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THE ROLE OF SCHOOLS OF PUBLIC HEALTH LIBRARIES IN
HEALTH PROMOTION/HEALTH EDUCATION

Report of a study conducted at
The University of Michigan
School of Public Health Library

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The views, opinions, and/or findings contained in this report are those of the authors and should not be construed as an official position, policy, or decision of the Centers for Disease Control, unless so designated by other documentation.

The School of Public Health Library at the University of Michigan entered into an agreement in February 1982 with Raven Systems and Research, Inc. to refine components of a three-phase model developed by the University of Pittsburgh to investigate the role of schools of public health libraries in fostering community health education/health promotion efforts (Appendices A and B).

The University of Pittsburgh model was designed to determine what role these libraries could serve in health promotion and prevention activities in addition to or as an alternative to existing health education activities in communities.

An overview of that model is as follows:

The essential GOAL is to increase the level of horizontal and vertical integration of health resources within a community in response to identified health education needs.

A planning TEAM composed of health professionals, i.e., school of public health librarians and faculty and health educators, serves to stimulate interest in the model and to facilitate a community process of needs assessment, objective setting, research identification, problem solving, implementation and evaluation of the model's three phases.

The KEY PARTICIPANTS are:

- The Resource Library, i.e., the school of public health library, serves as the innovator and initiator to promote involvement of community libraries in the health education efforts.

- The Community Library serves as an active resource of health education in the community and an active organizer/coordinator of other community organizations participating in the process.
- Other Community and Regional Organizations, working in cooperation with the community library to maximize health education resources, by integrating their activities, by collaborating together to define educational activities, and by sharing their existing resources.

The THREE PHASES of the model are:

- I. Establishing a team to identify a particular process for the model and a geographic area in which to work.
- IIa. The team identifying, contracting, and developing a working relationship with the community library.
- b. The community libraries establishing/strengthening linkages with other community groups.
- III. All participants identifying, developing, and implementing the community health education activities.

The following report documents the implementation of the three phases as carried out by the University of Michigan School of Public Health. The report, accompanied by a narrative of activities (Appendix C) should provide the reader with a description of scope, purpose, summary of activities, evaluation and future prospects of the Library's program for community health promotion and prevention activities.

The report emphasizes process, rather than content, involved in implementing the activities. (The content is best described in Appendix C.) It is hoped that a critical analysis can serve to determine the appropriateness of this process to other health education and community settings.

PHASE I: TEAM BUILDING

The planning team's initial meetings established a working framework for the team in terms of roles and a statement of purpose in line with the Pittsburgh model. A community was identified, objectives and a plan of action were agreed upon.

ESTABLISHING A TEAM: The School of Public Health (SPH) Library organized the establishment of a working team of health professionals who would identify a community and facilitate the activities. The team evolved over a course of several meetings with SPH administrators and faculty and included the SPH Librarian, a Professor of Health Education, a health educator, and an administrator from a community hospital responsible for community health education.

The roles that were defined for these members are as follows:

The Head Librarian serves to coordinate the activities from the University of Pittsburgh and the University of Michigan administration. She will assist in resource identification to answer information needs, i.e., information searches through the library.

The Professor of Health Education is available for consultation throughout parts of the process. Time constraints prohibit a faculty person from serving full time on the team throughout the project. This professor in particular will assist in the design and implementation of a long-term evaluation. This evaluation is scheduled to occur 8-10 months after the project's initiation. It will be designed and conducted by SPH health education graduate students. The intent is to conduct a discrepancy analysis between the proposed model and future outcomes. For example, evaluating organizational roles as performed by the participants in the process eight months from now.

The Health Educator coordinates the activities with the community library and other organizations. She is responsible for coordinating the planning team as events occur in the community necessitating the team's involvement, as well as maintaining the narrative of activities.

The Administrator from the community hospital serves as the primary resource in the community to advise and assist the team in implementing the project. She is responsible for initiating community contacts and assists in establishing linkages.

