

TRIBAL CONNECTIONS HEALTH INFORMATION OUTREACH: RESULTS,
EVALUATION, AND CHALLENGES

FRED B. WOOD, D.B.A., M.B.A., ROY SAHALI, B.A., NANCY PRESS, M.LIBR., CATHERINE BURROUGHS, M.L.S.,
THEODORE A. MALA, M.D., M.P.H., ELLIOT R. SIEGEL, PH.D., SHERRILYNNE S. FULLER, PH.D., NEIL RAMBO, M.L.

Made in United States of America

Reprinted from BULLETIN OF THE MEDICAL LIBRARY ASSOCIATION

Vol. 91, No. 1, January 2003

Copyright, © Medical Library Association, 2003

Tribal connections health information outreach: results, evaluation, and challenges

By Fred B. Wood, D.B.A., M.B.A.
fred_wood@nlm.nih.gov
Computer Scientist

Office of Health Information Programs Development
National Library of Medicine
Bethesda, Maryland 20894

Roy Sahali, B.A.
rs@u.washington.edu
Community Resources Coordinator

Pacific Northwest Regional Medical Library
University of Washington
Seattle, Washington 98195

Nancy Press, M.Lib.^{*}
pressno@mhgs.net
Library Director

Mars Hill Graduate School
Bothell, Washington 98021

Catherine Burroughs, M.L.S.
cburroug@u.washington.edu
Assistant Director for the Outreach Evaluation Resource Center

Pacific Northwest Regional Medical Library
University of Washington
Seattle, Washington 98195

Theodore A. Mala, M.D., M.P.H.
tmala@citci.com
Tribal Relations Director

Southcentral Foundation
Anchorage, Alaska 99508 and

President

Association of American Indian Physicians
Oklahoma City, Oklahoma 73108

Elliot R. Siegel, Ph.D.
siegel@nlm.nih.gov
Associate Director for Health Information Programs Development

National Library of Medicine
Bethesda, Maryland 20894

Sherrilynn S. Fuller, Ph.D.
sfuller@u.washington.edu
Director

Neil Rambo, M.L.
nrambo@u.washington.edu
Associate Director

Pacific Northwest Regional Medical Library
University of Washington
Seattle, Washington 98195

In 1997, the National Library of Medicine (NLM), a component of the National Institutes of Health (NIH), initiated a program of intensified outreach to Native Americans, initially focusing on the Pacific Northwest in collaboration with the Pacific Northwest Regional Medical Library (PNRML). This initiative, known as the Tribal Connections Project, emphasized the establishment or strengthening of Internet connections at select Indian reservations and Alaska Native villages and related needs assessment and training. The hope was that these efforts would improve tribal access to health information available via the Internet and the Web. Phase I included sixteen tribal sites—eight in Washington, four in Alaska, two in Montana, and one each in Oregon and Idaho. Phase I results indicate that the project was successful in assessing local needs and building awareness of the Internet, forging new partnerships with and between the participating Indian reservations and Alaska Native villages and other organizations, making real improvements in the information technology (IT) infrastructure and Internet connectivity at fifteen of sixteen sites, and conducting training sessions with several hundred tribal participants across thirteen sites. Most importantly, the project demonstrated the key role of tribal community involvement and empowerment and contributed to development of an outreach evaluation field manual and the evolving concept of community-based outreach. The knowledge gained from Tribal Connections Project Phase I is helping refine and enhance subsequent NLM-sponsored tribal connections and similar community outreach efforts.

INTRODUCTION

The Tribal Connections Project reported here was conducted as part of the National Library of Medicine's (NLM's) health information outreach to rural, underserved, and minority communities [1, 2]. The project responded in part to a 1996 review [3] that concluded that up to that time, NLM outreach to Native American communities had been limited and unfocused, with only a handful of activities scattered among various regions of the country, mostly training classes conducted by some Regional Medical Libraries (RMLs) as part of their general outreach.

In 1997, NLM decided that the time was right to initiate a more focused outreach effort directed toward Native Americans. This decision was based on several factors:

- NLM's own review pointed to the need for greater emphasis on outreach to Native Americans [4].
- Health statistics showed that American Indians and Alaska Natives, as a group, have a higher incidence of various medical conditions such as alcoholism and diabetes [5, 6], the so-called "health disparities."
- Several studies pointed out that many Indian reservations and Native villages were underserved with regard to basic telephone service and the technical in-

frastructure needed to take advantage of the Internet and Web, the so-called "digital divide" [7-11].

- The Pacific Northwest Regional Medical Library (PNRML) was experienced and expressed strong interest in more intensive outreach to Native Americans.

The Pacific Northwest region is home to more than fifty Indian reservations, collectively, in Washington, Oregon, Idaho, and Montana, and more than 220 Native villages and Indian reservations in Alaska. This is one of the regions of the country with a relatively high number of Native Americans living in rural, remote areas. The PNRML had already included select tribal groups in its outreach program and was primed to expand this effort to include a more comprehensive community-based approach.

