Library Nurse Project

2015 Annual Report

Year 4: 01/01/2015 to 12/31/2015

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September 20, 2016
**Background**
History of the Library Nurse Project which began in 2012 (see Appendix A).

**Demographics**
In 2015, more females (52%) than males (48%) were clients of the library nurse program; 18% were 0-18 years of age and 82% were age 19+. In 2014, eighty-four percent (84%) had private insurance and in 2015 only 20% had private insurance, 33% had AHCCCS (Arizona Health Care Cost Containment System, a Medicaid waiver) – up from 2014 which was at 28% and 27% were covered by the Veteran’s Administration—up from 20% in 2014. In 2015, only 11% had no insurance—this is down from 2014 (16%). In 2015, 75% of patrons had a primary care provider (PCP) which is down from 2014 (84%) had a PCP.

**Clients' Sex, 2015**
- Female - 52%
- Male - 48%

**Clients' Age, 2015**
- 0-18 years - 83%
- 19+ years - 17%

**Clients' Insurance Type, 2015**
- No Insurance - 15%
- VA - 23%
- Medicare - 7%
- AHCCCS - 33%
- Private Insurance - 22%

**Has PCP Yes/No, 2015**
- Yes - 79%
- No - 21%

**Zip Codes Served**
In 2015, Library Nurse Project data shows that PHNs served fewer homeless individuals in 2015 (253) than in 2014 (436). The frequency of data collection for zip codes for the Joel D. Valdez-Main Library decreased in 2015. PHN staffing issues affected the frequency of Zip code collection potentially leading to the decrease in the count of homeless patrons served. The homeless population is the largest client base at the Main library. The next highest patron zip code area served is 85719, followed by 85713, 85705, 85711 and 85714. Patrons living in the rural areas surrounding Tucson are in zip codes: Arivaca (85601) Green Valley (85614 and 85622) and Sasabe (85633) and are the other top 4 zip codes of individuals that were served. See graphs below for urban and rural libraries.
The 2015 report *Homelessness in Arizona 2015 Annual Report* states that Pima County continues to account for 15% of the state’s total population but saw a decrease from 23% to 16% of the state’s homeless population. Previous years’ figures showed that one per 131 populations had experienced homelessness; this figure reduced to one in 180. 38% of the adult homeless population was over 45 years of age, a slight increase. Adults with families account for 11% (down from 17%) of the adult homeless population and their mean age remains steady, between 25 and 34 years of age. 49% of the homeless population report some type of disabling condition. 15% were considered to be “chronically homeless”, a large decrease from the previous figure of 28%. 20% of this population were veterans. [https://des.az.gov/file/6431/download](https://des.az.gov/file/6431/download)
Tucson’s homeless population shrunk slightly over the past year, a recent survey showed. The 2014 annual street count organized by the Tucson Pima Collaboration to End Homelessness identified 2,110 people as homeless, down from last year’s count of 2,238. Advocates for the homeless attributed a portion of the decrease to social service agency efforts to address the problem.

However, while the numbers are down, those advocates believe regulations governing the annual survey include a feature that results in the homeless population being underestimated every year. The count is mandated by the U.S. Department of Housing and Urban Development, and is used to determine how much federal money for homeless services the region receives. HUD’s definition of homeless is highly restrictive. For instance, if someone is in jail or a hospital, or slept on someone’s couch the night before, HUD prohibits him from being classified as homeless.


Project Activities
Due to a nursing shortage in 2015, we have served fewer patrons and fewer libraries. Other obstacles to project activities included library renovation which closed certain libraries for months. Overall, interim visits to libraries, number of patrons receiving education and with that resources and referrals have decreased since years 2013. Notable is that Nursing Interventions have increased. Our intention is to hire more PHNs and thus enabling us to reach more patrons.

The table below depicts the type and number of activities that were conducted at project libraries in years 2012 to 2015.

Table 1. Type of PHN Project Activities by Project Year 2012 to 2015

<table>
<thead>
<tr>
<th>Types of Activities</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Interventions</td>
<td>N/A</td>
<td>1,356</td>
<td>1,883</td>
<td>1,962</td>
</tr>
<tr>
<td>Patron Education</td>
<td>142</td>
<td>1,638</td>
<td>2,928</td>
<td>2,097</td>
</tr>
<tr>
<td>Library Staff Education</td>
<td>2</td>
<td>80</td>
<td>51</td>
<td>21</td>
</tr>
<tr>
<td>Resources/Referrals to Patrons</td>
<td>N/A</td>
<td>1,289</td>
<td>1,973</td>
<td>1,131</td>
</tr>
<tr>
<td>Total Encounters</td>
<td>2,871</td>
<td>4,385</td>
<td>6,853</td>
<td>5,211</td>
</tr>
</tbody>
</table>

As shown in Table 1 above, in 2015, the largest segment of PHN activities was patron education (40%) followed by nursing interventions (38%) and the provision of resources/ referrals (22%). More nursing interventions were conducted in 2015 (38%) than 2014 (27%); less patron education (40%) in 2015 than 2014 (43%) and less Resources/Referrals (22%) in 2015 than in 2014 (29%). Also less library staff education was conducted in 2015 (21) than in 2014 (51). Total encounters in 2015 were down by 24% when comparing to 2014.
**Types of PHN Activities**
In 2015 we served seventeen (17) libraries; two less than in 2014 (see Table 4 below). Eleven (11) PHNs conducted the following activities:

**Nursing Interventions**
The type of nursing interventions available to patrons included: BP Checks, Vaccines, Advocacy Health Care; Behavioral Health Assessment; Cardiovascular System Assessment; Care Coordination; Auditory/Audiologic Screen; Integumentary Assessment; Musculoskeletal Assessment; Neurological System Assessment; Respiratory System Assessment; Snack Program, Therapeutic Listening, Immunization Screening; Vision Screening and Vaccine records review.

**Resources/Referral**
The following are the types of information available to patrons about community resources: Health Insurance; Low/No cost Clinic; Mental Health; Aging/Elderly Resources; Auditory; Dental; Employment; Financial; Food; Health Care; Legal; Personal Documents; Personal products/hygiene; Maternal/Child; Shelter; STD; Immigrant services and Transportation.

Referrals were also made to the Pima County Health Department’s Programs: Women, Infants, and Children (WIC) Food and Nutrition Services, Health Start (Maternal/child), Immunization, Family Planning, Well Woman and Public Health Nursing. In addition, Referrals to Primary Care Providers were made.

**Library Staff Education**
In 2015, PHNs provided education on topics to Library Staff based on staff requests. These included: Vaccine, Cardiovascular System and Activity/Fitness Education.

**Patron Education**
In 2015, presentations by PHNs were made on topics such as: Diabetes, Hypertension, Medication, Oral Health, Sun Safety, Domestic Violence, Flu/Hand washing/Vaccines, Pertussis, Vision/Eye health issues, Holiday Health and Safety Tips.

**Vaccination**
A combination of Tdap and Flu vaccine was provided to seventy-five (75) individuals at several sites this year. This number was up slightly from year 2014 (62). Additionally, many vaccine records were reviewed.

**PHN Visits to Project Libraries**
In 2015, Joel D. Valdez-Main Library received the most PHN library visits (137) in the year followed by most frequented libraries: Woods (43), Martha Cooper (22), Eckstrom-Columbus (21) and Santa Rosa (18). (See Table 4 below depicting the number of visits conducted in years 2012 to 2015 at project libraries. The total visits for 2015 were 332, down from year 2014 (414) and year 2013 (397).
### Table 2. Number of Visits at all Project Libraries, 2012-2015

<table>
<thead>
<tr>
<th>Library Branch</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joel D. Valdez-Main</td>
<td>118</td>
<td>184</td>
<td>170</td>
<td>137</td>
</tr>
<tr>
<td>Woods</td>
<td>33</td>
<td>42</td>
<td>37</td>
<td>43</td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>9</td>
<td>13</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Eckstrom-Columbus</td>
<td>13</td>
<td>22</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Sam Lena-South Tucson</td>
<td>17</td>
<td>22</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>Martha Cooper</td>
<td>14</td>
<td>22</td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>Valencia</td>
<td>N/A</td>
<td>6</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Quincie Douglas</td>
<td>N/A</td>
<td>14</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Wilmot</td>
<td>N/A</td>
<td>18</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Mission</td>
<td>N/A</td>
<td>13</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Flowing Wells</td>
<td>N/A</td>
<td>3</td>
<td>8</td>
<td>N/A</td>
</tr>
<tr>
<td>Wheeler Taft Abbett</td>
<td>N/A</td>
<td>2</td>
<td>9</td>
<td>N/A</td>
</tr>
<tr>
<td>Mobile Library</td>
<td>N/A</td>
<td>5</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>El Pueblo</td>
<td>N/A</td>
<td>1</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Miller-Golf Links</td>
<td>2</td>
<td>10</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Nanini</td>
<td>N/A</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Kirk-Bear Canyon</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Arivaca</td>
<td>N/A</td>
<td>3</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Joyner-Green Valley</td>
<td>N/A</td>
<td>N/A</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Catalina</td>
<td>N/A</td>
<td>3</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Dusenberry-River</td>
<td>N/A</td>
<td>4</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Himmel Park</td>
<td>N/A</td>
<td>8</td>
<td>N/A</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Visits</strong></td>
<td>206*</td>
<td>397*</td>
<td>414</td>
<td>332</td>
</tr>
</tbody>
</table>

*Note: Revised on 5/29/2014 based on Master Statistical Report-Detail

**Public Health Nurse Assessed Omaha System Problems**

The Omaha System, incorporated in an electronic software documentation system (CareFacts), has been used in years 2012 to 2015 by library PHNs. The Omaha System enables PHNs to assess and address patrons’ health problems. A care plan developed in CareFacts was utilized to document nursing interventions based on The Omaha System problems. Assessment data for years 2012 to 2015 were fairly similar—with the top four problems increasing over time.

The table below provides a comparison of the types of Omaha System problems that were frequently addressed with patrons in years 2012 to 2015.
Table 3. Most Frequently Assessed Omaha System Problems (Years 2012 to 2015)

<table>
<thead>
<tr>
<th>Problem</th>
<th>2012 (out of 130)</th>
<th>2013 (out of 138)</th>
<th>2014 (out of 142)</th>
<th>2015 (out of 156)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Community Resources</td>
<td>12</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Health Care Supervision</td>
<td>11</td>
<td>16</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Nutrition</td>
<td>9</td>
<td>13</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Circulation</td>
<td>8</td>
<td>12</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Hearing</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Personal Care</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Cognition</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Medication Regime</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Substance Use</td>
<td>8</td>
<td>9</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Communicable/Infections</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Diabetes Education**
The Pima County Public Library’s Health Literacy Initiative in 2013 included a survey. The findings identified diabetes as frequent health issue affecting library patrons. Diabetes Workshops began 12/02/2013 at Mission library by a PHN who is Certified Diabetes Educator, who developed a pathway (Care Plan) to specifically use with library patrons. In 2014, nine workshops were provided at six (6) libraries.

