# STATE ADVISORY GROUPS FINAL REPORT 2021-2026

# Summary

In 2021, Region 6 of the Network of the National Library of Medicine (NNLM) proposed forming seven state advisory groups for the purpose of creating small, engaged interdisciplinary forums to assist with identifying community priority health needs and developing action plans to produce health information deliverables. This paper will describe the implementation of the Region 6 State Advisory Group model, its outcomes and deliverables, and the lessons learned.

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# Introduction

The Network of the National Library of Medicine (NNLM) is a federally funded extramural program of the National Institutes of Health (NIH) National Library of Medicine (NLM). Established in 1965, the program consists of academic health sciences libraries known as Regional Medical Libraries (RMLs). Region 6 (R6) RML is based at the Hardin Library for the Health Sciences at the University of Iowa for the 2021-2026 cooperative agreement. Region 6 represents the seven states of Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, and Wisconsin. RMLs engage with libraries, health departments, and community-based organizations in support of NLM's mission.[1] [2]
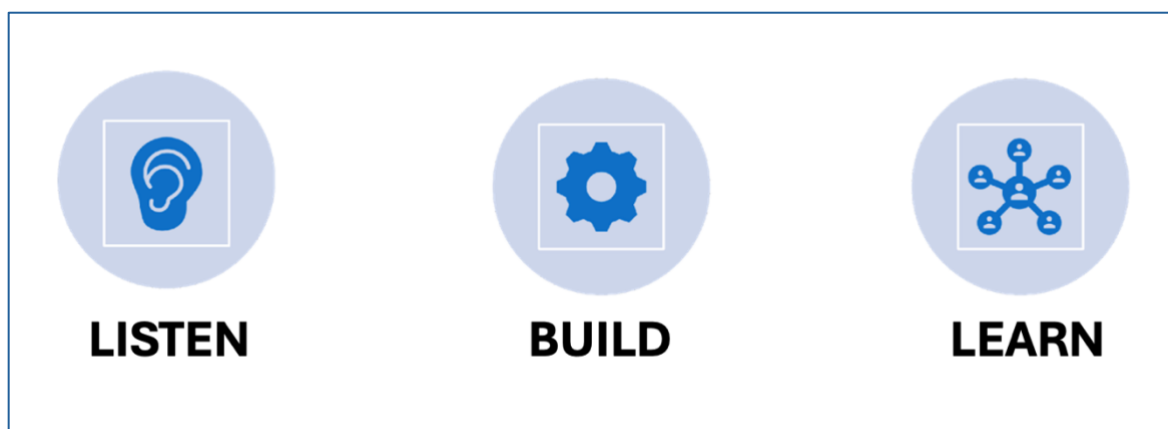


*Figure 1 - Purpose of advisory group is to Listen, Build, Learn*

As part of its governance, the RMLs historically have worked with external advisory boards to help identify and address health information inequities in communities and support organizations that advance health and digital health literacy. In response to a recommendation from NLM that RMLs engage Network members in program development, Region 6 proposed forming state-specific advisory groups to create small, engaged, interdisciplinary forums. We established the State Stakeholder Advisory Groups program to assist with identifying priority health needs and developing action plans that would produce health information deliverables. As the program progressed, the word "Stakeholder" was removed from the program name, becoming the State Advisory Group program, aka the SAG program.

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[1] https://www.nlm.nih.gov/about/index.html
[2] https://www.nnlm.gov/about

# SAG Implementation

## Goals

The SAG program had two objectives:

**Objective 1 -** To guide the development and implementation of an action plan for each state in Region 6 that addresses how NNLM can support specific health disparities identified as priorities for that state, with a focus on medically underserved populations

**Objective 2 -** To develop strategic recommendations, programs, and relationships that advance the health of communities through equal access to biomedical and health information resources and data

## Activities

To achieve these goals, we proposed the following activities:

- Identify Opportunities
    - Provide input on communities that would most benefit from NNLM and NLM products and services
    - Recommend organizations to join NNLM
    - Offer ideas and input on potential partnerships with organizations in the state
    - Advise on potential conferences, health fairs, or other public events that would benefit from an NNLM Region 6 presence
- Provide Feedback
    - Review and offer guidance on effective messaging and outreach from Region 6
    - Develop recommendations for ongoing communications from Region 6 across each state
    - Consult with Region 6 on the development and implementation of any state-wide assessments
- Align Activities
    - Decide on select priority health topics for each state that align with NNLM initiatives and priorities
    - Develop a state action plan to guide Region 6 training, funding, and engagement activities

## Timeline

We created the following timeline for the SAG program:

- Year 1 (01 May 2021 – 30 April 2022) – Identify a health topic
- Year 2 (01 May 2022 – 30 April 2023) – Write an action plan
- Year 3 (01 May 2023 – 30 April 2024) – Produce the project
- Year 4 (01 May 2024 – 30 April 2025) – Deliver a resource or program
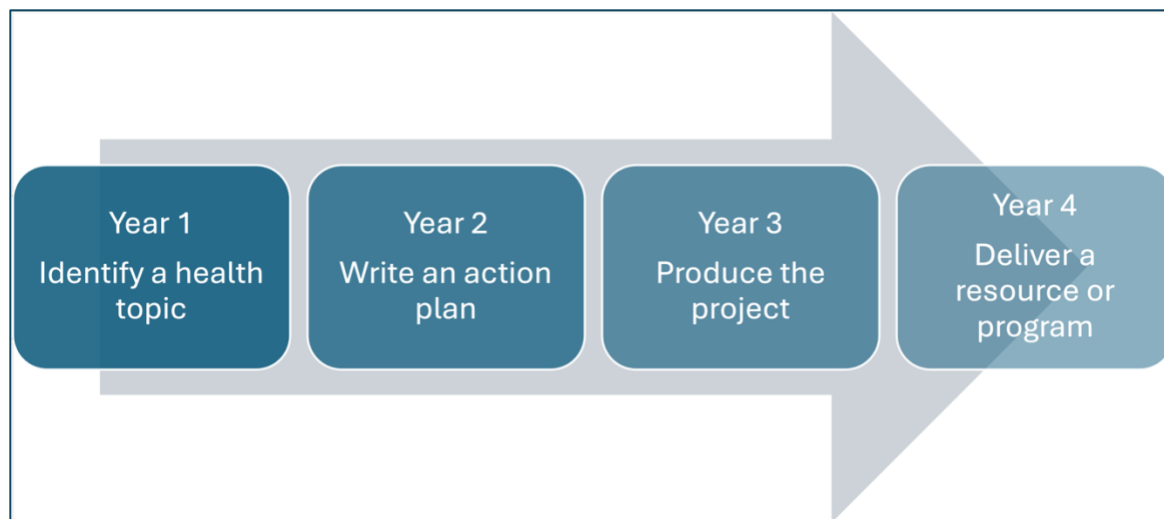


*Figure 2 SAG program timeline*

## Structure

To initiate the SAG program, we developed a charter that described the advisory group composition, recruitment process, and member expectations. [Appendix A – SAG Charter]

To obtain diverse representation from each state, our recruitment targeted a variety of professions (e.g., libraries, health care, public health, nonprofit, and faith-based work, etc.) and communities (e.g., urban, suburban, rural). Recruitment was performed using multiple communication channels, including listservs and social media.

