

Tribal Connections 3
A Project of the Pacific Northwest Regional
Medical Library

Evaluation Report – May, 2004

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Executive Summary

Tribal Connections 3 – Evaluation Report

The Tribal Connections 3 (TC3) project was viewed as an opportunity to explore community-based approaches to delivery of Regional Medical Library (RML) services. The long-term goals of Tribal Connections are to:

- Enhance the capacity within the tribes to promote and use health information, with an emphasis on locating and using web-based information.
- Establish a network of librarian resources including local resources and the RML that can serve the future information needs of the participating tribes.
- Enhance the capacity of the National Network of Regional Libraries of Medicine to deliver outreach services to tribal people.

TC3 was limited to three tribes in the Pacific Northwest. The tribal communities were chosen by the RML staff. The following criteria were used to pick the tribes for TC3:

- Must have successfully participated in the TC1 project
- Must have a minimum level of technological capacity including:
 - Reliable Internet access
 - Public access to a computer station or stations
 - Capacity to do group training on computers (preferred)
- Must have a Wellness Committee and/or a tribal health program with which to work.

In making the decision as to what tribes to engage in TC3, the staff of the RML considered geographical location – tribes should be spread throughout the region and demographics, small as well as large tribes should be included in the project. The three tribes invited to participate in TC3 were the Samish, Nez Perce and Umatilla.

As an incentive for participation, the tribes were offered \$5000.00 to use as they chose so long as it related to the broader goals to further tribal access to health information or improve information technology. In addition to the \$5000 dollar incentive, tribes participating in the project would have the resources of RML librarian and the Community Resource Coordinator (the CRC in this report) who was the former Project Manager for TC1, to assist with wellness capacity building. These resources were defined as:

- formal and/or informal training on accessing electronic health information,
- support for health promotion events
- assistance with information gathering
- assistance with information technology evaluation, and
- collaboration in other activities to enhance tribal members' abilities to find, evaluate, and use health information.

TC3 did not define the project they would do for the tribes. Rather, they wanted to be responsive to tribal priorities as long as it fit the broad parameters outlined for the project. It was assumed that the librarians would make an average of four site visits to offer services or participate in a program defined by the tribe. Since the RML was not defining any particular service or program to offer the tribe, an important element in TC3 was the negotiation with the tribe to define the scope of a project that would fit within the parameters of the project. The negotiations were to occur at the initial meeting with the community and the project expectations were to be described in a formal Memorandum of Agreement (MOA) to be signed by the tribe and RML. The Samish Tribe negotiated for assistance in developing their health plan. The Nez Perce use the incentive to produce health information video tapes using local tribal people. The Umatilla Tribe identified a number of constituencies that could benefit from access to health information

training, including elders, youth, and clinic staff. They also requested assistance in getting tribal specific health data from the Indian Health Service's data base.

The evaluation documented the process, progress and products of TC3. Major observations and lessons emerging from the RML's work with the three different tribes are summarized below.

- *Working outside the box:* Health information became more broadly defined in TC3. Being responsive to tribal priorities led to a range of experiences. One component of the Samish project was somewhat administrative – helping facilitate planning meetings. Although this is not a standard function for the RML, the librarian had the background and experience to contribute to this need. As one of the librarians noted in a TC3 staff meeting, “we are bringing our own unique strengths to the work.” The videotapes might be viewed as health education, yet it was highly valuable as a health information project for the Nez Perce community.
- *Role of the incentive:* How important is the \$5000 incentive? Probably no clear answers can be drawn from these cases. For Samish, the assistance with the health plan, web page, and staff training did not require any funding separate from the librarian's time. The \$5000 proved very helpful in a telecommunications effort totally unrelated to health education or promotion. At Nez Perce, the incentive was essential to the success of the project and the RML staff was not needed to create this health information product. The incentive helped RML “get in the door” and broaden their collaboration base to include the CHD as well as the clinic (the target of collaboration for TC1). To date, at Umatilla there is no plan for the use of the \$5000, yet there are many training projects on the drawing board. Lack of time among busy staff and distance appears to have slowed progress rather than lack of funding for any specific tribal element on the list of potential activities.
- *Supporting projects on the drawing board:* The projects at Nez Perce and Samish were projects that the health departments had already identified as important activities before any contact with the RML and the TC3 project was used to further them along. More progress was made in the year on these efforts than at Umatilla where the list of TC3 activities was generated when it became known that the RML services would be available. This is not to suggest that the RML outreach efforts should focus only on identified tribal projects. However, those efforts that are generated out of discussions of possibilities might take longer to execute since the infrastructure or staff leads are not already in place.
- *Distance is a factor:* Distance certainly affects communication and collaboration. The Samish headquarters is an hour and half from Seattle by car. It made frequent meetings with the HHS Committee much more feasible than flying to western Idaho or northeastern Oregon. However, the RML contact with Nez Perce may be more ongoing than at Samish. This is due to the much larger size of the tribe, a reservation base with two health clinics and a CHD, and the presence of NLM interns at Nez Perce. Although distance from Umatilla is affecting communication, there is much potential for a number of training opportunities on that reservation. Distance requires that service delivery be managed to ensure maximum benefits from a site visit, but it need not prevent the building of strong collaborative relationships.
- *Tribal coordination:* It is important to establish a central coordinating contact within the tribe. As was suggested by many of those interviewed, it is possible to find the gatekeeper or the key persons who will open the door for RML collaboration.
- *Many opportunities but no message:* Tribal people offered a number of suggestions on ways the RML could advertise its services within the tribe. However, it is difficult to take advantage of

these opportunities (tables at Council meetings, hosting a lunch for tribal employees and community to demonstrate services, etc.) when the RML has no clear way to package its message. As one of the librarians noted, “we need to be clearer ourselves about what it is we have to offer.” At a community based level, librarian services outside of the library are not easy to imagine. Explanations need to be clear and full of examples of their value to people. Many of the tribal people suggested that stories are a good communication mechanism. The stories should illustrate examples of services how services were used and valued in various communities. The public relation materials should also make clear how to contact the RML and what kinds of questions and requests the staff is prepared to handle. Materials that will convey what one staff person described as, “Hey those folks at the RML, they are the folks we can call on in this situation.”

- **Strengthen training message:** Training on Internet access is a primary product for the RML; however, two of the tribal communities did not see its value to them during the initial negotiating meetings. These same tribes later identified training as a useful service when they were interviewed by the evaluator. The RML should strengthen its message regarding the benefits of training. This lesson is similar to the problem of having no good way to package its message. Materials that describe the training with illustrations or stories regarding how various tribal groups have used the training would be valuable in helping tribes understand the flexibility in training delivery and ways in which the training has been applied.

Specific recommendations from the evaluation include:

- **Strengthen the collaboration between the CRC and the librarians:** In most of the cases, these two positions worked somewhat independently of each other. In two of the cases this was not problematic. However, closer coordination and communications between the CRC and the librarian might have helped the latter deal with issues she encountered in working with various staff in the health clinic. She was left to cope with her feelings of failure without adequate support to help her and the tribal contacts sort out the issues and find remedies to the communication blockages. One of the goals of TC3 was to establish a team that would combine the skills of the CRC who is more aware of ways to connect with underserved communities and the librarians who are the primary providers of RML services.
- **Recognize that community based outreach involves time to make connections:** It takes time to form relationships and to learn enough about a community to understand how RML resources might be designed to be of service. Taking time to make connections by visiting or participating in community events builds familiarity and trust. It also provides the connecting communication that is needed to understand how to take advantage of opportunities to provide RML services. Connecting is a pre-requisite to providing services and should be valued in the same way as product delivery.
- **Review the goals for the Umatilla project and provide the priority services:** It is important to follow-up on the Umatilla project. The CRC and the librarian should review the goals initially developed by the Health Commission and formally decide which they cannot do (RPMS conversion) and which they want to continue working on. This team should arrange for a site visit to meet with the Chair and Secretary of the Health Commission to develop an implementation plan and identify a person at Umatilla that can coordinate the various TC3 activities.
- **Build other library partners and assess how they might facilitate outreach work in communities distanced from the RML headquarters:** Librarians felt that it would be good to find library partners closer to the tribes that were located in other states. It might be good to locate these potential partners prior to making an outreach effort to assess their interest in and potential for partnering with the RML and the resources they might offer.

- ***NLM should share information regarding their community based work in the region:*** The NLM did not inform the RML of the internships offered to two Nez Perce tribal members. Since the RML is attempting to provide community based outreach, the NLM should inform them whenever it is planning to engage a community in the region in NLM programs. The RML staff discovered the internship engagement from one of the interns. Early communication from the NLM could have facilitated a deeper collaborative effort between the RML and the interns as they planned for their reservation based project. This communication should not be left to chance.
- ***Consider developing a small fund for community based projects:*** The NLM and RML should evaluate the benefits of creating a fund to foster community based health information promotion. The videotape project did not require a lot of money, yet it was a very important health information project for the Nez Perce. Such a fund should have guidelines for use, but even a little money (\$3,000 to \$5,000) can make a difference in resource strapped communities.
- ***Engage people from outside the library with community based experience:*** One RML staff person noted that a benefit of TC3 was the participation of an evaluator with experience working in Indian country. He valued the perspectives from someone who worked outside the library culture. Perhaps the RML could identify community based resource persons to invite to informal meetings, retreats, or special events to discuss aspects of the work of the library from the perspective of the community based expert. Health educators, community clinic patient advocates, or public health nurses are examples of resources that could share information and insights with the RML.
- ***Promote TC web-site and consider ways to assist tribes enhance their tribal health related web-pages.*** The Samish valued highly the health web linkages added to their tribal web site. Perhaps this could become one of the basic services added to the RML community based “bag of tricks.” Also, the TC web-site has great potential and should be widely promoted. None of the tribal personnel interviewed by the evaluator knew that this web site was being developed.
- ***Develop information packets about the RML:*** Decide how to tell the RML story to underserved communities. Develop simple but clear informational materials that explain the RML mission, desire to reach out, and gives examples of type of projects that have been done or might be possible to do. As many of the tribal personnel said – it is all about good stories.
- ***Become comfortable with feelings of discomfort:*** Change is not easy and moving into uncharted new areas of work will not always feel comfortable.

TC3 has provided the RML with a number of learning opportunities and the tribes have made a number of suggestions for continuing contact and collaboration. Although TC3 is coming to a formal ending point, the work with the TC3 tribes should continue. A final lesson is to realize that the RML is not in control when it moves into community based work. Tribal programs, or other community based groups for that matter, will have to be met where they are at, and not where the RML would like them to be. Once that meeting place has been established, relationships and collaboration will progress according to a timeframe that meets community capacity to work with the RML.

Tribal Connections 3
A Project of the Pacific Northwest Regional Medical Library
Evaluation Report -- October, 2003
Joan LaFrance, Evaluator

Introduction

This report describes Tribal Connections 3 (TC3), a project of the National Network of Libraries of Medicine, Pacific Northwest Region (also known as the Regional Medical Library--RML in this report), and reports the findings from an evaluation of the project. TC3 grew out of the original Tribal Connections (TC1) project which provided tribes in the Pacific Northwest (Alaska, Washington, Oregon and Idaho, Montana) funding and expertise to develop internet connectivity, establish public access computer stations, and training to build tribal capacity to access health information on the web. Tribes accessed the money and expertise through a competitive grant process. TC1 was an ambitious effort to reach out to American Indian and Alaskan Native (AIAN) communities. Since librarians do not have experience in community development and community-based outreach, a project manager was hired who had this expertise. The TC1 Project Manager was not a librarian; however he had considerable community development experience and technology experience.

