

**PACIFIC SOUTHWEST REGIONAL MEDICAL LIBRARY (PSRML)**

**HIV/AIDS INFORMATION SUMMIT:**

**FINAL REPORT**

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## FINAL REPORT: HIV/AIDS INFORMATION SUMMIT

### INTRODUCTION AND MISSION

The Pacific Southwest Regional Medical Library (PSRML), one of eight regional offices of the National Network of Libraries of Medicine (NN/LM), in cooperation with the California AIDS Clearinghouse (CAC), sponsored a one-day HIV/AIDS Information Summit, which was held at UCLA's Covell Commons Conference Center on March 19, 2003. The initial proposal for the Summit in 2000 was to hold a two-day event at a remote conference center, but due to staffing changes and the halving of the planning budget, the plans were revised to a one-day event located at an accessible urban location. The Summit was originally conceived as a forum for representatives of groups involved in HIV/AIDS information access and delivery, such as health care practitioners, librarians, students, and community-based organizations, to have an opportunity to share information and concerns, and develop action plans to address unmet information needs. Details about the Summit, including online registration procedures, were posted to the event's website, located at: [http://nnlm.gov/psr/aids\\_summit.html](http://nnlm.gov/psr/aids_summit.html), as they became available. The Summit's website also includes links to webcasts of most portions of the program, which may be viewed with RealOne Player, as well as links to all PowerPoint presentations, meeting notes, handouts, photographs, and graphic recordings of the event.

A seven-member Steering Committee was formed to plan the Summit. Members of the Steering Committee included: Alan Carr, Chair, PSRML; Joe Cavan, San Diego Council of Community Clinics; Mark Etzel, UCLA Center for HIV Identification, Prevention, and Treatment Services; David Fletcher, Plumas County Public Health Agency; Lisa Smith, UCLA School of Public Health; Scott Stumbo, UCSF Center for AIDS Prevention Studies; and Phaedra Torres, California AIDS Clearinghouse. Elaine Graham, PSRML Associate Director, and Russ Toth, CAC Director, were ex-officio members of the Steering Committee. The committee met in person at UCLA on August 27, 2002 to begin planning the format and content of meeting sessions, and also developed the following mission statement for the Summit: "To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV/AIDS information." The Steering Committee also decided to use the services of a graphic recorder, who colorfully captured the content of the plenary session and group reporting session on large charts, or "road maps." Her work is displayed in [Appendix A](#). Planning efforts were completed through monthly teleconferences and electronic mail communications. The final program agenda is included in [Appendix B](#).

### PLANNING PROCESS

Publicity for the Summit was widely distributed by e-mail to HIV/AIDS surveillance contacts in all California counties, and was also posted on the California AIDS Clearinghouse and California Department of Health Services Office of AIDS/HIV Epidemiology websites. In addition, notice was sent to the health sciences communities at the University of California campuses, as well as to numerous community-based AIDS organizations. Approximately one hundred twenty people attended the Summit on March 19, 2003. Most of the attendees were from California, and there were also several delegates from Arizona and Washington, as well as representatives from several other states and the National Library of Medicine. The majority

of attendees were representatives from community-based organizations and municipal public health departments. A number of health sciences librarians, graduate students from the UCLA School of Public Health, and other academics, also attended. Two laptop computers were set up in the meeting room, so that participants could check their e-mail or look at websites of interest during the day. The room set-up also included a “sharing table,” since a number of the attendees wished to bring their organizational literature for distribution to Summit participants.

The plenary session featured two keynote speakers: Gail Wyatt, Ph.D., UCLA AIDS Institute Associate Director, and Professor of Psychiatry and Biobehavioral Sciences; and Larry Peiperl, M.D., Director of the Center for HIV Information at the UCSF AIDS Research Institute. In addition, the plenary session included a series of panelists, who addressed specific aspects of HIV/AIDS information dissemination, such as evaluation of Internet sites, maximizing website visibility, and National Library of Medicine HIV/AIDS resources. These speakers included Gail Dutcher, Head of the Office of Outreach & Special Populations at the National Library of Medicine; Lisa Hoskins and Vanessa Robison, representing the AIDS Education Global Information System (AEGiS); Claire Hamasu, Associate Director of the National Network of Libraries of Medicine Midcontinental Region; Jennifer Reiswig, UCSD Biomedical Library Electronic Services Librarian; and Julie Kwan, Library Network Coordinator at PSRML.

As part of the registration process, applicants were asked to describe the challenges they faced in accessing and disseminating accurate and current HIV/AIDS information, and also what they hoped to gain by attending the Summit. Based on the input received from responses to these questions, included in [Appendix C](#), the Steering Committee developed a series of discussion topics for four breakout groups, each composed of roughly thirty people. The groups met briefly before the luncheon to begin the brainstorming process. The luncheon was held on a patio adjacent to the meeting room, so that participants could continue their networking and brainstorming if they chose to. The breakout groups then met more extensively during the afternoon portion of the Summit for discussion and synthesizing of the breakout topics. One facilitator and one recorder were assigned to each group, and each group was asked to develop three to five specific recommendations for future outreach efforts and information dissemination related to HIV/AIDS information as a result of their sessions. The list of breakout group discussion topics is included in [Appendix D](#). After the breakout group meetings, the large group reconvened to hear reports and recommendations from each group, as well as any insightful messages that were revealed during the discussions.

## **RESULTS AND RECOMMENDATIONS**

Breakout group 1 examined issues related to HIV/AIDS information overload, disseminating information sources with the right message(s), and developing electronic safer sex messages. The group felt that it was important to take a holistic approach to safer sex messages, and not just focus on sex behavior. Websites with inaccurate information or that promoted people with HIV/AIDS as sexy and healthy were identified as primary issues relating to dissemination of the right message. The consensus of the group was that it was all right to use a computer’s delete button or trash can as an important component of managing information overload. Specific action items recommended by this group included:

- Develop organizational collaborations to avoid duplication of efforts; and,
- Ensure that information sources that are selected for dissemination are culturally competent.

Breakout group 2 looked at the issues of developing strategies for increasing coordination and collaboration with websites, accessing online full-text journal articles, improving information dissemination to rural areas, and developing a centralized HIV/AIDS information databank. Another issue of interest to this group was archiving mechanisms for ephemeral web materials, such as conferences. The group felt that it was important to dispel the myth that the Internet easily provides all the information needed to answer any question, without any effort on the part of the searcher. One suggestion from this group was a “Consumer Report” user guide that would provide the flavor of a website before linking to it, and would help define standards for reviewing websites in a consistent manner. The group also suggested that libraries use a sliding fee scale to provide interlibrary lending services, so that lesser-funded rural organizations and community-based organizations could more easily afford to access the journal literature. Recommendations for next steps from the group included:

- A working group, sponsored by the National Library of Medicine, that would determine the important characteristics needed for an HIV/AIDS website, and how to better cope with information overload;
- A Request for Proposal, from the National Library of Medicine, to conduct an evaluation of HIV/AIDS websites or to sponsor a study examining what people did with HIV/AIDS information obtained from the Internet after turning off their computers; and,
- Further training for health sciences librarians in accessing HIV/AIDS information sites, beyond what is provided by the National Library of Medicine.

Breakout group 3 focused on the issues of identifying current and accurate HIV/AIDS information sources, identifying possible sources of misinformation, and sharing strategies and networking to provide accurate information. The group also discussed electronic safer sex messages. Specific recommendations from the group included:

- Disclose the limits on data and make clear that some numbers are estimates when releasing information to the public;
- Determine if locally relevant statistics were available from a city or county health agency, because all organizations could make use of and distribute good quality, camera-ready material housed in a central location; and,
- Report trends in data rather than specific numbers.

Breakout group 4 examined the issues of providing HIV/AIDS information to hard-to-reach groups, such as youth and communities of color, providing HIV/AIDS information to developing countries, how to best disseminate reliable HIV/AIDS information to consumers, and determining the best medium to disseminate HIV/AIDS information. The group felt that to reach rural populations it was important to work with family practitioners by providing them with appropriate technology and information, but making it user-friendly so as not to overload them. An alternative suggestion was using phones for browsing the Web. Further suggestions from the group included being clear on audiences that were being reached and the type of

information disseminated to them; determining what website users need vs. what intended audiences need, which may not necessarily be the same things; using an intermediate messenger when the Web does not work for everyone; and how to determine best practices and evaluate the HIV/AIDS information system. Recommendations for further actions from the group included:

- Use mobile computers on vans that would travel to hard-to-reach population centers;
- Create an HIV/AIDS interactive tutorial for MEDLINEplus; and,
- Create more HIV/AIDS instructional videos.

## **FEEDBACK AND CONCLUSIONS**

Feedback from the Summit participants was extremely positive. A number of attendees expressed their gratitude for the convening of such a meeting, and said the opportunity to have an entire day to meet and discuss issues with colleagues in such an attractive venue was invaluable. All Summit participants were asked to complete an evaluation survey through Zoomerang shortly after the event. Responses to the survey confirmed the positive impressions received on the day of the meeting. In the survey, attendees were asked to rate the knowledge and effectiveness of all speakers at the Summit. The survey also asked about the quality of the meeting facilities, the appropriateness and organization of the session content, and whether or not the Summit met both its stated purpose and the personal objectives of attendees. As a final outcome measure, the survey asked participants if they felt better prepared to meet the challenges associated with HIV/AIDS information. All attendees either agreed or agreed somewhat with this desired outcome. On the whole, all speakers were judged to be effective, and expectations for the day were met. The survey also asked attendees for comments about which part(s) of the Summit they found most and least helpful. These comments indicated that the Summit was a tremendous networking opportunity, and many of the attendees planned to implement some of the recommendations into their daily work flow. Many people said that they would be interested in attending similar events in the future, and desire was expressed for a nationwide meeting of this sort.

There was some indication from the survey responses that there was not sufficient time for the breakout groups, and that some of the breakout discussion topics were too broad and difficult to get a handle on. Others said that some people in their breakout group took over the discussion, and led it in whatever direction they chose. The Steering Committee debated about how much time to allow for the breakout group sessions in the planning process, but in the end decided that it might be better to have a more structured day, which was provided by the keynote speakers and panelists. However, some of the Summit participants felt that the topics covered during the plenary session were not relevant to them, or was information that was already widely known. Complete survey results are included in [Appendix E](#).

The planning budget for the Summit included funding that was sufficient to cover the travel and lodging expenses of the participants, if needed, which provided a great incentive for attendance, and contributed to the success of the meeting. Many of the participants would not have been able to attend the Summit without the financial support they received. It was money well spent because the connections made that day and the dialogue that began will most likely continue and be a positive influence on the effective dissemination of HIV/AIDS information.

