

NN/LM



National Network of
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Greater Midwest Region



SOURCES

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Electronic Health Information for the Public Through Partnerships, Outreach Programs

Lorna Springston
GMR Consumer Health Coordinator

The NLM, through the NN/LM, is promoting consumer health information outreach and partnerships between libraries, health care centers and community organizations with the goal of improving the public's access to health information. Chandler Medical Center Library (CMCL) at the University of Kentucky in Lexington has been awarded one of eight GMR consumer health information subcontracts for the program: "Access to Electronic

Health Information for Women in the Commonwealth of Kentucky." CMCL will partner with the University of Kentucky Center for Women's Health, the University of Kentucky Cooperative Extension Family and Consumer Sciences Program and the Kentucky Extension Homemaker Association to expand access to its health information resources.

Mary Vaughn, principal investigator for the Access project, took a look at Kentucky's health statistics to identify the top three causes of chronic illness and death for the state's residents. All three — heart disease, dia-

betes and cancer — can be influenced by life-style factors such as diet and exercise. And in some cases, the illnesses may even be prevented if the information and knowledge for prevention and disease management are made available to those who need it the most.

Informed consumers use health care services less than those who are not informed. They make fewer visits to physicians and require fewer hospitalizations because they are less anxious about their conditions and

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Outreach: How Planning and Evaluation Can Help Make a Difference

Cathy Burroughs
Network Librarian, Evaluation
NN/LM Pacific Northwest Region

If planning and evaluation are the first things considered in respect to either small or large scale programs, outreach programs will bene-

fit greatly.

To begin the planning process, we need to consider the following: Are we *systematic* in our outreach attempts? We think our outreach efforts help bridge the gap between information needed and information found by

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Editor's Note: This issue of 3 Sources focuses on outreach. Included are articles about programs that facilitators can use as guides for developing their own outreach initiatives, as well as an article that discusses the impact of evaluation and planning on outreach programs.

3 SOURCES

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Tech Notes



The GMR Hosts Free Web Sites and Email Discussion Groups

Chris Shaffer

GMR Technology Coordinator

Does your health sciences library consortium or state association have a web site? How about an email discussion group (commonly called LISTSERV)? Well, why not? The GMR can host your health science library group's web site or email discussion group — and it's free!

Email Discussion Groups

Whether your organization has 10 members or 500, the GMR can provide an email discussion group to facilitate communication and information sharing among your colleagues. Your group can be private (approved subscriptions only), or it can be public (anyone can subscribe). The GMR uses LISTSERV email discussion group software (<http://www.lsoft.com/manuals/>) maintained by the University of Illinois at Chicago (UIC). GMR librarians provide technical and administrative assistance. A representative from your organization serves as list owner for routine administrative tasks. Hosted lists include:

- Bluegrass Medical Libraries
- GMRLIST
- Health Science Librarians of Illinois
- Health Science Librarians of Minnesota
- HealthWeb
- Kentucky Health Science Library Consortium
- Metropolitan Consortium

- Midwest Chapter / Medical Library Association
- Midwest Chapter Web Developers
- North Dakota Health Science Librarians
- Ohio Health Sciences Library Association
- Wisconsin Health Science Library Association

Web Sites

A web site is a great way to publicize and promote the activities of your organization and to share information with your colleagues and patrons. Large or small, your health science library organization can host a site on the GMR server. GMR librarians provide technical assistance and access to the server. You provide HTML files and a web site administrator. If you choose to have your site be a GMR sub-site with a URL like <http://gmr.lib.uic.edu/yourgroup/> there is no cost. If you would rather register your own web address such as <http://yourgroup.org/>, the cost is \$70 for a two-year registration processed through UIC. Hosted sites currently include:

- Midwest Chapter/MLA — <http://midwestmla.org/>
- Health Science Librarians of Illinois — <http://hsli.org/>
- Ohio Health Science Library Association (under development) — <http://gmr.lib.uic.edu/ohsla/>

If you are interested in a web site or an email discussion group, call or email Chris Shaffer at 800-338-7657 or shaffer@uic.edu.

Connecting Columbus Neighborhood Health Centers to the Web

Mary Sprague and Eric Schnell

John A. Prior Health Sciences Library
Ohio State University

In October 1997, Ohio State University (OSU) health science librarians began implementation of an 18-month outreach subcontract to extend Internet access and training to the six Columbus, Ohio, Neighborhood Health Centers (NHCs). While NN/LM GMR provided major funding, the Ohio Area Health Education Centers Program, the OSU College of Medicine and Public Health and the OSU Health Sciences Library also contributed financial and in-kind support.