We created an application form for prospective candidates, which asked for position, experience, and interest. The form included information about the expectation that members would serve through the five-year cooperative agreement. A Qualtrics online form collected the responses. [Appendix B - SAG Application]

To guide recruitment, we developed an internal scorecard to evaluate members for diverse expertise and experience in a range of subject areas that aligned with NNLM's

target audiences, goals, and initiatives. [Appendix C – Stakeholder Advisory Group Scorecard]

Initially, we selected 55 members, forming seven State Advisory Groups, each numbering 8 to 10 people. We offered a small annual stipend to SAG members. One Region 6 staff member was assigned to each state advisory group, *ex officio,* with no voting rights.
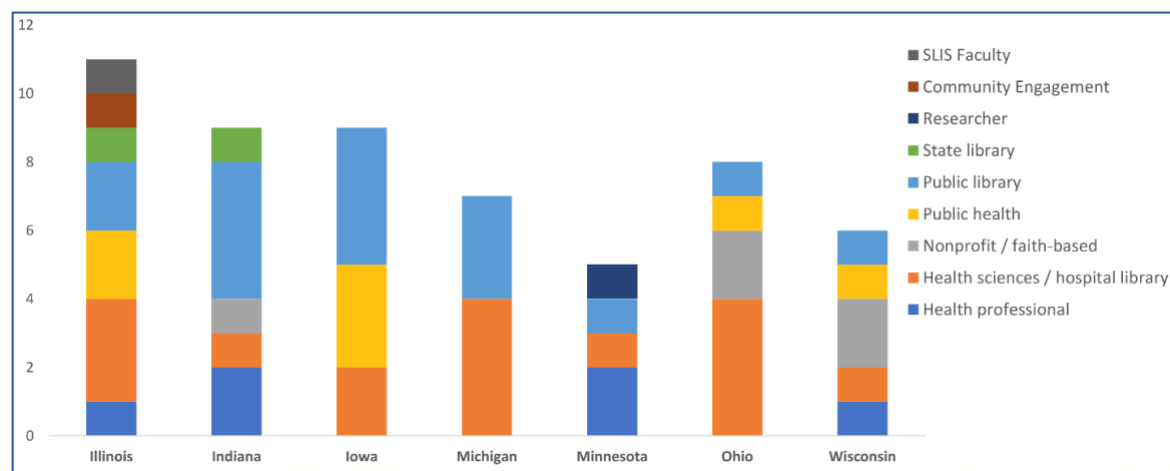


*Figure 3 - Bar graph: type of state advisory group member Institutions per state*

# SAG Action Plans

Beginning Spring of 2022, members convened for quarterly Zoom meetings. The first task was to identify the health needs in their state. Members reviewed data resources and assessment tools, such as the County Health Rankings & Roadmaps, Centers for Disease Control and Prevention's How to Conduct a Rapid Community Assessment (RCA), the Census Data, County Health Needs Assessment reports, and the Region 6 Guide to Advance Health Information.

Next, each state advisory group discussed and agreed on one "priority health topic" to address. Five overarching topics emerged: mental health (Iowa, Michigan, and Minnesota); mental health and health literacy (Illinois); substance use disorder (Indiana); menstruation health (Ohio); dental care (Wisconsin).

The second task was to develop a health information action plan outlining short-, medium-, and long-term objectives addressing the priority health topic. [Appendix D – SAG Action Plan Example] By the end of Year 2 (01 May 2022 - 30 April 2023), each state advisory group had developed a plan that would guide Region 6 programming in that state.

Below are descriptions of the action plans developed by each state.

## Illinois

Illinois SAG created a funding award to address issues of mental health and/or social or environmental health in Illinois populations.

The SAG Illinois Outreach Award was designed to support:

- Instructional design and training of evidence-based health resources and information for workforce development

- Public or consumer outreach and engagement for awareness, evaluation, use, and understanding of credible health information including MedlinePlus or PubMed but not limited to the National Institutes of Health and the National Library of Medicine resources Online health information access and digital literacy skills training

- Only projects focused on the State of Illinois and proposed by an NNLM Member organization based in the State of Illinois were considered

The SAG Illinois Outreach Award offered $10,000. Announcements about the award were posted on Region 6's funding page and shared throughout Illinois via listservs and social media. The award closed May 15, 2023.

**Project Proposal**: STEHL Project Smart Tablet Education For Healthy Living for Older Adults

## Indiana

Indiana SAG focused on substance use disorder. There were 2,812 deaths due to drug poisoning in 2021 [496 deaths up from the previous year] with age adjusted rate of 43.1 per 100k population. [Indiana Department of Health (IDOH), 2022]

The Indiana SAG project aimed to:

- Reduce the stigma associated with substance use disorder

- Introduce the social and environmental determinants of health that can exacerbate substance use

- Raise awareness of addiction and recovery community services and trusted health information

**Project Proposal**: Indiana Addiction and Recovery Information Program [PDF]

## Iowa

Iowa SAG focused on mental health. Mental health is a critical public health issue affecting various populations, including teens, LGBTQIA+ individuals, and seniors, as evidenced by the Substance Abuse and Mental Health Services Administration (SAMHSA). [Mental Health: Get the Facts] The Iowa SAG developed a collection of resources to help health care providers, educators, and organizations effectively address mental health information needs within their communities.

The goal was to **develop a mental health toolkit to:**

- Establish and maintain partnerships

- Develop mental health programs

- Promote community-wide mental health awareness and support

**Project Proposal**: Community Partnerships for Mental Health [PDF]

## Michigan

Michigan SAG focused on mental health. Mental health is a significant public health concern affecting all demographics in Michigan. According to 2021 data from the National Alliance of Mental Illness, over 1.4 million adults in Michigan experienced mental health conditions, while 119,000 adolescents aged 12-17 in Michigan were affected by depression. [NAMI 2021]

Libraries of all types serve a diverse range of community members, including those with mental health conditions, but many librarians lack specific training or knowledge to best serve their community members. The Michigan SAG wanted to provide a guide to help librarians, library workers, and front-line staff to:

- Identify mental health crisis signs

- Address mental health instances in their libraries

- Locate local resources and services

**Project Proposal**: Michigan Mental Health Resource Kit for NNLM Member Libraries [PDF]

# Minnesota

Minnesota SAG focused on mental health. During the COVID-19 pandemic, rates of adult mental illness and teen depression rose, with disparities linked to race, language, and digital access [Morbitiy and Mortality Weekly Report (MMWR) 2021]. With people of color making up 22% of the state's population in 2021, and growing each year, the state advisory group recognized the need for culturally responsive, multilingual mental health information [Minnesota Compass 2023]. To address gaps, they focused on adapting and promoting NAMI MN's Crisis & Mental Health Resources handout and drafted an action plan to:

- Build a partnership with NAMI MN to support their mental health initiatives

- Broaden the reach of the handout by translating it into Spanish, Somali, Hmong, and Ojibwe

- Leverage their extensive community ties and partnerships across the state to promote and increase online and print distribution

**Project Proposal**: Partnering to Promote Mental Health Crisis Information Across Minnesota [PDF]

# Ohio

Ohio SAG focused on menstrual health. Given that half the population menstruates during their lifetime, period products like pads and tampons are an ongoing necessity and expense. In a national survey of 1,000 menstruating teens, 1 in 5 struggled to afford period products and 4 in 5 either missed or knew someone who missed class time because they did not have access to period products. While government aid offers forms of financial relief to those who need it, neither food stamps nor the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) cover the cost of period products. [Davies 2021]

Ohio SAG members developed a program to:

- Raise awareness for period poverty

- Reduce stigma associated with menstruation

- Share trustworthy, easy-to-read information that helps assist individuals making informed decisions about menstruation, including menopause

**Project Proposal**: Ohio Menstrual Health and Period Poverty Information Project [PDF]

## Wisconsin

Wisconsin SAG focused on dental health. Research has shown that Amish children, ages three to five-years, were four times more likely to have cavities and tooth decay compared to the national average: 88.6% among Amish children compared to the national average of 20.48% [Heima et al 2017]. Wisconsin has the fourth largest Plain Community population in the United States, made up of 24,105 persons living across 64 settlements. [The Young Center, Amish population 2022]. The goal of the Wisconsin SAG was to improve access to trustworthy, easy-to-read information to help the Plain Community population make informed decisions about their oral health.

Wisconsin SAG members developed a plan to help the Plain Community:

- Learn about teeth and oral hygiene

- Know the reasons for practicing preventative dental care

- Implement their new dental health knowledge

**Project Proposal**: Wisconsin Dental and Oral Care Health Information Project [PDF]

# SAG Projects

Implementing the proposed action plans was the focus of work during Years 3 and 4 (01 May 2023 – 30 April 2025). Each State Advisory Group (SAG) received a budget of up to $10,000. SAG members used their funds, experience, and expertise to help Region 6 staff develop their state projects. The work of the state advisory groups resulted in the development of toolkits, skills trainings, and community engagement activities.

Below are descriptions of each state advisory group project.

## Illinois

Illinois SAG granted its Illinois SAG Outreach Award to Anitha Saravanan, PhD, RN, APRN – Assistant Professor, Northern Illinois University School of Nursing, for the *Smart Tablet Education for Healthy Living (STEHL)* project. Building on an earlier project, STEHL engaged older adults in assisted living residences in rural Illinois to improve their access to reliable online health information. Nursing students worked directly with participants, helping them gain confidence in using smart devices to find quality health resources.

Access the Smart Tablet Education for Healthy Living for Older Adults (STEHL) Website.

Read STEHL Project Smart Tablet Education For Healthy Living for Older Adults.

Download the STEHL - Train the Trainer's Toolkit.

Read the Final Report. Northern Illinois University School of Nursing. Saravanan, Anitha.

## Indiana

Indiana SAG partnered with Dr. William Cooke, physician and author of *Canary in the Coal Mine*, to engage communities throughout Indiana and provide addiction and recovery information. A series of author talks, health information fairs, and community book reads were hosted in five communities: Clarksville, Evansville, Ft Wayne, Richmond, and Greensburg.

Listen to *Canary in the Coal Mine*, an NNLM Discovery podcast.

Watch a short video. [YouTube]

Download the NNLM Reading Club *Canary in the Coal Mine Discussion Guide*. [PDF]
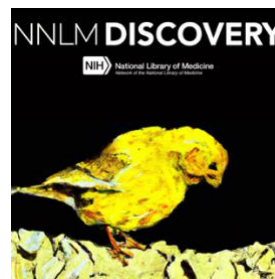
## Iowa

Iowa SAG produced the *Mental Health Information Community Partnerships Toolkit*, an online collection of guides, templates, and strategies. The toolkit is designed to help health care providers, educators, and organizations address mental health information needs within their communities. With these tools, community partners can create mental health information programs that are inclusive, sustainable, and tailored to the unique needs of the community.

Access the Iowa Mental Health Information Community Partnership Toolkit.

Read the blog, Mental Health Information Community Partnerships Toolkit. NNLM Region 4. Posted October 28, 2024.

## Michigan

Michigan SAG partnered with a professor of social work to create an online mental health training kit. The kit was designed to help library staff understand and gain confidence responding to mental health situations. It contained case studies, a directory of mental health organizations across the state organized by county, and links to additional mental health resources and training from the NLM and NNLM.

Access the Michigan Mental Health Training Kit.

Download the Michigan Mental Health Training Kit media postcard.



## Minnesota

Minnesota SAG partnered with the Minnesota chapter of the National Alliance on Mental Illness (NAMI MN) to distribute their Crisis and Mental Health Resource handout. The handout featured selected mental health crisis and support services available to Minnesotans, including hotlines dedicated to serving at-risk populations. SAG members leveraged their own extensive community ties and partnerships across the state to increase online and print distribution of the handout. They also oversaw the creation of an easy-to-read version, which was translated into Spanish, Somali, Hmong, and Ojibwe, to reach a broader population.

Access the Minnesota Crisis and Mental Health Resource Handout (English).

Access the Minnesota Crisis and Mental Health Resource Handout (Hmong).

Access the Minnesota Crisis and Mental Health Resource Handout (Ojibwe).

Access the Minnesota Crisis and Mental Health Resource Handout (Somali).

Access the Minnesota Crisis and Mental Health Resource Handout (Spanish).

## Ohio

Ohio SAG partnered with Aunt Flow, a Columbus-based organization, to develop culturally and age-appropriate infographics for menstruation and menopause. Ohio SAG members sourced information using MedlinePlus.gov. Aunt Flow created a microsite to house 37 unique infographic materials for free downloading. With additional funds, Region 6 collaborated with the State Library of Ohio to support 15 Ohio public libraries in hosting educational programs on menstrual and menopausal health using the Aunt Flow infographics. With other sponsorship funds, the public libraries were able to distribute free period products.

Access the Know Your Flow website to download infographics.

Read Grant Reports. State Library of Ohio. Hite, Katy.

## Wisconsin

Wisconsin SAG leveraged the experience of one of its members, Elizabeth Miniatt, Library Director of D R Moon Library in Stanley, to address dental health with Amish settlements in the region. She contracted a dental student and a local artist to produce an educational activity book. Elders, parents, and teachers from the Plain communities were consulted at every step of the process. The activity books were distributed to the parochial schools, along with floss, toothpaste, and toothbrushes donated from a local dentist. The teachers were instructed on how to use the book with their students.

Access the *Smile! A Guide to Healthy & Happy Teeth* activity book.

Access the Train the Trainer booklet for *Smile! A Guide to Healthy & Happy Teeth.*

Listen to the related NNLM Discovery podcast [YouTube].