Although the majority of the TC1 effort focused on providing connectivity and hardware, an important goal of the initial project was the provision of training so the public access computers could be used to access health information. Training was provided by the RML librarians; however, the librarians were not able to carry out all the training that had been planned for the TC1 project period. As the TC1 project was ending, the RML was planning a new Tribal Connections effort that would focus on capacity building for increased sustainability of training and would provide more opportunity to evaluate a community based approach to delivery of RML services. The new project followed another Tribal Connections project in the Four Corners area which was labeled Tribal Connections 2 (TC2). Consequently, the follow-up to TC1 in the Pacific Northwest was called Tribal Connections 3 (TC3).

The report is divided into five major sections: Defining Tribal Connections, The Tribal Projects, Experience and Lessons from the Three Sites, Observations and Reflections of RML Staff and Evaluator; and Recommendations.

Defining Tribal Connections 3

The TC3 project was viewed as an opportunity to explore community-based approaches to delivery of RML services. To better define the purpose, goals, and implementation of the project, the evaluator hired for TC3 conducted a workshop with the RML staff in January, 2003. At the workshop, the RML identified the project goals and defined the approach to be used in offering a community based approach to tribal communities.

The long-term goals of TC are to:

- Enhance the capacity within the tribes to promote and use health information, with an emphasis on locating and using web-based information.
- Establish a network of librarian resources including local resources and the RML that can serve the future information needs of the participating tribes.

- Enhance the capacity of the National Network of Regional Libraries of Medicine to deliver outreach services to tribal people.

TC3 was limited to three tribes in the Pacific Northwest. Unlike TC1, tribes were not asked to participate in a competitive process for TC3. Rather, the tribal communities were chosen by the RML staff. The following criteria were used to pick the tribes for TC3:

- Must have successfully participated in the TC1 project
- Must have a minimum level of technological capacity including:
 - Reliable Internet access
 - Public access to a computer station or stations
 - Capacity to do group training on computers (preferred)
- Must have a Wellness Committee and/or a tribal health program with which to work.

In making the decision as to what tribes to engage in TC3, the staff of the RML considered geographical location – tribes should be spread throughout the region and demographics, small as well as large tribes should be included in the project. The three tribes invited to participate in TC3 were the Samish, Nez Perce and Umatilla.

As an incentive for participation, the tribes were offered \$5000.00 to use as they chose so long as it related to the broader goals to further tribal access to health information or improve information technology. In addition to the \$5000 dollar incentive, tribes participating in the project would have the resources of RML librarian and the Community Resource Coordinator (the CRC in this report) who was the former Project Manager for TC1, to assist with wellness capacity building. These resources were defined as:

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- collaboration in other activities to enhance tribal members' abilities to find, evaluate, and use health information.

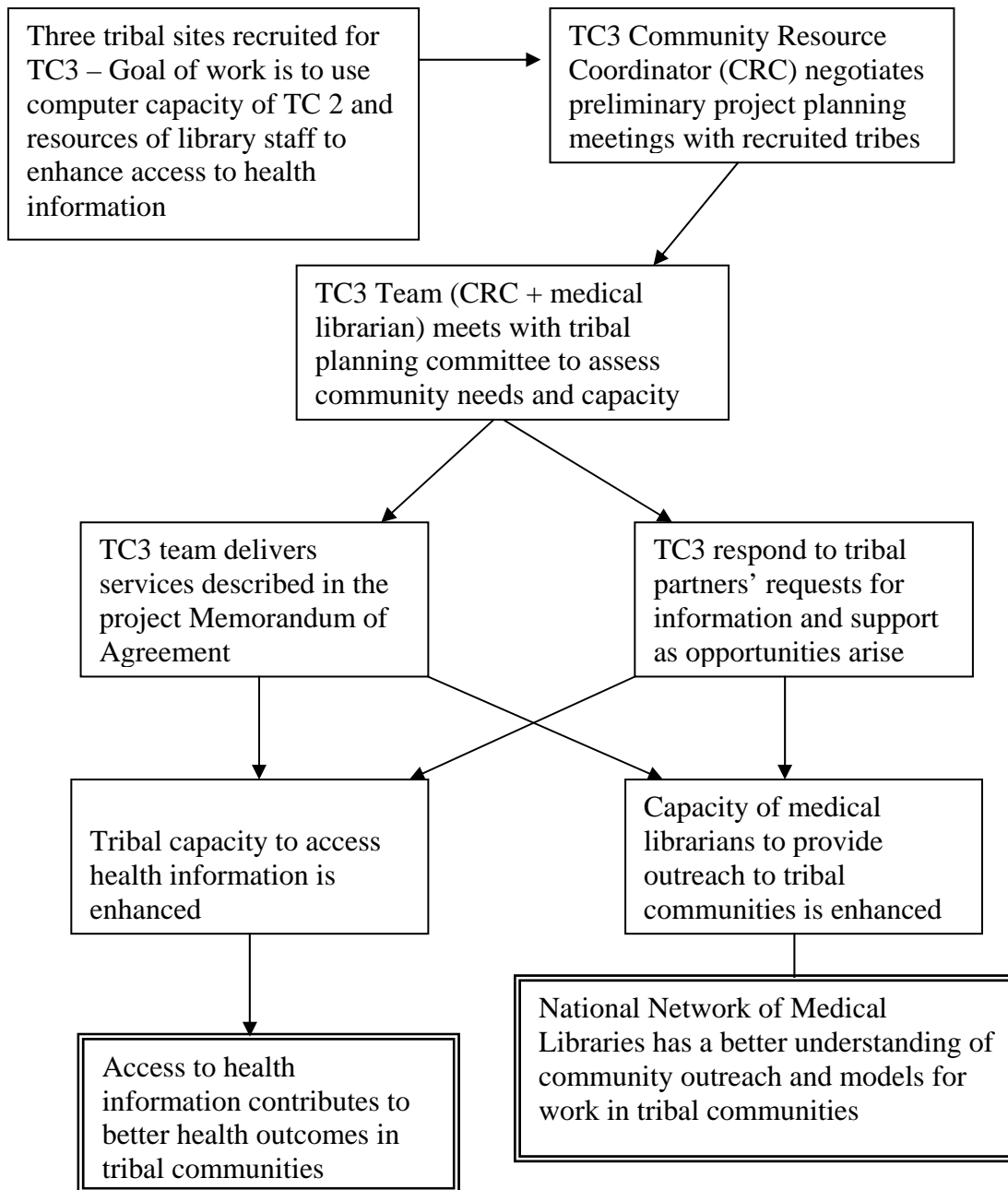
TC3 did not define the project they would do for the tribes. Rather, they wanted to be responsive to tribal priorities as long as it fit the broad parameters outlined for the project. It was assumed that the librarians would make an average of four site visits to offer services or participate in a program defined by the tribe.

Since the RML was not defining any particular service or program to offer the tribe, an important element in TC3 was the negotiation with the tribe to define the scope of a project that would fit within the parameters of the project. The negotiations were to occur at the initial meeting with the community and the project expectations were to be described in a formal Memorandum of Agreement (MOA) to be signed by the tribe and RML. The major outcomes of the projects were to make a contribution to the capacity of tribal members to have access to health information and to provide experience of the RML in delivering community-based outreach.

Figure 1 describes the activities of TC3 and it's hoped for outcomes. Specific objectives and outcomes for each of the three tribal projects were to be developed as a result of meetings with

tribal representatives. This open approach to reaching out to a community marked a significant shift in the normal working patterns for the librarians. Although the RML is very responsive to requests for its services and has a history of adapting to meet the interests and needs of its clients, it generally responds to requests from a medical or library constituency rather than reaching out to new communities to explore how to provide RML services.

Figure 1 – Map of Tribal Connections 3 (TC3) Activities and Outcomes



TC3 was a definite change from responding to requests for services. The community-based approach was defined by the librarians as “choosing a community” and looking for ways to provide services. Although the agenda for the first negotiating meeting with the tribes was to be determined by the tribal representatives, the staff in the RML did generate a set of questions that they thought would be useful to ask in the initial meeting. The questions were designed to assess needs in the community for health information. The list of questions is in the Appendix. Another departure from the normal working practice of the RML was the development of a two person team to work with each tribe. The team included a librarian and the CRC. Thus, tribes had access to the RML health information specialist and the non-librarian staff with expertise in information technology and community-based outreach. The project evaluator was added to the team to assist in documenting the process of negotiation and service delivery.

Although the RML did not define the services they were to provide to the tribes before their initial meetings, the staff did feel that delivery of their basic product – training on how to access good health information on the Internet – was an important service to provide the tribes. In fact, the initial logic model developed for the project assumed that training would be a basic service in TC3 (see appendix). The final project model did not assume that training would be offered unless it fit within tribal priorities. However, the RML did view TC3 as an opportunity to continue to offer training on Internet access to health information and looked for opportunities to fit training into each of the tribal projects.

TC3 covered approximately a year and half period. Planning for the project occurred in the winter and spring of 2002. Negotiations with the tribes regarding their projects occurred in the spring and summer of 2002. RML services were delivered up to the summer 2003, and the data gathering for the evaluation was completed by the end of September, 2003.

Evaluation Plan

A major goal of TC3 was to learn how a community based approach to providing services might influence the RML’s work. Consequently evaluation was integral to the project design. An evaluator was hired at the beginning of the project and worked with the RML to define the program, roles and responsibilities of the staff and the major questions to guide the evaluation. These questions were:

- How successful was the staff of the RML in providing a program of services based on tribal priorities?
- How do the participating tribes describe their experience working with the RML?
- How does the staff of the RML assess their learning from the community-based experience?

The evaluator was a participant observer in TC3. The evaluation design focused on documenting the process used to negotiate with tribes and describing the implementation.. The evaluator visited each of the reservations with the RML team. RML staff members were interviewed early in the process and at the completion of the TC3 timeline. Tribal personnel were interviewed early in the program to learn their views regarding health information and their criteria for success for TC3 (see interview guide in the Appendix). Most of these same tribal people were interviewed at the end of the project to learn how they assessed the TC3 project and their

recommendations to the RML. The qualitative data gathered from meetings and interviews are the bases for a narrative description of the project and the assessment of what has been learned.

Tribal Projects

This section describes the negotiation process and service delivered to each of the three tribes. It includes the assessment of the value of those services as reported in interviews with tribal members. Each tribe is a separate story. The tribes that participated in TC3 represented a wide range of characteristics in terms of size, location, tribal composition and health care facilities. Each requested services fitting local priorities. Engagement of RML staff differed across all three sites. The stories describe work that has been completed and work still in progress.

Samish Nation

The Samish were signatory to the Treaty of Point Elliott in 1855 in what was then the Washington territory. Historically, the tribe lived in the islands of the Straits of Juan de Fuca and in the marine areas of the northwestern Washington and Puget Sound. The tribe was to move to a reservation on Bellingham Bay (the current Lummi Reservation); however, the tribe refused to relocate and remained on Samish Island and in other villages in the region. They had stormy relationships with homesteaders encroaching on their lands, and the federal government's promises to grant them a small reservation were not honored. In 1969, the tribe was omitted from the Bureau of Indian Affairs (BIA) list of federally recognized tribes, causing the tribe to lose any federal benefits, including health care from the Indian Health Services (IHS). This mistake took 27 years to rectify as the tribe waged a legal battle to regain federal recognition.

