Health Equity through Health Literacy in New Orleans:
Assessing information needs and training outcomes

Matas Library of the Health Sciences, Tulane University
March 16, 2012

(Greater New Orleans Community Data Center, GNOCDC.org: A product of Nonprofit Knowledge Works, December 13, 2011) http://www.gnocdc.org/NeighborhoodData/Orleans.html

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B. Statement of Work

B.1. Summary

The Matas Library outreach program seeks to foster health equity by improving health literacy, thus contributing to the achievement of national health and health literacy objectives. (Koh, Piotrowski, Kumanyika, & Fielding, 2011) (U.S. Department of Health and Human Services, Thursday, March 01, 2012) (U.S. Department of Health and Human Services, 2011) We remain committed to the concept that increasing health literacy results in creating health equity: reducing differences in the "presence of disease, health outcomes, or access to health care". (Whitehead, 1992) As outreach librarians, we can improve the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (Institute of Medicine, 2004) If we facilitate the use of basic health information, we hope to improve health outcomes and access to health care.

Our work targets two health literacy objectives and one public health infrastructure objective:

- Increase the proportion of online health information seekers who report easily accessing health information [HC/HIT-9]
- Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health [HC/HIT-4]
- Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals [PHI-2]

Because HC/HIT-4 and PHI-2 are developmental objectives, they do not have a baseline measurement which we can use to estimate the effectiveness of our work, but we can approximate our effectiveness in increasing the proportion of online health information seekers who report easily accessing health information, HC/HIT-9, as there is a baseline measurement established. In Year 2 we will initiate an evaluation data analysis process to better understand the information needs of allied health professionals, community health workers, and students working with our program partners.

Quantitative data about intentions to use National Library of Medicine (NLM) resources as a result of training and exhibiting, patient reports of successfully finding authoritative health information using an iPad at a health clinic, and use of the AIDSInfo glossary via a mobile phone app will be processed, reported, and used to develop even more effective strategies for increasing health literacy in Outreach Award Years 3, 4, and 5. This work will also multiply our information-related relationships developed through exhibiting and training.
B.2. Description of target populations and geographical areas to be covered

Year 2 Partners

New Orleans East Clinic (NOELA): 1

The New Orleans East Clinic (NOELA) is a patient-centered medical home Patient-Centered Medical Home (PCMH). It is recognized by the National Committee on Quality Assurance (NCQA), the gold standard in evaluating health care quality. The Center provides primary health care, behavioral, social services and obstetrics and gynecology or appropriately arranges care with other qualified professionals including the provision of preventive services, treatment of acute and chronic illness, such as HIV/AIDS, and assistance with end-of-life. Their goal is to:

- Deliver highly accessible health services using the team-based approach of a Medical Home.
- Use Health Information Technology to improve the access, quality and acceptability of care
- Develop innovative and replicable models of care applicable to the health needs of underserved populations in all areas.
- Collaborate with educational institutions and non-profit partners to provide health professional training opportunities.

Description of Read Boulevard East and NOELA patients: Jefferson, Orleans, Plaquemines, and St. Bernard all have larger shares of Vietnamese than the national average, and this has been the case in each of these parishes for several decades. (Allison Plyer, Greater New Orleans Community Data Center, June 14, 2011) In the 1970s, the New Orleans metro was an important U.S. gateway for Vietnamese immigrants when the Associated Catholic Charities of New Orleans helped many Vietnamese refugees settle in the area by finding them subsidized housing and jobs. (Leong, K. J., Airriess, C. A., Li, W., Chen, A. C.–C., & Keith, V. M., 2007) Vietnamese are the most dominant Asian subgroup in Orleans Parish. NOELA is a TUCHC clinic, located in Orleans Parish in the Read Boulevard East neighborhood where many Vietnamese families live. Census data from 2010 presented by the Greater New Orleans Community Data Center describe a community of 7,283 residents. The New Orleans East clinic was founded in 2008 in order to provide access to healthcare to one of the most medically underserved areas of the city. It partners with Mary Queen of Vietnam Community Development Corporation to insure delivery of accessible, culturally competent care.

