Health Literacy Curriculum: Tools and Strategies for Improving health Communications

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Between

New York University School of Medicine

And

New York Medical College Health Sciences Library
Valhalla, New York 10595


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Inclusive dates of final report: March 11, 2009-April 30, 2011

Date submitted: June 17, 2011
NARRATIVE DESCRIPTION

1. Executive Summary:
The NN/LM Middle Atlantic Region sub-contract entitled: “Health Literacy Curriculum: Tools and Strategies for Improving Health Communications” continues the collaboration initiated by the Public Health Information Partners (PHIP) project, expands the health literacy efforts at New York Medical College and in the Hudson Valley Region, and work with participants from the May 30, 2007 health literacy conference. The primary purpose of this project is to develop a curriculum for health professions and providers with practical solutions for improving health communications in their own practice settings. A cohort of trainees was planned with each trainee expected to train others, use or share applications, and participate in a moderated health literacy wiki/blog. A total of 200 participants was targeted including: health professionals, providers of direct patient care, community leaders and librarians currently working in health care settings. Leaders included professional employees in public health departments, nurses, health/medical faculty and educators, along with medical librarians from throughout the Middle Atlantic Region (New York, New Jersey, Pennsylvania and Delaware).

The project included four objectives: 1. Complete a preliminary needs assessment of professionals in the Hudson Valley Region; 2. Implement a “train the trainer” model for participating health professionals; 3. Create a regional health literacy wiki and blog to foster effective internal and external communications and networking among current and future health professionals with an interest in health literacy; and 4. Evaluate increased use of specific strategies and tools in clinical or professional practice.

The preliminary needs assessment was completed in Fall 2008. There were three components to the needs assessment: Survey 1. One-month follow-up assessment of participants from the May 30, 2007 health literacy conference; Survey 2. Re-survey of the participants as of October 2008 to glean future directions for the project; and Survey 3. Survey of all New York Medical College faculty, residents and fellows as of November 2008 to identify current level of interest in training and desirable topics for training.

Results of the last two surveys confirmed that there was a high level of interest in continuing to offer programming related to health literacy, but that it was necessary to focus on practical strategies that health professionals could use in better communicating with their patients. Participants from the 2007 conference were “very interested” in: how to communicate in ways other than written words (47.3%), how to write and evaluate health materials (42.3%), and strategies to improve communication with patients (41.2%). Survey 3 targeted NYMC constituents (82% of respondents responsible for direct patient care) of whom 49.5% indicated likelihood of attending training or CE on health literacy. Reviewing the results of those likely to attend, these topics emerged: strategies to improve communication with patients (73.3%); how to clearly communicate specific instructions (71.1%); and health provider behaviors that can lead to greater compliance (64%). Hence, these were the areas on which the project commenced.

Systematic Review. To best identify successful tools and strategies to improve communication and
which lead to greater patient compliance, a systematic review of the literature was begun. The systematic review sought, and continues to seek, evidence on the effects of known communication tools, techniques and strategies on healthcare measures (e.g. patient comprehension, satisfaction, treatment compliance, and length of stay). The search focused on identifying tools and strategies that had been evaluated to some extent. This effort is ongoing and the process is as follows: Seek articles which: 1. discuss techniques and strategies for 2. Improved outcome measures which 3. included a stated evaluation component.

This was the PubMed Search strategy: ("health literacy" OR ("literacy" OR communication barriers[mesh] OR comprehension OR educational status[mesh]) AND ("communication"[mesh:noexp] OR professional patient relations[mesh] OR decision making[mesh] OR patient participation[mesh] OR writing[mesh])) AND (patient* OR consumer*) Ran: April 2009 and updated April 2011

Emergent top themes from the articles found in order of occurrence are: patient education - class/consultation; computer/video/multimedia aids; written materials; language differences, facilitating understanding – interpreters; measurement. These themes informed our tailored training sessions and a developing curriculum.

