Published in final edited form as:

J Consum Health Internet. 2011 ; 15(3): 277–290. doi:10.1080/15398285.2011.597346.

The Louisiana Go Local Experience

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Abstract

Between 2006 and 2009, two health sciences librarians at Baton Rouge General Medical Center created and launched the Louisiana segment of the National Library of Medicine's Go Local program, whose ultimate goal was to improve the health information-seeking experience of the general public. Louisiana Go Local was successfully launched in October 2009, but in spring 2010, the national umbrella project was cancelled by the National Library of Medicine. This article describes the three-year development of a statewide database of health services descriptions and contact information to assist non-expert health information seekers in finding those health care providers located geographically closest to them.

Keywords

Health care providers; health information seekers; health sciences libraries; Go Local projects; Louisiana; Louisiana Go Local; National Library of Medicine; online database; searchable database

INTRODUCTION

Go Local was the name of a national database-building program sponsored by the National Library of Medicine (NLM) to compile health provider contact information for geographic areas or states of the United States. The kernel of the idea began in 2000 and spread to 37 projects in 25 states before ending in 2010. Each Go Local project was responsible for creating a health-provider contact database specific to their state, designed to assist the average person in finding physicians or organizations specializing in a given health topic, such as diabetes, that were geographically close to the information seeker's location, thus the "local" aspect of the name. The Louisiana Go Local (LGL) database was one of the most recent to be launched, in 2009.

BEGINNINGS

On August 28, 2005, Hurricane Katrina devastated the Gulf Coast of the United States and created a health emergency for millions of people. The storm, rated Category 3 at landfall, caused billions of dollars in property damage, greater than any other hurricane in the nation's history, though loss of life was not as high as in previous weather disasters.¹

Librarians, especially public librarians, across the South, even in areas not devastated by the storm, experienced an influx of patrons seeking information on all topics, but especially health and government assistance. Libraries became primary providers of the information needs of millions of patrons, many of whom had been suddenly cut off from contact with family and friends and then separated by large geographical distances when members of a group were relocated by emergency rescuers. The disorientation that resulted caused disaster refugees to seek help from the only public agency that provides public Internet access: the public library. Many school, academic, and special libraries that normally did not admit the public also opened their doors to join in the work.

The role of libraries in natural disasters has been documented by the National Library of Medicine's Library Roles in Disasters Project (LRDP), which found that libraries' roles fell into eight categories, including that of information disseminator:

Public, academic, special, and hospital libraries were all involved in efforts to disseminate current, reliable information to patrons, institutions, or the general public. In some cases, the library acted as the primary source of information for the entire community.²

This fact, so obvious to librarians and associate staff on the front lines, was only acknowledged, belatedly but officially, in January 2011. A policy change by FEMA, the Federal Emergency Management Agency, formally designated libraries as temporary relocation facilities during natural disasters. The policy change was prompted by the efforts of Sen. Jack Reed (DRI), who recognized that "[l]ibraries are vital information hubs, and in the aftermath of a disaster, libraries take on an even greater community role, providing free and easy access to technology and essential information."³

Laypeople often specifically seek health information for others online, most often for family members or close friends, and have been designated as lay information mediaries, or LIMs. Researchers have documented that LIMs make up more than half of health information seekers.⁴

In the aftermath of Katrina, not only was a large part of the population of the Gulf South displaced, but the entire health care provider network was disrupted, making access to health information even more critical. In this context, Melissa Fahrman, Manager, and Wendy Pesch, Librarian, at the Baton Rouge General Medical Center, saw a clear need for a centralized location-specific database of health provider contact information. In their recent experience, this was one of the categories of information most sought after by patrons in libraries across the disaster area. Post-Katrina, many Louisiana citizens turned to public and hospital libraries with the urgent need to locate and contact health care providers for treatment of a variety of health problems. Fahrman and Pesch realized that NLM's existing Go Local program was well-suited to fill that need, and in 2006 they submitted a winning proposal to NLM, with Fahrman as Project Director and Pesch and three others serving as Project Coordinators. Thus, the National Library of Medicine's Go Local program was conceived out of a natural disaster, as a way to help Louisiana's citizens find health care providers quickly and in close proximity to their homes.

