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HIV/AIDS Outreach: Curriculum Development and Skills Training to Health and Information Professionals

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Abstract

With funding from the National Library of Medicine HIV/AIDS Community Information Outreach Program (ACIOP), librarians at the University of Florida Health Sciences Libraries partnered with university and community groups to facilitate collaboration, develop new information resources, develop information-seeking skills, and raise general awareness surrounding HIV/AIDS risks, prevention, and treatment. This paper describes the skills development elements of the project, including development and implementation of an HIV/AIDS information resource curriculum for health care providers, social services professionals, and public librarians within the project's partner organizations.

Keywords

HIV; AIDS; health information; community-based outreach; information dissemination

INTRODUCTION

For well over two decades, academic medical librarians have engaged in information outreach to health professionals and public librarians to improve access to reliable, valid health information useful for both providers and consumers and thus contribute to better health outcomes.^{1–8} Early projects trained providers on the use of databases available at the time (GratefulMed),^{4, 6} while later projects trained public health professionals,^{2, 5, 7} and public librarians on effective search techniques and freely available resources to promote health literacy to consumers.^{1, 3, 8}

With the exception of Martin and colleague's⁶ and Pomerantz's² focus on HIV/AIDS, few of these projects have concentrated on disease-specific information resources. Martin's project, conducted in the mid-1990s, focused on providing both hardware and software to partner organizations, including training on resources available at the time and document

delivery. Pomerantz's 2010 program grew out of an earlier NLM-funded community outreach effort providing computer workstations in health center waiting rooms with Internet links to valuable treatment and prevention resources and educational programs. Representatives of those health centers later started meeting informally to discuss mutual problems and solutions. New NLM community partnership outreach funding was obtained that led to the development of their Health Information Partners program to provide training, education, and networking to professionals and consumers. Health professionals, information professionals, and consumers may continue to benefit from information outreach training programs despite advances in technology, public access, and evolving resources

Through its competitive HIV/AIDS Community Information Outreach Program (ACIOP), the U.S. National Library of Medicine (NLM) provides funding to improve access to authoritative and consumer-friendly HIV/AIDS health information. Open to community organizations and libraries, this program can serve as a vehicle to advertise and provide instruction in the use of NLM resources on HIV/AIDS, create and disseminate new information resources on these topics, and provide equipment to make HIV/AIDS information accessible. Given that the state of Florida has one of the highest numbers of individuals living with HIV/AIDS in the country and the highest number of new diagnoses per state,⁹ it is to be expected that vulnerable populations in this geographic area have a great need for such trusted information about HIV/AIDS, especially information related to testing, prevention, and treatment.

The University of Florida's (UF) Health Science Center Libraries (HSCL) include a library facility at the Gainesville campus' academic health center, and a satellite branch (Borland Library) on the urban clinical campus in Jacksonville. In recent years, the Gainesville location has made consumer health and community engagement strategic priorities, with the creation of a librarian position in 2010 to better prepare UF students and faculty to provide their patients with authoritative information regarding their health. With these two locations, HSCL librarians are well-positioned to help vulnerable populations throughout northern Florida meet their health-related information needs.

Given the Florida population's increasing need for authoritative and customized HIV/AIDS information and resources, particularly those related to testing, prevention, and treatment, and the HSCL's expanding services related to consumer health and community engagement, in 2015, librarians at the HSCL applied for and were subsequently awarded a \$50,000 contract from ACIOP to meet local needs regarding HIV/AIDS information.