By April 30, 2011, three training events were scheduled using reputed health communication and health literacy experts. Jonathan Fader, PhD, expert on motivational interviewing, presented two 1.5 hours sessions on March 23 and 29, 2011 (Visiting Nurses Services of Westchester, White Plains, NY and the Maria Fareri Children’s Hospital at Westchester Medical Center, Valhalla, NY, respectively). The third session was presented by Helen Osborne, M.Ed., OTR/L, President of Health Literacy Consulting and author of Health Literacy from A to Z: Practical Ways to Communicate Your Health Message. Because of the success and use of the 2007 tool kit, a 2011 Health Literacy tool kit was created to reflect the increasing number of high quality resources available since the initial one was produced. Both a virtual and actual tool kit was distributed to all participants; content is available with many additional resources in the project wiki. The 2011 virtual tool kit is also available at: http://hlit.libmedia.nymc.edu/index.php/Tool_Kit

The program descriptions, handouts, and photos of the events are available at: http://library.nymc.edu/PHInformatics/index.cfm. A total of 276 participants attended one or
more of the events, with AMA PRA Category 1 credits provided (1.5 hours and 3.5 hours for each of
the two different sessions. Fifty-eight individuals attended the March 23 session; 178 individuals
attended the March 29 session, and 40 individuals attended the April 25 session. There were 143
unique individuals attending, with 85 unique email addresses available. The director of community
education forwarded information to the 58 individuals attending the Visiting Nurse Services session,
because they largely did not have Internet email available. Participants rated all sessions as
outstanding.

The health literacy wiki/blog was created as: http://hlit.libmedia.nymc.edu. The purpose of the wiki
is to provide a comprehensive resource on the topic and an ongoing forum for those health
professionals who teach, train and need to use practical tools and strategies in their professional lives.
Login instructions were presented at all training sessions. By June 15, 2011 a total of 29 users were
registered, with 296 views of the tool kit. More complete statistics are reported below in #7.

Evaluation of this project continues. By June 2011 the one month post-session evaluation was
distributed to all 85 unique emails (plus an additional 58 forwarded via the director of community
education as noted above) with incentives provided to those who completed the survey. By June 15,
46 respondents completed the survey. Results from the survey indicate that: 44.4% of all attendees at
the three conferences also attended the initial health literacy training session on May 30, 2007; 55.6%
made up a new audience; 9.3% said they were fairly knowledgeable about issues related to health
literacy before the training sessions. However, this increased to 40.7% after the training sessions, a
31.4% increase. A total of 67.9% have applied the technique of motivational interviewing at least once
since the conference, while 73.3% have referred back to the tool kit, and 61.1% have referred
colleagues to the tool kit. A total of 66.7% have used the information they acquired during training in
their practice or professional work; 90% agreed or strongly agreed that they have acquired some
practical tools and strategies that they will employ to ensure clear communication with clients. Further,
90% also plan to discuss the importance of clear communication with colleagues; 64% have already
trained or arranged training for others or intend to do so; and 80% are interested in further
collaboration on the issue of health literacy.

Hence, we have created a cohort of health professionals interested in honing their communication
skills with patients/consumers and provided them with practical tools and strategies that they value and
wish to continue to enhance. All objectives were essentially met. Both the 2007 and 2011 tool kits
continue to be valued and used.

2. Geographic region/number of counties:
List the geographic regions or all the counties that were impacted by the project.

All seven Hudson Valley Counties, New York City were directly impacted by this project, and
indirectly the entire States of New York, New Jersey, and Connecticut. Since all third year students
participated in at least one session,
   Session 1. March 23, VSNW: New York City, Putnam, Rockland and Westchester Counties;
   Session 2. March 29, Maria Fareri Children’s Hospital: Orange, Rockland and Westchester
   Counties; although it should be noted that 86 third year School of Medicine students attended
who represent the entire Hudson Valley region and the United States as a whole. Similarly, 24 pediatric residents attended who again represent reach beyond the Hudson Valley.

Session 3. April 25, New York Medical College: Dutchess, Rockland, and Westchester Counties.