ADMINISTRATIVE SUPPORT

The Louisiana Go Local (LGL) project was a major undertaking that would require a substantial amount of library staff time, and the name of the Health Sciences Library's parent organization, the Baton Rouge General Medical Center (BRGMC), would be associated with the project. Thus, it was important to secure the support of the administration. Accordingly, the librarians met with several medical center staff, among them the Chief Medical Officer, to whom the Health Sciences Library directly reports; the Vice-President in charge of Communications; and the Manager of Library Services.

After receiving expressions of support from the hospital administration, the hospital librarians sought support from partners in the community, as required by NLM's project proposal guidelines. In the end, the LGL project proposal included letters of support from 19 professionals in libraries, information science, academia, health care providers, and public office, including government figures. In addition, the proposal included endorsements from ten other Louisiana health care and library notables, including Baton Rouge General's President and Chief Executive Officer, and the Dean of the LSU School of Library and Information Science. With this strong show of support from the professional library and health science community in Louisiana, the National Library of Medicine accepted the Louisiana Go Local project proposal, and work began in November 2006.

THE LOUISIANA GO LOCAL PROJECT BEGINS

As the first working steps in the Louisiana Go Local project, in late 2006, content of two large databases was secured from national and local sources; these two sources formed the core of the LGL data. The National Library of Medicine provided Medicare contact information relating to Louisiana health care providers, and the East Baton Rouge Parish Library (EBRPL) system provided content from their *Community Services Directory*, now searchable as "Community Information" on the EBRPL website.⁵ Content from both of these databases was uploaded into the Louisiana Go Local system by technical staff at the National Library of Medicine. This was the first in a three-step process followed by the librarians to create a complete Go Local record:

- Verify the information: If data was imported, verification was performed after the record was created. If data was being entered, verification was done prior to record creation.
- Index the record: Link the record to particular health care services and their associated health topics.
- Link the record to a particular parish (county).

At the beginning of the project, NLM could not give specific projections of the amount of work involved, but through communications with staff who had experience on other Go Local projects, it became clear that the LGL project would be much more work-intensive than anticipated. There were three major parts to the LGL project:

- Acquisition of smaller, existing databases that could form the core of the aggregated Go Local database, including uploading data from these sources.
- The input of individual records and building of the database.
- Verification of database entries and technical checks to ensure accurate functioning before project launch.

The project managers found that the second phase of the project – the individual acquisition and input of database entries about a particular physician, group of physicians, a clinic, or a

hospital – was the most time-consuming and difficult part. Staff had to search online and in print directories to identify candidates for inclusion in the database. This basic data was then augmented with searchable keywords composed of health science terminology referring to specific medical conditions, treatments, fields of study, client populations, etc. Staff then needed to verify the information in a large number of categories: names of physicians or facility managers, locations, contact numbers, e-mails, websites, medical specialties, treatments provided, government agencies involved, populations served (e.g., adults/children/teens; males/females), and more. Part of the validation process involved cross-checking other websites listing the same physician/clinic, for example, a government agency. The most frequent site used to verify information was the Louisiana Department of Health and Hospitals. In the case of information that could not be verified online, the librarians usually made a telephone call to check that the data was accurate. Often it was outdated or completely erroneous. In the case of a large entity like a regional hospital, each department or medical sub-unit could require as much work as a stand-alone clinic in another location. Overall, the librarians verified 2,600 records, though some of those were uploaded from existing databases, so a smaller number were individually entered. The total time involved in this phase of the work is difficult to estimate but based on experience, it is estimated that half an hour was required per record.

