Evaluation of the AIDS Community Information Outreach Program: Interim Report

Center for Evidence-based Practice in the Underserved

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August 31, 2012

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EXECUTIVE SUMMARY

The purpose of the HIV/AIDS Community Information Outreach (ACIO) program is to design local programs for improving HIV/AIDS health information access for patients and the affected community as well as their caregivers and the general public. Emphasis is on providing information or access to health and medical information in a way that is meaningful to the target community, and increasing the awareness and utilization of NLM online health and medical resources in the HIV/AIDS community. . The purposes of this interim report are to summarize the methods and findings of the evaluation of the ACIO Program and to propose a draft list of recommendations based upon the findings.

The RE-AIM (Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance) framework was used to conceptually organize the evaluation: The dimensions are defined as:

- Reach – the absolute number, proportion, and representativeness of participants in a given program
- Efficacy/Effectiveness - the impact of the program on important outcomes
- Adoption - the absolute number, proportion, and representativeness of settings willing to offer a program
- Implementation – consistency of delivery of program components and predisposing and enabling factors
- Maintenance - the extent to which a program or policy becomes part of the routine organizational practices/policies

Evaluation methods included analysis of 47 Final Grantee Reports from 44 grantees and interviews with 17 grantees. Data abstracted from grantee reports were summarized with descriptive statistics. Grantee interviews were analyzed using qualitative methods using a coding framework that included categories inductively derived from the interview data. Data are reported according to RE-AIM dimensions and triangulated across quantitative and qualitative data sources.

In regards to ACIO Program purpose, the evaluation findings provide strong evidence that the grantees have designed local programs for improving HIV/AIDS health information access for patients and the affected community as well as their caregivers and the general public. Over 50% of the projects identified patients and families as a primary direct beneficiary. In addition, 48.9% of the projects included the general public and 29.8% included health professionals as primary direct beneficiaries.

The ACIO Program emphasis on providing information or access to health and medical information that is meaningful to the target community was well-documented in grantee reports and confirmed in the complementary grantee interviews. The theme of matching resources to user needs was evident in both reports and interviews and included tailoring of training and resources developed to meet user needs in terms of timing, content (e.g., at the appropriate level of literacy), or context of use (e.g., in association with intervention post-rape).

However, there was little quantitative evidence that the projects increased the awareness and utilization of NLM online health and medical resources in the HIV/AIDS community or in other designated direct beneficiaries. The inability to establish quantitative evidence of increased awareness and use was due to lack of data in several areas. First, only about one-fifth of the reports specified use of NLM resources. Second, the services delivered were not quantified in most reports; the Service Matrix was included in only a few reports in the sample. Third, only a couple of

grantees reported on utilization such as number of individuals trained or "hits" on a web site. However, anecdotal evidence in the reports and qualitative analysis of the grantee interviews suggest that projects did result in improved access, knowledge, and skills – important precursors to future utilization. Moreover, the analysis of reports and interviews suggests that the projects produced substantial unintended positive consequences and few negative consequences.

Application of the RE-AIM framework for the evaluation allowed examination of the ACIO Program beyond the Efficacy/Effectiveness question of "Did the program achieve outcomes?" described above. The other four dimensions are briefly discussed in the following paragraphs.

The data included in the grantee reports did not allow assessment of the Reach dimension. Although all but one report in the sample categorized the direct primary beneficiaries of the program components, there were no data on number of participants as compared to number eligible for participation. Moreover, no data were provided regarding representativeness of the participants.

In terms of Adoption, the evaluation findings indicate that the ACIO Program has funded low-resource organizations that serve high-risk populations. The majority of the grantees were community-based organizations and the projects focused on high-risk populations including racial and ethnic minorities, substance users, PLWH, and the LGBT populations. Additionally, more than half of the grantees reported inner city or urban areas as the primary geographical area of focus. The strong emphasis on community-based organizations as leads or significant partners is essential to reaching the target populations. Moreover, the focus on high-risk populations is critical for primary and secondary prevention.

The great majority of reports reported barriers or challenges to Implementation of program objectives, but approximately 85% of the planned objectives in the 47 projects were achieved with no more than minimal variation and about two-thirds of projects achieved all objectives. This suggests that most projects were successful in overcoming the barriers or challenges. Of note, issues related to project personnel were predominant in both grantee reports and interviews including: inadequate staff, change in staff, lack of expertise, lack of evaluation capability, and change in project leadership. Enabling factors were described in less than half of grantee reports, but were richly characterized in grantee interviews. Eight factors were specific to project development and implementation and three were specific to clients. In regards to the former, two categories of enabling factors were complementary to the identified personnel-related barriers – building on existing organizational efforts and engaging expertise. In terms of the latter, the enabling factors reflect the high-risk populations served by the grantees: (creating a safe environment, tailoring resources to user needs, and providing logistical support for participation).

Although the Grantee Final Report Template includes a section on Future Plans, the ACIO Program does not appear to have an expectation that whatever was developed during the project will be sustained after the end of the project, i.e., integrated into routine organizational operations. The findings revealed four patterns related to the RE-AIM dimension of Maintenance: program 1) components maintained without additional funding; 2) program components supported by additional funding from ACIO Program or other sources; and 3) program components not sustained due to change in organizational priorities or other factors.

The evaluation findings must be considered in view of several limitations. First, the sample for the evaluation included only 47 projects from 44 grantees and 17 grantee interviews. Although projects and related interviewees were selected to create a purposive sample representative of type of grantees and geographical regions, and type of awards, the findings may not be representative of

the population of ACIO Program grantees. Second, ACIO reporting requirements have evolved over time and most grantee reports did not include more recent requirements such as the Service Matrix.

The following recommendations are based on the evaluation findings:

1. To improve the quality of the evaluation in grantee reports, the ACIO Program should provide additional guidance to grantees regarding program evaluation. This guidance could take different forms such as establishing minimal technical requirements for project evaluation including evidence of evaluation capacity, providing sample evaluation plans, providing technical assistance on evaluation, establish peer-to-peer mechanism for sharing of evaluation materials, and facilitating access to web-based resources for evaluation such as utilization tracking, satisfaction surveys, skills assessments.

2. To assess an organization's capacity to handle personnel-related changes over the course of a project, the ACIO Program Request for Proposal section on project personnel should be expanded to include a plan for addressing personnel changes should they occur.

3. To enhance evaluation of the evaluation of individual projects as well as overall ACIO Program, the ACIO Program should revise the Grantee Final Report Template as follows:
   - 3.1. Question 5: Services developed or expanded
     - 3.1.1. Add Table to specify which NLM resources were included
   - 3.2. Question 7: Quantity and quality of services provided
     - 3.2.1. The relationship between this question and the Services Matrix should be explicated.
     - 3.2.2. Add requirement to specify category of project-related outcomes (e.g., awareness, resource utilization, document utilization, skills development, satisfaction with training, satisfaction with resource. This could be a table with select all that apply or possibly be added to the Services Matrix.
     - 3.2.3. Add requirement to specify quantity of use/exposure (e.g., number of individuals trained, number of web site hits). Consider whether or not this should be reported according to categories of direct beneficiaries or populations served as specified in Target Community Matrix.
   - 3.3. Group Question 7 with Questions 14 and 15 to improve flow
   - 3.4. Question 9: Effectiveness of promotion
     - 3.4.1. Delete question because effectiveness of promotion can be measured by utilization.
   - 3.5. Question 10: Target populations (indicate if different for each service)
     - 3.5.1. Clarify the relationship between the two target population tables. Does the populations served table refer only to General Public and Patients & Families as direct beneficiaries or does it encompass all categories of direct beneficiaries?

INTRODUCTION

The purpose of the HIV/AIDS Community Information Outreach (ACIO) Project is to design local programs for improving HIV/AIDS health information access for patients and the affected community as well as their caregivers and the general public. Emphasis is on providing information or access to health and medical information in a way that is meaningful to the target community, and increasing the awareness and utilization of NLM online health and medical resources in the HIV/AIDS community. The purposes of this interim report are to summarize the methods and findings of the evaluation of the ACIO Program and to propose a draft list of recommendations based upon the findings.

METHODS

Evaluation Framework

The RE-AIM (Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance) framework (Glasgow, McKay, Piette, & Reynolds, 2001; Glasgow, Kesges, Dzewltowski, Estabrookds & Vogt, 2006; Bakken & Ruland, 2009) was used to conceptually organize the evaluation because the five RE-AIM dimensions address key aspects of relevance to the ACIO Program including an emphasis on serving high-risk populations in low-resource settings:

- Reach – the absolute number, proportion, and representativeness of participants in a given program
- Efficacy/Effectiveness - the impact of the program on important outcomes
- Adoption - the absolute number, proportion, and representativeness of settings willing to offer a program
- Implementation – consistency of delivery of program components and predisposing and enabling factors
- Maintenance - the extent to which a program or policy becomes part of the routine organizational practices/policies

The RE-AIM dimensions along with associated variable names and data sources are summarized in Appendix A.

Grantee Report Abstraction

Definition of Variables for Grantee Report Abstraction within Context of RE-AIM

Variables were initially developed and defined by associating the aspects of the ACIO Program Grantee Final Report Template with four dimensions of the RE-AIM framework (Reach, Efficacy/Effectiveness, Adoption, Implementation). For example, Reach addresses the absolute number, proportion, and representativeness of participants in a given program and the ACIO Program Grantee Final Report Template has a required table that delineates the primary and secondary direct beneficiaries of the project. As another example, one question related to the Implementation dimension in RE-AIM has to do with program components being delivered as intended and the ACIO Program Grantee Final Report Template indicates that grantees should address whether or not their planned objectives were achieved.

Three dimensions, Efficacy/Effectiveness, Adoption, and Implementation required substantial expansion beyond the ACIO Program Grantee Final Report Template to operationalize the variables. For Efficacy/Effectiveness, variables were inferred from the four information access categories: Resource Development, Information Retrieval, Skills Development, and Document Access and the ACIO Program goal of improving awareness of resources related to HIV/AIDS resources. Thus, variables were defined for exposure/use of awareness raising activities, resources, documents, and skills development training by six categories of primary direct beneficiaries: general public, patients and families, health library staff, public/other library staff, health professionals (including students), and others. In addition, variables with 3-point Likert-type scales were defined to capture changes in awareness and ability for primary direct beneficiaries as a result of participating in awareness raising activities or skills training. Lastly, six training satisfaction variables were created – one for each primary direct beneficiary.

To address the Adoption dimension question of "Did low-resource organizations serving high-risk populations implement the program?', a series of variables from the organizational literature were defined: size, age, funding sources, resources, setting, geographical location, functions and service, management experience, project management strategies, market strategies, and community involvement (Herman & Renz, 1998; Rojas, 2000; North, Pollio, Perron, Eyrich, & Spitznagel, 2005).

In regards to Implementation, variables were defined for categorizing the difference between planned and delivered program objectives and for types of barriers and enabling factors for each category of primary direct beneficiary.

The variable definitions used for abstraction of data from Grantee Reports as well as suggestions for revision or expansion are in Appendix B.

Definition of Requirements for the Database to Support Grantee Report Abstraction and Implementation of Database

The requirements for the database to support grantee report abstraction were defined based upon the variable definitions and the relationships between grantees, projects, and variables and desired reports. For example, a grantee is associated with one or more projects. Organizational characteristics and processes are associated with the grantee. Variables specific to project processes (e.g., implementation challenges) and outcomes (e.g., use of resources) are associated with the project. The tool was implemented in Microsoft Access.

Sample for Grantee Report Abstraction

Forty-seven project reports were selected to represent geographical regions, type of grantee organization, and type of award (standard vs. express) (Table 1). Two reports were selected for three of 44 grantee organizations (AIDS Education Global Information System, Alaska Native Tribal Health Consortium, and Philadelphia Fight).

Table 1. Sample for Grantee Report Abstraction

Grantee	Project	Award Year	Award Type
Seattle/King County Department of Public Health	The AIDS Prevention Project	1994	Standard
Gay Men's Health Crisis, Inc.	First In The Fight Against AIDS	1995	Standard
Test Positive Aware Network	TPAN AIDS Information Outreach Project	1995	Standard
Edward G. Miner Library	AIDS Information Website with Kiosk Access	1996	Standard
AIDS Action	Easy to Read Spanish and English Treatment Information	1997	Standard
Osborne Association	AIDS in Prison Project Information Clearinghouse	1998	Standard
Delaware HIV Consortium	Delaware Partnership for HIV/AIDS Resource Libraries	1999	Standard
Department of Veterans Affairs	VA AIDS Information Center Kiosk Project	1999	Standard
New York Public Library	Bronx HIV/AIDS Information Outreach Project	2000	Standard
Texas Woman's University	Dallas AIDS Information Network	2000	Standard
University of Oklahoma Health Sciences Center	CHAIN: Oklahoma's Comprehensive HIV/AIDS Information Network	2000	Standard
PROJECT 2000 Incorporated Inc.	PROJECT 2000 Incorporated	2001	Standard
AIDS Education Global Information System (AEGiS)	AEGiS 2001	2001	Standard
Stonewall Alliance of Chico	MoMENtum Education Network	2001	Standard
AID Atlanta	AID Atlanta AIDS Community Information Outreach Project 2003	2002	Standard
Asian Association of Utah	HIV/AIDS Prevention Plan	2002	Standard
Philadelphia Fight	TEACH Online: an AIDS Outreach Project	2002	Standard
Hope House Day Care Center	Hope House Day Care Center	2002	Standard
Boston Area Rape Crisis Center	Sexual Assault HIV Information Project	2003	Standard
Alaska Native Tribal Health Consortium	Community Drum: An Alaska Native/Rural Alaska AIDS Information Community Outreach Project	2003	Standard
AIDS Education Global Information System (AEGiS)	AEGIS 2003	2003	Standard
AIDS Taskforce of Greater Cleveland	HIV/AIDS Education Access Library (HEAL)	2004	Standard
North Virginia AIDS Ministry	NOVAM Peerzworld Kiosk Project: HIV/AIDS Website for Youth in Arlington County, Virginia	2004	Standard
Homes for Hope, Inc	AIDS Community Information Outreach Project (Homes for Hope, Inc.)	2004	Standard
George Washington University	Partners for Health Information	2005	Standard
Community AIDS Resources, Education & Support	The KNOW (Knowledge Nables Our Wellness) HIV project	2005	Standard
Manna House, Inc	Infomanna	2005	Express
Camino de Vida Center for HIV Services	Southwestern New Mexico HIV/AIDS Resource Development Project	2005	Standard
AIDS Foundation of Chicago	Peer Empowerment Education Referral Station Online Project (PEERSpeak)	2006	Standard

Alaska Native Tribal Health Consortium	Community Drum	2006	Standard
Coharie Intra -Tribal Council, Inc.	The AIDS Community Information Outreach Program	2006	Express
Ruth Lilly Medical Library	Statewide HIV/AIDS Information Network (SHINE) Project	2006	Standard
Sister Love, Inc.	Positive Connections Cyber Center	2007	Standard
Philadelphia Fight	E-LEARN: The Electronic-Library Education and AIDS Resource Network	2007	Standard
Pacific Resources for Education and Learning	Enhanced HIV/AIDS Prevention in the Pacific (E-HAPP)	2007	Standard
Metropolitan Washington Public Health Association	Community Health Advocates: Promoting Outreach and Education	2007	Express
Huston-Tillotson Community University Project	The Huston-Tillotson Community Health Empowerment Online Project	2007	Standard
Maricopa Integrated Health system (MIHS)	HIV Community Information Outreach Project 2007	2007	Express
Alliance Library System	AIDS Information and Outreach in the Virtual World of Second Life: The Karuna Project	2008	Standard
Pacific College of Oriental Medicine, LLC	San Diego HIV/AIDS Health Information Literacy Service	2008	Standard
Queens Borough Public Library	HIV/AIDS Health Literacy Project	2008	Express
University of Maryland Health Science & Human Services Library	Improving Access to HIV/AIDS Health Information to Baltimore Youth through the STAR TRACK Program	2008	Express
CORE Foundation	Health Information, Risk Assessment and Screening (HIRAS) Project	2009	Standard
Central New York Health Systems Agency, Inc.	CNY Connec+ions	2009	Standard
K.I. Services, Inc.	Access and Empowerment through HIV Online Outreach and Education	2009	Express
Renz Addiction Counseling Center	Renz HIV/AIDS Community Information Outreach Project	2010	Standard
University of Kentucky	GO KNOW NOW: Empowering Positive Living in Kentucky	2010	Standard

Grantee Report Abstraction

After familiarization with abstraction tool and review of several reports to assess consistency of abstraction, two team members (SB, NJ) abstracted variables from the 47 projects and entered data into the report abstraction database.

Assessment of Feasibility of Obtaining Abstraction Variables from Grantee Reports

The feasibility of obtaining variables from grantee reports was assessed by the number of reports in which data for a variable was not included. Missing data are summarized for each RE-AIM dimension.

Summary of Report Contents According to Abstraction Variables and RE-AIM Framework

Data were summarized with descriptive statistics and organized according to dimensions of the RE-AIM Framework.

Grantee Interviews

Development of Grantee Interview Guide

The interview guide was developed based upon four RE-AIM dimensions (Efficacy/ Effectiveness, Adoption, Implementation, Maintenance) from the overall evaluation framework. The heaviest emphasis was on processes associated with Adoption and Implementation to facilitate gathering of insights and lessons learned in regards to barriers and enabling factors that might not be captured in grantee reports. In addition, interviewees were explicitly queried regarding unintended positive and negative consequences. The interview guide was revised following three interviews that were conducted to test its feasibility. Additional changes were made after the conclusion of the interviews. The initial and final interview guides are in Appendix C.

Sample for Grantee Interview Analysis

Seventeen individuals representing 20 projects participated in interviews that were recorded, transcribed, and coded (Table 2). An additional three individuals participated in initial interviews focused on testing the feasibility of the interview guide; these interviews were not recorded and are not included in the analysis.

Conduct of Grantee Interviews

Two team members (MR, RS) conducted interviews with 20 grantees using the semi-structured interview guide. Seventeen interviews were audiorecorded and professionally transcribed to create verbatim transcripts.

Development of Themes for Initial Coding Framework

The development of the initial coding framework started with four of five RE-AIM dimensions (efficacy/effectiveness, adoption, implementation, maintenance). Reach was not included because it is primarily a quantitative assessment. Twelve of 14 themes associated with the four dimensions were developed from questions associated with the original RE-AIM framework (Glasgow et al., 2001; Glasgow et al., 2006) or with its extension by Bakken and Ruland (2009). Two themes were added to Adoption (Community Involvement, Marketing Strategies) based upon their relevance to the ACIO Program and organizational literature that suggested their importance.

Coding of Individual Grantee Interviews According to Initial Coding Framework

Three team members (SB, RR, RS) coded individual grantee interviews. Half of the interviews were reviewed by a second coder to ensure consistent application of the initial coding framework.