3. **Collaborations/Partnerships:**
   Include names and types of organizations with which there was collaboration at any time during the project. Provide the current status of the partnerships, challenges encountered, and lessons learned.

Our extensive list of community partners includes: Westchester, Putnam, Orange, and Rockland County Health Departments, as well as, many non-profit grass-roots community organizations. The Visiting Nurse Service in Westchester and Putnam, American Heart Association, American Lung Association, the Lower Hudson Valley Perinatal Coalition, March of Dimes, and the Children’s Environmental Health Center of the Hudson Valley.

One of the challenges we faced with accessing the clinicians was the time factor. It is very difficult to get health care providers to take time away from providing patient care. We were able to leverage our long-standing community partnerships and relationships through Amy Ansehl, Executive Director of the Partnership for a Healthy Population at the NYMC School of Health Sciences and Practice. The Partnership has been actively engaged in community building in the lower Hudson Valley region since 2000. During the past decade the Partnership has built credibility in region. This health literacy initiative tapped into this and combined it with the expertise of Diana Cunningham and her library team. The result of this collaboration culminated in a successful health literacy initiative. Another challenge we faced related to communication with the visiting nurses as they do not have emails through their agency, so it was more difficult to get survey feedback from them.

4. **Training:**
   Within two weeks of any training or demonstration session, complete a record of the event in the online outreach activity reporting system (https://staff.nnlm.gov/extra/).
   In the final report, provide a summary of the training events and participants:
   - Total number of sessions conducted as part of the project: 3
   - Total number of sessions in which half or more than half of participants were from minority populations: 0
   - Total number of participants in the project’s sessions: 276
     - Session 1: 58
     - Session 2: 178
     - Session 3: 40
   - Breakdown of participants by:
     - Health care or service provider, with a subtotal for public health personnel: 245 (15)
     - Health sciences library staff member: 13
     - Public/other library staff member: 13
     - Member of the general public: 5

5. **Training sites:**
Provide a brief description of training sites.

Session 1 on Motivational Interviewing was scheduled in the Education/Training conference room at the Visiting Nurse Services in Westchester, Inc., 360 Mamaroneck Ave, White Plains, New York. The conference room holds 60 individuals. Session 2, a repeat of Session 1, was held in the large conference room at the Maria Fareri Children’s Hospital at Westchester Medical Center, Valhalla, New York. The room, set classroom style has a capacity of 120; 178 individuals attended. Session 3 on Practical Strategies was held in the Center for Interactive Learning, New York Medical College, Valhalla, New York.

6. **Exhibits.** List all the exhibits connected with the projects (if applicable). Include the meeting name, dates, location, estimated number of contacts made, demonstrations given and general impressions of success.

No exhibit was held; not applicable.

7. **Resource materials.** Provide a brief description of any materials that were developed for training or for promotion/marketing (include newspaper announcements, brochures, etc.). Include copies of materials developed. If web-based resources were developed, please provide the URL for the site where the materials are located.

URLs for all web-based training materials should also be sent the National Training Center and Clearinghouse (NTCC) for inclusion in the Educational Clearinghouse (http://nnlm.gov/train/). Provide verification that this has been done or provide a date by which it is expected that URLs of web-based training materials will be sent to the NTCC’s Educational Clearinghouse.

A wiki was created which featured an online tool kit of resources and discussion forums. Instructions were provided on using and contributing to the wiki.

Wiki: [http://hlit.libmedia.nymc.edu/index.php/Main_Page](http://hlit.libmedia.nymc.edu/index.php/Main_Page)

Tool kit: [http://hlit.libmedia.nymc.edu/index.php/Tool_Kit](http://hlit.libmedia.nymc.edu/index.php/Tool_Kit)

A dedicated server was used to host the website: [http://hlit.libmedia.nymc.edu](http://hlit.libmedia.nymc.edu) with Microsoft 2008 as the operating system. Apache 2.2 was used as internet server. Mediawiki, a free content management software, was used to manage the site. MySQL a free lite-weight database was used to store the data. Php (free) is the programming language used by Mediawiki for web management. Following are the system generated version specifications:

