

**National Network Libraries of Medicine, Middle Atlantic Region  
Regional Advisory Committee Meeting – Fri., Nov. 17/06**

**Summary Points – Outreach Planning section of the RAC meeting**

**1. What outreach programs are you doing now or planning in the near future?**

- Library is not doing/has no mandate to do any outreach: 4 libraries
- 1) Segment on a weekly radio show: focus on one topic and have a 3-5 minute segment focused at consumers. 2) “Books to Bedside” program: public library books are taken around to hospital patients to check out. If patients don’t have a library card they can sign up for a card at bedside. 3) “Grow a Reader” program: primary care physicians give books to their child patients when they come in for a visit.
- Creating closer ties with the psych department – developing evidence-based psych materials.
- Exhibit at state fair, job fairs, health fairs, powwows, Governor’s Day
- Hospital rounds: 1) Dean’s Grand Rounds: link to evidence-based information on their site pertaining to the current topic; 2) ICU rounds: this led to providing information to family members of patients in ICU.
- Have ongoing relationship with Oasis – Oasis will contact them to schedule a talk on a topic that is of interest to them.
- Collaborative work with university in discipline of allied health training
- Go Local: 1) possibility to collaborate and develop a section from upstate New York (NY); 2) there were concerns about staffing challenges, demand for keeping information current, and collaborative issues especially in NY and Pennsylvania (PA) where there are both public and private institutions; 3) In Delaware (DE) need to investigate success to get funding in addition to that from NLM.
- Attempt outreach to the one Division of Public Health in DE. DEAM had staff in place in order to begin outreach programs without having to find money to increase staff. Physician panels on specific health conditions is a good way to get info out to the public.
- Mini-Med School programs: for the community, high school students.
- There’s not much collaboration between the med schools in Philly as they are all private.
- Queens: working with clinics, doctors, writing curriculum. NCI grant with MSKCC. Medical librarian on staff in order to create connection between public library and medical libraries. Have to have a vision and adjust to the community. Offer medical information to laymen: scientists who talk to public. Well-attended events, especially for those lesser known and discussed health conditions.
- Weill Cornell has recently created a cohort of community-based physicians and there may be some outreach in support of that effort.
- NLM funded projects on public health; AIDS outreach; programs for minority high school students.
- There are hidden programs that several libraries conduct but that aren’t always considered traditional outreach, such as fellowships, initiatives to expose students to the health sciences, etc.

- Future outreach initiatives need to be congruent with the needs of institutions—supporting the mission of the institution and increasingly providing some demonstrable benefit that librarians can share with their administrators.
- Turn outreach internal: focus on new needs of librarians—developing librarians at other institutions in how to improve service and advance the role of the medical librarian; focus on new professionals and students—develop fellowships and internships that train future medical librarians and integrate outreach as a key component, allowing the host library to benefit and instilling a commitment to outreach in future professionals
- Work with the local 3Rs council to provide educational outreach.
- Work with unaffiliated physicians, mainly for freely available resources. Some physicians may have multiple affiliations (e.g. hospital staff, medical school faculty), which can be good for access.
- Work with pharmacists, occupational therapists, and physical therapists. These professionals are being encouraged to earn advanced degrees and continue their education, especially in evidence based practice, but because they often work in private practice, unaffiliated with a hospital, they have limited access to resources. EBP courses originated with faculty and professional organizations (e.g. APTA, AOTA), not with librarians.
- Incorporated library classes, such as evidence based medicine (EBM), into the medical school curriculum.
- In the past, many departments had their own small libraries, but budget cuts forced many to close. The [main] library partnered with some of the department libraries and offered to staff the department library as a split position (i.e. half time in the department library, half time in the main library). This solution was a success because the department library was able to stay open, and the main library was assured of the high quality of the department library staff.
- Developed Spanish language patient education materials for a maternity and delivery hospital.
- Created a humanism in medicine program that invites local medical school students to learn about the relationship between medicine and the arts and humanities.
- Host public lectures; the speakers have included Nobel laureates.
- Established an information kiosk in a FBO health clinic. In the future this off-site kiosk will be managed by intermediaries who are not affiliated with the library.
- Teach high school students about health literacy using a local health information web site.
- With a community college, co-hosted a conference for high school students who are interested in health careers.
- Worked with middle school students on a program where they evaluated web sites, participated in focus groups where they offered ideas on important aspects of a health web site. Students were also paid to take a health literacy class.
- Worked with an electronic content provider to provide off-campus access to practicing registered nurses who are working toward a BSN and need to do research from home and work.
- Work with undergraduate students who are in a pre-health program.