**Appendix A: Art For Change Graphic Recordings**  
**Christine Valenza, Artist**



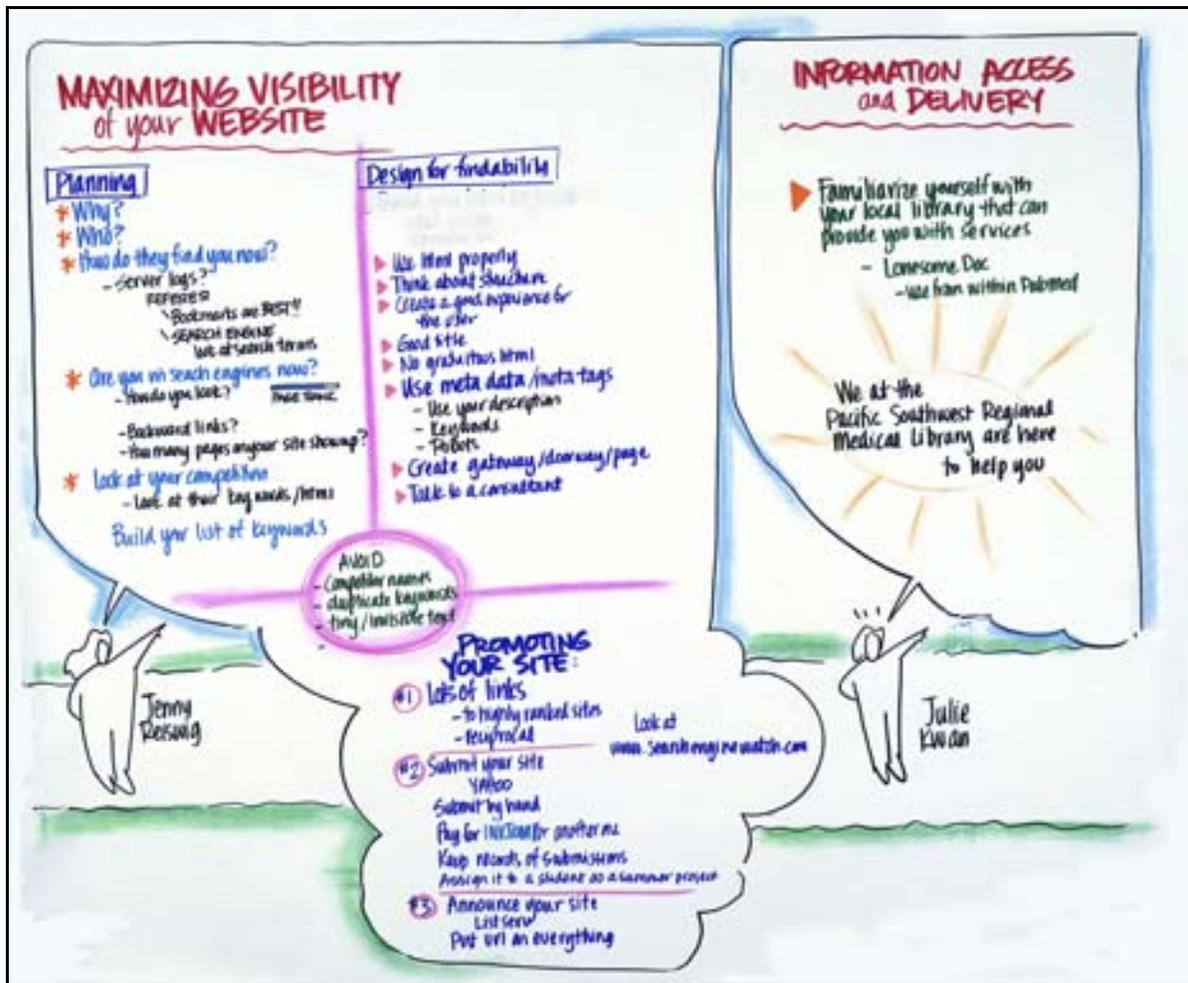
Keynote Address 1  
 Larry Peiperl



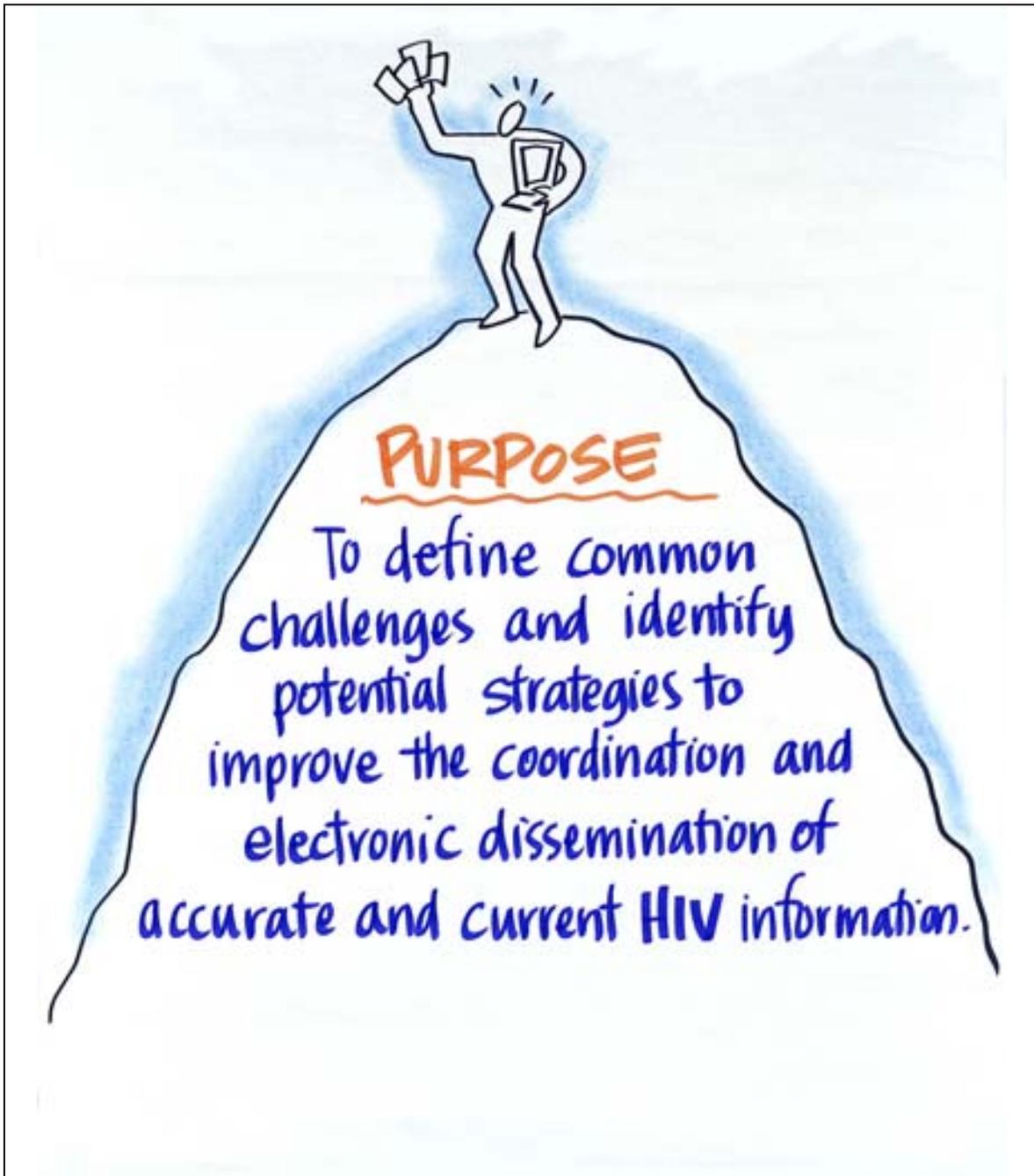
Keynote Address 2  
 Gail Wyatt



Panel Presentation 1



Panel Presentation 2

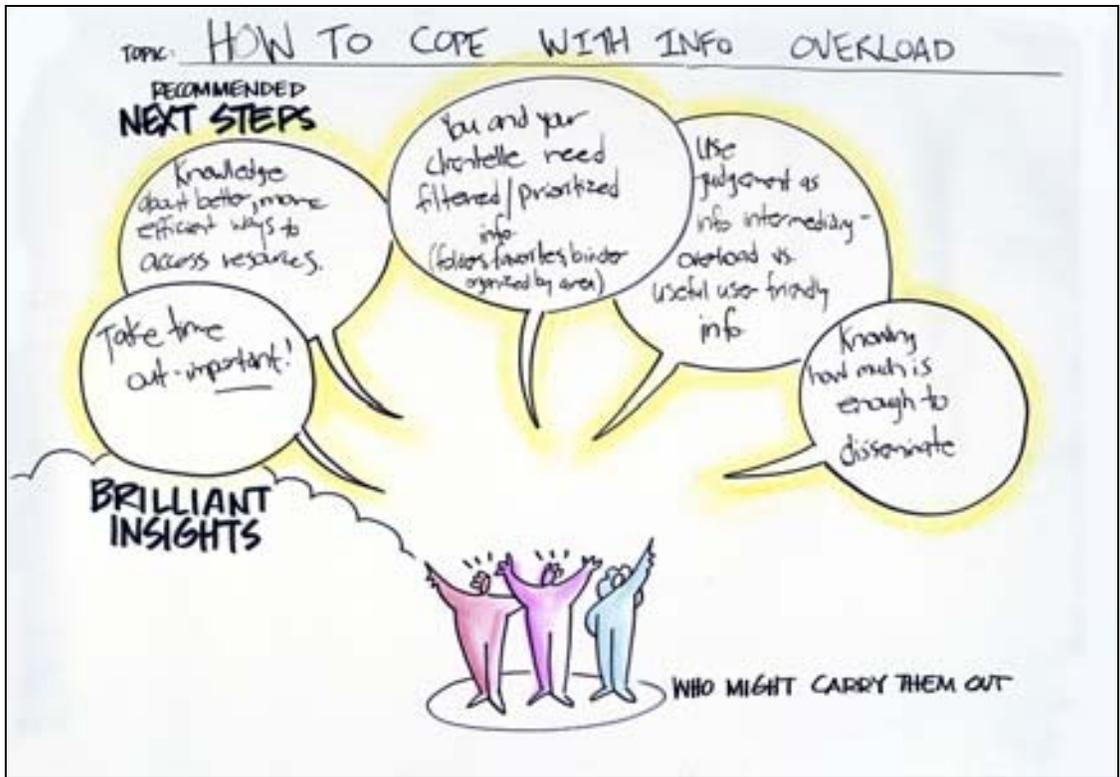


### **Purpose of Meeting**

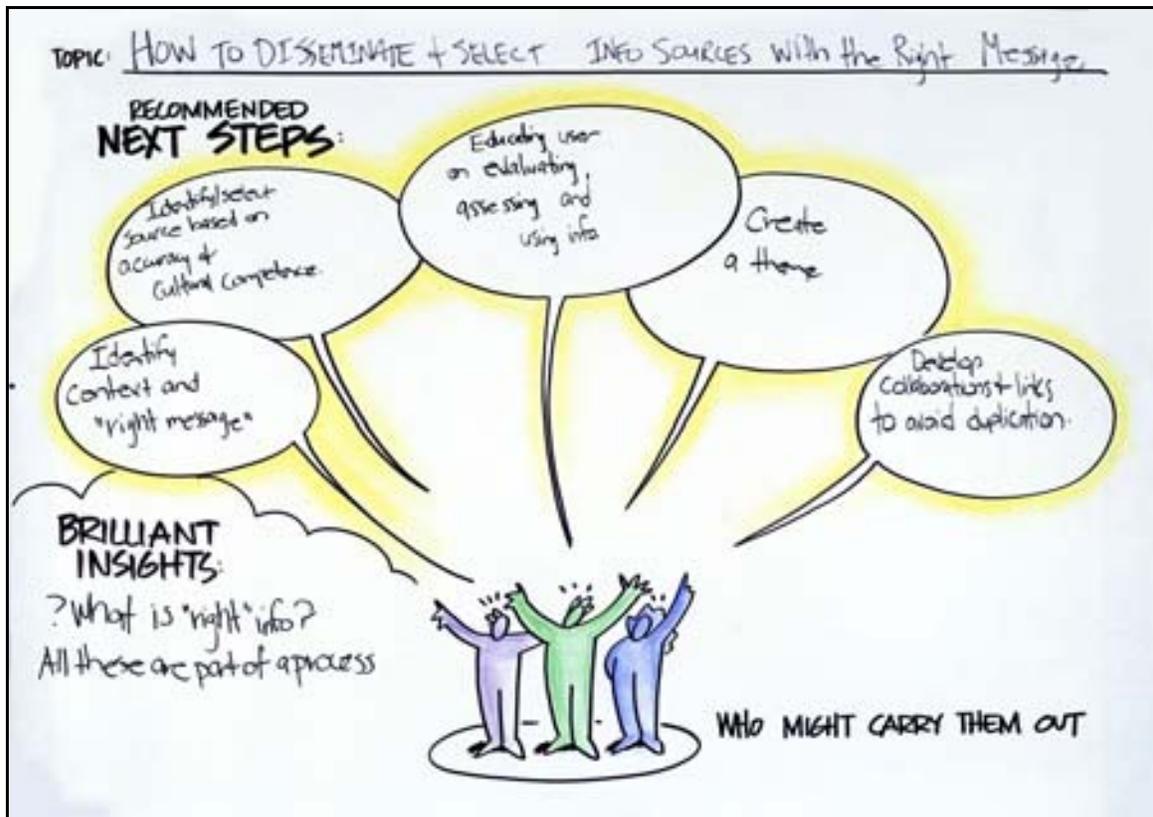
# Brainstorming

- Do not judge ideas ~~GOOD~~ ~~EVIL~~
