

**Final Report Outline for NN/LM Pacific NW Region
Subcontracts and Outreach Awards**

Please save as a Word document and submit as an email attachment to the appropriate NN/LM PNR staff contact.

COVER SHEET

Title of the Project:	Information RX for Cascade County
Name of Institution:	Great Falls Public Library
Project Leader's Name:	Susie McIntyre
Project Leader's Mailing Address:	Great Falls Public Library 301 2 nd Ave. North Great Falls, MT 59401
Project Leader's Email:	smcintyre@greatfallslibrary.org
Project Leader's Phone:	406-453-9706
Time Period Covered:	January 1, 2007 to June 30, 2008
Date Submitted:	January 5, 2008

NARRATIVE DESCRIPTION

1. Executive Summary: Summarize the project's major accomplishments.

In partnership with the Great Falls Clinic (GFC) and the City County Health Department (CCHD), the Great Falls Public Library's (GFPL) Information RX for Cascade County accomplished the following:

- Installed four public access computers (2 at GFPL, 1 at the GFC & 1 at CCHD)
- Trained 190+ health care providers on health literacy and the Information RX; health care staff handed out a limited number of Information Rx
- Held 8 community health programs
- Held one community training on finding Quality Health Information
- Promoted the project with specialty pens, radio announcements and a TV ad
- Increased the GFPL health information collection by 15%
- Created the Health Commons Website

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

Cascade County

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.

City-County Health Department:

Partnership in Grant: We had an excellent partnership with the administration of CCHD. We were able to provide funding for them to install a public access computer for access to health information. They used some additional funding (since GF Clinic did not use their funding for the public access computer) to install a television and provide health programming in their lobby. They were very concerned about the security and of the computer and we spent considerable time making sure that it was protected. Initially, CCHD was very excited about the project, but we ended up meeting considerable resistance from their medical staff who felt that they did not have time to give patients the Information RX's. We were able to provide training on health literacy and Information Rx. We ended up changing the focus slightly and concentrating on the WIC and scheduling staff.

Current Status of Partnership: We approached CCHD about collaborating on another Health Fair, but they have been devastated in the past 3 months with funding cutbacks and are not currently doing any outreach. They continue to provide their public access computer and their TV with health programming. They continue to hand out Information RX, but in limited numbers.

Lessons Learned: Health Care Providers are very busy and very resistant to change. If we were to do this project over, I would focus on a small subset of providers and really work on

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. *NOTE: If you haven't already done so for all exhibits, please complete an exhibit report found at <http://nnlm.gov/pnr/funding/ExhibitReportOutline09-12-02.doc> and submit with this report.

Health Fair at the library:

We had 13 different booths providing screenings, information and massages! Over fifty people participated.

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. URLs for all web-based training materials should also be sent the National Training Center and Clearinghouse (NTCC) for inclusion in the Educational Clearinghouse (<http://nnlm.gov/train/>). Provide verification that this has been done or provide a date by which it is expected that URLs of web-based training materials will be sent to the NTCC's Educational Clearinghouse.

Health Commons Website: <http://www.greatfallslibrary.org/health.htm>

Newspaper Coverage: Copies of articles sent through regular mail.

TV ad: DVD with ad sent through regular mail

Pens: Pens with website information sent through regular mail

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

Health Commons Website: <http://www.greatfallslibrary.org/health.htm>

We will continue to keep the Health Commons functional and promote it to our patrons. We have hopes that in the next few years we will be able to update our entire website for a better, more interactive Web 2.0 experience.

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

We did not provide document delivery services. We provided regular reference service to our patrons and answered an average of 60 health related questions per month.

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

Identifying and Scheduling Sessions: We scheduled training sessions for health care providers based on their existing meeting schedules. We normally provided a 15 to 20 minute training during a regularly scheduled staff meeting. We scheduled the Finding Quality Health Information class based on our regularly scheduled computer class times and community interest. We scheduled the Community Health Fair based on availability of the large library meeting room for the day and the availability of “vendors.”