The NHC network serves the health care needs of the working poor and medically indigent. The network also assists clients with housing, food and various social services. There are approximately 70 staff members. Most physicians float between the health centers. At the beginning of the project, none of them had Internet access, and limited print health information resources were on hand. However, we were able to identify at least one staff member at each site who had Internet access at home, or at least had a basic familiarity with connecting to the web. Fortunately, each center's director was enthusiastic about gaining Internet access and training, and looked forward to participating in our project.

Before the upgrades, the computing environment in these health centers was largely DOS based, with little or no technical support. Most equipment was older and had been donated. A dial-up pharmacy system was available at several sites, but the terminal was dedicated to this use. In short, the electronic information age

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Objective	Comments	Status
Provide appropriate equipment and communications for Internet access.	Quality of Internet service provider and hardware reliability exceeded expectations; equipment placement was sometimes a problem/barrier.	Accomplished
Evaluate learning and information needs.	Basic learning needs were identified, although not in the orderly, comprehensive manner we had envisioned.	Incomplete
Design individual learning agreements with NHC staff members.	Too time intensive to implement; would probably have required dedicated project personnel devoted to this aspect.	Discarded
Provide a variety of training opportunities tailored to learning needs.	There is a continuing need for training; NHC staff members had little uninterrupted time to devote to this aspect; much remedial computer training was needed.	Incomplete
Create a series of web pages to organize access to the Internet, focusing on resources of interest to NHC staff members.	We have continued to maintain these pages. Project participants requested development/linking of three resources: web-based e-mail, patient education materials, and CME materials.	Accomplished
Provide courtesy library borrowing privileges for eligible NHC staff members.	Lack of interest.	Discarded
Increase NHC staff members' awareness and use of electronic health information services.	Connections to the project web pages increased throughout the project; positive comments from project participants indicate increased awareness and acceptance.	Accomplished
Develop evaluation tools and collect data to evaluate the project.	We surveyed not only staff members who participated actively, but also those who did not.	Accomplished

GMR Announces Funding For Outreach Subcontracts

[Comprehensive project descriptions can be found at <http://www.nlm.nih.gov/gmr/funding/outreach/>]

The following outreach subcontracts last approximately 18 months and are awarded each year to network members for services provided to unaffiliated healthcare professionals. These projects focus on special populations or subject disciplines that have been identified as priority initiatives.

The projects target healthcare professionals serving those populations or working in those disciplines.

University of Iowa Libraries, Hardin Library of the Health Sciences

Project Directors: Neville Prendergast, Educational Services Coordinator; Eric Rumsey, Web Services Coordinator. Dates: November 1999 - April 2001. The Hardin Library for the Health Sciences will extend training opportunities for accessing health information to health professionals practicing in non-metropolitan and underserved areas.

Southern Illinois University School of Medicine, Medical Library

Project Director: Connie Poole, Director, Medical Library. Dates: November 1999 - April 2001. This project will target health care professionals, consumers, and public and school librarians in rural Illinois. Southern Illinois University (SIU) has formed partnerships with the SIU School of Medicine Office of Continuing Education and the Rolling Prairie Library System.

University of Minnesota, Bio-Medical Library

Project Directors: Vicki Glasgow, Biomedical Information Service; Julie Kelley, Public Services; Ellen Nagle, Director. Dates: January 2000-June 2001. This project will address the need for better access to educational resources by rural health providers in selected areas of Minnesota through Internet training, including training in PubMed and Loansome Doc, and electronic document delivery.

University of South Dakota Health Sciences Libraries

Project Directors: Kay Cimpl Wagner, Wegner Health Sciences Center; David Hulkonen, Lommen Health Sciences Library. Dates: November 1999 - April 2001. This project targets health professionals practicing in non-metropolitan areas or serving primarily minority populations. Preparing qualified sites for online access to Internet health information resources is a key goal.

Special Public Health Outreach Award, Partners in Information Access: University of North Dakota, Harley E. French Library of the Health Sciences

Project Directors: Lila Pedersen and Barbara Knight, Harley E. French Library of the Health Sciences. Dates: August 1999 - July 2001. This project targets all public health professionals in North Dakota. The main objectives are to: identify the information needs of public health professionals; inform them of services available from the Harley E. French Library, the NN/LM and NLM; and provide instruction in accessing these services.