The STATEMENT OF PURPOSE is consistent with the Pittsburgh model. In conjunction with Ms. Corbett and Dr. Rawson of the University of Pittsburgh, the planning team agreed that four general principles should be adhered to throughout the project. These are:

- Planning must be community based rather than SPH or hospital based.
- The Library Systems must be the key participants.
- The focus of the program must be on circulating health promotion and prevention educational resources throughout the community.
- Health promotion and prevention resources must be identified, designed and circulated in response to identified community needs.

In IDENTIFYING A COMMUNITY, western Washtenaw County was selected as the region in which to concentrate the activities. The reasons for this decision are several. The western half of the county, which is predominantly rural, does not have as much access to library and other information resources as does the eastern half, which is urban and is dominated by Ann Arbor and the University of Michigan. The western part of the county is also the primary service area for a community-owned hospital, also located in the western half. This hospital is committed

to establishing and/or participating in community-based health education activities and thus provided an ideal inroad into the community. In 1981, the hospital conducted a needs assessment of five communities in their service area to identify health prevention/promotion needs. (The health educator on the planning team conducted this assessment.) The assessment was made available to the planning team for this project and the data is supportive of the fact that health information resources are a stated need in this part of the county. In addition, the four major communities in the area have recently acquired family practice clinics. These clinics were established and are supported by the community hospital.

Of the four major communities, the Village of Manchester was selected as the point of origin for the project. Appendix D is a summary of the demographic and qualitative data obtained from the 1981 needs assessment, and a listing of active community groups. Manchester was selected for a number of reasons: 1) Health information needs were stated explicitly in the 1981 survey. 2) There are numerous active community groups which sponsor or support health-oriented activities. 3) There is a public library and friends of the library club in the village. 4) The family practice clinic is supported by the hospital and is the oldest (opened 2 years) of the four which Chelsea Community Hospital supports. The clinic staff has expressed a desire to increase the level of health education activities in the community. The staff organized a community health fair and are involved in community activities. They all reside in Manchester. 5) The graduate student and hospital administrator on the planning team are familiar with the community and many of the residents.

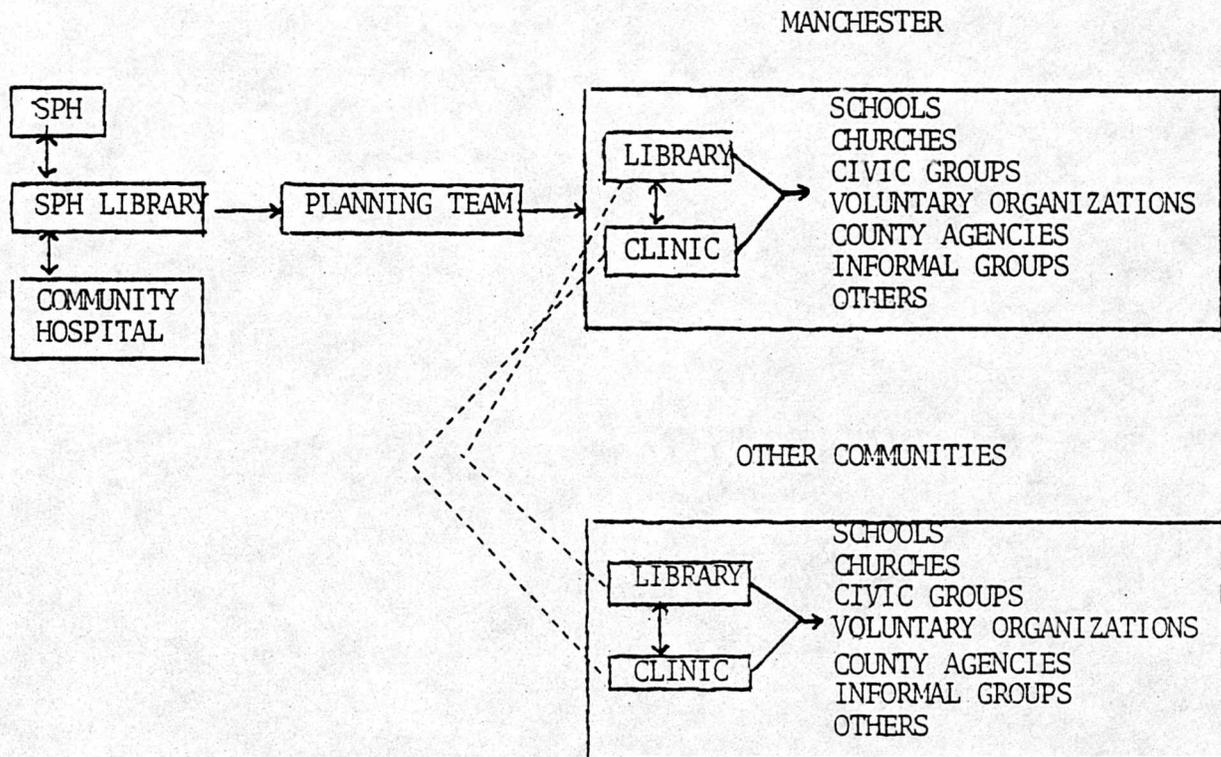
The PLAN OF ACTION was designed to be consistent with the Pittsburgh model and applicable to the situation as it exists in Manchester in order to meet their resource needs while maximizing use of existing community resources.