In 2015, the certified Diabetes Instructor was not available to do the workshop for this project but PHNs as they had done in previous years, continued providing diabetic education. A total of 109 education sessions in multiple libraries were provided in 2015 which was up from 2014 (69).

**Health Care Advocacy**
In 2015 twenty-six (26) individuals were assisted in obtaining health insurance.

**911 Calls at the Libraries**
From the initiation of the project in 2011 with six (6) library sites, to 2015 where the number was seventeen (17), there are a few notable trends.

The Joel D. Valdez/Main library has the largest population of clientele and the most acute population in terms of medical and behavioral needs. In 2015 they had 43 police calls, virtually unchanged from 2014 (42). However, this number represented 26% of all the calls for the libraries served by PHNs. The library measured 433 “incidents” at this site, with a wide range of causes from loud talking to disorderly conduct. At the start of this program- in 2011- there were 58 police calls at this site. 26% fewer police-involved incidents may be in part attributable to the presence of the PHN who attends to client needs, both medical and behavioral health and in part due to training of Library staff to triage and respond to these crises. The number of 911 Medical calls doubled in the five years of the program. At our
Main/Joel Valdez-Main Library where there is the largest clientele for this library and this program, the number of medical calls nearly doubled. The number of libraries varied in the years 2013-2015, doubling and then almost tripling from the original 6. A nursing shortage contributed to changes during these years.

**911 Calls at the Libraries: Police**

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Percentage Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>decreased 38%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>decreased 33%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>decreased 9.1%</td>
</tr>
</tbody>
</table>

**911 Calls: Medical**

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Percentage Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>increased 9%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>increased 28%</td>
</tr>
</tbody>
</table>

**On-site Officer Assist**

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Percentage Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>decreased 14.8%</td>
</tr>
</tbody>
</table>

The increase in medically related 911 calls is likely a sign of improved trust, and increased use of the nurse resource/reliance on the presence of the nurse in a trusted environment. Conversely, the decrease in 911 Police calls may show a comfort with the library being a safe environment for all patrons. The ability of staff to attend to people’s medical and social needs and conditions is enhanced by having a nurse at the library. For more information see Appendix D.

**Nursing Student Library Projects**

Summary of three Student Library projects for year 2015:

**Project #1 Eckstrom/Columbus**

On July 8, 2015, four students from the University of Arizona, College of Nursing implemented a unique community project at the Eckstrom/Columbus library. The intervention called “Bead Your Way to Fitness”. Eight children, ages three through twelve participated.

Guided by the Library Nurse at this library, the students based their choice of this project on their demographic and health statistics study of the community surrounding that library, and their research into the needs this population. The focus was on exercise as a means of disease prevention, along with safety concerns that lead to inactivity in the community surrounding this library.

Working with the branch librarian, and blending their program into the Instant Recess curriculum already in place in the Eckstrom/Columbus library, they led the children in activities and exercises. Each exercise was rewarded with a specific bead. The children were then able to create bracelets with the beads to demonstrate their accomplishment.

At the conclusion, the students verbally surveyed the participants, who stated that by looking at the bracelets, they would be able to remember what activity related with each bead and they would be able to replicate these exercises on their own.
Project #2 Miller Golf links Library

On July 8, 2015, three University of Arizona College of Nursing students implemented an intervention at the Miller Golf Links Library with the support of that library’s PHN and the managing librarian. The students’ research showed that many clients are not able to access health information that is available online due to low computer literacy. This was found to be specifically true for the large elderly population in that census tract, who attend this library. Further, often the materials were in too small a print size for easy viewing for this population, and the directions were also difficult to navigate. The intervention was performed with 19 people at the Miller-Golf Links library on July 8, 2015. Supplies and printing of large font educational materials were available as the result of collaboration with the University Of Arizona and a community business donation.

The clients were instructed one-on-one:
- How to use the computer to find approved “vetted” health information websites
- Given a large font, easy to follow educational brochure with the same information

Three impact objectives and outcomes:
1. After the intervention, the number of participants who could enter a web address in a browser almost doubled, while those unable to navigate this task were reduced by half.
2. Before participating, over half the participants could not verbalize two types of medical information that could be reliably obtained online. After intervention, three quarters of those participating could name two or more. And the remainder could identify one source.
3. At pre-evaluation 80% of participants could name no legitimate health website from which information could be obtained. After the intervention 100% of participants could name resources.

Long term outcome:
The branch librarian has an ample supply of the educational brochures that she can replenish. This can assist clients in the future and improve health literacy in the target population.

Project #3 Eckstrom-Columbus Library
On November 5, 2015, four University of Arizona College of Nursing students taught young library patrons about SPICE from 4:15- 5:15 pm. The University of Arizona Instructor was present for this lesson. Students taught children and their parents who happened to stop by the table. The students created a poster board about SPICE, highlighting the dangers of using this drug, and conducted a 5 minute presentation. Students handed out pieces of candy with facts about SPICE attached. Students allowed the children to participate in a bingo game to discuss ways to say no to drugs. Students also provided a pre and posttest to 17 kids. Test scores showed an average knowledge increase of 43% after the presentation. A survey question also revealed that 20 % of those who answered were curious about using SPICE before and were no longer interested in using SPICE after the presentation.
**Library Nurse Program Pilot Survey**

Library Nurse Program Participation Survey (English /Spanish) was in development in 2013 and was approved by the PCHD’s Communications Team in 2014. The pilot survey was conducted in 2015 at the Joel D. Valdez-Main Library. Twenty-three (23) surveys were received from participants. A total of nineteen (19) surveys were completed in English and four (4) in Spanish. The respondents were 60/40% female/male. The mean age of respondents was 48, with a range from 15-77. Half had either some college/college degree and half were High School graduates or some had High School education. 80% were White and 80% were Hispanic.

The results are combined in this report (See Appendix C). Not all respondents answered all items, and some checked more than one. So the results are not to be considered to be from “unduplicated” sources.

The composite results:

- 60% of those who responded strongly agreed that the library they attended had a welcoming and safe environment
- 70% felt that the nurse was helpful with their questions
- 15 received health information
- 5 received community resource information
- 90% either agreed or strongly agreed that the information they received was useful; 90% agreed or strongly agreed that the information would be used to make life changes.
- 90% agreed or strongly agreed that they would recommend this program to others.

Suggestions for survey revision after pilot testing:

- Changing responses to simplify to: Yes/No/Maybe (for questions 1, 2, 5, 6, 7).
- The nurse talked to me about...question 4. Received few responses. Delete.
- Omit the word “situation” in question 5. Change to “The information I received was useful to me”
- Change “community resource” in question 3. Language may not be known to many. Change to “Informed me of services I need or can use”

**Success Stories**


**The Healthy Snack Program** at Santa Rosa Library completed its third year in May 2016. This program features snacks provided by the Community Food Bank of Southern Arizona through their agency market program. Snacks are served two days a week after school to children up to 18 years old. An average of 150 snacks a month were served for a total of 1,362 during the academic year (September 2015 – May 2016).

The program began as a pilot at Santa Rosa in 2013 and has now been expanded to 6 other libraries. Library Staff travels to the food bank every one or two weeks and selects from the items available. Fresh fruit or vegetables are served whenever available along with crackers, granola bars or dry cereal. Sugary fruit drinks and such items as cookies or candy are not served. A new food for many of the children this year was pita chips. Now they know what a “pita” is! They liked the pita chips, but we could not get them really enthused about blue corn chips.
This is truly a community program, involving not only the food bank but also the **Pima County Department of Health and the University of Arizona Nursing program**. Nursing students who are completing their public health training have presented interactive lessons to the children at snack time, teaching them about healthy eating, the nutrition plate, sun safety, water safety and other topics. The library’s Public Health Nurses who visit twice a month also help to serve snack and share their knowledge (about nutrition). Because they see the children on a regular basis they are able to form stronger relationships with them which have been a productive program for both our customers and the nurses.

**Success Stories**

Submitted By Mary Francis Bruckmeier RN, BSN, Public Health Nurse, Joel D. Valdez-Main Library

The “art of nursing” has been defined as a sharing in someone’s life and circumstances. It is making a CONNECTION, gaining the trust of an individual.

There are several “successes” in my daily encounters:

- When a client sends their friends to talk to me or ask a question.
- When a client seeks my opinion or approval.
- When clients come back to “check in” and they have completed a short term goal...they got their ID card, AHCCCS application completed, job prospects, made it to their appointment, talked with their doctor about a concern.
- When I hear the pride in their voice as they relate changes they have made to improve themselves, hearing them make plans.
- When clients are able to state positive things they can do to improve their health and situation.
- When clients demonstrate how they advocate for themselves.
- Many people with mental issues or those with substance use are fearful and usually avoid contacts. When they choose to have a conversation with me, share their stories and verbalize their concerns...that is a success.

Here are a few more real life stories:

“**A**”, an autistic young woman was very agitated if anyone was near her or” got in her space”. Recently, she has asked me for a hug, has shared a poem with me and told me she is trying to increase her social circle. She invited me to join her at ANCHOR and encouraged me to meet young people there.

“**T**”, a middle age female with long history of substance use has been clean and sober for 6 months. She credited me with keeping her on track, “didn’t want to disappoint you”. She verbalized interest in a job training program. I wrote a reference letter and she is now in training and also has applied to be part of experimental Hepatitis C treatment program.

“**N**”, a young woman with hypertension and anxiety has had frequent trips to ER for eval. One day while talking about her health, she mentioned that last summer when gallbladder removed she was told she should follow up with a specialist. Detective work uncovered a suggestion of fu with nephrology because...
she has one nonfunctioning kidney. Appointment was scheduled, lab work ordered, she was seen by specialist- meds changed and BP now in control.

“J” stops in frequently to have BP monitored. He is worried about having another stroke. He has many medical problems. He was a truck driver with history of hypertension, and COPD. He had 2 strokes and lost his CDL license. He lost his job, became homeless, and has problems with anxiety, depression and alcohol abuse. Although he has many medical issues, he was greatly disturbed and embarrassed by his psoriasis. Very apologetic that nurse had to touch it while getting his BP. He had large patches of intense red, peeling, itchy skin and forearms covered with inch thick scaly plaque. J was concerned because it was spreading to shins, chest, and face. J has been told by his doctors that it was “incurable”. He verbalized frustration, hopelessness and resignation that he needed to live with this. I reassured him that even though it was a chronic condition it could be improved. We tried a series of things including calamine, different lotions, and creams. Creamy baby oil and gauze wrapping had the most significant effect. J was elated and told everyone I had cured him. I encouraged him to ask his PCP for referral to dermatology. He did so at next appointment. Authorization for referral took a bit of time and he asked if I would be his emergency contact person. Appointments and confirmations were made by text to my phone. Info was relayed to client and he kept twice weekly appointments for light therapy. His psoriasis is much improved as is his outlook on life. He is more involved in his medical care, asks questions and has become more compliant with taking meds. Last week he informed nurse of his plans to go to his son’s home in Maryland. He has not drank in 6 weeks and feels if he is around his grandkids he will be encouraged to continue abstinence.