New DOCLINE Will Debut in Late Spring

NLM's new web-based DOCLINE system is scheduled for release in late Spring 2000. Contact the DOCLINE service desk by calling 888-FINDNLM or emailing newdocline@nlm.nih.gov. The New DOCLINE web site is: <http://www.nlm.nih.gov/psd/cas/newdocline.html>.

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they understand, and participate more in their treatments and disease management. Other consumers are willing to take on the responsibility of preventive self-care and actively seek out information that assists them in improving their lives. Their goal is to maintain or improve their quality of life and avoid chronic illnesses. The CDC reports that, in 1996, direct and indirect costs from diabetes and related disorders in Kentucky were \$1.7 billion, which is a hefty price for a population of just over 3.5 million. It is expected that through the dissemination of health information, costs like this will decline within the state.

Women traditionally make health care decisions for themselves and their families. They choose when to seek treatment, whom to seek treatment from and the method of treatment. The outreach work of CMCL and Mary Vaughn is likely to have a positive outcome for Kentucky. By improving access to health information, it is hoped that the women of Kentucky will have the means to make informed health care decisions, and that they and their families will experience an improvement in their quality of life and health.

Tribal Connections in the Northwest

Neil Rambo

University of Washington

In 1998, the NN/LM Pacific Northwest Region (PNR) at the University of Washington embarked on a special project funded by the Office of Health Information Programs Development (OHIPD) at NLM. The Tribal Connections Project was developed to assist American Indian/Alaskan native communities in the Northwest with Internet connectivity. The immediate goal of this Internet project was to provide access to health information. The long-term aim was to minimize isolation and improve access to social and health resources for these rural and mostly very remote communities.

This article briefly describes the project's progress to date, approaches, observations and future plans.

Progress

Roy Sahali, an expert community facilitator and networker, was hired to manage the project.

An advisory panel was organized with broad representation, including American Indian/Alaskan native health professionals, experts in information and communication technologies for American Indian communities, representatives of Indian health boards and experts in community development. The advisory panel provided guidance in reviewing criteria, plans, and project implementation and evaluation.

A sample proposal was developed and published on the web as a template for all applicants. Tribes submitted competitive applications, and 16 communities were selected. Representation came from each of the five states in the PNR, from large and small communities alike, and a variety of connectivity solutions were

proposed.

Eleven communities have received hardware and have connected to the Internet. The librarians on our staff provided Internet skills training for all but one of the 16 sites. Hardware and connections for the remaining five sites will be completed by the end of March 2000. Training for all 16 sites will be completed by the end of the NN/LM contract year (April 2001).

Approaches

Many agencies, programs, and departments in the target communities have a stake in health issues. The PNR works to plan Internet connectivity that leverages community resources and delivers optimal benefits from networked information resources and communication.

The following steps ensure effective communication:

- Establish an alliance with community leaders in health care, social services and/or computer systems, and agree on goals and objectives.

- Encourage the participation of other community groups interested in health information — the health and human services department, schools, a tribal college, an Indian Health Service (IHS) clinic, a tribal clinic, environmental scientists, Head Start programs, etc.

- Work with the extended community to plan for the best Internet connectivity that can be maintained once project seed funding is spent.

- Negotiate on behalf of the participants, as a group, with other governmental agencies and also private vendors to get group services and discount rates.

- Acquire and help install computer and network equipment.

- Provide a toll-free telephone access help desk.

- Fund Internet connectivity for

the duration of the project.

- Provide training in effective retrieval and quality assessment of health information resources.

- Encourage and facilitate communities so they add their own knowledge and experience to web sites.

Observations

The proposal process showed that communities had valid and realistic ideas of what technology could accomplish, a good grasp of their own needs and creative ways of addressing problems. The communities were also astute in knowing how to make good use of available funds and enthusiastic about working with a library agency in achieving goals.

The greatest community consensus and commitment of sustainability was found when the plans and choices of the community were followed. Funding was not limited to specific workstation configuration or connectivity methods. Communities could spend all the money on connectivity, hardware or a mix of both. Communities were encouraged to buy from their usual vendors, purchase their favorite brands of equipment and get service contracts from their usual suppliers.

We learned to use new threads to weave the fabric of community consensus. For example, when we talked about the benefits of health information to children, we met with instant success. We first had to find out what was important within the communities and then build on it.

The contact person at each site had a great impact on how each project progressed. This is a tenet repeated time after time in the outreach literature, which we can substantiate.

In every community, Roy Sahali was able to forge relationships and

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the priority audiences we serve. We can point to numbers of classes, demonstrations, exhibits and information services provided. We receive positive feedback from class evaluations and other ways. But there are always the nagging questions:

- Do we know enough about the impact we are making?