It was proposed that the Manchester Family Practice Clinic and the Public Library would be approached and a plan proposed in which they would work together to form and to coordinate a planning group in the community that would identify needs, plan activities and identify information resources. They then would coordinate with the SPH Library, the community hospital and other community and regional organizations to implement their plan for establishing health resources in the community.

The role of the clinic is believed to be critical in this process. The clinic serves as a source of health information via the physician and nurses. In this respect, they can act as a back-up to the librarian in regard to inquiries of a specific medical nature. Because the clinic has expressed an interest in developing more resources, both for the clinic and the community, their participation is timely and appropriate.

An expansion of the Manchester process would be that other communities in western Washtenaw County, having both family practice clinics and public libraries, would be able to build upon the system by becoming a part of the resource exchange or developing their own resource base.

Because the libraries are linked by a county-wide system, the Huron Valley Library System, coordination could occur readily among the public libraries. In addition, the clinics are linked by the community hospital supporting them. Thus a network could evolve over time as resources move among and within communities. A graphic description of the network system is illustrated in the figure below.

Model of Network

The project's GOAL is, therefore, the establishment of a process and permanent structure in the community of Manchester, which will facilitate the initiation, procurement and circulation of health promotion/prevention information resources. The establishment of the process and structure is initiated and facilitated by the School of Public Health Library, in a supportive role. The community library serves as the primary focus in implementing the process and structure and in building community networks with other organizations and community members.

By the end of the project, the OBJECTIVES to be accomplished are:

- The planning team will have assisted the community librarian in identifying various community groups to meet to develop a needs assessment and project plan for establishing an information system.

- Materials related to the topics identified by the community groups' needs assessment will be located, obtained and organized into a system by the planning team, community library, and the community groups.
- Materials obtained will be circulating throughout the community, according to a circulation plan developed by the community groups. Circulation refers to the manner in which the community participants arrange for materials to be available to community members as well as to other communities in the region. For example, materials may be available only through the library system or other formal community groups.
- The planning team and the community library will be actively assessing the usage of these materials and their acceptance by the community groups and members, according to an evaluation plan developed by the planning team.
- Modification of the scope of the collection will be ongoing based upon the assessment of the project and expressed community needs.
- Networking with other communities will be initiated in order to share the resource collections or to assist in establishing others.

A time line for meeting these objectives is outlined in Appendix E. Appendix F lists names of participants in the project.