“J” brought “R & F” to nurse and introduced them. They are his camping and drinking buddies. We have had many discussions about various health topics and alcohol.

“R, F & J” have problems with alcohol. R usually drank 4 pints per day whenever he has money. He shares his good fortune and buys liquor for his buddies. Last week he told me that he had been thinking about our conversations and he has decreased his consumption to only ½ pint/day. He verbalized remorse about his involvement and contribution to the problems his friends have had in connection with alcohol. He plans on telling “little white lie” to avoid buying alcohol for them in the future.

“F” has been homeless for “long time” he finally has agreed to meet with VA outreach worker and get assessed for care for his many arthritis problems.

Interest in the Library Project
- Provided information to the Daytona Beach Florida Public Health Staff such as: the background of the project; staffing/duties; funding/reimbursement; physical assessment, A1C testing; donated items; snack program, navigators and sent copy of a published PCHD article. Phone call was on 2/4/15.

Planning for 2016
- Pilot Participant Survey to be revised based on pilot testing and then implementing at all libraries (See Appendix B).
- Develop Library Staff Satisfaction Survey.
- Ongoing PHN assessment of each unique library population/environment to accurately capture their resources and needs.
- Ongoing outreach to other community partners to enable us to enhance the program.
• Data collection tool (spreadsheet) to be revised--needs improvement to be able to capture annual data more accurately.
• Tracking of repeat clientele for long-term evaluation and impact.* OR follow-up on referrals in case we cannot get some long-term data on an individual.
• Continue to focus on documentation quality to ensure data quality.
• Year 5 (2016), as an established project, enhancing our analysis of any need for modification or restructuring (W.K. Kellogg, 2004 Evaluation Handbook).
• Continued analysis of 911 medical and police calls will extrapolated from a more comprehensive list of libraries and thus only Project libraries will be analyzed. This enables us to track if PHN intervention has a positive outcome in the reduction on 911 police calls (relates to Goal 1. Pima County Library will be perceived and/or experienced by both patrons and staff as a safe and welcoming environment).

Dissemination of Evaluation and Results of Projects
The Annual Report is provided to:
• Pima County Librarians and Administration Staff
• Public Health Nursing Staff
• Director of the Health Department
• Other Interested Stakeholders

Articles on the Library Nurse Project
A continuous and updated list of articles about the project will be updated annually for this report (see Appendix F).

Evaluation
What do we and others want to know about this program?
Program Evaluation refers to the thoughtful process of focusing questions and topics of concern, collecting appropriate information and analyzing and interpreting the information for a specific use and purpose.

1. Who are we serving? What are their ages? Where do they live? Do they have a primary provider? Do they have insurance and what type? (Demographic section).

2. Which libraries are served and how many have public health library nurses? How many nurses are involved in the project? How has that changed over time? There was a decrease the number of libraries served from 19 (2014) to 17 (2015). In 2015, 17 nurses were part of the project which was down from 18 PHNs in 2014.

3. What funding supports this project? How do nurses get paid? (See Background Appendix A).
4. How many clients are we serving? How has that changed over time? (See Demographics section above). The total PHN visits for 2015 were 332, down from year 2014 (414) and year 2013 (397).

5. What are the most common client problems and health questions/concerns that were addressed by library nurses? (See Demographics section).

6. What type of nursing intervention is conducted? (See Project Activities Section).

7. Are we meeting the patrons’ needs?
   Addressing the assessed needs: Communication with Community Resources, Health Supervision, Substance Use, Nutrition, Personal Care and others.

8. What types of specialized services have been provided to patrons?
   - Blood Pressure Screening
   - Flu/Tdap vaccinations

9. Are patrons satisfied with the project? Are they returning? (See Library Nurse Program Pilot Survey results above).

10. Is Library staff satisfied with the project? (Pending) Library Staff satisfaction survey.

11. Have knowledge, behavior and status changed for individuals or groups? (See KBS Outcomes Section below).

12. What tools are used for data collection?
   - Excel Spreadsheet
   - CareFacts software with The Omaha System of Nursing Documentation
   - Microsoft WORD to save e-mails and articles into Library file

13. How do we track our successes?
   - Stories for patrons and from Pima County Library Staff
   - Client Satisfaction from Survey
   - Data analysis/Evaluation and reporting
   - Articles, awards
   - Other health departments’ replication of the project

14. How do we know we are meeting our goals?
   - Review of the Logic Model (See Appendix H) with Library Staff and Library Nurses
   - Review Evaluation Questions (Kellogg Foundation)

   **Process Indicators:**
   To provide a measureable response to these posed questions:

15. Were specific inputs made as planned, in terms of the amount of input, timing and quality of input?
   - Inputs were appropriate to the activities planned. See Logic Model (Appendix H).
16. Were specific activities, conducted as planned, in terms of content, timing, location, format and quality?
   - Diabetic workshops by Certified Diabetic Instructor were not conducted but diabetic education by PHNs continued. See Logic Model (Appendix H).
   - Staff Satisfaction Survey was not developed in 2015
   - Revision of the Pilot Client Satisfaction survey not completed in 2015

**Outcome Indicators:**
To provide measurable response to these posed questions:

17. Did clients express degree of consumer satisfaction as expected?
(See Pilot Client Satisfaction Survey testing results above).

18. Did clients increase their level of knowledge, behavior and status? What degree of change was measured? Knowledge (K), Behavior (B) and Status (S) is an integral component of The Omaha System. Each Omaha System problem has a KBS rating scale associated with it. Each time it is measured by the PHN, the level of the KBS is rated on a Likert scale (1 being the lowest and 5 being the highest rating). The desired target by public health nurses is a 4 or 5 rating.

   Library Key for the charts below:
   C= Cooper
   C-E= Columbus-Eckstrom
   D-R= Dusenberry –River
   S-L= South Tucson Sam Lena
   Main= Joel D. Valdez Main Library
   M-G= Miller-Golflinks
   W= Woods

   (See KBS graphs below)
The KBS ratings above indicate improvement made for all Omaha System assessed problems from the Initial rating to the last rating.

19. Was there a change in project implementation, behaviors, practices, policies and procedures? Diabetes workshops at Libraries were discontinued due to staffing issues but diabetic education provided to patrons continued. Changes in personnel including nurse management and public health nurses created new challenges as well as new opportunities for the library nurse program.

20. Was there a change in situation: environment—the library becoming a welcoming and safe place; social conditions—reduced crisis events by patrons?
   - See Success Section
   - 911 Police calls decreased by 5% from the previous year. (See 911 Calls above)

Evaluation Questions retrieved on 7/6/2015 from http://learningstore.uwex.edu/assets/pdfs/G3658-1.PDF

Use of a Program Logic Model Framework
See Appendix E.

Conclusion
In its fourth year, the Library Nurse Project has continued to see success in serving the populations of highest need, including rural communities in Pima County. Due to PHN staffing shortages, we had to decrease the number of libraries served from 19 to 17. The program faced many challenges due to changes in management and staffing.
In 2015 the Pima County Health Department continued the extensive process of becoming an accredited public health department; the Library Nurse program was a pivotal example of community collaboration, innovation and success in reaching an untapped population.

Surveys showed that fewer homeless patrons were served, but surveys were not administered as frequently. Inconsistent data may have served to skew these data; the measurement tool will be revised for 2016.

The collaboration with the University of Arizona, College of Nursing continued, providing a valuable experience in community nursing for the BSN students. The nursing students carried out three educational projects.

Despite challenges, the Library Project has continued to enable PHNs to provide services to a diverse population across all ages and demographics and needs. PHNs are now regarded as a regular and reliable source of health and safety information to library patrons, to the homeless, and to the community at large. Libraries are seen as more welcoming, and a safer place.
Appendix A. Background

In January 2012, the Pima County Health Department partnered with the Pima County Public Library to become the first health department in the nation to have a public health nurse permanently assigned as a part of its library staff. The “library nurse” idea was developed after the San Francisco Public Library’s social worker model of service delivery, developed in 2010 to address the needs of patrons in crisis. The library partnership is depicted below:

Library Nurse Mission
All customers of the Pima County Public Library system are important community members regardless of race, domiciled status, age, gender, sexual orientation, or physical ability. It is the goal of the Library Public Health Nurse to improve the physical and mental health of library patrons through education, referral, crisis prevention, nursing intervention, and disease management nursing care models.

Library Nurse Methods
The Library Nurse will engage customers on a daily basis through verbal exchange and offer of basic nursing care such as blood pressure screen, medication review, with initial simple conversation. The nurse will be readily available to staff members for customer needs such as requests for nurse, reports of illness, and behavior escalation prompting staff intervention. The nurse can be contacted through visual contact in the customer areas, via cell phone, and in case of emergency through overhead page. Source: Pima County Public Library System

The public health nurse (PHN) role was established to provide nursing assessment, education and case management to patrons of all ages. Patrons identified by the library staff, “The homeless, unsupervised adults with substance abuse and poor health; children and elders who have been abandoned; those that have behavioral problems or mental illness”, find their way to the library and are open to receiving assistance.

The team of PHNs work equaled a total of 40 hours per week at the 5 core libraries, the equivalent of one full-time employee or (1) FTE. The 40 hour per week position is covered by Library funds. Libraries that are outside of the core receive a minimum of 2 visits per month (2 – 4 hr. /month based on the need of the library). These hours are funded by Public Health Nursing Division of the Health Department.