Generation of Inductive Categories to Refine Coding Framework

After the data were coded into 12 of 14 themes from the initial coding framework, four team members (SB, RR, MR, RS) inductively generated 51 categories within the themes (Table 3). No interview data were coded as secondary outcomes or lasting effects at the individual level. Three

themes (cost, organization's primary mission, and organizational priorities and values) had no additional categories so data were only coded at the theme level.

Table 2. Sample for Grantee Interview Analysis (N=20)

Grantee	Project	Award Year	Award Type
AIDS Action	Easy to Read Spanish and English Treatment Information	1997	Standard
AID Atlanta	AID Atlanta AIDS Community Information Outreach Project 2003	2002	Standard
Philadelphia Fight	TEACH Online: an AIDS Outreach Project	2002	Standard
Hope House Day Care Center	Hope House Day Care Center	2002	Standard
Boston Area Rape Crisis Center	Sexual Assault HIV Information Project	2003	Standard
George Washington University	Partners for Health Information	2005	Standard
Sister Love, Inc.	Positive Connections Cyber Center	2007	Standard
Philadelphia Fight	E-LEARN: The Electronic-Library Education and AIDS Resource Network	2007	Standard
Pacific Resources for Education and Learning	Enhanced HIV/AIDS Prevention in the Pacific (E-HAPP)	2007	Standard
Metropolitan Washington Public Health Association	Community Health Advocates: Promoting Outreach and Education	2007	Express
Huston-Tillotson Community University Project	The Huston-Tillotson Community Health Empowerment Online Project	2007	Standard
Alliance Library System	AIDS Information and Outreach in the Virtual World of Second Life: The Karuna Project	2008	Standard
Pacific College of Oriental Medicine, LLC	San Diego HIV/AIDS Health Information Literacy Service	2008	Standard
Queens Borough Public Library	HIV/AIDS Health Literacy Project	2008	Express
CORE Foundation	Health Information, Risk Assessment and Screening (HIRAS) Project	2009	Standard
Central New York Health Systems Agency, Inc.	CNY Connec+ions	2009	Standard
K.I. Services, Inc.	Access and Empowerment through HIV Online Outreach and Education	2009	Express
CARE Foundation (HealthHIV)	Navigating to Learn More	2009	Express
Renz Addiction Counseling Center	Renz HIV/AIDS Community Information Outreach Project	2010	Standard
University of Kentucky	GO KNOW NOW: Empowering Positive Living in Kentucky	2010	Standard

Table 3. Qualitative Data Coding Framework

RE-AIM Dimensions	Themes	Categories
Efficacy/ Effectiveness	Primary Outcomes	Knowledge Skill Access
	Secondary Outcomes[1]	
	Unintended Negative Consequences	Negative financial impact on client Inappropriate use of resources Unable to meet unanticipated user needs
	Unintended Positive Consequences	Amelioration of stigmatizing behaviors Improved knowledge about health Improved education and skills Client empowerment Social engagement Role change for libraries Expansion beyond project intent
	Cost[2]	
Adoption	Community Involvement	Going out to community Partnerships
	Marketing Strategies	Fliers/posters/brochures Used connections Social media/ email/web Link with existing programs Word of mouth Face-to-face
	Organization's Primary Mission[2]	
	Organizational Values and Priorities[2]	
Implementation	Barriers to Implementation	Lack of expertise Technology issues Lack of evaluation capacity Mismatch between user needs and project approach Project management Low client literacy Low client computer literacy Matching resource to clients in crisis Client Privacy/ Confidentiality concerns Staffing issues Lack of logistical support for client participation Infrastructure issues Funding/ Finance

	Enabling (Facilitating) Factors	Built on existing efforts Staffing Expertise Resources tailored to user needs Safe environment Promoting/ Marketing Technology Support for client participation Plan for evolving technologies Pre-submission planning Needs assessment Organizational power/position Information ecology/Big picture
Maintenance	Lasting effects at individual level[1]	
	Sustainability of the program over time	Maintained with existing resources Maintained with new resources Maintained relationships Not maintained
	Evolution of the program	Content updates Mobile devices

[1] No data coded into category; [2] No categories – data coded at theme level

Coding of Interviews Using Refined Coding Framework

Four team members (SB, RR, MR, RS) coded interview data into 51 categories and three themes that did not have associated categories. Differences were resolved by discussion to achieve consensus.

Data Triangulation

When both grantee report abstraction data and grantee interview data were available for RE-AIM dimensions, the data were triangulated to compare and contrast findings.

FINDINGS

Findings are synthesized by RE-AIM dimension. In addition, the amount of missing data related to variables is described for each dimension. Relevant quantitative data are summarized in tables in the text. The full qualitative analysis of grantee interviews is presented in Appendix D. Selected quotes for each theme or category are displayed in tables for RE-AIM Efficacy/Effectiveness, Adoption, Implementation, and Maintenance dimensions.

Reach

In the RE-AIM framework, the Reach dimension is assessed through two questions: What percentage of the primary target population participated in program? and Were participants representative of target population? For this analysis, the data source was only grantee reports given that Reach is measured quantitatively.

Missing RE-AIM Variables in Grantee Reports

Only one of 47 grantee report was missing data on primary direct beneficiaries; 31 did not designate secondary direct beneficiaries. No reports included data on eligible participants. In addition, only one report included data on race/ethnicity of participants. Thus, it was not possible to calculate participation rates or determine whether or not the participants were representative of the target population.

Direct Beneficiaries

Patients and families were the primary direct beneficiary in more than half of the projects followed by general public (48.9%) (Table 4). Health professionals were primary direct beneficiaries in more than one quarter of the projects. All categories were also secondary direct beneficiaries for at least one project among the 16 reporting.

Table 4. Primary Direct Beneficiaries (N=47)

Organization Type	N (%)
Patients and families	26 (55.3)
General public	23 (48.9)
Other	16 (34.0)
Health professionals - all	14 (29.8)
Health professions students	9 (18.8)
Health sciences libraries	8 (17.0)
Public/other libraries	8 (17.0)
Public health workforce	7 (14.9)
Health services researchers	3 (6.4)
Pharmacists	3 (6.4)
Dentists	2 (4.3)
Nurses	2 (4.3)
Physicians	2 (4.3))

[1]Select all that apply

Efficacy/Effectiveness

In the RE-AIM Framework, the Efficacy/Effectiveness dimension addresses the impact of a program on important outcomes through four key questions: 1) Did the program achieve outcomes? 2) Did the program produce unintended negative consequences? 3) Did the program produce unintended positive consequences? and 4) What did the program cost as implemented? Both grantee reports and interviews were used to assess Efficacy/Effectiveness.

Missing RE-AIM Variables in Grantee Reports

As noted in the evaluation framework, we operationalized the RE-AIM question related to program outcomes in terms of the information access categories (resource development, information retrieval, skills development, and document access), categories of direct beneficiaries (general public, patient and family, health science library, public/other library, health professional, other), and outcome focus (awareness, use, knowledge, skill/ability, satisfaction). The categories for information access (Implementation) and direct beneficiaries (Reach) were specified in all reports; these are components of the Grantee Final Report Template. However, little information was provided in grantee reports regarding outcomes. Only a few reports quantified participation through reporting number of attendees at presentations aimed at increasing awareness, skills

training events, or web site hits as evidence of accessing resources. No reports included formal measures of change in awareness, use, or skill. Satisfaction with training was measured in 5 of 36 reports that designated skills development as an information access category.

Did the Program Achieve Outcomes?

Beyond achievement of project objectives, which is described in the Implementation section of this report, there was little information in grantee reports regarding awareness, use, knowledge, skill/ability, and/or satisfaction. Interviewees from multiple projects identified access to information as a primary outcome (Table 5). Improved knowledge and skills were also described as primary outcomes. One interviewee mentioned clients' reports of changes in health behaviors.

Did the Program Produce Unintended Negative Consequences?

There were few negative consequences discussed in grantee interviews in response to the explicit question on the topic (Table 5). Several interviewees identified inappropriate use of resources especially in regards to resource rooms being used as general places to gather. For one project, the posting of educational videos on YouTube resulted in anonymous requests for information and inability of the organization to meet these unanticipated user needs.

Did the Program Produce Unintended Positive Consequences?

Unintended positive consequences, defined as positive outcomes that were not the planned outcomes of the projects, were richly described in grantee interviews (Table 5). Four categories of unintended positive consequences related to clients: improved knowledge about health, improved education and skills beyond that taught in the project, client empowerment (e.g., use of information from web resources in a clinician visit), and social engagement – "people feeling like they have a community". Several interviewees also described situations in which access to accurate resources resulted in individual's intent to change their stigmatizing behaviors toward PLWH. The first of two categories of unintended positive consequence at the organizational level related to changing the traditional role played by libraries and librarians. The second category comprised instances in which components of the project expanded beyond project intent. This included re-use of project infrastructure for other purposes and having locally-developed project resources "go national".

What Did the Program Cost as Implemented?

It was possible to determine award amount from the grantee reports and supporting materials from the NLM. The lack of information on actual costs (e.g., inclusive of contributed time) and lack of quantitative information on project outcomes precluded determination of any economic analysis such as a cost-consequence analysis.

Table 5. Qualitative Data Coding: Efficacy/Effectiveness Dimension

Categories	Interview Quotes
Theme: Primary Outcomes	
Knowledge	Well, it gave them more information about HIV. And there were; my clients have all these myths about HIV, especially in the African American community. I had a client that walked in here one day and she was HIV positive for ten years, or had been HIV positive for ten years. And she was devastated; she was crying. And I said what is wrong? She goes, I'm going to die. And I said what do you mean you're going to die? Well, she thought that after ten years, she had been told that after ten years with HIV, you die." (MR)
Skill	So people's computer skills increased. Their use of Medline Plus increased. And they reported that they had changed some health behaviors. (KP)
Access	I think one of the greatest successes of these awards is making electronic access available where it often has not been available historically (JH)
Theme: Unintended Negative Consequences	
Negative financial impact on client	And also, a lot of the people we work with are on disabilities. They're not allowed to earn much more than, you know, a little bit of money. And then for them the negative consequences are that they pay taxes on this money. And they're expected to report it to disability. And if they don't do that, they get into trouble. And that's happened because people didn't know. (KP)
Inappropriate use of resources	We have had a couple members, for example, who spend a lot of time in the resource room who act like it's their living room, and so there has been other clients who have felt like, well, I don't want to go in there because I don't feel like dealing with John… had hard conversations with some of our clients to say look, you know, you can't be here, you know, six hours a day. (NS)
Unable to meet unanticipated user needs	But when it's an anonymous person on YouTube, that model is really difficult. In this instance, the gist was...it opened up a whole set of questions that we were not prepared to answer in terms of our service provision. (JF)
Theme: Unintended Positive Consequences	
Amelioration of stigmatizing behaviors	So I was teaching one for seniors a couple weeks ago and this woman was very honest. And she said she keeps her HIV friends at arm's length…a separate place for them. You know and all this like Stone Age stuff. And everybody in the class really jumped on her. I didn't say a thing. And people corrected it and we showed her, you know, evidence where that was disproven. And she actually left the session saying she has to change her own behavior. (KP)
Improved knowledge about health	I think that actually we started to engage people looking at their health more holistically. I mean, of course, the focus of HIV and STI's and there are people paying attention to that.

	But they also began to have sort of a broader view about, well, your health impacts you definitively, and you need to have an understanding of what your risks are. Not only for HIV, but other things as well. So this would get into other conversations about services that people would need, for instance, mental health; which people don't really talk about too much, either in the Latino population or African American. (AC)
Improved education and skills	I've had folks who ended up applying and going to school because they learned how to use the internet to look for a program to help them pay for school. (SL)
Client empowerment	I would say a positive would be that people connected with each other that would've never connected with each other before. And they were actually using some of the information that they learned through the calls and through the website when they went to doctor's appointments. They actually stated that on some of the calls, so I'm like yes, cool! That's great. (R & M)
Social engagement	Partly the good is the community, you know, the community connections, the people being…people feeling like they have community. They are able to have safe place to go and access what they need. (SV)
Role change for libraries	I guess the best positive unintended is, I guess, librarians and non-librarians understanding the benefit of health literacy in the library setting. (QL)
Expansion beyond project intent	We ended up creating a whole other area of work that has now gone national, that is just amazing. (NS)
Theme: Cost	
	$60,000 … I do think it could be used to seed money in order to launch something maybe larger for an organization. (AC)

Adoption

In the RE-AIM Framework, Adoption is the absolute number, proportion, and representativeness of settings willing to offer a program and with a focus on low-resource organizations serving high-risk populations. This section also summarizes organizational characteristics of grantees as a component of assessing representativeness. Adoption was assessed through both grantee reports and interviews.

Missing RE-AIM Variables in Grantee Reports

In terms of missing RE-AIM variables in grantee reports, there were few missing data related to elements designated in the Grantee Final Report Template either explicitly (e.g., type of organization, marketing strategies) or implicitly (e.g., project management strategies implied by timeline, task completion tracking) (Table 6). In contrast, for variables identified in the literature as important to organizational success such as age of organization, physical resources, number of employees, and material goods, data were missing on the majority of grantee reports.

Table 6. Missing Data: Adoption Variables (N=44)

Variable	N (%)
Type of organization	0 (0.0)
Funding sources	0 (0.0)
Primary target population	3 (6.4)
Marketing strategies	2 (4.5)
Organizational mission	4 (9.1)
Number of locations	5 (11.4)
Project management strategies	4 (9.1)
Community involvement	10 (22.7)
Management experience	15 (34.1)
Age of organization	20 (45.5)
Secondary target population	29 (65.9)
Physical capital	41 (93.2)
Number of employees	41 (93.2)
Material goods	44 (100.0)

Did Low-Resource Organizations Serving High-Risk Populations Implement the Program?

The predominant type of organization to lead a project was a community organization (50%) followed by academic (20.5%) (Table 7). Community was also the most frequently occurring type of partner organization. Healthcare and academic organizations as well as public libraries and health departments were more likely to be partners that lead organizations. More than 60% of the organizations had only one physical location.

Table 7. Type of Organizations (N=44)

Organization Type	Lead N (%)
Community	22 (50.0)
Academic	9 (20.5)
Health sciences library	5 (11.4)
Clinic/hospital/other health organization	4 (9.1)
Other	4 (9.1)
Public library	2 (4.5)
Faith-based	2 (4.5)
Health department	2 (4.5)
Hospital	2 (4.5)
Other library	0 (0)

Most organizations did not provide details regarding resources (e.g., material goods, physical capital, employees) to inform an explicit assessment of whether or not they were low-resource organizations (Table 6). In addition, there was little data provided on funding sources beyond the federal funding received through the NLM contract. Two agencies explicitly identified foundation funding. However, as discussed in Implementation and Maintenance, interviewees identified funding as a barrier suggesting that at least some organizations receiving NLM funding have limited resources.

In terms of high-risk populations, the primary and secondary populations served (Table 8) provide strong evidence that the projects focused on high-risk populations including racial and ethnic

minorities, substance users, PLWH, and the lesbian, gay, bisexual, and transgender (LGBT) populations. In addition, more than half of the grantees reported inner city (22.7%) or urban (31.8%) as the primary geographical area of focus.

Table 8. Populations Served (N=44)

Organization Type	N (%)	N (%)
African American	21 (47.7)	21 (47.7)
Alaska Native	2 (4.5)	0 (0)
Asian American	6 (13.6)	3 (6.8)
American Indian	6 (13.6)	3 (6.8)
Hawaiian/Pacific Islander	4 (9.1)	2 (4.5)
Hispanic American	18 (40.9)	7 (15.9)
White	1 (2.3)	0 (0)
Youth/Teen	13 (29.5)	7 (15.9)
Senior	9 (20.5)	5 (11.4)
Inner City	16 (36.4)	1(2.3)
Rural	8 (18.2)	1 (2.3)
PLWH	29 (65.9)	5 (11.4)
LGBT	16 (36.4)	7 (15.9)
Other	12 (27.3)	3 (6.8)
Missing	3 (6.4)	32 (65.9)

[1]Select all that apply

Did Program Help The Organization Address Its Primary Mission?/Is Program Consistent With Organizational Values and Priorities?

Data related to organizational mission was present in 93.6% of the grantee reports. In addition, during interviews with project personnel, the interviewees consistently identified that their project was consistent with organizational mission, values, and priorities at the time that grant funding was sought (Table 9).

Other Organizational Characteristics

Thirty-four organizations explicitly provided information in grantee project reports on community involvement: partnering with community groups (54.5%), use of volunteers (38.6%), participatory client involvement (18.2), and community advisory board (4.5%). The importance of community partnerships and going out into the community were reinforced in the qualitative interviews.

Management experience was mentioned or could be inferred from two-thirds of the reports. Project management strategies were identified by defined timelines (88.6%) or methods for tracking task completion (90.9%). Only one report explicitly identified use of project management software.

The Grantee Final Report Template includes a section on how resources or services were promoted and 42 (95.4%) of organizations described marketing strategies. The predominant strategies were brochures/print materials (77.3%), web sites (54.5%), and special events (54.5%). Interviews confirmed these approaches and also highlighted the need for the personal touch through using existing connections, word of mouth, and face-to-face outreach (Table 9). In more recent reports and some grantee interviews, the use of social media (e.g., YouTube, Facebook, Twitter) is mentioned as an important marketing strategy.

Table 9. Qualitative Data Coding: Adoption Dimension

Categories	Interview Quotes
Theme: Organization's Primary Mission	
	So we just felt that it was a natural fit for us and what could we do, you know, since we're trying to look at literacy from a larger umbrella. (QL)
Theme: Community Involvement	
Going out into the community	And we found that the easiest way, as opposed to trying to bring them first into the library was for us to actually go out to their sites, and in that way...you know, when they have their meetings... (DC)
Partnerships	And initially, we also had a partner with a survivor project, which is no longer in existence, but it was an agency that really focused on information for people living with HIV. (NS)
Theme: Marketing Strategies	
Used connections	…and we used all of the connections we had with provider entities and our consumer advisory passports which we had from the agency already, to create a massive marketing campaign. We distributed information every possible way. (R&M)
Fliers/posters/brochures	600 sort of posters go up within the mass transit system about our walk-in services that are available. So, we do a lot to try to educate the public about the availability of services. (GS)
Social media/ email/web	…social media. So blogs and Twitter was the main way that I marketed." (RA)
Link with existing programs	One of the mechanisms that we used was when we found that there was a group that meets on a regular basis we would contact the leader of that group to see if we could come in as a guest speaker and meet with the groups. So we kind of found different ways to promote the program, but we don't have the funds for TV, and the newspapers are just not as good anymore. (NB)
Word of mouth	Well, there was a lot of word of mouth at that time. …. So our agency was the first in New England and still the largest in New England and you know, so we had resources to get the word out.
Face-to-face	We essentially have folks who will go out and actually do site visits to different other providers, like to support groups and other areas where they can directly promote the services and the facility, to communities…(SL)

Implementation

At the setting level, Implementation includes consistency of delivery of program components and predisposing and enabling factors which are assessed through four questions: 1) What was developed/done in the project? 2) Were program components delivered as intended? 3) What barriers to implementation (predisposing factors at individual (target population) and/or setting/ organizational levels) were identified and how were they addressed? 4) What enabling (facilitating) factors were/are required to support the program?