Read the Final Grant Report. D.R. Moon Public Library. Elizabeth Miniatt.
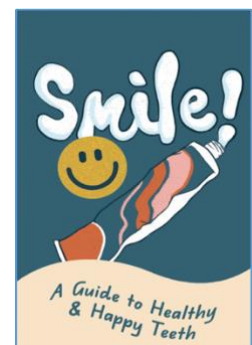
# SAG Impact

The State Advisory Groups fulfilled its two goals:

**Objective 1 -** To guide the development and implementation of an action plan for each state in Region 6 that addresses how NNLM can support specific health disparities identified as priorities for that state, with a focus on medically underserved populations.

**Objective 2 -** To develop strategic recommendations, programs, and relationships that advance the health of communities through equal access to biomedical and health information resources and data.

Each State Advisory Group designed and implemented an action plan that addressed a state-specific health information need. Consistent with the stated goals, the groups incorporated interdisciplinary input, developed strategic recommendations and relationships, and advanced equal access to biomedical and health information. They also built in approaches for sustainability and dissemination, such as publishing resources on open-access platforms and sharing results at professional conferences [Appendix F – Conference Papers, Posters, and Presentations].



*Figure 4 - Diagram for numbers of state advisory group materials, programs, and participation*

## Materials and Programs

Number of state advisory group materials, trainings, and presentations:

- New materials: 84

- Community programs: 20

- Skill-building instructions: 30

- Conference papers and posters: 13

**Participation and Engagement**

The interdisciplinary State Advisory Group advanced participation and engagement for community health information. Estimated numbers of interaction or participation with SAG events, toolkits, and trainings total over 7,500.
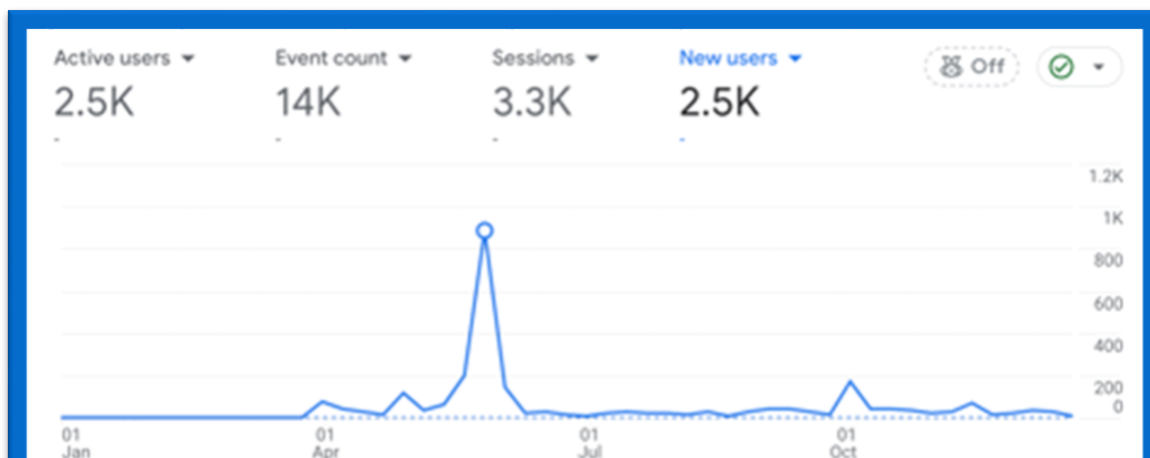


*Figure 5- KnowYourFlow: Google Analytics chart as of December 18, 2024: 14K Events\* and 2.5K New users. \*An event is a user's specific action on the website, such as clicking a button, playing a video, or submitting a form*

Here are numbers of YoutTube views, website visits or event participants.

- Addiction & Recovery Program with Dr. William Cooke. Participants: 937

- Identifying, Understanding, and Responding to Mental Health Crisis in the Library, Part 1. Video recording. *Michigan Mental Health Training Kit*. Giesler, Mark A., PhD., LMSW. YouTube views: 300

- Identifying, Understanding, and Responding to Mental Health Crisis in the Library. Video recording. *Michigan Mental Health Training Kit*. Giesler, Mark A., PhD., LMSW. YouTube views: 116

- Iowa Mental Health Information Community Partnership Toolkit. Page visits: 1,240

- Michigan Mental Health Training Kit. Page visits: 1,186

- Know Your Flow: A Menstrual Health Collaboration. Webinar. NNLM Region 6. May 22, 2024. YouTube Views: 237

- NNLM Discovery: *Canary in the Coal Mine*. Video and podcast: 1,071

- State Library of Ohio KnowYourFlow programs: Participants: 250

- STEHL Training: Participants: 20

The interdisciplinary State Advisory Groups fostered new participation for Region 6. SAG members knew of local organizations to partner with, which introduced new members to NNLM such as Aunt Flow, Blue Cross Blue Shield of Minnesota, Foundation Family Medicine, GloryGirl Productions, Indiana University East, Jeffersonville Township Public Library, and National Alliance of Mental Health (NAMI) Minnesota.

The Germantown Public Library in Ohio partnered with four organizations in their service area to distribute over 400 kits of tampons, pads, panty liners, wipes, and KnowYourFlow information to local shelters. For additional funds to sustain the program, they engaged with local business partners: Sweet Rivers Boutique, Hedy and Co., Milk + Hunny, Germantown Pharmacy, JL Fitness Loft, The Green Heron Businesses receiving kits: CAMP, St. John's UCC, BOGG Ministries, Tinkerbell's Closet. These partnerships expanded coverage of NNLM and its resources.

Anecdotes showed the effect the state advisory group programs had on a wide range of people.



*The STEHL project has been such a great learning experience for me as a student nurse. I felt like I was able to learn more about how community projects are developed and how it can impact the vulnerable populations. I have also learned the basics of how to appropriately interact with older adults and how to use their feedback to help this population with their needs.* – University of Northern Illinois School of Nursing



*Getting a Cleveland Clinic OBGYN to present on this topic is amazing. Even better, she will have some audience questions ahead of time, so she can come right out of the gate with relevant answers to what is on the attendees' minds.* - It's Getting Hot in Here: Women's Health Series About Menopause, Medina County District Library, OH

The interdisciplinary approach also led to new tools. Illinois SAG was chaired by the Director of Community Health at the Illinois Public Health Association (IPHA). The director introduced *How to Conduct a Rapid Community Assessment (RCA)* from the Centers for Disease Control and Prevention (CDC), a tool designed to support community outreach for vaccines and immunizations. By adopting the RCA, Illinois SAG developed a Request for Proposal to guide applicants through the award process.