Project Expansion
In its initiation in 2012, the project included 5 PHNs working in six (6) distressed core branch libraries (Main, Woods, Santa Rosa, Martha Cooper, Eckstrom-Columbus and Sam Lena). In 2013, the project expanded to 12 PHNs working in 19 libraries including the Bookmobile Unit. These libraries were: Catalina, Arivaca, Columbus, Flowing Wells, Himmel, Miller-Golf Links, El Pueblo, Mission, Wilmot, Nanini, Quincie Douglas, Valencia, Wheeler and the Bookmobile Unit which covers the rural areas of Sasabe and Three Points, Arizona. In 2014, the project expanded to 18 PHNs working in 19 libraries including the Bookmobile Unit. While some libraries such as Himmel, Catalina and Dusenbury-River did not receive visits in 2014, Green Valley-Joyner Library was added and visits were made.
Please select one response for each comment:

1. This library has a welcoming and safe environment.
   - Strongly disagree
   - Disagree
   - Uncertain/no opinion
   - Agree
   - Strongly Agree

2. The nurse was helpful with my questions.
   - Strongly disagree
   - Disagree
   - Uncertain/no opinion
   - Agree
   - Strongly Agree

3. The nurse (please check all that apply):
   - Gave me health information
   - Gave me community resource information

4. The nurse talked to me about (please check all that apply):
   - An illness
   - An injury
   - Immunizations
   - Hygiene
   - Housing
   - Transportation
   - Access to food
   - Access to healthcare
   - Other

5. The information I received was useful to my situation.
   - Strongly disagree
   - Disagree
   - Uncertain/no opinion
   - Agree
   - Strongly Agree

6. I will use the information to make changes in my life.
   - Strongly disagree
   - Disagree
   - Uncertain/no opinion
   - Agree
   - Strongly Agree

7. I would recommend this program to anyone else.
   - Strongly disagree
   - Disagree
   - Uncertain/no opinion
   - Agree
   - Strongly Agree

Thank you for completing this survey!
Por favor seleccione una respuesta para cada comentario:

1. Esta biblioteca tiene un ambiente seguro y acogedor.
   - Estoy muy en desacuerdo
   - Estoy en desacuerdo
   - No estoy seguro(a) / no opino
   - Estoy de acuerdo
   - Estoy muy de acuerdo

2. El (la) enfermero(a) me ayudó con mis preguntas.
   - Estoy muy en desacuerdo
   - Estoy en desacuerdo
   - No estoy seguro(a) / no opino
   - Estoy de acuerdo
   - Estoy muy de acuerdo

3. El (la) enfermero(a) me ayudó con mis preguntas.
   - Me dio información de la salud
   - Me dio información de los recursos de la comunidad

4. El (la) enfermero(a) me habló sobre (por favor marque todos los que sean pertinentes):
   - Una enfermedad
   - Una lesión
   - Vacunas
   - Higiene
   - Vivienda
   - Transporte
   - Acceso a alimentos
   - Acceso a cuidados médicos
   - Otro: __________________________

5. La información que recibí fue valiosa para mi situación.
   - Estoy muy en desacuerdo
   - Estoy en desacuerdo
   - No estoy seguro(a) / no opino
   - Estoy de acuerdo
   - Estoy muy de acuerdo

6. Usará la información para hacer cambios en mi vida.
   - Estoy muy en desacuerdo
   - Estoy en desacuerdo
   - No estoy seguro(a) / no opino
   - Estoy de acuerdo
   - Estoy muy de acuerdo

7. Recomendaría este programa a cualquier otra persona.
   - Estoy muy en desacuerdo
   - Estoy en desacuerdo
   - No estoy seguro(a) / no opino
   - Estoy de acuerdo
   - Estoy muy de acuerdo

Gracias por participar en esta encuesta

Encuesta del Programa de Enfermeros(as) de la Biblioteca

Por favor rellene lo siguiente:

Género:
- Hombre
- Mujer
- Transgénero

Edad: __________________________

Idioma preferido: _______________

Nivel de educación más alto:
- Algo de escuela de preparatoria
- Escuela de preparatoria
- Algo de universidad
- Título universitario

Marque todo lo que se refiera a usted:

Raza:
- Nativo Americano o Nativo de Alaska
- Asiático
- Negro o Afroamericano
- Nativo de Hawai o de las Islas del Pacífico
- Blanco

Origen étnico:
- Hispano
- No hispano

Por favor proporcione comentarios o ideas para mejorar:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Para el personal de enfermería solamente:
1. Nombre del enfermero(a): _________________
2. Fecha de la encuesta: _________________
3. Estado del seguro: _________________
4. Código postal: _________________
Appendix C.

Library Nurse Program Pilot Survey

A total of 19 surveys were completed in English and 4 in Spanish. The results are combined in this report. Not all respondents answered all items, and some checked more than one. So the results are not to be considered to be from “unduplicated” sources.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain No opinion</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<td>This library has a welcoming and safe environment</td>
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<td>0</td>
<td>0</td>
<td>5</td>
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<tr>
<td>The nurse was helpful with my questions</td>
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<td>0</td>
<td>0</td>
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<td>The nurse gave me health information</td>
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<td></td>
<td></td>
<td>15</td>
<td></td>
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<tr>
<td>The nurse gave me community resource information</td>
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<td></td>
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<tr>
<td>The information I received was useful to my situation</td>
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<td>0</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>18</td>
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<td>I will use the information to make changes in my life</td>
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<td>1</td>
<td>8</td>
<td>8</td>
<td>17</td>
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<td>I would recommend this program to anyone else</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td>9</td>
<td>20</td>
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The nurse talked to me about (item #4):

- An illness 1
- An injury 0
- Immunizations 1
- Hygiene 0
- Housing 0
- Transportation 1
- Access to food 2
- Access to healthcare 4
- Other: Astigmatism, Glasses (2), “Es Ok”, Eye, Lightning

**Gender**

- Male 9
- Female 11

**Age** range from 15-77, mean age 48

**Additional Comment:** Thanks Very Helpful
**Highest Level of Education:**

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<td>HS</td>
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<tr>
<td>Some College</td>
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</tr>
<tr>
<td>College Degree</td>
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**Race**

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<tbody>
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<td>Native American/Alaskan</td>
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<tr>
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<td>Black/African American</td>
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</tr>
<tr>
<td>Native Hawaiian/Pacific</td>
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</tr>
<tr>
<td>White</td>
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**Ethnicity**

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<td>Hispanic</td>
<td>11</td>
</tr>
<tr>
<td>Non Hispanic</td>
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</table>
### Appendix D. Pima County Library Incident Report

**Pima County Public Library**  
**Incident Report Totals**  
**Calendar Year 2015**

<table>
<thead>
<tr>
<th>Library Branch</th>
<th>911 Police Calls, 2015</th>
<th>911 Police Calls, 2014</th>
<th>Difference</th>
<th>911 Medical Calls, 2015</th>
<th>911 Medical calls, 2104</th>
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<td>Caviglia-Arivaca</td>
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<td>0</td>
<td>0</td>
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<td>Eckstrom - Columbus</td>
<td>14</td>
<td>10</td>
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<td>El Pueblo</td>
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<td>21</td>
<td>-5</td>
<td>8</td>
<td>11</td>
<td>-3</td>
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<td>Himmel Park</td>
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<td>8</td>
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<td>Sam Lena - South Tucson</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>160</strong></td>
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<td><strong>73</strong></td>
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</table>

Source: Annual Summary of Incidence January to December 2015  
Pima County Public Library | 101 N Stone Ave Tucson AZ 85701  
520.594.5650 | [www.library.pima.gov](http://www.library.pima.gov)
Appendix E. The Use of a Program Logic Model Framework

“The purpose of a logic model is to provide stakeholders with a road map describing the sequence of events connecting the need for the planned program with the program’s desired results.” W.K. Kellogg Foundation, 2004.

A Program Logic Model for this project was developed in 2012, at the inception of the program and used for program planning, implementation and management since then. In addition, the logic model is also used to evaluate the effectiveness of the program. Since reporting about the project is not required by any funding source, it does not contain objectives (process and outcome); activities/tasks, and timelines.

The Logic Model is reviewed with Library administrative staff and Public Health Library Nurses annually and as needed.

The logic model’s 5 components are presented visually, in a table, (read left to right) using if …then assumptions:

1) Resources or inputs: certain resources are needed to implement and your program.
2) Activities: if you have access to resources then you can use them to implement your planned activities;
3) Outputs of a program: if you accomplish your planned activities then you will hopefully deliver the amount of product and/or service you intended;  
4) Outcomes (short, medium and long-term): if you accomplish your planned activities to the extent you intended, then your participants will benefit in certain ways and  
5) Impact: if benefits to participants are achieved then certain changes in organizations, communities or systems might be expected to occur.


For the 2015 Program Logic Model See Appendix H.
Appendix F. List of Articles on the Library Nurse Project

**Pima County Library Nurses Program**

Pima County Public Library received an innovated award for having nurses in 11 of its public libraries. This award recognized Pima County for adding health and wellness to its community services.


**Pima County Public Library hires public health nurse**


**Library nurses look after those in need**

Public libraries serve all populations, especially those without access to healthcare, health insurance, employment, or shelter. Public health nurses have talked to individuals that cannot afford their medications, see a doctor, manage behavioral issues, or find employment. Public health nurses do not only provide health services of referrals to organizations that can help library customers with all their needs. Innes, S. (2012, October 21). Library nurses look after those in need. *Arizona Daily Star* [Tucson]. Retrieved from [http://azstarnet.com/news/science/health-med-fit/library-nurses-look-after-those-in-need/article_6ee73756-17a6-50ff-afb1-d3921b85e8b2.html](http://azstarnet.com/news/science/health-med-fit/library-nurses-look-after-those-in-need/article_6ee73756-17a6-50ff-afb1-d3921b85e8b2.html)

**RNs patrol Pima County libraries to provide patient assessment**

Public health nurses have found a unique venue for treating community members. Library nurses divide their time between libraries taking vital signs, teaching basic health care, providing food, hygiene supplies, and clothing. They focus on patient assessment, case management, and education. Nurses have served thousands of people that would have never received healthcare. Fagan, L. (2013, February 11). *RNs patrol Pima County libraries to provide patient assessment | Nurse.com News*. Retrieved from [http://news.nurse.com/article/20130211/CA01/102110062#.UubMtrTn_IU](http://news.nurse.com/article/20130211/CA01/102110062#.UubMtrTn_IU)

**More than just books: Arizona libraries add public health nurses**

Nurses in Pima County are making a difference by offering free services in local libraries. Public libraries are considered safe and welcoming environments, which makes them a great place to address individual health issues and community health issues. Needy individuals including the homeless, immigrants, battered women, runaway children frequent public libraries and are often in need of health services.


**Pima County/ University of Arizona**

Pima County Public Library and Pima County Health Department have collaborated to provide help to library patrons seeking information about health and health care services address the increasing numbers of behavioral health issues in the library, and to reduce the number of 911 calls related to
behaviors. Since the program began, there has been a decrease in 911 calls from the library for behavioral health issues; at the same time, there has been an increase in 911 calls for urgent health problems that might have been missed without the public health nurse’s intervention.


Public Health Nurses Bringing Care to Libraries
Libraries often attract patrons without shelter, health insurance, medical care or computer access. Recently, with the faltering economy and high unemployment rate the need for health care and social services has grown. This library program has helped community members get the health information they need. Robert Wood Johnson Foundation. (2013). Public Health Nurses Bringing Care to Libraries. Retrieved from http://www.rwjf.org/en/blogs/human-capital-blog/2013/04/public_health_nurses.html

Pima County Public Library Nurse Program Brings Compassion and Caring to Patrons
Library nurses have provided general health checks, referrals, and health education to the public. The presence of public health nurses in libraries has significantly improved the lives of others and has brought awareness to public health issues. Nurses are working to find solutions to unfortunate stressful situation, and create positive outcomes for visitors, staff, and the entire community.


Public Health Nurse in library
Our final decision to hire a Public Health Nurse was based on the desire to address public health concerns in Pima County libraries through education and prevention while also meeting the needs of the most underserved library users including the homeless and people who suffer from mental illness. This program is not in any other library in the United States has employed a nurse to address customer needs. In the first week, nurses served over 650 library costumers at six different libraries. Since implementation, there has been a large decrease in 911 calls.