School Based Health Centers (SBHCs): 2,3

Students perform better when they show up for class healthy and ready to learn. School-Based Health Centers (SBHCs) bring the doctor’s office to the school so students avoid health-related absences and get support to succeed in the classroom. (National Assembly on School-Based Health Care) SBHCs provide care – primary health, mental health and counseling, family outreach, and chronic illness management – without concern for the student’s ability to pay and in a location that meets students where they are: at school. The mission of SBHC’s is to provide quality comprehensive health care to students, administered by caring professionals. All registered students and other authorized students have access to the following services with written consent from a parent or guardian, regardless of their insurance status and/or ability to pay:

- Annual exams and sports physicals
- Treatment of minor illnesses and injuries
- Immunizations
- Hearing and vision screening
- Routine laboratory testing, including pregnancy testing and screening for infection
- Counseling and mental health services, including individual, group, and family counseling
Management of chronic illnesses
Referral and follow-up for more complex problems or emergencies
Health education
Nutrition counseling
Youth development

Description of Mid-City (Easton) SBHC patients: The Warren Easton Charter High School (2) is an inner-city school in the Mid-City neighborhood which is about 1.5 miles from the Matas Library. The GNOCDC analysis of data from U.S. Census 2010 Summary File 1 (SF1) states that in 2010 the population of Mid-City was 14,633. Residents are about 60% male and 40% female. The largest age group is 18-34 year olds (40%). Most are Black or African-American (55%) and most households have no people less than 18 years of age (75%). Of children in households, almost 50% are living in with a mother only. (U.S. Census Bureau) The school is dedicated to educating the children of the working class families of New Orleans and has a school-based health clinic which is designed for medical and dental services. Major funding for the $700,000 facility comes from the Kellogg Foundation, Sandra Bullock and The San Francisco 49ers Foundation.

Description of Central City (Cohen) SBHC patients: Walter L. Cohen High School (3) is located in the heart of Uptown New Orleans, in the Central City neighborhood which is about 3 miles from the Matas Library. About 20% of its 11,257 residents live in family households (2,142). Gender in the neighborhood is equally split at 49.6% male and 50.4% female. Most residents are between 18-34 years of age (27.2%) and most are Black or African-American (72.4%). Of the total households, most have no people less than 18 years of age (79%) and of children in households, most are living with the mother only (52%). (U.S. Census Bureau) The school has a new Academy of Health Sciences career-themed program in which students prepare for future careers by graduating with certification and endorsements in Pre-Medical, Nursing, Sports Medicine, Nutrition or First Responder/EMS fields. As an incentive to participate in the Academy, students receive free health care in the Student Health Clinic.

Youth Drop-In Center (DIC): 4
The mission of the Youth Drop-In Center (DIC) (4) is to improve the health and quality of life of homeless youths by providing primary healthcare and substance abuse, mental health, case management and outreach services. (Youth Drop-In Center, New Orleans, LA)

Since its establishment in 1991, the DIC has provided primary and preventive healthcare to youth. In 2002, the DIC officially expanded to include a Supportive Services component comprised of a day center, outreach services and a peer education program. In 2005, the mental health program was added to include the services of a Licensed Clinical Social Worker and Psychiatrist.

Description of French Quarter and DIC patients: The DIC is located on the fringes of the French Quarter and is less than one mile from the Matas Library. It had about 3,800 persons in 2010, and family households accounted for about 15% of all households (549). Most occupants are male (60%) and the largest age group is between 50-64 years old (30%). Most are White (87%) and 97% of all households are those with no people under 18 years of age. Of children living in the 15% of family households, most are living with married parents (39.5%). Homeless and at-risk youth flock to the French Quarter to work, socialize and seek services. The DIC and the TCC are located in the Covenant House of New Orleans whose mission is to provide shelter and
services to children and youth who are homeless or at great risk. Covenant House provides shelter and services to homeless, runaway and at-risk youth 16 – 21 with a 70-bed Crisis Center and two transitional living residences. Patients receiving care at the DIC are homeless, transient, and at-risk youths between the ages of 14 to 23 years.

T-Cell Clinic (TCC): 5
The T-Cell Clinic (TCC) is a community-based HIV clinic in the French Quarter which provides complete primary care for HIV-positive individuals including regular check-ups. The clinic has an on-site laboratory for blood-work and other tests, and refers patients to a local Medical Center for additional care as needed. All patients are welcome regardless of insurance status or ability to pay.

The program director, MarkAlain Déry, DO, MPH, is developing a mobile health application (app) that will empower patients to monitor their HIV treatment and serve as a personalized reminder for medication administration. The app will include terms from the AIDSInfo Glossary.

Description of TCC patients: The TCC is located in the Covenant House of New Orleans in the French Quarter. The majority of individuals diagnosed with AIDS in 2009 reside in areas with 500,000 or more people. New Orleans is among the geographic areas hardest hit (AIDS cases per 100,000 people). (Prejean & Group, for the HIV Incidence Surveillance, March 14, 2012) A majority of the clients are HIV-positive women and minorities.