- Repeat ideas are fine
- "Piggybacking" off someone else's idea is fine
- Wait for silences to the end...  
the greatest creativity often follows.
- The more ideas the better!

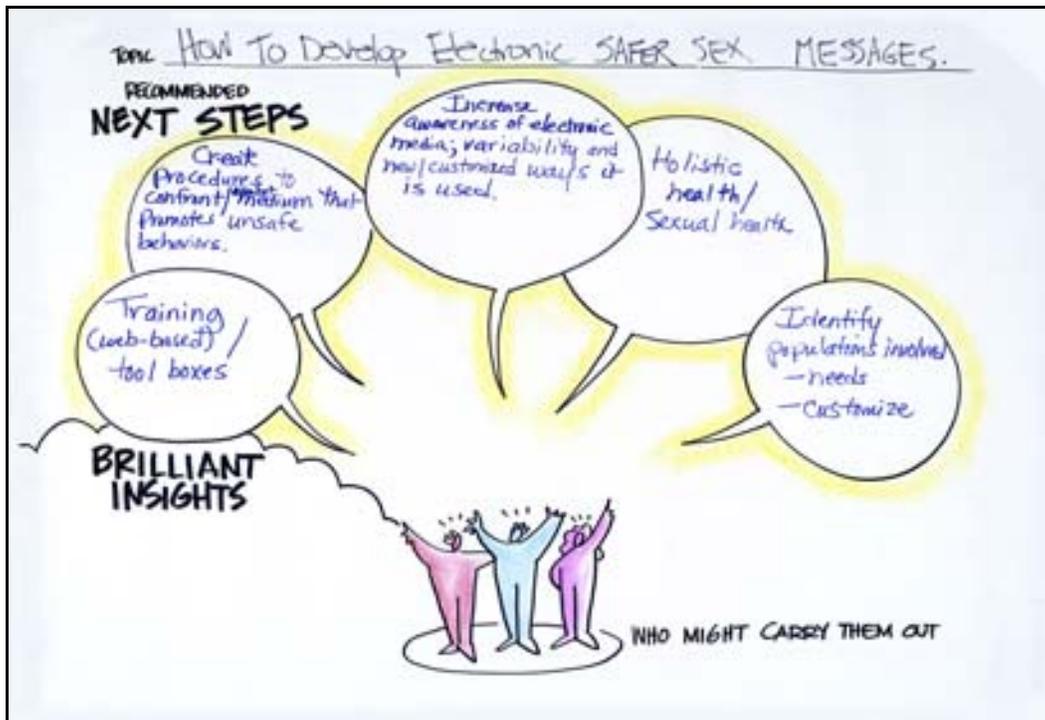
## Brainstorming



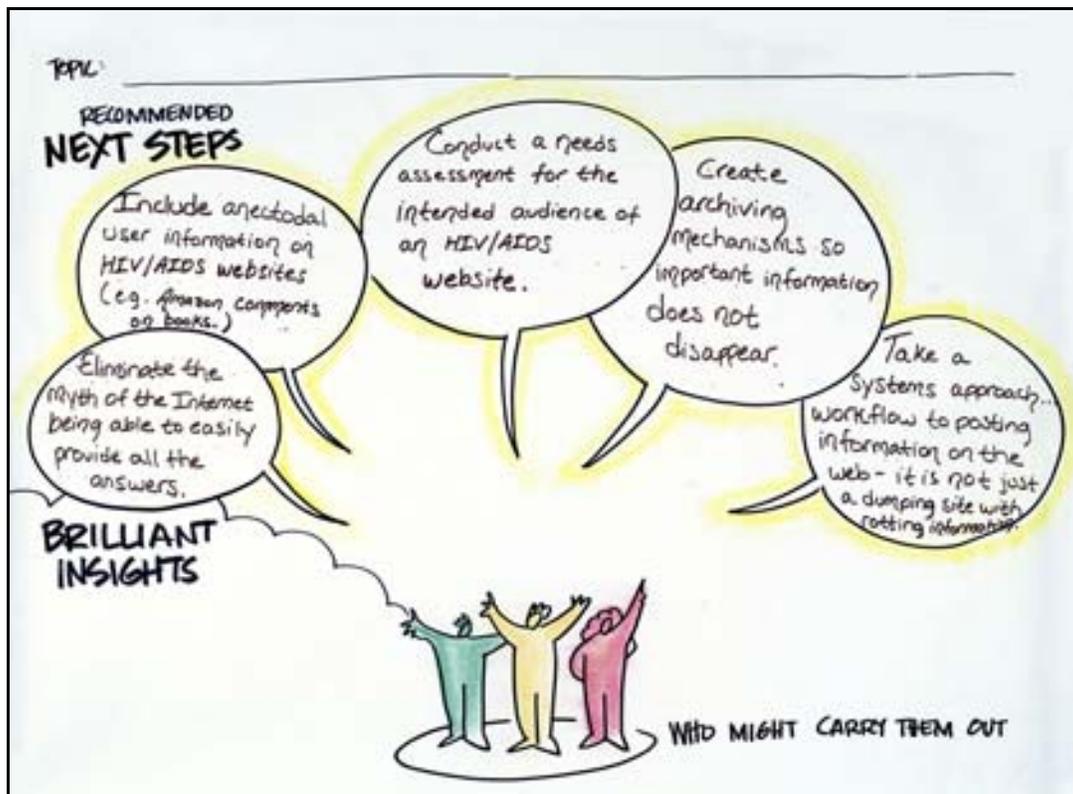
Group 1 (a)



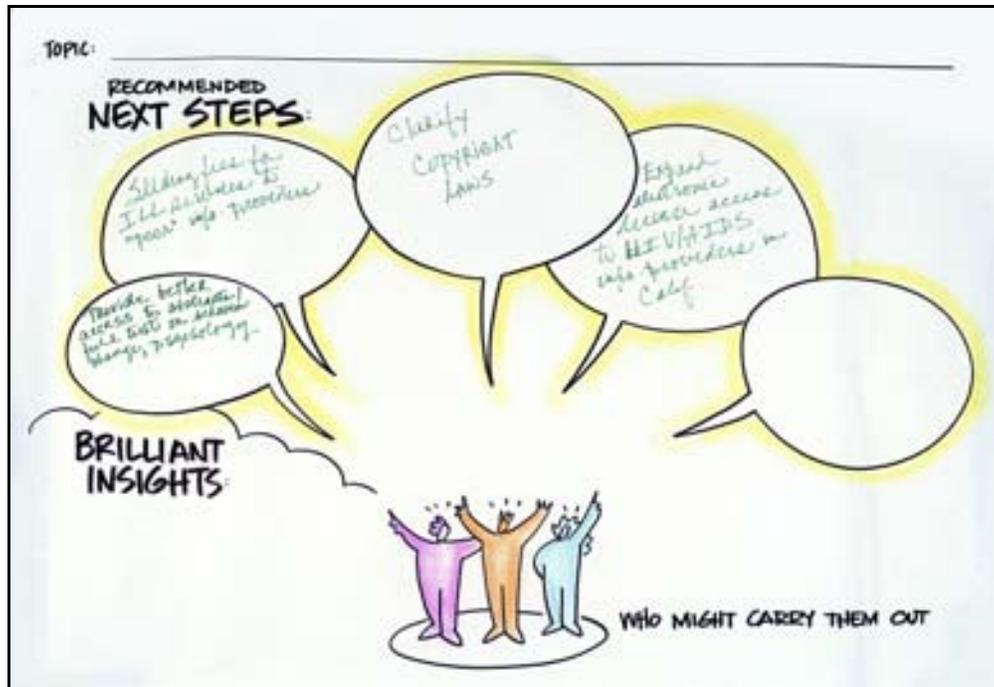
Group 1 (b)



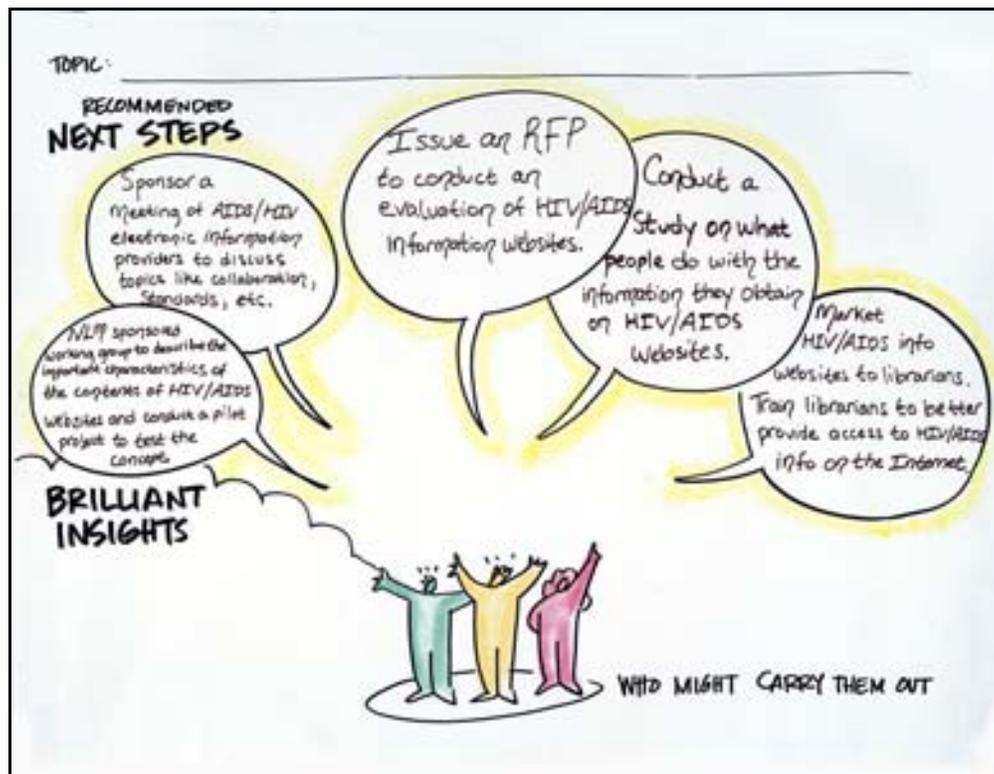
Group 1 (c)