Over the years, the Samish people have scattered throughout the western Washington and other areas in the state seeking employment. As a result, the tribe has a large membership who lives in urban areas. This fact was used by the BIA to deny their recognition as an intact tribal group. However a Federal District Court judge vacated the BIA ruling, noting that in the modern days of electronic communication a tribal group could exist without the benefit of living in community on tribal lands. His observation has lead to labeling the Samish, the "cyber tribe." Tribal enrollment has grown steadily since formal recognition with membership reported to be 999 (approximately half this membership lives in the 10 counties near the original homelands)

The tribal headquarters are in Anacortes, Washington. Since their reestablishment as a federally recognized tribe in 1996, the Samish Nation is working to develop a homeland and a strong economic presence in their historical territory. They have the smallest membership of the TC3 tribes. They do not have a tribal clinic; however they have Contract Health Services (CHS) program that provides financial support for approved health care in the private sector that is paid by Indian Health Services (IHS). CHS is limited to the tribal members that live in a 10 county area in Washington. Health policy and planning has been delegated by the Tribal Council to the Health and Human Services Committee which is composed of Council members and tribal members appointed by the Council¹.

¹ Background information on the Samish was found on their web page www.samishtribe.nsn.us and in the tribal profiles on the Northwest Portland Area Indian Health Board web site found at www.npaihb.org/profiles/tribal-profiles.

TC1 provided Local Area Networks (LAN) support and public access computers in the administration building that serves as the tribal headquarters and in the Longhouse which is about two miles away and houses the elders' nutrition project and a preschool. The RML chose to include Samish for TC3 community based outreach for a number of reasons. The RML had a very positive experience in working with the tribe in TC1. The relative smallness of the tribe, the fact that it does not have a reservation land base and its proximity to Seattle contrasted with the other tribes which are much larger and located a distance from Seattle. Because of its recent recognition in the federal network of tribes, Samish is developing its tribal infrastructure and services and the RML valued learning how to support a tribe in this situation.

Negotiating the Project

Just prior to launching TC3, one of the three librarians assigned to the project left the RML. The Resource Sharing Librarian filled in to complete the TC3 librarian team and took over the Samish assignment. The person in this position works mostly with interlibrary loan system for medical libraries in the region. She does training in Internet access to health information, but that is not one of her primary responsibilities. However, she had participated in the TC3 project planning workshop out of interest in the project and was pleased to join the TC3 team to fill the vacancy. She was not employed at the RML during the TC1 project, and her sense of that project was that although it was intended to show the benefits of access to health information, it became more of a connectivity and computer support project for the tribes. She understood that TC3 was designed to test a community-based model. She knew she was pinch hitting and was somewhat nervous that she would let the Samish down.

The CRC viewed his role as initiating the tribal contacts, scheduling the meetings, and taking the lead to keep the negotiating discussions moving. He also felt he was responsible for keeping people working together and supporting the librarians. He realized that the librarian assigned to Samish did not participate in TC1. Based on his TC1 experience, he identified the IT Director and the Health and Human Services (HHS) Director as the primary contacts for the project. The librarian and the CRC decided to initiate a conference call to explain the TC3 project and arrange for a meeting. The Samish contacts welcomed the project and suggested areas in which they could use assistance. These included assistance in the preparation of the tribal health plan, creating links for the tribal health web-page, and help in connecting the two tribal buildings through a wide area network.

The negotiating meeting was held in the spring of 2002. The CRC explained the project, and the incentive award of \$5000. He reviewed the work that was done in TC1 noted that there was still a need to support a health promotion project. Since the Samish were already aware of the project, they quickly identified their priority interest in using the librarian resource to assist with the development of the health plan. The Health and Human Services (HHS) Committee was responsible for developing the plan, which would be sent to the Tribal Council for approval before being submitted to IHS in December, 2003. After a discussion of what was needed to construct a plan, it was decided that this would be the major project for the librarian. In addition to the plan, the librarian would assist in developing the tribe's health web page and look for opportunities to provide training. The CRC would advise the IT director on how to improve telecommunications between the two tribal buildings. The \$5000 incentive would be used for this aspect of the project. Once the overall direction of the work was established, the librarian

met separately with the Health and Human Services Director to discuss how to be responsive to her needs in developing the plan and the CRC and IT Director reviewed the telecommunication issues.

The RML staff met with the evaluator to debrief soon after the meeting. Both felt that the meeting had gone well. Despite some earlier anxiety on the part of the librarian that she would be working in a culture where she had heard that communication styles would differ from hers, she felt quite comfortable with the Samish community. She described her role in the project as:

Looking at needs I am able to discern and where I have knowledge and ability to help them find and use health information, where I see I have knowledge and skills and plug them in, especially in the web related area. I can help them any way I can with health information or community education activities, these are closely related.

IT Director initially thought the \$5000 could be used to pay their high phone costs, but the CRC felt confident that it was possible to redesign the telecommunications and LAN networks so the tribe could save money. He recommended the \$5000 be used for changes in the system.

Implementing the Project

In the months following this initial meeting, a MOA was written by the RML and signed by the Director of the RML and tribal representative. Five specific project objectives were spelled out in the MOA:

1. Participating in the Samish Indian Nation Health and Human Services Department's creation of a 10-Year Samish Tribal Specific Health Plan by providing information support regarding health planning and by contributing health information content.
2. Developing instruments and collecting data about how members of the tribe presently obtain information about health.
3. Collaborating in developing content for the health section of the Samish Web site at <http://www.samishtribe.nsn.us/>.
4. Evaluating telecommunications and networking arrangements to see what upgrades would be beneficial.
5. Identifying additional projects as opportunities arise during the year, with a particular eye to training opportunities.

The MOA included a statement of the intention of the two parties to collaborate and to share information, resources and/or documents produced as a result of the project, including putting a link on the Samish web site to the Tribal Connections Project web site. The final section of the MOA described the evaluation outcomes for the project. These included:

1. A completed health plan with information on health planning provided by the RML staff.
2. Additional health information content for the Samish web site.
3. Upgraded telecommunications and networking software for the Samish offices
4. Enhanced health information for Samish members
5. Experience for RML staff in community outreach.

Collecting Data from Tribal Members

The Samish Tribe has a General Council meeting in June. The meeting is held over two days with the first day dedicated to cultural and educational events. The meeting is held in a

recreational vehicle park in Anacortes and members from all over the nation attend the meetings. The librarian decided to set up a table at this event to demonstrate Internet access to health information. Since she needed electrical access to show a computer demonstration, the table was not placed outdoors in the hub of the cultural activities. She was located in a building next to a tribal station where members could get their blood pressure and blood sugar checked.

In addition to computer demonstration and hand outs, she also had a short questionnaire to learn tribal members' interest in health areas. A somewhat small number filled out the survey (the survey report is in the appendix); however it did provide snapshot information. She found that most had computers in their homes, but they had not accessed the tribal health web site. The majority felt they would use the web site if it had good information. The questionnaire listed thirteen different health areas and asked the respondent to check those in which they were interested. Nutritional value of foods, dental and orthodontic services, information on health services for tribal members, using native plants in your diet and information on lowering cholesterol were the highest rated areas of interest. Participation in the General Council meeting activities provided opportunity for her to talk informally with tribal members. One of her observations after this event was that many people are not interested in seeking out health information as it is often not a pleasant topic of inquiry.

Assisting with the Health Plan

The librarian provided a number of services to the HHS Director and committee over the summer and fall. She did what was natural for a librarian; undertake a comprehensive web search and compile a number of resources to support tribal health planning. The result of her search filled a four inch notebook. Examples of the material included copies of other tribal and Indian organization health plans, documents about health planning, information on the status of American Indian health status, and a copy of Healthy People 2010 planning guide. The notebook was given to the HHS Director to use as a resource.

The librarian was invited to meet with the HHS committee and she became a regular participant in their discussions of health planning. In this role, she served as a facilitator and assisted the group process information, brainstorm, and sort out their priorities for the health plan. She was so well received in this role that the HHS turned over the lead to her at one of the meetings. She noted that it was her experience in management rather than librarian training that prepared her to facilitate the strategic planning discussions.

Links for the Tribal Health Web-page

Once the major priorities for the health plan were established, the librarian constructed a health web-page to be included in the tribe's web site. The web page included a number of links to information on arthritis, cancer, Health disease, oral health, mental health, respiratory disease, immunizations and foods and herbs. A number of links in these categories reached American Indian and Alaskan Native specific sites. The bottom of the web page included more links including MEDLINEplus and more sites relating to Indian health. The site includes attractive graphics to illustrate each major area and is easy to navigate. In addition to developing the site, she wrote up short newsletter articles advertising its availability. A copy of the web page is in the appendix.

Training in Access to Health Information

The librarian did find an opportunity to provide training on Internet access to health information. She trained the staff who work in the tribe's contract health office. These employees have the most direct contact with tribal members who have health issues and need medical attention. The Head Start program director also attended the training session. Although the HHS Director was not able to attend, she observed that those in the session stayed well past the formal training was over, which indicated to her that they had questions and wanted to learn more.

Telecommunications Improvements

The CRC was responsible for the telecommunications element of the MOA. According to the IT Director, he provided the design that would help link the communication and computer systems in the tribes Administration building and the Longhouse. Each building had its own phone system, DSL service, and computer network. TC3's \$5000 was used for phone transfers that needed to be in place to leverage another \$10,000 from the Gates Foundation to pay for routers and a frame relay to completely connect the two buildings. As a result of the TC3 and Gates Foundation support, the tribe has eliminated a number of phone lines in the Longhouse and the additional DSL hook up. All computers operate on one local area network. The savings to the tribe is at least \$3600 a year for phone lines and in the IT Director's time as he does not have to maintain two separate systems. The Gates Foundation money also upgraded the TC1 public access computers and added a few more public access sites.

Tribal Health Information Needs and Web Use

The evaluation included interviews with the IT and HHS Directors and three members of the HHS Committee to learn 1) more about their health information needs and ways to promote health information, 2) use of web-based health information and interest in training, 3) their expectations for the TC3 project. These interviews were done prior to the completion the project.

The HHS and IT Director are satisfied that they can get the health information they need. Both rely on their health providers for information and use the Internet when they want more information. They were not sure that tribal members had access to all the health information they might need. Both mentioned the need for more information about diabetes. The HHS Director has been asked to put more information on the Samish web site. Neither one wanted to suggest "best way" to get health information to tribal members. They would encourage them to talk with health providers so they could ask questions when they don't understand. In addition to direct information from providers, they recommend distribution of pamphlets, articles, and using the web. Both are familiar with web searches for health information and with MEDLINEplus, although this was not the first web-site that came to their minds when asked what sites they visited. The mentioned sites specific to diseases they were researching, before MEDLINEplus.

Many members of the tribe are computer literate. In fact, the HHS Director believes that about two thirds of the elders are familiar with the computer. They email their grandchildren and siblings regularly and they "bring in email jokes" all the time. They would encourage the RML to provide training to elders and to others in the tribe. The HHS Director believes that the HHS Committee would be interested in the RML training. In most instances, group training would

work, although there are some who are unfamiliar with a computer might appreciate individual lessons.

Some of the members of the HHS Committee also commented on health information needs in the Samish community. They believe that new information relating to health is important. They value information that can help them understand symptoms when they are not feeling well. Some have spouses or relatives with diabetes and heart conditions, so they value information in these areas. They believe that the Samish community should get information on a broad range of topics because, as one committee member stated, “no one has taken care of everyone for years, we are just getting started, we have never been able to help our people.” Some mentioned the importance of information on children’s health, and all mentioned the need in the area of diabetes and heart conditions. When asked if Samish people could get the health information they needed, the committee members all praised the services provided by the contract health staff. They believe that the newsletter is a very good source of information, although one would like to see the health page expanded by adding more personal stories about how families have coped with health problems. They also support using tribal meetings and events as a venue to distribute information. The committee members have accessed health information on the web to search for information regarding health issues in their families. All the committee members said they would like to have the RML training on using the Internet.