Missing Data

Variables specified in the Grantee Final Report Template such as information access categories, objectives, and barriers/challenges were never or rarely missing (Table 10). In contrast, only 22.3% of reports explicitly identified use of NLM resources.

Table 10. Missing Data: Implementation Variables (N=47)

Variable	N (%)
Information access categories	0 (0.0)
Objectives	0 (0.0)
Barriers	6 (12.8)
Enabling factors	26 (55.3)
NLM resources used	37 (78.7)

What Was Developed/Done in Project?

According to grantee reports, more than 75% of the projects addressed each of three information access categories: resource development, information retrieval, and/or skills development (Table 11). Only about one-third focused on document access. Most (78.7%) projects did not explicitly report use of NLM resources (Table 12).

Table 11. Information Access Categories (N=47)

Category[1]	N (%)
Resource development	37 (78.7)
Information retrieval	36 (76.5)
Skills development	36 (76.5)
Document access	16 (34.0)

[1]Select all that apply

Table 12. NLM Resources Used (N=47)

Category[1]	N (%)
AIDS Info English	4 (8.3)
AIDS Info Spanish	2 (4.2)
MedlinePlus English	5 (10.4)
MedlinePlus Spanish	2 (4.2)
MedlinePlus Go Local	0 (0)
Medline PubMed	3 (6.3)
PubMedCentral	0 (0)
Not Specified/Other	2 (4.2)
Missing	37 (78.7)

[1]Select all that apply

Were Program Components Delivered as Intended?

Of 194 planned objectives in the 47 projects, 164 (84.5%) were achieved with no more than minimal variation. Fifteen projects (31.9%) had one or more objectives that were not achieved as intended. Only one project in the sample did not achieve any objectives.

What Barriers to Implementation (Predisposing Factors at Individual (Target Population) and/or Setting/ Organizational Levels) Were Identified and How Were They Addressed?

Grantee barriers were identified in 38 (80.9%) of reports (Table 13). Barriers related to specific target populations were described in only a few reports (Table 14).

Table 13. Summary of Grantee Barriers (N=47)

Type of Barrier[1]	N (%)
Other	29 (61.7)
Change in staff	14 (29.7)
Technology infrastructure	13 (27.6)
Inadequate staff	10 (21.3)
Inadequate budget	9 (19.1)
Change in leadership	3 (6.4)
Inadequate project management	2 (4.3)
Inadequate marketing	1 (2.1)
Lack of organizational commitment	0 (0)
No barriers identified	6 (12.8)

[1]Select all that apply

Three categories of grantee barriers occurred in at least one-fourth of reports: other, change in staff, technology infrastructure. Other included partnership issues particularly in regards to recruitment. The interview data confirmed grantee barriers related to staffing, recruitment, technology, infrastructure, budget, and project management and revealed several additional barriers. Lack of expertise was identified in a couple of different areas. For instance, "we needed a whole different type of professional and a whole different type of community coordination" and "we, as a movement, have a really hard time writing health information in an accessible way. Like that's not our expertise…". Another interviewee eloquently distinguished between the technical skills of information technology (IT) staff and the skills needed to work with those with or at risk for HIV/AIDS concluding that IT people were not right for the job. A second barrier or challenge described by multiple interviewees was the lack of evaluation capacity. This is reflected elsewhere in this report by the lack of evaluation data that could be abstracted for Efficacy/Effectiveness. A third type of barrier described relates to mismatch between user needs and project approaches in terms of aspects such as timing (e.g., fixed schedule), media (e.g., web-based versus cellular phone or other mobile device), or content (e.g., usable when client is in crisis).

Table 14. Types of Barriers Related to Target Population

	Target Population (N (%)			
Barrier[1]	General Public	Patients and Families	Library Staff	Healthcare Professionals
Technology access	3 (6.4)	1 (2.1)	0 (0)	0 (0)
Lack of awareness	1 (2.1)	2 (4.3)	1 (2.1)	1 (2.1)
Literacy	7 (14.9)	2 (4.3)	0 (0)	3 (6.4)
Other	7 (14.9)	4 (8.5)	3 (6.4)	3 (6.4)

[1]Select all that apply

Table 15. Qualitative Data Coding: Implementation Dimension

Categories	Interview Quotes
Theme: Barriers to Implementation	
Lack of expertise	And initially when we got funded, our resource room was really led by our IT, but our key staff are not, you know, our key people are not the most warm…right, not the most patient, maybe not the most people skilled focused, you know, and that's not their job. They are computer people, right? And so, what happened was we would have some challenges with some of the soft skill, that our members really appreciate about the agency overall. So, what we were trying to figure out is a way to staff with volunteers, so actually brought in our hotline.
Technology issues	Mainly the people we were reaching at the time were rural, very rural some of them. And internet access sometimes was a problem. Some of them only had cell phones, which if you don't have an unlimited plan, it you know, would eat up your cell phone minutes if you were to join a webinar or a weekly call. (R&M)
Lack of evaluation capacity	I think another challenge in all of these projects is the evaluation piece, which is what you're grappling with also, like what are the outcomes that are realistic and pertinent to NLM. We have here a lot of different outcomes we'd like to see and they're hard to measure. (KP2)
Mismatch between user needs and project approach	And the other thing is that people's lives are such that trying to do something on a scheduled basis was somewhat of a challenge. You know the telephone conferences were actually at a set time on a set day. (R&M)
Project management	So I think the management side of things is always the more challenging. It's a lot of effort organizing any kind of program...you know that...then just trying to keep momentum going." (KP2)
Low client literacy	Some of them cannot read. Some of them can barely write. Some of them the English is not their first language." (YW)
Low client computer literacy	One of the major challenges that we face with the population that we were working with and are still working with is that a big number of them don't even know how to use a computer. So they don't have an email address or anything like that. So facing that challenge what we decided to have like basic skills computer classes. So we were teaching the Latina how to use the computer, what is the computer." (CC)
Matching resource to clients in crisis	And I think also the fact that many people who would be seeking this information, you know, have sort of multiple crises going on. I mean it's one event, probably one event or a series of events that is bringing them to accessing rape crisis services. ( )
Client privacy/confidentiality concerns	It was our own creation with social network because there were issues around confidentiality related to using Facebook that we didn't anticipate initially. And so we created our own social networking page that still is up and running and it's still

	active... (R&M)
Recruitment issues	We would get people that would call and inquire, but never actually make that next step. And we tried to troubleshoot a lot of that. (R&M)
Staffing issues	Staff turnover is a huge issue. Sometimes it's literally people moving between organizations, but I do think that it's high burnout working in this field and so people come and may stay for a few years and look for other work. (JF)
Lack of logistical support for client participation	Because, again, we work with Latinas, and most of them are housewives or single parents, no income. And we're planning to … I'm exploring now that it's summer, I'm exploring the possibility to entertain their kids so they will have more time for them to practice all the computer skills, and learn more, and so on and so forth. (CC)
Infrastructure issues	You are going to laugh, the biggest challenge is you're all set, you're ready to go, you've got everything lined up you go to do a training and the power goes out. (JB)
Funding/ Finance	So in this period when we've had a rapid decline in public funding, we've had the number of people living with the virus, has probably gone up 30-40%. (EB)
Theme: Enabling (Facilitating) Factors	
NLM Resources	And what I think they loved about it was that one of the sites within the National Library, one of the links is about medicine, where they can check what medications they're taking and all that. So that is something, and they can check that in Spanish. So they love that part. (CC)
Partnership	But I think more importantly the requests that were coming in from organizations that were doing the front line work were asking us to do...to work more closely with us and how can we...what do you recommend we have at our sites in terms of reading materials and how do we get people to come into the library. So if anything, that was really the key piece. (QL)
Project management	You know, we have implementation plans, for example, all of our programs within a department. So, each program coordinator is responsible for you know, insuring that the implementation plan happens, or the work plan. (NS)
Built on existing efforts	…because it layered into existing efforts, we were able to include it in a number of ways where you know the guide wouldn't have had any connectivity outside of just producing the guide, if it was done by a lot of other organizations because they just don't run those big programs. They don't have that reach. (BH)
Staffing	That they really have to have internally the staff onboard. (QL)
Expertise	We had two or three individuals at a time from the target population who could help the client navigate the system. (YW)
Resources tailored to user needs	And that so therefore, they may not be thinking about when they fund the national entity that you can both have good local reach to the extent we were talking about earlier, how you personalize things, but also where a national entity can really help a national entity like NLM maybe connect more of the dots." (BH)

Safe environment	Our clients feel safe here. And once they come here, we try to communicate a very safe and warm environment here. And so, once they come here, they feel…they don't feel judged.
Promoting/ Marketing	And then promoted it through a variety of links and then also did print copies at our exhibit booth and at different meetings, where we would be exhibiting for other reasons. So, we were able to really advertise by putting it out in so many venues that where NLM didn't have to buy an exhibit booth, for example, where we were already going to be, or didn't have to buy a banner on a website because we already were partnered with other organizations who could list it." (BH)
Technology	we had computers in publically accessible areas. (JH)
Support for client participation	We found that we have what we call Friday night dinner night. That means we have a meeting come to the library and...especially for those who have kids, we have dinner at the library and then we also have a program through the children's librarian at the library so that the adults can have the information that they need on the subject matter." (DC)
Plan for evolving technologies	Everybody has text. I have clients that hardly know how to read, but they'll text me. (YW)
Pre-submission planning	Yes, because that's the only way to really get the buy-in at the very beginning…That four-week assessment will tell you whether or not you're really able to carry it out, you know, do people have too much on their plate, looking at what the guidelines may be, you know, how onerous is the reporting going to be, who's going to take on what task, who's going to be responsible... (DC)
Needs assessment	The one thing that I would say is that really know the community and know the....when you do the needs assessment, it needs to be as detailed and thorough as possible. ()
Organizational power/position	"And I handle all of the public funding and so I report directly to the chief operating officer who reports to the CEO. So that allows me to then work on an even level amongst programs and marketing and legal and finance." (DC)
Information ecology/big picture	I think having a bigger picture where this work is placed is helpful to people. (KP2)

Only a few reports identified technology access as a barrier for individuals. However, several of those interviewed pointed out the increasingly common trend to have cellular telephones as the singular mode of Internet access. Literacy was identified as a specific barrier for general public (14.9%) as well as patients and families (4.3%) in grantee reports. As summarized in Table 15, interviewees differentiated between barriers related to general literacy (e.g., low reading ability), language issues, and computer literacy. Several additional barriers related specifically to clients were identified in the interviews. Concerns related to privacy and confidentiality emerged in projects that were integrating use of social media such as Facebook and YouTube. One way that this was addressed by grantees was to develop their own social networking sites. The lack of logistical support for participation (e.g., child care, transportation), particularly among women with children, was also described as a barrier.

What Enabling (Facilitating) Factors Were/Are Required to Support the Program?

Almost 46% of the grantee reports described some type of enabling factor with the categories of other and technology infrastructure occurring most frequently (Table 16). Interview data confirmed the importance of the factors reported. Eleven additional categories of enabling factors were discussed in the grantee interviews. In terms of project development and implementation, these included: needs assessment, pre-submission planning, use of NLM resources, partnerships (with organizations at the front line), build on existing organizational efforts, engage expertise, and plan for evolving technologies. Three factors were specific to clients – creating a safe environment, tailoring resources to user needs, and providing logistical support for participation. Consideration of the context, i.e., the big picture, in which the project work is placed, was only mentioned by a few interviewees.

Table 16. Summary of Grantee Enabling Factors (N=47)

Type of Enabling Factors	N (%)
Other	19 (40.4)
Technology infrastructure	10 (21.3)
Marketing strategies	9 (19.1)
Organizational commitment	8 (17.0)
Budget	8 (17.0)
Staffing	8 (17.0)
Leadership	5 (10.6)
Project management	5 (10.6)
No enabling factors identified	26 (55.3)

Maintenance

The RE-AIM maintenance dimension addresses the extent to which a program or policy becomes part of the routine organizational practices/policies. Maintenance was assessed solely through qualitative interviews to address the questions of whether (and how) the program was sustained over time and how the program evolved.

Analysis of the interviews (Table 17) revealed three categories of sustainability: maintained with existing resources, maintained with new resources, and maintenance of relationships but not resources. In terms of new resources, the additional funds came from a variety of sources including the ACIO Program. In some instances, the project components were not maintained due to a change in organizational priority or competing demands of the project leadership.

Table 17. Qualitative Data Coding: Maintenance Dimension

Categories	Interview Quotes
Theme: Sustainability of the program over time	
Maintained with existing resources	It's one of those programs that because funding ended, the program didn't go away. The program is still as viable, you know, maybe we have more limited resources, but it just has really been a real good addition for our agencies list of resources that we have available for our clients. (NS)
Maintained with new resources	I feel like this grant actually was the impetus for a series of other grants that we ended up being able to get both through the National Library of Medicine and through some other sources as well because we sort of invested in creating the system in this class so then we could say we have the system in this class and we're ready to go. (JF)
Maintained relationships	I keep in touch with the community of CBOs that I've worked with for a while after the end of each of these. And I certainly make myself available as a resource to our project participants." (JH)
Not maintained	When the project ended, it was decided by the management at the Foundation, if I can call them that, that we would not continue to search out funding, since it wasn't a priority…(AC)
Theme: Evolution of the program	
Content updates	…we've so rebranded since that time, so this is all our old look and everything. So, we would've had to redo it. And I think that things have changed so much around HIV, we would have to redo the whole brochure. (GS)
Mobile devices	We're definitely exploring mobile devices and how to best provide materials on mobile devices. So it's definitely something that we're very interested in. (JF)

DISCUSSION

Program evaluation focuses on the extent to which a program achieves its stated purpose. The purpose of the HIV/AIDS Community Information Outreach (ACIO) program is to design local programs for improving HIV/AIDS health information access for patients and the affected community as well as their caregivers and the general public. Emphasis is on providing information or access to health and medical information in a way that is meaningful to the target community, and increasing the awareness and utilization of NLM online health and medical resources in the HIV/AIDS community.

In regards to ACIO Program purpose, the evaluation findings provide strong evidence that the grantees have designed local programs for improving HIV/AIDS health information access for patients and the affected community as well as their caregivers and the general public. Over 50% of the projects identified patients and families as a primary direct beneficiary. In addition, 48.9% of the projects included the general public and 29.8% included health professionals as primary direct beneficiaries.

The ACIO Program emphasis on providing information or access to health and medical information that is meaningful to the target community was well-documented in grantee reports and confirmed in the complementary grantee interviews. The theme of matching resources to user needs was evident in both reports and interviews and included tailoring of training and resources developed to meet user needs in terms of timing, content (e.g., at the appropriate level of literacy), or context of use (e.g., in association with intervention post-rape).

However, there was little quantitative evidence that the projects increased the awareness and utilization of NLM online health and medical resources in the HIV/AIDS community or in other designated direct beneficiaries. The inability to establish quantitative evidence of increased awareness and use is due to lack of data in several areas. First, only about one-fifth of the reports specified use of NLM resources. Second, the services delivered were not quantified in most reports; the Service Matrix was included in only a few reports in the sample. Third, only a few grantees reported on utilization such as number of individuals trained or "hits" on a web site. However, anecdotal evidence in the reports and qualitative analysis of the grantee interviews suggest that projects did result in improved access, knowledge, and skills – important precursors to utilization. Moreover, the analysis of reports and interviews suggests that the projects produced substantial unintended positive consequences and few negative consequences.

Application of the RE-AIM framework for the evaluation allowed examination of the ACIO Program beyond the Efficacy/Effectiveness question of "Did the program achieve outcomes?" described above. The other four dimensions are briefly discussed in the following paragraphs.

The data included in the grantee reports did not allow quantitative assessment of the Reach dimension. Although all but one report in the sample categorized the direct primary beneficiaries of the program components, there were no data on number of participants as compared to number eligible for participation. Moreover, no data were provided regarding representativeness of the participants.

In terms of Adoption, the evaluation findings indicate that the ACIO Program has funded low-resource organizations that serve high-risk populations. The majority of the grantees were community-based organizations and the projects focused on high-risk populations including racial and ethnic minorities, substance users, PLWH, and the LGBT populations. Additionally, more than

half of the grantees reported inner city or urban areas as the primary geographical area of focus. The strong emphasis on community-based organizations as leads or significant partners is essential to reaching the target populations. Moreover, the focus on high-risk populations is critical for primary and secondary prevention.

The great majority of reports reported barriers or challenges to Implementation of program objectives, but approximately 85% of the planned objectives in the 47 projects were achieved with no more than minimal variation and about two-thirds of projects achieved all objectives. This suggests that most projects were successful in overcoming the barriers or challenges. Of note, issues related to project personnel were predominant in both grantee reports and interviews including: inadequate staff, change in staff, lack of expertise, lack of evaluation capability, and change in project leadership. Enabling factors were described in less than half of grantee reports, but were richly characterized in grantee interviews. Eight factors were specific to project development and implementation and three were specific to clients. In regards to the former, two categories of enabling factors were complementary to the identified personnel-related barriers – building on existing organizational efforts and engaging expertise. In terms of the latter, the enabling factors reflect the high-risk populations served by the grantees: (creating a safe environment, tailoring resources to user needs, and providing logistical support for participation).

Although the Grantee Final Report Template includes a section on Future Plans, the ACIO Program does not appear to have an expectation that whatever was developed during the project will be sustained after the end of the project, i.e., integrated into routine organizational operations. The findings revealed three patterns related to the RE-AIM dimension of Maintenance: program 1) components maintained without additional funding; 2) program components supported by additional funding from ACIO Program or other sources; and 3) program components not sustained due to change in organizational priorities.

The evaluation findings must be considered in view of several limitations. First, the sample for the evaluation included only 47 projects from 44 grantees and 17 grantee interviews. Although projects and related interviewees were selected to create a purposive sample representative of type of grantees and geographical regions, and type of awards, the findings may not be representative of the population of ACIO Program grantees. Second, ACIO reporting requirements have evolved over time and most grantee reports did not include more recent requirements such as the Service Matrix.

RECOMMENDATIONS

The following recommendations are based on the evaluation findings:

1. To improve the quality of the evaluation in grantee reports, the ACIO Program should provide additional guidance to grantees regarding program evaluation. This guidance could take different forms such as establishing minimal technical requirements for project evaluation including evidence of evaluation capacity, providing sample evaluation plans, providing technical assistance on evaluation, establish peer-to-peer mechanism for sharing of evaluation materials, and facilitating access to web-based resources for evaluation such as utilization tracking, satisfaction surveys, skills assessments.

2. To assess an organization's capacity to handle personnel-related changes over the course of a project, the ACIO Program Request for Proposals section on project personnel should be expanded to include a plan for addressing personnel changes should they occur.

3. To enhance evaluation of the evaluation of individual projects as well as overall ACIO Program, the ACIO Program should revise the Grantee Final Report Template as follows:
   3.1. Question 5: Services developed or expanded
      3.1.1. Add Table to specify which NLM resources were included
   3.2. Question 7: Quantity and quality of services provided
      3.2.1. The relationship between this question and the Services Matrix should be explicated.
      3.2.2. Add requirement to specify category of project-related outcomes (e.g., awareness, resource utilization, document utilization, skills development, satisfaction with training, satisfaction with resource. This could be a table with select all that apply or possibly be added to the Services Matrix.
      3.2.3. Add requirement to specify quantity of use/exposure (e.g., number of individuals trained, number of web site hits). Consider whether or not this should be reported according to categories of direct beneficiaries or populations served as specified in Target Community Matrix.
   3.3. Group Question 7 with Questions 14 and 15 to improve flow
   3.4. Question 9: Effectiveness of promotion
      3.4.1. Delete question because effectiveness of promotion can be measured by utilization.
   3.5. Question 10: Target populations (indicate if different for each service)
      3.5.1. Clarify the relationship between the two target population tables. Does the populations served table refer only to General Public and Patients & Families as direct beneficiaries or does it encompass all categories of direct beneficiaries?

ACKNOWLEDGMENTS

Research team members included faculty members: Suzanne Bakken, RN, PhD, Jacqueline Merrill, RN, MPH, DNSc, Maxine Rockoff, PhD, and Rebecca Schnall, RN, MPH, MBA, PhD. Three doctoral students also contributed to the evaluation: Kenrick Cato, RN, BS (database development), Na Ra Jang, RN, MPH, (coding of grantee reports), and Raquel Ramos, RN, MSN (coding of grantee interviews). The program evaluation and preparation of the report was supported by a contract from the AIDS Community Information Outreach Program. The participation of Mr. Cato and Ms. Ramos was supported by T32 NR007969 (Reducing Health Disparities Through Informatics, Suzanne Bakken, Principal Investigator).

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APPENDICES

Appendix A: Evaluation Framework, Variables, and Data Sources

Appendix B: Original and Revised Report Abstraction Variables

Appendix C: Original and Revised Grantee Interview Guide

Appendix D: Coded Qualitative Interview Data

An Evaluation Plan for NLM AIDS Community Information Outreach Program

Methods, Variables, and Data Sources by RE-AIM Dimensions

RE-AIM Dimension/Study Questions	Methods	Variable Names	Data Sources
Reach: The absolute number, proportion, and representativeness of participants in a given program.			
What percentage of the primary target population participated in program?	-Retrospective analysis of past grantee documents (final reports, publications) by four project categories	- Number of general public participants - Number of patient and family participants - Number of health library participants - Number of public/other library participants - Number of health professional participants - Number of other participants - Number of general public eligible for participation - Number of patient and family eligible for participation - Number of health libraries eligible for participation - Number of public/other libraries eligible for participation - Number of health professional eligible for participation - Number of others eligible for participation - Participation rate - number of participants from primary target population(s) (general public, patients and families, health science libraries, public/other libraries, health professionals, and other) divided by the number of eligible for participation in project (calculated)	Final Report: 10, Target Population Table – primary direct beneficiary
Were participants representative of target population?	- Retrospective analysis of past grantee documents (final reports, publications) by four categories	- General public participant race/ethnicity (fixed response list) - General public eligible race/ethnicity (fixed response list) - Patient and family participant race/ethnicity (fixed response list) - Patient and family eligible race/ethnicity (fixed response list) - Representativeness of project participants (general public, patients and families) - comparison of participants and those eligible for participation on sociodemographic (race/ethnicity, age, income) characteristics (calculated)	Final Report: 10, Target Population Table – primary direct beneficiary
Efficacy: The impact of the program on important outcomes.			

Did program achieve outcomes?	Retrospective analysis of past grantee documents (final reports, publications) by four project categories	Quality HIV/AIDS Resource Awareness (numeric) -General public awareness of quality HIV/AIDS resources -Patient and family awareness of quality HIV/AIDS resources -Health science library awareness of quality HIV/AIDS resources -Public/other library awareness of quality HIV/AIDS resources -Health professional awareness of quality HIV/AIDS resources -Other awareness of quality HIV/AIDS resources Quality HIV/AIDS Resource Utilization (numeric) -General public utilization of quality HIV/AIDS resources -Patient and family utilization of quality HIV/AIDS resources -Health science library utilization of quality HIV/AIDS resources -Public/other library utilization of quality HIV/AIDS resources -Health professional utilization of quality HIV/AIDS resources -Other utilization of quality HIV/AIDS resources HIV-related Documents Utilization (numeric) -General public utilization of HIV-related documents -Patient and family utilization of HIV-related documents -Health science library utilization of HIV-related documents -Public/other library utilization of HIV-related documents -Health professional utilization of HIV-related documents -Other utilization of HIV-related documents Skills Development Related - Number of general public trained - Number of patients and families trained - Number of health library staff trained	Final Report: 2, 3, 4, 5, 6, 7, 12, 14, 15; Target Population Table – primary direct beneficiary

		- Number of public/other library staff trained - Number of health professionals trained - Number of others trained - General public knowledge (fixed response list) - Patient and family knowledge (fixed response list) - Health library staff knowledge (fixed response list) - Public/other library staff knowledge (fixed response list) - Health professionals knowledge (fixed response list) - Other knowledge (fixed response list) - General public ability (fixed response list) - Patient and family ability (fixed response list) - Health library staff ability (fixed response list) - Public/other library staff ability(fixed response list) - Health professionals ability(fixed response list) - Other ability (fixed response list) - General public satisfaction with training(fixed response list) - Patient and family satisfaction with training (fixed response list) - Health library staff satisfaction with training (fixed response list) - Public/other library staff satisfaction with training (fixed response list) - Health professionals satisfaction with training (fixed response list) - Other satisfaction with training (fixed response list)	
Did it produce unintended adverse consequences?	- Retrospective analysis of past grantee documents (final reports, publications) by four project categories -Semi-structured telephone interviews with a representative sample of project leaders	-Unintended negative consequences (text)	Final Report:13 Semi-structured Telephone Interview: 8
Did it produce unintended positive consequences?	-Retrospective analysis of past grantee documents (final reports, publications) by four project categories -Semi-structured telephone interviews with a representative sample of project leaders	-Unintended positive consequences (text)	Final Report: 2, 3, 4, 5, 6, 7, 12, 14, 15 Semi-structured Telephone Interview: 8
What did the program cost as implemented?	Retrospective analysis of past grantee documents (final reports, publications) by four	-Number of primary direct beneficiaries (general public, patients and families, health science	Final Report: 7, Target Population Table –

	project categories to examine project costs and associated utilization rates or other primary outcomes (cost-consequence analysis)	libraries, public/other libraries, health professionals, and other) (numeric) - Project cost (numeric)	primary direct beneficiaries Budget
Adoption: The absolute number, proportion, and representativeness of settings willing to offer a program.			
Did low-resource organizations serving high-risk populations implement the program?	-Retrospective analysis of past grantee documents (final reports, publications) by four project categories -Review of grantee web site if available	-Name of project -Name of grantee -Year awarded -Purchase order number -Type of award (standard, express) -Type of organization (fixed response list) - Organization mission (text) - Size: number of employee (numeric), offices (numeric), physical locations (numeric) - Age: years in operation (numeric) - Funding sources (fixed response list) - Resources: physical capital and material goods (text) -Setting: jurisdictional characteristics (fixed response list), urban/rural (fixed response list) -Geographical location (fixed response list) -Functions and services (other than for this project) (fixed response list) -Management experience (fixed response list) -Project management strategies used (fixed response list) -Marketing strategies used (fixed response list) -Community involvement ((fixed response list) -Influence/prestige of grantee organization (fixed response list) -Population served (fixed response format)	Final Report:1,12, Type of Organization Table; Target Population Table; Table – primary direct beneficiaries
Did program help the organization address its primary mission?	Retrospective analysis of past grantee documents (final reports, publications) by four project categories; Review of grantee web site if available; Semi-structured telephone interviews with a representative sample of project leaders (past grantees); Prospective data collection for future grantees as part of Organization Profile (See Table 2)	-Organizational mission (text)	Final Report:1 Semi-structured Telephone Interview: 8
Is program consistent with organizational values and priorities?	Retrospective past analysis of grantee documents (progress and final reports, publications) by four project categories; Review of grantee web site if available; Semi-	-Organizational mission (text) -Functions and services (other than for this project) (text)	Final Report:1 Semi-structured Telephone Interview: 8

	structured telephone interviews with a representative sample of project leaders (past grantees); Prospective data collection for future grantees as part of Organization Profile (See Table 2)		
Implementation: At the setting level, includes consistency of delivery and predisposing and enabling factors.			
What was developed/done in project?	-Retrospective analysis of past grantee documents (final reports, publications) by four project categories	-Information access categories (information retrieval, skills development, document access, resource development) -NLM HIV/AIDS resources utilized (fixed response list) -Resources developed (text) -Trainings developed (text) -Documents developed (text)	Information Access Category Table, 2, 3 ,4, 9, 11, 13, 16
Were program components delivered as intended?	-Retrospective analysis of past grantee documents (final reports, publications) by four project categories	-Planned project components/objectives (text) -Delivered project components/objectives (text) -Difference between planned and delivered project components (fixed response format - none, minimal, moderate, substantial)	Final Report: 2, 3 ,4,
What barriers to implementation (predisposing factors at individual (target population) and/or setting/ organizational levels) were identified and how were they addressed?	-Retrospective analysis of past grantee documents (final reports, publications) by four project categories -Semi-structured telephone interviews with a representative sample of project leaders	-Type of barriers related to target population of general public (fixed response list) -Type of barriers related to target population of patients and families (fixed response list) -Type of barriers related to target population of healthcare professionals (fixed response list) -Type of barriers related to target population of libraries (fixed response list) -Type of grantee barriers: ((fixed response list)	Final Report:13 Semi-structured Telephone Interview: 5, 6
What enabling (facilitating) factors were/are required to support the program?	-Retrospective analysis of grantee documents by (final reports, publications) four project categories -Semi-structured telephone interviews with a representative sample of project leaders	-Types of enabling factors required to support program (fixed response list)	Final Report: 9, 11, 16 Semi-structured Telephone Interview: 6, 10
Maintenance: The extent to which a program or policy becomes part of the routine organizational practices/policies.			
Did organization sustain the program over time?	-Semi-structured telephone interviews with a representative sample of project leaders -Review of grantee web site if available	- Funded services sustained (text)	Semi-structured Telephone Interview: 9, 10 Grantee web site
How did the program evolve?	-Semi-structured telephone interviews with a representative sample of project leaders	- Project evolution (text)	Semi-structured Telephone Interview: 9
What reinforcing factors were/are required to maintain the program?	-Semi-structured telephone interviews with a representative sample of project leaders	-Types of reinforcing factors (text)	Semi-structured Telephone Interview: 9, 10

Chart Abstraction Variables by RE-AIM Dimensions

ORIGINAL

RE-AIM Dimension/Study Questions	Variables
Reach	
What percentage of the primary target population participated in program?	-Direct Beneficiary Primary Target (select all that apply): general public, patients and families, health sciences libraries, public/other libraries, health professionals – all, dentists, nurses, physicians, health services researchers, health professions students, pharmacists, public health workforce, other -Direct Beneficiary Secondary Target (select all that apply): general public, patients and families, health sciences libraries, public/other libraries, health professionals – all, dentists, nurses, physicians, health services researchers, health professions students, pharmacists, public health workforce, other - Number of general public participants - Number of patient and family participants - Number of health library participants - Number of public/other library participants - Number of health professional participants - Number of other participants - Number of general public eligible for participation - Number of patient and family eligible for participation - Number of health libraries eligible for participation - Number of public/other libraries eligible for participation - Number of health professionals eligible for participation - Number of others eligible for participation - Participation rate - number of participants from primary target population(s) (general public, patients and families, health science libraries, public/other libraries, health professionals, and other) divided by the number of eligible for participation in program (calculated)
Were participants representative of target population?	- General public participant race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - General public eligible race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - Patient and family participant race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - Patient and family eligible race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - Representativeness of program participants (general public, patients and families) - comparison of participants and those eligible for participation on sociodemographic (race/ethnicity, age, income) characteristics (calculated)
Efficacy/Effectiveness	
Did program achieve outcomes?	Quality HIV/AIDS Resource Awareness (numeric) -Number of general public aware of quality HIV/AIDS resources -Number of patients and families aware of quality HIV/AIDS resources -Number of health library staff aware of quality HIV/AIDS resources -Number of public/other library staff aware of quality HIV/AIDS resources -Number of health professionals aware of quality HIV/AIDS resources -Number of others aware of quality HIV/AIDS resources Quality HIV/AIDS Resource Utilization (numeric) -Number of general public utilizing quality HIV/AIDS resources -Number of patients and families utilizing quality HIV/AIDS resources -Number of health library staff utilizing quality HIV/AIDS resources

	-Number of public/other library staff utilizing quality HIV/AIDS resources -Number of health professionals utilizing quality HIV/AIDS resources -Number of others utilizing quality HIV/AIDS resources <u>HIV-related Documents Utilization</u> (numeric) -Number of general public utilizing HIV-related documents -Number of patients and families utilizing HIV-related documents -Number of health library staff utilizing HIV-related documents -Number of public/other library staff utilizing HIV-related documents -Number of health professionals utilizing HIV-related documents -Number of others utilizing HIV-related documents <u>Skills Development Training (numeric)</u> - Number of general public trained - Number of patients and families trained - Number of health library staff trained - Number of public/other library staff trained - Number of health professionals trained - Number of others trained <u>Change in Knowledge/Awareness</u> - General public knowledge - Pre-training: no knowledge/low knowledge, neutral, moderate/high knowledge - General public knowledge - Post-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Patient and family knowledge- Pre-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Patient and family knowledge - Post-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Health library staff knowledge - Pre-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Health library staff knowledge - Post-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Public/other library staff knowledge - Pre-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Public/other library staff knowledge - Post-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Health professionals knowledge - Pre-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Health professionals knowledge - Post-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Other knowledge - Pre-training: no knowledge/low knowledge, neutral, moderate/high knowledge - Other knowledge - Post-training: no knowledge/low knowledge, neutral, moderate/high knowledge <u>Change in Skills/Ability</u> - General public ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - General public ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Patient and family ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Patient and family ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Health library staff ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Health library staff ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Public/other library staff ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Public/other library staff ability - Post-training: very incompetent/incompetent, neutral, competent/very competent

	- Health professionals ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Health professionals ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Other ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Other ability - Post-training: very incompetent/incompetent, neutral, competent/very competent <u>Satisfaction</u> - General public satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Patient and family satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Health library staff satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Public/other library staff satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Health professionals satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Other satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied
Did it produce unintended adverse consequences?	-Unintended negative consequences (text)
Did it produce unintended positive consequences?	-Unintended positive consequences (text)
What did the program cost as implemented?	-Number of primary target users (general public, patients and families, health science libraries, public/other libraries, health professionals, and other) (numeric) - Program cost (numeric)
Adoption	
Did low-resource organizations serving high-risk populations implement the program?	-Name of project (text) -Name of grantee (text) -Year awarded (date) -Purchase order number (text) -Type of award (standard, express) - Type of Organization Involved Lead (select all that apply): community organization, health sciences library, public library, other library, clinic/other healthcare organization, health department, hospital, faith-based, academic, other - Type of Organization Involved Partner (select all that apply): community organization, health sciences library, public library, other library, clinic/other healthcare organization, health department, hospital, faith-based, academic, other - Organization mission (text) - Size: number of employee (numeric), physical locations (1, >1) - Age: years in operation (numeric) - Funding sources (federal, foundation, corporate, voluntary agencies, local community groups) - Resources: physical capital and material goods (text) -Setting: jurisdictional characteristics: inner city, urban, rural, mixed urban/rural, suburban -Geographical location (fixed response list) -Functions and services (other than for this project) (text) -Management experience (<2 years, 2-5 years, >5 years) -Project management strategies used (defined timeline, task completion tracking, used project management software) -Marketing strategies used (brochure/print materials, displays/signs, mailing, emailing, newsletter, phone calls, press release, special events, web site) -Community involvement (use volunteers, partner with community groups, participatory client involvement, community advisory board) - Population Served Primary Target (select all that apply): African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, Youth/Teen, Senior, Rural, Inner City, PLWH, LGBT, Other -Population Served Secondary Target (select all that apply): African American, Asian

	American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, Youth/Teen, Senior, Rural, Inner City, PLWH, LGBT, Other
Did program help the organization address its primary mission?	-Organizational mission (text)
Is program consistent with organizational values and priorities?	-Organizational mission (text) -Functions and services (other than for this project) (text)
Implementation	
What was developed/done in project?	-Information access categories (information retrieval, skills development, document access, resource development) -NLM HIV/AIDS resources utilized (AIDSInfo-English, AIDSInfo-Spanish, MedlinePlus-English, MedlinePlus-Spanish, MedlinePlusGoLocal, Medline/PubMed, PubMedCentral, Other) -Resources developed (10 pairs of fields – a text field for what and a related target audience field with fixed response list of: general public, patients/families, health library staff, public/other library staff, health professionals, other) -Trainings developed (10 pairs of fields – a text field for what and a related target audience field with fixed response list of: general public, patients/families, health library staff, public/other library staff, health professionals, other) -Documents developed (10 pairs of fields – a text field for what and a related target audience field with fixed response list of: general public, patients/families, health library staff, public/other library staff, health professionals, other)
Were program components delivered as intended?	-Planned program components/objectives (text) -Delivered program components/objectives (text) -Difference between planned and delivered program components (fixed response format - none, minimal, moderate, substantial)
What barriers to implementation (predisposing factors at individual (target population) and/or setting/ organizational levels) were identified and how were they addressed?	-Type of barriers related to target population of general public (select all that apply): technology access, literacy, lack of awareness, other -Type of barriers related to target population of patients and families (select all that apply): technology access, literacy, lack of awareness, other -Type of barriers related to target population of healthcare professionals (select all that apply): technology access, lack of awareness, time, other -Type of barriers related to target population of library staff (select all that apply): technology access, lack of awareness, time, other -Type of grantee barriers (select all that apply): lack of organizational commitment, change in leadership, inadequate staff, change in staff, technology infrastructure issues, inadequate project management, inadequate marketing, inadequate budget, other
What enabling (facilitating) factors were/are required to support the program?	-Types of enabling factors required for grantee to support program (select all that apply): organizational commitment, leadership, staffing, technology infrastructure, project management, marketing strategies, budget, other

Chart Abstraction Variables by RE-AIM Dimensions

REVISED[1]

RE-AIM Dimension/Study Questions	Variables
Reach	
What percentage of the primary target population participated in program?	-Direct Beneficiary Primary Target (select all that apply): general public, patients and families, health sciences libraries, public/other libraries, health professionals – all, dentists, nurses, physicians, health services researchers, health professions students, pharmacists, public health workforce, other -Direct Beneficiary Secondary Target (select all that apply): general public, patients and families, health sciences libraries, public/other libraries, health professionals – all, dentists, nurses, physicians, health services researchers, health professions students, pharmacists, public health workforce, other - Number of general public participants - Number of patient and family participants - Number of health library participants - Number of public/other library participants - Number of health professional participants - Number of other participants - Number of not specified participants - Number of general public eligible for participation - Number of patient and family eligible for participation - Number of health libraries eligible for participation - Number of public/other libraries eligible for participation - Number of health professionals eligible for participation - Number of others eligible for participation - Number of not specified eligible for participation - Participation rate - number of participants from primary target population(s) (general public, patients and families, health science libraries, public/other libraries, health professionals, other, not specified) divided by the number of eligible for participation in program (calculated)
Were participants representative of target population?	- General public participant race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - General public eligible race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - Patient and family participant race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - Patient and family eligible race/ethnicity (African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other) - Not specified participant race/ethnicity (numbers in each category): African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, White, Other - Representativeness of program participants (general public, patients and families) - comparison of participants and those eligible for participation on sociodemographic (race/ethnicity, age, income) characteristics (calculated)
Efficacy/Effectiveness	
Did program achieve outcomes?	Category of Project-related Outcomes (select all that apply): Awareness, Resource Utilization, Documents Utilization, Skills Development, Satisfaction with Training, Satisfaction with Resource, Satisfaction with Training Categories of Methods Used to Measure Project-related Outcomes (select all that apply): Purchases, Installation, Utilization Data, Automated Log Files (e.g., webpage hits), Informal Observations, Formal Observations, Interviews, Critical Incident

	Technique, Focus Groups, Survey – Pre and Post, Survey Post Only Quality HIV/AIDS Resource Awareness -Number of general public aware of quality HIV/AIDS resources -Number of patients and families aware of quality HIV/AIDS resources -Number of health library staff aware of quality HIV/AIDS resources -Number of public/other library staff aware of quality HIV/AIDS resources -Number of health professionals aware of quality HIV/AIDS resources -Number of others aware of quality HIV/AIDS resources -Number of not specified aware of quality HIV/AIDS resources Quality HIV/AIDS Resource Utilization -Number of general public utilizing quality HIV/AIDS resources -Number of patients and families utilizing quality HIV/AIDS resources -Number of health library staff utilizing quality HIV/AIDS resources -Number of public/other library staff utilizing quality HIV/AIDS resources -Number of health professionals utilizing quality HIV/AIDS resources -Number of others utilizing quality HIV/AIDS resources -Number of not specified utilizing quality HIV/AIDS resources HIV-related Documents Utilization -Number of general public utilizing HIV-related documents -Number of patients and families utilizing HIV-related documents -Number of health library staff utilizing HIV-related documents -Number of public/other library staff utilizing HIV-related documents -Number of health professionals utilizing HIV-related documents -Number of others utilizing HIV-related documents -Number of not specified utilizing HIV-related documentsSkills Development Related - Number of general public trained - Number of patients and families trained - Number of health library staff trained - Number of public/other library staff trained - Number of health professionals trained - Number of others trained - Number of not specified trained Change in Awareness - General public awareness - Pre-training: no awareness/low awareness, neutral, moderate/high awareness) - General public awareness - Post-training: no awareness/low awareness, neutral, moderate/high awareness) - Patient and family awareness- Pre-training: no awareness/low awareness, neutral, moderate/high awareness - Patient and family awareness - Post-training: no awareness/low awareness, neutral, moderate/high awareness - Health library staff awareness - Pre-training: no awareness/low awareness, neutral, moderate/high awareness) - Health library staff awareness - Post-training: no awareness/low awareness, neutral, moderate/high awareness - Public/other library staff awareness - Pre-training: no awareness/low awareness, neutral, moderate/high awareness - Public/other library staff awareness - Post-training: no awareness/low awareness, neutral, moderate/high awareness - Health professionals awareness - Pre-training: no awareness/low awareness, neutral, moderate/high awareness - Health professionals awareness - Post-training: no awareness/low awareness, neutral, moderate/high awareness - Other awareness - Pre-training: no awareness/low awareness, neutral, moderate/high awareness - Other awareness - Post-training: no awareness/low awareness, neutral,

	moderate/high awareness - Not specified awareness - Pre-training: no awareness/low awareness, neutral, moderate/high awareness - Not specified awareness - Post-training: no awareness/low awareness, neutral, moderate/high awareness Change in Skills/Ability - General public ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - General public ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Patient and family ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Patient and family ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Health library staff ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Health library staff ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Public/other library staff ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Public/other library staff ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Health professionals ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Health professionals ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Other ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Other ability - Post-training: very incompetent/incompetent, neutral, competent/very competent - Not specified ability - Pre-training: very incompetent/incompetent, neutral, competent/very competent - Not specified ability - Post-training: very incompetent/incompetent, neutral, competent/very competent Satisfaction - General public satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Patient and family satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Health library staff satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Public/other library staff satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Health professionals satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Other satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied - Not specified satisfaction with training: very dissatisfied/dissatisfied, neutral, satisfied/very satisfied
Did it produce unintended adverse consequences?	-Unintended negative consequences (text)
Did it produce unintended positive consequences?	-Unintended positive consequences (text)
What did the program cost as implemented?	-Number of primary target users (general public, patients and families, health science libraries, public/other libraries, health professionals, and other) (numeric) - Program cost (numeric)
Adoption	
Did low-resource organizations serving high-risk populations implement the program?	-Name of project (text) -Name of grantee (text) -Year awarded (date) -Purchase order number (text)

	-Type of award (standard, express) - Type of Organization Involved Lead (select all that apply): community organization, health sciences library, public library, other library, clinic/other healthcare organization, health department, hospital, faith-based, academic, other - Type of Organization Involved Partner (select all that apply): community organization, health sciences library, public library, other library, clinic/other healthcare organization, health department, hospital, faith-based, academic, other - Organization mission (text) - Size: number of employee (numeric), physical locations (1, >1) - Age: years in operation (numeric) - Funding sources (federal, state, city, foundation, corporate, voluntary agencies, local community groups, other) - Resources: physical capital and material goods (text) -Setting: jurisdictional characteristics: inner city, urban, rural, mixed urban/rural, suburban -Geographical location (fixed response list) -Functions and services (other than for this project) (text) -Management experience (<2 years, 2-5 years, >5 years) -Project management strategies used (defined timeline, task completion tracking, used project management software) -Marketing strategies used (brochure/print materials, displays/signs, mailing, emailing, newsletter, phone calls, press release, special events, web site, person-to-person, social media) -Community involvement (use volunteers, partner with community groups, participatory client involvement, community advisory board) - Population Served Primary Target (select all that apply): African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, Youth/Teen, Senior, Rural, Inner City, PLWH, LGBT, Other -Population Served Secondary Target (select all that apply): African American, Asian American, American Indian, Alaska Native, Hawaiian/Pacific Islander, Hispanic American, Youth/Teen, Senior, Rural, Inner City, PLWH, LGBT, Other
Did program help the organization address its primary mission?	-Organizational mission (text)
Is program consistent with organizational values and priorities?	-Organizational mission (text) -Functions and services (other than for this project) (text)
Implementation	
What was developed/done in project?	-Information access categories (information retrieval, skills development, document access, resource development) -NLM HIV/AIDS resources utilized (AIDSInfo-English, AIDSInfo-Spanish, MedlinePlus-English, MedlinePlus-Spanish, MedlinePlusGoLocal, Medline/PubMed, PubMedCentral, Other, Not specified NLM resource) -Resources developed (10 pairs of fields – a text field for what and a related target audience field with fixed response list of: general public, patients/families, health library staff, public/other library staff, health professionals, other, not specified) -Trainings developed (10 pairs of fields – a text field for what and a related target audience field with fixed response list of: general public, patients/families, health library staff, public/other library staff, health professionals, other, not specified) -Documents developed (10 pairs of fields – a text field for what and a related target audience field with fixed response list of: general public, patients/families, health library staff, public/other library staff, health professionals, other, not specified)
Were program components delivered as intended?	-Planned program components/objectives (text) -Delivered program components/objectives (text) -Difference between planned and delivered program components (fixed response format - none, minimal, moderate, substantial)
What barriers to implementation (predisposing factors at individual (target population) and/or setting/	-Type of barriers related to target population of general public (select all that apply): technology access, literacy, lack of awareness, other -Type of barriers related to target population of patients and families (select all that apply): technology access, literacy, lack of awareness, incentives for participation,

organizational levels) were identified and how were they addressed?	support for participation, other -Type of barriers related to target population of healthcare professionals (select all that apply): technology access, lack of awareness, incentives for participation, time, other -Type of barriers related to target population of library staff (select all that apply): technology access, lack of awareness, time, other -Type of grantee barriers (select all that apply): lack of organizational commitment, change in leadership, inadequate staff, change in staff, technology infrastructure issues, inadequate project management, inadequate marketing, inadequate budget, partnership issues, other
What enabling (facilitating) factors were/are required to support the program?	-Types of enabling factors required for grantee to support program (select all that apply): organizational commitment, leadership, staffing, technology infrastructure, project management, marketing strategies, budget, partnerships, other

[1] Underlined = suggested revision

Interview Guide for NLM AIDS Information Community Outreach Project Evaluation

ORIGINAL

1. We understand that the primary focus of your project was …. and the target populations were…Please share some of your general thoughts about your project. (Warm Up Question)

2. Can you tell us a bit about your approach and rationale for developing [resources, materials] versus using existing [resources, materials] such as those provided by the National Library of Medicine?

3. How was your project consistent or inconsistent with your organization's mission, values and priorities? (RE-AIM Adoption)

4. How did you implement your program (Probes – collaborations, project leadership, management, and staffing; marketing)? (RE-AIM Implementation)

5. How did you facilitate the use of the services or resources developed in your project (Probes – marketing, training, coaches)? (RE-Aim Adoption and Implementation [Enabling Factors])

6. What were some of the challenges to use of the services or resources developed in your project (Probes – inconvenience, technical, staff turnover)? (RE-Aim Adoption and Implementation [Predisposing Factors])

7. How did you overcome these barriers (Probes related to barriers identified in question 4)? (RE-AIM Adoption and Implementation [Enabling Factors])

8. How did the services or resources you created in your project increase access to HIV information? (RE-AIM Effectiveness)

9. What were some of the unintended positive (i.e., serendipitous) or negative consequences of your project? (RE-AIM Efficacy/Effectiveness)

10. Once the funding for the project was over, how did you continue to support use of your information service or resources? (RE-AIM Maintenance [Reinforcing Factors])

11. Based on you experiences, what would you tell other organizations about what is needed to implement a NLM AIDS Information Community Outreach Project?

12. Are there any other thoughts about your project that you did not get a chance to share that you would like to share now? (Clean Up Question)

Interview Guide for NLM AIDS Information Community Outreach Project Evaluation

REVISED

1. We understand that the primary focus of your project was …. and the target populations were…Please share some of your general thoughts about your project. (Warm Up Question)

2. Please describe your use of existing NLM resources versus developing new resources (Probes – specify NLM resources, tailoring to local needs, formats, media). (RE-AIM Implementation)

3. How did the services or resources you created in your project increase access to HIV information? (RE-AIM Effectiveness)

4. What were some of the unintended positive (i.e., serendipitous) or negative consequences of your project? (RE-AIM Efficacy/Effectiveness)

5. How did you implement your program (Probes – collaborations, project leadership, project management tools, management, and staffing, marketing, training)? (RE-AIM Adoption and Implementation).

6. What were some of the challenges to use of the services or resources developed in your project and how did you overcome them (Probes – inconvenience, technical, staff turnover)? (RE-Aim Adoption and Implementation [Predisposing and Enabling Factors])

7. Once the funding for the project was over, how did you continue to support use of your information service or resources? (RE-AIM Maintenance [Reinforcing Factors])

8. Based on you experiences, what would you tell other organizations about what is needed to implement a NLM AIDS Information Community Outreach Project?

9. Are there any other thoughts about your project that you did not get a chance to share that you would like to share now? (Clean Up Question)

RE-AIM Dimensions / Construct	Themes	Categories	Interview Quotes
Did program achieve primary outcomes?	Primary Outcomes	Knowledge	Well, it gave them more information about HIV. And there were; my clients have all these myths about HIV, especially in the African American community. I had a client that walked in here one day and she was HIV positive for ten years, or had been HIV positive for ten years. And she was devastated; she was crying. And I said what is wrong? She goes, I'm going to die. And I said what do you mean you're going to die? Well, she thought that after ten years, she had been told that after ten years with HIV, you die." (MR) "I think it also allowed people to read the information at another time, so that you know at the hospital there are so many decisions survivors have to make, you know about pregnancy prophylaxis and STI prophylaxis, and reporting and you know it's pretty overwhelming. So, dealing with the HIV conversation as well is a lot. So, being able to, you know, in a situation where it was fairly low risk, giving people a little bit of time to think was good. So, I think those are some of the big successes, is just gathering the information and having it available for people so that it could facilitate conversations and pace people's interaction with all the different things that they needed to be thinking about around their health and wellbeing." (GS)
Did program achieve primary outcomes?	Primary Outcomes	Skill	"…it allowed the advocate to feel more comfortable in having the conversation because they had a tool to use to refer to and to give." (GS) "So people's computer skills increased. Their use of Medline Plus increased. And they reported that they had changed some health behaviors." (KP) "But (inaudible) we've evolved from initially the idea was to simply help raise the visible divide for low income people living with HIV who did not have ready access to computers and to the internet, so that they could also do two things. One, increase their skills level in using computers and researching or resourcing the internet for their own needs, but also for communication and for social interaction with other people living with

			HIV, with their providers and that sort of thing." (SL) "but we do teach them PubMed and MedlinePlus that they can use their iPhones for mobile searches, so we do introduce that to our training program." (NB)
Did program achieve primary outcomes?	Primary Outcomes	Access	"…it enhanced our usefulness, in terms of being able to provide this information to other organizations who might have a [rape] survivor come. Like a LGBT organization this could be really useful if they had a survivor disclose." (GS) "Oh well, it's definitely offered either print materials and/or electronic access to members who may not otherwise have that access. So, you know, a lot of the people who tend to use the resource room work consistently, or people who are in transition in terms of housing. And you know, they are already limited in terms of having access to telephones and emails and computers and all of those things." (NS) "I think one of the greatest successes of these awards is making electronic access available where it often has not been available historically" (JH) "The goal was to educate the population about it and also to reach health professionals and teach them information to use, one, in their practice, and two, to pass on to their patients." (NB) "I think that we enrolled more people in Frontline Teach than we had in the past and we did more classes of Frontline Teach than we had in the past. It used to be just a once-a-year class that we did face-to-face… So we were able to really increase the numbers of people that we enrolled in that class. A lot of the people on that class are folks who really are HIV negative aren't in the system, so don't have a lot of opportunities for HIV education that they really might need. So we, I think, greatly increased access to information for those folks." (JF) "we have a module on finding good online HIV information using the National Library of Medicine's website...so all of those people actually got

			that kind of good information as well." (JF)
How did the program affect secondary outcomes?	Secondary Outcomes		**INTERVIEWEES DID NOT DISTINGUISH BETWEEN PRIMARY AND SECONDARY OUTCOMES SO NO DATA WERE PLACED INTO THIS CATEGORY**
Did it produce unintended adverse consequences?	Unintended Negative Consequences	Negative financial impact on client	"I mean the money is pretty little. And also, a lot of the people we work with are on disabilities. They're not allowed to earn much more than, you know, a little bit of money. And then for them the negative consequences are that they pay taxes on this money. And they're expected to report it to disability. And if they don't do that, they get into trouble. And that's happened because people didn't know. So, that's something to be really aware of. We really have to like guide people a lot more." (KP)
Did it produce unintended adverse consequences?	Unintended Negative Consequences	Inappropriate use of resources	"We have had a couple members, for example, who spend a lot of time in the resource room who act like it's their living room, and so there has been other clients who have felt like, well, I don't want to go in there because I don't feel like dealing with John… had hard conversations with some of our clients to say look, you know, you can't be here, you know, six hours a day." (NS)
Did it produce unintended adverse consequences?	Unintended Negative Consequences	Unable to meet unanticipated user needs	"I think that in any instance with any...what we would call a reference question or request for information at the AIDS Library....we try to respond as soon as we can, but it really depends on the type of question and how long it's going to take us. We'd like to be able to sit down with somebody and have that reference interview and say when do you need this by or when can we get this information back to you, which is how we handle it when people come in every day. But when it's an anonymous person on YouTube, that model is really difficult. So even though I think our turnaround time on answering questions is usually very, very good, like under a week I'd say for 99 percent of the time. In this instance, the gist was...it opened up a whole set of questions that we were not prepared to answer in terms of our service provision." (JF)

Did it produce unintended positive consequences?	Unintended Positive Consequences	Amelioration of stigmatizing behaviors	"So I was teaching one for seniors a couple weeks ago and this woman was very honest. And she said she keeps her HIV friends at arm's length…a separate place for them. You know and all this like Stone Age stuff. And everybody in the class really jumped on her. I didn't say a thing. And people corrected it and we showed her, you know, evidence where that was disproven. And she actually left the session saying she has to change her own behavior." (KP) "But, I've seen people who've gone through, you know, some of these trainings and have an interest in health. You know go from saying I never want to be seen on the street with anything related to HIV, to becoming like community health advocates and peer educators. And not only going out to distribute health information, but then on their own time, coming to rallies around HIV and participating in local and national meetings." (KP)
Did it produce unintended positive consequences?	Unintended Positive Consequences	Improved knowledge about health	"I think that actually we started to engage people looking at their health more holistically. I mean, of course, the focus of HIV and STI's and there are people paying attention to that. But they also began to have sort of a broader view about, well, your health impacts you definitively, and you need to have an understanding of what your risks are. Not only for HIV, but other things as well. So this would get into other conversations about services that people would need, for instance, mental health; which people don't really talk about too much, either in the Latino population or African American." (AC)
		Improved education and skills	I've had folks who ended up applying and going to school because they learned how to use the internet to look for a program to help them pay for school." (SL) "So, in terms of getting people, the most of that facilitation and primarily is getting people in to the center and getting them familiar with that, so that we now have people who, they check in on their own when they come in. They have their own login information. And they now can just go straight to the cyber center and make use of the facility." (SL)