SUPPORT FROM THE NATIONAL LIBRARY OF MEDICINE

Frequent communication with the National Library of Medicine was necessary to resolve issues related to the database and to keep the two librarians on track to release the LGL site by August 27, 2009. Because of the geographical distance between NLM in Bethesda, MD, and BRGMC in Baton Rouge, LA, no NLM staff met with the librarians in person. All support communication happened via e-mail, postal mail, fax, conference calls, or information posted online on the project extranet. However, NLM staff was very accessible. As the project neared completion, the project managers were able to schedule regular conference calls. This long-distance procedure required that all participants be skilled in the management of information technology and associated vocabulary, because the relatively short duration of a conference call might not permit much progress on the project if participants did not already use the same professional terminologies and have familiarity with the concepts being discussed. NLM staff had been working on Go Local projects for ten years, but the Louisiana librarians were new at the work, so in order to maximize the efficiency of the encounter, it was necessary for them to be prepared with very specific questions before each conference call.

There were three types of communication involved in the overall support phases of the project: synchronous discussion with NLM staff via conference calls (fast), exchange of information by e-mail or fax (medium), and asynchronous information posted online via the Go Local extranet (slow). The conference calls allowed Go Local project staff to ask very specific questions and clarify complex problems immediately, so the NLM staff was able to respond with detailed solutions to problems that were perhaps unique to the Louisiana Go Local experience. At the other extreme, the LGL project extranet contained more general answers to questions that were more universally experienced by the 30-plus existing Go Local projects. The extranet provided an always-accessible platform of information enabling LGL project staff to find answers without requiring NLM staff interaction, and allowed staff to outline possible solutions based on the extranet's accumulated consensus of project managers over the life of the larger Go Local project. This three-pronged approach to support ensured that NLM and local staff achieved success with the many Go Local programs, operating in very different geographical areas and population environments over the ten-year life of the umbrella project.

ASSISTANCE FROM PARENT ORGANIZATION

The Health Sciences Library's parent organization, Baton Rouge General Medical Center, provided general support including use of computers, Internet access, and use of software. Active support from Baton Rouge General Medical Center was given as in-kind contributions, for example, allowing the two staff librarians to devote time and office space to the project. However, Baton Rouge General's IT staff was not actively involved in creating the database, uploading data, or checking its functioning. The National Library of Medicine handled all technical work on the Louisiana Go Local project.

DAILY WORK

Librarians

In order to maintain a steady pace of progress, the project managers found that they needed to schedule a certain amount of work on Go Local each day, for example, checking the broken link report. There was no particular time in the day or the week set aside for LGL work; it was performed as the Health Sciences Library schedule permitted, and some days allowed more work on the project than others. The librarians believe that hiring a dedicated staff person is the ideal solution for such a project. If this had been possible for LGL, it might have accelerated the process of creating and verifying a large and complex database.

Labor Force

The presence of a labor force able to spend a dedicated period of time on the work would ensure the success of a project as complex and detailed as compiling a health provider information database. Three types of personnel would be needed to participate in the Go Local project:

1. Project director and project coordinators, tasked with the responsibility for database completion, are answerable to the national coordinators at NLM, and the library staff who manage the funds
2. Paid staff, if possible, dependent on funding
3. Volunteers, typically occurring in two types:
 - a. Experienced with the focus of the project and with technology involved, such as graduate students in LIS
 - b. Those with little or no experience in either area – “lay volunteers.”

The Louisiana Go Local project was staffed by a Project Director; four Project Coordinators, and volunteers of both kinds – graduate students and lay persons chosen from the list of regular hospital volunteers. However, there was no paid staff member dedicated only to LGL. This proved to be one of the main problems the LGL project faced, since the bulk of the work had to be performed by the librarians in addition to their typical duties as health sciences librarians in a medical center library. However, the two full-time librarians spent the most time working on the project; the overall percentage of hours spent by students was less than 10% of the total.

Graduate Students—Two graduate students from Louisiana State University's School of Library and Information Science (SLIS) worked on the LGL database consistently, as part of their fieldwork done for academic credit. The SLIS students learned quickly and were mostly self-directed. They required less direction, training, and assistance than the lay volunteers. LSU-SLIS offered support and interest in the project, and SLIS faculty encouraged students to volunteer their time on the project. Several SLIS student volunteers

performed some of the indexing. In reflecting on the lessons learned in the LGL endeavor, the project managers believe that hiring part-time staff would have been a more desirable choice than relying mainly on students. In future projects such as this, they would make sure to find dedicated, paid staff to work on the project at least part-time.

