

***Access to Electronic Health Information  
Final Report***

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**NARRATIVE DESCRIPTION**

**Summary/Introduction:**

This project has sought to expand consumer access to online HIV-related health information through placing “Health Kiosks” in locations where individuals living with HIV/AIDS already gather in order to receive HIV-related services and/or medical care. The initial three partnering locations for this project all have long-standing relationships with the Utah AIDS Foundation and some new relationships have also been forged. UAF has provided case management for Midtown Community Health Center patients for many years, and UAF case managers work closely with physicians at Midtown as they serve mutual patients/clients. Since HIV positive populations are very similar throughout the Intermountain Region, UAF and the partners in Idaho have been negotiating potential partnerships over the past year, focusing on ways to coordinate and integrate HIV-related services, and provide a comprehensive and coherent spectrum of services to patients and clients in this region. The Weigand Homeless Day center and UAF also share HIV positive clients, and UAF offers periodic free rapid HIV testing at the Weigand Center. This project extends these existing partnerships to include increased consumer, as well as UAF’s own HIV positive clientele, access to electronic health information.

**Summarize your accomplishments on the project.**

The Health Kiosk project has had its challenges as well as great accomplishments and it has definitely been a learning experience for the Utah AIDS Foundation and its recent activities of providing electronic health information to clients who do not currently have access to this information or access to the internet. During the course of the project, many new relationships have been formed with other agencies in the Intermountain Region and some current relationships have been strengthened.

The Kiosk project has strengthened the collaboration between the UAF and Eccles Health Sciences Library and the NN/LM. In working through the project and its various barriers and accomplishments, the staff of the NN/LM and Eccles has been invaluable in assisting the UAF through this project.

One of the initial objectives of the project was that individuals living with HIV/AIDS will have increased physical access (and increased perception of access) to computers connected to the internet, and specifically to UAF and NLM health information and resources. This objective was met by placing internet “Health Kiosks” in four locations where individuals living with HIV/AIDS already gather to receive HIV- and health-related services. In all, three kiosks and one computer work station were installed in locations around the Intermountain area.

**Geographic region/number of counties:**

This project has reached clients and individuals in three counties: Kiosks have been placed throughout the Wasatch Front, including Salt Lake Metro area (Salt Lake County), Ogden Metro area (Weber County), and the campus of Idaho State University in Pocatello, Idaho (Bannock County).

**Collaborations/Partnerships:**

Include names and types of organizations with which there was collaboration at any time during

the project. Provide the current status of the partnerships, challenges encountered, and lessons learned.

During this project the Utah AIDS Foundation has been able to identify and collaborate with multiple institutions in furthering the goals of the program. Initially, collaborations were made with three separate agencies for the placement of Health Kiosks. Those original organizations were: Midtown Community Health Center, in Ogden, Utah, HIV Services Clinic, Boise, Idaho, and the Weigand Homeless Day Center, Salt Lake City, Utah. All locations have been chosen because individuals living with HIV/AIDS already congregate in these offices to receive HIV-specific medical care or other support services. Each location is also a place where individuals living with HIV/AIDS feel safe and comfortable acknowledging their HIV status and seeking HIV-related information and services. Individuals living with HIV/AIDS throughout the intermountain region share similar characteristics.

However, two of the original locations were changed during the project. Midtown Community Health Center decided that they were not fully behind the project and did not want to continue collaborating. So an alternative location was found and the kiosk was re-located to Catholic Community Services offices in Ogden. In addition, the HIV services Clinic in Boise had since remodeled their offices and no longer had the space to accommodate the kiosk in their clinic. So that kiosk was then shipped back to UAF until a new partner could be found. Shortly after, we were able to connect with the Genesis Project on the campus of Idaho State University in Pocatello, Idaho. The Genesis Project is a health outreach project targeting the young, gay population on the campus of ISU.

In future projects we would be more careful to identify with each collaborative agency the exact expectations of the project. It is also good to remember that there needs to be a start-up period in new projects of this nature. This would allow for initial snags to be worked out before the actual project is expected to begin.

### **Training:**

We were able to provide training for clients, users, service provider staff, volunteers and interns. We conducted 6 training sessions all together at all four kiosk locations. 2 of these training sessions were administered where more than half of, or all of the participants were from a minority population. A total of 22 people were trained on the kiosk equipment, most of which were staff in the “train the trainer” sessions.

**Training #1:** Training of Utah AIDS Foundation staff and interns on Kiosk equipment and website content. This is the location for the first Kiosk.

**Training #2:** This session was a “train the trainer” for case managers at the Weigand Homeless Day Center at Catholic Community Services of Utah. This is the location for the second kiosk. Training covered kiosk equipment and website content.

**Training #3:** This session was targeting the new batch of UAF Interns in order to train them to assist UAF clients in using the Kiosk and navigating websites.

**Training #4:** This session was provided as an update for Weigand Center staff. Basic Kiosk usage and web content was covered as well as tracking and survey information. This session included more than half of participants from minority populations.

**Training #5:** This was an introduction for service providers at CCS in Ogden. This is the location for the third Kiosk.

**Training #6:** This was an introduction for service providers at Genesis Project staff in Pocatello. This is the location for the fourth and final Kiosk.

**Resource materials:**

- A Utah AIDS Foundation newsletter was dedicated to the kiosks and aimed at soliciting for funds as well as marketing to UAF donors and supporters regarding the project. (attached PDF)
- A Resource Library training manual was developed, printed and distributed with the kiosks to direct and inform the users and the service providers on how to operate the kiosks and navigate the website. (attached Word document)

**Web sites:**

The current URL for the resource Library Kiosks is [www.uaflibrary.com](http://www.uaflibrary.com). This website is a template from the general Utah AIDS Foundation website ([www.utahaids.org](http://www.utahaids.org)).

UAflibrary.com is the portal website for all Kiosk units and grants users access to other web resources provided by UAF, Medlineplus, Utahealthnet, and Eccles Health Sciences Library. This website is being updated regularly and is being prepared to include a new Spanish template in the next coming weeks.

The Resource Center Website has received a lot of feedback regarding its usability and great information. Plans to provide a new evaluation tool on the website itself will help us to update and maintain the information according to what is of interest to our users.

**Approaches and interventions used:**

**Evaluation:**

Evaluation of the project was measured by conducting surveys of the target audience at the Kiosk sites. Four surveys were conducted in all at both the UAF Kiosk site and the Weigand Center site. All other sites were not up and running for long enough for data to be collected at the time of this report. New surveys will be administered at all four sites in the next quarter, but this information will fall outside the scope of this funding report.

The following results were recorded by the surveys conducted:

**Initial Weigand Survey:**

- 25% of the users surveyed stated that they needed more access to HIV and health information on the internet.
- 55% of the users surveyed stated that they would like more access to HIV information on the web.

**Follow-up Weigand Survey:**

- 71% of the users surveyed stated that they no longer needed more access to HIV information on the web.

**Initial UAF Survey:**

- 40% of the users surveyed stated that they needed more access to HIV and health information on the internet.
- 68% of the users surveyed stated that they would like more access to HIV and health information on the internet.

**Follow-up UAF Survey:**

- Results of this survey were inconclusive.

UAF also incorporated referrals to the UAF Resource Library and online NLM resources into standard case management sessions and HIV testing/counseling sessions.

The UAF Case Manager was able to refer almost 200 UAF clients to the UAF Resource library and UAF Health Kiosk in the UAF Food bank.

The plan was to utilize the Site-tracker software to track the number of hits to the UAF website from the Kiosks and compare this number to the number of referrals given. Unfortunately, this software was not adequate in tracking hits to specific pages on the website. Additionally, since the Resource library site was re-incorporated into the regular UAF website since the proposal was written, it could not be tracked separately from the main UAF homepage and an adequate solution has not been discovered.

**Problems or barriers encountered:**

This project definitely had its fair share of difficulties. Some things that proved to be dependencies throughout the project period were staff turnover and assignments, timely equipment purchasing and acquisition, and expectations of partnership agencies were not clearly defined.

Some issues regarding staff were due to some unforeseen circumstances within the agency, there was some difficulty during the 3rd quarter in receiving computers to run the kiosks. Early in the quarter the Resources Director was forced to take a medical leave of absence. This event made it necessary for me to take on many additional tasks and responsibilities throughout the summer. Unfortunately, the Kiosk project was then forced back into a less immediate position in agency business. Therefore, we were unable to order computers until late in the program schedule. Additionally, the Kiosk supplier was unavailable for production for one month and has only recently returned to produce the final two Kiosk units.

Communication with host locations and agencies was initially challenging and the expectation of each of the supporting agencies was never fully defined. We did learn as the project went on what would be required of each and this was addressed as we went along. Some of the original partner agencies (Midtown Community Health Center, HIV Services Clinic in Boise, Idaho) found that they were not prepared for the units once they were ready to be installed.

The acquisition of equipment seemed to be the largest barrier that we faced for this project. The original Kiosk units that were budgeted were discontinued and a more expensive unit was available instead. Therefore, we had to plan for one less unit and the turnaround time on building the units ordered doubled. Additionally, one Kiosk was damaged by the shipping company, and this resulted in unanticipated UAF staff time to remedy. Also, the ordering of computers for the Kiosks became difficult and was slowed down a lot by agency money flow issues. The

purchasing of computers was delayed by almost nine months which obviously put the whole project back by that much. So, generally, without Kiosks in place it made it difficult to assess or train users on the projects.