PHASE II: ESTABLISHING COOPERATIVE RELATIONSHIPS

With the Clinic and Library

The first relationships requiring establishment were with the planning team, the public library and the clinic. The planning team's access to the clinic and library was through known community members and the hospital and was, therefore, easily facilitated. The initial meetings with these groups were designed to describe the scope and purpose of the project and to solicit involvement by the respective staff members.

When the scope and purpose of the project had been described, the staffs reported that the intent of the project was both understandable and acceptable. They responded that there was a definite expressed need for health information at both the clinic and the library. They expressed eagerness to participate.

Both library and clinic staffs felt that the library would be the most appropriate focus for the project. The clinic felt that space and staff time limitations would not permit area for storage or display of materials or continuous staff involvement. The librarian was particularly eager to augment her role in providing health promotion information.

Although the library serves a population of only 3,000 people, it had an annual circulation of 42,000 volumes in 1981. In addition to its obvious provision of reading materials, it is perceived as a meeting place and center for many community activities. The librarian asserted that health information needs were critical, and remarked that 4-5 requests per day for health-related information was the norm. However, the annual budget of \$2,500 does not allow her to purchase large

quantities of materials that risk becoming out-dated such as medical or health materials. Thus, most of the collection is fiction. The library is part of the county book-loaning system and can borrow material from other libraries in the area. The library's owned collection is small but current, and the librarian remarked that of these materials, volumes on reproductive health and substance abuse circulate most frequently. The head librarian and her staff of four report to an elected township board which has final authority over decisions regarding library activities. The librarian believes they will support this project wholeheartedly.

The librarian volunteered her time and efforts to serve as coordinator of the project in the community. The clinic staff nurse could not commit time to organizing meetings, etc., but agreed to keep in contact with the librarian and participate in the needs assessment and other processes.

Three meetings were required to establish the relationships involved in the process. From these, a plan evolved to determine the aforementioned roles and to outline a slate of activities for the librarian.

The librarian would begin the process of needs assessment by meeting with community members on an informal and formal basis. She planned to solicit opinions on the major health needs of the area. She felt that her daily encounters with the community members as well as her knowledge of the community's formal groups would permit her to determine major areas of need in two weeks.

Two options were also discussed as to formalizing a community planning group. The first was the formation of one group which would

have the overall planning responsibilities for all health needs assessed. This group would meet on a formal basis for a prolonged period of time establishing a variety of resource collections. They would represent various community interests. The second option would be to work individually with separate community groups that expressed specific interests in specific health topics. The librarian would coordinate these groups, but each group would work to develop resource collections related to its own area of interest.

With Community Groups

Over a two-week period, the librarian contacted a number of individual community members, i.e., the village administrator, church members, teachers, school administrators, people coming into the library. She solicited opinions from individuals as to the health topics for which resources would be most beneficial. Responses included the topics of reproductive health, cancer, dealing with death, stress management, substance abuse, child care, and hypertension. The manner in which this assessment was carried out was not systematic nor random; rather the librarian spoke with library patrons and community members on an informal basis. The planning team suggested a more systematic approach might be more efficient and reliable to ensure that the needs assessed were indeed those of a broad spectrum of the community. The librarian agreed to contact more community groups, but felt that she as a community member could best carry out the assessment, rather than someone on the planning team.

It was decided that the second option discussed above, that of a systematic approach in contacting community groups, would be the best

approach to take. While future plans included establishing a community group responsible for planning all health activities, it was felt that the second option was more immediately practical for the following reasons:

- the project was operating under a time constraint of four-and-a-half months in which a system was expected to be in place.
- the librarian wanted to organize and coordinate the community activities but lacked the experience. She felt that beginning with a more manageable group would benefit the project in the long run.
- several community groups were currently active in promoting health-related information and had expressed the desire to obtain more information for the community at large.
- success with several different community groups could blossom into encouraging other groups to become involved in the process, leading to an overall coordinating community health planning group.
- the second option was the option desired by the library and clinic staffs. It was consistent with the basic project principles that the process and structure be community based.

