

FINAL REPORT OUTLINE FOR SUBCONTRACTS

NARRATIVE DESCRIPTION

1. Summary/Introduction:
Summarize your accomplishments on the project.

A 54 page, double sided bound Quick Link Health directory, a compilation of Internet accessible health information on the World Wide Web and subsequent web based directory containing approximately 460 links was developed through a grant from NN/LM PNR.

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

There are two groups of target audiences for this project: Residents of King County Housing Authority family developments in east King County (Bellevue, Redmond, Kirkland, and Woodinville) and, end users of community technology centers (CTCs) throughout King County. The majority of CTCs are located in central Seattle and Rainier Valley neighborhood.

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

King County Housing Authority staff collaborated with PSACT staff in providing access to residents in east King County family developments. KCHA was selected as a partner because of the geographic range of their resident properties, dense populations, and access to multi lingual and multi cultural populations. Out of 560 KCHA families, 34% of the residents are children of which 85% are school age. This is an important factor, as it is imperative that healthy behaviors are introduced at an early age. PSACT continues to collaborate with KCHA on other technology tool for residents, the Employment Readiness Scale. As mentioned, staff turn-over and lack of buy-in was a minor challenge encountered throughout the project. For the future, an MOU and/or scope of services would be agreed upon.

4. Training:

In the final report, provide a summary of the training events and participants:

- Total number of sessions conducted as part of the project
A series of five focus groups was held with King County Housing residents.
- Total number of sessions in which half or more than half of participants were from minority populations

Three out of five focus groups had 60% or more Latino and Somali participants, that spoke little English and/or English as a second language.

- Total number of participants in the project's sessions
- Breakdown of participants by:
 - Health care or service provider
 - Health sciences library staff member
 - Public/other library staff member
 - *3 PSACT staff, 1 KCHA staff member*
 - Member of the general public
 - *48 King County residents*

5. Training sites:

Provide a brief description of training sites.

Introduction to the web based Medline Plus and subsequent focus groups were held in King County Housing Authority complexes in Bellevue, Redmond, Issaquah, and Burien. Housing residents represented youth (ages 12-18), adults (parents), seniors and individuals with disabilities.

6. Exhibits:

List all the exhibits connected with the projects (if applicable). Include the meeting name, dates, location, estimated number of contacts made, demonstrations given and general impressions of success.

Five focus groups were held during the summer/ fall of 05 with a total of 48 KCHA residents. A demonstration of the Medline website was given at all focus group sessions.

7. Resource materials:

Provide a brief description of any materials that were developed for training or for promotion/marketing (include newspaper announcements, brochures, etc.). Include copies of materials developed. If web-based resources were developed, please provide the URL for the site where the materials are located.

Promotion/marketing: A mass e-mailing announced the inauguration of the Web-based directory. A promotional announcement and "go to" link is on PSACT's Home Page, www.psact.org.

8. Web sites:

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

The Quick Link Health Directory home page is www.psact.org/MedWeb. It is linked to several data-access pages that use ColdFusion tags to actively query our web-hosted SQL Server database. Users can view the directory alphabetically, or can “drill down” to result sets based on target audience, medical topic, or information service offered (e.g., searchable database, links list, contact info, etc). There is also a very rudimentary keyword search and a table of links by popular topic.

Key to ongoing maintenance is updating and propagating the data from a single source. A single MS Access database, with input forms that automatically maintain related table data, is used to create and update directory list items. At any time, the content of this database can be uploaded to the Web-based SQL Server database. This automatically updates the Web-based application; no code needs to be touched. The source database (MS Access) is also used to generate Word and HTML documents plus a “locked down” MS Access data lookup application for distribution on CD-ROM.

9. Document delivery and reference services:

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

“Hard copy” materials (CD-ROMs and printed directories) have been produced in limited quantity (75 each) for distribution to King County Housing Authority residences and PSACT-member Community Technology Centers (CTCs).

10. Approaches and interventions used:

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

On May 4th, 2005, PSACT staff facilitated a meeting with King County Housing Authority’s resident managers to brainstorm how to work with KCHA residents on their views /needs for online healthcare resources. PSACT executive staff then met with Morgan Zantua, Special Projects Consultant, with the Center for Learning Connections, to design the format of the focus groups.

PSACT executive staff coordinated with KCHA staff on distributing flyers and “spreading the word” to ensure focus group participation. KCHA staff had the flyers interpreted in several languages. Each focus group began with a general discussion of the health-related issues which concerned participants on a regular basis. Discussion was designed to generate a sense of “community” and establish a foundation for the one-on-one interviews which used an Appreciative Inquiry Model. Upon completion of the interview process, participants shared refreshments before observing a demonstration of the Medline website. Following the presentation, participants responded by holding up a numbered card (1 “least likely” to 5 “most likely”) to questions about the Medline site. Compiled interview/discussion results were used to guide subsequent research to build the

Quick Link Health Directory. Information was collated and a written results report was written by PSACT executive staff.

Existing PSACT staff (a VISTA volunteer) performed the Web site research, populated the source database (in MS Access) and developed the Web-based application hosted on PSACT's site. The fundamental data structure, which allows cross-indexing by audience, medical topic and info service, was developed, prototyped, and tested in MS Access. All input and updating are done in the Access database using input forms designed to maintain data integrity among related tables.

To create the Web site, the MS Access table data was uploaded to the Web-based SQL Server database made available by PSACT's web host (Crystal Tech). Then ColdFusion-based data access pages were developed and tested to create the data-driven site. This required the creation of dynamic SQL queries, which are generated based on user input from the data access pages. (Much of this input is driven from drop-down pick lists, which are themselves generated from master tables within the database. This allows user choices to be automatically updated as categories are added or modified).