- Work with FBOs to reach alternative health care practitioners, such as herbalists.
- Instructed older health professionals on the use of online health information resources. Older learners were intimidated by computers, but their fear of appearing unknowledgeable made them reluctant to visit the reference desk for assistance; they preferred private office consultations instead.
- Worked with public health employees. These individuals were hungry for information, and were even willing to pay for private instructional sessions. However, some employees did not attend the scheduled training because of competing priorities, such as day-to-day office crises. Other barriers included IT restrictions on using the Internet as well as difficulty in updating public health agency web sites.
- UMDNJ has a public mission so the Library is heavily involved in outreach in the community: 1) librarians actively trained public librarians so that they could better answer health questions. The training also promoted HealthyNJ, a consumer health web site created and supported by UMDNJ; 2) librarians work with NJ AHECs; 3) UMDNJ in Newark has a Center of Excellence that addresses issues of cultural competency. Librarians introduce them to the Spanish language portion of HealthyNJ. Soon a new portal will be introduced – Just for Kids (middle-school age); 4) librarians exhibit at NJLA to promote and educate on health information resources (primarily around HealthyNJ). Next plans for HealthyNJ are to target the DOH. They've also found that the translations (to Spanish) were not up to par and are assessing what to do next. The Newark public library has multi-lingual librarians and UMDNJ worked with them on a contractual basis (for???)
- Comment from the group: found it highly interesting that Pennsylvania does not have an institution (higher education) with a state-wide mandate for outreach.
- University of Rochester: Though a private institution, community health is part of the mission of the institution. Recent efforts: 1) librarians will be looking for funding to work with Literacy Volunteers of Rochester on health literacy at inner-city medical clinics; 2) had grants or subcontracts to do work with rural and inner-city providers, county health department staff, and African American churches in the inner-city; 3) key player in creating CLIC-on-Health and continues to support its programs. CLIC-on-Health is a consumer health web site with local links to Rochester area services and referral to MedlinePlus. CLIC-on-Health (based at Rochester Regional Library Council, but with subcontracts to the University of Rochester) has offered training for: Public librarians, Seniors and Senior Center staff, School nurses and health teachers, School librarians.
- Albert Einstein's HCOE (Hispanic Center of Excellence) has a summer program for 16-20 minority undergraduate students to encourage applications to medical school with a focus on minority health issues and reducing disparities. The Library involvement in this initiative is to train the students in health information literacy skills to improve competency in searching the medical literature and identifying resources relevant to minority health issues. At the end of their program, the students presented research projects. The program improved this year with the inclusion of a graduate student mentor as well as clinical faculty and

- librarians. The Library provided a toolkit and more library/librarian availability over formalized training. With currently reduced federal funding for the HCOE, this project is in question. Recently, Albert Einstein College of Medicine received a \$10 million grant to offer health care in the Bronx to Hispanics and African-Americans. There is no role yet for the Library.
- NYAM. Private institution with a mission for the public. NYAM Library recently created and staffed a Health Information Center at 10<sup>th</sup> Street in the Settlement House. Working with public librarians at 96<sup>th</sup>, 110<sup>th</sup> and 125<sup>th</sup> street, NYAM librarians trained the PLs in health information. The funding for the Health Information Center has ended but the clinic at the Settlement House has picked up the costs of having the librarian on the premises. Lessons learned: public librarians could not get away from their facility and training needed to be brought to them. Junior Fellows program: 80 students from 5 Queens public schools are in a program in cooperation with the NYAM Office of School Health and the Library. Students receive 5 library sessions plus off-site visits to clinical facilities and laboratories. NOAH: a consumer health web site with links to NY resources, is made up of a Steering Committee including Queens public, NYPL, Brooklyn and NYAM. There is some funding from the state for Spanish language translation. NYAM librarians provide training for two acupuncture schools through a contract. NYAM librarians will be creating an evidence-based database for social workers. NYAM librarians will be creating a teacher-critiqued lesson plan database in health information for teachers (primary grades).