At the time of the project, a community committee had formed to address the issue of substance abuse among all sectors of the community. The library felt that this would be an ideal group to work with initially. The group was newly formed, represented a cross-section of the community, had already requested assistance from the library in locating and obtaining information, and had held two community forums with capacity attendance. The make-up of the committee included three school principals, one doctor, three merchants, two village administrators, the police chief, and several parents.

The librarian and the health educator met with members of the committee. It was agreed that they would work with the School of Public Health librarian in establishing substance abuse resources.

Other community groups that the librarian is currently contacting and establishing relationships with are: church groups working on a reproductive health program for teens, young mothers who want to acquire more information on child care (coordinated through the clinic), and individuals interested in cancer and dying (not as yet formalized as a group).

With Other Organizations

The health educator working on the project solicited assistance from the county health educator and the county library system. Both organizations are willing to assist with the project.

The Washtenaw County Health Department Health Educator is willing to assist in locating and in developing resources, providing the group with the department's literature, assisting in design of displays, and determining the appropriateness of materials for consumers. The county health educator also has worked in the past with the city libraries in establishing reproductive health displays and has offered to assist in recreating these displays.

The county library has expressed interest in the system as it can be related to other libraries. They have been in contact with St. Joseph Hospital, a tertiary care center in the county, that was also interested in promoting health information through public libraries. However, lack of funds prevented any further action. The tertiary care center does have a large patient information center for which it prepares bibliographies for patients on specific health topics.

A telephone survey of various health agencies, such as the local American Heart Association, American Cancer Society, County Council on Aging, was made to determine the roles that these agencies could play in the project. Responses varied, although most involved providing free or low cost literature and speakers. It was felt that agency contacts throughout the county and perhaps the state were many and realizable. However, the community needs to determine in what manner they wish to coordinate or seek assistance.

PHASE III: ESTABLISHING AN INFORMATION SYSTEM

Once it was established that the Substance Abuse Committee would like to work with the librarian in developing resources for the community, the process began to determine what resources were needed and the form they should take.

The committee had already sponsored two community forums on substance abuse. These forums dealt with identifying different types of substances, i.e., alcohol, tobacco, narcotics and marijuana. There were numerous requests at these forums for more information. The focus of concern was on information to assist people in dealing with the specific problems of teenage substance abuse. Materials were requested aimed at both teenagers and parents. Since the local school system was in the process of identifying materials for teenagers, the committee informed the librarian and health educator that they were most in need of information targeted towards parents.

The committee, however, did not feel capable of identifying specific materials or the types of materials that would be appropriate. They felt that the librarian and health educator were more "expert" in this regard. The planning team and librarian encouraged the committee to play an active role in determining the materials; however, they conceded to prepare a bibliography of materials from which the committee could then select. The committee will recess for two months until August, but at that time it is planned to involve them in preparing displays of the material acquired. The bibliography is near completion at this writing, and plans are to involve the committee in making selections from this bibliography.

Discussions have been held with the planning group and the librarian as to how best to expand the Substance Abuse Committee's activities to other community groups. A visit by Dr. Rawson and Mr. Barrier of Raven Systems and Research, Inc. to the Manchester Library in May included a discussion of the approach being used in Pennsylvania. Various agencies in the community Dr. Rawson is working with are coordinating to organize specific health topics on a monthly basis which will be presented at the library. This approach, as described by Dr. Rawson, appeals to the librarian and planning team. This approach would permit the librarian to manage and coordinate the various groups in the community who wish to develop health resources. It could also serve as a mechanism to bring the various groups together.

A "Health Topic a Month" program would be visible to many people in the community and easily marketable through the media. The librarian believes that people would respond well to it and not be hesitant to visit the library, upon knowing there were health resources available. This approach would also permit easy circulation of resources among various different sites within Manchester as well as among other communities.