Promotion/marketing: We sent out press releases and received coverage of the project in the local newspaper. We handed out promotional pens at all GFPL events. We shot and aired a TV ad promoting our electronic databases. We displayed Information Rx posters and materials at CCHD and GF Clinic. We advertised the health fair and the Finding Quality Health Information computer class through announcements in the newspaper and by displaying posters throughout the library and community.

Training: We provided a short training to all participating health care providers. The training covered the importance of health literacy, how-to improve health literacy and how-to use the Information RX. We provided informal, ongoing training for all reference desk staff. We provided one larger community training on Finding Quality Health Information.

Personnel/Staffing: Experienced reference desk staff provided health reference services throughout the duration of the project (and beyond.) Susie McIntyre trained the health care providers and coordinated the project. Kathy Mora provided all of the technical work for the new computers and for the new electronic materials. Jude Smith coordinated the PR and the health fair.

Website Development: After internal discussions and conversations with our partners, GFPL contracted with Wendt advertising to create the Health Commons Website.

11. Evaluation: How was the project evaluated? What results were achieved based on the objectives of the project? (Evaluation based on hoped-for outcomes in application.)

Long-term Outcomes:

- Consumer health trainings will become a regular part of GFPL community programming
ACHIEVED: We have plans to offer Consumer Health trainings every quarter.
- Information Rx and health literacy will become a regular part of Health Care Provider/Patient interaction for a significant portion (> 35%) of selected* CCHD and GF Clinic staff
NOT ACHIEVED: We encountered way more resistance from health care providers than we originally anticipated. Very few of them were willing to hand out the prescriptions.
- There will be an increase in awareness and use of the health information resources and services of the GFPL
ACHIEVED: We have seen an increase in the number of health materials owned by the library and checked-out by patrons. NOTE: This is probably partially due to the fact that the local hospital laid off its medical librarian and severely cut back its services.
- Community-based health organizations will see GFPL as a partner in providing quality health information
PARTIALLY ACHIEVED: We were able to forge positive relationships with many health organizations, but we could probably do more outreach.

Short-term Outcomes:

- Individuals who attend trainings/activities will have increased awareness and use of available health information materials
ACHIEVED: Post evaluations of classes were very positive.
- Selected* GF Clinic and CCHD staff will have increased understanding of the importance of health literacy and accurate health information
PARTIALLY ACHIEVED: Most of the administration and support staff responded positively to the training. We did have an impact on some of the health care providers.
- Patients at the GF Clinic and CCHD will have increased awareness and use of available health information materials
PARTIALLY ACHIEVED: Patients have been exposed to MedlinePlus through posters and PR materials and the public access computers have been used regularly.
- Circulation of the GFPL health information resources will increase by 30% (from the start of the project to the completion of the project at the end of 18 months.)
ACHIEVED: The 100 health DVDs have had varying levels of circulation. Some checking out 12 times in the last year and a few not checking out at all. In addition to increased circulation in health information the print resources of the e-book/print combinations have been heavily used by reference staff and patrons. (*Gale Encyclopedia of Medicine, Gale Encyclopedia of Alternative Medicine, Gale Encyclopedia of Cancer, Gale Encyclopedia of Children's Health, Gale Encyclopedia of Genetic Disorders*)
- The Cascade County Health Commons website will receive at least 10,000 hits by 18

* Selected staff refers to health care providers, WIC dieticians and other staff that have one-on-one interactions with patients. It does not include reception staff or others who are not directly involved in the program

months from the start of the project

ACHIEVED: Health Commons Website (and the electronic resources it provides access to) have received 13,591 hits.

- Individuals who receive materials or attend trainings/activities will have increased awareness and use of available health information materials

ACHIEVED: Anecdotal evidence indicates that 90% or more of patrons with health reference questions get their questions answered successfully, based on the simple questions "Does this answer your question? Did you get what you need?"