In the Library, With the Stethoscope
The idea to hire a public health nurse came from the San Francisco Public Library who began by hiring a social worker. Pima County felt that hiring a public health nurse would be more effective because they can better meet the needs than a social worker can. The libraries felt that this has created partnerships within the community that have helped them become more successful. Pima County has received multiple calls from other counties of how to implement a program like ours.


Pima County Libraries Named One of the Tops Innovators in the Country
Pima County Public Libraries are innovators in the field of health, wellness, and safety for their Library Nurse program. This program has created a safe environment for individuals to find information they need when it comes to basic human needs.

Health Care Comes to Public Libraries
Libraries have hired child psychologists, social workers and language teachers. But only one public library system is known to employ public health nurses and that is Pima County Public Library. Nurses take turns working with library management and security personnel to assist customers with social, behavioral, physical and emotional problems, as well as performing health screenings and occasional immunization clinics. Nurses have direct contact with individuals who might be unaware of community resources that can help them. Cournoyer, C. (2013, December). Health Care Comes to Public Libraries. Retrieved from http://www.governing.com/topics/health-human-services/gov-health-care-comes-to-libraries.html

Bethlehem Health Bureau to staff nurses at Bethlehem library
After witnessing the success of Pima County’s public health nurse program, Bethlehem Health Bureau decided to create their own program in Bethlehem library’s main branch. They agree that library patrons are unaware of community resources and lack proper health care. Olanoff, L. (2013, August 19). Bethlehem Health Bureau to staff nurses at Bethlehem library. Express Times [Lehigh Valley]. Retrieved from http://www.lehighvalleylive.com/bethlehem/index.ssf/2013/08/bethlehem_health_bureau_to_sta.html

Public health nurses in local libraries: A unique way to provide population based interventions
In 2011, a partnership developed between the local library and Pima County Health Department. The library found that they needed assistance dealing with the large population of homeless, substance abusers, mentally ill and gang members disrupting the library customers and staff. After a year, over 3,000 nursing interventions were provided to library patrons. This partnership has made libraries safer and Public Health Nursing more visible in the community. Malkin, K., & Ford, K. (2013, November 6). 141st APHA Annual Meeting and Exposition (November 2 - November 6, 2013): Public health nurses in local libraries: A unique way to provide population based interventions. Retrieved from https://apha.confex.com/apha/141am/webprogram/Paper291451.html

Pima County Public Library Hires Public Health Nurse
Pima County nurses have met latchkey kids, answered questions about sex, educated individuals about risks associated with diabetes, high blood pressure, and hygiene. They have helped victims of domestic violence find safe shelter, and attended to the elderly, unemployed, and homeless community members in need of social services. Walking Paper. (2012). Pima County Public Library hires public health nurse. Retrieved from http://www.walkingpaper.org/5327

Expert medical help and a listening ear- at the library
Public health nurses working in public libraries has been extremely productive because of the large number of gatherers of all socioeconomic status. Nurses have been able to serve community members in a non-threatening environment and provide medical care to any one interested. LibraryLab. (2012, March 2). Expert medical help and a listening ear-at the library. Retrieved from http://boingboing.net/2012/03/02/expert-medical-help-and-a-list.html
**Pima County Public Libraries hires public health nurse**
Public health is always a consideration in areas that attract large numbers of people, such as the library. Nurses are expert health resources and trained responders, their partnership with the public libraries has been a great opportunity to address the needs of the community.

**Promoting Healthy Lives in the Library**
A great way for libraries to be involved in their communities is through providing information and programs on health, as well as creating partnerships with other organizations. Pima County added registered nurses to their libraries, which has helped them, connect with people all over the county.

**Nurses Join Library Staff in Arizona**
Hiring library nurses is an ingenious idea. Librarians can locate resources but they are not trained to handle serious health inquiries. In addition, safety is a real concern for public libraries so having a medically trained professional on staff will benefit everyone.

**Tucson Libraries Feature Services of Public Health Nurses To Improve Physical and Mental Health**
Pima County Public Library is the first library system in the U.S. that provides services from a registered nurse. Public health libraries have an influx of customers and having easy access to health services will increase their chances of a healthier life.

**Introducing the Library Nurse**
More people are using libraries for resources because they do not have computer access at homes, they might not have a home and in that case they do not have health insurance. Libraries that are adding more services will fix the health concerns in the community.

**City eyes Arizona program of nurses in libraries**
The chair of the Ottawa public library board has studied the Pima County Health Department Library Program and is considering integrating this program into her library system. She has identified that poverty stricken and homeless people spend a good deal of the time in the library, and seize this as an opportunity to serve this population without adding cost. Retrieved from www.library.pima.gov/about/news/?id=4568 Kinsella, Stephanie Monday, March 11, 2013.
Santa Rosa Snacks
As part of the Pima County Public Library Nurse Initiative, Pima County Public Health Nurses were vital to the establishment of the Santa Rosa Snack Program. Santa Rosa’s own nurse advised library staff on potential obstacles such as food allergies while she educated staff on food safety. Each permanent staff member at Santa Rosa was required to take a food safety course before being able to handle snacks. Urban Libraries Council whose goal is Inspiring Libraries, Transforming Communities included the article “Santa Rosa Snacks” [http://www.urbanlibraries.org/santa-rosa-snacks-innovation-968.php](http://www.urbanlibraries.org/santa-rosa-snacks-innovation-968.php)


Author by Pima County Public Library staff: Kenya Johnson, Amber Mathewson and Karyn Pretchtel
Appendix G. University of Arizona College of Nursing, Student Projects

2015 Census Tract 4056 Project Report: Health Technology Literacy in the Elderly Population
Morgan Duffin, Claire Laurence, Kelly Schaaf, Regina Seibert
University of Arizona College of Nursing
Tucson, AZ

Description of Community

Census Tract (CT) 40.56 is located in the southeast section of Tucson, Arizona. Its physical borders are Golf Links Road to the north, Harrison Road to the east, and Pantano Parkway to the southwest (Pima Maps, 2015). The mostly English speaking population of the CT is a mix of primarily white, lower middle-class elderly citizens and young families (U.S. Census, 2015). Inhabitants of the CT reside in ranch style homes, the majority of which were constructed during the 1970’s (U.S. Census, 2015).

With a large portion of the census tract being bordered by the Pantano Wash, a good portion of the wash backs up to open desert (Windshield Survey, 2015). Sidewalks line all major roads and the majority of the streets within the neighborhood, but bus stops are only available on Golf Links. The roadways and sidewalks are fairly maintained without evidence of need for major repairs. The environment of the CT falls within the surveys of the east side of the City of Tucson; both air quality was listed as ‘good’ (Pima County Air Quality Index, 2015) and the water was designated as reaching all minimum standards to be characterized as drinkable (Annual Quality Water Reports, 2014).

Education to the community is provided by Tucson Unified School District (Pima County School Superintendent, 2015) at well-maintained facilities outside of CT 40.56. A large portion of the residents are high school graduates with some college education. Within the community, there is a Safeway and Walgreens, a limited number of restaurants, one church and a fitness facility (Windshield Survey, 2015). Michael Perry Park and Pantano River Parkway offer the community convenient recreational options (Pima Maps, 2015). The nearest and most utilized hospital is Carondelet St. Joseph’s Hospital located approximately 6.2 miles away outside of the CT (Carondelet, 2015). There are also a handful of clinics just beyond the census tract along Golf Links Blvd. These services include a children’s clinic, a physical therapy clinic, and a chiropractic clinic (Windshield Survey, 2015).

Protective services, including fire and police stations, are outside of the CT, but are within a five minute response zone. This CT has all utilities served by the city of Tucson, including power, water, gas, and contracted waste management and recycling services (Pima Maps, 2015). This CT is inclusive within political zones associated with City Ward 4, County District 4, State Legislative District 10, and US Congressional District 2. There were no active political demonstrations visible within the area; registered voters are equally distributed amongst democratic, republican, and independent parties (Pima County Recorder Officer, 2015).
Analysis and Diagnosis

Health concerns and scores
Discussion with key informants, including those in police and medical protective services, indicated that their highest volume was associated with elderly patients experiencing complaints related to chronic medical conditions. “Many of the elderly community dwellers that we run calls on are poor historians and don’t seem to have much knowledge of their medical conditions” (personal communication, Tucson Fire Department Paramedic, June 2015). The managing librarian of Golf Links-Miller Library expressed a similar sentiment; she reported that the elderly were a large population within the area and that they express a need for computer literacy services (personal communication, Managing Librarian, June 2015).

Of secondary concern to the key informants was the rise of the homeless population within the area and the lack of services available to serve their needs. “There aren’t any shelters within walking distance of this area. I can give them information on how to get to the closest services, but I don’t know how they would get there. When surveying the community, a large number of families with young children were also seen - and a CT assessment revealed that there were a number of existing resources for this population.

A primary concerns table (See Appendix A) was completed and revealed that the first priority health concern related to the need for improvement in health literacy within the elderly population.

<table>
<thead>
<tr>
<th>First Priority Health Concern</th>
<th>Elder Health Literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Priority Health Concern</td>
<td>Lack of resources for homeless</td>
</tr>
<tr>
<td>Community Health Diagnosis</td>
<td>Health literacy deficit AEB statements from community expressing knowledge deficit amongst elder population R/T accessing their own medical information.</td>
</tr>
</tbody>
</table>

Description of Target Population
The target population for this team’s project is elderly residents in the CT. There are 24.6% of people between the ages of 45-64 and 13.5% of people that are 65 or older in the targeted community (U.S.Census, 2015). Numerous key informants noted that area was a mix between young families and elderly (Windshield Survey, 2015). Mostly elderly individuals were observed on the streets during the windshield survey. Many key informants stated that population in greatest need is the elderly. Health literacy levels for the elderly residents are considered a high concern for this team.

Identification of Goal
Community resources and constraints
Census tract 40.56 has a variety of resources available to the community. The Miller- Golf Links library is a huge resource just outside of the census tract. In addition to books, the library supplies newspapers, movies, computer usage, and educational programming. The library is in close proximity to the census tract and there are sidewalks that make foot travel to the library very accessible. The library is always very busy suggesting that the community takes advantage of library programs. Many key informants interviewed commented that the residents of the census tract were very active in and supportive of the community and there is a high rate of high school graduates. Additional resources
include proximity of resources such as stores and businesses and both police and fire within five minute response zone.

The census tract has several constraints that may make it difficult to take advantage of the available resources. There is a prominent elderly population and it may be difficult for some elderly to get to the library depending on their mode of transportation and potential physical restrictions. Additionally, if people don’t come to the library, they won’t know about the resources available as much of the advertising for programming is done through flyers posted at the library. According to the library manager, library funding was recently cut and the initial program funding typically goes to youth programs. A further community constraint is the low level of computer literacy in the elderly population.

**Community and HP 2020 Health Goal**

The community goal is to increase health literacy in the elder population visiting the library by enhancing their ability to access accurate health information on the internet. This community goal fits into the *Healthy People 2020* focus area of Health Communication and Health Information Technology (*Healthy People* 2020, 2015). The applicable goal within this focus area is HC/HIT-9-Increase the proportion of online health information seekers who report easily accessing health information (*Healthy People* 2020, 2015).

**Intervention and Evaluation**

**Public health intervention and prevention level**

<table>
<thead>
<tr>
<th>Community nursing intervention #1</th>
<th>Education: Health literacy workshop and brochure directly to target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community nursing intervention #2</td>
<td>Education: Instruction to library staff on how to provide tech support to elderly dwellers</td>
</tr>
</tbody>
</table>

The selected community nursing intervention allows for the delivery of educational material directly to the target population. This way, the material could be developed and tailored based on the needs of population; large font and fundamental instructional guides were utilized to account for sensory and cognitive needs in the elderly population; materials should be simple and easy to follow, including larger scale font and accounting for lack of technological intuition (Xie, 2012). While training instructors to improve upon their ability to educate this population would be useful, finding a way to directly impact the target population provides an outcome that is more immediately measurable.

Both of these interventions are examples of primary prevention - as they aim to educate the target population of general community dwellers within the library. Secondary prevention would include screening people through case-finding to determine if they have a need for education (Institute for Work and Health, 2015).

**Evidence based support**

The evidenced based support comes from two recent articles from the *International Journal of Medical Informatics* researched by Heart and Kalderon (2011), and Fischer, David, Crotty, Dierks, and Safran (2014).
The objective of the article by Heart and Kalderon (2011), was to assess use of technology by older adults and specifically health-related information and communication technologies (ICT) in order to evaluate their acceptance and readiness to use health related ICT. According to Heart and Kalderon (2011), health-related ICT for the elderly should be kept simple and demonstrate substantial benefits, and special attention should be paid to training and support (p. e209). Our intervention directly demonstrates the benefits of health-related ICT while keeping it simple by using a brochure that outlines simple steps with large font on how to access the internet and by presenting reputable health information websites that directly address concerns of the target population.

The objective of the article by Fischer, David, Crotty, Dierks, and Safran (2014), was to review literature from PubMed, Google Scholar, and other relevant papers to evaluate the use and acceptance of information technology for health among the elderly. According to Fischer et al. (2014), elders face many barriers in using technology some of which include issues with familiarity, willingness to ask for help, trust of the technology, privacy, and design. The intervention proposed in the elder community of the target population attempts to address these barriers by providing a brochure that is designed in a large easy to read font, with straightforward directions along with guidelines that establish trustworthy websites (Fischer, David, Crotty, Dierks, & Safran, 2014).

**Process objectives, activities, and results**

After determining the intervention aim and objective, a collaborative approach was utilized to collect all of the necessary components. Each team member was delegated a different task in order to ensure that all needs were met to create an effective intervention workshop; they ranged from ensuring scheduling and supply needs to producing the educational material itself. All objectives and individual expectations were clearly defined as a group and each was successfully met prior to carrying out the intervention.

The Miller-Golf Links Public Library, which is extra-CT, but feeds directly into 40.56, was able to accommodate our needs and provide space for the afternoon of Wednesday, July 8th. Additional supplies were provided by the University of Arizona, College of Nursing and brochure printing costs were covered by a community business donation. The public health nurse was also able to attend the intervention along with the managing librarian.

<table>
<thead>
<tr>
<th>Process Objectives</th>
<th>Process Activities</th>
<th>Evaluation &amp; Results of Process Activities and Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine appropriate location for prevention</td>
<td>Survey community to determine ideal location for the target population</td>
<td>Completed</td>
</tr>
<tr>
<td>Contact library and schedule time and space for intervention</td>
<td>Contacted library manager to arrange appropriate time and resources needed to perform intervention.</td>
<td>Completed</td>
</tr>
<tr>
<td>Gather resources needed to perform intervention</td>
<td>Contacted University of Arizona College of Nursing to gather table banner and donations.</td>
<td>Completed</td>
</tr>
</tbody>
</table>
Contacted local printing and supply business to cover cost of printing brochure.

Gather information and construct brochure

Researched topic and compiled information to produce and print a brochure appropriate target population

Contact public health nurse to confirm details of intervention

Emailed public health nurse with information about intervention logistics

Perform intervention

Arrived at site and provided educational materials and guidance to target population

Completed

Impact objectives, activities, and results

Three impact objectives were developed in order to test the effectiveness of the intervention. An activity was then designed to provide education to the target population in order to achieve the objective. A scale was created to test the effectiveness of the intervention; each objective was scored before and after the intervention.

The intervention was performed one on one with 19 people at the Miller-Golf Links library. The scores were tallied by each individual student performing the one on one intervention. The post-intervention results revealed an improvement for each objective, indicating the effectiveness of the educational materials. Most notably, all 19 of the participants were able to name at least one credible website from which to obtain health information after the intervention. This satisfied the overall goal of improving health literacy within the elderly population.

<table>
<thead>
<tr>
<th>Impact Objectives</th>
<th>Impact Activities</th>
<th>Evaluation</th>
<th>Results</th>
</tr>
</thead>
</table>
| 50% of the target population will know how to enter a website address into a web browser | Instruct target population to enter website address via educational brochure and provide additional verbal support as needed. | Demonstrate ability to enter a web address into a web browser. (Scale 0= unable to complete, 1= attempted, but not completed, 2= able to complete task) | Pre-Intervention
Unable to complete: n=6
Attempted, but not able to complete: n=5
Able to complete independently: n=8

Post-Intervention
Unable to complete: n=2
Attempted, but not able to complete: n=3
Able to complete independently: n=14 |
50% of the target population will be able to verbalize at least two types of medical information that can be obtained from vetted sources

Provide target population with educational material regarding advantages of technology and provide additional support as needed.

Able to verbalize types of medical information that can be obtained from sources. (Scale 0= no types identified, 1= one type identified, 2= two types identified, 3= three or more types identified)

**Pre-Intervention**
- No type identified: n=9
- One identified: n=9
- Two identified: n=0
- Three or more: n=1

**Post-Intervention**
- None identified: n=0
- One identified: n=5
- Two identified: n=10
- Three or more: n=4

50% of the target population will be able to name at least one legitimate website from which to obtain health information

Provide target population with educational material and direct them toward list of vetted websites.

Verbally identify three websites from which to obtain health information. (Scale 0= no websites identified, 1= one website identified)

**Pre-Intervention**
- None identified: n=15
- One or more credible websites identified: n=4

**Post-Intervention**
- None identified: n=0
- One or more credible websites identified: n=19

### Outcome objective and evaluation plan

Library staff city-wide will provide community elders with educational brochures that will guide them in the use of the internet to access information related to their health literacy needs. Funding will be provided, via grant, for a public health nurse to visit the main library on a weekly basis over a period of six months in order to evaluate and summarize effectiveness of the health literacy program.

<table>
<thead>
<tr>
<th>Outcome Objectives</th>
<th>Outcome Activities</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health literacy education literature will be promoted and distributed city-wide and 50% of printed brochures will be distributed by library staff.</td>
<td>Electronic copy of educational brochures will be provided to managing librarian for continued use. The number of printed and distributed brochures will be tallied.</td>
<td>Public Health Nurse (PHN) will visit the library once a week for two hours and collect data from library staff. PHN will summarize the number of brochures distributed weekly.</td>
</tr>
<tr>
<td>50% of community elders using health literacy program will be able to demonstrate independent proficiency</td>
<td>Library staff will be able to observe target population using educational material to independently access the internet for health literacy needs.</td>
<td>After using the health literacy program, library staff will be able to witness community elders independently accessing health through the internet.</td>
</tr>
</tbody>
</table>
References


# Appendix A (Student Project)

## Priority concerns Table for Project Report

<table>
<thead>
<tr>
<th>Community health concern or problem</th>
<th>Community expression of concern</th>
<th>Community expression of interest</th>
<th>Ability to address the concern</th>
<th>Availability of relevant resources</th>
<th>Severity of outcome without intervention</th>
<th>Ideas</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder Health Literacy</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>Health literacy workshop and brochure</td>
<td>9</td>
</tr>
<tr>
<td>Lack of resources for homeless</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>Provide informational sessions and develop/advertise list of resources for population</td>
<td>7</td>
</tr>
<tr>
<td>Elder Fall injuries</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Provide informational session and develop brochure to instruct on assessing home for environmental hazards</td>
<td>5</td>
</tr>
<tr>
<td>Lack of recreational activities for teens</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Work with park or school district to collaborate on organizing</td>
<td>5</td>
</tr>
<tr>
<td>Issue</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Recommended Intervention</td>
<td>Score</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Lack of after school and summer educational programs for youth and teens.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Create a volunteer network of elder or college students within the library system to provide after-school homework help</td>
<td>5</td>
</tr>
</tbody>
</table>

Bead your Way to Fitness

Siobhan Foley, Sofia Grigera, Crystal Loftin, Samantha Redmon

University of Arizona College of Nursing

Description of Community

The community that will be focused on is the census tract (CT) 35.03 in accordance with the United States Census Bureau and the Pima County Health Department (PCHD). This community is located in east Tucson, Arizona, and includes the homes within the Corbett and Myers neighborhoods. The census tract 35.03 is made up of approximately 1,564 homes and has a population of approximately 4,838 people (Statistical Atlas, 2015). The northern boundary is 22nd Street and the southern boundary is Golf Links Road. The eastern boundary is Sahuara Avenue and the western boundary is Craycroft Road. The majority of these housing units are unkempt, with trash, dated electronics, and abandoned cars littering front yards. The census tract has two parks, including Freedom Park and Golf Links Sports Center. Both parks have a running trail, playgrounds, and fields for sports activities.

Analysis and Diagnosis

Priority health concerns. After spending time observing and collecting information in the community, many health concerns were evident. Most of these concerns stemmed from the largest health issue of safety. The neighborhood(s) within this CT have high crime rates, many of which corresponding to violence. This is obviously a direct safety concern as people may be attacked or otherwise assaulted, thus negatively impacting their health. Also, this area is made more dangerous by the lack of safe travel structures such as sidewalks and bike paths. Again, this represents a direct threat to the health of those in the community. Another major concern relating
to health in this CT is a lack of resource usage. In this particular case, it is not that the resources are not available, but more an issue of underutilization. If these resources are not used, they are not helping the community and therefore the public continues to suffer. One issue that does not relate to safety is the under availability of fresh, healthy, and nutritious food. There is only one supermarket with a produce section that is easily accessed by this community. This effectively establishes the community as a food desert thus perpetuating poor health in the community.

With consideration paid to all of these problems, the health concern assigned first priority is inactivity of the children in the community due to safety concerns. The second priority health concern is the inadequate use of resources by all members of the community. Please refer to Appendix A to review the scoring of assessed health concerns.

**Selection of top priority.** The health concern that will be addressed is the inactivity of children in the community due to safety concerns. A second priority health concern is the inadequate use of resources by community members. While the inadequate use of resources is important, it may be difficult to reach the community and target specific populations. Additionally, having a platform to educate the community on resources could be very difficult to obtain. Thus, addressing children could stop the problem of inactivity stopped before they reach adolescence and early adult years when behavior modification becomes more difficult. The platform that will be used to stage the intervention will be easily accessible and in a safe neighborhood that children from the census tract already know.

**Diagnosis.** Children at risk for inactivity related to unsafe community environment as evidenced by lack of children observed outside and the voiced concerns from key informants.
Description of Target Population

For the purposes of this paper the age group of focus will be school-aged children (5-12 years old). According to the United States Census Bureau (2013), within CT 35.03, 13.4% of children are under the age of 5 and 26.4% of children and adolescents are under the age of 19; thus, increasing the need for this age group. The interventions will occur at the closest library, Eckstrom-Columbus, which is outside of the census tract itself, however it serves the community within the CT. The children who attend the library are involved in any number of activities promoted by the library including reading, physical activity, gaming, and socialization.

Identification of Goal

To provide children with a safe environment where they will learn about physical activity and a healthy lifestyle.

Community Resources and Constraints

Resources

● Freedom Park Community Center
  ○ KidsCo Program
    ■ Feeding program
    ■ Weekly group activity schedule
  ○ Parks and Recreation
    ■ Community Pool
    ■ Track and various sports fields
● Eckstrom-Columbus Public Library
  ○ Weekly activity schedule
    ■ Read to a Dog
■ Toddler Story time
■ Lego Club
■ We Got Game
■ Stay and Play
■ Instant Recess
■ Field trips (Reid Park Zoo)
  ○ Access to internet and reading resources
■ Summer reading program
■ PCHD PHN Visits
■ Entertainment events

Constraints

● Lack of safe environment
  ○ Few sidewalks
  ○ No shaded structures
  ○ Evidence of gang activity
  ○ Loose animals (cats and dogs)
  ○ Reports from key informants regarding crime, violence, drug abuse and traffic accidents

● Economic constraints

Community Health Goal

Increase the amount of time school age children spend doing physical activity

Healthy People 2020 Focus Area and Goal

Focus area: physical activity
Goal: Improve health, fitness, and quality of life through daily physical activity.

(http://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity)

**Intervention and Evaluation**

**Public Health Interventions**

To promote physical activity in children within the CT, two interventions were considered. First, an interactive activity based session at the local library where children from the community are effectively encouraged and educated on easy indoor ways to be active. This will be accomplished by having the children make beaded bracelets where each bead corresponds to a specific move or exercise that can be done easily and safely. The children will keep these bracelets as reminders to do their own personalized routine on a regular basis. At the time the bracelets are made, exercises will be taught and demonstrated by the nursing students and then performed by the children. Additionally, the importance of staying active will be discussed with an emphasis on the related health benefits.

A second intervention that would address the same issue would be creating a fun pamphlet with activities that also promote indoor physical activity in a different and unique way. For example, the pamphlet/brochure/booklet would include a word search with simple activities as the words, i.e. “pushups.” The instructions would indicate that once the words are found, the child should do the activity. A list of simple and safe exercises to do indoors would be a major component of the pamphlet as well with diagrams to help describe moves. Benefits of exercise and staying active would also be included.

**Selected Intervention with Rationale and Level of Prevention**

Since the first option for an intervention to increase physical activity in children in the CT is more hands on and interactive, it seems to be a better fit and choice to actually implement
in the community. This intervention will serve as a primary prevention strategy because of its intent to minimize health issues and diseases that are the result of inactivity (Ali & Katz, 2009).

Another reason this intervention was selected and preferred is that it allows for a better evaluation step to make sure the children are understanding and actually learning from the intervention. Since the exercises will be performed during the session, the children will in fact be physically active at that time, which is another benefit to this intervention. By making physical activity fun for the children in a group setting, they will be more likely to continue to view it in a positive light.

As will be discussed in the impact objectives portion of this report, the aim of the intervention is to enhance knowledge and promote physical activity, therefore the multiple steps and levels of this intervention most appropriately and sufficiently address each of the listed objectives and concerns. Also of importance to note, the immediacy of the potential impact of this intervention justifies its selection while also feeding into its role as primary prevention.

Evidence-based Literature Support for Intervention

According to the Centers for Disease Control and Prevention (CDC, 2015) children should engage in at least 60 minutes of physical activity each day. The CDC also recommends that physical activity should be age appropriate, enjoyable and offer variety. There are three types of physical activity that should be engaged in by both children and adolescents: aerobic activity, muscle strengthening and bone strengthening (CDC, 2015). Daniels et al. (2005) discuss critical periods for abnormal weight gain that include infancy, childhood and adolescence. Obesity present in adolescence has been shown to be associated with increased overall mortality and specifically with increased risk of CVD and diabetes in adult men and women (Daniels et al., 2005). There are also a lot of comorbidities associated with being overweight in youth including:
metabolic syndrome, type 2 diabetes mellitus, inflammation, cardiovascular abnormalities, psychosocial abnormalities (Daniels et al., 2005). Both the CDC (2015) and Daniels et al. (2005) recommend preventing the occurrence or overweight conditions in order to avoid the need to treat these conditions with more costly interventions. Implementing physical activity interventions that encourage daily exercise in children and adolescents can help address obesity and the related comorbidities through primary prevention.

**Process Objectives, Activities and Evaluation**

<table>
<thead>
<tr>
<th>Process Objectives</th>
<th>Activities</th>
<th>Evaluation (completed?)</th>
</tr>
</thead>
</table>
| Identify and select priority health concern | 1. Perform windshield survey  
2. Perform key informant interviews  
3. Review census data  
4. Complete priority concerns table  
5. Select priority concern to address | 1. X  
2. X  
3. X  
4. X  
5. X |
| Develop nursing diagnosis                 | 1. Develop nursing diagnosis with team members                              | 1. X                    |
| Develop nursing goal                      | 1. Identify nursing goal that is in line with Healthy People 2020 objective related to physical activity | 1. X                    |
| Develop nursing intervention              | 1. Identify location for nursing intervention  
2. Identify target audience  
3. Confirm date and time for intervention  
4. Get approval from clinical instructor, PHN and library branch | 1. X  
2. X  
3. X  
4. X  
5. X |
<table>
<thead>
<tr>
<th>Implement nursing intervention</th>
<th>manager to implement intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arrive early to library to set up supplies</td>
<td>6. X</td>
</tr>
<tr>
<td>2. Discuss any changes with library branch manager</td>
<td>7. X</td>
</tr>
<tr>
<td>3. Introduce team to students</td>
<td>1.X</td>
</tr>
<tr>
<td>4. Explain different exercises</td>
<td>2.X</td>
</tr>
<tr>
<td>5. Demonstrate different exercises</td>
<td>3.X</td>
</tr>
<tr>
<td>6. Have students perform exercises</td>
<td>4.X</td>
</tr>
<tr>
<td>7. Explain bracelet activity</td>
<td>5.X</td>
</tr>
<tr>
<td>8. Provide students with bracelet supplies</td>
<td>6.X</td>
</tr>
<tr>
<td>9. Assist students to make their bracelets</td>
<td>7.X</td>
</tr>
<tr>
<td>10. Review what each bead color symbolizes</td>
<td>8.X</td>
</tr>
<tr>
<td>11. Have students review their beads and what exercises each bead represents</td>
<td>9.X</td>
</tr>
<tr>
<td>12. Gather up any remaining supplies</td>
<td>10.X</td>
</tr>
<tr>
<td>13. Place any furniture or items back in their original place</td>
<td>11.X</td>
</tr>
<tr>
<td></td>
<td>12.X</td>
</tr>
<tr>
<td></td>
<td>13.X</td>
</tr>
</tbody>
</table>
**Impact Objectives**

The objective of the physical activity and healthy lifestyle intervention is to immediately give school-aged children the knowledge about the importance of physical activity. Secondly, this intervention was staged in a safe environment that the children are already familiar with and encourages them to participate in physical activity at home. They developed the skills needed to exercise. For instance, our intervention provides various kid friendly exercises that were demonstrated and in return the children performed the exercises. The intervention gave the children a positive attitude towards physical activities; more importantly, the children have fun doing the activity and want to do these activities at home. For positive reinforcement, after completion of the physical activity the children were asked to make a beaded bracelet or keychain, with each bead representing a specific type of exercise. This in turn serves as a reminder to the children of the activities they completed and reminds them to participate in physical activity in the safety of their home. There were no issues with access to resources. The children only need a safe environment where they can be active (home, park, school, etc) and a positive attitude towards physical activity.

**Impact Evaluation**

The intervention was evaluated firstly by the participation and return demonstration of the exercises that were shown to the children. This evaluated if they understood the physical activity moves that were demonstrated and showed that they knew how to do them properly. Secondly, children were asked to state one reason why physical activity is important to a healthy lifestyle. This evaluated if they understood the importance of physical activity. Children were then asked to participate in a bead program where they added beads corresponding to their favorite exercises to their bracelet. This evaluated their understanding of the exercise moves.
they performed and evaluated which moves they enjoyed the most. Lastly, children were asked if they had fun doing the whole activity. Based off of the “yes’s” and “no’s” that were received we were able to evaluate whether they had a good attitude toward physical activity and if their beliefs towards exercise became positive. All of the children stated that they had fun during the activity and would do some of the activities at home. The intervention, “Bead Your Way to Fitness”, was implemented on July 8, 2015 at the Eckstrom-Columbus Pima County Public Library (PCPL). We worked with the Library Branch Manager and the Instant Recess instructor to coordinate a time, place and appropriate intervention. We ended up integrating our intervention into the Instant Recess curriculum. There were eight children between the ages of three and twelve who participated in the intervention. We began the intervention by laying out group rules, doing a body scan and then warming up with potato sack races and ladder exercises. We then moved on to the “Bead Your Way to Fitness” portion of the intervention. We all sat together in a circle and went through four different exercises. The exercises included were: jumping jacks, plank, cat-cow, and downward facing dog. Each exercise was demonstrated before asking the children to perform the exercise. As each exercise was completed a different colored bead was distributed to the students to represent the specific exercise. The students assembled their bracelets as the beads were distributed. At the end of the exercises the children were asked to reflect on their experience and what exercise they enjoyed the most. Students were asked whether they would remember to practice their exercises by looking at their bracelets. The impact objectives were evaluated through group observation and consensus on the number of children who were able to achieve the different objectives.
## Impact Objectives

<table>
<thead>
<tr>
<th>Impact Objectives</th>
<th>Impact Evaluation (Achieved?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% of children are able to physically perform different exercises shown during demonstration.</td>
<td>X</td>
</tr>
<tr>
<td>50% of children are able to verbalize which exercises they enjoy most.</td>
<td>X</td>
</tr>
<tr>
<td>50% of children are able to identify the exercise/activity that is represented by different colored beads.</td>
<td>X</td>
</tr>
<tr>
<td>At least 50% of children will be able to assemble a bracelet that consists of the color beads they feel they could perform on a regular basis.</td>
<td>X</td>
</tr>
<tr>
<td>At least 50% of children will share which parts of the intervention they enjoyed the most.</td>
<td>X</td>
</tr>
<tr>
<td>At least 50% of children will share how they feel about physical activity (either positive or negative).</td>
<td>X</td>
</tr>
</tbody>
</table>

## Outcome Objective

Regular physical activity has been found to reduce the rate, or at least delay the onset, of at least 35 preventable chronic illnesses, including those responsible for the greatest morbidity and mortality in the United States (Booth, Roberts, & Laye, 2012). While certainly not all thin people are healthy, nor are all obese people inherently ill, the body-mass index (BMI) is one of...
the most useful indicators for predicting the onset and severity of some of the chronic conditions that most commonly plague Americans, such as cardiovascular disease and diabetes, and is directly impacted by the amount of exercise an individual receives – or, conversely, lack thereof (Booth et al., 2012). With this in mind, it seems that one of the easiest and most obvious ways to evaluate an individual’s relative risk for chronic disease and death due to physical inactivity alone is by measuring their BMI.

