

Title: Grateful Med and Internet Outreach to New England Public Health Professionals

Staff: Marion Holena Levine

Organization: University of CT Health Center Library

Date: 1997 - 1998

Objectives: To promote awareness of and access to Grateful Med to the members of the New England Public Health Association (NEPHA).

Target Audience: Public health professionals and students in the six New England states who hold membership in NEPHA, a regional affiliate of the American Public Health Association.

Needs assessment (methodology and results): Having taught a 3-credit graduate course in the Univ. CT Public Health Program since 1994, I had come in contact with graduate public health students who also worked in public health positions in the state. They told me of the need for the type of information taught in the course for their bosses and town directors of health.

Intervention: After speaking to Univ. CT Public Health Program faculty, I joined NEPHA and got appointed to their Annual Program Planning Committee. In addition to exhibiting at both the 1997 and 1998 NEPHA annual meetings, I also got on the 1998 program with a presentation on "Public Health Internet Resources." Two articles on the "NN/LM Network" and "Health Related Databases available from NLM" were written and published in the NEPHA newsletter.

Training and other materials developed:

A PowerPoint presentation on "Internet Basics" was shown at the 1998 NEPHA program, and a realtime demonstration of MEDLINE was presented. A handout of "Internet Addresses of Interest to Public Health Professionals" was developed and distributed to attendees.

Website (developed as part of project and how maintained):

Not applicable.

Evaluation (methodology and results):

Feedback from the 1998 annual program evaluation form showed that the "Internet Basics" along with a realtime demonstration of MEDLINE was highly rated. In addition, I passed on 8 warm contacts to the NN/LM NE staff for further demonstrations of the NLM databases and review of their program, and one exhibit request from the Massachusetts/Rhode Island State Nurses Association.

Poster Sessions/Exhibits/Presentations/Publications:

Exhibits were mounted at both the 1997 and 1998 NEPHA annual meetings. In addition to handouts, I did online searches and demonstrations of NLM databases for the attendees.

As a result of these exhibits and the program presentation, I was contacted by a public health official in Massachusetts for assistance with a computer search on testicular cancer in adolescence for her to use as a base for a presentation she was doing in the local high school.

Partnerships: This grant led to a relationship with the CT State Dept. of Health. I was invited to do a demonstration to their upper management staff on NLM databases and the Internet.

I also made contact with a Senior Research Associate from the National Association of County and City Health Officials at one of the NEPHA annual meetings which led to 3 contributed articles for their national newsletter. The topics of the articles were "Internet Resources for Electronic Assessment", "Consumer Health", and "Public Health Leadership."

Marketing: Ads publicizing NLM databases were placed in the program booklets of both the 1997 and 1998 NEPHA annual meetings.

Administrative issues: Getting telephone lines into old hotels in order to do live database demonstrations at the exhibit booth proved to be a bureaucratic nightmare.

Challenges Faced:

1. More labor intensive than anticipated, especially mounting the exhibits.
 2. Many public health professionals were not convinced of the need for such access to the current literature. They rely on their colleagues and their state departments of health for any information they might need to do their jobs.
 3. Many public health professionals are technologically underfunded and woefully uninformed about the Internet and health resources available to them.
- Were Project Objectives Met? Yes. The National Library of Medicine databases were demonstrated at 2 NEPHA annual meetings; a presentation was made to attendees at one of the meetings; and many warm leads for further information or demonstrations were passed on to the RML.

Sustainability: No plans were made for sustainability. I have dropped my membership in NEPHA in order to concentrate on the CT Public Health Association scene. Public health professionals are poorly funded and rarely recognized for the important work they do. In order to serve them properly you need access to a lot of multidisciplinary resources. Then, you have to be able to convince them to consult these resources!

Anecdotes or Other Observations: None.

Public Health Outreach Project Description

Title: Connecting Connecticut Directors of Health to the Internet

Staff: Marion Holena Levine, Associate Director

Organization: University of Connecticut Health Center Library

Date: 1999-2001

Objectives: To promote awareness of and access to NLM databases and other authoritative health-related Internet resources to local town directors of health in the state of Connecticut. To remove possible obstacles to access, modems and 1 year of internet connectivity would be provided to these directors. Publicize the availability of Loansome Doc services thru the University of CT Health Center Library.

Target Audience: Town Directors of Health in the state of Connecticut.

Needs assessment (methodology and results): I knew this project was needed based on working with both the CT state Dept. of Health and a state organization of town health directors, the Connecticut Association of Directors of Health.

Intervention: Eight training sessions were held for these folks. Since many of the town directors are MD's serving in the role of health director, I applied for and received approval to give CME's for these training sessions. Dial-access Internet connections were provided by a local ISP. A website of use/interest to public health professionals was also proposed.

Training and other materials developed: A PowerPoint presentation on Internet Basics, a pre- and post-test of their knowledge base, a questionnaire on topics for the proposed website, exercises on PubMed and Internet Grateful Med, and a handout of authoritative health-related resources was distributed to the attendees.

Website (developed as part of project and how maintained): The website is still in the planning stages. I do not know at this time how it will be maintained.

Evaluation (methodology and results): The post-test demonstrated the level of increased knowledge by the participants.

Poster Sessions/Exhibits/Presentations/Publications: I exhibited at the 2000 annual meeting of the Connecticut Public Health Association meeting and spoke to attendees about the project and their internet connections.

Partnerships: As a result of this grant, the CT state Dept. of Health wrote me into a grant proposal they submitted to the CDC on creating a Health Alert Network in the state to be able to quickly react in the event of a bioterrorist

attack. I have also been working closely with a staff member at the CT Association of Directors of Health who is doing followup on the Internet connectivity.

Marketing: Marketing has been done thru the State Dept. of Health staff who have assisted me by contacting town directors of health and encouraging them to attend the training sessions.

Administrative issues: I have found working with this particular group of health professionals to be challenging and depressing! See the challenge section below. In addition, the speed of technological implementation was well illustrated with this grant. When I applied for the grant, very few town directors of health had modems. By the time the grant was funded, all but a very few had new computers, thanks to the CDC grant discussed above, with internal modems. Since about half of the town directors of health in CT are part-time appointments of full-time community physicians, they had little time or interest in attending the training sessions. I requested approval to divert the funding requested for the modems (which were no longer required) to applying for CME's for the training session as an enticement to the MDs. Getting them connected to the Internet has proved to be another nightmare.

Challenges Faced: 1. Hard to convince them of the value of information to their work. 2. Impossible to get part-time town directors of health to the training sessions despite the offer of CMEs. 3. Difficult for them to connect themselves to the ISP despite clear written instructions and access to the ISPs help desk. 4. Very labor-intensive because they kept misplacing the information I sent them about the training sessions and the internet connectivity. 5. Need for someone to go to each town director of health's office to connect them and train them privately on the spot. 6. Having West Nile Fever strike the state during this period did not help...every dead crow diverted the town health directors from attendance at a training session or caused them to misplace packets of information about the project. 7. Not one part-time MD town director of health took me up on my offer of CME credits.

Were Project Objectives Met? I had hoped to train 90% of the full-time town directors of health and 80% of the part-timers. I've come close on the full-timers but haven't gotten anywhere near 80% of the part-timers.

Sustainability: Hopefully the staff member hired by the CT Association of Health Directors will be able to sustain the intent of this project. I trained the first staff member hired who subsequently quit. I have met and am working closely with the second person holding this position. Perhaps she will have more longevity...she is certainly more computer literate and is convinced of the value of the project, especially with its connection to the state's Health Alert Network.

Anecdotes or Other Observations: