

Quarterly Report

National Network of Libraries of Medicine - MidContinental Region Region 4

November 1, 2006 - January 31, 2007

Contract No. N01-LM-6-3504

Spencer S. Eccles Health Sciences Library
University of Utah

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Table of Contents

Executive Summary		Attachments	
	2	Attachment 1: Quarterly OARF Summary Data: RML Staff Activities	12
Network Infrastructure		Attachment 2: Library Advocacy Survey	14
Table 1: Quarterly Infrastructure Data	4	Attachment 3: Examining the Resource Library Experience of a Distributed RML	26
Regional Advisory Board Activities	4	Attachment 4: Regional Advisory Board Meeting Minutes	42
Needs Assessment & Evaluation Activities/Data	4	Attachment 5: Promotional Materials Provided	46
Outreach		Attachment 6: Subcontractor Quarterly Report: University of Nebraska Nebraska Go Local	47
Table 2: Newly Funded Awards & Projects	6	Attachment 7: Subcontractor Quarterly Report: University of Utah Utah Go Local	50
Update of Ongoing, Major Projects	6	Attachment 8: Subcontractor Quarterly Report: University Wyoming Wyoming Go Local	52
Table 3: Exhibits	6		
Actionable Feedback received from Exhibit visitors	7		
MedlinePlus Go Local	7		
Table 4: Presentations & Training Provided by RML Staff	7		
Other Staff Activities			
Table 5: Publications & Resources Developed by RML Staff	9		
Notable Staff Activities	9		

Executive Summary

Personnel

Trang Tran was hired as Senior Accountant for the library and started working on January 29, 2007. She allocates .25 FTE to the RML.

Library Advocacy

The MCMLA Library Advocacy Task Force is coordinated by Barb Jones, Missouri/Library Advocacy Liaison, and comprised of members representing the seven states in the chapter. In December, the task force invited all hospital librarians in the chapter to participate in a survey that investigated their services and users. The taskforce reviewed the results (25% return rate) at the January meeting. (See Attachment 2) Over 30 members indicated that they were interested in a follow-up phone call to provide more details about their services and their environment. Over 30 members indicated they would be interested in participating in a regional value of information study. Questions for a follow-up telephone interview are being developed and will be submitted to the IRB for approval.

Education

Marty Magee, Nebraska/Education Liaison, completed the development of her online class "Thinking Like an MBA." It was promoted through the mcmla-l list and through MLA. Ten students (the maximum number) are enrolled in

the first class to start February 1, 2007. Twenty-five students are on the waiting list.

Network Membership

The Regional Licensing Consortium announced the availability of trials for DynaMed, MD Consult, NursingConsult, and FirstConsult in December.

Community Outreach

MCR has exceeded one of the indicators for this project area, "to provide contact information and product and service information to 12 new CBOs per 5-year contract." This averages to providing 4 CBOs per year with information on the NN/LM. Since we are still in the first year of the contract and we have already provided this information to nine organizations, we will have to rethink this indicator.

Consumer Health

Dana Abbey, Consumer Health/Colorado Liaison, has volunteered to edit the monthly "Clinical Inquiries: Patient Education" page published in *American Family Physician* and *Journal of Family Practice*. This is evidence-based patient education material produced by Family Physicians Inquiries Network (FPIN). In January, NLM decided that these pages would be added to MedlinePlus under the appropriate health topics page.

In early December, Siobhan Champ-Blackwell, Community Outreach Liaison, led a call with Ms. Lorie Roy, ALA President-elect; the NNO; and the NN/LM MidContinental and Pacific Southwest Regions to discuss ways to collaborate at the 2008 ALA conference in Anaheim, California. Ms. Roy offered to help get presentations on the program by personally endorsing the abstracts written by RML coordinators to ALA divisions. NN/LM involvement in the health fair that Ms. Roy is sponsoring was also discussed. Ms. Champ-Blackwell solicited abstracts at the December Consumer Health Coordinators teleconference. She submitted one; Ms. Abbey submitted another; and four came from other regional consumer health coordinators. These abstracts were forwarded to Lisa Boyd, Consumer Health Librarian, to be reviewed and sent on to Ms. Roy.

MCR staff has exceeded the indicator for the Information Rx project, that "At least four clinical sites (or physicians), in the region will participate in the Information Rx project." The MCR considers participation to mean that promotional materials have been ordered from NLM. In fact, 24 health professionals/health sciences librarians have requested promotional materials to offer Information Rx. The requests have come from five of the six states – (all except Utah). This may be because Utah staff has distributed prescription pads to members of the local consortium when it has promoted Information Rx. We will have to reconsider the appropriateness of this indicator for upcoming years.

Technology

In November and December, Jimmy Miklavcic, the University of Utah Access Grid expert, conducted Access Grid tests with University of Utah, Creighton University, and University of Nebraska Medical Center until all were able to have audio/video communication and share a PowerPoint presentation. The University of Kansas is also participating in the Access Grid program, but has not been able to resolve firewall problems.

Working with a hospital librarian to upgrade the library's level of connectivity continues to teach us about the hospital as an organization. In mid-December, Sharon Dennis, Technology Coordinator, and Lynda VanWagoner, Medical Librarian, met with three administrators from Shriners' Hospital for Children about participating in the project. The Chief Financial Officer agreed to the proposal with these conditions: 1) there is no obligation to continue the DSL cost after the first year; and 2) Ms. VanWagoner will document how the equipment is used. The hospital IT department agreed to provide the computer and install the DSL line and will purchase a webcam, Polycom communicator for Skype conference calls, and headset. The MCR agreed to pay for the peripherals and the DSL line, however, implementation has been delayed until a satisfactory process for transferring funds can be found.