Tribal Assessment of TC3 Outcomes

The Samish staff and three members of the HHS Committee who had participated in the planning process were interviewed at the conclusion of the TC3 project. This interview sought their views on the success of the work and their advice regarding ways in which the RML could continue to provide services to tribes. The IT Director stated that the support from the RML to improve the telecommunication and network connections was excellent. It is helping the tribe save money and providing better networking and internet access to the tribal staff.

The HHS Director felt that all of the support from the librarian was useful and contributed to the development of the health plan. She noted that;

She offered some real strategic help in how to go about tackling a health plan, what kind of process, especially whenever we would get to a stuck place. She seemed to have some really helpful suggestion about how to grapple with the data or with our process.

All of the committee members spoke highly of the librarian’s contribution to their work. One of the HHS Committee members described her contribution as, “really super – she kind of directed us. We were very naïve and she directed us very well and helped us.” Another noted that she did almost all of the research and helped the committee concentrate on their priorities.

The HHS Director was also impressed with the resource material. She appreciated the information about what was happening in Washington State, citing the information from the Seattle Indian Health Board. She appreciated seeing other tribal health plans. She found the Healthy People 2010 planning guide useful.

Everyone who was interviewed praised the web page. They value its information and presence on the tribal web site. Not only the information was valued, but the process used in working with the committee. The HHS director described this as follows:

The addition of useful information for our website was just very well done, nicely designed, and everybody was really pleased with that. She walked the committee through what she had done as a first draft and they asked for some specific information to be added. She went back and did that piece. People were thrilled.

One of the committee members said that the web page made her even more aware of the importance of maintaining and updating the tribal web-site. Web based communication is important since the tribe is so scattered. She was concerned that the tribe was not giving the web-site the priority attention it needed. After she saw the benefit of the librarian's work, she took the issue to the Tribal Council and now the web site is getting more support. The IT Director said that the tribe has approved hiring a part-time consultant to maintain and update the tribal web site.

The training was also a complete success. Everyone of the contract health staff are using the Internet resources to look up information for their Samish clients. Some look for more information regarding a disease or diagnosis for a client. They also use the Internet to look up pharmaceutical information so they can explain the drugs that are being prescribed. One person valued the tote bag she received at the training. She now uses it to health meetings as it looks more professional than her backpack.

Their enthusiasm for the value of what they learned has inspired them to spread the knowledge. Initially they wanted to demonstrate it at the General Council meeting (duplicating what the librarian attempted to do the year before). However, the tribal exhibits are in the open field of the RV park (the location of the meetings), and the IT Director told them it was not possible to get the connectivity to the Internet to the exhibit area. They plan to have a demonstration station during Culture Days when there is an open house in the tribal buildings. One of the contract care staff provided impromptu training on the public access computer to a group of kids who were being "squirrelly" in the lobby area.

The Samish staff was asked what advice they would give the RML regarding improving outreach to tribes. The following are their list of suggestions.

- Get on the agenda of the American Indian Health Commission and the NW Portland Area Indian Health Board. That is where the health directors will hear about your services. They will be able to put a face to your services and will think about how it might fit into their work with their tribe.
- Help other tribes fund a good health page on their websites, and help tribes that do not have a website develop one.
- Go to the annual meetings and events and advertise the RML services.

The staff was asked if they would be inclined to contact the RML in the future. Surprisingly, they could not think of any reasons why they would. Since the HHS Director is not a health professional, she was not sure she would need to seek out the type of health information provided by the RML. When asked how she would describe the RML she stated:

Shooting from my hip, I sort of think of them as a repository of information, someplace that is like a clearing house, and maybe my thought is – this would come from my feeling standing outside the profession being an administrator, that you need to know what you are looking for in order to find it. Maybe they could help me find what I need to be looking for – I would like to have someone who help me ask the right questions.

All of the MOA objectives and outcomes for the project were met, and the Tribe feels they benefited from their collaboration with the RML. However, the Samish involved in TC3 still have little idea of the RML or how to draw upon its resources. They were uncertain whether they would initiate a call or request any further assistance. As the RML reaches out to new communities, it is important that it have a way to communicate what it is and how it can provide services in an ongoing way, not just for special projects such as TC3.

Nez Perce

The Nez Perce, or Nimi'ipuu -- their name for themselves, lived in what is now north central Idaho, northeastern Oregon, and southeastern Washington. The tribe welcomed and offered hospitality to Lewis and Clark through the winter on their journey to the Pacific. When it came time to formally negotiate with the US government, the Nez Perce reserved most of their ancestral lands in the Treaty of 1855. However with the discovery of gold in the 1860s, the Treaty of 1863 reduced the reservation by seven million acres. The reservation lands continued to shrink throughout the 1800s through various federal government policies and today the Nez Perce reservation is only 12% of its size in 1863.

Perhaps the most well known Nez Perce is Chief Joseph. He led the members of the tribe who resisted signing the 1863 treaty. When US troops attempted to forcibly locate them on the reduced reservation, those who did not sign the treaty resisted. A war resulted and eventually the Non-Treaty Nez Perce, lead by Chief Joseph, fled from the army. The band almost made it to the Canadian boarder before surrendering at Bear Paw, Montana. Chief Joseph and his band were exiled to Indian lands in Oklahoma. Although allowed to return to the Pacific Northwest, Chief Joseph and his followers were never allowed to live among their people.

The tribe now controls a reservation of 88,314 acres in Idaho. The tribal enrollment is approximately 3,200. The BIA agency and tribal headquarters are in Lapwai, Idaho on the western boarder of the reservation. Kamiah, the next largest community on the reservation is on the eastern side of the reservation. The Clearwater River flows along the northern boarder of the reservation. The Indian Health Services has provided health services to the tribe in clinics located in Lapwai and Kamiah. However, the tribe took over management of the clinics in 1997 and is now directly responsible for the delivery of health care as well as health outreach and education services. A new clinic was opened in Kamiah in 2000, and a new clinic under construction in Lapwai.²

The TC1 project provided the tribe with hardware, bandwidth upgrades and training. The stable IT staff in the health clinic and their regular contact with the TC1 staff resulted in a fully

² Background information on the Nez Perce was found on their web page www.nezperce.org and in the tribal profiles on the Northwest Portland Area Indian Health Board web site found at www.npaihb.org/profiles/tribal-profiles.

functional 12 remote site WAN. According to the TC1 report, the Nez Perce effort became one of the most successful in this series of projects and was viewed as a good candidate for TC3.

The Outreach Coordinator for the RML teamed with the CRC to offer the project to the Nez Perce. The Outreach Coordinator responsibilities include planning and conducting activities designed to reach health professionals without adequate access to health care. Traveling and serving communities was not a new activity for her; however, she did note she was more often working in a “reaction” mode responding to requests for her services from people or groups. Reaching out to the Nez Perce to create an opportunity to provide services would be a new approach.

Negotiating the Project

The initial contact to explain TC3 was made with Health Department’s IT Director who recommended to the CRC that the TC3 work with the Tribes’ Community Health Department (CHD). The librarian made email contact with the CHD Supervisor to explain the general goals of TC3 and arrange for a visit to discuss the project. Consequently the CHD Supervisor became the key contact and the person through whom the initial visit to the reservation was arranged. The librarian and the CRC arranged to attend a CHD staff meeting in June, 2002. Accompanying them was an assistant evaluator who subsequently left the TC3 project. In addition to meeting with the CHD staff, the TC3 used this visit to meet people in the health community and to visit the clinic at Kamiah and meet with the local librarian at the local county library in Lapwai.

The TC3 project was described at the CHD meeting. It proved difficult to explain, as the project was mainly an opportunity for the tribe to use RML resources for a short period of time and to receive \$5000 for a health information or technology improvement project. No one involved in the CHD were familiar with the RML, nor had they participated in the training offered as part of TC1. The \$5000 was an attractive incentive, but no clear ideas emerged how to use it. The evaluator wrote, “The CHD staff seemed confused about what they were being asked to participate in.” She noted that the CHD were:

...very politely trying to figure out how they could accommodate us. Four days with a medical librarian for ‘training or resource development’ plus \$5,000...hmm. They were a bit stumped as what to do with it.³

The TC3 team reaction to their initial meeting with the CHD was mixed. The librarian reported, “After the first trip, I was very depressed. I didn’t think we would ever get started. People were very cordial, very friendly, we got to meet a lot of people, but I did not feel we were able to communicate well what we had to offer.” On the other hand the CRC felt that the TC3 team heard differently the things discussed at the meeting. He was not concerned that a concrete project did not emerge since he heard ways in which they could add value. He was prepared to “feel the way and see if there was a way to bond.” However, it was clear that the CHD Director was confused, as she wrote in an email to the librarian, “I am still unclear as to what exactly your group will be doing for us. Is it mainly support in way of patient education, or purchasing materials for activities? Maybe you can clarify a little more.”

³ Notes from Susan Usitalo

In response the librarian sent a list of possible areas the RML could become engaged with information agendas based on things that were heard in their meetings. However, the project that emerged did not come off this list. The CHD Director referred the TC3 to the nutritionist (she later became the acting CHD Director) who was looking for resources to support diabetes educational videos using local tribal talent. Seven percent of the reservation population has diabetes. The diabetes committee recommended educational videos to help patients manage this disease. By the fall of 2002, the CHD Acting Director described a number of topics that the diabetes team had identified for video production. The \$5000 incentive grant would be used for production expenses. The Acting Director also informed the librarian that there would be space in the new clinic dedicated to patient education and medical outreach. The RML could assist the tribe with resources for this area. It took most of the summer months; however, the Nez Perce project finally became defined by the CHD. The project was very different from the traditional services of the RML but it responded to an important need for the CHD – providing health education with materials that would reflect the faces and voices the tribal population. .

The TC3 team visited the reservation in the winter of 2003 to assess how the video project would be implemented. The lead evaluator joined the team for this visit. In addition to meetings with CHD staff regarding the videos the evaluator interviewed five employees of the Health Department to learn more about their view regarding health information needs in the community and use of Internet to access information.

The TC3 team also visited with one of the tribal members in the National Library of Medicine's (NLM) Information Internship program. This program is sponsored by the Division of Specialized Information Services in the NLM. This was the second year in which a tribe was selected to send two interns from their health and information technology staffs for an intensive two week orientation to the NLM in Washington DC. The interns are expected to do a major information outreach project on their reservation. The Health Department's IT Director is one of the interns. Since she had a long term connection with RML through TC1, she informed the staff of her trip to the NLM. The TC3 team wanted to meet with the two interns to discuss how their experience might contribute their efforts work with the Nez Perce. As a result of their time at the NLM, the interns had a much better idea of the resources and potential for health information and the resources of the that RML.

Implementing the Project

The MOA negotiated between the RML and the Nimiipuu Community Health Department included the following project objectives:

1. Develop a list of priority educational topics in diabetes prevention and treatment.
2. Produce a series of short videotapes, using local health department staff and tribal members that address some of these issues.
3. Place the videos in locations in Lapwai and Kamiah where community members and clinicians will be able to easily use them and publicize them.
4. Promote the use of high quality electronic health information resources and provide support or training on accessing health e-health information as needed or requested
5. Collaborate with designers of the new Lapwai clinic to provide a health information space of kiosk for tribal members

The evaluation outcomes were defined as:

- A minimum of 5 video products based on the priority diabetes education topics.
- The videotapes will be reviewed by Health Department clients and made available for viewing in the clinic.
- There will be a plan for the health education library in the new Lapwai clinic.
- The CHD staff will have an increase understanding of health information resources available in Northern Idaho
- The CHD will know how and when to contact the RML for future information and training needs.