The SAG research and discovery of the important health information needs led to further NNLM programming. The NNLM Reading Club featured three books on the topic of menstruation. Region 6 awarded three communities to host the Indiana documentary, *The Addict's Wake,* and discuss substance use and recovery with the film's producer. The NAMI Minnesota handout was reprinted in a theatre brochure. Webjunction listed the Michigan Mental Health Training Kit on its website.[3] The Rural Health Information Hub (RHIhub) featured the Community Mental Health Information Community Partnerships Toolkit as a resource.[4] Such outcomes were unexpected and increased participation numbers beyond Region 6 counts.
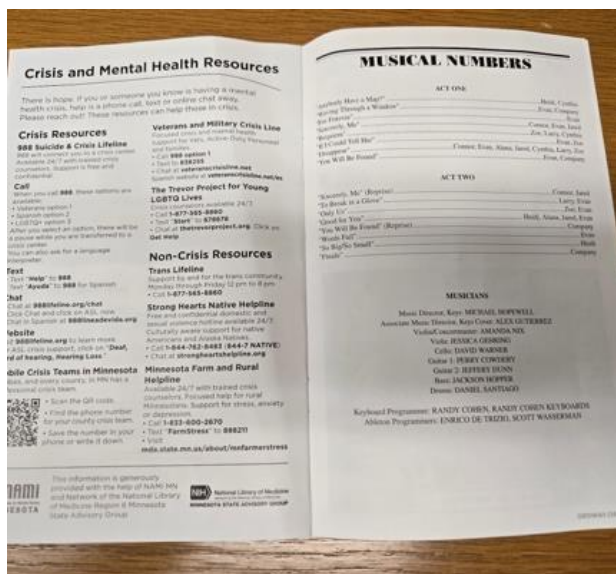


*We were so delighted to be able to include an abbreviated version of your Crisis Handout in the program for our recent presentation of the Dear Evan Hansen tour. When it came to looking around for potential partners, NAMI MN came highly recommended from the very beginning.* – Ordway Marketing Team, St. Paul, MN

## SAG Survey

As a part of the State Advisory Group evaluation process, NNLM Region 6 collaborated with the NNLM National Evaluation Center (NEC), located at Northwestern University,

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[3] Mental health resources for libraries. WebJunction. Accessed October 6, 2025.
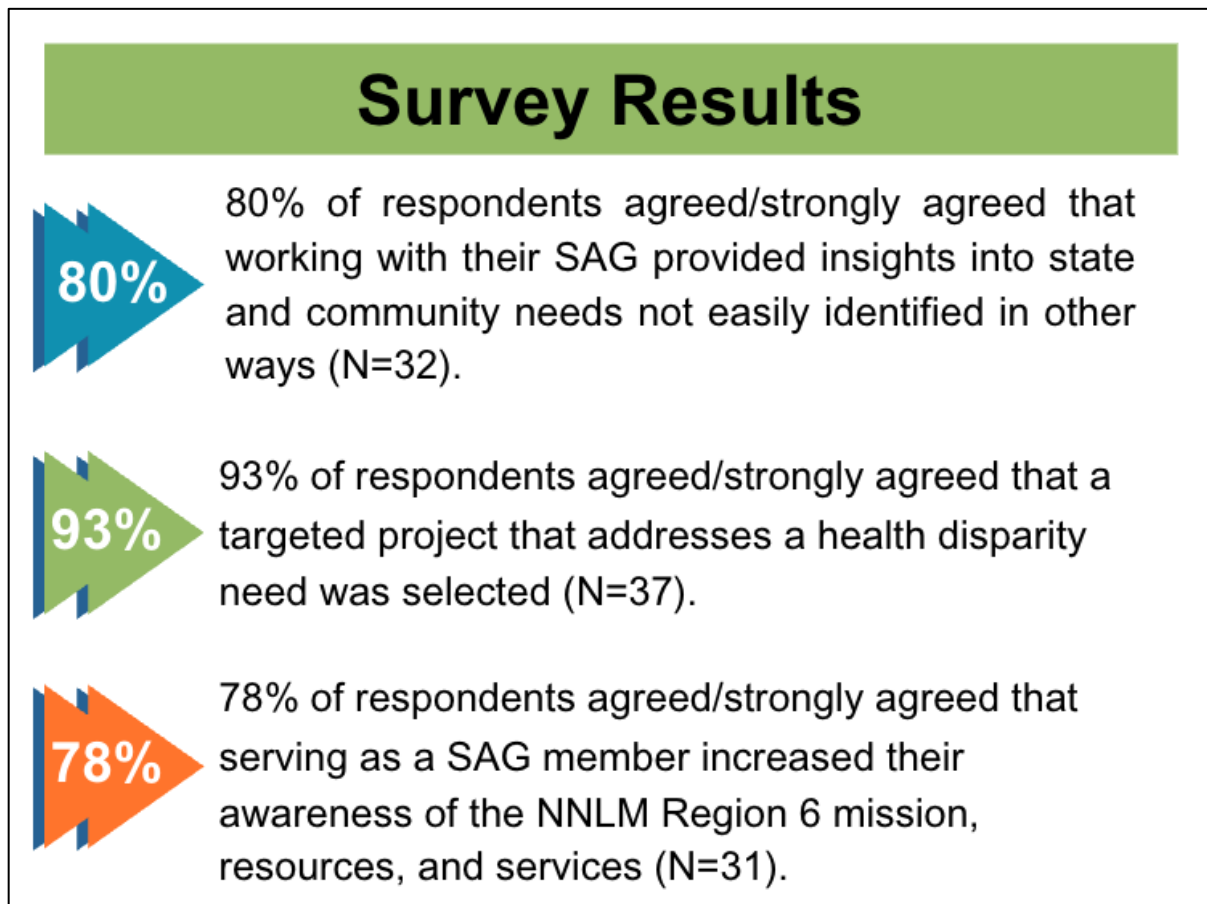[4] Community Mental Health Information Community Partnerships Toolkit. RHIHub. Added October 2024.

Chicago to create a survey. The survey was designed to evaluate the experiences of the SAG members. [Appendix E – State Advisory Group Survey]

Over a two-week period, NEC and Region 6 staff sent emails to 71 advisory group members encouraging them to take the online survey. The response rate was 56%, with 40 survey responses.

**Satisfaction and Engagement**

The overall satisfaction rate of participants was high, with an average score of 7.5/10. Members rated their likelihood of recommending the group to others at 7.55/10, indicating that participants found value in their involvement.

## Survey Results

80% 80% of respondents agreed/strongly agreed that working with their SAG provided insights into state and community needs not easily identified in other ways (N=32).

93% 93% of respondents agreed/strongly agreed that a targeted project that addresses a health disparity need was selected (N=37).

78% 78% of respondents agreed/strongly agreed that serving as a SAG member increased their awareness of the NNLM Region 6 mission, resources, and services (N=31).

*Figure 6 – Infographic: Summary of State Advisory Group members' survey results*

**Engagement Over Time**

The engagement levels of SAG members increased significantly during their time with the group. Before joining, only 28% of respondents felt "engaged" or "very engaged"

with the NNLM (Network of the National Library of Medicine), compared to 70% feeling "very engaged" or "engaged" after participation.

**Group Objectives**

The State Advisory Group aims focused on increasing awareness of the NNLM and Region 6 resources and addressing health disparity needs in their respective states. Most respondents agreed or strongly agreed that the SAG met these objectives with 80% reporting that their group successfully provided insights into state needs not easily found otherwise, and 93% agreed that the group completed a targeted project addressing health disparities. Additionally, 78% felt that taking part in the group increased their awareness of NNLM Regions 6's mission, resources, and services.