The community hospital believes that this approach would be the most manageable for their involvement. The hospital has committed itself to assisting in providing fiscal resources to purchase materials as well as human resources in the form of hospital staff. For example, substance abuse counsellors, nutritionists, and physical therapists could work with the community groups and the librarian in determining materials as well as serving as community speakers for health events.

The librarian prefers this approach, feeling that she can better

plan a process with community groups if she has specific objectives, i.e., one specific health topic a month planned in cooperation with community groups. She has already identified a number of groups and the clinic has agreed to assist in locating other community members who would like to participate.

The feasibility of evaluating the success of this approach is also more likely, since objectives can be more readily defined.

ASSESSMENT OF THE PROCESS AND ACTIVITIES

Accomplishment of Objectives

The first objective, to identify community groups to meet and develop a needs assessment and project plan for establishing an information system, has been met with respect to the Substance Abuse Committee. As well, community groups have been identified and approached that will identify topics and work on developing resource collections for specific health areas. Most importantly, the community librarian is taking a proactive role in organizing the project, in consultation with the planning team. The community hospital has also agreed to assume an active role in working with the library in identifying other community groups, in organizing activities, and in assisting to locate and obtain materials. Meeting this objective required a longer period of time than was anticipated. A major reason for this is the informality with which the librarian contacted community groups to encourage their participation. The planning team was hesitant to push the librarian to be more systematic. The librarian stated that her method of contacting people was comfortable to her and in keeping with normal patterns of behavior within the community. She felt a more formal, "agency directed" approach would only serve to alienate people. It is this fine line of encouraging the planning team's viewpoint without alienating participants which is crucial to community participation.

The second objective, locating and obtaining materials, is being met for the substance abuse group. The SPH Library has played an active role in this respect, identifying resources and information sources for materials. It is hoped that the Substance Abuse Committee will become

more active in determining the resources they actually desire. However, they believe the planning team and the librarian are more capable of determining this. Actual purchase of the materials has yet to be arranged, although the community hospital has agreed to support the purchase of materials.

Once the substance abuse materials have been organized into a system, the circulation and acceptance of these materials will be assessed and evaluated by the library staff in conjunction with the graduate students, as described previously. A circulation plan must be identified and again, the committee must be encouraged to participate in making the decisions involved.

Networking with other communities has begun. One other community library has expressed interest in the project and the community hospital has agreed to work with the library and physician clinic in Manchester to expand the program to other communities. It is hoped that the same process can be used in other areas, but again the community must be involved in the decision. The hospital has expressed interest in developing and coordinating this network among communities. The vision of a network among the communities in the area remains to be realized, but the participants in the project expect that it will become a reality.

Adherence to the Statement of Purpose

The process that has evolved over the duration of the project has adhered to the four principles outlined at the beginning.

Planning has been community based. While this has resulted in progress being less expeditious than desired, the results indicate that the community members involved are committed to the project and will

participate in it in the future because it is their project.

These results are consistent with the theoretical models of community change and development processes. Permanent community involvement and commitment in development processes and potential for success is most likely to occur when the community members are active participants in planning the processes as well as in benefiting from them. That the public librarian is now actively expanding her consumer health resource collection and desires to continue working with the process is indicative of implications for community participation.

The library system is the key component in the process. Both the SPH Library and the Manchester Public Library have been key actors in initiating and continuing the processes.

The focus of the project remains the procurement and circulation of health resources in the community, directed to health prevention and promotion.

The needs expressed by the community have been the critical aspects of the project in terms of the type of materials desired as well as the system of planning that will be used to develop these resources.

Reflections

The process that has been followed throughout this project has attempted to ensure that the establishment of a resource system in the community be community planned and implemented. The advantages of ensuring that the community, and not the School of Public Health or the local hospital, decide how, why, when and where to establish a resource system is that the system thus developed can be assured to be in response to genuine needs in the community and one can hope that chances for long term success will be much greater.

