next meeting to a discussion of health disparities to come to a consensus of what the term really means and the role of environmental factors in health disparities, and also to decide as a group which area of health disparities on which to focus. Topics could include the role of

environmental factors in disparities and diseases that have been identified as having clearly defined environmental components.

- Compile and share best practices in creating educational opportunities in the curriculum.
- Focus on pharmacogenetics—people may respond to medication in different ways, which may be a factor in health disparities.
- Form a program committee.
- Spend time during future meetings to hear more about the strengths and needs of the individual institutions, including the history, laws, and legislation that surround them. Possibly two institutions per meeting could do this.

Kent Smith encouraged the group to spend time in future meetings to hear about the strengths and weaknesses of member institutions and how training can meet those needs.

ACTION ITEMS

- The Executive Committee will meet to plan the next meeting, which will be scheduled after October 1, 2004. Everyone will receive an e-mail notifying them of the meeting date.
- A paper needs to be written on what the training provided has meant to the institutions and what has been accomplished.
- Oak Ridge Institute for Science and Education will provide a cost analysis of meeting in different places other than NLM.

CLOSING COMMENTS AND ADJOURNMENT

In closing, Dr. Lewis noted that the EnHIOP members have the opportunity to serve as a model for other entities to bring together divergent individuals as well as institutions for a common purpose of addressing the environmental health disparities that affect the communities of which the member institutions are a part, and to lead other committees and/or panels within and external to NIH as well.

The meeting was adjourned at 4:45 p.m.

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Environmental Health Information Outreach Program 2003-2004

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2003-2004

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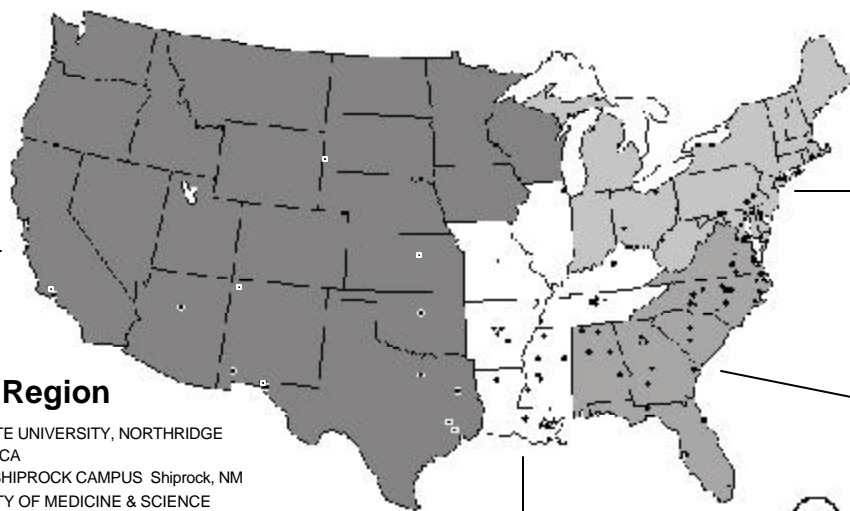
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HBCUs/MEIs Environmental Information Outreach

Participating Colleges and Universities



Western Region

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
Northridge, CA
DINÉ COLLEGE, SHIPROCK CAMPUS Shiprock, NM
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Los Angeles, CA
JARVIS CHRISTIAN COLLEGE Hawkins, TX
LANGSTON UNIVERSITY Langston, OK
NEW MEXICO STATE UNIVERSITY Las Cruces, NM
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UNIVERSITY OF TEXAS AT EL PASO El Paso, TX

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FISK UNIVERSITY Nashville, TN
GRAMBLING STATE UNIVERSITY Grambling, LA
JACKSON STATE UNIVERSITY Jackson, MS
KENTUCKY STATE UNIVERSITY Frankfort, KY
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Caribbean Region

CATHOLIC UNIVERSITY OF PUERTO RICO Ponce, PR
INTER-AMERICAN UNIVERSITY OF PUERTO RICO San Juan, PR
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As part of its outreach efforts, the Specialized Information Services Division of the National Library of Medicine (NLM), in partnership with the Oak Ridge Institute for Science and Education (ORISE), developed and designed a training program to strengthen the capacity of Historically Black Colleges and Universities (HBCUs), Hispanic-serving institutions, and tribal colleges and universities to train medical and other health professionals in the use of toxicological, environmental, occupational, and hazardous waste information resources developed at NLM. This training also benefits the economically disadvantaged and underserved communities surrounding these institutions.

Health professionals at colleges and universities throughout the country are taught how to navigate the Internet maze to find quality critical health information quickly. Many of those trained have facilitated similar training at their respective schools for students, faculty/staff, community leaders, and other health professionals. Participants are trained to access and utilize the NLM's Toxicology and Environmental Health Information Program (TEHIP) databases on the Internet to address problems and concerns about the impact of environmental hazards. Training includes accessing these databases through the TOXNET Web Interface (<http://toxnet.nlm.nih.gov>) and searching other relevant Internet resources.

For additional information about this outreach program, contact one of the individuals listed below:

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