## **2. What unaffiliated health professional groups would be good for you to work with in your situation?**

- Immigrant health care
- K-12
- Pharmacists (if CVS, Walgreen's, do they have access to knowledge-based information in other ways?)
- Dentists
- Nurses: schools of, community, recruiters, VA, in long term care facilities, in schools
- Lawyers
- Public Librarians
- Patient advocates
- Health aides
- Clinical psychologists
- Therapists: Physical & Occupational
- School Alumni
- Many health professionals are pressured to earn advanced degrees after they have been practicing for a while. This trend created a group of older learners.
- Limits to access: many more institutions are experiencing administratively-imposed limits to access (virtually and even in-person) that limit their ability to work with unaffiliated professionals; some libraries are hobbled because they can only offer resources to teaching staff and not the practitioners in the hospital due to licensing restrictions; the question often isn't one of identifying

unaffiliated professionals, but of identifying feasible services for them, increasingly expecting services that the library simply cannot provide (free materials, remote access, etc) and failing to understand that such services ultimately need to be paid for by the unaffiliated professional.

- Competition of services: in larger metropolitan areas there is increased competition among public libraries, university libraries, private medical libraries, and public institutions to work with unaffiliated individuals.
- Health disparities issue in DE – need to level the playing field for all health professionals.
- RAC role: need to have advocacy role at meetings. Need to be a representative voice.
- Veterinarians: vet medicine is important when thinking bioterrorism or global issues. They don't have the same network. Don't go to hospitals. They use NLM resources, but they aren't tailored to their needs. They have to rely on resources as alumni of an institution.
- Public Health: educators, epidemiologist, food safety inspectors are all unaffiliated health professionals.
- Weill Cornell: CAM practitioners are an unaffiliated group that they may/would consider working with (there is an institutional connection).
- NYAM: Settlement House has an ambulatory clinic with 5 physicians who are unaffiliated (there are likely many other such facilities in the NY area).
- Comment from group: There is a reluctance to spend on health information from some of these groups and/or the institutions they work in or are a part of.
- Loansome Doc: UMDNJ: Loansome Doc users are from Biotech firms and law firms; Many libraries felt there needed to be stronger marketing of the program—can the RML work with libraries to help create a stronger campaign; we would like to see use/data.
- Question from the group: Are we talking about physicians in private practice as being unaffiliated? Answer from the group: yes.

### **3. What health disparities are of greatest concern to your community, and which do you think would be most amenable to information interventions?**

- Language barrier – only have materials available in English. It can also be intimidating for users to try to use the library.
- Insurance issues – “haves” vs. the “have nots” (PHMC survey found that race is #1 disparity and insurance is second) [Francesca Gany's talk: the need to advocate for health insurance coverage is necessary for good health/access to health care].
- Lack of access – on consumer side. People don't have net access to get to the information. In some areas the cost of parking is an issue.
- Age – Chronic conditions limit mobility, transportation, tech savviness
- Nursing home population – How well does outreach to nursing homes work?