The ACIOP awards require that projects address at least two of four information access categories: Information Retrieval, Skills Development, Resource Development/Dissemination, and Equipment Acquisition. Members of the UF project team identified two categories (Skills Development and Resource Development/Dissemination) that could be addressed through the team's expertise and connections throughout both campuses and the two communities. Project objectives for Skills Development included HIV/AIDS information resource training for health care providers, social services professionals, and librarians (the focus of this paper), as well as direct training to consumers. HSCL's positive

experiences providing information resource instruction to increase student and clinical faculty capacity to satisfy patients' consumer health information needs, and project partners' (see below) explicit commitments to host such training led to the expectations that 1) providing foundational training to providers would efficiently convey information to patients, and 2) such training would be well-attended by the providers. Other components of the project included instruction directly to consumers; the creation of engaging videos and easy-to-read print materials customized for the Gainesville and Jacksonville communities; raising public awareness through hosting the NLM's traveling exhibit "Surviving and Thriving: AIDS, Politics, and Culture" <<https://www.nlm.nih.gov/exhibition/survivingandthriving/>>; and developing a network of health care, social service, and information providers interested in HIV/AIDS. These components will be discussed in other venues.

The ACIOP funding mechanism emphasizes community involvement in the project. While it defines potential project partner types very broadly, it requires that a community-based organization, library, or department of public health be included in the organizations leading the project. The HSCL team brought several partners on board to facilitate work and meet this requirement, including the following:

- HealthStreet is a partnership between the UF Clinical and Translational Science Institute and UF's Department of Epidemiology. HealthStreet strives to reduce disparities in health research and services. Among other activities, HealthStreet provides HIV testing and counseling.
- The UF Mobile Outreach Clinic (MOC) delivers basic health care to medically underserved populations in low-income neighborhoods and rural areas around Alachua County.
- UF Center for AIDS Research, Education and Service (UF CARES) is the only comprehensive pediatric and family-centered AIDS program in Northeast Florida and Southeast Georgia, and is a one-stop program where patients receive services in a single, coordinated visit.
- The Center for Health Equity and Quality Research (CHEQR) conducts applied research on clinical care and health disparities among populations served by UF Health in Jacksonville.
- The UF Center for Arts in Medicine has led the way in Arts in Medicine education, research, and outreach since 1996, and continues to focus on transforming health care environments through the arts.
- The Alachua County Library District (ACLD) is the sole provider of public library services to approximately 250,000 citizens in Alachua County, with 12 branch locations, two bookmobiles, and multiple deposit collections. Both the Headquarters and the Library Partnership branch participated in the project.
- The Jacksonville Public Library is a large public library system serving Jacksonville, Florida and the rest of Duval County. Both the Main Library and

the Charles D. Webb Wesconnett Regional Library (located in a largely Hispanic area) were partners in the project.

- The Alachua County Disease Control Unit (part of the Florida Department of Health in Alachua County) hosts the 313HIV group, which provides services and information to 15 counties in north central Florida. These services include providing HIV education and information; helping users find local HIV specialty care clinics, support groups, and resources; and providing the legally-mandated training for pre- and post-HIV test counselors.

Training for clinicians, librarians, and social services organizations was provided to formal project partners, including Alachua County Disease Control Unit 313HIV Program, Jacksonville Public Library, UF Mobile Outreach Clinic, and UF CARES. It was also provided to groups that were identified after the project start – Southern HIV and Alcohol Research Consortium (SHARC), Jacksonville HIV Health Service Planning Council, and Northeast Florida AIDS Network case managers. This training was based on partner needs and the availability of facilities.

CURRICULUM DEVELOPMENT AND IMPLEMENTATION

The ACIOP request for proposals highlighted specific NLM information resources that should be incorporated into outreach activities: NLM HIV/AIDS Portal <<http://aids.nlm.nih.gov>>, *AIDSinfo* <<http://aidsinfo.nih.gov>>, *ClinicalTrials.gov* <<http://clinicaltrials.gov>>, and MedlinePlus <<http://medlineplus.gov>>. During discussions with the partner organizations, team members learned that most of the health care professional partners were familiar with *AIDSinfo* and *AIDS.gov* (now *HIV.gov*) websites but not with the NLM HIV/AIDS Information portal (re-named AIDSsource). The library team noted the tendency of partner-associated organizations in both Jacksonville and Gainesville to link to *AIDS.gov* and the Centers for Disease Control and Prevention (CDC) on their websites if they linked to any HIV/AIDS resources beyond their own services. HSCL's skills development trainings for professionals aimed to familiarize attendees with NLM resources so that they could recommend these to health consumers or use them in developing their own patient education materials. For comparison and when requested by partner target audiences, the team included some additional resources, such as *AIDS.gov*, CDC's HIV/AIDS resources, Healthy People 2020's HIV resources, and open access resources for professionals without easy access to scholarly/relevant journals.