- GFPL staff will have increased skills to assist patrons with consumer health questions

ACHIEVED: Staff report increased confidence in helping most patrons. Because of the cut-backs at the hospital library, we are no longer able to refer patrons to them.

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.

Promotion/Marketing: No significant barriers or problems

Training: Health care providers were only willing to commit to very short amounts of time to training.

Equipment: The CCHD had very different ideas about information access. We spent more time and money than anticipated ensuring that the public access computer was protected from theft and misuse. It was difficult for me to confirm the use of the public access computer at the GF Clinic. At times, communication from GF Clinic staff contradicted what I saw happening in the actual clinic. By the end of the project, I felt confident that the public access computers were accessible and being used.

Personnel/staffing: The most frustrating barrier to the project was the difficulty in getting health care providers to dispense the Information RX's. I believe that in order for a project such as this to be successful, it would need to be focused on a smaller group of physicians and to have a strong physician pushing participation. (They might respond better to a medical professional?)

Web Site Development: We contracted with an agency to create the Health Commons Website. I thought that the agency did a nice job setting up the site, but there are some barriers to its effectiveness. First, we do not have the will or the funding to update our website as a whole. The great look of the Health Commons is not followed through the rest of the website. We also are not yet using any Web 2.0 technologies on our website. Second, our health information is sequestered in silos. Our patrons looking for health information must do separate searches in our catalog, our Gale resources (e-books and databases), our Ebsco Database CINAHL, and then out to the web for information from MedlinePlus. Our small budget was obviously too small to implement federated searching for the GFPL resources, but clearly multiple searches, multiple platforms and multiple passwords create multiple barriers for users.

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?

Using existing GFPL funding and staffing, we will continue several aspects of the project:

- Provision of public access computers for patrons at GFPL, CCHD and GF Clinic to use to access health information.
- Provision of a range of electronic and print consumer health materials to the public.

- Provision of health reference services to the public.
- Provision of Finding Quality Health Information classes for the public (hopefully quarterly)
- Maintenance and updating of the Health Commons Website
- Collaboration with area health organizations for displays and programs at the library

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.

This project had several important effects, including:

- Increased consumer health collection
- Increased consumer health information available online
- Improved partnerships with community health organizations
- Improved partnerships with GF Clinic and CCHD. (These partnerships have been subsequently impacted by the recession. CCHD is in dire financial straits and has eliminated outreach and other projects. The closing of the Benefis hospital library impacts all local providers of health information.)
- Increased public perception of GFPL as a provider of health information
- Increased staff skills in the provision of health information

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

The most frustrating barrier to the project was the difficulty in getting health care providers to dispense the Information RX's. I believe that in order for a project such as this to be successful, it would need to be focused on a smaller group of physicians and to have a strong physician pushing participation. (They might respond better to a medical professional?)

FOLLOW-UP QUESTIONS

If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

1. Were your original project goals and objectives met? If not, why not?
See evaluation section.

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?

I think that dispensing Information RX's is a brilliant idea, but much more focused work needs to be done with the health care professionals in order to convince them to add it to their routine. A possible advance would be to have the printing of an Information RX be incorporated in electronic record software so that the Information RX would not be an extra step in their procedure.

Coordinating with other agencies and professionals to hold programs and make displays at the library seemed like the most effective strategy to me. It brought people into the library and highlighted our health expertise.

3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

Yes! I would greatly reduce the number of health care providers that we tried to work with and I would try to get a medical doctor as a paid person on the project to coordinate and promote the Information RX to other doctors.

4. What advice or recommendations would you give to anyone considering a similar outreach effort?

If you try to use Information RX, make sure to stay focused and get medical doctors on board and promoting the project.

5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (<http://publicaccess.nih.gov>), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (<http://www.nihms.nih.gov>) at PubMed Central (PMC) final manuscripts upon acceptance for publication.

We will be publishing an article in the Montana newsletter Focus.