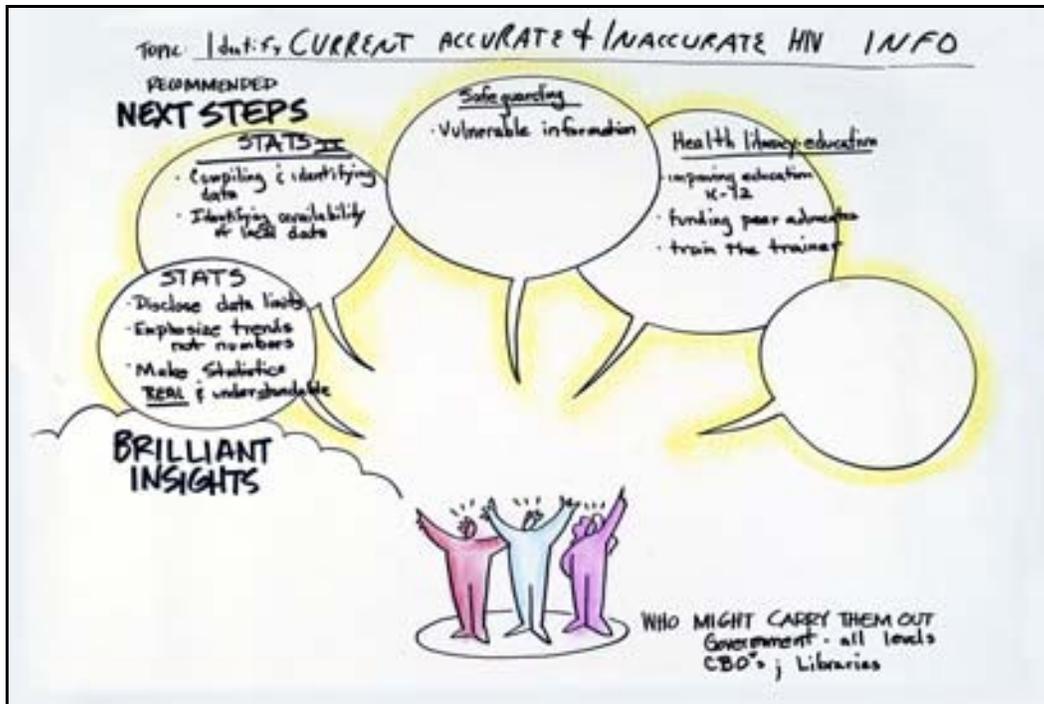
Group 2 (a)



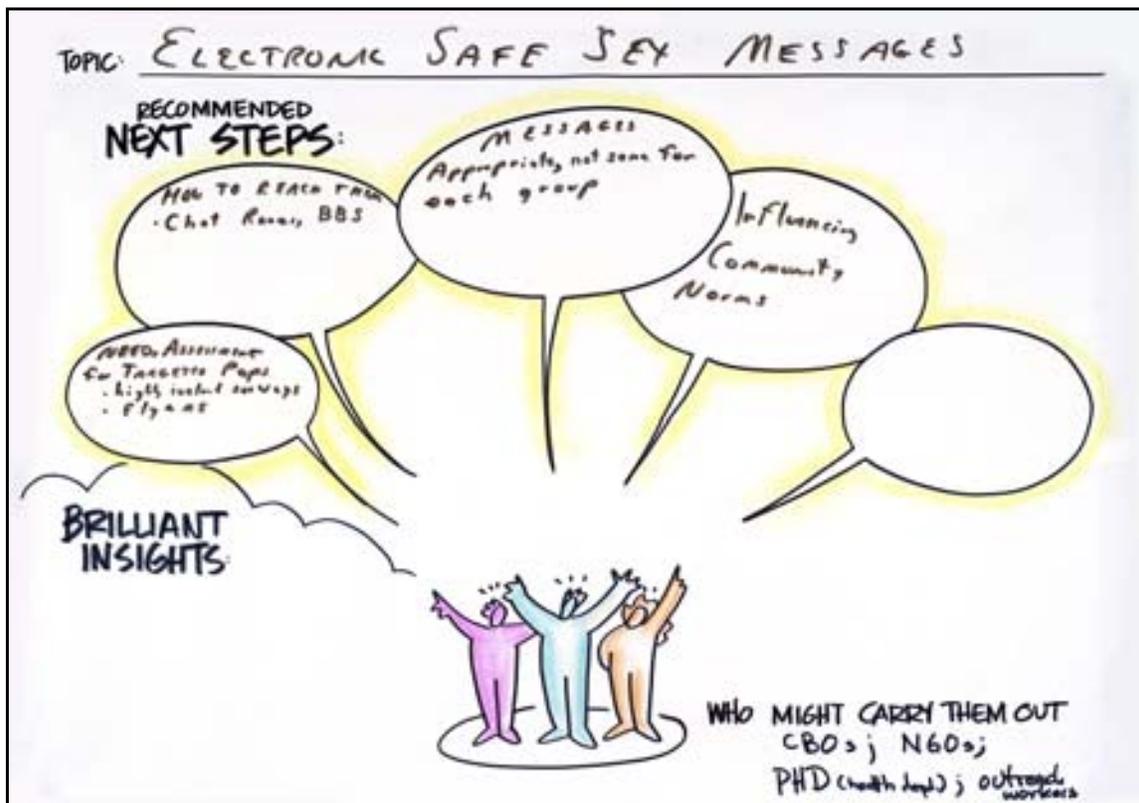
Group 2 (b)



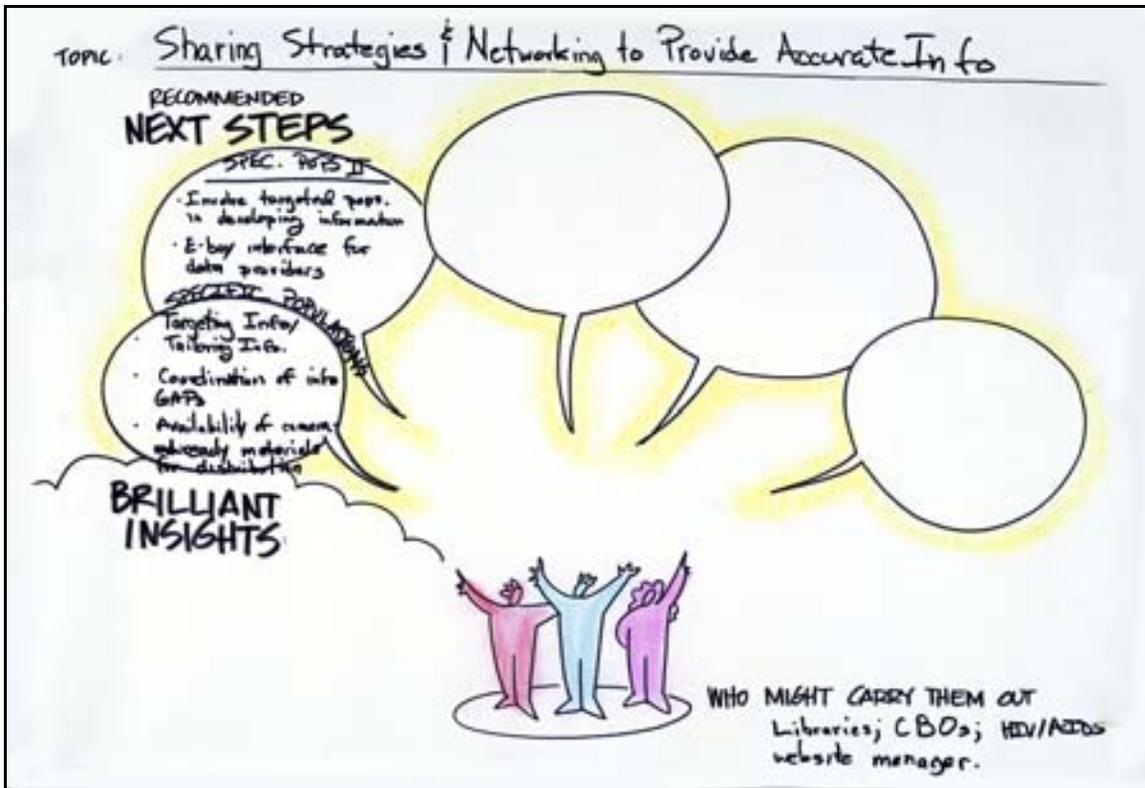
Group 2 (c)



Group 3 (a)



Group 3 (b)



Group 3 (c)



Group 4



## **Appendix B: Program and Agenda**



March 19, 2003  
UCLA Covell Commons  
Los Angeles, California

### Purpose

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

### Schedule

8:00 – 9:00 a.m.	Continental Breakfast and Registration
9:00 – 11:00 a.m.	Plenary Session: Keynote Addresses and Panel Presentations
11:00 – 11:15 a.m.	Coffee Break
11:15 – 11:30 a.m.	Review Breakout Group Charges
11:30 a.m.– Noon	Breakout Group Sessions – Brainstorming
Noon – 1:00 p.m.	Lunch
1:00 – 2:30 p.m.	Breakout Group Sessions – Discussion and Synthesis
2:30 – 3:00 p.m.	Refreshment Break
3:00 – 4:00 p.m.	Group Reports and Recommendations
4:00 – 4:30 p.m.	Closing

### Program

**8:00 – 9:00 a.m. Continental Breakfast and Registration**  
Covell Commons, 3rd Floor Lobby

**9:00 – 10:00 a.m. Plenary Session**  
Grand Horizon Ballroom

**Welcome:** Elaine Graham, Associate Director, Pacific Southwest Regional Medical Library, National Network of Libraries of Medicine (NN/LM), UCLA Louise M. Darling Biomedical Library

**Introductions:** Alan Carr, Health Information Services Coordinator, Pacific Southwest Regional Medical Library, NN/LM

Presented by the Pacific Southwest Regional Medical Library, NN/LM and the California AIDS Clearinghouse.  
Funded by the National Library of Medicine under contract N01-LM-1-3517 with the UCLA Biomedical Library.