<table>
<thead>
<tr>
<th>Product</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>MediaWiki</td>
<td>1.15.2</td>
</tr>
<tr>
<td>PHP</td>
<td>5.3.2 (apache2handler)</td>
</tr>
<tr>
<td>MySQL</td>
<td>5.1.45-community</td>
</tr>
</tbody>
</table>

Collaboration between users will enrich the content. Improved communication and shared resources at
one location will facilitate the exchange of opinions and ideas. Following are the usage statistics:

<table>
<thead>
<tr>
<th>Page statistics as of June 16, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content pages</td>
</tr>
<tr>
<td>Pages</td>
</tr>
<tr>
<td>(All pages in the wiki, including talk pages, redirects, etc.)</td>
</tr>
<tr>
<td>Uploaded files</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edit statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page edits since Hltwiki was set up</td>
</tr>
<tr>
<td>Average edits per page</td>
</tr>
<tr>
<td>Job queue length</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>User statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered users</td>
</tr>
<tr>
<td>Active users</td>
</tr>
<tr>
<td>(Users who have performed an action in the last 7 days)</td>
</tr>
<tr>
<td>Bots (list of members)</td>
</tr>
<tr>
<td>Administrators (list of members)</td>
</tr>
<tr>
<td>Bureaucrats (list of members)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>View statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Views total</td>
</tr>
<tr>
<td>Views per edit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most viewed pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk:Main Page</td>
</tr>
<tr>
<td>Main Page</td>
</tr>
<tr>
<td>Tool Kit</td>
</tr>
<tr>
<td>Instructions</td>
</tr>
<tr>
<td>Conference Materials April 25, 2011</td>
</tr>
<tr>
<td>Partners</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>File:CME disclosures.pdf</td>
</tr>
<tr>
<td>File:FADER Evaluation Sheet.doc</td>
</tr>
<tr>
<td>File:Fader Motivational Interviewing NYMC March 2011.ppt</td>
</tr>
</tbody>
</table>

In addition, training materials specific to each conference were developed. These include:

March 23 and 29, 2011 sessions: Motivational Interviewing Presentation:
http://hlit.libmedia.nymc.edu/images/7/76/Fader_Motivational_Interviewing_NYMC_March_2011.ppt
April 25, 2011 session: Practical Strategies

Physical tool kit:
Materials consisting of reports, tools and items to address the problem of health literacy were identified, ordered and distributed to conference participants in a pad folio. Contents included items listed here: http://hlit.libmedia.nymc.edu/index.php/Conference_Materials_April_25,_2011


Promotional Materials created included a flyer for each event:
http://library.nymc.edu/PHInformatics/hlo.pdf
http://library.nymc.edu/PHInformatics/hlt_cme_disclosures.pdf

8. **Web sites:**
   Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance, and impact.

The project team developed the above-mentioned wiki to house event materials, the tool kit, and to foster collaboration among individuals on this project. Although the discussion forums on the wiki were not yet utilized, survey results and data (see #7 above) suggest that attendees did find the online tool kit helpful and are using it. We plan to support the wiki indefinitely, and continue to develop it, since it houses the tool kit and conference documents. Develop should continue as new resources are identified.

9. **Document delivery and reference services:**
   If document delivery services and reference services were provided, please provide appropriate statistics.

We did not provide document delivery or reference services as part of our project. Although staff did use DOCLINE to obtain 245 articles (@$10/item) for project staff to assess relevant health literacy articles during the systematic review process.

10 **Approaches and interventions used:**
   Describe the specific steps or activities used in the following areas: identifying and scheduling sessions; promotion/marketing; training; personnel/staffing; web site development.

Outreach to community partners: email announcements were sent to the School of Health Sciences and Practice key collaborators. In addition, Amy Ansehl, presented the Health Literacy program to the Board of Directors and CEO of the Visiting Nurse Service, the Public Health Practice Council, the
HIV Council for Westchester County, the March of Dimes Program Services Committee, POWR against tobacco, the American Cancer Society Access to Care Coalition, the Children’s environmental Health Center of the Hudson Valley and the United Way.