One of the aims of the NN/LM MCR is to increase use of technologies among Network members. MCR staff consulted in the use of communication technologies at Resource Libraries and for hospital librarians. Staff at Denison Memorial Library and the University of Wyoming Libraries, as well as two hospital librarians received assistance in using Skype, Festoon, or Breeze.

Network Infrastructure

Table 1: Quarterly Infrastructure Data

	Current quarter	Previous quarter
Network members – full	184	184
Network members – affiliate	238	231
Libraries providing services to unaffiliated health professionals	110 (60%)	110 (60%)
Libraries providing services to public users	120 (65%)	120 (65%)
Average fill rate for resource libraries	78%	78%

Membership renewal continued. December was designated the month to start follow up calls to full Network members who had not submitted the online renewal form. In doing our membership renewal campaign we have reached another of our indicators, “100% of Network members are contacted yearly to ensure institutional records are updated.”

Regional Advisory Board Activities

One of the indicators for the Regional Advisory Board (RAB) has been met. The first is that “One inner city clinic staff member will be considered for the RAB each year.” Ira Combs, Community Liaison Nurse Coordinator from the University of Nebraska Medical Associates North Omaha Clinic, was considered and added as a board member.

Needs Assessment and Evaluation Activities/Data

The final report “Examining the Resource Library Experience” was completed. (See Attachment 3) This report is based on data gathered from all the Resource Library directors and a sampling of Resource Library staff. The RML was interested in the impact that the distributed model had on the Resource Library. It showed that there are still communication issues to be worked out but that most who completed the survey found that having a subcontract to carry out the work of the regional medical library either was beneficial or benign.

The TC4C Effective Practices Work Group decided that members will audit the meetings of other working groups to help identify effective practices from each group.

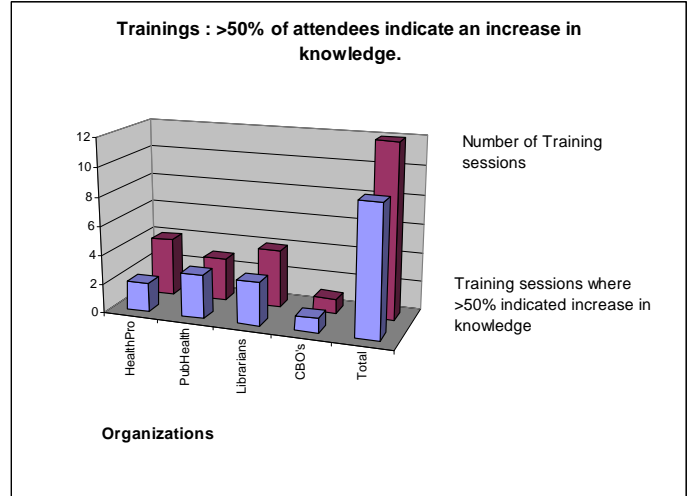
–John Bramble: TC4C Go Local Group

- Siobhan Champ-Blackwell: Community Partnerships Group
- Claire Hamasu: American Indian Health Web Site Group
- Susan Barnes: Outreach Connections: Native Health Information Steering Committee

Ms. Champ-Blackwell held a meeting with the Omaha based community outreach working group on December 11, 2006, where they provided input to the outreach narrative for year 2. The group reviewed the goals, objectives, and activities of the community outreach logic model and then provided feedback by answering the following questions:

- What do you see as most useful?
- Are there existing partnerships that you know of to assist in helping these activities happen?
- What are the barriers?
- What is missing?

In the third quarter, MCR liaisons conducted 12 trainings with 50% or more of the attendees in 9 of the classes indicating an increase of knowledge.



All RML librarians attended the annual planning meeting in Columbia, Missouri, November 13-15, 2006 at the J. Otto Lottes Health Sciences Library. We revised the logic model for year 2 using data from the Network Data Inventory (NDI), thereby meeting one of our indicators, "NDI data is used in planning programs."

Outreach

Table 2: Newly Funded Awards and Projects

Start/ end dates	Title of award/ project	PI institution	PI last name	Funding amount	Project type
	No new projects				

Update of Ongoing, Major Projects

No Activity

Table 3: Exhibits

Dates	Organization name	Meeting name	Location (city, state)
RML NATIONAL EXHIBITS			
	NONE		
RML REGIONAL/STATE/LOCAL EXHIBITS			
11/9/06	Colorado Association of Libraries	Annual Conference	Denver, CO
11/17/06	Heartland Latino Leadership	Annual Conference & Expo	Omaha, NE
1/30/07	Interfaith/Good Samaritan	Commodities Distribution	Laramie, WY

Actionable Feedback received from Exhibit Visitors

No suggestions or recommendations were received from exhibit visitors this quarter.

MedlinePlus Go Local

The four state Go Local projects in the region continue to promote the sites using various methods. Site maintenance includes verifying records and fixing broken links. (See Attachments 6, 7, and 8 for Quarterly Reports.)

Table 4: Presentations and Training provided by RML Staff

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
11/2/06	Dennis	RSS Feeds: The "New" Current Awareness Service	---	11	Distance
11/6/06	Magee	Presentation at UNO/UNMC Health Policies Class	Omaha, NE	18	In Person
11/8/06	Abbey	Training on PubMed, MedlinePlus, Toxnet, and ClinicalTrials	Brush, CO	14	In Person
11/9/06	Henning	Indian Health Services monthly staff meeting presentation	Ft. Washakie, WY	50	In Person
11/10/06	Abbey (Co-presenter)	Where do Consumers and Patients Get Health Information? Is There a Role for Your Library? – Workshop at CAL	Denver, CO	28	In Person
11/10/06	Abbey	Substance Abuse Resources the Easy Way – Poster presentation at CAL	Denver, CO	---	In Person
11/15/06	Abbey, Bramble	Breezing with the RML	---	26	Distance
11/15/06	Champ-Blackwell	No Comprendre	Columbia, MO	9	In Person
11/16/06	Bramble	Health Education Association of Utah Annual Meeting	Salt Lake City, UT	70	In Person
11/17/06	Abbey	Consumer Health Informatics Class	Denver, CO	14	In Person
1/3/07	Magee	Presented to UNMC Rural Health Association of Nebraska Cultural Competency Workshop	Omaha, NE	20	In Person