Volunteers—The project managers discussed using volunteers from the beginning since the library, like other hospital departments, had experience with volunteer work. Although five of Baton Rouge General's regular hospital volunteers participated in the LGL project, but none remained involved for more than a short time. As the LGL project progressed, the librarians saw the familiar problems in retaining volunteers: a lack of focus on the project, boredom with the repetitious nature of the work, and technical limitations in using computers to check a database. Unfamiliar health science terminology may also have been a factor.

Overall, due to the time invested in training and supervision, the project managers found that it was not beneficial in this type of long-term and large-scale project to spend time training a lay volunteer. These individuals are not typically experienced with information technology or the concepts and vocabulary of librarianship, information science, or health science, and cannot be counted on for more than a short-term commitment. Even with the availability of online training, volunteers always require supervision and troubleshooting. These problems occur much less frequently when volunteers are experienced in the concepts and vocabulary involved, as well as the necessary hardware and software—in other words, when volunteers are graduate students in training to become professional librarians. Ideal qualities in such a volunteer would also include keyboard skills (desirable for data entry) and some awareness of health care services (desirable for indexing).

OBSTACLES OVERCOME

After the work had been completed, one setback occurred when the project managers were required to meet the minimum criteria for quality, accuracy, and scope of the database before it went public. Because of limited staff, this process took longer to accomplish than anticipated. Although documentation from NLM at the start of the project had been complete, and the librarians involved were able to provide a timetable for completion as part of their grant proposal, the actual completion of the work proved much more time-consuming than could be estimated on paper. As the librarians involved gained experience, they also gained speed, but there is no substitute for experience.

The factors of funding and labor, discussed above, definitely affected this outcome. However, the immediate bottleneck occurred during the verification process, simply because the project's completion time had more than doubled from 15 to 34 months and data could be expected to have become outdated or changed during that time frame. However, even if the project had been completed on time per the initial proposal, the dynamic nature of business and medical practices would have made it necessary to re-verify all the contact data; in fact, maintaining any Go Local site required constant verification of data for the data to be useful. In fact, the true costs of high-quality information were apparent on the national level: in making the decision to terminate the national Go Local project, NLM concluded that the cost of maintaining an accurate Go Local database could lead to low-quality maintenance, possibly posing a threat to the health of consumers if they accessed inaccurate information.

PROJECT LAUNCH AND POST-LAUNCH ACTIVITY

Over the course of 34 months, the LGL staff collected, entered, and verified the contact data for 2,600 health care providers across the state of Louisiana, occasionally assisted by a graduate student from the LSU School of Library and Information Science. They teleconferenced with NLM's Go Local team in Bethesda, MD, who created the website and checked the technical functioning of the database. After three years of work, the Louisiana Go Local database was successfully launched on Thursday, August 27, 2009 at the Baton Rouge General Medical Center in a public event featuring the State Librarian of Louisiana, Rebecca Hamilton, as speaker. The National Library of Medicine posted news of the event.⁶ The Governor of Louisiana, Bobby Jindal, issued a proclamation declaring October 28, 2009 "Go Local Day in the State of Louisiana."⁷

After the Louisiana Go Local project was launched, there were occasional queries of interest from the librarian community. Unfortunately, the LGL database did not tabulate much usage immediately and increased very little over the next few months. Low usage of the Go Local site due to competition from fast and free web tools was the national trend that eventually led to the cancellation of the national project. Louisiana's project proved to have unfortunate timing: over the ten-year life of the national Go Local project, the overall speed of access and coverage of health progressed to the point that it overtook the Go Local effort. In the opinion of the Louisiana Go Local staff, several factors came into play that resulted in the discontinuation of the national program. The information industry, for example, Google, has developed intuitive and predictive web searching tools to the point that even very inexperienced users can often find adequate results quickly. Special interest groups have harnessed the power of the web to create similar databases for their own niches, for example, DiabetesLocal, which is discussed below. Finally, some of these same niche groups may feel that cooperation with a Go Local-type project, targeting a wider geographical area, may simply duplicate their work in their own niche, and thus may not feel any interest in cooperating with the larger effort.

