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Georgia Health – Go Local: Using Multidisciplinary Partnerships to Promote a Statewide Consumer Health Website

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Abstract

The National Library of Medicine ended its support of the Go Local program in 2010 due to declining usage, but in many ways Georgia's project was a success. From its beginning, Georgia Health – Go Local was a model of successful collaboration among a variety of partners and institutions throughout the state. The high usage statistics for the Go Local website and the support garnered by the project exemplify the positive nature of the collaborations that made the project possible.

Keywords

Collaboration; consumer health information; Georgia Health – Go Local; Go Local program; MedlinePlus; National Library of Medicine; promotion

INTRODUCTION

Georgia Health – Go Local, an initiative launched in 2005 to link Georgia consumers to health services and resources in their local area, stands as an example of successful collaboration among health sciences libraries and other partners representing a variety of disciplines and geographic areas. When the discontinuation of the Go Local initiative was announced by the National Library of Medicine in February 2010, Georgia's Go Local website had the highest usage among all active Go Local sites. The relative popularity of the service can be attributed to a number of factors; however, one predominant theme was the successful promotion of the project through collaboration and resource-sharing among a wide array of partners and participants throughout the state.

PROJECT BACKGROUND

Georgia Health – Go Local was rooted in collaboration and facilitated by funds from the National Network of Libraries of Medicine, Southeastern/Atlantic Region (NN/LM SE/A). In 2003, in an effort to undertake a more systematic and comprehensive approach to health information outreach, the NN/LM SE/A accepted requests for proposals to establish Outreach State Planning and Evaluation Teams in each state in the region. The purpose of the team was to review health-related information needs, programs, and services at a state level in order to recommend improvements and modifications to existing NN/LM programs.

In March 2003, the directors of Georgia's four medical school libraries (Emory University, Medical College of Georgia, Mercer University School of Medicine, and Morehouse School of Medicine) submitted a joint proposal to establish an Outreach State Planning and Evaluation Team. With this funding, the group proposed hosting meetings in a central area of the state with a multi-disciplinary group in order to review past and existing outreach

projects to health care providers, public health workers, public libraries, consumers, and the faith-based community.

PROJECT PLANNING

After NN/LM funding was secured, an initial planning meeting was held at Mercer University School of Medicine in Macon, Georgia, in April 2004. The gathering brought together representatives from a variety of settings, including hospital libraries, academic libraries, public libraries, health professional associations, GALILEO (Georgia's state-funded virtual library), Georgia Division of Public Health, Centers for Disease Control, Georgia Technology Authority, AHECs (Area Health Education Centers), United Way, and NN/LM SE/A. The 34 attendees at the first meeting discussed past and current outreach projects in the state and were also introduced to the National Library of Medicine (NLM) Go Local project and the possibility of undertaking a Go Local initiative for Georgia.

After further discussion and analysis of information needs in Georgia, the group decided to pursue funding for a state Go Local project at a follow-up planning meeting held several months later. This core group of disparate partners became the foundation upon which the Georgia Health – Go Local project was built, greatly expanding its impact and visibility beyond the walls of the medical library community.

Building partnerships at this early stage was facilitated by Mercer University Medical Library's strong history of outreach to consumers and health care organizations around the state. This specific outreach took place through exhibits at meetings of professional associations such as the Georgia Academy of Family Physicians, Georgia Public Health Association, and Georgia Hospital Association. Since 1983 the Mercer Medical Library has provided information services and resources to hospitals, clinics, AHECs, public health departments, and technical schools as the hub of a statewide network of health care institutions. This has also bolstered connections and communication among potential partners in the Go Local initiative.

Although the applications for statewide planning meetings and the initial Go Local funding request were spearheaded by Georgia's four medical libraries, the project coordinators felt strongly that maintaining the collaborative spirit of the endeavor was essential to its success. To that end they suggested the formation of a Georgia Health – Go Local Advisory Board to include members from all interested constituencies. The role of this Advisory Board would be to offer feedback and guidance to the project from multiple perspectives; in order to accomplish that goal, the Advisory Board would incorporate diversity among both geographic location and type of institution represented.