**Logistics and Support**

SAG members rated NNLM Region 6 staff positively for their administrative support and communication, with 83% of respondents agreeing that the staff provided helpful administrative assistance, and 78% agreeing that communication was prompt and valuable. However, opinions were divided on the meeting frequency. Forty-five percent of respondents suggested that more frequent meetings could have improved support for achieving its goals.

**Time Commitment and Compensation**

Most SAG members felt that the time commitment was reasonable, with 80% of respondents agreeing or strongly agreeing, and 68% agreeing that the compensation was adequate compared to the time invested. Several respondents suggested that clearer expectations on the time needed for meetings and preparation would help future participants manage their involvement more effectively. Additionally, some suggested that increasing the stipend could improve overall commitment and engagement.

**Comfort and Inclusivity**

A majority (98%) of respondents reported feeling welcomed, respected, and valued by their fellow SAG participants, and 95% felt the same appreciation from NNLM Region 6 staff. Additionally, 95% of participants agreed or strongly agreed that they were comfortable raising important topics during discussions as well as 95% agreeing or strongly agreeing that the discussions were conducted using language that acknowledged and respected individuals from all backgrounds. Finally, 93% indicated that the R6 SAG agendas and discussions effectively reflected the priorities and interests of its members.

# Suggested Areas for Improvement

Although members found the State Advisory Group to be worthwhile, as evidenced by the overall survey results, we derived insights for improvement.

**Meeting Schedule**

The initial plan was for SAGs to meet quarterly. Several members reported that quarterly meetings were too infrequent for the goals that had been set. We recommend asking for member input regarding the schedule and frequency of meetings and adjusting timelines and tasks accordingly. We predict this will restore SAG member agency, improve trust, and ensure that all SAG members' voices are heard.

**Inter-SAG Communication**

Members valued networking within their own group and requested more interaction and information sharing with the other state advisory groups. In response to this request, when the projects were complete Region 6 assembled all State Advisory Groups via Zoom for an acknowledgement of accomplishments. We recommend building opportunities for advisory groups to interact and share continuously.

**Group Facilitation**

One SAG member reported that their state's group had not all agreed on the direction their project had taken. We recommend establishing what group decision-making style is to be used, such as majority or consensus, and providing an overview of that decision-making style for people to read before joining SAG[5].

This feedback highlighted the importance of better group facilitation to improve group decision-making. In some groups, Region 6 staff facilitated meetings, while in others, an advisor chaired the meetings. However, none of the staff received training in group facilitation. We recommend group facilitation training for NNLM Region 6 staff or others embracing the facilitator role.

**Project Management**

All projects were completed as scheduled. However, the associate director, who initiated the SAG program, left for a new position early on. Their departure disrupted coordination of processes and procedures. We recommend developing a contingency plan for leadership changes.

## Conclusion

The Region 6 State Advisory Group model demonstrated that an interdisciplinary, state-specific approach can effectively identify health priorities and generate community-centered deliverables. By leveraging diverse expertise and local partners, the program expanded engagement, strengthened awareness of NNLM resources, and advanced

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[5] Best Methods for making group decisions. University of Minnesota Extension. Accessed October 6, 2025. https://extension.umn.edu/leadership-development/best-methods-making-group-decisions

access to health information. Evaluation findings confirmed strong satisfaction, increased member engagement, and valuable insights that would not have emerged through traditional advisory structures. While opportunities exist to improve project management and refine meeting frequency, project scope, and cross-state collaboration, the model provides a replicable framework for fostering dialogue, addressing disparities, and supporting informed health decision-making across communities.

# Appendices

# Appendix A – SAG Charter

**Board Composition**

The Advisory Group will consist of 13 members, including one Region 6 staff. To foster an interdisciplinary approach, members of the group will be recruited and selected from a variety of professional backgrounds, including libraries, health care, public health, nonprofit, and faith-based work. In addition, composition will strive to reflect multiple roles (director/manager, program staff, etc.) and types of communities served (urban, suburban, and rural).

To ensure the advisory group is interdisciplinary, a limit will be established on the number of individuals who can join based on professional role, which is as follows:

- 1 state librarian
- 3 public health representatives
- 3 public library representatives
- 3 health professionals
- 3 health sciences/hospital librarians (at least one of these will be from a Partner Outreach Library, from the previous grant)
- 3 nonprofit/faith-based organization leaders

The Region 6 staff members will facilitate State Advisory Group meetings through Year 1. Beginning Year 2, the State Advisory Group will have two co-chairs, elected from self-nominated members, who will handle facilitating meetings and working closely with R6 staff to develop agendas. Staff will proactively share progress, outcomes, barriers, and successes with one another through weekly and monthly Region 6 staff meetings.

**Expectations of Board Members**

- Members are expected to attend quarterly meetings
- Members are expected to come prepared to each meeting
- Members are expected to communicate non-confidential issues and decisions back to the entity they represent, and to bring concerns, feedback, and recommendations to the board

**Terms**

The Advisory Group is a time-limited appointment coinciding with the NNLM 2021-2026 grant cycle. The term will be for 5 years. Members will receive an annual stipend of $150.

**Resignation and Termination**

Any member may resign by authoring an email resignation to the R6 staff member at any time. If members are not meeting expectations for the state advisory group, they will be asked to step down.

**Decision-making**

Decisions will be made by majority vote. Each member will have an equal vote. The Region 6 staff members will only vote in case of a tie.

**Records**

Region 6 notetakers will be assigned for each meeting. Meeting minutes will be sent to all members within one week. Meetings will be recorded but not made public.

# Appendix B – SAG Application

Top of Form



1. Name
2. Email address
3. Stakeholder Advisory Group members must live and/or work in the state for which the advisory group serves. For which state are you applying?
    - Illinois
    - Indiana
    - Iowa
    - Michigan
    - Minnesota
    - Ohio
    - Wisconsin
4. Please indicate what type of organization or professional role you represent.
    - State library
    - Public health
    - Public library
    - Health professional
    - health sciences / hospital library
    - nonprofit / faith-based
    - Other (please specify)
5. Which of the following underrepresented populations / areas does your organization serve? Please check all that apply.
    - Children (0-12 yrs.)
    - Teens (13-18 yrs.)
    - Adults (19-64 yrs.)
    - Seniors (65+ yrs.)
    - LGBTQIA+
    - Women
    - Rural

- Suburban
- Urban
- HIV/AIDS
- Maternal Health
- NIH Helping to End Addiction Long-term (HEAL) Initiative
- Opioids
- Vaping
- Socioeconomically Disadvantaged Populations
- Alaska Natives
- American Indians
- Asians/Asian Americans
- Blacks/African Americans
- Hispanics/Latin Americans
- Native Hawaiians
- Other Pacific Islanders

**Please answer the following questions in 1,000 characters or less**

6. Why do you want to serve on the State Advisory Group?
7. Please describe any experience you have participating in NNLM programs
8. What experience, if any, do you have performing outreach to underserved or underrepresented populations/areas?
9. What strengths will you bring to the State Advisory Group?
10. Is there anything you would like to add?
11. Please upload your C.V.
12. By submitting this application, I attest that I have reviewed the SAG Charter and will contribute actively to the Charge through April 30, 2026.