The health and information professionals' curriculum development team met to discuss how to effectively present the information. The first training in Jacksonville was scheduled for public librarians, while Gainesville's first was for the HIV section of the local public health department. This scheduling helped the team from the very beginning to focus on a general template that could be adjusted to the different audiences rather than going too far along a path specifically for health care or for information professionals. Each team member delved into one of the key information resources to be taught, developing lists of features, strengths, and weaknesses in terms of primary audience(s), readability, topics covered in top-level menus, assessment of basic information, multi-media content, news resources, mobile resources, and unique content. Team members evaluated the content on the basis of currency,

accuracy, and clarity. In retrospect, this process proved a challenge for compatibility since a different team member had been assigned to each resource for evaluation, but team members had selected different evaluation criteria as key points. Noting that many of the weaknesses were navigational or of interest primarily to information professionals rather than health professionals or health consumers, the team opted to highlight the strengths of each site in the slides for the trainings. Working collaboratively, the curriculum development team created a basic template of slides for each of the included resources. All members of the curriculum development team conducted some training, and each presenting team (usually pairs) could modify the curriculum template to match the needs of its specific training audience.

The Jacksonville public librarians training was planned as a hands-on session in one of their computer classrooms, so the training session included both time to “play” and prepared questions that the librarians could use to motivate attendees to experiment with the resources. However, upon arrival on the day of the presentation, the presenters discovered that more librarians had registered for the training than could be accommodated in the classroom at the location. This forced the training to be delivered didactically, in presentation style, and with no time to re-order the slides. “Activity” slides were intended to simulate reference questions and to highlight the content areas of the site that best answered each question. Instead, after a demonstration of how the resource could answer the question specific to the activity slide, the team showed other features of the resource site, such as multi-lingual resources, mobile resources, and population-specific resources.

The Gainesville team first presented to health professionals in the Alachua County Disease Control Unit’s 313HIV Program (Ryan White group). The department had indicated great interest in easy access to freely available scholarly resources, so slides on that topic were also included in the presentation. Previous NLM-subcontract experience had alerted librarians to the restrictions in health departments’ IT protocols, so the Gainesville team created a Springshare LibGuide (web-based portal of links with annotations) in case the department could not allow the use of a USB drive containing the slides. The LibGuide <<http://guides.uflib.ufl.edu/hiv/aids>> was kept simple before the class to prevent distraction during the class and to minimize exposure to computer viruses when attendees followed links. After the presentation, team members enhanced this LibGuide and incorporated it into all subsequent trainings on both campuses so that the content would be available to both affiliated and non-affiliated audiences.

Jacksonville’s primary partner, UF CARES, committed at the outset for a Jacksonville librarian to provide a training session at its monthly HIV/AIDS Grand Rounds meeting as well as to facilitate connections to other Jacksonville area organizations involved with HIV/AIDS services. One of those connections was the Jacksonville Area HIV/AIDS Planning Council. To fit the allotted time, the curriculum for the Planning Council’s presentation was abridged from one hour to 20 minutes while still incorporating live demonstrations of the resources. Attendees received handouts of the full presentation slides as well as pocket-sized cards with URLs of resources selected by the consumer health team of the HIV/AIDS NLM Outreach project. Librarians encouraged attendee organization representatives to utilize these in their own outreach efforts.

The UF CARES HIV/AIDS Grand Rounds training also prompted a request from the Northeast Florida AIDS Network (NFAN) to provide a training session for its case management group. This group consists of case managers who are working through their respective organizations with HIV-positive individuals and their families. Prior to the presentation, attendees of an NFAN meeting discussed the lack of culturally sensitive resources for their clients. In response to this expressed need, the Jacksonville team highlighted Spanish-language information and other multicultural options as well as other advantages of these sites, despite needing to abridge the presentation to fit the allotted time.