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
1/10/07	Abbey	Louisville Public Library MedlinePlus Training	Louisville, CO	8	In Person
1/17/07	Champ-Blackwell, Hamasu	Breezing with the RML	---	34	Distance
1/17/07	Abbey	Englewood Public Library Training	Englewood, CO	8	In Person
1/19/07	Jones	"Caring for the Mind" Fulton State Mental Hospital Training	Fulton, MO	27	In Person
1/22/07	Jones	Training for Missouri Foundation for Health	St. Louis, MO	15	In Person

Other Staff Activities

Table 5: Publications and Resources Developed by RML Staff

Date completed/published	Last name of staff responsible	Title	Medium	Submitted to Clearinghouse ("yes" or "out of scope")
11/06	Abbey	Health Resources for Libraries	Newsletter Article	Out of scope
12/8/2006	Magee	netLibrary E-Book Resources	Brochure	Yes
12/06	Champ-Blackwell	Bee Stings and the Library	Journal article	Out of scope
1/07	RML Staff	Plains to Peaks Post Vol.5 No.3	Newsletter	Out of scope

Notable Staff Activities

The summer 2006 issue of *NebraskaMedicine*, the journal for the Nebraska Medical Association, has a special focus on minority health. The last page of the journal is a list of resources taken directly from the NN/LM MCR cultural competence web site and includes the URL.

<http://www.nebmed.org/members/pdfs/NMA%20Magazine%203.pdf>

Feedback from Lynne Fox of Denison Memorial Library, posted on the MCMLA listserv on November 27, 2006: "Having a news feed is going to make it so much easier to keep up with the news . . . I'm sure it's been around a while, I

just didn't discover the RSS until this message. So belated thanks!" This was in a response to the list detailing the recent changes in the news blog and RSS feed.

Ms. Jones co-taught the first in a series of seven classes that supports an NLM funded nurse project. These classes will continue into 2007 and teach public health nurses across the state to use NLM resources.

John Bramble, Utah/Network Liaison, volunteered to help Marcos Tamase, Network Assistant for NN/LM PSR, update the DOCLINE tutorials.

Ms. Champ-Blackwell attended the ALA Midwinter Meeting and attended meetings of the ALA Wellness in the Workplace Task Force.

On January 30, 2007, Eccles Health Sciences Library videobroadcasting equipment was successfully tested with WebSTOC's new streaming video server.

Ms. Champ-Blackwell and Ms. Abbey were asked to review the InformationRX Tool Kit and

the ordering page web site. As the number of organizational partners increase, the web site needs to become more generic. Ms. Champ-Blackwell and Ms. Abbey will review the tool kit and send comments on suggested changes to Lisa Boyd, Consumer Health Librarian.

Attachments

Attachment 1:
Quarterly OARF Summary Data - RML Staff Activities

Outreach Activities Report MidContinental Region 2006-2011 - Project

RML Q3, 2006-2007

Generated: Friday, May 25, 2007

10 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

Total number of estimated participants:	199 participants
Average number of participants:	19.90 per activity
Average length:	1.50 hours
Under 1 hour:	0 activities
Between 1 and 2 hours:	9 activities (90.00%)
Over 2 hours:	1 activity (10.00%)
Hands-on practice:	6 activities (60.00%)
Conducted remotely:	1 activity (10.00%)
Offering continuing education:	2 activities (20.00%)
Significant number of minorities:	1 activity (10.00%)

Type(s) of Organization(s) Involved in Activities

Health sciences library:	10 activities (100.00%)
Public library:	2 activities (20.00%)
Government agency:	2 activities (20.00%)
Hospital:	2 activities (20.00%)
Clinical/Health care:	0 activities
Academic Institution:	10 activities (100.00%)
Community-Based:	1 activity (10.00%)
Faith-Based:	0 activities
Public Health Agency:	1 activity (10.00%)
Other:	2 activities (20.00%)

Session Content

PubMed:	4 activities (40.00%)
MedlinePlus:	8 activities (80.00%)
ClinicalTrials.gov:	1 activity (10.00%)
NCBI:	0 activities (0.00%)
NLM Gateway:	2 activities (20.00%)
TOXNET:	3 activities (30.00%)
Other technology content:	5 activities (50.00%)
Other, non-technology content:	2 activities (20.00%)

Significant Minority Population Present

(>=50% of participants)

African American:	1 activity (10.00%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	1 activity (10.00%)
Hispanic:	1 activity (10.00%)
Native American:	1 activity (10.00%)

129 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary





Activities at which PI sheet collected:	90.0%
Health care or service providers:	78 participants (60.47%)
Health science library staff members:	18 participants (13.95%)
Public Health worker:	3 participants (2.33%)
Public/Other library staff members:	18 participants (13.95%)
Members of general public:	12 participants (9.30%)



Attachment 2:
Library Advocacy Survey

Library Advocacy Survey Results

1. What is your LIBID?	
Total Respondents	56
(skipped this question)	0

2. In what type of institution are you located?			
		Response Percent	Response Total
Hospital		73.2%	41
Academic		16.1%	9
Association		3.6%	2
Other (please specify)		10.7%	6
Total Respondents			56
(skipped this question)			0

2a. Other Responses

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Public Library. 2. Not-for-profit research institute 3. Research Institution and Outpatient Clinic | <ol style="list-style-type: none"> 4. medical library in a medical publishing company 5. AHEC 6. Family Medicine Residency Program |
|---|---|