		Client empowerment	"Not all, but people who were definitely unemployed or underemployed and at least provide a little source of income, as well as an opportunity to make a contribution." (KP2) "So the community health advocates who actually worked with us really gained a lot of confidence." (KP2) "You know and my goal, in my position, I feel like is to lift them up. And so, whether I'm teaching, whether I'm counseling, whatever I'm doing my purpose is to lift them up and give them hope. And that's why they come back." (MR) "So this project, yes, you act as an empowerment to HIV online education and research. But you cannot empower somebody who doesn't want to be empowered, or who doesn't feel that maybe they could be empowered. Somebody who has always been told what they should do." (YW) "I would say a positive would be that people connected with each other that would've never connected with each other before. And they were actually using some of the information that they learned through the calls and through the website when they went to doctor's appointments. They actually stated that on some of the calls, so I'm like yes, cool! That's great." (R & M)
		Social engagement	"Partly the good is the community, you know, the community connections, the people being…people feeling like they have community. They are able to have safe place to go and access what they need." (SV) "And we've also worked with so many different organizations in the community that now our department has a community advisory board. And some of the people have been drawn from this work. So they're very supportive. I mean they've supported us through the library, through providing facilities for training." (KP) "Well, I think the positive thing is to see people so much more engaged in like upstream issues. So, we've seen people who've gotten kind of activated through the workshops actually come out to meetings. You know and that's

			been really, you know not in mass numbers but that's been really encouraging to see people like, you know, step away from the stigma and actually get engaged. So to me, that's the real benefit." (KP) "So we identified one of the libraries in the Ward 8 area where we did a lot of work. And it turned out that the librarian, you know, participated in our interviews and then became one of our leading champions." (KP) "We have people from other states that have joined now and actually have a couple of people from other countries." (R&M) "…but I did set up a Twitter account for CNY Connections. And not that long ago, but I think we have over fifty followers now. And you know so it's great. You know interacting with people on Twitter even. So there are new connections being made still." (R&M) So sometimes for us that would make us aware of perhaps the target community that we could include that maybe we didn't think about or just find out about a group that might be interested." (JB) "However, one of the exciting things that happened when we taught this Project was we created these videos and then we had to host these videos someplace, and the best place to host them was on YouTube. We would link them into the Moodle system from YouTube. So we have a YouTube page now for the AIDS library that has 105,000 channel visits and 197,000 view of our videos. So it's been this sort of added benefit that the whole....you know, globally people can access these videos that we created with good content and materials." (JF)
Did it produce unintended positive consequences?	Unintended Positive Consequences	Role change for libraries	"I guess the best positive unintended is, I guess, librarians and non-librarians understanding the benefit of health literacy in the library setting. I think we get too focused on our traditional work. I'd never really thought about the expertise in the area of research, you know, what's credible, what's not credible and looking at it from the different perspectives or from the teen perspective, that they go online every day...from the seniors' perspective, that they're going on and if it has a certain word in its name, it seems credible. So I never thought about that and I think people have a different appreciation. I know I do, personally, of the work that the librarians are doing. I think one of the other things that has come out of...is

			ongoing discussion...in fact, we have a staff member who's actually trying to do a paper on this...does that change the role of the librarian from the research information person to almost like the...not a social worker or case worker, because they're not working with cases, but does that change the role of the librarian when you're dealing with all of these other issues that people have as opposed to what people normally or traditionally think of libraries." (QL)
Did it produce unintended positive consequences?	Unintended Positive Consequences	Expansion beyond project intent	"That [the 6 station cybercenter] has expanded to actually making use of our equipment and our facility to host other community activities like trainings, webinars. We have hosted teleconferences or tele-hubs from the International AIDS Conference, from other conferences when there have been webinars on the Affordable Care Act or other up-to-date kind of information and training. We have invited folks in and have held community sessions using the cyber center and our equipment and internet access." (SL) " "We ended up creating a whole other area of work that has now gone national, that is just amazing." (NS)
What did the program cost as implemented?			"It was $60,000." (AC) "They've ranged. Usually it's $50,000 or $60,000." (KP) "$60,000 over two years." (R&M) $60,000 … I do think it could be used to seed money in order to launch something maybe larger for an organization. (AC)

Did low-resource organizations serving high-risk populations implement the program?	Community Involvement	Going out to community	"I didn't anticipate ending up having 57 different sessions and sites in that short period of time and so many attendees. That was a very pleasant surprise. Also, we didn't anticipate people of the libraries and other organizations actually calling us and inviting us to go to them." (NB) "And we found that the easiest way, as opposed to trying to bring them

			first into the library was for us to actually go out to their sites, and in that way...you know, when they have their meetings..." (DC) "So we've taught health at the Academy of Hope Health Education or Adult Education Program. And we now do quarterly classes for the D.C. Central Kitchen, Culinary Arts Students. So they get trained on how to cook and nutrition, and then they come to our workshops and they learn about resources online. So I think it's a win/win for most people." (KP)
Did low-resource organizations serving high-risk populations implement the program?	Community Involvement	Partnerships	We have been very fortunate to develop a relationship with AmeriCorps. And, each AmeriCorps volunteer, some of them, you know, much stronger than others, but they really take an interest in the people that come into that space. (NS) And initially, we also had a partner with a survivor project, which is no longer in existence, but it was an agency that really focused on information for people living with HIV. (NS) "We have continued in a partnership for a number of things. Like we are currently a part of working with the Black AIDS Institute, which is a national organization with a project called the Black Treatment Advocates Network, where we have recruited and worked with training local HIV positive people and providers on treatment education and treatment advocacy. And so again, with using the cyber center to help them find those resources, to communicate with other B10 network members in other cities around the country, to plan their meet-ups when they're meeting and having activities at different regional or national meetings." (SL) "And then I think the third partnership that I would list up is our partnership with our local primary infectious disease program through the Ryan White Part D program, which primarily focuses on women, infants, children and youth/adolescents. And so we provided special timing for adolescents to have access to the cyber center." (SL) "We collaborate with other organizations such as Centro de Informacion. It's a Latino organization." (CC) "And then our metro-Washington public health association, which is one

			of our chief partners and co-leaders… And so that's, you know that's all about reducing inequalities around HIV status." (KP) "…we do work in collaboration with the sexual assault nurse examiner program. And there is a group that meets once a year to talk over a whole bunch of issues. And those are representatives from like the crime labs from the sexual assault units, from the hospitals, from other rape crisis centers, etc., to really look at all aspects of acute response." (GS)
Did low-resource organizations serving high-risk populations implement the program?	Marketing Strategies	Fliers/posters/ brochures	"We've done like outreach where give out flyers to advertise classes and we have bookmarks that advertise good websites." (KP) "600 sort of posters go up within the mass transit system about our walk-in (?) services that are available. So, we do a lot to try to educate the public about the availability of services. (GS) "And so basically, we put flyers up and stuff and told members. (NS) ""So, well first we do a lot of outreach consistently. We deliver flyers about the cyber center. (SL)
Did low-resource organizations serving high-risk populations implement the program?	Marketing Strategies	Used connections	" "So working with the AIDS Institute in New York City and different places, you know I was able to call on those connections, actually throughout New York State, to say hey, can you help us get the word out? And they did. So, that was really helpful." (R&M) "We basically used our…and we used all of the connections we had with provider entities and our consumer advisory passports which we had from the agency already, to create a massive marketing campaign. We distributed information every possible way." (R&M)

Did low-resource organizations serving high-risk populations implement the program?	Marketing Strategies	Social media/ email/web	"social media. So blogs and Twitter was the main way that I marketed." (RA) In fact, I put some on our Facebook page, but unless somebody wants to come to our Facebook page on that topic, they wouldn't see it."(NB) "And we held professional development sessions on things like health literacy. And we would use several list-servs to do that, including a literacy program in Washington. So it was mostly through email. I don't think we, we really didn't seek out press coverage or anything like that." (KP) "So what I would do is send out announcements on various Second Life notification systems, so that I could send them to all the educators or all the health care people." (RA) We have a website that is accessed a lot and has a map, an interactive map where people put in their location and it tells them the nearest SANE site to where they are. You know I think it's a constant sort of putting yourself out there and being in the community, and letting people know that you're available and where they can go to get information of how to get help." (GS) We have a posting and keep that up-to-date on our own webpage. (SL)
Did low-resource organizations serving high-risk populations implement the program?	Marketing Strategies	Link with existing programs	"One of the mechanisms that we used was when we found that there was a group that meets on a regular basis we would contact the leader of that group to see if we could come in as a guest speaker and meet with the groups. So we kind of found different ways to promote the program, but we don't have the funds for TV, and the newspapers are just not as good anymore. (NB) "From what I understood, it was really sort of going out and engaging the programs, the collaborators, the communities' agencies. But marketing it to other persons outside of those agencies, it was probably very minimal. We were sort of taking advantage of the populations that we could engage through these different entities. So they were, to some degree, kind of a captive audience, because we could go there and enroll." (AC)

			We go to consumer meetings and so forth, there was a need for that, but it didn't materialize." (R&M) "…we marketed the program really to a number of different audiences at the time. The one that actually was the best fit was what we call our Frontline Teach Class, which is for people who are in the field, who are working in the field and on the frontlines of the epidemic, we like to say, so outreach workers, prevention workers, as well as family members and partners of people who are living with HIV to know more about how to support and what people who are living with HIV are going through." (JF) Our hotline staff, definitely when people ask them a lot of questions, especially students, we get a lot of students that call the agency, because we are one of the largest in the Southeast, and we're probably the largest in the Southeast, and one of the largest in the country. We do get a lot of students that call and say, hey, I heard about AID Atlanta, I want to, you know, interview someone or I want to talk to somebody, or I want to…whatever. And so, a lot of times we'll refer those people to come into the resource room and you know, Alexia will be in there blah, blah, blah. And that will help also promote the resource room." (NS)
Did low-resource organizations serving high-risk populations implement the program?	Marketing Strategies	Word of mouth	" "Well, there was a lot of word of mouth at that time. …. So our agency was the first in New England and still the largest in New England and you know, so we had resources to get the word out." (EB)
Did low-resource organizations serving high-risk populations implement the program?	Marketing Strategies	Face-to-face	"But I did do a little bit of face-to-face marketing." (RA) We essentially have folks who will go out and actually do site visits to different other providers, like to support groups and other areas where they can directly promote the services and the facility, to communities, what that actually helps us do also is we now are the (inaudible) site for our Ryan White Consumer Caucus…." (SL) "So, you know, basically our receptionist helps to promote." (NS)

Did program help the organization address its primary mission?	Organizations Primary Mission		"So what areas will I focus on, and then I look and see what applications may come out and then I call the meeting and we usually decide within a week...an RFP coming out is, you know, how does this fit in with our overall strategic plan, does it tie into our plan of service, how are we going to...how will this be implemented, give me the steps of how it will be rolled out, how will we monitor." (QL) "So we just felt that it was a natural fit for us and what could we do, you know, since we're trying to look at literacy from a larger umbrella. So we're looking at not only just be the general ones with just reading and writing, but we're looking at what type of information are people looking for, so we're looking at health literacy, we're looking at computer literacy, we're looking at media literacy. So this fits right in and it fits right in with what we're trying to do with our whole Health Link Department." (QL) "It is because when we look at the library's mission of life-long learning, we looked at what does that really mean. … So it actually has become a way for us to really talk about doing more of an ongoing assessment of what the communities needs are and how do we help to address that, either directly or through partnerships." (QL) "We are one of the three largest HIV nonprofits in the U.S. And we focus in four areas: education and training, capacity building, advocacy and health services research and evaluation, and so two of our signature programs are both focused on integrating HIV into the primary care setting. So we have a significant reach into health centers, a significant reach to PCPs and then of course already reach the HIV specialists and the HIV consumer audience, but from the professional side, a tremendous amount of depth in that area. And so this was a natural fit in that NLM's interest wasn't getting the HIV websites more utilized and for us to be able to offer a resource to primary care providers, to be aware of those online websites, fit very much in line with what we do and just added another layer." (BH) "And so this was in line with our mission. And what would benefit our parents." (MR) "Well, our mission is to support the Core Center and develop

			programming that will help patients, as well as vulnerable communities in the City of Chicago. So anything that's related to potential … related to patients or persons who might become patients, or the general population that this center serves. So, yeah, that follows along with the mission of what we do." (AC) "Yes, because our organization's mission is to really provide people with the…I mean this isn't our stated mission but, in terms of this aspect it would be that we try to give people as much information as possible, in order to make informed decisions about their own healing and health." (GS) "So, our organization's mission is to break barriers and build community. And the summary of our organization's mission is to break barriers and building community among those people who are living with HIV or infected or affected by HIV. And so, the resource room actually is a perfect fit because our goal is to make sure that people, whether they're positive or negative, have access to the resources that they need. And so, our resource room is an example of breaking barriers and building community in the sense that we provide information and workshops sessions, and even technical assistance through our AmeriCorps volunteers to help people who need their support, access the information and resources that they need. And then, the space in and of itself helps to build relationships and help build community." (NS) "So the organization's mission is to end the epidemic within the lifetimes of those living with HIV today. We're a very comprehensive HIV and AIDS organization. We have a clinic. We have clinical research that we do. We have a suite of education programs. This project was consistent with the organization's goals because the organization fundamentally believes that people need not only access to information and that information is lifesaving, but that they need it in a way that is easy to understand and easy to access. So the idea behind this project was to address two of those things....both of those things." (JF)

Is program consistent with organizational values and priorities?	Organizational Values and Priorities		**WE DID NOT DISTINGUISH BETWEEN MISSION AND ORGANIZATIONAL VALUES AND PRIORITIES IN THE INTERVIEWS.**
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Expertise	"we had to try to figure out a way in which to really talk about the issue without scaring people. … it really was more of an issue of how do we even promote the fact that we're offering these workshops and offering the materials in the library setting around HIV and AIDS. So it was a...we needed a whole different type of professional and a whole different type of community coordination around that." (QL) "I don't want to say a challenge, but it's been eye opening because you even have librarians who think of their role in one way, and then when we sit down and we talk and they don't really think about what we'll be doing five years from now that's really different from what they're doing now. When we start talking about community focus that really changes the mindset." (QL) "The first challenge was staffed traditional librarians and their level of comfortability in providing this type of information." (QL) "It's a way of making the space comfortable for them and actually making them comfortable in talking to you about what it is they need. That was one of the biggest things...and also, one of the other challenge is the fact that because we are so diverse, addressing the issue about HIV/AIDS, especially in communities where they don't talk a whole lot about it. So that's one A and B that they're both linked together." (QL) "Well, some of them...we were able to overcome some. We weren't...the ones we were able to overcome, it really did mean regrouping as a library and looking at what the comfort level of was of staff. We were looking at what could we do in terms of our partners, what kind of information could we provide to them. There were just some that we looked at and really had to decide whether or not that was something that was really in

			the domain of the library." (QL) "I don't think we were honestly organizationally at that point very adept at creating accessible tools for survivors themselves, just the language we would use, the amount of detail. You know our ability to translate what we knew to something that was useful to survivors was limited at that time. And we were, I mean I still think it's a struggle, but we're much more aware of the kinds of things we would need to think about before we would put out something that was sort of public than we used to be." (GS) "…we, as a movement, have a really hard time writing health information in an accessible way. Like that's not our expertise and so when we do something like that or when we would do something like that now, we would hire a health writer or something to help us translate what we're trying to say into a way that people would be able to relate to it." (GS) "And initially when we got funded, our resource room was really led by our IT, but our key staff are not, you know, our key people are not the most warm…right, not the most patient, maybe not the most people skilled focused, you know, and that's not their job. They are computer people, right? And so, what happened was we would have some challenges with some of the soft skill, that our members really appreciate about the agency overall. So, what we were trying to figure out is a way to staff with volunteers, so actually brought in our hotline. We have an 800-hotline that is funded through the State of Georgia that actually is connected to our resource room. They're actually the ones who kind of oversee the process. And, we were trying to use their staff, but again, we were limited in staff, and they had limited access and availability to really, you know, staff the resource room appropriately. So eventually, we saw an opportunity to partner with AmeriCorps, and we were like, oh, that might work. And so, that has actually been the most successful." (NS) "We didn't think the camaraderie and the soft skills would be so critical. So, the initial issues was with our IT staff, you know, because they're very IT. So, you know, it would be to have people in looking at stuff on the computer and just making sure we didn't have such open access, that it

			was potentially…that people couldn't use the equipment inappropriately, but also training our IT staff on how to work with people to some extent. And they really…we realized quickly that they were not the people to be providing technical support to members. That just wasn't their skills… So, that was one challenge, but once we pulled that back and really got the staff from the hotline, and then also the AmeriCorps people in place, that addressed that pretty quickly." (NS)
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Technology	"saying we're an information hub, so we should be able to provide information to our customers however they can best access it." (QL) "But the other factor I don't think I mentioned is that these things are outdoors, so the glare on the screen is so awful that we were often in the sun. It was just ridiculous, so we'd give out printed materials." (KP2) "We had a lot of thoughts initially of how we wanted the technology to be set up. We wanted to have kind of like kiosk type computers where people could, you know, go to different, you know, like we had kind of a frontend interface and all of that, and it just seemed like that became a lot more challenging, and then IT had to be more involved if we had all of those different bells and whistles on. So, we kind of, you know, shifted our focus, but also just making sure that the appropriate websites were blocked. You know, we don't want people to be on chatting, you know, setting up dates and stuff like that necessarily. But at the same time, we do want members to be able to check their Facebook and their email, especially if they're trying to go to school. Or, they may be chatting for good purposes. It may not be just about hookups, it may be about, you know, information and letting people know about different activities and things going on. So, it's just a matter of figuring out the right balance that was appropriate for the agency as well as not so limiting for our members that it made it no benefit to use the room." (NS) "So, I would love to have someone who sole responsibility is to ensure that all of our databases are constantly updated, that all of the materials that we put out are thee most updated, that fact sheets, handouts, things like that are you know, transitioned appropriately." (NS)

			"And then, you know definitely challenges with like equipment working and like some organizations blocked YouTube or they blocked PDFs. And you know it's always like trying to get the IT people to come in and really pay attention. And we've had maybe three computers stolen over the years. Yes, but you know, now we lock them down so hard, we can hardly remove them when they need to be repaired." (KP) "Mainly the people we were reaching at the time were rural, very rural some of them. And internet access sometimes was a problem. Some of them only had cell phones, which if you don't have an unlimited plan, it you know, would eat up your cell phone minutes if you were to join a webinar or a weekly call." (R&M) "So I think that access has changed a little bit, but not enough yet. It's more a matter I think, going to say having a computer or access to a computer than knowing what to do with a computer if you have access." (R&M) "an issue with respect to a delay in the installation of lines" (JH) "Computer technology availability, so you can't – at least you couldn't then – get into Second Life on just any low-end computer." (RA) "That is really important because computers are still relatively new, the internet is still relatively new in terms of any widespread access." (JB) "And quite frankly, until recently just because of the area we were in, just the broadband access was not as strong. And so we sometimes have frequent internet outages. But that was about a couple of years ago. And that has improved greatly." (SL)
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were	Barriers to Implementation	Evaluation	We found that there weren't a lot of questions coming in and we also found there wasn't a lot of information that was going out, so looking at how we were going to track that." (QL) "I think another challenge in all of these projects is the evaluation piece, which is what you're grappling with also, like what are the outcomes that are realistic and pertinent to NLM. We have here a lot of different

identified and how were they addressed?			outcomes we'd like to see and they're hard to measure." (KP2) "NLM has very clear objectives, but measuring impact is another story. So we ask people about their intent to use what they've learned and that's supposed to be a pretty decent predictor of behavior, but I don't know." (KP2) "but sometimes it's always helpful to have somebody there take a look and see what more we could have gotten out of our data in terms of evaluation. I did interface with our Evaluation Director here." (AC) "Maybe because I came into the project later, I wasn't the original person who was looking at this, who created this, all that good stuff; but sometimes it's always helpful to have somebody there take a look and see what more we could have gotten out of our data in terms of evaluation…. You know, I'm looking at this data a certain way, but I might not be seeing something that could be extracted that might be more informative." (AC) "So, I mean the weakness of our work, and I'm sure it's hard for everybody, is…and my mostly focus is on trainings, is once you have a workshop or a discussion and if you don't see the people again, you don't really know how they're using the information." (KP) "But we don't have long term relationships with people, so we really don't know what happens." (KP) "So then we tried sending, giving people a postcard that they could send back to us in a week or two. So we got a few and it asked people if they used any of the services that were being promoted or any of the information resources. And so, that wasn't really successful, although we got enough back to analyze." (KP) "I mean we're reducing some disparities in terms of access to good information. But, you know we don't have any really long term follow-up to see what really happened." (KP)

What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Mismatch between user needs and project approach	"Another challenge was this video project that never happened. And I can't understand why because we thought would really engage young people. But it didn't and we tried it several times and the person who was really spearheading that is kind of a social media activist and has done this work before. So I am not really sure why that didn't succeed. I would have been nice to have engaged more people doing it." (KP2) "They're calling things up on their phone. They're not at their computer often. You know when they're searching for information; it's from a handheld in their office and so on and so forth." (BH) "I think in our own state we've had some challenges around different hospitals having different policies around providing that prophylaxis. We had, at the very beginning of prophylaxis being available; there was a local health center who had a grant to be able to provide it. Mostly for LGBT populations and you know unprotected sexual issues, as well as sexual violence within that context. But we sort of tapped into it for our population as well. And they let us do that, so that sort of took care of it for a while. But, once that funding went away, it's been a little bit, up until more recently when it's really, you know, we sort of understand the system of access that we have now, it was really bumpy for a while because one hospital had a grant, ended up getting a grant to be able to provide the one-month supply, which is about $1,000 worth of medication, where the other ones didn't. And they didn't want to let patients from other hospitals access that, because they only had a limited amount. So, it's been complicated. So I think in terms of providing the information to survivors, I think it would be great. We would just have to think about how to approach the fact that there would be some variability potentially in ease of access." "Yeah. And another thing that we are not offering, but a large number of our participants, a huge number I will say, is that we would like to see if we could offer an English class through the computer. We were not doing it because the National Library of Medicine told us that that was not the main purpose of it. Even though I expressed some concerns, and it will be an easier way to recruit more participants to access the National Library of Medicine." "We were even talking with the public libraries, who do a collaboration effort, because they do have access to a particular

			program that English as a second language. And they were willing to work with us and let us use that from our computer lab for the participants. And we would have signed up to do it. And, again, I don't know what is behind it, but I think it will be a great success for having more participants using the computer labs. And, again, we'll teach them how to access the National Library of Medicine with English as a second language, but, we're not … Because the first time we applied for this grant we put that; that we're not only going to be teaching this, but we would like to give them an opportunity to learn English, the participants, or practice English as a second language. And they said, no. " (CC) "I think that's a big thing too, is you know having the resources to be able to even pay for that additional service." (R&M) "And the other thing is that people's lives are such that trying to do something on a scheduled basis was somewhat of a challenge. You know the telephone conferences were actually at a set time on a set day." (R&M)
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Project management	"I don't think it's realistic to be able to manage and implement a program, certainly if it's new, with $60,000." (AC) "So I think the management side of things is always the more challenging. It's a lot of effort organizing any kind of program...you know that...then just trying to keep momentum going." (KP2) "You know, you just get it going. You find out you got funded, you get it going, and then you're actually going to have, I think, a smaller window to do the work and allow for any contingencies." (JB)

What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Client literacy	"Some of them cannot read. Some of them can barely write. Some of them the English is not their first language." (YW) "Well, really our project was just about putting the information in some sort of an accessible format, although now looking at it, I don't know how accessible it was, but because it was a lot of words." (GS) " "And then the other challenge was the literacy level of the clients. And so, we had to bring it down a little, you know. And we really have to meet the client where the client's at." (MR
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Client computer literacy	Because a lot of them are not computer savvy, they're not familiar with computers, so we have to show them how to do that." (YW) One of the major challenges that we face with the population that we were working with and are still working with is that a big number of them don't even know how to use a computer. So they don't have an email address or anything like that. So facing that challenge what we decided to have like basic skills computer classes. So we were teaching the Latina how to use the computer, what is the computer." (CC) "But other challenges are teaching classes where everybody's at a different level." (KP) "From my point of view, it was really that we saw that as being something that people could do independently outside of class to get more information. In actuality, the population in that class was not really able to independently access it." (JF)
What barriers to implementation (predisposing factors at individual, setting/ organizational	Barriers to Implementation	Matching resource to clients in crisis	"And I think also the fact that many people who would be seeking this information, you know, have sort of multiple crises going on. I mean it's one event, probably one event or a series of events that is bringing them to accessing rape crisis services." ( ) " "All of those kinds of things are really challenging. And we serve people who, you know, it's only been a couple of hours since they were assaulted

levels) were identified and how were they addressed?			to people who were assaulted thirty years ago and maybe are wondering when their HIV was a result of the rape that they experienced. You know it could be a whole gamut of things, so we have to really narrow the audience for the tool."
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Recruitment issues	So, we're expanding into Prince George's County. And people from the counties surrounding D.C. are always welcome to come to our events. But, we haven't made a concerted effort to really reach out to them." (KP) "Well, I think one of the earlier challenges was actually recruiting people to come to workshops… But now that we really invite organizations, it's a little bit more stable. So we get like D.C. Central Kitchen students. That class is an average of twenty-five people." (KP) "We would get people that would call and inquire, but never actually make that next step. And we tried to troubleshoot a lot of that." (R&M) "…people were interested but to get them to take that next step to call in, to listen to our webinars, all of that, really, I found to be one of the major challenges." (R&M) "But some people also, I think a little bit of what Patty was just saying is some people are interested but I think too without knowing maybe the person on the other end, possibly you're not establishing that relationship or that trust, you know that you need to do. Have that trust."(R&M) We haven't done webinars, it's something I'm really kind of interested in, but you know, it just hasn't come together for us yet. Because it's sometimes like pulling teeth to get providers to, you know, if there's not a meal involved, no matter how interesting I try to make the information, it's tough in a busy day to get providers trained. The consumers seem to be much more open to it, but then again, there's always a meal involved there." (EB) "the clinic's budget was cut, so we didn't have as many physicians seeing

			patients during the course of the project." (JH)
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Client Privacy/ Confidentiality	"For example, one of the women is a domestic violence survivor. And she didn't want anything of her face or imagery on the web because she didn't want her former abuser to be able to find her or to use her pictures, or anything like that. So we had an opportunity to talk about how you want to make sure that you're careful in using the internet and using all of these tools, not only for your benefit but to also protect each other. And that actually was a really good opportunity to address the question around disclosure and how we support each other of when and how people get to disclose on their own and independently. And so, you know it was an unintended negative that was actually an opportunity for us to even provide a better, a different service." (SL) "And so there was a couple of instances where women who had not disclosed or did not want people to know about their status, even though they weren't out-ed, so to speak, because there's nothing that says here's a group of positive women. It's just on a page where people are talking about HIV. There's sort of this assumption that you must have AIDS, right? And that actually gave us a chance to talk about how far reaching confidentiality goes and that it's not just HIV. "(SL) "…we did experience some tactical stuff around hosting webinars. But we figured it out in the end." (R&M) "It was our own creation with social network because there were issues around confidentiality related to using Facebook that we didn't anticipate initially. And so we created our own social networking page that still is up and running and it's still active, and John keeps it up-to-date." (R&M) "We tried to involve people who were working in electronic media business training and so forth. You know to try to bring their ideas and how to do this, deal with confidentiality. And it ended up turning out to

			be something that you know doing our own research with staff and exploring the issue, you know we were able to come up with a solution a lot easier. But that was (inaudible) partnership as part of the implementation process. You know this activity called for developing partnerships and so forth." (R&M) "So privacy is very important to most of the attendees. It's not a problem with the health professionals, but it was a problem with the patients and their families." (NB) "Follow-up phone calls to see how they were doing and see if they were using the materials. That was very difficult; they don't want to talk to you over the phone." (NB)
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Staffing	Well, you know, a lot of these agencies, they take what they can get. So I think they understood that her time was limited. But she was engaging clients when she would go to the agencies. And I think because her time was really limited … well, it had to be limited to a certain number of hours … that made it sometimes a little bit difficult to be more flexible. So I think it might have helped the project in some ways if she had had a regular 40-hour week to spend fully engaging clients at these community agencies." (AC) "So, I think some of our challenge is that while we have created this access, it's fairly limited because we're only able to staff it three days a week. We don't yet have late evening or weekend time. So that's a challenge. And most of that is simply around being able to fund the human resources and the time we need for that." (SL) "The only time we have turnover is when we have changes in grants and changes in funding… And so effectively until we were able to supplement with other funding, we were down staff because we had to cut back that person's contribution and time to the cyber center, because we didn't have the funding for it." (SL) "Staff turnover is a huge issue. Sometimes it's literally people moving between organizations, but I do think that it's high burnout working in this field and so people come and may stay for a few years and look for

			other work." (JF) "they actually employed a librarian of the CBO and there was turnover in that position during the project" (JH) "Here in Kentucky we had turnover among the social work staff. And as I said, they lost two internal medicine physicians and one infectious disease doc position during the course of the project." (JH) "And I think because her time was really limited…that made it sometimes a little bit difficult to be more flexible. So I think it might have helped the project in some ways if she had had a regular 40-hour week to spend fully engaging clients at these community agencies." (AC) "Yeah, we've done it a couple of years, we may have taken a year off because we have limited resources of staff to devote to it and if we don't get funded, we get discouraged, so." (EB) "We've had volunteers that have been afraid." (MR) "we expected that our peer educators would promote the resources. I had several recurring workshops at the time. … What didn't happen what I had envisioned is that our community health advocates would be able to actually recruit people for workshops, organize the workshop from scratch and teach it. I found that we didn't provide enough training for them to do that and they didn't have the capacity to do that. … we were working with people who basically had a lot of health issues going on." (KP2) "You know I can't do another grant and take me away from the center and you know, all of that. But, the information access was fantastic. This was good because it helped our clients, you know. But going out to do, even though the community, for example, even you know going out to the community and doing the HIV training for our daycares was good, it took me away from the center. And I wasn't able to be here with the clients." (MR)

What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Logistical support for client participation	"Another challenge is the transportation for the participant and the distance from where they live. You know, public transportation is not really the greatest, and sometimes they don't have time. And, also, we aren't allowed to offer child care services while they're practicing at the computer lab, and I can't." (CC) "It's the funding, you know. So that is an issue. Because, again, we work with Latinas, and most of them are housewives or single parents, no income. And we're planning to … I'm exploring now that it's summer, I'm exploring the possibility to entertain their kids so they will have more time for them to practice all the computer skills, and learn more, and so on and so forth" (CC)
What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Infrastructure	"You are going to laugh, the biggest challenge is you're all set, you're ready to go, you've got everything lined up you go to do a training and the power goes out." (JB) "we were under construction." (MR)

What barriers to implementation (predisposing factors at individual, setting/ organizational levels) were identified and how were they addressed?	Barriers to Implementation	Funding/ Finance	"All public sources of funding are challenging and have been for at least 10 years, not just 2008 or 2007. It's been because we had the state funding for HIV/AIDS peaked around 2000." (EB) "So in this period when we've had a rapid decline in public funding, we've had the number of people living with the virus, has probably gone up 30-40%." (EB) "the cost of the computer or the cost of the internet service." (JB) But if NLM could actually establish the training grants, you know those that really focus on training. With a smaller indirect we'd have more money to do the program." (KP) "I mean we don't have the capacity to probably do as much as we could, or as much as people would want us to do. And so that's one reason we don't really market that extensively." (KP)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	NLM Resources	And what I think they loved about it was that one of the sites within the National Library, one of the links is about medicine, where they can check what medications they're taking and all that. So that is something, and they can check that in Spanish. So they love that part." (CC) "No, we used what was available. I don't remember if at this time we had the health information partner's website, that was active. We may have where we uploaded some other things for practitioners to use. But we mostly used Medline Plus, Aceinfonet.org, for people who were HIV positive. We didn't use AIDS info from NIH that much; it just didn't have the materials that we wanted. And then, we used video, as I mentioned. We never created our own, but we went into YouTube to use videos that were already up there. We used resources from different policy organizations to show people how you could change the face of the epidemic if you provided housing and access to care and things like that." (KP2)

What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Partnership	"So it's also about how do we address these issues, which are sensitive, what's the best way. So we found that it was a lot easier for us to do more of the outreach with the partners and then bring them into the library that way." (QL) "But I think more importantly the request that were coming in from organizations that were doing the front line work were asking us to do...to work more closely with us and how can we...what do you recommend we have at our sites in terms of reading materials and how do we get people to come into the library. So if anything, that was really the key piece." (QL) "Right and we had GW, was our NLM link, the Himmelfarb Library." (BH) "Yes, what prompted us to do this was we had a couple of librarians, one from St. Jude's Research Hospital and one from University of Tennessee. And they were very supportive of us. Brenda Green, who was from the University of Tennessee, and she's always doing research for us and very in touch with the National Library of Medicine. So anytime she finds a grant that she thinks would benefit us, through the National Library of Medicine, she'll contact us. And she'll say what about this and what about that?" (MR) "Well, we already have a relationship with the remote site. So we have a schedule, and if we're going in to do education that day, we already have a relationship with them. So we just take the computer and we say, "This month we're doing education." So a client may be on there and say, "You know what? I just got recently tested for hepatitis C. I want to know what information is available." So I can just tap into the internet and pull up information if I don't have it with me. But a lot of times it was used in how they can access free treatment, for hepatitis C, for instance. Like what clinical trials they can get into at NIH. Because a lot of providers do not treat hepatitis C, especially if you don't have insurance. So a lot of times they will refer to clinical trials." (YW) "And also definitely have good community partners." (YW) "And that, I think we have improved because we started facilitating more partnerships as well as directed outreach, as well as hosting other

			programs that people can come to and then get introduced into the services that we have available through the cyber center." (SL) "There were a couple of other projects that the Foundation had received that were funded for, where they were helping community organizations in terms of capacity building, specifically HIV AIDS providers only. So there is a natural sort of relationship in the community with a lot of these other agencies." (AC) "The community helps partnerships. We have a number of other organizations who help us." (CC) "we do have events at the library, and we always promote the program there, too. Fortunately we have very, very good collaboration efforts with other organizations." (CC) "So we partnered with them and we gave workshops at adult education centers. And we did a lot of work with libraries and other health organizations. And we'd have monthly meetings. And it was very collegial, totally non-territorial. And we did a lot of joint programming together. So that was very good. We don't do that as much anymore. But we're still pretty much in touch." (KP) "After you know some time passed, and really established some good, you know, relationships, they would call me in between at times and ask questions. Or refer other people. So I think that again, you know that was a big part of it, is that the ones that you know started out and had that trust and that relationship started were really the most engaged." (R&M) "I think that partnerships are really important." (JB) "I had a lot of contacts in the San Diego community, not only through the college here but in the local libraries. So I really gathered a lot of the partnerships that worked with us, and also through the church." (NB) "Well, some of the librarians know me, and then we knew some of the people at the churches through the college because the college has been providing free clinics at the First Lutheran Church in downtown San

			Diego." (NB) "you have to be persistent and go out and meet the people in the community and get them to know you. I think once they know you, they're very happy to work with you." (NB) "Partnered with Washington Public Health Association. They had the infrastructure." (KP2) "So we had a lot of people who were interested and there was maybe a core group of two or three who were provided a leadership. That came from some of our board members from MWPHA because at that time we made a commitment that HIV was going to be our public health focus." (KP2) "But we also had a wonderful partnership with the Washington Highlands Library in that neighborhood. They sponsored three health fairs over the years that we worked with them that we were instrumental in coordinating and participating in, and they went from 200 people to 800 people when they gave out turkeys for Thanksgiving. So we always had tables there and we were able to use our computers to actually demonstrate sites. The librarian there actually created a health information corner promoting Medline Plus and other resources." (KP2) "So they take a piece of this project and they work on it during the school year. So I think they were part of this one as well, but they've been part of all of our projects over the years. They help staff outreach on the street. They create curriculum for workshops where we teach teenagers especially. And then, I require the students in my class to either come to an outreach event so they can listen to people or to do something in the community where they have a chance to actually listen to the public and to hand out our materials." (KP2) "So it's relationships with the program people, the employees of the organizations, but also with the people who use the services. That's really important. So we invite people who use the services to our Health Disparities meetings, you know, so they can become planners." (KP2) "And the clients who are at different levels, so we had some computer

			training. So Hilton Partnered. At that time, Hilton became a partner with us. And so Hilton did some computer training. Their world headquarter is here. So we went over there and they did some computer training for our parents. And they literally showed us, you know…they showed the parents where the mouse was, how to turn on a computer. Their volunteers came here. And they worked one-on-one with our parents and taught them how to use the computer." (MR)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Project management	We did to the extent that you know we had a core team that we put a senior manager on it and then a program associate. And they used our usual project management processes, you know where we'd look at everything from our, the work-back of the entire project, you know based on the proposal." () "It wasn't set up as an intermediate goal, but when you look at the numbers if you know that you have to have 50 participants by the end of the funding year, you know by mid-way through in the funding you should at least have 25. So that wasn't written down, but just looking at your report, when you have to turn in your midterm report you looked at that and saw how far ahead you were or behind on getting those objectives met." (YW) "We go through all of our resources annually." (NS) "You know, we have implementation plans, for example, all of our programs within a department. So, each program coordinator is responsible for you know, insuring that the implementation plan happens, or the work plan." (NS) "…we just kind of manage it, you know, according to our implementation plan. And again, it is assigned to a manager and then he divvies out the tasks to his different staff members to get it all accomplished." (NS) "…we minimally have supervisions individually with every program. Every program, every staff person, has a monthly supervision requirement from their supervisor." (NS) "So, everybody is in the same hallway now, so there is a lot more

			potential for monitoring and ensuring that things don't get crazy." (NS) "So we've developed our cyber center, just a very small one with about six stations where at least three days a week, because you know we are partially funded, so at least three days a week from all day, from about ten to six, we have free access and classes and training." (SL) "I think it was largely informal. Mike was my boss, he was a good manager, so he you know, we'd meet regularly and you know set goals, both short-term and project related goals, so you know, we would meet on a weekly basis and talk even much more frequently than that as needed, but meet formally on a weekly basis to discuss what we had on tap for the week and how we're doing and as we had longer term goals, we'd also kind of check our progress so that we would not get too far behind if we were having a problem or whatever, so stuff like that. But it was not really like a formal system as I recall it anyways." (EB) "We did to the extent that you know we had a core team that we put a senior manager on it and then a program associate. And they used our usual project management processes, you know where we'd look at everything from our, the work-back of the entire project, you know based on the proposal." () "It wasn't set up as an intermediate goal, but when you look at the numbers if you know that you have to have 50 participants by the end of the funding year, you know by mid-way through in the funding you should at least have 25. So that wasn't written down, but just looking at your report, when you have to turn in your midterm report you looked at that and saw how far ahead you were or behind on getting those objectives met." (YW) "We go through all of our resources annually." (NS) "You know, we have implementation plans, for example, all of our programs within a department. So, each program coordinator is responsible for you know, insuring that the implementation plan happens, or the work plan." (NS) "…we just kind of manage it, you know, according to our implementation

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What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Built on existing efforts	Well, we basically just used...we modified some of the forms that we utilized in terms of the Cancer Action Council and we created the surveys and we had Excel spreadsheets. We're still trying to find a more useful evaluation tool so that we can tie in more of the other pieces together, because one of the things that we found is that a lot of agencies have their own data that they want collected." (QL) "Because one of the things that I also want to be able to do is...and this is the other reason why we have to bring all of these different units together is that there's often an overlap. So we have Healthlink, but we also have a program called the New Americans Program, and we also have our Adult Learning Center. And all of them are critical in implementing a program on HIV/AIDS outreach and awareness because when you need to put it in different languages, that doesn't necessarily fall up under Healthlink even though it's part of the Healthlink program. We need to bring in the New American's Program which deals with developing materials in multiple languages, but then we also need to bring in our adult learning center which also offers the SLR(?) classes and can guide us in how to present the material for low literate individuals." (QL) "…because it layered into existing efforts, we were able to include it in a number of ways where you know the guide wouldn't have had any connectivity outside of just producing the guide, if it was done by a lot of other organizations because they just don't run those big programs. They don't have that reach. They don't pull it through with the Med. Ed. work. They don't have a research function to evaluate." (BH) "The way when we originally wrote the first proposal for the resource room, we…it was a part of our hotline. Our hotline has been a part of our agency for over 25 years at this point, I believe. And so, we've had a program manager over the hotline, and then the staff, the information specialists that work in there about two to three full-time staff, and then about ten, fifteen volunteers that come in and staff the hotline. So, when we originally wrote for the resourcing space, the program, that manager oversaw the resource room. And just like all of his other responsibilities, he, you know, the resource room was like a sub-program of the information hotline. So, we kind of thought about it as if you had

			questions and called in, you got the hotline. If you wanted to walk in to the building, you walked into the resource room and grabbed whatever you needed." (NS) "…we also have a client file. Because the client that comes here, they get more than one service. They may get one-on-one individual sessions. They may get support, they may pick up food. They may come and get some clothes that have been donated. So we have files on our clients." (YW)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Staffing	That they really have to have internally the staff onboard." (QL) "And then have a staff available to help them." (YW) "So, we have always had part-time or a percent effort of the fulltime staff to coordinate the center." (SL) "It [the program] used existing staff. That's why it was attractive to go after the funding, I think, for them. The person who was project manager was already here; the Health Educator was already here; and minimal staff." (AC) "And for some short period of time we had a health promoter who was very young who was in between jobs, and she volunteered to teach the computer at our offices to the rest of the participants. And it was really well accepted. So she was doing it on a volunteer basis. Fortunately for her she found a job. Unfortunately for us, she decided to go and it made sense." (CC) "But the health promoters were the ones that were going to the community and doing presentations about HIV AIDS. So if they had additional information that they wanted to research, they have access to the computers. And they can go to the computers and download all the information that's required." (CC) "And most moderators often would take calls or be available to answer questions outside the framework of the conference calls. John, you did some of those, right?" (R&M)

			[In regards to MPH students] "Yes. I mean in the early days we were visiting ten different sites every other week. So having students and a research assistant was very valuable." (KP) So you really need to figure out who on your staff is capable of carrying out the project goals because you may be able to hire a part-time person to help support that, but I really think that you need to make sure that the staff have the capacity that you currently have to really move it forward or else I feel like it's really not going to happen. (JF) One of our peer educators who's actually worked with us for like almost ten years...I mean, he read everything, he keeps up with all of the latest scientific news, and so he was instrumental in actually answering people's questions and finding good resources.
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Expertise	We have unlike most public libraries, we also have a demographer on staff, so we're able to really see where are there large concentrations of people with HIV and AIDS and how can we partner with other health organizations to provide information to their client, but even just to bring awareness of what resources are available within the community." (QL) "And even if Spanish is their first language, if you come from South America the Spanish is different from South America to Spain. Everybody thinks if you can speak Spanish, you can speak Spanish. But there are different dialects of Spanish. So one of the things is we try to be is culturally competent and relevant to a client and don't assume anything." (YW) "We have a demographer on staff. We also have as part of our team of the assistant managers someone who worked on statistical data. She's also a librarian from San Francisco Public Library and she has a large background in how they gathered information around the homeless and HIV and AIDS, so she's working with us now." (QL) "It's actually a team effort. We have on staff the manager of a health link program who has a master's in public health. We actually have two who have masters in public health. We have a medical librarian as well. We

			have the demographer. We have...the woman who was doing the statistical analysis was also a librarian, and we also have our marketing staff as well, someone from our marketing department." (QL) The Health Educator is bilingual. And I think that they knew that they wanted to target Latino, Hispanic Latino, or agencies that service the Latino Hispanic population. And this is also sort of looking at the issue of the digital divide, and how these populations typically don't have access to internet services. They're not part of that whole information explosion. (AC) And if they're undocumented and not very well educated, which most of them are educated in Mexico and they went to like 7th grade, we engage more folks from the communities' Spanish speaking populations or the communities' agencies serving Spanish speaking populations. (AC) "And they [the workshop trainers] are, the trainers there are HIV positive. So that makes a difference also." (KP) "We had two or three individuals at a time from the target population who could help the client navigate the system." (YW)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Resources tailored to user needs	And what we said is if you're looking for this, you go to this site. If you're looking for that, you go to that site. And so we basically detailed what was the key information on each of the four sites to further help differentiate them. And, but then we also had others that said, you know, if I could just go to the main site and kind of pick things out from there, I'd rather do that." () "So we thought, well, for them, you know, they'll be aware of NLM. But for all, they'll make sure that there is specific awareness of each of the four sites, because some people are only going to have an interest in one or two of the sites, based on their needs. So, you know someone who is focused much more on clinical trials is going to go to one site and not the others. So that this way it was, you know to try to find a home for each of the four. You know for each of the four interests I should say." (BH) "Well, we know that a number of PCPs who were not familiar with HIV sites overall were able to access it. And so based on the scope of the four

			different HIV sites, as well as other things that are offered to them outside of that, but just you know in focusing on that, that there was very much, you know, a utility there based on the need that they had, since they were new to HIV care." () "So, being able to access that at a time when they're predisposed to or motivated more to learn about HIV was ideal." (BH) "And that so therefore, they may not be thinking about when they fund the national entity that you can both have good local reach to the extent we were talking about earlier, how you personalize things, but also where a national entity can really help a national entity like NLM maybe connect more of the dots." (BH) "But, I think that the most use that it was, which was reflected I saw in the report, was to the advocates so that they had sort of a concrete thing to look at when they were talking with somebody who was in a lot of crisis and concern about their HIV exposure, to think through what their options were." (GS) "But we found that if everybody can come, excuse me, to a workshop where they have their own machine [computer] and they have assistance to find what they personally want to research, that that's probably the best use of our time." (KP) "A women of action project and again it was a number of like personal stories, you know of women who were dealing with HIV and making decisions about going on treatment, the challenges that they had adhering to treatment and things like that, so it was putting a personal face on HIV and some of the questions that many people would have, so what we did is we wrote easy to read, we interviewed the women and then, you know, edited it in such a way that it was, you know, nice and easy to read and of course, we ran the edited copy back by the women to make sure it still felt like their words and so we did, we had a little bit more resource at that time to do those original type of projects, but now we don't." (EB) "So when you see people come in who are kind of like...to use a stereotype...I realize I am doing this and I don't mean it to you,

			personally...let's just say you have some very stiff, suited, East Coast person, totally out of place. People would just be like, what." (JB) "realizing English is a second language for everyone, possibly even a third or fourth language." (JB) "So what we did was a lot of outreach in terms of hands-on training that we could do (JB). I try to keep a variety." (RA) "The materials were available in Spanish English" (AC) I think being very specific on the audience you're trying to reach. Why those people might be specifically concerned, so in my case, it would be about the fact that they had, you know, a potential exposure, that could potentially be higher risk because of injury and you know lack of use of any kind of protection and an unknown status of the offender. So, I think just being clear on what you're trying to do and figuring out what the best tool would be to get that information to the people you're trying to get it to, and when, when you would. (GS) I think that using our expertise and our connection with the community to convey that kind of information is a good strategy for getting to survivors. A lot of times people will give a contract like that to, you know some big national organization or something. And they come up with something that's so generic and so doesn't look like anybody that people know. That I just think it was great that they allowed us to create something that was, you know, in support of the relationship we already have with survivors and with the community around this issue… it is really useful to utilize our voice and our relationship with survivors and the community to transfer that kind of information. So, letting us develop things that are specific to our population and our region, rather than having to use some sort of mass published thing. (GS) "So, it would really, for any individual case, it could be really different, depending on those things. So, something national would have to be able to be broad enough to do all that." (GS)

			"I would say, you know, sometimes the information that the government or some entity puts together is so cumbersome. And the rule is that you should have documents that are on the third grade level. So a lot of times when you get stuff from CDC or one of those medical sites, or one of those government sites, they're so cumbersome with medical jargon. So we just try to make it plain." (YW) "One of the things that I keep bringing up...and I will say this is one of the benefits I have from doing relief work...that whenever we talk about cultural diversity or cultural sensitivity, it really...most people go straight to, well, we have people who speak this language. But there really is very different cultures and we understand being at the library that you can have three people speaking French, but one can be from Burundi, another one can be from Haiti, and another one can be from Canada. They all speak French, but those are very three distinct cultures. All of that, when you are talking about whether or not you're going to go after something, that is also a key element in your decision making." (DC)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Safe environment	"Our clients feel safe here. And once they come here, we try to communicate a very safe and warm environment here. And so, once they come here, they feel…they don't feel judged. And the other two social workers in the office communicate that also to the clients. And I communicate that. I do my very, very best to communicate that to them too." (MR)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Promoting/ Marketing	"And then promoted it through a variety of links and then also did print copies at our exhibit booth and at different meetings, where we would be exhibiting for other reasons. So, we were able to really advertise the spend by, you know, putting it out in so many venues that where NLM didn't have to buy an exhibit booth, for example, where we were already going to be, or didn't have to buy a banner on a website because we already were partnered with other organizations who could list it." (BH) "We have a really good communication network, you know, email, mailing lists, you know, ways to get word out about all of our things going on. And we have what we call service centers in each entity that we serve." (JB)

			"getting the word out." (JB)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Technology	"we had computers in publically accessible areas." (JH) "And we used to be onboard this satellite connected mobile van called the Transformer that we were using during this period in 2007. And so they were like a fully equipped computer lab connected to the internet by satellite. Now satellite didn't always work. There were lots of equipment failures. But when it did work, there was a great opportunity to host classes. I was on it for a lot outreach. And what found is that, yes; people were willing to look up health stuff, but they had much more basic needs." (KP) "We're small, but we do have computers that work." (AC)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Support for client participation	"We found that we have what we call Friday night dinner night. That means we have a meeting come to the library and...especially for those who have kids, we have dinner at the library and then we also have a program through the children's librarian at the library so that the adults can have the information that they need on the subject matter." (DC) "So we look at what's the easiest transportation hub to get to and that's how we decide the sites. It's the transportation hub and then the concentration so it's easy for people to get to." (DC) "They get a graduation ...participants in the class get what we call a graduation stipend ($20) for a gift." (JF)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Plan for evolving technologies	"What they do have, though, is a cell phone. So if I ever write something, that has to go through a cell phone, because everybody has texting…. A lot of our clients, like I said, are in transitional homes, in a shelter. They may get incarcerated, or maybe are just living on the street where they're not living in permanent housing. At least a percentage of them are not doing it, so how can we get them information without bogging them down with a lot of paper? But get them information on something that they always have in their possession all the time." (YW) "Everybody has text. I have clients that hardly know how to read, but

			they'll text me." (YW)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Pre-submission planning	"Yes, because that's the only way to really get the buy-in at the very beginning. This comes from my background in doing relief where any time we would do a new program there was always a four-week assessment before even going out and going after the RFP. That four-week assessment will tell you whether or not you're really able to carry it out, you know, do people have too much on their plate, looking at what the guidelines may be, you know, how onerous is the reporting going to be, who's going to take on what task, who's going to be responsible..." (DC)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Needs assessment	"The one thing that I would say is that really know the community and know the....when you do the needs assessment, it needs to be as detailed and thorough as possible." ()
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Organizational power/ position	"And I handle all of the public funding and so I report directly to the chief operating officer who reports to the CEO. So that allows me to then work on an even level amongst programs and marketing and legal and finance." (DC)
What enabling (facilitating) factors were/are required to support the program?	Enabling (Facilitating) Factors that were required to support the program	Information ecology	"I think having a bigger picture where this work is placed is helpful to people." (KP2)

Did organization sustain the	Lasting effects at individual		**WE DID NOT FIND DATA RELATED TO LASTING EFFECTS AT THE INDIVIDUAL LEVEL IN THE INTERVIEWS.**

program over time?	level		
How did the program evolve?	Sustainability of the program over time	Maintained with existing resources	"Well, it's part of the expansion of Healthlink. So we don't have as many of the HIV/AIDS Councils as we do with the Cancer Action Councils, but that's the way that we keep it going so that we still have the presence in the neighborhood, but we do it more regionally as opposed to the 25 like we have for the Cancer Action Council." (QL) "Really it was just through our, you know, ongoing work, all of the existing projects where we're able to just keep it included, which is I think real value-add for in the lab, that you know we're able to keep it connected as a resource in our capacity building and our education initiatives. You know that's why I think it's one that's such a good fit." (BH) It's one of those programs that because funding ended, the program didn't go away. The program is still as viable, you know, maybe we have more limited resources, but it just has really been a real good addition for our agencies list of resources that we have available for our clients." (NS) "And we have a bigger resource room. And also, a support room and where we have a couch and it's like a sunroom. And then, so we have a bigger area for…we have more books and then we have brochures on HIV. And a TV in there so we can do videos and there are books that again, they can check out, or they can just read in there at the bigger table." (MR) We've integrated the videos on the AIDS Library's website as well, so there are multiple places where you can access this content." (JF)
How did the program evolve?	Sustainability of the program over time	Maintained with new resources	"Within education is information services and there are four activities that fall under that, with the hotline being the main one, resource room, AIDs 101, and speaker's bureau. And so, we wrote the grant to cover the hotline and the resource room. And so, by bundling it together, we've been able to use the staff time for both, and that's how we currently operate. But you know, a space is a space, the agency is committed to the space, so we will always have a resource room of some sort in our building. And then, you know, again, as long as we have a hotline and hotline staff, we'll have

			somebody to oversee the resource room. And we've, like I said, either had the AmeriCorps relationship or volunteers to provide hands-on day-to-day support." (NS) There were several streams to this grant. One was to create supplemental materials for our face-to-face Project Teach class, and another stream was to create an online or hybrid version for our Frontline Teach class, which did have a slightly different population in that there were more people in that population for the Frontline Teach class that had computer skills already, and that class actually had been very successful, and we've continued to do it using Moodle. In fact, for the current grant that we have with NLM is actually a key component of using Moodle and using these materials for our Frontline Teach class as a current component of our current grant." (JF) "I feel like this grant actually was the impetus for a series of other grants that we ended up being able to get both through the National Library of Medicine and through some other sources as well because we sort of invested in creating the system in this class so then we could say we have the system in this class and we're ready to go. So a number of things happened since the end of the grant. We got another grant from the National Library of Medicine where we wanted to work specifically with shelter providers or people who are working in the shelters in Philadelphia." (JF) " "…our agency gets a little bit of funding from the New England HIV Education Consortium, which is part of, it's MAI funded, Minority AIDS Initiative funding, from the AIDS Education Training Centers, a wing of the AIDS Education Training Centers.." (EB) As part of the new grant that we have, we are working with seven different AIDS service organizations to run our Frontline Teach class, this hybrid version of it, at their location. So we can go out there just a few times face-to-face and use the labs to give them practice time and show them how to use Moodle and support them to get online, and then they do the rest of it themselves online." (JF)

How did the program evolve?	Sustainability of the program over time	Maintained relationships	"I keep in touch with the community of CBOs that I've worked with for a while after the end of each of these. And I certainly make myself available as a resource to our project participants." (JH) "we've maintained relationships with many of the libraries, and of course the college has the relationship with the Lutheran Church downtown, so we're able to do some clinics for the clinical clerkships, we're able to do those, and then, the libraries, of course, can contact us..." (NB)
How did the program evolve?	Sustainability of the program over time	Not maintained	"You know so we decided not to do it (write another grant). You know, but if it was already something that we were doing or if it was something that was going to benefit our clients, then we would go for it. You know because we do have excellent programs. You know, like right now I'm doing, like there are several programs that I'm doing that benefit our clients. But, you know, I can't, I don't have time to create another program, you know so. That makes sense, doesn't it?" (MR) When the project ended, it was decided by the management at the Foundation, if I can call them that, that we would not continue to search out funding, since it wasn't a priority… One was the renovation of the Center, which was kind of a priority of the Foundation. So that was kind of the reason.. No, it was not sustained. Currently we are not looking for funding to sustain it. " (AC) " "And it wasn't because we weren't interested in the project, we didn't like the project, or we thought it was a waste of time, or anything like that. It was just a smaller project, and whether or not it made sense to continue it when we're not really sure that's the priority we're going to have as an organization. So it really is about maybe the changing identity of the Foundation and what it does." (AC)
What reinforcing factors were/are required to maintain the program?	Evolution of the program	Content updates	"we've so rebranded since that time, so this is all our old look and everything. So, we would've had to redo it. And I think that things have changed so much around HIV, we would have to redo the whole brochure." (GS) "You can't just be set and follow your little curriculum without allowing for change." (NB)

What reinforcing factors were/are required to maintain the program?	Evolution of the program	Mobile devices	"I think there would be concern on the part of survivors about having information on their phone that might be accessible to other people, or where their transmission is discoverable in some way. Or maybe we would worry about that and they wouldn't, but we have been doing a lot of research on that kind of communication issues and how you know there's a risk benefit analysis." (GS) "We're definitely exploring mobile devices and how to best provide materials on mobile devices. So it's definitely something that we're very interested in." (JF)