A separate component of the overall HIV/AIDS Information Outreach project focused on the creation of engaging informational videos and print materials, all of which were evaluated for clinical accuracy and health education strategies by an expert panel. One of the members of this panel leads the Southern HIV & Alcohol Research Consortium <<http://sharc-research.org>>, a group of researchers focusing on co-occurring HIV/AIDS and substance abuse. He invited Gainesville librarians to present information on the project to the consortium. This presentation included information on the structure of the grant project, resources highlighted (including those mentioned above and additional ones on substance abuse), lessons learned so far in implementing the project, and a short list of ways HSCL librarians might be able to assist SHARC members with their research.

RESULTS AND ASSESSMENT

In all, the team offered training to six groups of health care and information professionals. Training attendance was as follows: Alachua County Disease Control Unit's 313HIV (Ryan White) group (12), Jacksonville Public Library Wesconnett Regional branch (16), the Mobile Outreach Clinic volunteers' meeting (45), HIV/AIDS Grand Rounds in Jacksonville (36), the Jacksonville HIV Health Services Planning Council (28), and the Northeast Florida AIDS Network Jacksonville case managers meeting (45). Additionally, 12 attended the SHARC presentation.

At each of the sessions described above, other than the SHARC meeting, presenters requested that participants complete an evaluation survey, either distributing paper copies of the survey or sharing the URL for an electronic version. This 15-question survey had been exempted by the University of Florida's Institutional Review Board-02 (IRB-02). Participants at the Alachua County Disease Control Unit 313HIV Program were willing to complete the survey but informed the presenters that their institution does not allow them to participate in research. Therefore, project evaluation does not include feedback from this audience.

Respondents were first asked whether or not they had learned about an information resource available through the National Institutes of Health and/or National Library of Medicine of which they had previously been unaware; of the 56 individuals who responded to this question, 55 responded in the affirmative. Respondents were then asked specifically about the highlighted information resources: AIDSsource, AIDSinfo, ClinicalTrials.gov, and MedlinePlus. Figure 1 shows participants' responses about which of these resources were new to them and which they had used before with their patients or clients.

Respondents were also asked to what extent they agreed with a series of statements about the utility of the resources introduced and the likelihood of their using and sharing them in the future. For each statement, the majority of participants strongly agreed or agreed. Figure 2 summarizes responses to these six questions.

The open-ended questions “what was the most useful part of the workshop?” and “what was the least useful part of the workshop?” yielded no particularly insightful results, with fewer responses overall than other questions. Representative responses to the first question were “everything” or “websites.” “Nothing” was the most common response to the second. Remaining questions were demographic only.

DISCUSSION

A number of factors facilitated the creation and implementation of the HIV/AIDS information resources training curriculum for professionals. First, all team members had existing relationships with key people and/or groups either interested in HIV/AIDS or experienced with librarians disseminating quality health information. This enabled the team to “hit the ground running,” knowing exactly who to contact for referrals to others potentially interested in the information the team aimed to impart. It also meant team members were familiar with the work of some of the participant groups, like the Mobile Health Clinic, UF CARES, and CHEQR. This familiarity enabled individuals from these organizations to demonstrate to others their confidence in the team’s ability to deliver effective, useful training. Second, the team remained flexible in terms of time and distribution of funding. This enabled the team to add new training sessions well after the grant period had started. Third, project partners offered to post training notices on their established email lists and other regular communication venues so that team members did not need to establish new audiences via new-to-audience media. Fourth, team members had had experience in teaching outside the library’s and the university’s information technology infrastructure and therefore brought presentation slides in multiple formats, which minimized technical difficulties. Fifth, at least some of the training sessions were hands-on with “problem sets” to provide a more realistic experience with the information sources. Such problem-based learning contexts are known to increase adult absorption and retention of new information.¹¹ Finally, the team began the lesson planning with the goal of remaining flexible, always referring to the lesson plan as the “template” and intending it to be modified according to specific audience needs and interests.