**Outcome Objective Evaluation Plan**

In a long-term evaluation of the success of the physical activity and healthy lifestyle intervention developed by this community health team, one would expect to see a gradual reduction in obesity, and thus average BMI, among school children over time. A reliable and achievable system of tracking average BMI would involve recording the height and weight of each school child at the start of each school year; more frequent measurements could be taken if conditions allow (e.g., time, personnel, student compliance). Using the height and weight data for each child, then, the BMI is calculated using the formula \( \frac{\text{weight}}{\text{height}^2} \), where weight is measured in kilograms and height is measured in meters (McCance & Huether, 2014). With the tracking of this quantitative data, the program would be evaluated as successful if the mean BMI of the students decreased by at least one point after three years. Another quantitative measure of success would be the a 50% reduction in the number of school age children who are overweight (based on BMI) by the end of the year. Both of these outcome objectives would be evaluated by the school district. Though a variety of lifestyle choices contribute to childhood obesity, physical activity is one area this team hopes to impact by putting the control in the hands of the child and making activity positive, fun and inspiring.
References


# Priority concerns Table for Project Report, NURS611: Population and Community Health Nursing

<table>
<thead>
<tr>
<th>Community health concern or problem</th>
<th>Community expression of concern</th>
<th>Nursing students’ ability to address the concern or problem</th>
<th>Availability of resources relevant for addressing the concern or problem</th>
<th>Severity of outcome(s) without effort to address concern or problem</th>
<th>Ideas for intervention (not scored)</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety in the park</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Preventative education for children. A short class with information on warning signs and unsafe situations.</td>
<td></td>
</tr>
<tr>
<td>Overcrowding in library</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provision of information on other indoor places to spend time for free; Freedom park, bus times for transport to mall etc.</td>
<td></td>
</tr>
<tr>
<td>High crime neighborhood area</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Once again, education aimed at children for recognizing unsafe situations. Also community organized activities to keep children/teens busy.</td>
<td></td>
</tr>
<tr>
<td>Inadequate use of resources</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Comprehensive informational</td>
<td></td>
</tr>
</tbody>
</table>
A brochure containing relevant resources such as health clinics, organizations, government assistance programs, education options, and where to get more information on these resources such as specific websites, phone numbers, and addresses.

<table>
<thead>
<tr>
<th>Issue</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>2</th>
<th>2</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivity of children in the community (due to safety concerns)</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Dilapidated housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No sidewalks within neighborhood</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Decreased police presence</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Community organized activities with physical components to get people moving in a safe environment. A non-intense boot camp in the park.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Encourage community members to contact their local government to express concerns. Also, could contact the city to try to address the issue.</td>
<td></td>
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<tr>
<td>Educate community members on the importance of police and the law in general. Use positive</td>
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<td></td>
</tr>
</tbody>
</table>

54
<table>
<thead>
<tr>
<th>Issue</th>
<th>1</th>
<th>2</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>Examples of the law benefitting people in similar communities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of supermarkets for fresh food options</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>Teach people, especially young people, about the importance of healthy eating and what healthy eating looks like. Review affordable options that also satisfy nutritional requirements.</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Provide help-line phone numbers to community centers/areas where many people visit so that people who may need help have a resource to start with.</td>
</tr>
<tr>
<td>Low health literacy</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Provide informational brochures/pamphlets in areas where health services are received that provide basic information as well as additional resources specific to the main issues that result from poor health literacy. These would include medication compliance, when to see a...</td>
</tr>
<tr>
<td>Children using drugs</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>doctor, and definitions of common health terms.</td>
</tr>
<tr>
<td>----------------------</td>
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<td></td>
<td>Implement an educational program that teaches children about the dangers of drugs. A hands on/interactive class that assesses what the children know about the risks and then teaches them about what different drugs do to their body and what issues they may have to deal with in the future because of using drugs.</td>
</tr>
</tbody>
</table>

Appendix H.  2015 Library Nurse Program Logic Model Year 4

Goal 1) Pima County Library will be perceived and/or experienced by both patrons and staff as a safe and welcoming environment
Goal 2) Patrons attending the Pima County Library will receive health promoting education and services to improve their well-being and health status.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-Term Outcomes</th>
<th>Mid-Term Outcomes</th>
<th>Long-Term Outcomes/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 FTE PHN funding</td>
<td>Outreach to patrons by PHN: Provide education about health and healthy behavior; provide nursing assessment and physical evaluation; referrals to community resources made as appropriate; provide health, wellness, safety, education to children. Provide education to adults about personal health and healthy living.</td>
<td>□ Patrons volunteer to learn about various health topics</td>
<td>Increased patron’s knowledge about their health; wellness and safety and available community resources and referrals</td>
<td>Patrons learn to take care of themselves and their health and wellness (insured, have PCP and established medical home).</td>
<td>□ Increased number of patrons that become insured and who have received medical services</td>
</tr>
<tr>
<td>□ Libraries and their staff</td>
<td></td>
<td>□ Client receives direct service: such as nursing assessment; vitals; medication review</td>
<td>PHNs will gain an awareness of the unique population of their library community</td>
<td>PHNs will develop, and patrons will receive, information/screening that is appropriate and specific</td>
<td>□ Resources to patrons that may otherwise not be readily able to access</td>
</tr>
<tr>
<td>□ Public Health Nurses</td>
<td></td>
<td>□ Client learns about community resources</td>
<td></td>
<td></td>
<td>□ Improved Knowledge, Behavior and Status of individual patrons</td>
</tr>
<tr>
<td>□ Public Health Nurse with Certified Diabetes Educator credentials</td>
<td></td>
<td>□ Children learn about importance of good health habits, wellness and safety.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ U of A Student Nurses/Medical Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ In-Kind PHN admin. Staff</td>
<td>Conduct assessment to accurately capture who the patrons of each unique library are, and their needs</td>
<td>Develop or obtain resources based on the populations of specific Libraries within the Pima County Library System</td>
<td>PHNs will gain an awareness of the unique population of their library community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ In-Kind Library admin. Staff</td>
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<tr>
<td>□ Library Security and Police</td>
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<tr>
<td>□ Equipment (stethoscopes, BP cuffs)</td>
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<td></td>
</tr>
<tr>
<td>□ Computers with CareFacts software and The Omaha System</td>
<td></td>
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</tr>
<tr>
<td>□ Materials: brochures, posters, flyers, training materials such as for nutrition, oral health, etc.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>□ Bookmobile</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>□ Health, safety and mental health first aid training to Library Staff</td>
<td>Provide staff training and educational opportunities, as requested by Library Staff</td>
<td>Library staff will become more informed identifying need areas</td>
<td>Library staff can identify skills and or knowledge built because of trainings or educational opportunities</td>
<td></td>
<td>□ Library staff is trained to handle crisis situations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>□ Reduced 911 safety-related and medical calls</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Improved Library environment</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-Term Outcomes</th>
<th>Mid-Term Outcomes</th>
<th>Long-Term Outcomes/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the program</td>
<td>Create pamphlet and/or bookmark; poster and poster session/conference; other media opportunities; Write/publish article in national journal; presentations at other Libraries; add program to PCHD web page</td>
<td>Increase awareness of the program by patrons and other parties</td>
<td>Increased utilization of the Library Nurse; Increase interest from other parties interested in replicating the program</td>
<td>□ Patrons will seek Library Nurse as resource for information □ Library Nurse program has been replicated nationally and internationally</td>
<td></td>
</tr>
<tr>
<td>Expand pilot project to other libraries</td>
<td>Offer services to additional libraries</td>
<td>Serve additional libraries, as requested</td>
<td>Increased partnerships; increased services to additional Libraries</td>
<td>□ Expanded services to additional libraries in Tucson □ Outreach to rural areas in Pima County via the Library Bookmobile</td>
<td></td>
</tr>
<tr>
<td>Inputs</td>
<td>Activities</td>
<td>Outputs</td>
<td>Short-Term Outcomes</td>
<td>Mid-Term Outcomes</td>
<td>Long-Term Outcomes/Impact</td>
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<tr>
<td>-----------------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Facilitate the use of district libraries as intervention sites for</td>
<td>College of Nursing School student projects will take place at a variety of libraries in Pima County</td>
<td>Innovative projects become part of the services provided</td>
<td>Innovative projects are sustained</td>
<td>☐ Innovative projects will become replicated in other Libraries and publicized to the community</td>
<td></td>
</tr>
<tr>
<td>College of Nursing student projects</td>
<td></td>
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<tr>
<td>Inputs</td>
<td>Activities</td>
<td>Outputs</td>
<td>Short-Term Outcomes</td>
<td>Mid-Term Outcomes</td>
<td>Long-Term Outcomes/Impact</td>
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</tr>
<tr>
<td></td>
<td>Develop surveys (for staff and patrons)</td>
<td>Conduct Surveys</td>
<td>Assess survey results for degree of satisfaction and/or dissatisfaction</td>
<td>Improve areas, as needed and address areas of patrons’ dissatisfaction</td>
<td>□ Improved Library environment (Safe and Welcoming).</td>
</tr>
<tr>
<td></td>
<td>Develop data collection tools for: nursing encounters; stories; nursing interventions; health education: client/staff; resources/referrals; student projects; 911 calls for medical/behavioral issues, Number uninsured, number without PCP, medical care and calls from interested parties about program.</td>
<td>Completed quantitative and qualitative data collection tools</td>
<td>Consistent use of standardized data collection tools</td>
<td>Improved data collection and reliability and validity of data</td>
<td>□ Increased accuracy of the portrayal of program outcomes and impact</td>
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<td>Quarterly Team Meetings</td>
<td>Planning, coordination, information sharing for program among PHN staff and Library staff</td>
<td>Increased communication and coordination of service among PHN staff and Library staff</td>
<td>Comprehensive plan of service with fully informed staff</td>
<td>□ Consistency in service delivery</td>
</tr>
</tbody>
</table>