At its initiation, it was hoped that in four months the Village of Manchester would have a completed and ongoing health information resource system, operating out of the public library. In retrospect, our expectations, in light of the time frame, were too great. Facilitating the process of change and planning in a community requires time. The librarian, who eagerly offered up her time and resources to the project needed time to adjust to and begin working with a process that was new to her. Community contacts required time--many groups wanted to sort out the ideas and make plans internally.

At the base of all of this is the role of the SPH Library in the process. Key to this role is the facilitation of community organization for needs assessment, planning and implementation. To be successful in the long run, the SPH Library must be able to serve both as a resource of information and a facilitator of the process. In the case of Manchester, the facilitation of the process has been key to date. By initially acting as a catalyst for the ideas and following through with the human resources to facilitate the planning process, the SPH Library has played a valuable role in promoting community health education. The role it can play in the future will be limited by the resources the library is able to devote to the process when not supported by outside financing. This role needs further defining and will be colored by the financial and administrative restrictions inherent in belonging to a large university setting.

The project is fortunate in that there are many community, county and regional groups interested in continuing to work with the library in developing resources. The role that the community hospital plays in the future is critical. The community hospital is a primary focus and has a

leadership role in community activities throughout the western one-half of the county. They are committed to expanding this role in a number of ways. Hospital personnel are encouraged and supported in activities related to community health activities. For example, hospital pharmacists, nutritionists, and therapists continually conduct learning activities in the various communities in the hospital service area in addition to those within the hospital. Currently, the hospital is examining potential for building senior citizen housing in Manchester. Specific to this project, staff time, in the case of the administrator, is allocated to working with the planning team and librarian. They have also agreed to provide financial support to obtain materials. Without this support, the project would be at a great loss, since the public library and many other community groups are experiencing a time of fiscal restraint.

While the role of the hospital library (which is oriented to the health professional) on the staff has yet to be determined, it is felt it could play a key role working with the SPH library in locating information and/or developing resources. The hospital envisions a long-term, active directive role for themselves, as part of a network, to identify, develop, and support the provision of health resources via the community library.

FUTURE PLANS AND PROSPECTS

In looking towards the future, there are a number of process-related issues that need to be worked out in order to ensure success of the project and accomplishment of objectives and the continuation of the network.

At the immediate level of working with the Substance Abuse Committee, roles need to be more clearly defined for all the participants. The prevailing attitude of hospital and library as experts and thus most capable of identifying and determining resource needs will require discussion and analysis to ensure that the Committee becomes more actively involved in the process.

At the broader level, there is a need for the different actors in the process to more formally define the roles they wish to play in the process. A system needs to be established, whereby the various actors understand and agree to the roles. For example, the hospital, the library, and the SPH planning team will need to clearly define their roles and responsibilities in establishing a plan for implementing the "Health Topic of the Month" program. And the methodology applied in working with the Substance Abuse Committee to produce a set of resource materials which responds to their specific concerns will need to be refined and transposed to other community groups.

While there is no immediate perceived need or desire for community cooperative activity in planning for broad-based health resources, the future may bring a change in this attitude. The current state of individuals and specific community groups taking responsibility for specific health areas may eventually coalesce into a community health planning group. If this is to occur, the library needs to take a more active role

in facilitating communication and cooperation among these groups.

This project has served as the catalyst to creating the awareness of the key role libraries can play in maximizing resources for health promotion in communities. It has also served to turn this awareness into positive action by involving community members to plan and develop resources for themselves in the hopes of promoting health and preventing illness.

The project was initiated by the SPH Library. The importance of the library as a catalyst to this project cannot be over-emphasized. In addition, the SPH Library has an important role to play in the future of the project. The Library has access to material and human resources in various public health fields not readily accessible to community groups. The SPH Library can assist the communities by identifying resources and health professionals, by providing access to information, and by networking with other health and community entities. This impetus and involvement can lead to developing more appropriate or greater health resources at the community level.