- What could we do that would be more effective?

- In the end, what differences are we making as a result of our efforts?

With the help of a planning and evaluation process, we can develop ways to use evaluation that, when integrated with planning, can help improve and document our successes. The process of evaluation nudges us to get to know our audience and ask the right questions at the beginning, so it's much easier to plan for and get useful results at the end.

Thus, this article begins a series to discuss the ins and outs of these two concepts — planning and evaluation — how they work together and what we can do to benefit from their use. Here's an outline of the topics to be included in the series:

- Introduction to program evaluation

- Problem identification: Assessing the community

- Getting to goals: Developing measurable objectives

- Planning activities: Tailoring theory-based strategies to the needs of target audiences

- Planning the evaluation: Figuring out the questions and how to answer them

- Coming full circle: Utilizing results

The series will be based in large part on a forthcoming guide about planning and evaluating outreach, developed in collaboration with the NLM and the NN/LM, Pacific Northwest Region. The guide is to be pub-

lished this summer, but readers can refer to a draft at the following web site: <http://www.nlm.nih.gov/pnr/eval/>. The same web site provides details and resources about the planning and evaluation project — conceived, funded and overseen by NLM — including a list of its stellar advisors and fascinating white papers about best practices in outreach and evaluation in seven related disciplines.

Introduction to Program Evaluation

Evaluation *in a sense* is a constant process of obtaining feedback from the community you work with during the entire cycle of developing and implementing the outreach program.

And even though it's ideal to begin thinking about evaluation at the start, it's also never too late to bring evaluation into an outreach effort.

When combined together, planning and evaluation help us:

- Set goals and objectives
- Tailor activities to the needs of those we want to reach

- Be accountable for our objectives

- Schedule ways to track or measure progress

- Discover unanticipated benefits

- Improve outreach strategies

- Justify outreach or provide evidence for additional funding

- Encourage partnerships with other organizations

- Increase understanding and support for outreach in the target community

Overall, evaluation sharpens an outreach focus; provides accountability to our funders, managers or administrators; improves quality and effectiveness; and increases understanding of what we've achieved. As demonstrated by many studies in the library literature, when shared with the outreach community, evaluation research contributes to a growing

knowledge base from which we can all benefit.

There are many types of health information outreach initiatives that vary according to site, setting, need, resources and other characteristics of the community to be reached. If you consider that an outreach initiative is really a *program*, the process of conducting various types of assessment and evaluation will clearly benefit its development.

The basic idea of program development and evaluation involves a process of prioritizing and refining outreach efforts through a continuous cycle of community feedback. Effective program development means you treat community members as major stakeholders in the whole process.

Evaluation textbooks represent the process of program development in a six phase circular flow chart. Below is a thumbprint sketch of each stage in this program development cycle. You'll see where various types of evaluation conducted in each stage help planners make decisions, assess quality, track progress, test theories or assumptions, and determine results.

Stage 1 – Assessing Needs

A community assessment, including input from key stakeholders as well as the targeted audience, helps test, revise or refine assumptions about the needs and priorities of the program.

Stage 2 – Developing Goals and Objectives

Clarifying the cause of problems and needs identified in the community assessment helps identify overall goals and develop realistic objectives to achieve them. A critical step in this phase is to involve community stakeholders in developing mutual goals and objectives.

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Stage 3 - Developing Activities and Strategies

Specific plans and strategies might benefit from behavior change theories borrowed from the field of health communications. Audience assessment is conducted prior to outreach to help tailor activities and then again while the program is ongoing to help track progress and monitor effectiveness.

Stage 4 – Evaluating Implementation and Outcomes

What do you want to know about your outreach initiative? Planning for evaluation is ideally accomplished before activities begin. Identify evaluation objectives first and prioritize

what can be done with available resources.

Stage 5 – Gathering Data and Assessing Results

The challenge of planning an evaluation involves decisions about how best to gather and analyze the measurements you obtain.

Stage 6 – Utilizing and Reporting Results

At each stage of outreach development, useful information is gathered about the targeted audience, the activities conducted and the intended effects of these activities. This information will help ensure further outreach success in your own program and may contribute to the success of other programs as well.

Some negative perceptions and

fears about evaluation stem from a feeling that it involves a lot of effort and that results are not always used. It's important that evaluation be realistic in its ambition. As a general rule of thumb, allocate 5 percent of the total program budget to evaluation efforts. This means making priorities about what you want to find out by trying to decide in advance *why* you are asking the question and *what* you will do with the results.