**Keynote Addresses:**

*HIV/AIDS in Context*

Gail Wyatt, Ph.D., Associate Director, UCLA AIDS Institute, and Professor of Psychiatry and Biobehavioral Sciences, UCLA

*HIV/AIDS Information on the Internet*

Larry Peiperl, M.D., Director, Center for HIV Information, UCSF AIDS Research Institute

**10:00 – 11:00 a.m. Panel Presentations:**

*AEGiS Goals and Future Plans*

Lisa Hoskins, Content Analyst, and Vanessa Robison, Assistant Operations Director, AEGiS (AIDS Education Global Information System)

*HIV/AIDS Information Resources from the National Library of Medicine*

Gale Dutcher, Head, Office of Outreach and Special Populations, National Library of Medicine

*Evaluating HIV/AIDS Internet Resources*

Claire Hamasu, Associate Director, MidContinental Region, NN/LM, Eccles Health Sciences Library, University of Utah

*Maximizing Visibility of Your Website*

Jenny Reiswig, Electronic Services Librarian, Biomedical Library, UCSD

*National Network of Libraries of Medicine: Information Access and Delivery*

Julie Kwan, Library Network Coordinator, Pacific Southwest Regional Medical Library, NN/LM

**11:00 – 11:15 a.m. Coffee Break**

**11:15 – 11:30 a.m. Review Breakout Group Charges:** Christine Valenza, Graphic Facilitator, Art for Change, Sausalito

**11:30 a.m. – Noon Breakout Group Sessions — Brainstorming**

Group 1: Sunset Village Salon Rooms E/F

Group 2: Southbay Room

Group 3: Westcoast Room  
Group 4: Northridge Room

**Noon – 1:00 p.m. Lunch**  
Sunset Village Patio Terrace

**1:00 – 2:30 p.m. Breakout Group Sessions — Discussion and Synthesis**

Group 1: Sunset Village Salon Rooms E/F  
Group 2: Southbay Room  
Group 3: Westcoast Room  
Group 4: Northridge Room

**2:30 – 3:00 p.m. Refreshment Break**  
Grand Horizon Ballroom

**3:00 – 4:00 p.m. Group Reports and Recommendations**  
Grand Horizon Ballroom

**4:00 – 4:30 p.m. Closing**

Christine Valenza, Graphic Facilitator, Art for Change, Sausalito  
Russ Toth, Director, California AIDS Clearinghouse, Los Angeles  
Alan Carr, Health Information Services Coordinator, PSRML-  
NN/LM

### **Steering Committee Members**

Alan Carr (Chair)  
Health Information Services Coordinator  
Pacific Southwest Regional Medical Library,  
NN/LM  
UCLA Louise M. Darling Biomedical Library  
Los Angeles, California  
<http://nnlm.gov/psr/>

Joe Cavan  
Social Marketing Campaign Manager  
San Diego County HIV Prevention  
Council of Community Clinics  
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Center for HIV Identification, Prevention, and  
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<http://chipts.ucla.edu/>

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Information Services Manager  
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(CAPS) and the  
UCSF AIDS Research Institute (ARI)  
San Francisco, California  
<http://www.caps.ucsf.edu/capsweb/>  
<http://ari.ucsf.edu/>

Phaedra Torres  
Health Information Specialist  
California AIDS Clearinghouse

Los Angeles, California  
<http://www.hivinfo.org/cac/cacindex.shtml>

Ex Officio:

Elaine Graham  
Associate Director  
Pacific Southwest Regional Medical Library,  
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<http://nnlm.gov/psr/>

Russ Toth  
Director  
California AIDS Clearinghouse  
Los Angeles, California  
<http://www.hivinfo.org/cac/cacindex.shtml>

HIV/AIDS Information Summit  
March 19, 2003  
Los Angeles, California

[http://nnlm.gov/psr/aids\\_summit.html](http://nnlm.gov/psr/aids_summit.html)  
<http://www.hivinfo.org/cac/working/informationsummit.shtml>

## **Appendix C: Challenges Faced and Summit hopes**

## **Breakout Group 1: Challenges Faced**

Information changes rapidly; information needs to be disseminated in different formats depending on the client; there are too many sources of information; how do you assure the information is the most up-to-date and unbiased.

A major component of CTAP is the support of the launch and implementation of a new web-based information system called Evaluating Local Interventions (ELI). ELI is a system for monitoring prevention activities and behavioral risks statewide. It provides primarily process monitoring and evaluation data on a number of intervention activities and eventually it will provide outcome monitoring data. It has been difficult to disseminate information to a state which consists of such diverse agencies at different levels of capacity.

Too much information; often there is lots of information on HIV/AIDS but it is difficult to know if it is reliable.

How to reach minorities; how to ensure that case managers, social workers, counseling and testing centers have access to the most current information, including treatment guidelines; how to ensure that physicians use the latest treatment guidelines.

Information overload; deciding what's important; needing ideas on reframing what we know to change messages we give to clients; burnout; creativity in the face of limited funding.

I would have to say the challenge is getting the individuals that need accurate HIV prevention information to access the information. We provide HIV/AIDS 101 to Los Angeles County employees and train about 1000 employees per year, and it's still amazing how misinformed they are about basic HIV transmission.

Resources for developing countries.

Geographical isolation; amount of information available; form in which information is disseminated.

I am interested in accessing information on HIV in sub-Saharan Africa.

Understanding how the most current prevalence and incidence rate estimates are arrived at and applying those estimates to understanding the relative impact of the epidemic in a given community and among different demographics. It's difficult to explain to a lay person the relative impact of the epidemic when news reports simply say that rates are declining.

One-third of people still believe AIDS is a government plot; many still think spit is infectious; AIDS is old news; PWA's are invisible; just take the pills if you get it; intelligent people can sort out the facts; less intelligent people know AIDS kills and you can get it from needles and sex; depression, low self-esteem and "I don't want to be alone when the bar closes" are the major issues; ice, XTC, Viagra, and alcohol are the HIV helpers.

There is just too much information!

## **Breakout Group 1: Challenges Faced - Cont.**

Combating gay media on the Internet that posts inaccurate and one-sided information of HIV prevention issues; not having easy Internet links to local HIV/STD testing and counseling locations using ZIP codes; not having accurate HIV/STD FAQs that are accessible, electronic, and provided at the consumer level; developing information in pop format for use inside chat rooms and other websites; development of electronic safer sex messages, websites, and other vehicles to combat the onslaught of barebacking sites.

The information seems to constantly change, and sometimes it is simply time that poses a challenge to keeping up. I also find that even among agencies in the area, some of them are disseminating different information; which is discouraging because my concern is for my clients. I understand that new research is always going on, so I am faced with questions that I have conflicting information on.

Determine that the process reaches to all of our targets in an appropriate manner.

Limitations of providing healthy sex messages that need to be understood to enforce the behavior based safety messages. Including multiple sex partners and sex outside of marriage.

Trying to get to those individuals that think they are not infected or affected by AIDS, like the rural population, the unemployed, and those who have different socioeconomic levels.

Cultivating partnerships with CBOs who are the eyes and ears of their constituents, and whose expertise is culturally appropriate for community education. No one-size-fits-all approach in community education and information dissemination.

To most people in my state, AIDS is non-existent and doesn't affect them, so HIV/AIDS stigma is rampant. I need every tool at my disposal to disseminate the correct information across my state. Showing clinical staff how to access information on the Internet.

## **Breakout Group 1: Summit Hopes**

Define benchmarks for evaluating information and interventions as to their accuracy and effectiveness.

We combine a didactic approach with small group activities to facilitate learning. We respect and build on the innate skills that our participants bring to these trainings and to their use of the Evaluating Local Interventions system. Any resources gained at this Summit to benefit these goals would be appreciated.

Identify current reputable information sources and ways to access it.

Provide some input and guidance to those of us planning and developing information resources and services.

Looking at a common set of problems and goals; setting up standards for information and dissemination; knowing the service providers and their target audiences; finding new and different tools.

To discuss strategies on how to make sure HIV information on the Internet is accurate. I hear stories from young adults that they got information via the Internet that was wrong, and I was glad to clear up the information.

Better, more concise and accurate information.

I hope the Summit will allow participants an opportunity to share diverse communication strategies and techniques utilized in disseminating accurate and current information electronically. With the ever increasing amount of HIV information available, it becomes more important to acquire skills and strategies necessary to be discriminating in utilizing and disseminating such information. I would welcome an opportunity to learn such techniques from others, and to share what I have learned.

Provide insight into other professionals' experiences with strategies employed to stay on top of the most current information.

Coordinate linkages to "The Idiot's Guide to HIV/STD Avoidance."

Help improve the dissemination of accurate and current HIV information via our website.

I would be willing to co-chair a task force, design a work plan, and implement strategies to accomplish my concerns. I would also like to learn about the challenges and ideas for solutions that other attendees face around these issues.

I feel it is my responsibility to have the most accurate and updated information as a health educator, so I am hoping that I will walk away with something more to offer the community.

Provide a renewal of energy; opportunity to network; insights, updates, and research in this field.

### **Breakout Group 1: Summit Hopes - Cont.**

Create further discussion on how being on the same page with others in the field can shape the outcome from multiple aspects, e.g., client, community, and political.

I hope this Summit will help me to gather information from other individuals that I network with to help the population that I work with in getting the message out about HIV education.

Continue to keep the public aware that HIV/AIDS is not over; prevalence of cases of STD are on the rise across cities among gay/bisexual male groups; participants will exchange ideas and their expertise in working with HIV issues in their communities.

I hope the Summit will provide me with fresh ideas for reducing stigma in rural areas and new information highways on the Internet.

## **Breakout Group 2: Challenges Faced**

Distance, small town attitudes; lack of community resources.

Locating the appropriate entities to receive information. Finding people who want information but don't know where to look or how to contact/utilize available resources.

Challenges are several: Many researchers are not eager to disseminate their findings until it has been published in an academic journal. Many researchers write in research-ese and don't know how to address a service provider audience. Many service providers in the field do not have the time, training, or resources to access and incorporate science into their programs.

Not enough time to keep up with current information. I suspect there's a lot of duplication of information, which we could leverage off of.

I live in a rural area and don't have access to a university library. I am not able to access full-text articles online or even summaries of articles. I had online access as a UCLA student, but when I graduated, that service was no longer available.

The challenges I face include learning about the latest theories and discoveries related to how HIV attacks the body and keeping abreast of all current breakthroughs and developments in HIV/AIDS therapy-related research. It's not clear to me the best sources to access the latest research on HIV in various disciplines.

Not having permission to use a certain news source. We have permission from many excellent sources to use their HIV-related material for free, but some sources will not allow us to use their articles. Another challenge is trying to get a feel for what our readers want to read about; whether it is new medications, the crisis within AIDS Drug Assistance Programs, or workplace rights of HIV-positive people. I try to cover as much information as the day allows, since time is a constant challenge in getting out current information.

Late information.

How to get complicated scientific findings and concepts to people who have little knowledge of science or medicine. Keeping on top of the literature when limited by time and availability of full-text articles. Dealing with the challenges of creating and distributing culturally appropriate messages or information to those most at risk of HIV infection. Keeping our own public health staff up-to-date. Disseminating important articles and reports to those who need to know. Keeping track of the incredible mountain of information that is out there and getting appropriate information to those who need or request it. Finding the time and money to help train the staff of CBOs how to use computers to access important information electronically. Developing an electronic library of full-text articles.