3. What is the hospital bed size of your institution? If your institution is affiliated with, but does not own the hospital, please provide affiliate hospital bed size.	
Total Respondents	55
(skipped this question)	1

1. 300	15. not a hospital	31. 5	48. 214
2. 545 Bed	library	32. 350	49. 455
3. Licensed for 235, but 215 staffed.	16. 100	33. 250	50. 180
4. 100	17. 232	34. 300	51. 205
5. 500	18. 235	35. 123	52. 560
6. 565	19. 90 beds	36. none	53. approx 400 staffed beds
7. 240 bed size	20. 500	37. 260	54. 166
8. 150	21. 0	38. 59	55. 207
9. 1,124 in entire sys and 372 for just our main hospital	22. 85	39. 866	
10. 250	23. 368	40. not applicable	
11. 80 beds	24. 365	41. 310	
12. 450	25. 274	42. 0	
13. 300	26. 1532	43. N/a	
14. 250	27. 125	44. 400	
	28. 0	45. 44	
	29. 169 bed	46. 1234	
	30. 1527	47. 0	

4. Please indicate the four groups that make the most use of your services? Rank the top four services with 1 being the most important and 4 being the least important.					
	1	2	3	4	Response Average
Physicians	65% (31)	21% (10)	8% (4)	6% (3)	1.56
Nursing Staff	14% (7)	40% (20)	34% (17)	12% (6)	2.44
Allied Health Professionals	10% (3)	28% (8)	34% (10)	28% (8)	2.79
Administrators and Department Managers	0% (0)	19% (5)	37% (10)	44% (12)	3.26
Students	21% (7)	18% (6)	27% (9)	33% (11)	2.73
Consumers and Family Members	12% (3)	12% (3)	23% (6)	54% (14)	3.19
Other (please specify in next question)	45% (5)	36% (4)	0% (0)	18% (2)	1.91
Total Respondents					56
(skipped this question)					0

5. Please specify "Other" user category selected in the previous question	
Total Respondents	12

1. Residents
2. Basic Sci researchers
3. Association members - orthodontists
4. faculty & instructors
5. Scientists (engineers, biologists, chemists) and administrative personnel
6. research faculty
7. Basic Research Personnel
8. editorial staff
9. College of Education; College of Optometry
10. faculty
11. faculty
12. No clinical staff at AORN; serve nurses on staff as well as editors, health policy experts, and AORN Board, committees, and members.

6. Do you target your administration for priority services?			
		Response Percent	Response Total
Yes		41.1%	23
No		58.9%	33
Total Respondents			56
(skipped this question)			0

7. Is your administration a major user group of your services?			
		Response Percent	Response Total
Yes		21.4%	12
No		78.6%	44
Total Respondents			56
(skipped this question)			0

8. What services do you think your patrons value most? Rank the top four services with 1 being the most important and 4 being the least important.					
	1	2	3	4	Response Average
Reference	14% (6)	26% (11)	30% (13)	30% (13)	2.77
Searching	44% (20)	36% (16)	16% (7)	4% (2)	1.80
Circulating the Collection	5% (1)	5% (1)	32% (6)	58% (11)	3.42
Interlibrary Loan	30% (15)	34% (17)	22% (11)	14% (7)	2.20
Clinical Librarian Services	33% (4)	33% (4)	17% (2)	17% (2)	2.17
Consumer Health	16% (3)	11% (2)	26% (5)	47% (9)	3.05
Instruction/Training	16% (5)	12% (4)	34% (11)	38% (12)	2.94
Other (please specify in next question)	50% (2)	25% (1)	25% (1)	0% (0)	1.75
Total Respondents					56
(skipped this question)					0

9. Please specify "Other" service selected in the previous question.

Total Respondents **4**

1. Literature searches
2. electronic collections - journals, books, etc.
3. Access to Electronic Journals
4. document delivery (from our print & electronic collections)



10. What services do you emphasize to your administration? Rank the top four services with 1 being the most important and 4 being the least important.



	1	2	3	4	Response Average
Reference	32% (16)	26% (13)	30% (15)	12% (6)	2.22
Searching	44% (21)	40% (19)	15% (7)	2% (1)	1.75
Lending	15% (2)	8% (1)	8% (1)	69% (9)	3.31
Interlibrary Loan	12% (6)	31% (16)	37% (19)	21% (11)	2.67
Clinical Librarian Services	8% (1)	25% (3)	50% (6)	17% (2)	2.75
Consumer Health	15% (3)	5% (1)	10% (2)	70% (14)	3.35
Instruction/Training	12% (3)	12% (3)	21% (5)	54% (13)	3.17
Other (please specify in next question)	80% (4)	0% (0)	20% (1)	0% (0)	1.40
Total Respondents					56
(skipped this question)					0





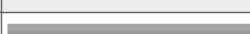
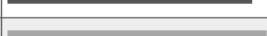
11. Please specify "Other" service selected in the previous question.

Total Respondents **6**

1. Current Awareness Services / Selected Dissemination of Information
2. Current awareness
3. I see a big need here, we don't target administration and we need to be doing that.
4. Others in the library may disagree with the above.
5. Access to Electronic Journals

12. Have you implemented a library marketing plan in your institution?			
		Response Percent	Response Total
Yes		35.7%	20
No		64.3%	36
Total Respondents			56
(skipped this question)			0

13. Have you used technology to promote your library?			
		Response Percent	Response Total
Yes		75%	42
No		25%	14
Total Respondents			56
(skipped this question)			0

14. If you have used technology to promote your library, what types have you used?			
		Response Percent	Response Total
RSS Feeds		11.4%	5
PDA		15.9%	7
Chat Reference		4.5%	2
Email		90.9%	40
Online Tutorials		34.1%	15
Other (please specify)		36.4%	16
Total Respondents			44