Louisiana Community Health Worker Training Institute (LCHWTI): 6
The LCHWTI is a program which trains community health workers to provide health education and act as liaisons between patients and their doctors or social services providers. (Keith Brannon) Through interactive 100-hour training, it prepares community health workers (CHWs) to work for community health centers, clinics, hospitals, health departments and nonprofit organizations. The training program offers residents who have at least a high school diploma or GED the opportunity to become a CHW by participating in a formal, 100-hour training course that develops skills in health outreach, patient care coordination and health advocacy.

Community health workers are trusted members of society who work in conjunction with local health system. They are unique, in that, they have a special understanding of the communities they serve, which enables them to further bridge the gaps between underserved populations and health or social systems. The term “community health worker” is an umbrella term for several different job titles including: community health advisors, promoters, outreach educators, navigators, peer health educators, community health representatives, and lay health workers.

Description of adults trained by LCHWTI: All CHWs must have a high school diploma or equivalent and some experience doing community service work. Program participants are adults who have ranged in age from 25-70. Although the program is open to anyone who meets the requirements, most are African American women. Participants live throughout the New Orleans metropolitan area including Central City, the Lower 9th Ward, Uptown, Mid-City, Kenner, the Bywater, St. Thomas, and Avondale. Courses have been offered at the Harmony Oaks Community Center in the Central City neighborhood and at New Orleans Faith Health Alliance (NOFHA) in the Mid-City community. People trained by the program are currently employed by local community health centers, universities, non-profit agencies, and managed care companies. Several participants also do volunteer work at non-profit organizations or through the faith community to which they belong.
Louisiana Community Health Outreach Network (LACHON): The LACHON supports CHWs while advocating for improvements in community health by convening CHWs to share resources and offer peer support, offering continuing education opportunities (using MedlinePlus®), and increasing recognition for the CHW profession locally, nationally, and internationally.

New Orleans Family Health Alliance (NOFHA): NOFHA’s mission is to provide quality affordable primary care to the working uninsured and their families in the greater New Orleans area. They saw their first patient in November 2009 and since then have logged over 1,200 visits at 8-12 hour/week clinics run by volunteer physicians and Nurse Practitioners. Their vision is the integration of the delivery of physical, emotional and spiritual health services and enabling their patients to exercise personal responsibility in the management of their health and wellness.

A small percent of their patients are seasonal workers. NOFHA provides, at no cost, health education in the form of individual support to develop a personal health plan. Each patient’s first visit includes the completion of a wellness profile that gives NOFHA information about how they perceive their health, where & how they get health information and what additional information they may need or be interested in. Additionally all hypertensive and overweight/obese patients are strongly encouraged to meet with the patient educator to learn more about lifestyle changes to make to improve their health and also strongly encouraged to participate in our weekly exercise program. The patient educators are volunteers with public health and/or dietetic training. Some are undergraduate students performing their required community service work. During clinic hours there are usually 2-3 available to work one-on-one with patients. Patient educators use the information from the wellness profile, the results of the doctor’s visit and the patient’s personal goals to help them understand not only what changes to make but how to make the changes. Resources like MedlinePlus® have been especially helpful in guiding patients to find the information they need.

Because of their focus on health education and health literacy, NOFHA has created a Resource Center in the clinic specifically for patient education. In this space they provide health information in English and Spanish and trained patient educators assist patients with take-home resources.

Description of NOFHA patients and the Mid-City population: The clinic is located in Mid-City. The majority of NOFHA’s patients are low income (85% are under the 200% Federal Poverty Level). About 60% of their patients are native Spanish speakers, and a small percent are Spanish-speaking seasonal workers who tend to be transient and use smart phones as their main means of accessing information. About 40% of their patients are hypertensive and about 68% are overweight.

National Network of Public Health Institutes (NNPHI)
Public Health Institutes are non-profit organizations which improve public health outcomes by fostering innovation, leveraging resources, and partnering with government agencies, communities, the health care delivery system, media, and academia. (National Network of Public Health Institute, 2010) They address current and emerging health issues by providing expertise in areas like:

- Fiscal/Administrative Management
- Population-Based Health Program Delivery
- Health Policy Development, Implementation, and Evaluation
- Training and Technical Assistance
NNPHI currently has 38 members in 29 states. Their 11th annual conference will be held on May 21-23, 2012 in New Orleans. The event will highlight examples of public health institutes working in close collaboration with state and local health departments as well as many partners, to support current opportunities for systems change, such as implementation of the Affordable Care Act, the growing field of Health Impact Assessments, National Voluntary Accreditation and the National Public Health Improvement Initiative and Community Health Assessments. Additional conference topics may include evidence-based public health and the exploration of relationships between public health institutes and their government partners.