Promotion/Marketing: A flyer was e-mailed to targeted groups via listservs through the New York Medical College announcements, at the NYMC Graduate Medical Education consortium, members of the Partnership for a Healthy Population (see above), Middle Atlantic Region RML, as well as the New York-New Jersey and Upstate New York Ontario Chapters of the Medical Library Association.

Web Site Development: A project wiki was developed to include a tool kit, discussion forums and instructions for using and contributing to the wiki.

11. Evaluation:
   How was the project evaluated? What results were achieved based on the objectives of the project?

Two instruments were used; a required session evaluation form was used issued by the Continuing Medical Education department as part of the CME process to award AMA PRA Category 1 credits. Participant session evaluation results from both “Motivational Interviewing” sessions (March 23 and 29, 2011) are available at: http://hlit.libmedia.nymc.edu/images/b/ba/Copy_of_evalsummary0323_0329_2011.pdf; along with results from the “Practical Solutions” session (April 25, 2011) at: http://hlit.libmedia.nymc.edu/images/8/80/Evalsummary042511charts.pdf.

The overall evaluation was completed one month after the completion of all sessions using Survey Monkey. In June 2011 this evaluation was distributed to all 143 individuals (via 85 directly and 58 indirectly via the VNSW community education director) with incentives provided to the first 100 who completed the survey. By June 15, 46 respondents completed the survey. Results from the survey indicate that 44.4% of the attendees at all three conferences also attended the initial health literacy training session on May 30, 2007; 55.6% made up a new audience; 9.3% said they were fairly knowledgeable about issues related to health literacy before the training sessions. However, this increased to 40.7% after the training sessions, a 31.4% increase. A total of 67.9% have applied the technique of motivational interviewing at least once since the conference, while 73.3% have referred back to the tool kit, and 61.1% have referred colleagues to the tool kit. A total of 66.7% have used the information they acquired during training in their practice or professional work; 90% agreed or strongly agreed that they have acquired some practical tools and strategies that they will employ to ensure clear communication with clients. Further, 90 % also plan to discuss the importance of clear communication with colleagues; 64% have already trained or arranged training for others or intend to do so; and 80% are interested in further collaboration on the issue of health literacy.

12. Problems or barriers encountered:
   Provide details on problems encountered in the areas of promotion/marketing; training; equipment/telecommunications; personnel/staffing; and web site development.
One of the barriers encountered in marketing the program was the perception by health care providers that working on health literacy strategies is too overwhelming and individual providers feel frustrated by lack of time and so much work to do. We need to continue to do our outreach to them to demonstrate the value and benefit of health literacy promoting interventions. Health Information Technologies (HIT’s) may be the answer to this barrier. Technology related problems should be addressed ahead of time; personnel who are to be involved in the project should be trained ahead of time.

Promoting and scheduling the sessions to the targeted audience was problematic. Scheduling health professionals during their work or practice hours was difficult, even with more than two months advance planning. The session on Motivational Interviewing were drastically shortened to accommodate the amount of time our health care providers could allot to this training. The Visiting Nurse Services of Westchester, for example, were excited to attend the sessions, but it squeezed their regular practice time treating patients. Many of them do not have internet emails, so follow-up evaluation was a little more challenging; however, the community education director facilitated this process. It could not have been done without her involvement.

Developing the curricular content was problematic. The systematic review was begun to identify successful practical tools and strategies. The indexing of these publications is not at a level to determine quality. This work is ongoing. In the end, we contracted two knowledgeable experts in the field of behavior change using motivational interviewing (Dr. Fader) and practical strategies (Helen Osborne). Also, our sessions were limited to 1.5 and 3.5 hours respectively, with limited “hands-on” practice. The groups were too large to effectively do this. The initial train the trainer approach was a good one, but required more time to create the content than expected.