Bottom of Form

# Appendix C – State Stakeholder Scorecard

Individual Name:

State:

Organization/Professional Role Affiliation:

Populations/areas served:

**Fit:**

Applicant clearly outlines why they want to serve on the State Advisory Group:

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent

Applicant's reasoning for service on the State Advisory Group align with NLM, R6, and SAG goals.:

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent

Applicant clearly identifies experience, or familiarity with, NNLM and its programs and services

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent

If the applicant has performed outreach on behalf of NNLM in the past how well did they perform?

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent

Applicant clearly explains qualifications (expertise and experience) performing outreach to underserved or underrepresented populations/areas

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent

Applicant demonstrates unique strengths that will contribute to the success of the Advisory Group

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent

Applicant's experience with outreach to underrepresent populations and areas indicates and understanding of those groups and how to connect with them.

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent

If the applicant received funding for a project in the past, how did they successfully manage that project within the scope of their ability?

Summary of Primary Strengths:

Summary of Primary Weaknesses:

Does the applicant connect with any populations that no other applicant does?

Other Comments:

Recommended?

# Appendix D - SAG Action Plan Example

**Tips for focusing work**

- Population
- Area
- Health issue
- Partnership opportunities
- Measurable outcomes

**Logic Model Example**

| Inputs | Outputs | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes |
|---|---|---|---|---|
| Time<br>Money<br>Partners<br>Space (virtual, in-person<br>Staff | Trainings<br>Publications<br>Events | Increase public library staff knowledge and comfort with health information and health literacy | Public libraries provide programs and outreach focused on improving community health literacy | Increased community health literacy |

**Framework Example**

Vision – desired outcomes

Guiding principles – long-term criteria to guide decision-making and set priorities

- Access to health information
- Collaborative partnerships
- Social determinants of health
- Health information literacy

Foundational Strategy – categories or areas targeted to help improve health literacy

- Increase access to health information
- Improve health literacy
- Engage with community partners
- Measurable outcomes

Focus Areas - target topic areas with significant opportunities for improvement (these go under Strategies)

- Improve health literacy
    - Provide training on understanding health information
    - Create accessible health information
    - Improve awareness of reliable health information

# Appendix E - NNLM [Region X] State Advisory Groups: Survey

Thank you for serving on a Network of the National Library of Medicine (NNLM) [Region X] State Advisory Group ([R-X] SAG). Please take a few moments to share feedback about your experience as a [R-X] SAG member. This anonymous survey should take less than five (5) minutes to complete.

**Please identify your [Region X] State Advisory Group ([R-X] SAG)**: *required

- [State #1]
- [State #2]
- [State #3]
- [State #4]
- [State #5]
- [State #6]
- [State #7]

<u>**Satisfaction**</u>

Satisfaction includes many things. Consider your ideal advisory group experience and the expectations you may have had before your participation in the [Region X] State Advisory Group ([R-X] SAG). Using a scale from 1 to 10, where 1 is "not at all" and 10 is "very," please answer the following questions.

Based on your **[Region X] State Advisory Group** ([R-X] SAG) experience:

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| How well did the [R-X] SAG meet your expectations? |  |  |  |  |  |  |  |  |  |  |
| How well did your experience on the [R-X] SAG compare to your "ideal" community advisory group experience? |  |  |  |  |  |  |  |  |  |  |
| How likely would you be to recommend that a friend/colleague participate in a [R-X] SAG? |  |  |  |  |  |  |  |  |  |  |
| What is your *overall satisfaction* with your [R-X] SAG experience? |  |  |  |  |  |  |  |  |  |  |

*10-point Scale: Not at all/Very dissatisfied (1)…Very/Very satisfied (10)*

**Engagement**

Engagement with the Network of the National Library of Medicine (NNLM) includes your participation in national NNLM and/or [Region X] activities, initiatives, presentations, trainings, etc. On a scale from 1 to 5, where 1 is "not at all engaged" and 5 is "very engaged," how would you describe your level of engagement with the NNLM at the following two points in time.

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Prior to serving on the [R-X] SAG |  |  |  |  |  |
| Today |  |  |  |  |  |

*5-point Scale:  Not at all engaged (1), Slightly engaged (2), Moderately engaged (3), Engaged (4), Very engaged (5)*

**State Advisory Group (SAG) Objectives**

The NNLM [Region X] leadership had some specific objectives for the State Advisory Group. On a scale from 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree," please indicate your level of agreement on whether the State Advisory Group (SAG) met the following objectives.

The [Region X] State Advisory Group will…

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Provide insights into state needs not easily identified another way |  |  |  |  |  |
| Select and complete a targeted project that addresses a health disparity need for one or more communities in our state |  |  |  |  |  |
| Increase SAG members' awareness of the Network of the National Library of Medicine's (NNLM) mission, resources, and services |  |  |  |  |  |
| Increase SAG members' awareness of [Region X]'s resources and services |  |  |  |  |  |

*5-point Scale: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly agree (5)*

## Logistics & Communication

On a scale from 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree," please indicate your level of agreement with the following statements about SAG logistics and communication.

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| The compensation provided to [R-X] SAG members was appropriate given the overall time commitment. |  |  |  |  |  |
| The meeting frequency was adequate to achieve our group's goals. |  |  |  |  |  |
| The overall time commitment was reasonable and matched my expectations. |  |  |  |  |  |
| The NNLM [Region X] staff provided helpful administrative support. |  |  |  |  |  |
| The NNLM [Region X] staff provided timely and useful communications to support the group's work. |  |  |  |  |  |

*5-point Scale: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly agree (5)*

[If answered "1" or "2" for question/item about meeting frequency] You indicated that the meeting frequency was not adequate to achieve the group's goals. Please tell as what meeting frequency would have been preferred:

- Weekly
- Biweekly (every other week)
- Monthly
- Bimonthly (every other month)
- Quarterly
- Other, please specify:

## SAG Experience

On a scale from 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree," please indicate your level of agreement with the following statements about your SAG experience.

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| I felt comfortable and empowered raising topics or issues that are important to me and my community. |  |  |  |  |  |

| | | | | | |
|---|---|---|---|---|---|
| I felt welcomed, respected, and appreciated <u>by fellow SAG members</u>. | | | | | |
| I felt welcomed, respected, and appreciated <u>by NNLM staff</u>. | | | | | |
| The discussions used language that reflected appreciation for people from all backgrounds. | | | | | |
| The [R-X] SAG agendas and discussions reflected members' priorities and interests. | | | | | |
| My participation on the [R-X] SAG allowed me to collaborate with an interdisciplinary group of professionals. | | | | | |
| I expanded my professional network because of serving on the [R-X] SAG. | | | | | |

*5-point Scale: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly agree (5)*

## Impact

On a scale from 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree," please indicate your level of agreement with the following statements about the impact of your participation.