Center for Minority Health and Health Disparities Research and Education (CMHDRE)
The Center for Minority Health and Health Disparities Research and Education (CMHDRE) was established in 2002 and is funded by the National Center on Minority Health and Health Disparities of the National Institutes of Health (NIH). It is located within the College of Pharmacy at Xavier University of Louisiana. Their mission is to improve health outcomes of diverse communities disproportionately impacted by; health and health care disparities, through community engagement and partnerships in research, education, and practice. (Xavier University of Louisiana)

Its Sixth Health Disparities conference will be held in New Orleans in March, 2013. Participants include clinicians (pharmacists, nurses, physician assistants, and other allied health professionals), health policy makers, health educators, and public and community health leaders whose work incorporates the use of mid-level providers to build partnerships to eliminate health disparities and improve health equity.

B.3. Project Description
Goals, Objectives, Outcomes

Program Goal 1: Train allied health professionals, patient educator volunteers, and community health workers how to locate and use NLM resources.

Objective 1.1. By April 30, 2013, train 90 allied health professionals, patient educator volunteers, and community health workers to use MedlinePlus®, PubMed, and other NLM resources (HP2020 Goal PHI-2).

Outcome 1.1. At least 25% of 90 (23) allied health professionals, patient educator volunteers, and community health workers report increased likelihood that they will use MedlinePlus®, PubMed, and other NLM resources for their continuing education.

Objective 1.2. By April 30, 2013, train allied health professionals, patient educator volunteers, and community health workers to promote use of MedlinePlus® with their patients (HP2020 HC/HIT-4).
Outcome 1.2. At least 25% of 90 (23) allied health professionals, patient educator volunteers, and community health workers report that patients used MedlinePlus® post-training.

Objective 1.3. By April 30, 2013, increase the proportion of online health information seekers—NOFHA patients—who report easily accessing health information (HP2020 HC/HIT-9).

Outcome 1.3. 41% of 300 online health information seekers —NOFHA patients— (123) report easily accessing health information following patient educator training (41% is the Healthy People 2020 goal for this objective).

Program Goal 2: Promote awareness of NLM resources and services by exhibiting at health professional meetings.

Objective 2.1. By April 30, 2013, exhibit at two annual meetings to learn about new partners, educate about resources and services, introduce new users to resources and services, increase usage of resources and services, introduce new resources and services, project an image and increase NLM name recognition, obtain exposure in other areas, and promote the National Network of Libraries of Medicine.

Outcome 2.1. Total number of people visiting booth, total number of demos conducted, and user comments will reflect that they are likely to initiate communication with their regional medical library.

Program Goal 3: Develop text for a mobile app.

Objective 3.1. By April 30, 2013, empower 50 HIV+ patients to improve medication adherence to anti-retrovirals (ARV) by providing access to descriptions about various HIV specific concepts (CD4 cells, HIV viral loads, classes of ARV) using the AIDSInfo Glossary.

Program Goal 4: Evaluate the process and effects of training and exhibiting.

Objective 4.1. By April 30, 2013 refine and administer the OERC-developed Health Information Training Session Evaluation Form to 390 program participants (90 allied health professionals and 300 patients), input data to qualitative evaluation software, analyze results for Q reports, and refine instrument for future outreach years.

Outcome 4.1. A tested and refined outreach evaluation instrument.

Activities
New Orleans East Clinic (NOELA): We will train 10 NOELA allied health professionals (RN’s, and Medical Office Assistants--MOAs) once to use MedlinePlus®, PubMed, and other NLM resources. We will also purchase three looped-together Patient Education Institute videos (Hepatitis B/C and Diabetes) found on MedlinePlus® for the Clinic.
School Based Health Centers (SBHCs): We will train 5 SBHC allied health professionals (social workers, dietitians, physician and MOAs) once at each high school to use MedlinePlus®, PubMed, and other NLM resources (reaching 10 staff).

Youth Drop-In Center (DIC): We will train 20 DIC allied health professionals (licensed clinical social workers, nurse practitioners, physicians, registered nurses, and MOAs) once at their staff meeting to use MedlinePlus®, PubMed, and other NLM resources.

T-Cell Clinic (TCC): Using AIDSInfo Glossary, we will develop text for a mobile app to describe to users various HIV specific concepts (CD4 cells, HIV viral loads, classes of ARV).