14a. Other Responses

1. Education department. Online tutorials
2. Intranet, online employee newsletter, ad in the electronic orientation for new employees.
3. Portal
4. online paid subscriptions of full text journal articles and full text book sections
5. held Health Literacy training sessions; invite to MLA Satellite sessions; spam regarding new resources; offer training sessions; conduct orientation sessions with new staff and meet with all new leaders.
6. Online and print in-house publications

7. Videotaped programs.
8. association newsletter association website
9. Online articles in various newsletters
10. Library Web Page
11. website
12. Web-site FAQ files and Subject-oriented Resource Lists.
13. Just ready to try RSS Feeds
14. Journal and news articles presentations to associations
15. Have used *provision* of technology to promote our services; eg, availability of e-journal portal, RefWorks, etc.
16. Website

15. Has your library experienced an increase in any of the following areas in the last 12 months? Select all that apply. If not, please select "No increase."			
		Response Percent	Response Total
No Increase		69.6%	39
Increased Staff		3.6%	2
Increased Salary Budget		8.9%	5
Increased Collection Budget		21.4%	12
Increased Physical Size		3.6%	2
More Desirable Location		5.4%	3
Other (please specify)		3.6%	2
Total Respondents			56
(skipped this question)			0

15a. Other Responses



1. We had a library tech position upgraded to librarian, but no FTE increase
2. All new computers (22) plus wireless connections







16. If you experienced increased staffing please indicate number of FTE's added.	
Total Respondents	2
(skipped this question)	54

1. .25
2. 1

17. If you experienced an increased collection budget please indicate % increase in collection budget.		
	Total Respondents	12
	(skipped this question)	44

- | | | |
|---------------------------|--------|---------|
| 1. 5% increase every year | 5. 12% | 9. 6% |
| 2. 20% | 6. 5 | 10. 5% |
| 3. 2% | 7. 25% | 11. 10% |
| 4. 15% | 8. 7 | 12. 25% |

18. If you experienced an increased collection budget was the increase sufficient to maintain or expand the collection?		
	Response Percent	Response Total
Yes 	76.5%	13
No 	23.5%	4
	Total Respondents	17
	(skipped this question)	39

19. Has your library experienced a decrease in any of the following areas in the last 12 months? If not, please select "No decrease"		
	Response Percent	Response Total
No Decrease 	69.6%	39
Decreased Staff 	23.2%	13
Decreased Salary Budget 	5.4%	3
Decreased Collection Budget 	16.1%	9
Decreased Physical Size 	1.8%	1
Less Desirable Location	0%	0
Other (please specify) 	3.6%	2
	Total Respondents	56
	(skipped this question)	0

19a. Other Responses

1. Decreased Electronic Databases and Electronic Journals
2. Size may likely decrease as LAB needs our space

20. If you experienced decreased staffing please indicate number of FTE's lost.		
	Total Respondents	14
	(skipped this question)	42

- | | | | |
|----|-----------|-----|--------|
| 1. | 0.5 | 8. | NA |
| 2. | 1 FTE | 9. | 1 |
| 3. | 1 | 10. | 7 |
| 4. | 3.5 | 11. | 1 FTE |
| 5. | uncertain | 12. | 1.0 |
| 6. | 1 FTE | 13. | .9 FTE |
| 7. | .4 | 14. | 1 |

21. If you experienced a budget decrease what was the % of decrease?		
	Total Respondents	11
	(skipped this question)	45

- | | | | |
|----|---------------------------------|-----|------------|
| 1. | 50 % | 7. | 30% |
| 2. | 10 | 8. | don't know |
| 3. | Uncertain--probably 50% or more | 9. | 15 |
| 4. | 44% | 10. | 15% |
| 5. | 66% | 11. | 10 |
| 6. | 25% | | |





22. What areas of the budget were impacted by the decrease?		
	Total Respondents	11
	(skipped this question)	45

1. No Book Budget; Print Journals Halved; Electronic Products Halved
2. book
3. Collection Development, Serials Renewals
4. staffing and print journals and books
5. Staff salaries
6. Books
7. staff and journals
8. collections
9. Journals, books, videos
10. Journals; Monographs
11. training, travel, journals

23. Please indicate which of the following activities would be helpful to you in marketing/promoting your library.			
		Response Percent	Response Total
Online Advocacy Resources		57.1%	32
Marketing Workshop		50%	28
Business Practices Workshop		26.8%	15
Advocacy Workshop		37.5%	21
New Technology Workshop		48.2%	27
Distance Education		33.9%	19
Other (please specify)		16.1%	9
Total Respondents			56
(skipped this question)			0



23a. Other Responses



1. Market research, survey tools
2. Getting administrative type folks to advocate for libraries within their professions SOMEHOW and be a voice that administration doesn't hear enuf.
3. I know so little about this it is difficult for me to say.
4. Fundraising Workshop
5. New ideas. We've tried a lot of things.
6. someone else to do the work. I'm not good at it. (Heart's not in it and I've other work to do.) At least a suport group for cheerleading and encourangement. (Not so much anxiety as in I just don't want to do much of marketing. Kinda like taking out the trash sometimes. An extra chore.)
7. Need help to incorporate a comsumer health information center into the library.
8. More time and staff. A resource person who could give me instant answers when physicians, administrators, nurses, etc. ask me about a particular journal or EBM resource or clinical decision software or copyright. I don't have time to research all this to give an authoritative, credible answer, and could use some help.
9. I receive a marketing newsletter online which has tips I sometimes use. It is put out by Chris Olson I believe...Marketing Treasures.