- Elderly
- Diabetes
- Asthma, especially in Washington Heights, NYC
- A number of diseases are linked, such as obesity/diabetes and smoking/asthma/heart disease. Talk to the local health department to learn about other disparities.
- The importance of a healthy lifestyle, especially exercise and nutrition
- Clean air; smoking
- Information for preventive health
- A small percentage of information seekers are the “worried well” (healthy people who want preventive medicine). Most information seekers have been newly diagnosed with a medical condition.
- Child/Day Care and their families
- Homeless
- Heart Disease
- Pennsylvania has the second oldest population in the United States. Many seniors live in isolated, rural communities.
- At UPenn: Urban environment therefore African Americans, Hispanic, southeast Asian, therefore obesity and diabetes are major issues.
- DE: breast, colon, prostate, lung cancers. Hypertension, diabetes, obesity. Giving mini-grants to address issues that are found out by going directly to the community – knocking on doors, going to the beauty salon/barber shop. Health department trying to address the lesser known diseases in the area.
- Queens: NYS funding to get out cancer info. At the Queens public library; distributed info in a variety of languages, referred to local physicians. Queens/MSKCC mental health unit: how do people access info/what do they do with it? Huge crowd for a panel on fibromyalgia. If the information isn’t widespread it draws a larger crowd.
- Alternative Health: way to attract people and get out info
- Hispanics, inner city African-Americans, growing Asian population. Issues of illegal immigrants and barriers to accessing health care.
- Disease/condition: Drug information, especially for LEP individuals. childhood asthma.
- Group consensus: Focusing on a disease or a condition will probably lend itself to assessment and outcomes. Individually, libraries have specific ethnic groups or populations they may want/need to focus on (depending on geographic location) but if the plan is for a coordinated regional outreach effort, then projects targeting specific ethnic groups may not be the first choice.

#### **4. Who are the key target populations in your community?**

- Hispanic
- African-American
- Centers of excellence – Pediatrics, Orthopedics, Cardiac, Pediatric Psych

- Rural Elderly – rural PA and upper/ w. NY, NJ.
- Southeast Asian – growing population in Philly. (Vietnamese, Chinese, Cambodian)
- This brought up a discussion – “Is there any type of scholarship available for librarians to go back and learn a second language?” in reference to providing service in mother tongue of growing immigrant community.
- Also: “Med students don’t speak “gerontology””
- People living in poverty
- Undocumented individuals
- Uninsured individuals
- People who distrust or fear physicians
- People who use alternative and complementary medicine
- Geisinger: rural – growing Hispanic, Amish, African American populations.
- DE: growing Asian population and large gay/lesbian population in southern DE.
- Queens: non-English speakers (they have a demographer on staff to see what the make-up of the 2.3 million people is). Children a concern. Toddler learning center: books, audiologist, doctor present with a variety of languages offered to address needs.
- Long Island: former NYC residents, Hispanic, Shinnecock Indians in South Hampton, Central Americans working with an increased rate of injury and high users of library for internet.

## **5. What groups would be likely partners for you in your community?**

- Branch of Free library in Philly
- Regional library systems – WNY, PALNet, PALSYS, AccessPA
- NJ – Multi-type library consortia
- Circuit rider librarians
- American Red Cross, Salvation Army, American Cancer Society – disease specific organizations.
- Led to discussion – Some stores have community-giving programs such as Home Depot, Wal-Mart – is there anything we can tap into there?
- Visiting doctor programs help identify areas in need by consulting with physicians who are actually out in the community
- Health educators, Patient advocates
- Community legal services, social service agencies
- Places where people congregate, e.g. barbershops and tattoo parlors, neighborhoods/neighbors
- FBOs, especially in Philadelphia, which includes Catholic, Jewish, and African American organizations
- Native Americans, Hispanic
- Public Libraries, SIBL in NYC
- Community hospitals, community-based organizations, community health fairs
- Local government

- Pick 1 group, i.e. church nurses (parish nurses): well connected with FBOs (nutrition/inoculation), school nurses, Chaplain program in hospitals
- RML puts outreach forth as part of its mission; is community outreach at the top of the mission for all librarians? RML defines new roles for librarians
- Information literacy relies on librarians
- Hospital librarians not part of the process – integration of hospital libraries creating connection between large hospitals and public libraries
- Find models of groups that have reinvented themselves and use those models as examples.
- Senior centers
- Technology centers
- Settlement House
- Literacy centers, literacy volunteers
- Health clubs/Ys

**6. Do you have any advice for questions on surveys to unaffiliated health professional groups about their information needs or outreach programs?**