Louisiana Community Health Worker Training Institute (LCHWTI): We will train 15 community health workers once, as part of their formal training, to use MedlinePlus®.

Louisiana Community Health Outreach Network (LACHON): We will train network members once at one of their meetings to use MedlinePlus® to reinforce the training we provide in their curriculum.

New Orleans Family Health Alliance (NOFHA): We will train patient educators twice (once each semester) to use MedlinePlus®, PubMed, and other NLM resources. Using an iPAD, we will train patient educators to demonstrate m-MedlinePlus® to patients for use on their smart phones.

National Network of Public Health Institutes (NNPHI): Exhibit at the 11th annual conference on May 21-23, 2012 in New Orleans using the NN/LM SCR display and compatibility brochures (PhPartners, Public Health Resources) and other NLM resources.

Center for Minority Health and Health Disparities Research and Education (CMHDRE): Exhibit at the CMHDRE's Sixth Health Disparities Conference in March, 2013 in New Orleans using the NN/LM SCR display and compatibility brochures (PhPartners, Public Health Resources) and other NLM resources.

<table>
<thead>
<tr>
<th>Partner</th>
<th>Participant Description</th>
<th>Anticipated number of Participants</th>
<th>Activity</th>
<th>NLM and other Resources</th>
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</thead>
<tbody>
<tr>
<td>New Orleans East Clinic (NOELA)</td>
<td>Allied health professionals</td>
<td>10</td>
<td>Purchase looped videos on Hepatitis B/C and Diabetes</td>
<td>Patient Education Institute videos</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Continuing education training and promotion to their patients</td>
<td></td>
</tr>
<tr>
<td>Cohen and Easton school-based health centers (SBHCs)</td>
<td></td>
<td>10</td>
<td>Continuing education training and promotion to their patients</td>
<td>MedlinePlus®</td>
</tr>
<tr>
<td>Organization</td>
<td>Role/Responsibility</td>
<td>Number</td>
<td>Description</td>
<td></td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Drop-In Clinic (DIC)</td>
<td>Community health workers</td>
<td>20</td>
<td>Train as part of a formal, 100-hour training course in health outreach, patient care coordination and health advocacy</td>
<td></td>
</tr>
<tr>
<td>Louisiana Community Health Workers Training Institute (LACHWTI)</td>
<td>Community health workers</td>
<td>15</td>
<td>Train network members to support curriculum training</td>
<td></td>
</tr>
<tr>
<td>Louisiana Community Health Outreach Network (LACHON)</td>
<td>Patient educators (volunteers with public health and/or dietetic training)</td>
<td>15</td>
<td>Train patient educators to use MedlinePlus®, PubMed, and other NLM resources.</td>
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</tr>
<tr>
<td>New Orleans Faith Health Alliance (NOFHA)</td>
<td>Patient educators</td>
<td>20</td>
<td>Using an iPAD, train patient educators to demonstrate m-MedlinePlus® to patients for use on their smart phones.</td>
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</tr>
<tr>
<td>[Center for Minority Health and Health Disparities Research and Education (CMHDRE)]</td>
<td>Clinicians and allied health professionals, health policy makers, health educators, and public and</td>
<td>300</td>
<td>Promote awareness of NLM resources and services by exhibiting at health professional meetings</td>
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</tr>
<tr>
<td>National Network of Public Health Institute (NNPHI)</td>
<td>Public health workers from @38 Public Health Institutes in 29 states and public health partners and national partners (NACCHO, ASTHO, PHF, RWJF, PHAB)</td>
<td>175</td>
<td>Use NN/LM Exhibit and capability brochures at annual meetings/events</td>
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<tr>
<td>Center for Minority Health and Health Disparities Research and Education (CMHDRE)</td>
<td>clinicians and allied health professionals, health policy makers, health educators, and public and</td>
<td>300</td>
<td>SIS databases (Environmental Health and Toxicology), MEDLINE/PubMed, MedlinePlus®, and/or NN/LM promotional materials</td>
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</table>
Develop text for a mobile app

<table>
<thead>
<tr>
<th>Community health leaders</th>
<th>Develop short descriptions of various HIV specific concepts (CD4 cells, HIV viral loads, classes of antiretrovirals)</th>
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<tbody>
<tr>
<td>T-Cell Clinic HIV-positive patients (women and minorities)</td>
<td>50</td>
</tr>
</tbody>
</table>