I have access to many information sources through my work. My main interest is how to translate that information accurately to empower consumers who don't have the same levels of training and access.

## **Breakout Group 2: Challenges Faced - Cont.**

Users of my InfoNet report lack of understandable information, difficulties knowing if material is trustworthy and/or current, and unavailability of materials in Spanish. The InfoNet attempts to address these concerns.

I don't know what resources are available to the public. Living in a conservative and rural area, HIV/AIDS education has been problematic; many people do not think HIV is an issue they need to consider, and many religious institutions in the area have rebuked AIDS education efforts.

Getting and learning the software for our website. Determining what to include and how to do so in an interesting and attention-keeping manner. Developing new approaches to information dissemination. Getting responses from staff on items for the website.

Research by its nature is a snapshot of events that happened in the past year or so. Latest studies and the information published is often too late by the time it reaches CBOs. Preliminary information and emerging trends on specific populations should be made available earlier and be easily accessible through the Internet or the resources used by the community.

I am unknowledgeable about what databases exist and how to access them.

Many of my clients do not read well. It would be helpful to have information that is simple, short in length, and easy for me to disseminate. Also, my clients need easier access to Internet resources. They don't all have good computers with superior search engines!

With so much information, how does one cull through the best resources to offer quality programs.

Serving a large geographical area with low socioeconomic status tops the list of challenges.

A way of assessing quality of information, especially of online information. The information divide between those who work at universities and have access to peer-reviewed journals, and those who don't, and can only read abstracts or pay \$10-30 per article to view the article text. The distortion of information, and limited distribution created by political and religious influence in AIDS prevention education.

There are 2 main challenges I face, both of which are related to location. The vast majority of research information available is generated from study populations in large metropolitan areas. The clinical information translates well to rural areas, but behavioral and community-level information and methods frequently do not apply at all. Modifying and adapting methodologies developed for urban areas by research institutions with large budgets is always difficult, and often not feasible. Access to information specific and relevant to rural areas is currently a major barrier. Locating useful references is not difficult through the use of web-based databases, but obtaining the materials is problematic. I have no local access to current journals or other publications unless they are freely available online. Programmatic budgetary restrictions don't allow for subscriptions to printed or online journals, nor do they allow for the purchase of other publications. My county does not maintain a current medical library, and I do not have checkout or document delivery privileges from the local university.

## **Breakout Group 2: Summit Hopes**

Learn new strategies to improve programs in order to be able to disseminate accurate and current HIV information.

We are working on updating and expanding our telemedicine and web-based programs. I hope to get information that will help with these projects.

Contacts/network/technology solutions, e.g., email, website, etc.

I think the major accomplishment will be getting together to exchange information. I also hope that this will lead to less duplication of websites and more cross-site collaboration.

I will be updated with new developments in the fight against HIV and will be more prepared to inform my clients and other co-workers.

Discover ways of collaborating to avoid duplication of effort, and provide more current information.

Improve dissemination of accurate HIV information to rural areas.

I hope to learn about more resources available to me as an HIV/AIDS researcher.

I hope to have a forum where all of us in the field can share ideas on the dissemination of electronic information and how best to benefit those infected. I hope to learn from others, and possibly to give others ideas to improve their work.

Get advanced and new information on HIV research in the public health area.

To talk to other people who have been involved in disseminating HIV information to get more ideas and confer on common problems. To get a sense of how others are dealing with the whole copyright issue around journals and how to get better access to electronic full-text articles. To explore how HIV prevention programs might be able to better use the Internet for HIV prevention work. To get others' ideas and experiences on how to work better with CBOs around basic computer skills and access to electronic information. To explore arrangements other areas might have between university libraries and public health departments.

It might provide a fresh perspective I can use in the review of current state training and education rules. As a professional communicator and a consumer, I might be able to contribute some thought that could advance the goals of the conference organizers.

Help me understand others' problems with accessing reliable AIDS treatment information; get some ideas on how to make the InfoNet a more useful resource.

I hope to learn what information the government and NLM make available to the public. I hope to learn strategies for reaching transient populations (mainly Hmong and Hispanic agricultural

## **Breakout Group 2: Summit Hopes - Cont**

workers). I hope to learn strategies for providing HIV/AIDS information in areas that have religious biases against AIDS education. I hope to learn about successful library and public information projects.

Provide some insights on how other people have been dealing with their issues or problems. Learning about information accessing and dissemination, and networking about information dissemination.

Establish a central information bank that can be promoted as the primary source of current and accurate information. Establish a mailing list of organizations that would benefit from information generated in the research community. Develop a centralized information bank that categorizes research and best practices interventions according to behavioral risk populations.

Inform me about the HIV databases and networks available to assist in research.

An exchange of ideas of all kinds in the HIV field.

The summit will provide the foundation of current AIDS information, and will allow us to see what others are doing and the problems they face. I hope it will also allow us to meet other participants to use as resources.

Identify potential strategies to improve the coordination and dissemination of accurate HIV information.

Identify issues, and build relationships between organizations and people who can work on solutions.

I hope the Summit will identify means for providers in areas with limited access to traditional sources of recent and accurate information to access sources that are potentially geographically distant. I would also hope that sources of information specific and relevant to rural areas would be explored and identified. I would also hope the Summit would provide an opportunity for information exchange between providers from similar jurisdictions about methods for overcoming these difficulties. I have high hopes for the Summit and can foresee that useful action steps could be generated for the benefit of all HIV/AIDS providers from diverse practice backgrounds.

### **Breakout Group 3: Challenges Faced**

I find no problem with accessing information; my main goal is to integrate the different genres of HIV research and public health practice. This way, all groups will be current and up-to-date with the information that they need to effectively make a change.

Poor understanding of the scientific, empirical method that's used to conduct research, poor interpretation by consumer oriented media (and some scientific media) of the actual meaning of pilot and novel research studies. Poor comprehension of statistical measures used to describe the data presented and wild extrapolation of impact from simple data. Presenting the benchside face of HIV research is a problematic challenge as the impact on bedside solutions is not immediately comprehensible. Also, establishing mechanisms for multiple researchers to access common research tools that could assist, if not propel, the development of new investigations is compromised by various competing media input habits and resources.

New information is not always accessible to me or the agency in which I work.

Challenges involve how fast the information changes, mainly around protocols for medications. It is also sometimes difficult to put out information about safer sex activities when there seems to be so many different opinions from professionals about what is safe and what is not.

Timeliness of reporting.

Verifying the accuracy of online information.

All of my clients are indigent and don't find HIV a priority. Most of my clients have diagnosed mental health issues, and many of them have substance abuse or alcohol abuse issues. All my clients are homeless. It's difficult to engage them in discussions of HIV when there seems to be so many other issues which can't wait until they are ready to deal with them.

With the overwhelming amount of information available, the ability to discern that which is authoritative is quite challenging.

The lag time between cases being reported and that information being available to the public makes it difficult to have a clear view of the HIV epidemic in Los Angeles.

Fear and discrimination from the general population against those with HIV infection. Planning, developing, and implementing new innovative strategies to reduce morbidity through behavioral change.

By far the biggest challenge is lack of money and time. Many people who need good information don't have the time to read all the new information and their CBOs don't have the money to maintain reliable technology infrastructures. There is too much information and too little ability to organize and digest the information.

Microbicides are not yet available to the public and many people, even among AIDS advocates, don't know what they are or what they can do. It is difficult to generate interest and enthusiasm

### **Breakout Group 3: Challenges Faced - Cont.**

about a product that does not exist and that many people view as competing with vaccine research for resources. There should be just as much importance placed on prevention methods as on the treatment of those already infected.

Anticipating what critical health information is essential to people the world over as it pertains to preventing, transmitting, and surviving the HIV virus. Keeping pace with the amount of related news to process and maintain in our web-based setting. Deciphering what information may evoke understanding and empathy while encouraging tolerance. Obtaining permission to include HIV/AIDS information from major news organizations as a humanitarian effort, as opposed to a source of monetary gain.

Assessment of what's considered currently accurate information is a challenge due to the evolution of the information and lack of consensus on some issues.

Obtaining the most up-to-date and relevant figures on HIV/AIDS.

There are so many resources: newspapers, magazines, Internet, workshops, etc., that it's virtually impossible to assimilate all the information into a cohesive and easily understandable format for clients. It's challenging to know all the misinformation sites as well!

The challenge in Partners Counseling and Referral Services, without much cooperation from patients.

It's always a challenge to find new ways to disseminate information, so that the groups you are working with do not tune you out, because they have heard it all before. It's also very challenging giving information to Hispanic and African American communities, who have a history of distrust of medical and government agencies and services they provide. It's also difficult online to access and keep up with the most current information and trends, and I find myself going over 5-10 sites to collect information I can use in my work.

Getting current information and finding a receptive ear.

### **Breakout Group 3: Summit Hopes**

I hope the Summit will increase my knowledge and understanding. In addition I want to be able to see what the current activity in this field is.

I'd like to hear and discuss with other technical information specialists how they handle similar benchside HIV/AIDS information problems and to better understand the information needs of care providers and infected individuals regarding basic HIV research and related information.

I want to learn new information that I can share with others in my agency. I'd like to network with others who work with the same population as I do.

Identify issues and build relationships between organizations and people who can work on solutions.

Learn from providers about types of information needed, what formats, issues regarding technical assistance, and uses of the Internet to disseminate information.

Identify strategies for current and accurate information.

Give me updated information; strategies in reaching clients and finding ways to disseminate information in a relevant way; get literature for my clients and co-workers.

Become knowledgeable in current research and information sources, and network with others involved in the field.

Bring together key people in HIV research and give me a chance to hear what challenges other people face in their research.

I hope to learn educational methods to help decrease fear and promote understanding.

Additional accurate resources to call upon.

Sharing of information on strategies that worked and did not work.

To clearly define the problems and funding priorities for coming years. I also hope that it generates creative ideas for dissemination of quality information.

That information about the development of prevention options becomes part of the dialogue concerning AIDS and that the community recognizes the importance of putting valuable resources toward prevention options, particularly microbicides, and that all tools available to stop the spread of AIDS are discussed loudly and often.

I hope many connections are made between participants to encourage our individual efforts and that the exchange of knowledge benefits our many challenges.

Provide guidelines and clarify issues.

### **Breakout Group 3: Summit Hopes – Cont.**

Reach a definitive conclusion on the best medium in which to disseminate new and relevant information, as well as what websites to use to obtain the most reliable data.

I'm hoping the Summit will provide a comprehensive guide to accessing accurate information as well as indicate areas where clients may be getting misinformation.

I hope to learn the latest trends and current treatment of HIV/AIDS, and also information on drug resistance.

I hope this event will offer suggestions as to who or what agencies are consistent in providing accurate information in a timely manner. I also hope to hear from and meet with other providers and learn the ways they have been successful in giving out accurate information.

Linkages; information resources.

## **Breakout Group 4: Challenges Faced**

One of the challenges for accessing information is that resources in Spanish are too spread out. Online searches can be very time consuming since materials are often classified broadly. In some cases, searching sites for Spanish information may be tricky. It is common not to find in Spanish what is offered in English, and it is a challenge to find the Spanish information, because more pre-screening and digging for information is required than for searches in English.