In addition to the project co-coordinators, the Advisory Board created in July 2005 included invited positions for representatives from all four medical school libraries in the state, GRID (Georgia Rural Health Interactive Directory, centered at the Medical College of Georgia—see below), and Georgia's 2-1-1 service. Elected positions were filled by a public librarian, a representative of the Georgia Public Health Association, an AHEC librarian, a systems librarian, an academic library director, a public health officer, a GALILEO representative, and the Deputy State Librarian of the Georgia Public Library Service. Each member agreed to serve a two-year term.

RESOURCE SHARING

From the very beginning of the project, resource sharing among the partners was key. Due to prior collaborations, project coordinators were aware of the existence of an online directory for rural health resources in Georgia that was similar in concept to the proposed Go Local

database. Created and maintained by the Medical College of Georgia (MCG), the GRID database (Georgia Rural Health Interactive Directory) consisted of resources found by MCG students as they rotated through practices in various communities. GRID contained basic information and descriptions for over 1,300 Georgia health services, primarily in the northeast part of the state. With the consent and support of GRID's director, it was decided to incorporate the GRID records into the Go Local database to serve as a foundation of the project.

Project coordinators also met with and received support from the Steering Committee for the state's 2-1-1 service, a free information and referral service found around the country. The United Way of Central Georgia's 2-1-1 database contained almost 5,000 records of human services organizations and resources, ranging from DUI driving schools to hospitals, and it was decided to include these records as a pilot for the rest of Georgia's 2-1-1 information and referral services.

With thousands of records to import and index, the project soon reached out to various partners for help with indexing entries for the Go Local database. Through collaboration with a number of associations such as the Georgia Health Sciences Library Association, the Atlanta Health Science Libraries Consortium, and the Georgia Library Association, a variety of indexers were recruited from Georgia's library community, including academic librarians, health sciences librarians, public library staff, and library school students.

While the initial recruitment of indexers from among the various partners was successful, it became clear early on that training and retaining a consistent volunteer base to verify, index, and maintain thousands of Go Local records would be a significant challenge. Over 50 individuals were trained as indexers through the length of the project, but only a few completed the records assigned to them and became regular volunteers. Initial NLM funding was used in part to pay a nominal fee to indexers for each record completed, but it became clear after these funds were expended that this was not a sustainable approach. Volunteers reported having little time to devote to the time-consuming indexing process and found the National Library of Medicine's Go Local input system cumbersome and confusing. Despite the strong start, by the project's end only the four medical school libraries involved in the original grant were providing regular indexing, assisted by an occasional MLIS student fulfilling requirements for Valdosta State University's health sciences track.

PROMOTING THE PROJECT

From early in the project's history, members of the Advisory Board and other interested partners agreed to promote Georgia Health – Go Local to their various constituencies through the use of newsletters, electronic distribution lists, verbal announcements at meetings, links on their websites, mailings, and other outreach efforts. Many of the partners were also receptive to efforts by the project coordinators to address or meet with their groups in order to raise awareness of the project, resulting in presentations or exhibits at meetings of the Georgia Public Library Service, the University System of Georgia's Regents Academic Committee on Libraries, Atlanta Health Sciences Library Consortium, Georgia Interactive Network for Medical Information, Georgia Rural Health Association, Georgia Public Health Association, Georgia Family Connection Partnership, and others.

As the Georgia Health – Go Local website prepared to officially launch in June 2008, a number of promotional items were created for consumers, librarians, and health professionals, including brochures, bookmarks, pencils, Post-it™ notes, posters, magnets, and table tents. These materials featured the project logo (a peach with a Band-Aid™ on it), website address, and the tagline “Your link to health services in the Peach State.” Although provision for project promotion had been made in the original grant proposal to the National

Library of Medicine, support from partners such as NN/LM SE/A, Georgia Public Library Service, and Three Rivers AHEC made it possible to canvass the entire state to distribute these materials. Every public library in Georgia received a packet, as did every hospital, public health clinic, and academic library. All Go Local partners received promotional packets as well.