24. Which of the following would be useful in helping you work with your administration?			
		Response Percent	Response Total
Support from other librarians to your administrator		18.9%	7
RML letter of support to your administrator		56.8%	21
RML liaison visit		27%	10
Other (please specify)		37.8%	14
Total Respondents			37
(skipped this question)			19

24a. Other Responses

1. More pre printed materials to place on bulletin boards. Posters large and small.
2. A big advertisement in Modern Healthcare and other publications read by administrators-- the ad would include short bullet points quantifying the library service's value to the bottom line.
3. Giving excellent and turn around service
4. My administrator is not swayed by other librarians coming to my defense. Those are my peers who would not be unbiased in his opinion. Perhaps other ADMINISTRATIVE peers of HIS would have a better ability to talk his lingo and express the library's value.
5. Comments from physicians & administrators on value of on-site library services.
6. More information directed at how to
7. Just ideas. I don't think they would take kindly to visits or communication from other libraries or organizations.
8. I am not experiencing problems at this time.
9. A visit is tentatively scheduled for Janurary 2007
10. All my constituencies need more attention, administrators among them. I look forward to adding staff in the coming fiscal year.
11. I feel my administration would value the comments/support of my hospital co-workers and physicians more then the options listed above.
12. I think it needs to come from AHA for them to be excited or AMA, ANA. They will think it is librarians helping other librarians.
13. Advocacy resources highlighted above.
14. Richer data than we are able to provide via AAHSL - experiential and outcomes-oriented assessments of the value of the library experience

25. Are you willing to participate in a more in-depth follow up telephone survey?			
		Response Percent	Response Total
Yes		64.3%	36
No		35.7%	20
Total Respondents			56
(skipped this question)			0

26. Are you interested in participating in a regional research study on the value of information provided by health science libraries?			
		Response Percent	Response Total
Yes		60.7%	34
No		39.3%	22
Total Respondents			56
(skipped this question)			0

27. If you answered yes to either question 26 or 27, please enter your contact information.			
		Response Percent	Response Total
Name:		100%	39
Total Respondents			39
(skipped this question)			17

Attachment 3:
Examining the Resource Library
Experience of a Distributed RML

Examining the Resource Library Experience of a Distributed RML

By Betsy Kelly

The MidContinental Regional Medical Library staff is distributed among the 8 Resource Libraries in the six state area including Missouri, Nebraska, Kansas, Wyoming, Colorado and Utah. A number of studies have been, and will continue to be, conducted to evaluate the efficacy of this new model for managing an RML. Two surveys of health science library Network members were completed during the first five year contract. In addition, two sets of focus groups were conducted. The data from both types of study have been analyzed, providing a picture of the Region from the Network members' view. Both studies show that Network members like having a staff member in their Region, that many have a better understanding of the role of the RML and how they and their institutions can benefit from the services and programs of the RML, the National Network of Libraries of Medicine and the National Library of Medicine.

The RML also wanted to know how this distributed model impacts the Resource Libraries – how, at the end of the first contract period, the directors felt about the model and how their staffs have been impacted.

To that end two surveys were developed and were available from April 3 through April 18, 2006. Both were sent to Resource Library directors who were asked to complete the directors' survey by April 18 and to distribute a second survey to two or three staff members for their input. Although the Resource Libraries have a total of 311 staff members it is unlikely that all of those had interacted with or been impacted by the presence of the Liaison on the staff. Asking the directors to select a few to respond would provide the RML with insights from 16-24 Resource Library staff members who were more likely to have relevant comments. Twenty four responses were submitted. Two were identified as coming from Resource Library directors and were, therefore, discarded. 22 staff respondents represented every Resource Library.

Library	Number of staff respondents
Denison Library, U of Colorado	2
Dykes Library, U of Kansas	6
J. Otto Lottes Library, U of Missouri	2
Becker Library, Washington University	1
McGoogan Library, U of Nebraska	2
Health Sciences Library, Creighton University	1
Eccles Library, U of Utah	7
Coe Library, U of Wyoming	1

Resource Library Staff Response

Overall, the response to the five questions on the Resource Library Staff survey was positive. Survey participants were generous in their comments, and appeared comfortable in sharing their

thoughts – both positive and negative. The negative responses came predominantly from libraries where the RML staff had changed more than once during the contract. Some questions elicited very different responses from staff in the same library, suggesting that the liaisons responsibility brought them into more contact with some staff than others.

The first question asked how having a person dedicated to the RML made a difference in the library and the second whether there were changes in library programming or staff awareness of the health information environment. The most frequently cited benefits of having someone from the RML in the library were the increased awareness and access to information about products, services and programs and national and regional issues concerning health literacy and the enhanced ability to accomplish outreach projects. Several commented that having a liaison in the library helped “keep us up to date with local/state/regional resources”, provided an “expert” available to the staff and getting the library to think outside the box and consider other points of view.

Many libraries believe in outreach – making health information available to health professionals and citizens – but lack the financial and/or personnel resources to carryout outreach programs. The presence of an RML liaison in the Resource Library provided additional manpower, stimulated thinking about evaluating outreach programs, offered new perspectives on local and national needs and, as one respondent said “(h)aving someone dedicated as the 'face of outreach' ensures that this important work gets done.” Improved services, increased marketing of library services, local presence, stronger tie to NLM, and the opportunity for flexibility in library staff assignments were other areas that staff felt the presence of the RML liaison had positive impact. Collaborations that benefit both the library and the RML, such as funding and group purchasing were mentioned even though both programs were available to both the Resource Library and other libraries in the region. It was not clear from their responses if the staff were aware that this was the case.

Question one elicited four negative responses concerning whether having a liaison in the library made a difference while question two (whether there had been changes in the library due to the liaison’s presence) elicited two negative and one “no opinion” response. One of the six individuals responded negatively to both questions. The responses focused on the liaison’s use of Resource Library resources and support without, in the respondents’ opinion, any kind of reciprocal benefit to the library and on the difficulty the liaison had in balancing RML and Resource Library work.