Housing substance abusers.

I think there is a lot of information about HIV, but I feel that information is not getting to us on time. I don't know if that information is getting to our supervisors and they don't give it to us. There are pamphlets and brochures that are good, but there are not enough to give to each client, and when you request more to give to different agencies, you have to buy them.

I guess I have been blessed with being associated with AEGiS, which is probably one of the best resources in the field.

Hoping that the current collection development staff will actively monitor and select the important resources, especially the international, federal, and state documents. Get the electronic resources cataloged. Hope that our federal government does not remove electronic documents from the Internet agencies' sites. Educate public service librarians that it is important for them to be knowledgeable about government document publications. Marketing the information to consumer health patrons. The public has become quite blasé about HIV/AIDS. Libraries need to actively participate in outreach campaigns.

The current challenges I face in accessing accurate information deals with the recent debate of prescription drug coverage for Medicare beneficiaries with HIV/AIDS. I have not found any data regarding out-of-pocket spending estimates for prescription drugs for people with AIDS.

Trainers are not well versed on the subject of HIV and its effects.

Obtaining original stories from those who are most affected by AIDS (sub-Saharan Africa and least developed countries), for our newsletter.

Maintaining accuracy of information in a rapidly changing environment.

Getting stories from the same sources over and over again.

A key problem in dissemination is having the time and manpower to verify that paths to known information are accurate and to discover and validate new sources of information as they arise. Also, a source of information is only useful to those who know about it; promoting awareness of a resource to the target population is problematic, particularly in HIV-infected or at-risk people who maintain a low profile and have heightened concerns about privacy and stigmatization.

I find it challenging to make arrangements in the community, such as in schools or social centers. I need to make more contacts so students may make visits.

#### **Breakout Group 4: Challenges Faced – Cont.**

Outside of a peer reviewed publication, I am unsure how to test the veracity of certain information; especially new information that while contradictory to my training, may be true.

Locating culturally appropriate information and methods of involving people in its dissemination and acceptance.

One very difficult challenge out there is the number of inaccurate, misleading, and in some cases outright fraudulent information directed at persons affected by HIV. There is money lost, treatments dropped, and in the worst case, illness or death due to some of these fraudulent promotions. This affects the community as a whole.

To sort through a large number of electronic sources to find culturally appropriate educational material, research, and experiences on the subject that would be relevant to a particular region and/or international setting.

Finding and reaching the positive community in a very conservative county.

Because the knowledgebase of HIV/AIDS is changing so rapidly, it's difficult to keep up with what is considered to be the current standards. What seemed to be common knowledge two years ago may be passé now. This is particularly true with clinical advances in treating HIV patients. Since I have little contact with clinicians, I feel that I easily fall behind.

The fact that the information changes so quickly, and finding reliable information can be difficult.

Availability of detailed information about HIV/AIDS from developing countries.

We have posted our annual reports on our website, but don't know how many people are making use of it or whether the information we provide is what people are seeking.

#### **Breakout Group 4: Summit Hopes**

This Summit will be key for coordinating efforts. It can be an opportunity to learn about specific issues of dissemination and how they are being addressed. It can be a good way to identify big areas in information provision and information needs. It's certainly an opportunity to learn about existing resources and to network. It may provide a platform to obtain an overview and place in perspective what is currently available with regard to information and dissemination strategies. I am happy to bring my experience in developing, finding, and referring people to electronic information sources in Spanish.

I direct a program for substance users and abusers living with HIV/AIDS, MSM, and post incarcerated individuals. Looking to network.

Enhance public awareness; a great opportunity to exchange ideas and expertise, and to gain information and learn things to better serve my clients.

The sharing of knowledge to enable all of us to better serve the HIV/AIDS community.

Learn up-to-date information about AIDS research, therapy, and how patient information is being disseminated by various groups. How stakeholders can help each other out.

Bring me up-to-date on current issues and policies that affect people with HIV. Hopefully addressing prescription drug coverage for Medicare beneficiaries.

Learning of others' experiences with newsletters, making connections within the community, and getting feedback on our newsletter.

Discuss handling of large volumes of information resources; disseminating accurate information to varied audiences from healthcare professionals to "Joe Public".

I'd like to learn from others' AIDS newsletter publishing experiences, get feedback on my newsletter, and make more connections in the AIDS provider and advocacy community.

My hope is that the Summit will stimulate thinking on ways to expand access to quality HIV/AIDS information for caregivers and at-risk populations, particularly among Spanish-speaking, rural, or technology-deficient groups.

How agencies intend to reach minority communities, where the rate of HIV infection is increasing.

Plans and strategies for providing accurate information: written, electronic and through the media, for communities of color regarding HIV treatment.

Obtaining ideas of what others are doing and facilitating networking.

Identify challenges and strategies to improve data collection, analysis, and dissemination on HIV/AIDS.

#### **Breakout Group 4: Summit Hopes – Cont.**

Hope the Summit is able to direct persons to appropriate venues of information, and coordinate these better among the providers of information. Also expect the Summit will allow for networking and interchanges that will complement the information received.

To assess the Internet's potential as a provider of useful and relevant information on HIV/AIDS to health professionals in developing countries. Establishing an Internet network designed particularly to serve the needs of health professionals in developing countries could close the existing information dissemination gap between the low resource countries and the latest findings and research on AIDS.

Provide ideas about how to get AIDS information to hard-to-reach populations such as minorities and youth.

I hope to learn new methods of accessing current information on clinical and experimental HIV advancements.

I hope that we will leave with an action plan that we will be able to disseminate to CBOs or use to offer training.

I hope to find out more about what information people are seeking and the best ways to make them aware of the information we have.

## **Appendix D: Breakout Group Discussion Topics**



Breakout Groups  
March 19, 2003  
Los Angeles, California

### Purpose:

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

#### Group 1: Sunset Village Salon Rooms E/F

Facilitator: Scott Boots  
Recorder: Heidi Sandstrom

- 1) How to cope with HIV/AIDS information overload?
- 2) How to disseminate and select information sources with the right message?
- 3) How to develop electronic safer sex messages?

Presented by the Pacific Southwest Regional Medical Library, NN/LM and the California AIDS Clearinghouse.  
Funded by the National Library of Medicine under contract N01-LM-1-3517 with the UCLA Biomedical Library.



Breakout Groups  
March 19, 2003  
Los Angeles, California

### Purpose:

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

### Group 2: Southbay Room

Facilitator: Alison Bunting  
Recorder: Tim Hogan

- 1) How to develop strategies for increasing coordination and collaboration of websites?
- 2) How to access full-text online articles?
- 3) How to improve information dissemination to rural areas?
- 4) How to develop a centralized HIV/AIDS information databank?



Breakout Groups  
March 19, 2003  
Los Angeles, California

### Purpose:

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

### Group 3: Westcoast Room

Facilitator: Claire Hamasu  
Recorder: Kay Deeney

- 1) How to identify current and accurate HIV/AIDS information sources?
- 2) How to identify possible sources of misinformation?
- 3) How to share strategies and network to provide accurate information?



Breakout Groups  
March 19, 2003  
Los Angeles, California

**Purpose:**

*To define common challenges and identify potential strategies to improve the coordination and electronic dissemination of accurate and current HIV information.*

Group 4: Northridge Room

Facilitator: Chris Partis  
Recorder: Julie Kwan

- 1) How to provide accurate HIV/AIDS information to hard-to-reach groups, e.g., youth and communities of color?
- 2) How to provide HIV/AIDS information to developing countries?
- 3) How to best disseminate reliable HIV/AIDS information to consumers?
- 4) How to determine the best medium to disseminate HIV/AIDS information?

## **Appendix E: Zoomerang Evaluation Survey Results**

**<http://www.zoomerang.com/reports/>**

## Survey Results (Included Responses)

Go to Individual Responses:

### 1. Presenter Larry Peiperl was:

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Knowledgeable	96% 49	4% 2	0% 0	0% 0
2. Well prepared	94% 48	6% 3	0% 0	0% 0
3. Effective	66% 33	34% 17	0% 0	0% 0

### 2. Presenter Gail Wyatt was:

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Knowledgeable	86% 44	14% 7	0% 0	0% 0
2. Well prepared	71% 36	20% 10	6% 3	4% 2
3. Effective	82% 42	8% 4	4% 2	6% 3

### 3. Panellists were:

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Knowledgeable	77% 40	23% 12	0% 0	0% 0
2. Well prepared	60% 31	37% 19	4% 2	0% 0
3. Effective	49% 25	41% 21	10% 5	0% 0

<b>4. Session Objectives:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Met the stated purpose	59% 30	39% 20	2% 1	0% 0
2. Met personal objectives	54% 27	36% 18	10% 5	0% 0

<b>5. Session Content:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Met my expectations	54% 20	38% 20	8% 4	0% 0
2. Was well organized	80% 41	18% 9	2% 1	0% 0
3. Length was appropriate	65% 34	21% 11	12% 6	2% 1

<b>6. Facility was:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. Conducive to learning	96% 50	4% 2	0% 0	0% 0

<b>7. Outcome:</b>				
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Agree	2 Agree Somewhat	3 Disagree Somewhat	4 Disagree
1. I feel better prepared to meet challenges with HIV information	63% 32	37% 19	0% 0	0% 0

8 What part of the Summit was most helpful?	
#	Response
1	Learning about the Internet resources from the guest speakers was beneficial. Learning from my session peers was extremely helpful. I was impressed with the need to be practical, with so many individuals demonstrating effective analytical skills.
2	Contacts
3	Meeting other people and brainstorming in the Sessions
4	meeting colleagues
5	The breakout sessions
6	networking
7	Meeting and seeing web site developers and staff.
8	Panelists presentations including 'web page tips'.
9	The presentation of Gail Wyatt had a lot of information that impacted my view of many aspects of sexual behaviors. I think it was an excellent presentation.
10	Presenters overviews Small group discussions
11	connecting with people and other organizations.
12	Learning about websites and how search engines work
13	Listening to Dr. Wyatt was the absolute highlight of the day. She is such an amazing speaker. Networking was great. Web design suggestions were also really useful.
14	The panel discussion of web information sites, and website standards was very useful.
15	The break out session and the discussion that followed.
16	The ability to network with other professionals in the field.
17	Working group discussions
18	break out group & report back
19	the panel
20	I particularly enjoyed Gail Wyatt!  It was very helpful for me to network with so many different people involved in AIDS/HIV work. I heard perspectives and ideas which will help me in my own work.