While the number of attendees at the health professionals’ and librarian sessions exceeded the team’s expectations, some components of the project were less successful. First, Gainesville team members’ hopes to present to professional public librarians in Gainesville faded due to a series of unforeseen timing, personnel, and communication difficulties. Second, technology issues prevented some sessions from having the planned interactive, lively hands-on activities. The team had prepared multiple formats but not for larger audiences or shorter presentation times. Third, although team members were familiar with many of the groups in the training sessions, pre- and posttests or needs assessments could have been performed to identify exactly what HIV/AIDS information was known and what was needed. Preparing contingency plans may have enabled the team to fully meet its goals.

The challenges listed above — logistical support for participants to attend training sessions, staff issues at partnering organizations, and the need for electronic access to quality HIV documents/information — were reminiscent of challenges faced in NLM ACIOP-funded projects focusing on patients and caregivers from 1994–2010.¹² The team benefitted from one strategy recommended in 2014 by NLM in its summary of those earlier ACIOP projects (namely, building on existing relationships) and one from a 2007 article (maintaining regular communication with “gatekeepers” of community partner organizations).¹³

The positive reactions to these training sessions encouraged several HSCL librarians to continue HIV/AIDS information outreach through a library-funded Strategic Opportunities Project grant (mini-grant). The mini-grant focuses more specifically on outreach to the UF student body through a social marketing campaign, a graphic novel contest, and train-the-trainer sessions for campus health care providers. For these campus-based trainings, HSCL librarians have modified the HIV/AIDS professional information resource curriculum described here to highlight mental health resources for those affected by HIV/AIDS. Outreach targets for these sessions include staff of the UF Student Health Care Center, UF Counseling & Wellness Center, and GatorWell Health Promotion Services. The social marketing campaign also involves sharing information about UF groups working on HIV/AIDS research, including SHARC and UF CARES, thereby strengthening the library’s connections with these groups. Additional future and ongoing plans include collaboration with project partners on other information outreach projects that have been made possible by the collaborative relationships built and strengthened through this project. For instance, librarians in both Gainesville and Jacksonville are providing consumer health information/health literacy instruction to public library staff. The connections between HSCL and these public library systems, like those with the campus health professionals working on HIV/AIDS research, were strengthened by the HIV/AIDS information outreach project.

LESSONS LEARNED

The curriculum development team learned the following six lessons from each other and from its partners on this project.

Audience Needs

Lesson 1: Learn about the needs of potential audiences and use this understanding to customize presentations and to provide the information of the greatest interest to them quickly and simply; this strategy allows time and attention for unique and/or advanced information needs. To streamline presentations, the HSCL instruction team limited primary content to navigation and four to seven strengths or unique features of each site. Audience reactions during the instructional sessions and in formal evaluations indicated that these customizations were effective. Members of the local Ryan White group commented during and after their training that despite having previously used a given site ([AIDS.gov](https://aids.gov), [AIDSource](https://aidsinfo.nih.gov), [AIDSinfo](https://aidsinfo.nih.gov)) often for a specific function, they hadn’t explored or remembered some of its other features. This feedback echoed that provided by the health professionals at the Jacksonville Grand Rounds presentation.

Communication

Lesson 2: Include in the earliest project plans details on the who, what, when, and how of communication with community partners. Monitor and refine them as the project progresses.

WHO: Early in this project, the sole contact at one organization suffered a series of mishaps, resulting in advertising and scheduling delays. Subsequently, the librarian instruction team asked for a second contact name for each organization. Getting on partner email lists and/or connecting with a secretary kept the project in partners' minds. The librarians used these connections to share pertinent late-breaking literature, other relevant community news and events, and advertise new items purchased for the library throughout the grant period. In some cases, the secretary used knowledge of the group to filter and pass on information appropriate to interested individuals.

WHAT: During the planning stages of the project, one contact expressed great interest in bringing her group to the library. When scheduling the actual workshop, however, she realized that her organization could not approve all potential attendees being absent from their office for so much time. Clarifying details such as travel time and parking limitations during proposal writing or early in the project may have prevented this.