The third question asked whether opportunities for regional and national participation have changed with the presence of an RML staff member and the fourth asked how the staff had been integrated into the work of the RML. In response to question three, nine staff members reported increased opportunities for involvement or increased awareness of activities and opportunities while, in response to question four, eleven mentioned various ways they were involved in RML work. Six said that the liaison afforded them “opportunities to exhibit, attend and present at regional meetings and functions”, one said that although budgets precluded their own attendance at meetings they got feedback about meetings and programs attended by the liaison and five said they had greater awareness of local and regional meetings because of the presence of the liaison.

Several mentioned the RML as the reason they were involved in GoLocal and a grant with a school in their University. More than half the respondents mentioned involvement in other programs such as in interlibrary loan and copyright issues, consumer health and Native American outreach and technology issues. Several respondents noted collaborations that benefited both the Library and the RML program. These touched on interlibrary loan and copyright issues, outreach, and the use of technology to broadcast library programs.

Seven responded that there was no change in opportunities to participate in programs and six that they had not been integrated into RML work in any way. In addition, one respondent suggested that the liaison's participation in meetings did not benefit library staff, another that what the RML does is separate. One staff member expressed disappointment that the liaison, "an excellent instructor," was "rarely allowed to participate in our teaching efforts, something we had all counted on." Seven said they had no involvement in RML work. Some respondents indicated that they were simply removed from the liaison and had little contact personally

Question 5 asked how the respondent was able to influence the RML. Fourteen said they were able to influence the RML by sharing opinions, making suggestions, providing feedback about programming, feeling confident the liaison would share local information across the region, participating in the DOCLINE beta testing. Several specifically said that the liaisons were approachable.

Three felt that the RML operated separately from the library and that library faculty had little to no influence. A fourth commented that the liaisons carry thoughts and opinions to the RML and NLM but library staff had little or no ability influence the RML. Two noted that they were not involved in RML activities, implying that lack of involvement translated to lack of influence. Three commented that they had no need to influence RML programs but one noted that the Liaison was approachable if needed.

Overall, the staffs of the 8 Resource Libraries were positive about having the RML liaison located in their library and provided a number of examples of how they benefited. Fewer than 20% responded negatively to questions 1, 2, and 5. The larger negative response to Questions 3 and 4, which asked about staff integration and/or involvement in RML work, raise questions that should be addressed. Of those who responded negatively to one or more questions only 2 gave consistently negative responses to all questions. All others were able to attribute benefits and/or increased opportunities for involvement to the presence of the RML liaison in their library.

Resource Library Directors Response

The Resource Library Directors were asked to respond to six questions addressing their expected and actual experience of having an RML liaison on their staff. The first question asked how "having a person dedicated to RML responsibilities made a difference in the library." Seven of the eight directors noted positive effects. The area mentioned most frequently was outreach, where the directors said that having the Liaison on staff was a "daily embodiment of the importance and commitment to outreach", and an opportunity to model, extend and broaden

outreach. Participating as a Resource Library “increase(d) standing in (the) library community,” and afforded the library more recognition along with opportunities to serve on University committees. One director noted that they are “more aware of the needs of our state and ...more connected to the state as result of that outreach.”

Only one director felt there was little difference because her library has “always had an RML presence...to a greater or lesser degree. It’s been like breathing, a natural to us.”

Two questions asked how the directors were able to leverage library resources and RML resources to attain the goals of each. Several directors said that library staff assisted in fulfilling RML goals by combining library outreach efforts, sharing library and RML responsibilities, and providing technical support to the Liaison. Another mentioned the benefit of “having a professional peer group on a day-to-day basis (that) gave her a sounding board and was a great support.” Two directors noted that library staff became more knowledgeable about the RML program, another stressed the “terrific sense of cooperation” that evolved as they worked on GoLocal.

Directors said they were also able to leverage RML resources to attain library goals. The RML liaison “allowed us to gain credibility” during goal setting and that the “liaison’s main emphasis was part of the overall University’s emphasis.” Four directors said that the library’s outreach efforts were significantly enhanced because of the presence of the RML. One of the library’s hosts a liaison who does not do outreach but both the RML program and the liaison’s experience in monitoring program activity proved useful in the library’s outreach efforts. Two directors noted the funding support for their GoLocal projects. Both felt the support was very useful; one commented that the “review and award process was complicated on both sides” and questioned the need to submit invoices for reimbursement of expenses. This director was very appreciative of the Community Outreach Partnership workshop in Jackson Hole, saying that it was a “a great jump start for stimulating more projects” in her state.

Two questions sought input on adjustments the library made due to having an RML liaison and how the liaison was used differently than anticipated. Question 4 asked what adjustments, if any, the Resource Library had to make due to having an RML liaison focused on space allocation and infrastructure support. One library shifted some responsibilities as the position was filled by an existing staff member. One director noted that “people accepted more flexibility and voluntary involvement in outreach work.” One director said that although the first person hired in the position did some Reference and ILL work it was to get up to speed since she had not worked previously in a health sciences library. One said little adjustment was required as they “have made it a point ... always to have this person (or these people) integrated into our organizational culture, seen as one of the group, not separate or different.”

