

**NN/LM Greater Midwest Region (GMR) Site Visit Report
University of Illinois at Chicago
August 12, 2008**

Executive Summary

NLM conducts a mid-contract Site Visit to each Regional Medical Library (RML) to assess progress towards addressing the NN/LM goals set forward in the RML Contract. An eight-member Site Visit Team met with UIC Administrators, GMR Staff, and selected Network Member librarians at the UIC Library of the Health Sciences. The Team included four NLM staff members, two Network member librarians from other regions, one Associate Director from another NN/LM region, and one health professional.

An interview with the University Librarian and Provost was followed by a presentation and library tour by the GMR staff. The afternoon session was devoted to discussion with invited network members followed by a brief wrap-up session.

1) Strengths cited by the Site Visit Team included:

Personnel

- Dedicated and enthusiastic GMR team with a good balance of experienced and new staff members who complement one another.
- Staff members are aware of their many challenges and have plans to address them.
- Network member feedback cited the expertise, flexibility and responsiveness of the staff.
- Strong university leadership that seems tuned to the needs and challenges of the RML and the Library world in general, with special mention of the Provost's leadership within the Committee on Institutional Cooperation (CIC) on issues of scholarly publishing, open access, and author rights.

Program

- Solid training and professional development program, with excellent updates on technology and NLM products and services.
- Good advocacy efforts that include the development of supportive promotional materials; the assignment of specific liaisons to each state is commendable.
- Funding program is an enviable one and the dispersion of monies across the region also builds commitment to the GMR initiatives.
- Well established relationships upon which to build its programs; the staff is aware of the needs of hospital librarians and the current dynamics of hospitals and offers support to assist them.
- Working with the RAC and an emergency preparedness working group representing all states in the region, the GMR is off to a good start on the promotion of the NN/LM national emergency preparedness plan.
- Feedback indicated appreciation for ILL support, DOCLINE assistance, the very good electronic mailing lists, the Cornflower blog and the general sincere effort by the GMR staff to foster networking within the region.

Facilities and Administration

- The physical plant of the GMR is quite pleasant, provides functional workspace and is located in the heart of the health sciences library.
- The structure of the GMR is successfully designed to address the multiple audiences of a large geographical area that encompasses many dense urban populations as well as vast rural spaces. The state coordinators are key players in the RML's continued efforts to reach out to the underserved populations.
- The goals established by the GMR for the 2006-2011 timeframe seems attainable and consistent with the priorities contained in the contract.

2) Challenges cited and recommendations to the RML for dealing with the challenges to improve/enhance the program:

Planning and Evaluation

- A big challenge the GMR faces is the breadth and scope of activities they are charged to administer over a large geographic area and with a relatively modest staff complement. The RML may need to prioritize program initiatives in the region and track this through a set of systematic outcome measures. Priorities should be vetted through the various established contacts in the region and shared throughout the region.
- A reasonable amount of standardized and systematized data would be useful to ascertain whether the size of individual funding awards and the scope of the funding program are optimal.

Communications

- Greater communication with resource library directors could be facilitated.
- While the RAC is being used as a good sounding board, perhaps more could be done to use their knowledge and understanding to assist in developing new or improving existing programs.

Outreach

- Use of branding was suggested so that key constituents, like health professionals, could see the connection with the RML and the NLM.
- The GMR should expand its efforts to partner with health professional and health advocacy organizations. It should go beyond funding booths at such meetings and become proactive in facilitating involvement in the society program itself.
- Reassessment of the outreach program could include the following:
 - Is the distribution of funds equitable throughout the region?
 - Is the size of the stipends for outreach efforts sufficient?
 - Are 16 outreach liaisons too many or not enough?
 - Does the region need more face to face meetings or should it rely more heavily on electronic communications, what is the right balance?
 - Could further efforts be made in partnering with CBOs in inner cities and rural underserved areas?
 - Can more services be provided to certain populations with particular needs such as Native Americans? A closer linkage of activities to "underserved" needs would be helpful and the mapping of regional demographics might be a good starting point to accomplish this goal.

Member Services

- Consortium buying arrangements could result in less expensive licensing fees and assist smaller network members with licensing of electronic content.
- Advocacy was raised as a discussion topic. There were questions raised as to whether merely blanketing hospital administrators with letters of support for medical libraries was sufficient to change behavior. Follow up strategies need to be developed and pursued in this regard.
- A challenge the GMR faces is how to deliver education programs to a large geographic area with a diverse population. Face-to-face sessions are important but since they don't meet all needs, distant education modules and archiving of key presentations for subsequent viewing are methods to be considered.

3) Recommendations for NLM:

- Support promotional and educational activities carried out in all regions, allowing for local adaptations and branding where appropriate. Support the development of tools and techniques such as public service announcements about MedlinePlus that can be tailored by each region for local promotional efforts.
- The NN/LM needs to have a high priority within NLM in order to sustain an efficient and effective operation. A challenge for NLM is to find areas within the program where sharing can be accomplished across regions and redundancy held to a minimum.
- Minorities, especially Native Americans and African Americans, suffer disproportionately from certain diseases. Effort should be made to address this health problem through effective outreach in order to reduce health disparities.
- Notifying regions of NLM priorities provides valuable direction for the network, avoids needless duplication of effort where centralized services are produced, and builds an esprit de corps within a network of dedicated health science librarians.
- Outcome measures have been emphasized in this report but a caution is also necessary to NLM and the NN/LM to be sure not to over evaluate as it can impede getting the job done.
- Several other specific suggestions to NLM were elicited from feedback reports and the meetings with network participants. Of note were:
 - Improve information on collection development issues as it relates to PubMed Central--sustainability, archiving etc.
 - Respond to PubMed and LinkOut problems in a more timely fashion.
 - Offer the Woods Hole informatics training program in other parts of the country.
 - Provide additional support for Go Local.
 - Address training needs of new health sciences librarians; keep training modules short.
 - Listen more carefully to network members concerns when initiating changes in PubMed, DOCLINE, and other databases and services.