Videotape Production

The CHD staff wrote the diabetes video scripts and provided the talent for the informational skits. The tribe owns high quality camera and employees from another department filmed and edited the productions. Four videos were produced on the subjects related to diabetes.

1. Steps in accepting & dealing with diabetes diagnoses – an older woman having a series of conversations with her daughter that illustrate anger, denial, and gradual acceptance of need to live with diabetes. (the video is specific to diabetes, but could be used to help illustrate the process for any serious chronic disease)
2. Foot care – humorous opening with a young girl showing off her new high heel sandals noting that the doctor told her to buy new shoes. She is corrected as to the type of new shoes she needs with the video illustrating how to choose and wear good shoes with socks and how to care for feet.
3. Diet and exercise – one tribal employee explains how they can begin getting exercise by walking instead of driving to the tribal café. She also discusses the type of food to eat and how to eat favorite foods such as Indian Tacos by eating just half portions.
4. Monitoring blood sugar – Public health nurse demonstrates the use the glucose meter, with each step illustrated by a tribal member.

In addition to producing the diabetes videotapes, the tribe also combined TC3 incentive money with a tobacco prevention grant to produce videos for teens. The teens involved in the Students for Success tribal program participated in a two day film workshop led by the Artisan Group from Orange County, California. At the workshop they wrote scripts and acted in two tobacco prevention videos. These videos are still in the process of final editing. The videos cover the following subjects.

1. Peer pressure – a girls basket ball team in the locker room. Girls chide one of their team mates for going out before the game to smoke. In the next scene after game in locker room the smoking team mate comes in badly winded. Her team mates remind her that it is smoking that is affecting her and talk about positive peer pressure not to smoke.
2. Negative effects of smoking – girls sneaking off to smoke under the bleachers talk about their dreams for their future. The dream is illustrated with adverse affects of smoking on the dream. For example, the girl who wants to be a model is shown modeling with big, brown, discolored teeth.

One of the students at the workshop wrote a song that the students recorded on CD. The song is “Staying Free and Staying Alive.” Combining both a rhythm and blues and rap formats, the

song's message is about making good choices. The young man who wrote the song says that he listens to it every day.

Access to the Videos

The CHD has a number of plans for disseminating the videos. They will be played on the video monitors in the clinics' waiting rooms. They will also be played on the monitors in the exam rooms so patients can watch them while waiting to be seen by health professionals. The Community Health Representatives (CHR) will use them when making their home visits. If there are enough copies, they might be available at the clinic or at the local store so anyone can check them out as they would a library book or entertainment video. The smoking prevention videos will be used in the schools and other educational and youth programs.

The RML is negotiating with the Tribe to have a copy of the videos available on the Tribal Connections web site. Once this is in place, the videos will be available to anyone who wants to view them. The teens noted that they might become "national stars" as a result of exposure on the TC web site.

Electronic Access Training

Since the CHD had the staff to write and act out the videos and the tribe had the filming and editing equipment, the services of the librarian and the CRC were not needed to produce the films. However, the librarian was invited by one of the NLM interns to demonstrate electronic access to health information to a men's wellness program. There has been a significant turn over in the health clinic staffing so many of the current health care professionals did not participate in the IHC training session. Many of the CHD staff use the Internet to access health information; however, they have not had any formal training. The RML is working with the IT Director to schedule training for this staff as well as for the professional health providers.

The tribe has a computer lab and classroom with a direct interactive TV connection to another computer lab and class room in Kamiah. With this resource, it is possible to conduct a class to participants in Lapwai and Kamiah simultaneously. In the discussions with the CHD about training, it was discovered that doctors in remote areas such as the reservation have difficulty getting their professional development credits required for licensing. The RML is working on providing credits for the training through the University of Washington as an added incentive to attract doctors. The Site Coordinator for the Northwest Indian College can arrange for continuing education credits for the training for other recipients of the training.

Library Resources in New Clinic

The Tribe has just broken ground on a new clinic in Lapwai. Through the NLM interns, the clinic staff learned of grant opportunities for developing a health information center in the new building. The plan is to have computers and a library. The RML librarian will assist the Health Department's grant writer develop a competitive proposal for NLM funding to equip the center.

Tribal Assessment of Health Information Needs and Web Use

Five health information and web-training interviews were conducted just prior to the production of the videos. These interviews followed the same protocol used at all TC3 sites which sought information on tribal views of health information needs and use of web for health information.

Two clinic administrators, a Community Health Representative (CHR), the Health Advocate, and the NWIC Site Coordinator were interviewed in the winter of 2003.

When asked what health information was important to them personally, the men said information on physical fitness and supplements were important. One administrator needs national information on health trends with which to compare the Nez Perce's state of health. She also needs to understand pros and cons of policy issues such as whether to give smallpox immunizations to health workers. The CHR wants to understand symptoms of illnesses so she knows what to look for, while the Health Advocate is interested in knowing the latest information about drugs trials. He is also interested in preserving traditional ways of caring for health, natural remedies and traditional practices.

Diabetes is one of the more important health information needs for the community. All mentioned this disease. Many have family members suffering from diabetes. However, many were interested in promoting information about prevention strategies such a diet and exercise. Another noted that a lot other health conditions stem from this disease such as heart trouble, and kidney problems. The CHR works with a women's group and is concerned that they are so busy being caretakers, they do not understand how to care for themselves. She was also concerned that there needed to be a greater understanding the need for supportive services such as drug treatment, elder and child day care. Lack of these services influences the general health in the community.

Generally, those interviewed are not satisfied that the community has enough ways to get health information. When asked for suggestions on good ways to promote information, a number recommended brochures and pamphlets, with one noting that: "If you just hand them a pamphlet, it goes into the trash, but if you talk to them, point out the different aspects, they are more likely to use it. Show them you care, and the more time you take to provide education on a personal level, the better." The CHR seconded this observation noting that the best was to give information is one on one.

Community meetings are useful, especially if they are connected with a dinner or entertainment. One noted that "people love incentives and free things...there has to be something in it for them." Group support, for example the Diabetes Support Group, is useful for those who have been diagnosed with a chronic disease. There is a need for multiple approaches. Videos are good. One of the administrators would like to see more radio promotion. Another explained that people need to see or hear real life examples – stories from people that they can relate to. He was moved by an Indian woman talking of her struggle with AIDS. He described it as, "powerful and you don't forget her."

Even with information, it is not easy to get people to change their unhealthy habits. One noted that she sees situations where parent has diabetes; yet adult children are not making lifestyle changes. The CHR noted that fried foods sell out at the local deli. On the other hand, some have seen some improvements, such as less alcohol consumption or more willingness to follow through with screening exams. One noted the complexity of health issues in the community. Since they are downwind from Hanford, they are still uncertain if the environmental factors are driving disease on the reservation.

All five have searched the web for health information, although none has had formal training. They generally search for key words on a search engine. Good sites are remembered and bookmarked. Despite their use of the web, some noted that it could be time consuming to find the right information. They also worried about the credibility of information on the web. Only one was familiar with MEDLINEplus. There is an interest in training to be more efficient in doing web searches.

Those interviewed were not involved in the negotiating for the TC3 project. Consequently they had only passing knowledge, mostly limited to the fact that the videos were going to be produced. They all felt that educational videos featuring Nez Perce were an important resource. Creating this resource would be their view of the most important criteria for success from the collaboration with the RML.

Tribal Assessment of TC3 Outcomes

Seven tribal members were interviewed in late summer 2003 to learn their views of the value of the TC3 project. Interviews were conducted with the Nutritionist (formerly the Acting Director of the CDH and coordinator of the video project), a CHD staff member who acted in one video, the youth leader in charge of the tobacco videos and two youth who participated in the productions, the video producer, the Heath Department IT Director and the new CHD Director. In addition to learning their assessments of the value of the project, the interview sought information regarding ways to continue working with the Tribe.

Video Productions

The CHD is very proud of the videos. They feel that they will be important tools to helping Nez Perce people cope with diabetes. Videos are a popular item on the reservations. Since these are short, only 5 to 7 minutes long, they will be able to be viewed in a number of venues. The major venues will be the two clinics on the reservation – in the waiting room and in the exam rooms. The CHRs will take them on home visits. They will also be distributed via a lending library so patients can take them home. As one noted:

It was important to use local people in the production because you have an automatic audience, because all these people say, 'look at what I did.' My niece was in one; my cousin was on this one. A lot of trainings and things are not relevant to the tribes. There is a lot of information, a lot of material even a lot of things we can use, but it just doesn't relate to the Indians, they are for middle class America. But this is for them -- to see their own people.

His sentiments were echoed by many others. In fact, the CHD is very proud of its breast feeding campaign. They provide training and strong promotion for breast feeding. Their community has the highest rate of breast feeding for the first six months in the State. That they have brought this activity home to Nez Perce is evident in the posters distributed around the reservation. They show Nez Perce women breast feeding with the message, "A healthy warm tradition for our people to embrace." By bringing the message home with familiar images, and a training program lead by their own community health workers, the CHD has made a positive influence on health behavior. The videos are an extension of this desire to have Nez Perce people themselves informing their tribal family of good health practices.

The videos had not been tested with patients at the time of the evaluation visit. However, they had scheduled a viewing for the diabetes breakfast group later in the month. The tobacco videos will be used in the schools as well as shown in the clinic and at other health and youth gathering events.

Training

That two people from the tribe would become NLM interns was an unanticipated contribution to the TC3 project. The CHD had funding for a men's wellness conference which they had to put together with a rather short planning window. One of the interns called the librarian at the RML and she was able to make a quick trip to do a demonstration of MEDLINEplus and contribute literature to the conference. Although she could not offer a full training on the Internet, tribal staff who were at the conference felt that the demonstration was a valuable addition to the program. The other intern is taking responsibility to arrange for the training of health clinic staff. It is anticipated that the CHD staff will have the opportunity to participate in this training or have a special training session on the same day. The intern realizes the value the NLM training. She noted,

Seeing what is available on the web page of NLM – that is why I am anxious to get the training set up because in the group that I sat in on (a committee meeting in the clinic) we were curious if we are even doing the best preventative health care. And are we offering the latest tests. If we don't have the test here, are we letting people know their options?

Recommendations for Continued Contact

The interviewees had many good suggestions regarding spreading the message of RML services.

- Consider being a vendor at the General Council meeting. About 400 to 500 people attend the two that are held each year. There are displays from all the tribal programs. The NLM intern thought that a table describing the tribe's relationship with the NLM and RLM would be well received.
- Do train the trainers workshops so that there is a cadre of people who can train tribal members who have computers in their homes, Also the Senior Center Director is a good person to train so seniors can access the information.
- "Food is always a gateway." Sponsor informal lunches to share your information and talk about your services. Could do this type of session for the tribal employees and also open it up to the community.
- Participate in the community health fairs. This could be coordinated through the CHD Supervisor.
- Be creative and make any information sharing or training fun.
- Be flexible and keep in touch. One person said, "We usually have a project or two riding around in here that we are just waiting for an opportunity to do. If timing happens for a project of the library fits in or facilitates a local project, it is good."