Evaluation: Modify instrument, evaluate trainings, and analyze data

<table>
<thead>
<tr>
<th>OERC Evaluators Olney and Barnes</th>
<th>all training participants</th>
<th>Refine form, administer for participants, input data into qualitative software program and refine form.</th>
<th>OERC-developed Health formation Training Session Evaluation Form</th>
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B.4. Evaluation

Our larger vision of advancing health equity is only achievable if measurable progress is made in the activities that we use to promote health literacy through the use of NLM resources. To this end, a logical evaluation plan with clear targets and outcomes that follows each of our program goals and objectives becomes absolutely necessary. The booklet, Including Evaluation in Outreach Project Planning, served as a formative guide to develop our evaluation plan (Booklet 2). (Cynthia A. Olney, Susan Barnes, 2006) An outcomes assessment plan will be used to evaluate Goals 1, 2, and 3, while a process assessment plan will be used to evaluate Goal 4. The modified outcomes indicator planning tool found in Booklet 2 is extremely relevant to our health information outreach project and in order to solidify our evaluation activities, a planning table has been developed for each objective of Goals 1-3. This table is a modified version of table created by the Institute of Museum and Library Services referenced in Booklet 2. For Goal 4, a process evaluation table will be developed to outline the reflective, guiding questions that will ensure that our activities remain in line with our objectives and that we can deliver a modified evaluation tool that will succeed this outreach award. For all outreach trainings, we will use the Outreach Activity Report Form (OARF). All of the information gathered will be entered into data analysis software, HyperResearch, used by evaluator Olney. A pre/post training evaluation form will be analyzed to reveal any patterns or trends in relation to use of NLM resources, and the value of our training.

Program Goal 1:
Objectives 1.1-1.3. of Goal 1 (detailed above) describe how we will train our partners (continuing education) within the Greater New Orleans community to use NLM resources (MedlinePlus®, PubMed, and other NLM resources). Outcomes will demonstrate Self-reported likelihood to use NLM products, patients reporting using MedlinePlus®, and their ease of accessing MedlinePlus®.
To measure Objective 1.1, we will refine and administer a modified version of the OERC-developed Health Information Training Session Evaluation form (pre/post training). With the assistance of OERC evaluator Cindy Olney, the form will be revised to include a situational context which reflects the interests of the target population and will elicit participant’s actual experiences of health information-seeking. The administration of the new form will reveal health information sources which participants use prior to NLM resource training, the likelihood that participants will use NLM resources following the training, as well as ease in finding (authoritative) health information online (using NLM resources). We will consider this objective an expression of the HP2020 Public Health Infrastructure Goal PHI-2: Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals.

Table 1 Outcome Evaluation Plan for Objective 1.1.

| Objective 1.1. At least 25% of allied health professionals, patient educator volunteers, and community health workers report increased likelihood that they will use NLM resources. |
|---|---|---|
| Measurable Indicator: Self-reported likelihood to use MedlinePlus®, PubMed, and other NLM resources following training. |
| Target: 25% of the trained population (23). |
| Timeframe: Immediately following training. |

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Evaluation Method</th>
<th>Data Collection Timing</th>
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</thead>
<tbody>
<tr>
<td>Post-Training Evaluation Form</td>
<td>Calculating percentage of training participants who report likelihood to use NLM resources in their continuing education as reported in the post-training evaluation.</td>
<td>Data will be collected immediately following the NLM resources training.</td>
</tr>
</tbody>
</table>

Objectives 1.2 will be evaluated through the use of a follow-up survey e-mailed to trained allied health professionals, patient educator volunteers, and community health workers (trainees) one-month post-training. This survey will ask trainees to report whether patients report using MedlinePlus® after having left the clinic setting. Analysis of this survey will reveal whether MedlinePlus® training is being effectively transferred to patients as measured by their use of these resources. Table 2 outlines the outcome assessment plan for objective 1.2. We will consider this objective an expression of the HP2020 Health Literacy objective, HC/HIT-4: Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health. Table 2 details the evaluation plan including information about our measurable indicators, targets, and a timeframe.

Table 2 Outcome Evaluation Plan for Objective 1.2.

| Objective 1.2. At least 50% of allied health professionals, patient educator volunteers, and community health workers report that patients report using MedlinePlus® after being introduced to the resource. |
|---|---|---|
| Measurable Indicator: Self-reported usage of MedlinePlus® by patients of trainees. |
| Target: 50% of patients trained to use MedlinePlus®. |
| Timeframe: Within 1 month of training. |

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<thead>
<tr>
<th>Data Source</th>
<th>Evaluation Method</th>
<th>Data Collection Timing</th>
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<tbody>
<tr>
<td>1-month follow-up e-mail survey</td>
<td>Calculating the percentage of training participants who report that patients report using</td>
<td>Data will be collected at least 1 month after training but not to exceed 6 months after</td>
</tr>
</tbody>
</table>
To evaluate Objectives 1.3., we use the modified version of the Health Information Training Session Evaluation form (pre/post training). We will consider Objective 1.3. an expression of the HP2020 Health Literacy objective, HC/HIT-9: Increase the proportion of online health information seekers who report easily accessing health information. The Healthy People 2020 goal for this objective is 41%.