This report has emphasized the role of external entities in facilitating the process of community participation in developing community health resources.

The long-term success and permanency of a health information system will only be a reality when the community is directly involved in identifying needs, planning activities and implementing a system. It is this balance in the process between the roles played by the community and the SPH Library as the external agency that are critical to ensuring a health resource system which will be accepted by, utilized and maintained by the community for which it is developed.

APPENDICES

APPENDIX A

STATEMENT OF WORK

The Role of Public Health Libraries in the Dissemination of Health Information

1.0 INTRODUCTION

Raven Systems & Research, Inc., in support of the Development of Library/Health Promotion Linkage Systems Project, wishes to refine the components of the model for the role of schools of public health and their library related resources as they pertain to the training of professional health educators, the support of community health education efforts, and the support of health education activities of state health departments.

To accomplish this, Raven will subcontract with the University of Michigan, Public Health Health Library, to test components of the model in a field situation.

2.0 TASKS

To accomplish this project, the subcontractor will complete each task listed below:

- 2.1 Develop a health promotion team for conduct of a public health library based community health related activity.
- 2.2 Select geographic area for concentrated efforts and formalize (with local resource persons) the activity to be conducted.
- 2.3 Conduct and document the library based activity.

3.0 RAVEN FURNISHED ASSISTANCE

In support of the project, Raven will provide consultants to assist in the implementation of model components in the field situation. Raven will provide payment of approved expenses for out-of-town travel for implementors and consultant fees. Raven will furnish guidelines to the subcontractor.

4.0 SUBCONTRACTOR DELIVERABLE ITEMS

The subcontractor will provide Raven with the following:

- 4.1 An activity and timeline plan for completing tasks. This should be submitted within two weeks of receipt of contract.
- 4.2 An activity write-up and documentation of the library based community health-related activity. Include a list of team members and local resource persons. Write-up will include as a minimum, purpose, scope, narrative of activities, and an assessment.

	February	March	April	May	June
. Develop a health promotion team.	Feb. 1	Mar. 15			
. Select geographic area for concentrated efforts.		Mar. 1-30			
. Contact local resource people.			Apr. 1-26		
. Formalize activity to be conducted with local resource people					
A. Form planning group				Apr. 26-29	
B. Meet with planning group.				Apr. 30-May 14	
C. Review needs assessment				Apr 30-May 7	
D. Identify focal problem				May 3-7	
E. Review available resources				May 3-14	
F. Determine activity				May 3-14	
. Plan activity				May 3-21	
. Conduct activity				24-28	
. Evaluate activity					
A. Design evaluation				May 3-24	
B. Conduct evaluation				May 28-June 4	
. Document process					
A. Diary	Feb. 1			May 30	
B. Final report					June 1-15

APPENDIX C

Names of major participants

PLANNING TEAM:

Mary Townsend: Head Librarian, School of Public Health Library

Theresa Covington: Health Educator

Tamara Brown: Health Educator

Joann Warner-Handelsman: Chelsea Community Hospital Administrator

Noreen Clark: Associate Professor of Health Education, University of Michigan,
School of Public Health

LOCAL RESOURCE PEOPLE:

Georgia Willson: Head Librarian, Manchester Township Library

Patricia Parr: Head Nurse, Manchester Family Practice Clinic

Monte Okey, M.D.: Physician, Manchester Family Practice Clinic

Virginia Johnson, M.D.: Physician, Manchester Family Practice Clinic

Brian Schick: Principal, Manchester Middle School & Assistant Director,
Substance Abuse Committee

William Zyenck: Police Chief, Manchester & Director, Substance Abuse Committee

Beverly Chethik: Washtenaw County Health Educator

Wanda McClonson: Washtenaw County Health Nurse for the western half of the county

Mary Croteau: Director, Huron Valley Library System