LESSONS LEARNED

There are factors that, in retrospect, would seem to argue against starting a project to create such a database. First, it is complex. The creation of a database representing all the health service providers in an entire state can be expected to be a major task. Second, such a database requires constant maintenance. The Go Local project had to be approached as a dynamic entity, changing and growing to reflect the changes of the environment in which it functions. Third, projects like this can be expensive in ways not immediately apparent. While there was no "startup" fee for state Go Local projects to use NLM resources, there are local costs incurred that are not immediately obvious, primarily computer server space, staff hours needed to launch, and staff resources to maintain the database. Finally, the administration of a local project overseen at a national level itself creates bottlenecks. In Louisiana, there was a four-month gap from the time the grant was approved on paper to the time funding was actually received and a graduate student intern recruited to begin the work. The main reason for the delay was paperwork and administrative requirements at Baton Rouge General. In addition, there was a one-year deadline for grant funding to be spent, so the initial work "year" was reduced from twelve months to eight. Apart from the initial grant, the LGL project received no additional funds. Although project managers worked with a grant writer from the Baton Rouge General's Foundation and submitted three additional proposals, none was successful. Consequently, despite the fact that the work stretched out over two years and ten months, Fahrman and Pesch had to finish the project on their own by contributing much in-kind work.

Overall Time Estimate

Any project manager considering a large-scale project similar to Go Local needs to estimate time to completion, but calculations of this type are difficult, requiring input from project managers who have experience with similar work. This article was written in part to assist other project managers in this way. One of the primary lessons learned by the Louisiana Go Local staff is that this kind of work can extend over years. To calculate how long the project might require, it is useful to attempt a rough estimate by multiplying time required for entry and verification times the total number of records in the database.

Of the 2,600 final records in the LGL database, approximately 1,000 were mass-uploaded in the beginning by NLM staff from the two existing databases incorporated into the project: NLM's Medicare files and the East Baton Rouge Parish Library's Community Information directory. That left about 1,600 records to be entered by hand and later verified. Co-author Interiano performed some of this work as a graduate student in 2009 during a 120-hour field experience at Baton Rouge General with Fahrman and Pesch. Fahrman and Pesch assigned him the task of verifying existing records. Interiano found that many physicians, clinics, hospitals, or other health care providers had moved, merged, split, or closed, so that much of the verification had to be performed by telephone call and web search, with a time cost from five to thirty minutes in verifying each record.

Using the most conservative estimate of 30 minutes per record, these 1,600 records required 800 hours of work to enter or 100 eight-hour days. Since the two project managers were simultaneously full-time health sciences librarians, each could dedicate only one-half a day per week to the Louisiana Go-Local project, both totaling one eight-hour day per week. At one day per week, the 100 working days required above would take 100 weeks to complete, or approximately two years to perform that portion of the project. While this is a rough estimate, it is clear that the time required for a project of this type should be measured in years, not months, if a dedicated staff person is not available to perform the work. Even then, that person would require supervision and spot-checking for accuracy by project managers. In all, a Go Local-type project covering an entire state is an undertaking requiring a large amount of funding, many staff people, and much technical expertise to be completed successfully in a reasonable amount of time.

Funding

The LGL proposal requested funds totaling \$25,000, but the project eventually required much in-kind unsalaried work performed by the Project Director and Project Coordinators. The work ultimately took 34 months to complete. Verification of the contact information for each health service provider proved to be the most labor-intensive aspect of the project, creating a time bottleneck solvable only by an increase in budgets for staff to verify the data, or an uptick in volunteer recruitment and retention.

Information professionals considering this type of project would do well to search for and gain firm and formal offers of support from possible partners well before submitting a proposal for funding. Despite obtaining such support, project managers should remember that given the long time horizon necessary, the person or persons who originally committed to supporting a Go Local-type project may leave their organization, and their replacements may not follow through with support, despite the promise they inherited with the position. Only a legal contract could prevent this, but it is probable that few partners would commit themselves to legally binding support to a multi-year-project more dependent on goodwill and fulfillment of an organization's ethics, mission, or vision than on business requirements.