So while planning and evaluation sound complex, they can be simple and still be of benefit. Plus there are lots of resources to help. The evaluation guide will provide helpful tips as well as point you to other resources. The research section of the MLA and your local university can provide assistance. There are also increasing numbers of web-based resources.

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had not yet arrived at these health centers.

Our goals were straightforward:

1. Integrate the use of Internet resources into the information seeking behavior of health center staff.
2. Promote NLM health information products and services.
3. Strengthen the role of the OSU Health Sciences Library in providing health information to unaffiliated health care professionals.

We surveyed project participants to determine how well we met these goals. Most respondents agreed that the first goal had been accomplished very well, but that the second two were only adequately accomplished. A closer look at how well we felt our project objectives were met helped us understand these responses (see table on page 3).

As we discussed the results of our evaluation, we agreed we could offer the following advice to other librarians who may decide to imple-

ment this type of project:

- Be realistic about the need for staff time to implement a project of this scope.

- Avoid implementing projects at sites that are undergoing major changes.

- Plan for basic computer training (for example, Windows 101).

- Time is on your side: the Internet is now pervasive in daily life.

- Time is a barrier: it is difficult for staff to dedicate time to experiment online.

- Gather needs assessments in person.

- Identify site contacts and work with them, but also use "direct marketing."

For further information about this project, visit our project web site at <http://bones.med.ohio-state.edu/nhc>.

Contact Mary Sprague at sprague.3@osu.edu or Eric Schnell at schnell.9@osu.edu

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promote collaboration. This intense networking resulted in deals such as: using an IHS connection for more than just the IHS clinic, using a Bureau of Indian Affairs connection, trading usage of a server for wiring work done by the tribal systems office and using state governmental networks.

Future

We are now concentrating on training at several sites, focusing on the development of local experts who can continue to train and troubleshoot within their own communities.

Librarians in target communities are the keys to success. Therefore, we plan to provide continued assistance to the public, school and tribal college librarians.

We recently received additional funding from the OHIPD at NLM to extend the work of Tribal Connections to a few tribes in other U.S. regions.

Important Dates

National Online Training Center Class Dates

For additional NOTC classes, class descriptions, and online registration, check: www.nlm.nih.gov/mar/online.

Greater Midwest Region Keeping Up with NLM's PubMed (1-day)

April 3, 2000 Ann Arbor, Mich.
August 14, 2000 Chicago
September 25, 2000 Minneapolis
September 26, 2000 Minneapolis

Introduction to Web-Based Searching: Using PubMed; Internet Grateful Med to Search NLM's Databases (2-days)

April 4-5, 2000 Ann Arbor, Mich.
August 15-16, 2000 Chicago

North Dakota Library Association Health Science Information Section

April 7, 2000
Harley E. French Library
of the Health Sciences
Grand Forks, N.D.
Contact: Melva Brend
Phone: 701-777-3993
Email: mbrend@medicine.nodak.edu

Wisconsin Health Science Library Association – Board Meeting

April 7, 2000
Best Western
Steven's Point, Wis.
Contact: Sharon Wochos
Phone: 414-291-1278

Indiana Health Sciences Librarians Association Spring Meeting

April 12-14, 2000
French Lick Resort
French Lick, Ind.
Contact: Marina Will
Phone: 812-426-3385

Kentucky Library Association

(Includes Medical Librarians)
April 12-14, 2000
Jenny Wiley State Park
Prestonsburg, Ky.
Contact: Alice Marksberry
Phone: 606-257-0308
Email: alice@caer.uky.edu
CE Contact: Kelly Vickery
Phone: 606-986-6593
Email: kmvick@pop.uky.edu

Health Sciences Libraries of Minnesota

April 14, 2000
North Western

Health Sciences University
2501 West 84th Street
Bloomington, Minn.
Contact: Cindy Gruwell
Phone: 612-626-3936
Email: henri013@tc.umn.edu

Ohio Health Sciences Library Association Spring Meeting

April 14, 2000
Department of Transportation
Columbus, Ohio
Contact: Barbara Van Brimmer
Phone: 614-292-4891

Iowa Library Association Health Sciences Roundtable

Iowa City
April 20-21, 2000
Contact: Cathy Perly
Phone: 712-252-0137
Email: cperley@willinet.net

South Dakota Health Sciences Section

April 28, 2000
Sioux Falls
Contact: Anna Gieschen
Phone: 605-357-1519
Email: agiesche@usd.edu

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