As a result of my participation in the [Region X] State Advisory Group…

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| I intend to increase my level of engagement with the NNLM. | | | | | |
| I plan to apply for funding from NNLM [Region X]. | | | | | |
| I intend to use the knowledge, skills, and resources gained from my SAG experience in future professional settings. | | | | | |
| I increased my awareness and understanding of health and health disparities issues faced by communities in my state. | | | | | |

*5-point Scale: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly agree (5)*

**What did you enjoy the _most_ about your experience serving on the [Region X] State Advisory Group?**

**What did you enjoy the _least_ about your experience serving on the [Region X] State Advisory Group?**

**Do you have specific suggestions of ways to improve the experience for future [Region X] State Advisory Group members?**

**Thank you for taking the time to provide feedback on your [Region X] State Advisory Group experience.**

**Your response has been recorded.**

# Appendix F – Conference Papers, Posters, and Presentations

*Scalability of Community-Based Participatory Research: Older Adults and Technology*. Saravanan, Anitha PhD, RN, APRN. Speaker Spotlight Webinar, Network of the National Library of Medicine, Region 6. October 23, 2025. [YouTube Recording] Participants: 31 Recording Views: 54

*Health Information Outreach Using an Interdisciplinary Model.* Network of the National Library of Medicine, Region 6. Midwest Chapter/Medical Library Association. Virtual Conference. October 17, 2025. Slides [PDF]

*Building Bridges for Mental Health: Creating a Toolkit for Effective Community Partnerships.* Newman, Bobbi. The Iowa Chapter of the Association of College & Research Libraries (ILA/ACRL)**.** Des Moines, IA. May 28, 2025. Slides [PDF]

*Smile! Dental Health Outreach to Plain Communities*. Kaskie, Darlene; Miniatt, Elizabeth; and Mowatt, Caitlyn. Slides [PDF]

- Lead the Way 2025 Conference. University of Wisconsin-Madison iSchool. Madison, WI. April 21, 2025. Participants: 41
- National Amish Health Care 2024 Conference. Kimbolton, OH. November 15, 2024. Participants: 25
- Wisconsin Library Association Meeting 2024. Green Bay, WI. November 7, 2024. Participants: 3
- Association of Rural and Small Libraries 2024 Conference. Springfield, MA. October 22, 2024. Participants: 40

*Community Connections for Mental Health: A Toolkit for Mental Health Information and Programming Partnerships.* Newman, Bobbi. Iowa Library Association Conference 2024. Des Moines, IA. October 11, 2024. Participants: 54

*Together, Wherever for Mental Health*. Network of the National Library of Medicine, Region 6. Midwest Chapter/Medical Library Association. Virtual Conference. October 11, 2024. Slides [PDF] Participants: 65

*Increasing Access to Mental Health Crisis Support Information in Minnesota's Rural Communities: A Unique Partnership Between the Network of the National Library of Medicine's Minnesota State Advisory Group and the National Alliance on Mental Health Minnesota.* Chew, Katherine; Sanders, Lisa; Lake, Erica. Minnesota Rural Health Conference. Duluth, MN. June 17, 2024. Slides [PDF] Participants: 50
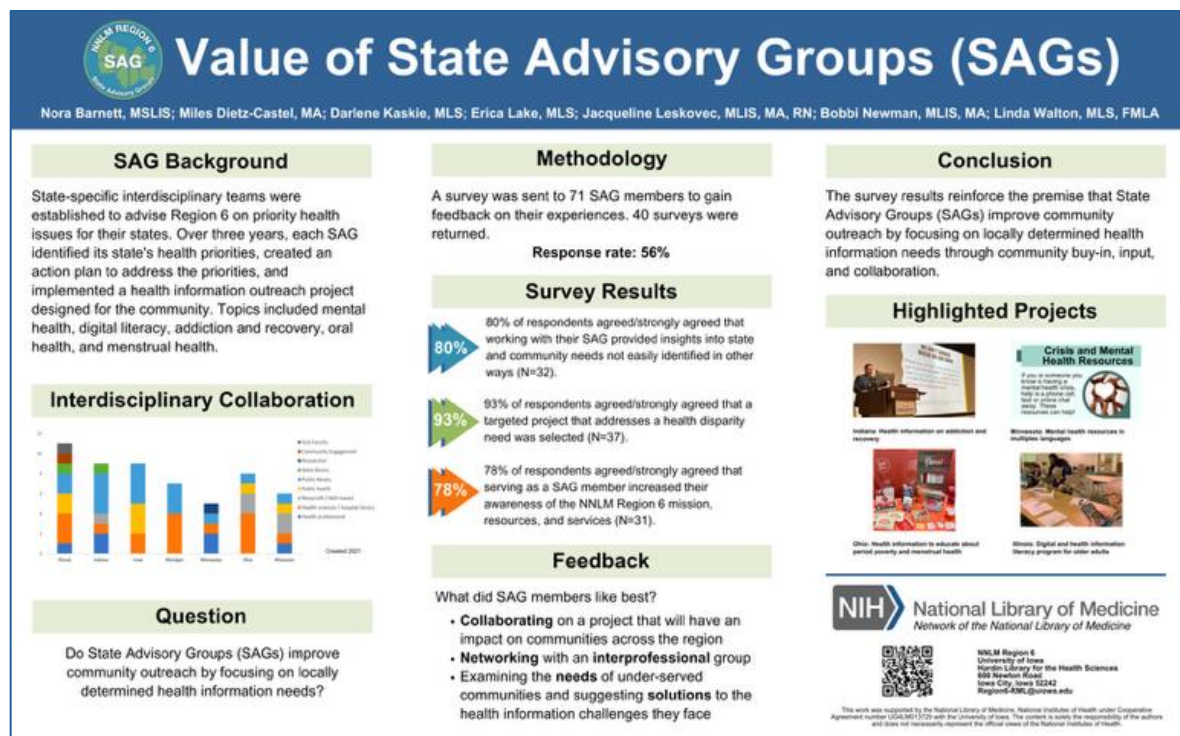
*Value of State Advisory Groups (SAGS)*. Network of the National Library of Medicine, Region 6. Medical Library Association Annual Meeting. Portland, OR. May 20, 2024. Poster [PDF]

*Partnering to Promote Mental Health Crisis information Across Minnesota*. Lake, Erica and Goehl-Manolis, David. Virtual. April 23, 2024. Slides [PDF] Participants: 162

*The Possibilities with State Advisory Groups*. Network of the National Library of Medicine, Region 6. Midwest Chapter/Medical Library Association. Annual Meeting. Virtual. October 13, 2023. Slides [PDF] Participants: 85

*Building Bridges for Mental Health: Creating a Toolkit for Effective Community Partnerships.* Newman, Bobbi. Dubuque, IA. October 12, 2023. [Slides] PDF Participants: 54

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