## Question 8 (Continued)

21	The breakout session was extremely useful but much too short. The group definitely needs to meet again as this should be an on-going dialog. The group was good at brainstorming and developing solutions; more time was needed to continue that process and move to assigning tasks and developing an implementation timeline.
22	having the opportunity to meet so many people who are doing many of the same activities I am and having the chance to talk with them about effective HIV prevention messages. Also, I found the session right before lunch very helpful - the one where several individuals (I believe they were all women) who each spoke for a few minutes regarding a variety of aspects of sharing information electronically. I found that much of what they shared was very helpful to my work in Hawaii and I will be using many of their recommendations. I also enjoyed the down time at lunch when we had the chance to talk with others around the lunch tables and hear about their work and challenges. The collaboration we did in the small groups in the afternoon was an opportunity to really apply what we heard in the morning session, and what we knew from our individual worksites. Most helpful!
23	Breakout session and networking at lunch; and the speaker who emphasized collaboration over competition.
24	Plenary Session and Networking
25	Plenary speakers
26	I especially found the information presented by the speakers and panelists most helpful. I like the mix of general information and then the more pragmatic panelist discussing web design and resources.
27	Equally helpful. Very well organized. Diversity was appreciated. Excellent presenters, organizers and facilitators. I appreciated the open, almost provocative presentation of Gail Wyatt.
28	Panel: a good overview of what resources are out there, and some good points about what electronic media can and cannot do. I wish some of the participants were better prepared and some open-ended questions might be helpful to the audience.
29	Hearing the guest speakers, and the small groups.
30	Sessions
31	Meeting in small groups with people doing the same work to brainstorm and share ideas. I also greatly enjoyed the graphic recorder.
32	Opening presentations were insightful.
33	Networking, brainstorming.
34	All of the various resources that were cited and/or distributed at the conference. The networking with librarians, public health people and others was also very useful.
35	Meeting new contacts; overall presentation made me appreciate how much organizational work has gone into producing the network we have access to today. Wyatt was inspiring!
36	Keynotes, and breakout group sessions
37	Overall the Summit was helpful.
38	Maximizing Visibility of website
39	Resources and handouts.
40	Meeting people and sharing information.
41	Gail Wyatt's session
42	key note speakers
43	Dr. Wyatt's presentation!
44	Meeting people
45	The last ~hour or so when we gave our group reports and recommendations was very helpful. It was the perfect mix of presentation (by the group facilitators) and discussion (following the presentations).

9 What part of the Summit was least helpful?	
#	Response
1	Panelists level of background.
2	The panelists at the beginning. There's only so much you can sit and listen to stuff about accessing internet sites.
3	not knowing what exactly to take home from the day...what message or what thing learned
4	n/a
5	panelists
6	While I was fascinated by Gail Wyatt's presentation, it was too long and it did not appear immediately relevant to the day's purpose or topic.
7	none
8	All was useful
9	people with different levels of knowledge and different backgrounds trying to solve problems
10	The breakout groups
11	I had a lot of the resources already.
12	As a web master, Ms. Wyatt's talk wasn't as relevant to my job, but I thoroughly enjoyed it, and told her so.
13	n/a
14	The breakout group, because some in my particular group basically took over, and decided the nature of the objectives.
15	2 opening speakers
16	I guess the panel, because much of it I already knew!
17	The plenary session was least helpful. Gail Wyatt was very knowledgeable and entertaining although I wasn't sure of the relevance of her presentation at the Summit.
18	I really liked Gail Wyatt, but I had a difficult time trying to ascertain what her main message was. Her presentation seemed to me to be somewhat confusing and lacking in clarity, although I loved her energy and enthusiasm!
19	None
20	I wouldn't say this was the least helpful, but in my break out session because of the wide variety of issues and the [so] different HIV areas of involvement of group participants, it was very challenging trying to narrow down the discussion and get some consensus. I felt a little lost in our discussion. It was useful to hear about the different concerns; however, to come up with specific approaches or suggestions on access to HIV information and effective ways of disseminating such information, it would be more effective having discussions among providers that work in the same HIV area.
21	Panelists
22	Break out sessions--I enjoyed interacting with other participants but the level of information was far below that of the formal presentations.
23	None
24	The keynote presenters were both excellent and interesting, but I don't know how practical/applicable the information is.
25	I found something helpful in all parts of the conference
26	None.
27	The panel discussion seemed to present information most of us already knew and some of them went on too long.

### Question 9 (Continued)

28	Discussion topics were very broad for such a short time together - perhaps in the future we can have a very focused topic to solve or provide expertise about.
20	Breakout sessions. I would have rather had more time with the speakers.
30	N/A
31	NONE
32	Breakout session. Smaller groups with more specific tasks may have produced a more useful result.
33	Different interest in breakout groups
34	none
35	Panel. I was already aware of most of their material.
30	This is difficult to answer - I saw value in all the activities. If I had to pinpoint one segment of the program, it would be the 11:00-noon group brainstorming session. We spent considerable energy trying to collectively determine what topics/challenges to analyze in the afternoon session. I would have rather started the analysis work prior to lunch.

<b>10 Have you had the opportunity to use any of the resources highlighted in the Summit? Which one(s)?</b>	
<b>#</b>	<b>Response</b>
1	Not yet.
2	All
3	No, but I plan to use the info the last panelist provided about marketing our internet site.
4	not yet
5	Already using most of the NIH resources. Don't use much front-line patient oriented resources.
6	have accessed some of the websites
7	All the illustrated websites.
8	yes, I am using in my counseling session many comments and numbers that Dr Wyatt used in her presentation.
9	Information through internet.
10	Aegis
11	Aegis, CAC
12	Yes, I have updated our HIV resources link with those discussed at the Summit.
13	Not yet.
14	Yes, I have used the web addresses that were included in the handouts, and have referred to others given to me by people I met at the summit.
15	Not yet
16	no
17	no
18	Not yet, but I know I will use AEGIS.
19	I have found that using Google (especially images) has helped in my work. I'm sure that the resource lists will be useful in the future.
20	See response to #0 above. I will be sending a message to my email list (about 175 people who work in HIV prevention, either directly or indirectly) with a list of the websites that were shared in the morning session just before lunch. I found that information very helpful.
21	Yes. California AIDS Clearinghouse. National Library of Medicine. AIDSInfo site
22	Not yet.
23	No
24	I have used Aegis, and insite. I collected many brochures etc. which will be useful in compiling materials for education.
25	Yes. Written material is being shared with webmaster from my institution.
26	Not yet.....but I'm sure that I will.
27	Not yet.
28	I already use most of them, but have yet to go to a couple of websites highlighted. Maybe I will get there next week!
29	Not yet although I plan to review many of the webpages on which information was provided.
30	I have been in touch with people I met there.
31	Not yet, but I plan to use them in the future.
32	LIFE program at Shanti SF. I need to do more of my own research on what's available and understandable to youth and low literacy adults.
33	Took a look at AEGIS
34	NONE

### Question 10 (Continued)

35	Yes The hand out about maximizing website visibility was really great. A useful resource. I have distributed to others in my group
36	Information resources have been used by associates.
37	not yet
38	not yet.
39	Yes, for research purposes.
40	I use the NLM, HIV Insite and AEGIS all of the time. I also used the idea of a drawing person in a recent meeting (instead of notes.)
41	Yes AEGIS, and California AIDS Clearinghouse.

11 Additional comments:	
#	Response
1	It would have been nice if someone would have pushed for more direct discussion of Larry Pelpert's points about need for more coordination to reduce redundancy to improve targeting. Felt like the elephant in the room no one was really ready to talk about.
2	I thought many of the Session questions overlapped and were not particularly clear. It seems like everyone turned the Sessions into what they wanted anyway. If we have this meeting again, I would like for more "end users" to be there, i.e. a nurse who gives info to patients, a hot line volunteer who answers questions, a staff research librarian, Folks who could talk about how they want info, in what form, etc. Great job. Thanks so much.
3	thanks for all your efforts- it was a great summit
4	Not separating the web sites that focused on prevention services vs. site focused on care and Rx during the breakouts.
5	The venue was fabulous! The organization was superb.
6	I want to THANK the staff for the excellent preparation and the success of the event. I really appreciated your care for us and how important you made us feel.
7	Very good session -- I would suggest that we asked the small groups for specific recommendations - i.e. who should do what and when.
8	Would have liked more resources such as who has the best, most up to date statistics on the AIDS epidemic.
9	Please let me know if you do this again.
10	I also plan to incorporate standards for creating searchable web content. This had to be the best organized, and productive conference I've attended in years. So many conferences are a waste of time, or only marginally relevant, but this one got right to the meat of the issue without any extraneous fluff.  Great organization too. The breakout discussions were perfectly planned, the time length just right, the facilitators expert, and conference participants vocal.
11	Thank you for a well organized summit.
12	Thank you for the experience!
13	I think this was an excellent initial meeting, but I think future meetings to coordinate information sharing, standards for information exchange, etc. would be very useful.
14	Very well done! Thank you.
15	I appreciate all the hard work done in putting together the Summit. I enjoyed the mix of participants i.e. researchers, computer experts, field staff, library staff, etc. They were not the usual group of people that I meet at HIV/AIDS meetings. It gave me much more insight about the information dissemination world - very useful information. I will be contacting several of the participants to continue the dialog and learning process started at the Summit. Please let's do it again!
10	Thanks again for a most useful day - I felt it was time very well spent, and that it will benefit others as I share the information with them. Also, THANKS FOR MAKING THE EVALUATION /SURVEY PROCESS SO SIMPLE!
17	Very well organized and presented. Thank you! We look forward to other such summits.
18	The summit was exceptionally well organized. I think we need to continue working on HIV/AIDS electronic information issues. It still is a naïve field. This meeting helps to initiate a more structured discussion on the topic and it will help identify major areas of concentration. The summit is also valuable to foster and promote more collaborative efforts between Northern and Southern California. The fact that we don't get to collaborate much and the competition for funding allocation etc. were stated many times by presenters and participants. My general sense is that everybody was happy to be together and acknowledge how much we need it. I congratulate the National Network of Libraries of Medicine Pacific Southwest Region for their effort on promoting linking and connectivity.
10	The working groups needed more time. I would have preferred to skip the panel and spend time with the working group.

## Question 11 (Continued)

20	I think the Summit Committee should be congratulated for a very successful program. The Conference was well organized, and I liked the participant mix of prevention, treatment and librarians. Also the fact that we were all together all day rather than spreading away for lunch, forced us to interact more personally. Good Job!!
21	I had not expected that a part of the information will be so technically oriented about electronic information in the web. I believe that will be very helpful for my institution. Thank you.
22	I would like to see another conference. The networking opportunities were valuable. I think that now that we all have one experience, perhaps the focus should be narrowed and more depth added. Thank you for taking the lead.
23	I thought the conference was absolutely well organized, and informative.
24	I appreciated the high level of organization and really enjoyed the graphic recorder. That is a great way to keep people up to date about what has gone on and to do it in such a visually appealing manner. Thanks to all the organizers for their efforts and thoughtfulness and especially for covering the costs of attending.
25	Wonderfully organized, please host this every year!
20	Thanks for an excellent, well-coordinated conference.
27	Thank you for all your work on this.
20	Nice venue for bringing people together on this issue.
29	Summit was well organized, in both presentation and speakers. Focus Group was fine, but it could be improved with additional time for discussion.  Thank you again for the invitation. Keep up the good work!
30	I enjoyed the pace of the conference and the opportunity to meet a range of different types of people involved in HIV/AIDS work
31	I was really excited to see librarians expanding the dialogue of health workers by contributing their expertise about the flow of information and the most current resources.
32	It was amazingly well organized.
33	This was one of my most valuable professional experiences to date. The format was rather unique - it allowed all attendees to make a contribution rather than passively receiving information from a slew of presenters.