

**National Network of Libraries of Medicine, Pacific Northwest Region
Outreach Project Award Final Report
October 2004**

Cover Sheet

1. Locating Resources for Children at Risk
2. Identification of Project: Outreach award
3. Oregon Pacific Area Health Education Center
4. Located at Oregon State University
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6. Dates of service: January 2003-October 2004
7. Date Submitted: October 4, 2004

Narrative Description

1. The overall goal of the Locating Resources for Children at Risk project was to promote awareness of the access to biomedical information related to children's mental health issues using the resources of the National Library of Medicine. The program provided service to health professionals in eight rural counties in northwest and central Oregon. At the end of the project, 101 mental health professionals had attended nine technology awareness seminars. Two of the agencies participated in a hands-on session. Additionally, 66 dental hygienists participated in a technology awareness session at a rural health care conference and one physician received a hands-on session. Also, 600 community members received information at three rural community fairs. 98 health care professionals received information at a Nursing/Pharmacy Conference. Lastly, 16 community newspapers received mental health articles along with information about medical web sites. The newspapers have readership of 80,000 households.

2. This award program provided services to health care providers and community members in seven northwest Oregon counties and one central Oregon county. All are healthcare professional shortage areas and are designated as rural communities. (See map)

3. During the course of the project, partnerships were formed with two mental health networks, Mid Valley Behavioral Care Network and Accountable Behavioral Health Alliance. Oregon Pacific AHEC continues to provide services to these organizations. The current Oregon Pacific AHEC project provides Mid Valley Behavioral Care Network with Hispanic bi-lingual provider recruitment services. Staff from Mid Valley also serve on the Oregon Pacific AHEC Board. Staff from both agencies were very helpful in setting up technology sessions with their staff.

4. Training:

Total Number of Sessions: 11

Total number of sessions in which half or more of participants were from minority populations: none (Rural Oregon is 95% Caucasian, 5% Hispanic). Some agencies do have Hispanic staff and they did attend the sessions.

Breakdown of participants:

Health care service providers: 168

Members of the general public and conference attendees: ~700

5. Training Sites:

Lincoln County, Physician's Clinic, public health office, hotel conference site

Marion County, public health offices, charity care offices

Crook County, public health office

Yamhill County, public health office

Benton County, public health office

Polk County, public health office

Tillamook, public health office

6. Exhibits:

“Drugs and Dialog Nursing and Pharmacy Conference”, Albany, Oregon, April 03, 98 participants

“La Fiesta Community Fair” Corvallis, Oregon – September 03, 250 Latino participants

“Healthy Communities Planning Day” Yachats, Oregon, September 03, 50 participants

“Annual Oregon Rural Health Conference”, Newport, Oregon, October 03, 300 participants

MedlinePlus was promoted at these events. Oregon Pacific AHEC provided community members with MedlinePlus pens and bookmarks.

A selected number of community participants were surveyed regarding their use of MedlinePlus after receiving information about the web site. 67% said they had visited the site and 58% of those who had visited the site said they found it useful. 75% of the respondents were English speaking. 25% were Spanish speaking.

7. Resource Materials:

A flyer was developed to promote the training/presentations sessions. Handouts for the presentation were developed, along with provider survey materials. (See attached)

8. Oregon Pacific AHEC maintains information about NLM resources on its web site at www.ophac.org.

Document delivery and reference services:

9. Oregon Pacific AHEC works with Samaritan Health Services and St. Charles Hospital medical librarians. Program participants are encouraged to use these libraries to order articles and to obtain additional library services. Librarians at both facilities have been very cooperative and have welcomed the opportunity to work with local mental health providers. Dorothy O'Brien at Samaritan Health Services reports that 6 providers have

requested document delivery services from their library. Oregon Pacific AHEC provided document delivery services to two providers.

10. Interventions Used:

Initially, the two mental health agency directors were contacted to explain the program to them. These directors then met with individual agency managers to ask them if Oregon Pacific AHEC could provide this Continuing Education activity to their staff. All of the presentations to the mental health agencies were done during monthly staff meetings. Scheduling presentations during these meetings provided Oregon Pacific AHEC with a “captive audience”. A flyer was developed to distribute to staff, so they knew what the program was about before they came to the session. All sessions were presented by Karen Bondley, Oregon Pacific AHEC Education Coordinator.

11. Evaluation:

All presentation/training participants completed a survey after the session. Scoring from 1 (low) to 5 (high) resulted in an average score of 4.22 for all sessions presented (See attached sample survey).

A final survey of participant participation with Internet research is attached. 80% say they now use the Internet to perform literature searches. (See attached survey)

Lastly, a survey of newspaper health editors who received articles about children’s mental health issues and NLM web sites was provided. 86% report using the news articles provided to them. (See attached survey)

12. Problems barriers encountered:

There were no significant problems. Rural healthcare providers welcome the information and are very grateful for the presentations. The only occasional problem is with equipment. Oregon Pacific AHEC has one lap top and one projector for three outreach workers. Additional equipment would be helpful, but we manage with what we have.

13. Oregon Pacific AHEC will continue to provide MedlinePlus information to community members at local health fairs. Our organization will also periodically publish NLM information in our monthly e-news letter.

14. Impact:

Over half the healthcare providers who attended sessions are using NLM resources. They are using MedlinePlus for their patients. Oregon Pacific AHEC has gained recognition among a group of professionals that had not known about us in the past.

15. Recommendations for improvement:

Oregon Pacific AHEC would not change our training methods. Providing one-on-one training or small group presentations to very rural communities is the best way to make a connection with isolated health care providers. It might be possible to do on-line trainings, but it is hard to match the concentrated effort of a hands-on effort.

Promotional materials from NLM are excellent and are well received by community members.

Follow-Up Questions

1. Were you original project goals and objectives met? Originally, our organization had planned to provide training/presentations to ten mental health facilities (100 providers). We provided presentations and trainings to nine facilities to 101 providers. Additionally, but not planned, we provided one training to a physician office and a presentation to 66 dental hygienists at a conference. Outreach to community members through health fairs and conferences were on target. Newspaper article submissions were made to 16 health editors, more than we had originally anticipated.
2. What significant lessons were learned which would be of interest to use to others conducting outreach projects? This is Oregon Pacific AHEC's third NLM award. To accomplish good outcomes it is imperative to create collaborations with the professionals you are working with. It is also a good idea to understand how a particular clinic or agency works and when staff may have free time to attend a trainings or presentations. With physicians, Oregon Pacific AHEC did the trainings during lunch hours and provided food for staff (Pizza is an inexpensive entrée). With the mental health providers, we did the training and presentations during staff meetings. Flexibility is the key to success.
3. If you were to start all over again, what, if anything, would you change about your goals? In this project, there is nothing Oregon Pacific AHEC would change.
4. What advice or recommendations would you give to anyone considering a similar outreach effort? Again, collaboration is important. Talk with the providers to find out what they need and how you can most easily accommodate their schedules. All the providers we have worked with are very grateful for the information you can provide them. Most of them have the idea that you have to go to a medical school library to obtain journal articles, and many of them are doing that. When they find out that you can obtain this information on-line, and that local hospital librarians are willing to provide them with services they are thrilled.