WHEN: The team checked in regularly with its partners, sometimes with just a "hello" or forwarding an email or link to a resource of possible interest. During these check-ins, the team learned of one partner's monthly newsletter and another's email list. Piggybacking onto these existing means of communication meant the message came through expected, familiar channels—not requiring extra work for potential attendees—and pushed advertising of the team's workshops to broader audiences than would have been possible with librarians' messages alone. Other benefits included the team's learning about the partners' due dates for marketing and logistics/format requirements for marketing and workshops.

HOW: Most training partners seemed comfortable with email communications, though some occasionally used the phone.

Venue Technology

Lesson 3: Assume nothing and learn as much as possible about a host's or venue's IT capabilities in advance of a presentation. Bring backups—ideally, in multiple formats. Emailing the presentation to herself and to her host enabled an experienced librarian to work around two problems with flash drive ports. Midway through another health professional workshop, the URLs of resources that had been embedded in the slides stopped displaying on the projection screen despite continuing to appear on the presenter's laptop. The IT support person had left earlier, so the remaining resources could not be demonstrated. In another venue, the host organization's default web browser (which opened PowerPoint links) differed from their preferred web browser. This required opening one browser and closing the other when moving between the PowerPoint presentation and live demonstration, slowing the pace and trying the patience of audience and presenters.

Freely Available Resources

Lesson 4: Facilitating free access may appeal to even more people than anticipated. While a LibGuide and links to open access HIV scholarly journals were initially added to the instructional slides for health department workers who lacked access to many paid journal subscriptions, public librarians and health care professionals unaffiliated with academic/health libraries appreciated the collocation of all these links. Evidence of this need can be seen in LibGuide statistics; as of August 2017, the LibGuide that had been created for the 12 county health department attendees had *been accessed in excess of 300 times*.¹⁰

Evaluations

Lesson 5: Evaluations that include informed consent are more complicated in non-academic settings. This may affect response rates and results, especially those which reflect that segment of your population. Informed consent for evaluation of trainings proved challenging in this project. Comparison of workshop evaluations indicated higher response rates when the evaluation was administered *during* the presentation time slot than when a link to the electronic survey was sent afterward. If participants were not already using a computer or mobile device during a session, response rates were better with paper evaluations.

Both paper and electronic surveys included an informed consent statement at the top of the form. The paper version did not request a participant signature. A number of training participants completed the paper evaluation after having marked that they did not wish to participate in the study, making their responses unusable. The electronic evaluations included skip logic requiring individuals to consent in order to proceed to the evaluation. This ensured that all responses were consented. Those who did not consent exited the survey at this point. However, electronic consent and evaluations were not feasible for every training participant. As mentioned earlier, in some cases, requirements of their position precluded them from consenting. In the case of the paper version of the consent form, individuals were reluctant to consent, perhaps because participants not involved in academia are less accustomed to informed consent for research purposes and thus less willing to sign, even if they enthusiastically provide oral feedback on the training to improve its content/delivery and despite being told that no personal identifying information would be collected.

Networking

Lesson 6: Networking can help identify new training audiences. While preparing the project proposal, the team researched relevant community organizations. Yet as the project progressed, the team benefitted from referrals to organizations of which it had been previously unaware. In Jacksonville, an attendee at one presentation encouraged a colleague to invite the librarian team to present at a meeting of another clinical group in the community. Similarly, one of the subject experts involved in another aspect of the grant project invited the Gainesville team to present to a new research group.

CONCLUSION

Prior to the HSCL's receipt of the ACIOP HIV/AIDS Information outreach award, most HSCL librarian outreach on similar external and internal awards had focused on training UF

faculty, staff, and students and UF-affiliated community organizations. This project resulted in new networking opportunities and broader non-UF-affiliated community engagement. During the course of the project, the team periodically faced challenges yet rose to those challenges, adapted, and was successful in training a diverse group of community professionals (clinicians, librarians, and social service providers) on important HIV/AIDS information resources.

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FIGURE 1.
Resources introduced in HIV/AIDS training

FIGURE 2.
Attendees' future use of training resources