**Objective 1.3.** At least 41% of online health information seekers (NOFHA patients) report easily accessing MedlinePlus® post-training.

**Measurable Indicator:** Self-reported ease of accessing MedlinePlus®.

**Target:** 41% of trained population (123).

**Timeframe:** Immediately following training.

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<tr>
<th>Data Source</th>
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<th>Data Collection Timing</th>
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<tbody>
<tr>
<td>Pre/Post-Training Evaluation Form</td>
<td>Calculating the percentage of online health information seekers (NOFHA patients) that report ease of accessing MedlinePlus® post-training.</td>
<td>Data will be collected immediately following the MedlinePlus® training.</td>
</tr>
</tbody>
</table>

Program Goal 2:
Objectives 2.1. and 2.2. seek to promote awareness of NLM resources and services by exhibiting at two health professional meetings. The NNPHI exhibit will be un-manned (display only). The CMHDRE exhibit will be interactive. At both exhibits, attendees will be able to leave their business card for additional information. Business cards from outside of New Orleans will be sent to the RML in their region. We will evaluate attendance at NNPHI by counting the number of business cards and calculating the percentage of capability brochures left over. Business cards, the number demonstrations of Medline and other NLM resources, and comments (rated as either positive, neutral or negative) will be used to evaluate the CMHDRE exhibit. Table 4 and 5 display outcome evaluation plan for the NNPHI exhibit and the CMHDRE exhibit. Both tables express evaluation targets that have been determined by Matas Library staff to be adequate measures of exhibit success based on prior exhibits. Additionally, we will include the NLM Exhibit Networking Report in the 1st and 4th Quarterly reports.

**Table 3 Outcome Evaluation Plan for Objective 2.1.**

<table>
<thead>
<tr>
<th>Objective 2.1.</th>
<th>Distribute at least 60% of exhibited NLM materials (compatibility brochures) and collect at least 10 business contacts are collected at the NNPHI (display only).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Indicator</td>
<td>Percent of remaining exhibition materials and number of collected business cards.</td>
</tr>
<tr>
<td>Target</td>
<td>60% distribution rate and 10 business cards.</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Immediately following unmanned exhibits (May 2012: Q1).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Evaluation Method</th>
<th>Data Collection Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of exhibition materials remaining and number of business cards collected.</td>
<td>Calculating the percentage of distributed exhibition materials and counting the number of business cards collected.</td>
<td>Data will be collected as materials are picked up from the exhibit display.</td>
</tr>
</tbody>
</table>
Table 4 Outcome Evaluation Plan for Objective 2.2.

| Objective 2.2. Assess the total number of people visiting CMHDRE booth, total number of demonstrations conducted, and user comments which reflect that they are likely to initiate communication with their Regional Medical Library. |
| Measurable Indicator: Number of people visiting booth, number of demonstrations conducted, and user comments. |
| Target: 100 people visiting booth, two demos/hour exhibiting, 10 written comments. |
| Timeframe: While exhibiting and immediately after (March 2013: Q4). |
| Data Source | Evaluation Method | Data Collection Timing |
| Exhibit Evaluation Form from NN/LM SCR. | Counting number of visitors, number of demonstrations, number of comments left, and assessing overall impression of visitors. | Data will be collected while exhibiting. |

Program Goal 3
Promoting easy access to health information will be achieved through the use HIV terms developed for a HIV/AIDS mobile app using the AIDSInfo Glossary. To evaluate the impact of providing this tailored glossary for the mobile app, we analyze changes in usage. Initially, usage will be Zero (as the resource is in development at the time of award submission), and it will increase. Usage data that will be submitted to us quarterly by the mobile app developer, MarkAlain Déry, DO, MPH. Table 6 details our outcome evaluation plan. We will consider this another expression of HP2020 Health Literacy Goal HC/HIT-9: Increase the proportion of online health information seekers who report easily accessing health information.