Partners

An attempt to partner with existing and similar health information resources—for example, the local United Way-sponsored 211 crisis phone system, *Baton Rouge Crisis Intervention Center* (BRCIC) – was unsuccessful. In seeking more partners for the project, Fahrman and Pesch found that public libraries and some smaller hospital libraries were the main supporters. Large academic health sciences libraries and large hospital libraries around the state of Louisiana were asked to participate in or formally support the project, but respectfully declined. It is possible that this type of project did not fit their current commitments or obligations. But partners are definitely necessary, and this idea is borne out by lists of groups and agencies that were responsible for creating the other Go Local databases in their respective states over the ten-year life of the national project. It was partnerships between two or more health sciences libraries, hospitals, universities, and/or state departments of health that undertook most of the other Go Local sites across the country. Only about one-third of the projects were undertaken by a single agency. Despite the managerial and technical support available from NLM during the life of the project, it is clearly optimal for several organizations to spread the work among themselves in a project as large and complex as this.

AFTERMATH

With respect to the LGL data compiled over three years, the project managers were contacted by DiabetesLocal,⁸ a website managed by the non-profit Diabetes Research and Wellness Foundation (DRWF), with a request to be sent LGL data to enhance a similar project. The librarians agreed and sent the records by e-mail. Thus, the work performed on the LGL project has had some usefulness after the end of the project and could conceivably have more in the future. The more immediate issue is whether the data will be archived for future use or deleted to save funds. That question is still pending.

At NLM, the Go Local website has been retired. Healthfinder.gov now provides links to sites for various organizations that together continue to fulfill the mission of the Go Local project.⁹ Locally, the Louisiana Department of Health and Hospitals (DHH) has created a website called HealthfinderLA that seems to be aimed at achieving a similar goal.¹⁰

CONCLUSION

The basic idea of a project like Go Local is sound: people need access to health provider contact and specialty information as quickly as possible and with a minimum of required computer and database searching skills. The National Library of Medicine's Go Local project was designed to gather that information into an easily-searchable database so that inexperienced searchers could find health providers that they could reach quickly with a minimum of geographic barriers. This type of database was greatly needed in Louisiana during the natural disaster of Hurricane Katrina in 2005.

In retrospect, the most effective method of executing a large and complex database project such as Louisiana Go Local would have been to hire paid staff with the appropriate information technology skills and dedicated to work on the project at least part-time. A secondary route to completing such a project successfully would be to invite the participation of graduate students with the requisite computer skills and understanding of the basics of a relational database and its underlying terminology. Based on the LGL experience, obtaining assistance from graduate students from the Louisiana State University's School of Library and Information Science worked well because they already had the skills and topic interest to begin work immediately compared to lay volunteers or hired clerical staff.

A broader conclusion that can be drawn from the Louisiana Go Local experience is that such a project is larger than it looks, and it should be undertaken with the help of partners. Large academic institutions are a better choice of partners than several smaller agencies, if they have staff and support to dedicate to the project.

Finally, in evaluating whether the Louisiana Go Local project was worth the time and effort it took to complete, the LGL Project Manager and Coordinator believe that the project, with its emphasis on serving the health science and information needs of a specific community (Louisiana residents searching for health information online), fit well with Baton Rouge General Medical Center's concept of itself as a health science center that is community-owned and, in turn, serves the health care needs of that community.

Acknowledgments

This project was funded in whole or in part with federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under contract No. N01-LM-6-3505; HHSN276200663505C with the Houston Academy of Medicine-Texas Medical Center Library.

The authors would like to thank and acknowledge the work of the three other Project Coordinators: Michelynn McKnight, Ph.D., AHIP, Assistant Professor, School of Library & Information Science, Louisiana State University; Emilie Smart, MLIS, Head of Reference Services, East Baton Rouge Parish Library; and Lori Steib, MLIS, AHIP, Director, Pennington Library and Information Center, Pennington Biomedical Research Center, Baton Rouge, LA.

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