- These people aren't going to be literate in our issues.
- You get much better results with focus groups or even a cold phone call; surveys are not a good idea because of low response rates, use focus groups, and add a financial incentive, such as \$50 payment or gift certificate.
- Also look for surveys and information from other groups that have already asked the questions we want to ask.
- Identify the people in the RAC interested in doing needs assessment and train them to do focus groups.
- Use scenarios to illustrate possible ways for people to use our resources and get feedback on how they fit their view of information use now and in the future.
- How do we find unaffiliated health professionals?
- Work through community leaders, not directly with community based organizations and unaffiliated health professionals
- Beware of the danger of response shift bias in surveys. The user overestimates his ability and does not think he needs help during the pre-test. After receiving instruction, he realized he needs more help and scores lower during the post-test. "You never know what you don't know."
- You need a more subtle assessment tool than a survey, especially for unaffiliated health professionals, who may be uninterested in the survey
- Do not include the term "library" in the assessment because of (possibly negative) preconceptions about what a library means.
- Contract the assessment to a disinterested third party.
- How do you decide on whether you do it?



- Tell me how long it will take/that I can stop in the middle and resume later; give progress at the bottom of the screen, i.e. 45% left.
- Don't made it unsolicited: a letter ahead from someone impressive
- What is the survey being used for? Tell them.
- Sample questions: be specific. Don't just ask: do you use the library?
- Have you ever used PubMed before? Loansome Doc? CINAHL? etc.
- Can we get tools from OERC and use them?
- Finding them through their professional associations. We may also want to try additional methodologies including interviewing key personnel, use of an anthropologist, phone calls, piggy back on other groups' work, focus groups.
- There is increasingly a disconnect between the charge of the contract to reach out to unaffiliated professionals and the reality of the current environment. Unaffiliated professionals may be unaffiliated for the simple reasons that they don't want the services or (more likely) don't want to pay for the services

## **7. What are your desired outcomes for RML outreach projects?**

- Sustainability of the projects
- Make the project quantifiable – able to prove that it worked or didn't.
- Can be used by other groups. Doesn't have such a narrow focus that it can only be used by 3 librarians.
- Disseminate results: success or failure of the project; post information about past NN/LM-funded outreach projects, so that members can learn about existing efforts; create an outreach database of successes and failures which includes: current projects, age-appropriateness, publicity materials, contact information, regional training curricula, disease- or audience-specific programs.
- Publish information outside of profession to show value of projects to larger public group and medical community.
- Develop a template/plan for a model project (not a toolkit). [Other group members suggested the three booklets from Outreach Evaluation Resource Center may be applicable.]
- The RML can break down the political barriers that may exist between some institutions.
- Gather region-specific resources (Philly Health Info, NOAH, Healthy NJ) that are similar to, but not included in, MedlinePlus Go Local
- Improve the health of the community and can make librarians look good to their administration.
- Shows value of the institutions and helps others.
- RML as advocate to get info out beyond library world.
- RML as voice/communicator, sharing info of articles with librarians and passing up the ladder of administration.
- More resources

- Micro-awards to hit population and reach out.
- Measurement – how to? Replication, Patient perception/satisfaction; Did it change the way you did something?; Reduction in patient visits; Use: did you try/make a lifestyle change?

### **Additional questions**

#### **What is an outreach program to you?**

- In the past it's been the RML teaching NY state staff how to use PubMed. Would like to see shift to a more community oriented level.
- Outreach to external groups – would like to teach groups how to access information.
- On project awards – there is no money there to SUSTAIN the project once it has been created. Could the money become a professional development grant so that the person/skills stay around after the money is gone?
- Part of the outreach has to be planning for sustaining the outreach program.
- Proud of teaching people skills on how to write proposals on getting NLM funding.
- Can some money tie back to recruitment and training programs? Library schools aren't giving the skills necessary.

#### **Other comments:**

- Some people are unaware that the “library” is a real, physical space with real, physical librarians.
- The library should portray itself as a neutral player when teaching a class, e.g. not promoting its own web sites during a class on online resources.
- Preventive medicine is also important as a cost-savings measure. For example, good pre-natal care might mitigate the cost of high-risk pregnancy, complicated labor, and other problems.
- Show the connection between a disease and its prevention, e.g. a timeline of smoking and the resulting health problems throughout the lifespan.
- Group comments: Need to think about planning awards. (CLIC on Health came about because of, in part, a planning award), Replication awards – with multiple lead institutions, Fund “tweaks” to existing projects to make them replicable.