Table 5 Outcome Evaluation Plan for Objective 3.1.

| Objective 3.1. Measurable increase in usage of the AIDSInfo Glossary for the mobile app. |
| Measurable Indicator: Usage over time. |
| Target: Quarterly increase in usage. |
| Timeframe: Quarterly for one year. |
| Data Source | Evaluation Method | Data Collection Timing |
| Usage statistics of the Glossary as reported by the mobile app. | Usage statistics will be compared on a quarterly basis and reported. | Data collection will begin when the app is fully developed until the end of Year 2. |

Program Goal 4
Evaluation of the project’s ability to modify the evaluation instrument, trainings, and the data we collect will require a process evaluation that will assess and provide feedback of project activities as we are doing them. It is an iterative evaluation that necessitates self-reflection of program goals and objectives together with the work that is being undertaken to complete these goals and objectives. The process evaluation will continually interject objective questions into the project asking how do we know progress is being made to achieve program goals, what evidence backs our answer, and what can we learn from this to further advance our project.
One way to assess the impact of our training activities will be through the use of the following forms to collect demographic data about participants in the NLM resource trainings that we conduct with our partners:

- The NLM Participant Information Form will capture demographic (zip code) data.
- A Sign-in form will capture the number of participants which will then be reported in the OARF.
- The Sign-in form will also record additional participant status (allied health professionals, patient educator volunteers, and community health workers)

The completion of the forms provides data that we are reaching of all our proposed partners.

References and Acknowledgement


National Assembly on School-Based Health Care. *About school-based health care*. Retrieved 3/14/2012 from [http://www.nasbhc.org/site/c.ckLQkboVlKk6E/b.7528935/k.84EA/About_SBHCs.htm](http://www.nasbhc.org/site/c.ckLQkboVlKk6E/b.7528935/k.84EA/About_SBHCs.htm)


**Acknowledgement**

We want to thank Tulane University School of Public Health and Tropical Medicine student Joseph Wamala, a Ugandan physician who volunteered to help up describe our partners.
C. Budget

Maintenance/Operation

Salary $2237

Train seven targeted groups in eight trainings to use NLM resources
Exhibit at two health professional meetings
Develop text for a mobile app
Evaluate
  Develop/refine evaluation instruments
  Evaluate training and analyze data
Technical Help

Travel $30

Supplies $2,398

HyperResearch: (retrieve, code, and conduct data analysis)
iPAD2/16G WIFI
iPAD Lock
3G access from AT&T @$37.33/mo
Three looped PEI videos
Color copies for flyers to promote seven trainings @$0.50/copy
B&W copies for grant administration/communication @$3.00 for one ream of paper
Microsoft Office Project Standard 2010

TOTAL $8,365

Product Justifications
Evaluation tool:
We have selected HyperResearch because it is the tool preferred by OERC Evaluator Olney.

iPad2 for patient education instruction at the New Orleans Faith Health Alliance:

With a patient population that is majority low income, access to a personal computer is limited-to-non-existent, but most use a smart phone to get e-mails and communicate on Facebook.

Smart phones are the main means of accessing information among the seasonal workers. Spanish-speaking patients tend to be more transient and the smart phone is the device they use to access information. We think we would have more interest from patients if we could show them some cool and helpful apps for their smart phones. As regards security, the iPad/Laptop would only be used with a member of staff and not sitting out in the center. So when not in use they would be locked up.

We have chosen the iPAD as the base equipment to provide for our public access computer set for the following reasons. The iPAD2 is the least expensive option; with equipment costs
approximately 35% that of a standard Dell laptop. The iPAD2 is the most intuitive to operate, using touch screen technology, which emulates users smart phones. Finally, the iPAD2 allows us to take advantage of “Apps” which are on the cutting edge of accessible health care information, and cannot be used on a laptop.

http://store.apple.com/us/browse/home/shop_ipad/family/ipad/select_ipad2

iPadLock: We will purchase the Kensington Lock: SecureBack™ Security Case with 2-Way Stand & ClickSafe® Lock


**Wireless connection for Year 1 purchase of Outreach laptop**: 3G access from AT&T @$37.33/mo

**Three looped PEI videos**: The director of the NOELA has requested three looped-together Patient Education Institute videos (Hepatitis B/C and Diabetes) for the waiting room.

**Microsoft Office Project Standard 2010**: project management software is requested to facilitate communication between Leader Hicks and Co-Leader Mackay to keep track of activities and costs. The hope is that it will minimize the time required to prepare accurate Quarterly reports and make project management more efficient.

**Attachments**:  
1. Excel Cost Proposal spread sheet  
2. Patient Education Institute X-Plain DVD Pricing Sheet  
3. Microsoft Project Standard 2010 Quote