The discussions of keeping in touch brought up the worry of RML librarians that they were bothering already busy people who do not have time to respond to phone calls or emails. It was noted that the librarians feel they are pestering when they continually send emails or leave messages for tribal staff who are too busy to respond. In response to this worry, a tribal staff

person said, “Don’t feel bad. We have the same problem even with our own people.” The librarians were encouraged to hang in there and not give up. Many explained the importance of developing a connection to the tribal person who can provide the support and follow-through. As one noted, “I think within any tribe you are going to find one or two that will give you the key in.”

Umatilla

The Confederated Tribes of Umatilla are the descendents of the Cayuse, Umatilla, and Walla Walla tribes. These tribes lived on the Columbia River plateau spanning northeastern Oregon and southeastern Washington. The reservation was established in the 1855 Walla Walla Treaty and is located Umatilla County, Oregon. The three bands were brought together on the Umatilla Indian Reservation, established by a Treaty with the US Government in 1855. They formed a confederated single tribal government in 1949. The reservation covers 157,982 acres and is approximately 8% of the county. The tribal and BIA headquarters are in the town of Mission near Pendleton, Oregon. The tribe has approximately 2,300 enrolled members.

The tribes, especially the Cayuse, were famous for their rugged ponies and extensive horse herds. Salmon returning to the Columbia River basin was a major source of food for the confederated tribes and rights to fish in their usual and accustomed fishing grounds was protected by the Treaty of 1855. Today the tribe still maintains a strong fishery; however, its location downwind of the Hanford Nuclear plant is raising concerns regarding environmental contamination of fish in the river that flows through the Umatilla fishing grounds.

The Confederate Tribe of Umatilla Indian Reservation (CTUIR) is governed by an elected Board of Trustees which is elected by the General Council which consists of all tribal members age 18 and older. Historically the tribe relied on agriculture and natural resources; however, today there is a diversified economic based including commercial development, entertainment, and cultural arts. Tribal enterprises including a casino, hotel, and golf course travel plaza and camping area and a new market in Mission have contributed to the economy of the tribe and the surrounding county. Tribal enterprises are overseen by a Board of Directors. The Health Commission serves as the Board of Directors for the Yellow Hawk Tribal Health Clinic in Mission. This IHS clinic is now an enterprise of the tribe.⁴

TC1 facilitated hardware upgrades, software and Internet connectivity to several departments including the Yellow Hawk Clinic, Senior Services Center and the Social Services office. The tribal web page has a link to the Tribal Connections web site.

Negotiating the Project

The librarian learned that representatives of the tribe’s Health Commission who participated in TC1 were attending meetings at the University of Washington in the winter of 2001. She invited them to meet with the TC3 team to learn more about their health information needs and arrange

⁴ Background information on the Umatilla was found on their web page www.umatilla.nsn.us and in the tribal profiles on the Northwest Portland Area Indian Health Board web site found at www.npaihb.org/profiles/tribal-profiles.

for a visit to the reservation. A list of concerns of the Health Commission was generated at that meeting, some of which fit within RML services and some that did not. They included:

- Mobile diabetes-testing unit and a data base to collect testing information.
- Information clearing house for social services, the health and dental clinics, senior services and the day care program.
- Wellness information to help move clinical services towards prevention wellness services.
- Assisting the CHRs with training on web based access to health information as well as how to access other resources that can help their patients.
- Help in finding grants and funding information.
- Developing a medical library for the clinic.

This meeting set the stage for a visit to the reservation in spring 2002 meeting with the Health Commission. At that meeting, the TC3 team explained the general goals of the project and the evaluation plan. In addition to the commission members the meeting included the Director of the Yellow Hawk clinic and the Health Educator and the Outreach Coordinator. After the Commission heard the goals of the project, they engaged in a wide ranging discussion of their interest in the project and areas in which it could work. The Health Educator was very interested in connecting TC3 with the summer recreation program to reach youth from ages 6 to 18. There was concern that one of the TC1 public access computers in the senior center was not being used and perhaps the seniors could get training on using the web. There was concern that the tribe could not get good information on the health care being delivered to its own people. The RPMS database did not allow for good, local report development. Commission members noted that there is a video in the clinic waiting room and it would be good to have some relevant health related videotapes to show while people waited for their appointments.

The Commission formally voted to focus the TC3 project in the following areas (reported in their priority order).

1. Assist the tribe make the RPMS a more user friendly system and useful for tribal level reporting
2. Provide web based health information training to the seniors using the public access computer in the Senior Center and work with the Outreach Manager to promote health information for seniors.
3. Work with the Health Educator to promote health information training for the youth.
4. Assist with the development of a public access medical library in the clinic and work with the clinic staff to determine interest and need for web-based health information training.

After the meeting the TC3 team visited the Senior Center to view the public access computer. It was clear that it gets little use as it was well covered with plastic to protect it from dust and dirt. It looked like a connection could be made from the Housing Authority office next to the center to facilitate speedy Internet connectivity. The Senior Center nutritionist was not available to meet with the TC3 team during this visit.

After some general communications with the clinic staff over the summer, the librarian arranged for a second trip to the reservation in the fall of 2002. She was invited to the clinic staff meeting

to discuss the training available from the RML. The physicians felt they were conversant with health information access; however the nurses and the CHR supervisor expressed interest in being trained. Consequently, the librarian added training of these to the list of items include in the work plan for TC3. During this visit, the TC3 team met briefly with the nutritionist at the senior center who indicated interest in learning about diet and nutrition resources.

Implementing the Project

The TC3 team was very excited that the Umatilla project had a clear set of goals and focused on a number of activities consistent with traditional RML services. However, the TC3 team did not follow through on developing a formal MOA as was done in the other projects. The librarian wrote up hoped for outcomes based on the Health Commission's list which she distributed at the clinic staff meeting. The evaluator wrote goals and objectives for the evaluation that included these items as well as training for the CHRs and nurses that emerged from the clinic staff meeting. Although the MOA was not a significant document in terms of directing activity, it was useful in formalizing the relationship between the RML and the major tribal representatives serving as the collaborative partners with the RML. In the Umatilla case, this is the chair and/or secretary of the Health Commission. Both are quite familiar with the RML, having participated in TC1 and visited with the TC3 team to discuss the project prior to the team's site visit to the reservation.

The librarian attempted to make connections with a number of various leads for each of the activities, focusing most of her attention on clinic staff that was to arrange for training. The librarian spent most of year trying to arrange for training as this activity became her priority. She assumed that through providing this training she could then build the connections to the Senior Center Program. More than likely the busy schedules and demands at the clinic have made it difficult for staff there to dedicate time to planning for training sessions. They have not responded to the librarian's email or phone messages.

There has been ongoing contact with the Health Educator. He has called requesting information on Indian health videos. The librarian noticed that he was on a committee looking at the environmental issues related to radiation leaks from the Hanford nuclear plant, and sent him toxicology information that she thought might be helpful. At one time it appeared that the librarian would be training at an environmental fair, but the funding for the fair did not come through. The librarian has sent information to the Assistant Director on HIPPA compliance and occasionally sends information that she feels would be useful to the clinic.

In the fall 2002 visit to the reservation, the TC3 team visited with the IT staff in the clinic to discuss computer installation in a small room near the clinic lobby that is to be the public access health information library. The Health educator reported that two computers have been installed so public access to health information is accessible near the clinic waiting room.

The CRC tracked the meetings of the user group at the NW Indian Health Board to see if changes could be made to provide better tribal level data from the RPMS system. He found that this was not going to happen, so it was unlikely that Umatilla's desire for better information from the RPMS system would be possible through the efforts of TC3.

Tribal Assessment of Health Information Needs and Web Use

The evaluation team interviewed three members of the Health Commission and two clinic staff to determine their opinions regarding health information needs, ways to promote information and the value of using the web. The interviews were conducted in the fall of 2002.

When asked what type of information was important to them personally and for their work the responses ranged according to their roles. One needs technical information on new drugs and medications, dosage issues for those with other health factors and HIPPA information. Others were concerned about the lack of preventive health information and felt this needed to be promoted. Another wanted specific information on the health conditions and trends for the Umatilla tribal members.

All reported that information on diabetes was important for the community, with many stressing the need to educate people on how to take care of themselves early in life to avoid the risks involved in getting diabetes. Diet and exercise information is important because as one person noted, "those in the 30 to 45 age group are still in denial." Another noted that even with information, many who have been diagnosed with diabetes neglect to manage the disease and suffer effects that could have been prevented. There is a need for information on heart disease and cancer, especially information regarding break-throughs regarding prevention and cures. The members of the tribe are concerned with the environmental effects of living downwind of Hanford Nuclear plants, especially issues of water contamination.

When asked the best ways to impart health information, one felt the personal, one on one approach was very important. He recommended that such information come from someone's peer group. The tribal newspaper and radio were also cited. Another noted the importance of having information in the tribal setting such as a clinic library, noting that there would need to be someone available who could assist clients with the technical aspects of doing searches. This resource would be useful as he has observed that many patients are not fully aware of the implications of a diagnosis as physicians do not always have the time to give them full explanations.

Two of the Health Commission members were familiar with web-based health information as a result of TC1. One of the public access computers from this project is located in the lobby area of the social services office and is used by their clients and parents who come into that area for the day care program. The Commission members felt more training on web-based access was important for the clinic staff, the senior program and for the community in general. As one noted, "It is important to learn how to use technology in a positive way and to get people involved."

When asked about indicators of success for the TC project, all those interviewed suggested measures of increased use of Internet resources for health information. One listed the importance of health providers having a list of designated sites that are reasonably accessible and can be relied on for valid and current information. A few would hope that the final indicator of success would be overall improvement in health. One person noted that the evaluation needed to tell the story as "stories are what life is all about."

Tribal Assessment of the TC3 Outcomes

Since the major objectives of TC3 have not been met, it is too soon to ask the tribe about their assessment of the outcomes. It is important to note that the librarian is building relationships and continuing efforts to make connections with individuals who have indicated interest in help arrange for training sessions. However, she is attempting to communicate with a number of persons and does not have a specific contact within the tribe to help coordinate communication and planning on site. Also, the CRC and the librarian have been working independently. If they reestablish their team approach, communications with the tribe will not fall on just one person.

Experience and Lessons from the Three Sites

The TC3 could be described as an “opportunistic” model of outreach. The RLM staff put themselves into these three tribal communities to create opportunities. The opportunities were to emerge from the organic needs within each community. The TC3 team was willing to forgo pushing an RML agenda onto a tribe, and hoped that some of the tribal health information needs would mesh with their skills, products, and resources. The team also hoped that in addition to whatever emerged from the tribe, the project would build bridges so that it would be possible to offer the tribes the main RML product – training on web-based sources of health information, especially those supported by the NLM. The project was built on the assumption that the opportunities created as a result of the outreach would be negotiated, implemented and evaluated in about a year’s time.

Basically the model worked. In all three sites, the tribes were able to identify ways in which RML resources would contribute to their own health information priorities. In all of the sites the librarian identified training opportunities that have been completed or are still in the planning phases. The aspect of the model that has proven most faulty is the assumption that the activities could be completed in a year’s time. Only one site has actually completed all of the activities listed in the MOA. One has completed a significant portion of the project, production of videotapes, but they are not yet ready for dissemination and training is still in planning phases. Although technical assistance in furnishing the clinic resource library is being provided, the full scope of this aspect of the project cannot be completed until the clinic is built. The third project is rich in opportunities to provide training, the main product of the RML, but busy schedules, physical distance and lack of central coordination have made progress slow.