Public libraries in particular were crucial to successful promotion of the project, since consumers with health questions often seek help from their local public library. The Georgia Public Library System was an active partner from the beginning, contributing funding and assisting with publicity efforts to reach public libraries in every Georgia county with promotional items. During the launch week for the public Go Local website, several public libraries and library systems around the state held special events or exhibits to showcase Go Local, including consumer classes featuring MedlinePlus and Go Local. Partnership with GPLS also led to several libraries adding links to Georgia Health – Go Local to their library websites.

LESSONS LEARNED

Librarians at the Mercer University Medical Library have long been involved with outreach efforts throughout the state, but the breadth and ambitious design of the Go Local project introduced a number of unforeseen challenges. As a result, project coordinators learned valuable lessons about optimizing collaborative relationships:

1. Establish a collaborative atmosphere early on.

From the project's onset, an effort was made to create a diverse and multidisciplinary coalition that represented a broad spectrum of library and health care entities. There were multiple opportunities for partners to have input into the development of Georgia Health – Go Local, and as a result all partners felt a sense of ownership and responsibility. The Advisory Board itself was an essential tool in the collaborative development of the project, as its formation promoted “buy-in” among all participants.

2. Build on existing partnerships and relationships.

In the business world, it is well known that keeping an existing customer is much less costly than recruiting a new one, and this axiom proved true when seeking collaborators for a project such as Go Local. By utilizing existing relationships and connections, project coordinators were able to minimize duplication of efforts and resources. For example, partnership with the Medical College of Georgia to incorporate records from the GRID database was made possible because one of the project coordinators and the GRID director both had a background of service with the Georgia Rural Health Association.

3. Establish formal avenues for collaboration.

As mentioned earlier, the Georgia Health – Go Local Advisory Board formalized the process of collaboration and gave partners a distinct avenue by which to share feedback. Documenting this partnership and providing an effective way for stakeholders to raise concerns and provide advice strengthened the collaboration at all levels. A formal process of collaboration was also helpful in recruiting faculty and student help from Valdosta State University's MLIS health sciences track. Early in the project, several MLIS students had worked as volunteer indexers on an individual basis. However, the ability to incorporate Go Local indexing and exhibiting into the formal activities required of MLIS students completing their

final fieldwork provided a more effective and systematic way to train, utilize, and evaluate student workers.

4. Collaboration must be “bottom up” as well as “top down.”

While it is crucial that collaboration is supported by leaders at the highest levels of an organization, it is also essential to involve the “rank and file” members as well. In one instance, Mercer Medical Library began a partnership with a public library system to train staff to input and index Go Local resources.¹ With strong support from the system's director (a member of the Advisory Board), employees from across the system were trained to use the input system to enter and index records in their local region. Staff demonstrated strong interest in MedlinePlus and the Go Local database as informational tools to point out to their users but were less enthusiastic about contributing or auditing records themselves. They expressed concerns about the relevance and applicability of the project to their duties in the public library, and also concerns about the time needed to find and index resources.

In this instance, the collaborative relationship between the library system director and staff of the Mercer Medical Library was strong at the highest levels of the project. However, focus group feedback after the training reflected a common theme: “I guess the question I have had all along [is] why us...I guess I am wondering how this became something that we are involved in as library employees...I am not sure how this became other duties on top of what we have...” Frontline library staff felt they were being asked to go above and beyond their normal job descriptions, with no input to the decision-making process that had created these extra duties. As this anecdote illustrates, successful collaboration requires buy-in and participation from *all* who will be affected by project activities, not simply those who are responsible for allocating resources.

CONCLUSION

Although the demise of Georgia Health – Go Local was, perhaps, inevitable, the project successfully modeled collaboration and cooperation among disparate groups and perspectives in the interest of improving the health of the state's citizens. The high usage of Georgia Health – Go Local documented by NLM is a reflection of the strong collaborative nature of the relationships between Georgia's health sciences libraries and the larger medical community they serve. Georgia's Go Local project has ended, but the relationships built and nurtured through its lifetime will hopefully serve as a springboard for other initiatives that positively impact the health of the state.

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