Finally, there was some confusion about the role of the Eccles staff in assisting in the training of users on how to use the internet and find health info on the web. The Eccles outreach librarian at the time was never really on board with the Eccles role in providing significant training in effectively accessing online information resources. This was one of the outcomes that were not really met by Eccles or UAF.

### **Continuation plans:**

The activities that have been initiated during this project period will be continued after the funding period is over. The major ongoing costs associated with this project are personnel expenses, although as the Health Kiosk computers get older, they will require more maintenance and will eventually need to be replaced. UAF plans to seek funding for these ongoing project components through a number of different sources: local private foundations are being considered to support the project, as are larger national funders with whom UAF has a strong history of support, including the B.W. Bastian Foundation and the Gill Foundation. Public support will also be sought, if it is identified as appropriate to this project. After the initial 12-month project period is over, each Health Kiosk location will absorb the internet connection costs associated with the Health Kiosk it hosts. We anticipate it should be fairly easy and inexpensive for partner locations to integrate the new DSL costs into their existing technology infrastructures. Volunteers will continue to be recruited and trained to assist clients/patients use the Health Kiosks, although since intensive training is planned during the initial project period, we also anticipate that demands on volunteer time will decrease somewhat as time goes on. UAF also plans to hold annual “refresher” trainings with staff at each Health Kiosk location to update them on any new information resources that are available.

### **Impact:**

This project has sought to expand consumer access to online HIV-related health information through placing Kiosks in locations where individuals living with HIV/AIDS already gather in order to receive HIV-related services and/or medical care. Of the three partnering locations for this project, two have long-standing relationships with the Utah AIDS Foundation and one, the Genesis Project, is a new partnership that we hope will strengthen through this project. We hope that this will continue to connect UAF and NN/LM resources to those throughout the greater Intermountain Region. The Weigand Homeless Day center and UAF also share HIV positive clients. Through the Health Kiosks, we hope that more of these clients and other users might have access to prevention education and other HIV related info on the web at MedlinePlus.org and UAFlibrary.com. This project extends these existing partnerships to include increased consumer access to electronic health information.

To talk about the real impact that the project has had on the community I would say that we are not exactly sure what that is yet. In the few months that the Kiosks have been available to users at each location, I have seen and heard that they are well used and people seem to find the information on the websites very helpful. I believe that this program can be a lot more impactful

to providing health information to otherwise inaccessible populations and has been a good starting point for future Kiosk activities.

**Recommendations for improvement:**

I would like to see more training sessions for users involving basic internet search and computer skills. I have found that many of the users, or those who might be more willing to use the Kiosks, if they had some basic training on using the internet. I would like to set up sessions at each of the Kiosk locations for Eccles staff to train to users on basic internet navigation and how to find health information using Medlineplus and Utahealthnet. Once the users have a better handle on using the internet in general ways then they will feel more comfortable using the Kiosks to access the resources that it makes available to them.

FOLLOW-UP QUESTIONS

**Were your original project goals and objectives met? If not, why not?**

Some of the objectives were met early on, and I don't believe that all of the original objectives of the project were met, but I do think that with some more time, we can improve the outcomes of the project and get to a point where all goals can still be met. I think that the project met with some difficulties early on was put too far behind schedule.

**What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?**

The most obvious lesson learned during this project was that there needs to be more planning and research in the proposal process. Anytime that there will be other agencies involved in providing the services of the project, a full and clear understanding of the roles and expectations should be discussed and written into the proposal. It took a long time once funding was established to get in touch and coordinate with the partner agencies. Also, the time that it took to get delivery of the Kiosks after they were ordered was not completely understood and this resulted in two of the partner agencies dropping out of the project by the time we had the Kiosks ready. Additionally, there had not been proper discussion with the partners about the coverage for the DSL costs, so they ended up taking on some of the cost.

**If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?**

I believe that we didn't quite understand the target audience's need for on-line information. I would have liked to have done some more baseline surveying of the users at the Kiosk locations to identify what type of information they would like to have access to. This could all be done while we were waiting for the actual units to be built and the computers to be ordered and shipped.

**What advice or recommendations would you give to anyone considering a similar outreach effort?**

Again, having thorough and well planned outcomes as well as partnerships with all kiosk locations is imperative to this type of project. With a good understanding by all parties as to what

activities each will be expected to do would greatly reduce any confusion that might arise. Bringing a member from each partner agency to assist in writing the proposal, or at least sharing the final proposal with each partner would help greatly. In addition, having computers that access the internet can be very tricky. In our case, it was necessary to not restrict access to any web content. This poses a few problems with downloading and accessing questionable content. I would recommend that all units have good tracking and remote management software installed and be located in place where there can be monitoring by some official staff person. Ideally there should be made room in the budget for kiosk software which limits the content of the browser to specific websites. But, this can only be done if there is a limited amount of website that would be used for information accessing.