The timeframe was imposed somewhat by external forces – it was necessary to put parameters on the formal TC3 project to facilitate an evaluation of the outcomes and lessons for the NLM and the RML. And this report is the record of the project for these purposes. However, the fact that TC3 is in many ways still a work in progress could be viewed as a success factor rather than a criticism of the effort. The project opened doors to new ways of viewing health information; it has paced itself (if not always to the comfort of the RML) to the schedule of busy workers in tribal settings and, even though not completed in some sites, it has generated outcomes valued by tribal partners.

There are a number of observations and “lessons” that emerge from the documentation of the project and interviews with the tribal personnel. The following summarizes some of the observations.

- *Working outside the box:* Health information became more broadly defined in TC3. Being responsive to tribal priorities led to a range of experiences. One component of the Samish project was somewhat administrative – helping facilitate planning meetings. Although this is not a standard function for the RML, the librarian had the background and experience to contribute to this need. As one of the librarians noted in a TC3 staff meeting, “we are bringing our own unique strengths to the work.” The videotapes might be viewed as health education, yet it was highly valuable as a health information project for the Nez Perce community. A RML staff person noted that
[At Nez Perce] it would have been hard for us to figure out that we would have had a role. We are not always talking about information on printed page or in periodicals. Great example for us to learn how much more power information can have if identified with the community from a person more like you. We will think more about images.
- *Role of the incentive:* How important is the \$5000 incentive? Probably no clear answers can be drawn from these cases. For Samish, the assistance with the health plan, web page, and staff training did not require any funding separate from the librarian’s time. The \$5000 proved very helpful in a telecommunications effort totally unrelated to health education or promotion. At Nez Perce, the incentive was essential to the success of the project and the RML staff was not needed to create this health information product. The incentive helped RML “get in the door” and broaden their collaboration base to include the CHD as well as the clinic (the target of collaboration for TC1). To date, at Umatilla there is no plan for the use of the \$5000, yet there are many training projects on the drawing board. Lack of time among busy staff and distance appears to have slowed progress rather than lack of funding for any specific tribal element on the list of potential activities.
- *Supporting projects on the drawing board:* The projects at Nez Perce and Samish were projects that the health departments had already identified as important activities before any contact with the RML and the TC3 project was used to further them along. More progress was made in the year on these efforts than at Umatilla where the list of TC3 activities was generated when it became known that the RML services would be available. This is not to suggest that the RML outreach efforts should focus only on identified tribal projects. However, those efforts that are generated out of discussions of possibilities might take longer to execute since the infrastructure or staff leads are not already in place.
- *Distance is a factor:* Distance certainly affects communication and collaboration. The Samish headquarters is an hour and half from Seattle by car. It made frequent meetings with the HHS Committee much more feasible than flying to western Idaho or northeastern Oregon. However, the RML contact with Nez Perce may be more ongoing than at Samish. This is due to the much larger size of the tribe, a reservation base with two health clinics and a CHD, and the presence of NLM interns at Nez Perce. Although distance from Umatilla is affecting communication, there is much potential for a number of training opportunities on that reservation. Distance requires that service delivery be

managed to ensure maximum benefits from a site visit, but it need not prevent the building of strong collaborative relationships.

- *Tribal coordination:* It is important to establish a central coordinating contact within the tribe. As was suggested by many of those interviewed, it is possible to find the gatekeeper or the key persons who will open the door for RML collaboration. In Samish and Nez Perce, the contact persons were limited primarily to two people. However, at Umatilla the contacts became spread across a number of clinic staff. Whereas many activities will depend on the engagement of these staff, the diffusion of contacts and communication has hampered progress. Yet there are at least two people on the Health Commission who were keys to the collaboration. However, they have not been in the ongoing communication loop. They have no way of knowing that more coordination and communication at the tribal end is needed to move the project forward. Since they are on site and familiar with the issues, they should be consulted regarding the need to have an on-site coordinator to work with the RML.
- *Many opportunities but no message:* Tribal people offered a number of suggestions on ways the RML could advertise its services within the tribe. However, it is difficult to take advantage of these opportunities (tables at Council meetings, hosting a lunch for tribal employees and community to demonstrate services, etc.) when the RML has no clear way to package its message. As one of the librarians noted, “we need to be clearer ourselves about what it is we have to offer.” At a community based level, librarian services outside of the library are not easy to imagine. Explanations need to be clear and full of examples of their value to people. Many of the tribal people suggested that stories are a good communication mechanism. The stories should illustrate examples of services how services were used and valued in various communities. The public relation materials should also make clear how to contact the RML and what kinds of questions and requests the staff is prepared to handle. Materials that will convey what one staff person described as, “Hey those folks at the RML, they are the folks we can call on in this situation.”
- *Strengthen training message:* Training on Internet access is a primary product for the RML; however, two of the tribal communities did not see its value to them during the initial negotiating meetings. These same tribes later identified training as a useful service when they were interviewed by the evaluator. The RML should strengthen its message regarding the benefits of training. This lesson is similar to the problem of having no good way to package its message. Materials that describe the training with illustrations or stories regarding how various tribal groups have used the training would be valuable in helping tribes understand the flexibility in training delivery and ways in which the training has been applied.

Observations and Reflections of RML Staff and Evaluator

Most of the TC3 staff was interviewed rather early in the project and all were interviewed at the conclusion. The evaluator also attended regular TC3 staff meetings in which staff frequently reflected on their feelings, struggles and triumphs. In fact, for many it was like riding a roller coaster. There were many expressions of discouragement because the gatekeeper or keys had

not emerged or been available to open up an opportunity to define a project. There was excitement when the contact was made and projects begin to emerge, only to be followed by concern when it became difficult to follow through or move ahead.

A useful component of the project was the initial planning workshop to define the conceptual picture of TC3 and the debriefing sessions held throughout the project.. The planning workshop allowed the staff to define how TC3 differed from their regular work, established that there would be a RML team approach for contacting and working with the tribes and surfaced general areas of the anxieties and concerns. The planning time resulting in organizing the guiding questions to assist in assessing tribal needs and identifying a project. Although the guiding questions were not tested during the negotiation meetings, they are a useful product of the planning effort (see Appendix 1). In general, the planning and debriefing meetings helped clarify that the work of TC3 was exploratory and, as such, was uncertain and unclear at times. The RML staff used these meetings to track progress, vent concerns, and provide support when individual tribal projects were stalling.

In many ways, the approach used in TC3 was a huge departure from the normal ways in which the RML worked with its constituencies. The departure was referred to as the community based approach. As one staff person noted in her two years at the RML, there was much talk about a community-based model. In this model the librarians were to shift from concentrating on responding to requests from health professionals and other librarians to identifying communities with which to work more in depth. The responsive mode which often resulted in a one time contact to deliver training or manage an exhibit was described by one person as “scattershot.” The CRC had observed that this type of service delivery could be termed “drive by training.”

However, the interviews revealed that there is some confusion about what community-based approach or model really means for the RML work. One librarian summarized some of the questions regarding this approach: how to define community, how to know what to offer, are there resources to do real in depth work, how to go from one community to another, how do you know you are done. Despite the confusion and uncertainty of the approach, the RML embarked on TC3 to see what might result from this attempt at community-based outreach.

The uncertainty of this approach was not comfortable at times. As one person described it, “In TC3 it was ‘this is the community you will work with, go forth and do good, make contacts, develop a project and see what can come of a partnership’ which we have not done in other projects.” As they went forth, they were challenged by feelings that in fact the services of RML were really not needed at the tribal level. This feeling was fueled more by distance, communication challenges and the difficulty of getting on the agendas of tribal personnel who are coping with full schedules than by any concrete evidence of lack of need at the tribal level. In fact, when the evaluators interviewed tribal employees and community members regarding health needs, it became clear that there are many ways in which the RML might contribute to their needs. The challenge is how to get on their “radar.”

The services rendered either by librarian activities, the incentive grant, or both have added value to the Samish and Nez Perce health departments. It is also clear that partnerships have developed, even at Umatilla where movement on objectives for TC3 has been slower. Yet, when

asked whether they thought TC3 was a good example of the community based approach, the RML staff was not sure. Below are is sampling of the responses:

I am not sure that this was an entirely successful example of a community based approach. I think that was the intention; and I think it was probably a good example, but I don't think it was terribly successful. It may be that community based projects are a lot more work than we would have anticipated or that were able to get at.

It was an example, not necessarily a good example. What TC3 did was make us available to them without really defining it well or giving it the clarity or support it needed. ...I think we need to have more in our bag of tricks when we approach the tribes.

It could have been, but in this case it was not.

These responses stemmed mostly from a sense of disappointment that the RML staff was not able to build as strong a bridge to the community as they had anticipated at the beginning of the project. Their expectations were high even though, at the beginning of TC3, the RML really did not have a clear or shared understanding what to expect from a community based approach. At best they knew it meant reaching out to communities that do not fit within their traditional constituency profile. It meant basically putting themselves and some money out there to see what happens. With this loose definition of the approach, perhaps expectations of what would happen with the community were too high given the newness of the effort and the shortness of the timeframe for the project.

The RML Director offered the following definition of community based outreach:

...working with organizations or groups or key contacts within communities to determine what their health information needs are than determine our response, not deciding before hand, but see how you can fit into picture -- means understanding enough about the community to understand how information will help improve things. Are there needs for more specialized needs rather than access to the Internet? Need to be able to listen to the community.

Based on that definition, he felt that TC3 was a good example; however, he noted that it was a “*Fledging example -- we are learning how this may be done with more confidence. It was more of a pilot, a study.*”

It is unreasonable to expect that a librarian can approach a community to “work in depth” when contact is limited to a few visits to both negotiate and implement the work. Outreach based on the idea of “putting ourselves out there to see what happens” will require patience to let the ideas and opportunities emerge. It also requires letting go of much of the control over the flow of work. This is especially true when working in Indian communities. The traditional health professional and librarian constituencies that the RML are accustomed to serving know what to expect when requesting services. The primary products of the RML are understood and fit within their educational and/or experience. In most cases they have the infrastructure and staffing to more efficiently follow-through with planning and communications. In TC3 the RML stepped away from that constituency to one that lacks the same grounding in library services and strong educational and service infrastructures. It stepped into communities that are on the

opposite side of the technological divide when it comes to computer access and literacy. It is quite reasonable to believe that it will take time for the connections to be made between these communities and RML services. And in the taking of that time, it is also reasonable to expect that change will occur – changes within the communities being served and, just as importantly, changes in the RML itself.

Through TC3 the RML discovered that creating more comprehensive tribal health web pages was highly valued. They learned the importance of creating information sources that feature tribal faces. They provided information and guidance for health planning. They learned that an environmental health fair was on the drawing board in one community. They are supporting tribal efforts to enhance health information access by creating public access libraries in tribal health clinics – libraries that periodically will need updated and fresh information. There is a rather rich amount of learning here, all of which can shape continuing collaboration or sharper definition of what community outreach can lead to when people “put themselves out there.”

Perhaps in depth connections will grow out of the contacts made in TC3. There is real potential of strong relationships at Nez Perce and Umatilla. Both tribes have real environmental health concerns and seek information about what it means to live downwind of Hanford. One of the librarians recognized this when she, without prompting, sent information on toxicology. Nez Perce personnel had suggestions to help the RML penetrate further into their community – be at General Council meetings, sponsor an informal drop in lunch and demonstrate MEDLINEplus and the TC website.

In attempting community based outreach, the RML wants to bring the resources of the RML to communities who are underserved. It is broadening its reach. In so doing, its first step is connecting, learning from that, adjusting services to be responsive, and hopefully deepening the collaboration. The first step is reaching out; it is not necessarily building “in depth” relationships. These relationships might come, if there is a match between community needs and ways in which it is feasible for the RML to respond. Hopefully TC3 has helped the RML learn that what is feasible includes more than they once imagined.