Thus in late 1997, NLM, working through its Office of Health Information Programs Development (OHIPD), initiated a formal collaboration with the PNRML for the Tribal Connections Project. OHIPD provided funding for hiring a project manager at the PNRML and about \$25,000 per site for technical infrastructure improvements at sixteen tribal sites. OHIPD worked closely with the PNRML on project planning and execution and in setting up an advisory panel for the project. The PNRML provided training support at participating sites, with funding from its core National Network of Libraries of Medicine (NN/LM) outreach budget.

Implementation of Tribal Connections Project Phase I, at the sixteen sites, took place over a three-year period from September 1998 through September 2001.

* Formerly consumer health coordinator, Pacific Northwest Regional Medical Library, University of Washington, Seattle, Washington 98195.

This paper briefly discusses the project methodology, presents in some detail the project results, and discusses the implications and resulting conclusions. The paper mentions other related NLM follow-up initiatives. These include Tribal Connections Project Phase II (with 4 sites in the Pacific Southwest) that started in September 2000 and Tribal Connections Project Phase III (intensive follow-up at select Phase I/II sites) that began in September 2001—both Phase II and III are still underway.

METHODS

The authors highlight the key elements of the Tribal Connections Project methodology in this paper. Further details can be found in a companion paper [12]. The central methodology of the project included:

- project advisory mechanism that included Native Americans,
- community-based approach to project planning and implementation,
- needs assessment in each participating community,
- emphasis on developing partnerships to leverage scarce resources,
- building of technical infrastructure for sustainability,
- training of key staff and community activists at participating sites, and
- evaluation of interventions at select project sites and for the overall project.

One of the first project actions by the PNRML was to hire a project manager who would be based in Seattle but spend substantial time traveling and working onsite at the participating locations. The person selected for this job, Roy Sahali, brought with him a decade of experience in grassroots and community-based development and implementation of community technology centers. The community-based approach meant that site-specific project planning and implementation would be done with the full engagement and participation of the local tribal community leaders and members.

The next project action was a joint effort by the PNRML and OHIPD to develop a project advisory panel for the Tribal Connections Project. The panel was composed of eleven members, including six Native Americans, along with others who brought a range of perspectives on Native American culture, issues, health needs, and technical infrastructure challenges. The first panel meeting took place in June 1998. Following that, the project team developed detailed procedures for soliciting proposals from tribal groups and ultimately selecting the sixteen project sites.

After making initial contacts and establishing relationships in the participating Native communities, the project manager conducted a needs assessment to ascertain what might be the priority technical needs (e.g., for computers, software, wiring, Internet connections) and how the limited project funds might be most advantageously applied. The needs assessments were carried out in collaboration with technical per-

sonnel available at each tribal site, as well as with the appropriate tribal managers. The intent was to help assure that the proposed actions were technically sound and fit well with other related tribal or village infrastructure improvement plans or projects.

To complement the technical infrastructure improvements, the project offered training of key tribal or village staff in use of the Internet and accessing health information on the Web. The PNRML provided the training with the goal of conducting two training sessions at each participating site. The training covered the basics of Internet use and searching the Web for health information and was essentially the standard approach used at that time for NN/LM outreach to health professionals.

Finally, the planned evaluation methodology included evaluation of project interventions at all sites, participant feedback on training sessions at select sites, and early evaluation of interventions at two project sites to provide guidance for optimizing later activities. The plan did not include evaluation of the impacts of the project on health information-seeking behavior or use.

Table 1 lists the specific participating tribes or villages, and Table 2 illustrates the range of geographies represented by these tribes.

The results reported in this paper are based primarily on site-specific observations and numerous discussions, meetings, and interviews with project participants over the course of the project.

RESULTS

Needs assessments

The project implementation began with an assessment of the tribal needs for infrastructure improvements that would facilitate access to the Internet and thus to health information available on the Web. The assessment was typically framed in the context of understanding the local community in an unassuming, open-minded manner with emphasis on collaboration and partnering (Table 3).

In many ways, engaging local tribal leaders and key staff in the local needs assessment was the single most important factor in Tribal Connections Project success. If key tribal staff were not involved, it would be difficult to move the project forward. Likewise, if a valid needs assessment could not be conducted, the investment of resources could very well be misdirected, inefficiently applied, or incompatible with other preexisting or planned systems and networks. The project manager gave priority to these two combined tasks—engaging and working with the tribal leaders and staff to understand and define needs and spending an estimated two to three work weeks per site on average to develop the needs assessment. The average two to three weeks included time onsite during one, or sometimes two, site visits, time on the telephone with tribal staff and potential partners, and time back at the office in Seattle consulting with technical personnel and ven-