Finally, with input and advice from a collaborating Web designer (Cass Magnuzki), the data access pages were linked to a style sheet and formatted for look & feel to echo that of the PSACT Web site. The complete package was assembled and tested in a development "sandbox" sub-directory on the host before being transferred to the "live" site for use.

11. Evaluation:

How was the project evaluated? What results were achieved based on the objectives of the project?

Annie Armstrong, an evaluator with BGCC, developed the initial series of questions for King County Housing Authority providers to critique. Questions included:

- In your job, do you help clients deal with their health problems? Do you ever advise clients to use computer technology resources to help get answers to some of their health concerns?*
- In your opinion, what are the most common types of health issues local residents face?*
- Who do you consider to be the most frequently used health partners for your clients?*

Who do your clients turn to for help in dealing with their health issues? Where do they get the help they need?

- Do you think clients would ever use computers to help research health information such as those available in Medline Plus? Why/why not?*

Input from KCHA providers assisted PSACT staff in creating the questionnaires, and

focus group design. Without this input, the quality and richness of content from KCHA residents may have been compromised. Feedback from KCHA residents was the driver for shaping the final product; web based health link directory.

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

Coordinating with KCHA and providing sufficient interpreters proved problematic. For example, the final focus group was held in Burien and there were eight Somali seniors and only one interpreter. The Somali group departed before the focus group was completed when the interpreter had to leave in order to pick up her children from school.

There were minor unforeseen collaboration/code-sharing problems due to the fact that other web developers didn't fully understand the use of ColdFusion in a "live" database application. Not a show-stopper; simply a little extra cut & paste required. There were also some minor issues with document conversion which could not be addressed within deadline, but which did not prevent publication.

13. Continuation plans:
Report on how you plan to continue the project. Will all or some of the project's activities continue? Who will provide the funding and staffing to do so?
This definitely is a continuing project. Such is the volume of relevant information and resources on the Web that, when queried on progress, PSACT's VISTA would invariably reply, "I'm making finite progress on an infinite problem. Tell me when you want to cut off the research and publish." Even as production/publication began, PSACT received suggestions/requests for expansion and addition in areas such as disaster preparedness and HIV/AIDs. This suggests that with follow-on funding, periodic updates and expansions of the core data can and should be made. PSACT's VISTA will leave documentation on the development and table structure to guide follow-on maintainers; he will also be available for subcontract work when his VISTA term of service ends.

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

There is a perceived goodwill that the library is viewed as a repository of information and a committed community partner.

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

Due to the multi lingual and multi cultural makeup of KCHA residents, all promotional materials must reflect the target population language. Also, future promotional materials including flyers would be designed differently. For example, flyers contained tear off tabs with the phone number of the PSACT office, and instead of tearing off the tabs, residents took the flyer, therefore, flyers had to be replaced on a regular basis.

16. Responses to follow-up questions (attached):
If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

FOLLOW-UP QUESTIONS

1. Were your original project goals and objectives met? If not, why not?
Project goals and objectives have been met with the exception of the roll out and a train the trainer session to KCHA staff. This is scheduled to occur early May of 2006. This did not occur because of KCHA staff change over. Also, the original Quick Link Health Directory was originally thought to be 5-7 pages, and it ended up being a monumental piece of work at 108 pages on 54 sheets.
2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?
*Lesson 1 – Be aware of and attuned to the target audience(s). This project benefited hugely from the KCHA focus groups of residents, specifically youth, Latinos and seniors. Given extra time and resources, it would be advantageous to also gather input from immigrant communities, communities of color, and people with disabilities.
Lesson 2 – A project of this nature is NEVER finished. Not only is the volume of subject material seemingly inexhaustible, but the URL links will change over time. (Example: Three of the 450+ links in our database “broke” and required update during the period of our research – roughly three months.) We need to plan for sustaining audit/review/maintenance of the existing data in addition to new research and/or expanded content/scope.*
3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?
Set more realistic goals and timeframes. Specifically, draft a MOU or project scope to ensure buy in a participation from community partners i.e. KCHA staff.
4. What advice or recommendations would you give to anyone considering a similar outreach effort?
*First, when developing a data-driven resource, take the time and effort to design and test the underlying data/table structure. Good/bad data design can make or break an application. In this case, MS Access is an ideal design and prototyping tool, even though it may not be the ultimate data repository. It’s easier to make and fix mistakes in a user-friendly prototyping tool than to fix a bad design after it’s been implemented in a robust enterprise-scale Web database.
Second, choose a web hosting service that provides the development and delivery resources you need. In a sense, PSACT “lucked in” to this one. Our web host provider, Crystal Tech (www.crystaltech.com) was recommended to us by our web design subcontractor Gemini Creative (now FuseIQ, www.fuseiq.com). At a cost tailored to non-profits, their CFMX service package made available to us, in addition to plentiful disk quota and e-mail, a robust MS SQL Server database and a ColdFusionMX development environment. We also recommend ACE HTML 5.0/6.0, a free downloadable HTML editor/development tool.*

Without these resources, we could not have created the Quick Link application. Moreover, the application performs extremely well in terms of fast response to ad-hoc queries. To repeat – this was a lucky break for PSACT. When we signed up for the service, we had no idea what we would shortly be doing with it. We know all too well of other developers who found they had inadequate resources after the fact. All the more reason to plan ahead, get recommendations and get performance benchmarks if possible. Don't expect our kind of luck.