Recommendations

The following recommendations are based on the evaluator’s observations as a participant in TC3 and from the information learned through interviews with RML staff and tribal personnel.

- ***Strengthen the collaboration between the CRC and the librarians:*** In most of the cases, these two positions worked somewhat independently of each other. In two of the cases this was not problematic. However, closer coordination and communications between the CRC and the librarian might have helped the latter deal with issues she encountered in working with various staff in the health clinic. She was left to cope with her feelings of failure without adequate support to help her and the tribal contacts sort out the issues and find remedies to the communication blockages. One of the goals of TC3 was to establish a team that would combine the skills of the CRC who is more aware of ways to connect with underserved communities and the librarians who are the primary providers of RML services.

- ***Recognize that community based outreach involves time to make connections:*** It takes time to form relationships and to learn enough about a community to understand how RML resources might be designed to be of service. Taking time to make connections by visiting or participating in community events builds familiarity and trust. It also provides the connecting communication that is needed to understand how to take advantage of opportunities to provide RML services. Connecting is a pre-requisite to providing services and should be valued in the same way as product delivery.
- ***Review the goals for the Umatilla project and provide the priority services:*** It is important to follow-up on the Umatilla project. The CRC and the librarian should review the goals initially developed by the Health Commission and formally decide which they cannot do (RPMS conversion) and which they want to continue working on. This team should arrange for a site visit to meet with the Chair and Secretary of the Health Commission to develop an implementation plan and identify a person at Umatilla that can coordinate the various TC3 activities.
- ***Build other library partners and assess how they might facilitate outreach work in communities distanced from the RML headquarters:*** Librarians felt that it would be good to find library partners closer to the tribes that were located in other states. It might be good to locate these potential partners prior to making an outreach effort to assess their interest in and potential for partnering with the RML and the resources they might offer.
- ***NLM should share information regarding their community based work in the region:*** The NLM did not inform the RML of the internships offered to two Nez Perce tribal members. Since the RML is attempting to provide community based outreach, the NLM should inform them whenever it is planning to engage a community in the region in NLM programs. The RML staff discovered the internship engagement from one of the interns. Early communication from the NLM could have facilitated a deeper collaborative effort between the RML and the interns as they planned for their reservation based project. This communication should not be left to chance.
- ***Consider developing a small fund for community based projects:*** The NLM and RML should evaluate the benefits of creating a fund to foster community based health information promotion. The videotape project did not require a lot of money, yet it was a very important health information project for the Nez Perce. Such a fund should have guidelines for use, but even a little money (\$3,000 to \$5,000) can make a difference in resource strapped communities.
- ***Engage people from outside the library with community based experience:*** One RML staff person noted that a benefit of TC3 was the participation of an evaluator with experience working in Indian country. He valued the perspectives from someone who worked outside the library culture. Perhaps the RML could identify community based resource persons to invite to informal meetings, retreats, or special events to discuss aspects of the work of the library from the perspective of the community based expert.

Health educators, community clinic patient advocates, or public health nurses are examples of resources that could share information and insights with the RML.

- **Promote TC web-site and consider ways to assist tribes enhance their tribal health related web-pages.** The Samish valued highly the health web linkages added to their tribal web site. Perhaps this could become one of the basic services added to the RML community based “bag of tricks.” Also, the TC web-site has great potential and should be widely promoted. None of the tribal personnel interviewed by the evaluator knew that this web site was being developed.
- **Develop information packets about the RML:** Decide how to tell the RML story to underserved communities. Develop simple but clear informational materials that explain the RML mission, desire to reach out, and gives examples of type of projects that have been done or might be possible to do. As many of the tribal personnel said – it is all about good stories.
- **Become comfortable with feelings of discomfort:** Change is not easy and moving into uncharted new areas of work will not always feel comfortable.

TC3 has provided the RML with a number of learning opportunities and the tribes have made a number of suggestions for continuing contact and collaboration. Although TC3 is coming to a formal ending point, the work with the TC3 tribes should continue. Not to do so would be guilty of “drive by community outreach” which was a term used by one librarian who worried that TC3 might not be a good example of outreach if there was no more attempts to stay engaged with the community. A final lesson is to realize that the RML is not in control when it moves into community based work. Tribal programs, or other community based groups for that matter, will have to be met where they are at, and not where the RML would like them to be. Once that meeting place has been established, relationships and collaboration will progress according to a timeframe that meets community capacity to work with the RML.

Appendix

- 1. Guide for Tribal Introductory Needs Assessment Meeting**
- 2. Tribal Pre-Program Needs Assessment Interview Guide**
- 3. Original Logic Model for TC3**

Guide for Tribal Introductory Needs Assessment Meeting

Developing the TC3 Design with Tribes (issues to bring to the table in negotiating a project)

- How does the community describe its needs for health education and access to health information?
- Who in the community will be the official liaison to work with the TC3 Community Resource Coordinator?
- How does the community want to use the \$5,000 incentive?
- What community programs or structures can be used for TC3?
 - Wellness or Health Committees
 - Health clinics
 - Head Start and Schools
 - Others
- What resources exist in the community?
 - Computer access for public use
 - Computer labs or other resources to train local people in use of on-line health access
 - Naturally occurring training opportunities
- Who are the potential audiences for training?
 - Health workers (outreach workers, clinic staff, etc.)
 - Early childhood and school staff, students, parents
 - Elder service and nutrition programs
 - Others
- What opportunities exist for access to health education promotion activities?
 - Wellness or other community events
 - Powwows
 - Newspapers or newsletters
 - Other publicity or outreach opportunities
- How can the librarians best work with the community?
 - To ensure that knowledge and capacity to access health information is left in the community
 - To ensure work is integrated into existing tribal programs, events, and/or communication systems?
- What is the timing for delivery of TC3 services?
 - When should the librarians visit the tribal site for training or other activities?
 - Are there events or other opportunities that would benefit from materials that could be sent by librarians?
- How can the evaluation process benefit the Tribe?
 - What do tribes want to learn from this project?
 - Are there issues to work out for evaluation – permissions for interviewing participants, approval processes, etc.?

Tribal Pre-Program Needs Assessment Interview Guide

Introduction:

We are interviewing a number of people who will be working with the Regional Medical Library's Tribal Connections program. We are interviewing you early in the delivery of the program to get a better understanding the need for health information and your understanding and expectations for the Tribal Connections program. Your views and opinions are important for the Regional Medical Library to assess our own learning and to help us develop ways to be more useful in delivering outreach services to tribes. This interview is confidential; in no way what you say will be attributed to you. This is the first of two interviews we hope to have with you. The second interview will be done next summer.

Demographics:

1. Name
2. Gender: Male Female
3. What is your position here? (Need to modify to include volunteer roles such as member of Health commission)
4. How long have you been in this position?
5. Are you a member of the tribal community? (*Don't need to ask is you already know this from their position, if not, ask if they are Indian, or non-Indian – although this will probably come out in the answer to this question*).
6. How would you describe your involvement in the Tribal Connections project? (*If your interviewee will not be familiar with the name, Tribal Connections, modify this question so it makes sense to them. Perhaps an alternative question is – “are you aware of the work of (name of RML staff?)”, and if yes, “how are you involved in their work?” You should already have a good idea of how they are involved so you might just describe your understanding of their involvement (e.g. “I understand you are on the health committee that approved the work for name of RML staff, is this the primary way you are involved in the project?”) Feel free to be creative, and don't belabor this question. It is just for background information.*

Health Information Needs

7. When you think about the types of health information you need most for your work, what comes to mind?
8. In addition to this information that you need, are there other important types of health information that is needed:
 - a. For yourself
 - b. For this community.
9. How do you get most of the health-related information that you use?

10. Are you satisfied that you have enough ways to get the information you need?
 - a. If yes: Can you give me examples of why you say yes?
11. Are there times that you are not satisfied that you have enough ways to get health information?
 - a. If dissatisfied, what stops you from getting the information you need; what gets in the way?
12. Are you satisfied that members of this community have enough ways to get the information they need?
 - a. If yes: Can you give me examples of why you say yes?
13. Do you think that there are barriers that prevent people from getting the health information they need; things that get in the way?
14. In your opinion, what are the best ways to get health information?
15. What are best ways to give out good health information in this community?
16. How do you think health information is viewed in this community? Do you think that people are inclined to view health information as something that will make a difference in their own health?
 - a. If yes: Can you give me examples of ways that information has made a difference?
 - b. If no or maybe: Can you explain why not?
17. How might we help people change their views about health information?

Web-Based Health Information

18. When you think about using the Web or Internet for health information, what comes to mind?
19. Have you used the Web or Internet to look for health information?
 - a. If no: Can you tell me your reasons for not using the Web or Internet?
 - b. If yes: probe for following:
 - o Can you give me an example of some of the topics you looked for?
 - o Do you remember what sites you visited?
 - o How did you find the sites?
 - o Have you ever used Medline Plus or PubMed?
 - o How useful was the information you found on the Web?
 - o What are the advantages and disadvantages in using Websites for you?
 - o Do you plan to continue to use the Web to get health information – why so or why not?
20. Have you had any training or help on how to use the Web/Internet to get health information?
 - a. If yes, please describe the training or help.
21. Are you interested in receiving training from the RML librarians working with your tribe?
Say the name of the librarian or indicate that it would be you.

22. Can you think of other groups in the community or on the reservation that might benefit from help on using the Web or Internet to get health information? (*Probes are education groups, social clubs, health providers, etc.*)
23. What kind of help would be most appropriate? (*Examples are one-on-one assistance, train the trainer classes, a training class, etc.*)
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Tribal Connections

24. How would you describe the Tribal Connections project?
25. In your opinion, what will be the benefit of the tribe's participation in Tribal Connections?
26. When we evaluate the success of Tribal Connections, what should we look for – how would you evaluate the success of the program?

| Tribal Connections Phase 3 DRAFT Logic Model | | | | |
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| Resources | Activities | Outputs | Outcomes | Goals |
| STAFF Trainer, community development specialist, evaluation specialist, administrator, tribal liaison, volunteer advisory committee SETTING <input type="checkbox"/> Computer center <input type="checkbox"/> Library <input type="checkbox"/> Community Center <input type="checkbox"/> Community Events COLLABORATIONS, e.g. <input type="checkbox"/> Wellness committee <input type="checkbox"/> Community health representative <input type="checkbox"/> Schools <input type="checkbox"/> Health Care Facilities <input type="checkbox"/> Elders <input type="checkbox"/> Media <input type="checkbox"/> Library PARTICIPANTS <input type="checkbox"/> Social and health services staff <input type="checkbox"/> K-12 teachers Tribal public | Community assessment Consulting in planning for Internet connectivity Health information skills training workshops Assistance w/ health promotion and communication activities Train the trainer workshops Relationship building | Functional Internet connectivity for <i>n</i> staff Public Access workstations (<i>n</i>) providing <i>n</i> hours of Internet access per week Collaborative relationships among <i>n</i> groups <i>N</i> referral and links to online health information in tribal media and educational materials <i>N</i> people trained in health information skills <i>N</i> people trained as local contacts for health information <i>N</i> referrals to health info resources & services <i>N</i> placements in tribal media | Increased tribal capacity to leverage and sustain health information technology Improved self-sufficiency of individuals in maintaining health Increasing numbers of people involved with tribal health programs or networks Increased use and referral of compatible health information resources | Improved health and health care of the community |