Web site development was also challenging. The wiki was not intuitive to use, and required a set of instructions to be made available to users. This may be the reason that the discussion forums were not used. Open access to the wiki by all participants, regardless of their geographic location was a challenge. The University network administrators took almost the entire period of the project before they successfully addressed the firewall issues.

13. **Continuation plans:**
   Report on how you plan to continue the project. Will all or some of the project’s activities continue? Who will provide the funding and staffing to do so?

We will complete the systematic review; content development must be based on clear evidence, and the train the trainer model is still our goal with an aim to complete this model. The project wiki will remain up and available indefinitely; especially since it houses the 2011 edition of the tool kit. The project team will continue ongoing development of the wiki into an overall comprehensive resource on health literacy.

14. **Impact:**
   Include information on the perceived and actual impact of the project on the library,
institution, or consortium. This can include the effect of the project on the library’s image, increased utilization of the library, etc.

This program was facilitative in transforming the image of the library as being on the cutting edge of innovation in developing programs that extend to public health professional, health care providers and the people (patients) they serve. The library is playing an important, visible role in transforming the way health care services are delivered to people. This is extremely important in our current health care climate. And, this project opened “doors” to health care providers in new settings. Finally, the cadre of health professionals committed to improving communication skills has been successful. Clearly, the practical tools and strategies approach was successful, and the next steps need to be the “train the trainer” model we initially proposed---yet with more time-intensive hands-on sessions (actual or virtual) to complete this process.

15. **Recommendations for improvement:**
Include suggestions for alternative methods, training materials, promotional materials, etc.

Undertaking a systematic review to inform content was ambitious and time constraints hampered the outcome. If this approach were deemed suitable in the future, we recommend starting the review well in advance. Launching the wiki was clearly problematic until the network administrators were willing to commit to resolving the firewall issues. These issues should be resolved in advance of any new project permitting open access from throughout the region. Finally, a discussion forum on a wiki must be easy to use, heavily advertised, and provide relevant quality content to be successful.

**FOLLOW-UP QUESTIONS**

If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

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

Our original project goals and objectives were largely met. Objectives 1, 3, and 4 were met, with objective 2 partially met. Whereas we offered training tailored to our community based on needs assessment and a review of the literature, the training did not culminate as a train the trainer program. As we move forward with development of training we strive to expand our current cadre of health professionals who are committed to using better communication with their patients. We also intend to offer training to other health professionals using a standard or evolving curriculum.

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

Schedule training as far in advance as possible. Systematic reviews take a very long time to conduct and should be funded as projects in and of themselves.
3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

We should have moved forward with the development of a curriculum before the systematic review was completed, and developed a plan to execute our “train the trainer” program, without getting mired in the process of the systematic review. We would also have involved the Chief Information Officer (CIO) on our project team to assure our network access was open and our wiki application issues resolved before the end of the project time-line.

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

If a systematic review is to be used to inform content, we recommend starting the review well in advance. Offering CE credits for training is a very effective inducement to get health professionals to attend conferences/workshops, schedule very early, and create a time-line and stick to it. Also, discussion forum on a wiki needs to be easy to use and heavily advertised to be successful and achieve buy-in from users. Including a network person as part of the project team may make the wiki server much more cost-effective. Too much time was spent getting the attention of the network technical staff of open fire-walls to enable easy Internet access by all participants.

5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (http://publicaccess.nih.gov), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (http://www.nihms.nih.gov) at PubMed Central (PMC) final manuscripts upon acceptance for publication.

A paper will be written for publication recommended, our website will continue to promote our content, our wiki will continue to host our cadre of interested health professionals and more comprehensive resources on health literacy, and we will continue to develop programs and curricular materials to foster better communication skills.
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<thead>
<tr>
<th>Budget</th>
<th>Item</th>
<th>Expenditures</th>
<th>Purpose</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4000</td>
<td>Dr. Jonathan Fader</td>
<td>$2,900.00</td>
<td>2 session Motivational Interviewing</td>
</tr>
<tr>
<td></td>
<td>Helen Osborne</td>
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</tr>
<tr>
<td></td>
<td>Equipment</td>
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<td></td>
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