In response to question 5 about how the liaison was used differently than originally anticipated three directors said there were no unanticipated issues. Two directors commented on the amount of time spent on meetings, reporting and paperwork. One suggested that the RML consider reducing the reporting requirements to free more time for RML programming. One director had not expected some of the responsibilities to fall to the liaison in her library but said that

ultimately “it was helpful to the region for us to have that role for the region, since I had background with the program and knew how some things needed to be set up.” This director also enjoyed being involved in the regional licensing program. One director expressed significant concern over the allocation of work, noting that it appeared that some resource libraries asked liaisons to spend a portion of their time on Resource Library tasks that were not related to the RML program. This director felt there were ethical and legal issues if the Resource Library was accepting reimbursement for 1 FTE but not providing 1 FTE of RML work. This director also disagreed with the RML’s priorities for the division of labor between outreach and special project work and felt the RML administration did not appropriately support and acknowledge work “the excellent results (the liaison) has produced in other areas (than her special project)”

The sixth question asked in what ways the Resource Library directors were able to influence the operation of the RML. Six directors felt that the RML was open to input, “pays attention” to [directors’] opinions, that the structure fosters open communication among directors and liaisons and that “all ideas are considered, discussed, and judged fairly and that anyone can influence the operation.” Two directors strongly felt otherwise. One said they had no choice in the special project they were responsible for, that the project is “a vague, poorly designed loser” and that efforts to take on a different project were rebuffed. The other said that while the RML is “respectful in receiving comments ... they do not act upon them” and that the director finds “the RML to be aloof from the libraries that they work with and not aware of the local culture or politics.”

Conclusions

The Resource Library staff survey represents a sample of staff opinions. Each director used his or her discretion in soliciting staff to participate. The sample is neither random nor uniform and the survey was not tested for statistical validity, it merely provides a snapshot of some staff members’ experiences and opinions. However, that does not make their input any less meaningful. The RML hopes that the presence of a liaison in the Resource Library will be a positive experience for the liaison, the staff, the director, will add to the wealth of talent and experience and the services the Resource Library already provides and will influence the library to include outreach in its service offerings. Many of the responses from library staff suggest that this is indeed happening. The benefits that were mentioned frequently in responses to all the questions were awareness of RML programs and services and the liaison as a resource for the library. Although some staff might not take advantage of the opportunity to be involved in RML programs knowing the opportunity exists is an important success. The RML may want to consider ways to increase involvement of Resource Library staff in its programming.

The RML should follow up with the library director in those cases where staff members responded negatively or reported that they had little or no involvement with the liaison. Is the director concerned? Is this simply due to the normal distribution of responsibilities in a busy academic medical library? Is there anything the Director and/or the RML can do to affect a more uniformly positive response among staff members? These questions will be addressed in future conversations with the directors and will be discussed among the RML staff to understand the positive experiences and how those can be leveraged to improve the negative ones.

The Resource Library Director survey was also not designed as a pure research instrument, but all directors responded and their input is certainly meaningful. Like the staff survey the overall response from directors was positive. In every case the library directors support the mission of the RML and have made resources available to allow “their” liaison to contribute. All directors noted directly or indirectly that outreach is important to their libraries and the RML outreach efforts are a good fit. All libraries also noted that they contributed resources (presumably from their own budgets) in support of the liaison. Some of these (space, network infrastructure, office supplies and support) are often covered by indirect expenses realized by an institution that enters into a contract with a funding agency. Not all libraries, however, receive those indirect funds in their budgets and therefore the expenses for them are real. No library suggested that this was a burden, rather, that the gain was to the library in the presence and availability of the liaison. Two libraries offered direct and thoughtful criticisms of the RML program as it affects their library, its staff and operations. The RML director and Associate Director will offer to discuss these issues and look for ways that can improve the libraries’ experience.

Appendix 1 Summary of responses to Resource Library Staff survey

Question 1:

In what way, if any, has having a person dedicated to RML responsibilities made a difference in the library?

Positive:

- 4 mentioned the ability to do more outreach and to better understand outreach activities, saying “(h)aving someone dedicated as the 'face of outreach' ensures that this important work gets done”
- 10 felt there was increased awareness or information about local, state and national resources, RML programs, services and resources and that having a liaison in the library “keep[t] us up to date with local/state/regional resources.”
- 2 mentioned that the liaisons provide an expert in the library
- 2 noted that the liaison was able to add a multi-state perspective, getting the library to think outside the box and consider other points of view than that of the usual university.

Negative:

- 3 respondents noted some negatives – that the presence sapped some library resources, such as technology support, that the RML asks for help but doesn’t reciprocate, that the liaison had difficulty balancing RML work with host library work One of the three pondered the apparent difficulty in attracting high quality applicants for the position

Question 2: Has there been any change due to the liaison's presence in library programming or among library staff in the awareness of the regional and national health information environment ? Why or why not?

Positive:

- 12 respondents noted increases in awareness and knowledge of the RML and NN/LM programs and services, national health information issues, available resources;
- 2 noted that more outreach was done either because the liaison did the work or the liaison worked with library staff to do it.
- 1 noted the integration of evaluation into library programs, s
- 1 felt the liaison had made a difference but suggested that the liaisons could be “more of a presence and offer more sharing”

Negative:

- 2 felt there had been no change,
- 1 felt there had been some change but noted that the RML does not feel integrated into the host library programming effort.”

Question 3: In what ways, if any, have opportunities to participate in regional and national programs changed since the liaison joined the library staff? If there have been no changes, please let us know.

Positive:

- 7 cited opportunities to exhibit, attend and present at regional meetings and functions, work on projects and become involved in outreach.
- 3 mentioned being more aware of opportunities to participate especially in local events and of offerings that were of interest. One noted that even though attendance at meetings by library staff was limited by budgets they get feedback about national meetings a programs attended by the liaison.

Negative:

- 4 felt there had been no change in opportunities;
- 2 observed that although the liaisons participate in regional and national meetings the librarians at the host library don't necessarily participate themselves or benefit from the participation.
- 1 didn't think s/he would receive notification of regional/national programs because of their non-professional status, although the library director encourages and promotes professional development for the support staff. Another commented "I am a reference librarian who is not involved in direct program participation in this area."

Question 4: In what ways, if any, have you been integrated into or involved in the work of the RML since the liaison joined the library?

Positive:

- 12 library staff reported being involved in interlibrary loan and copyright, diversity, consumer health and Native American outreach, in recruiting, surveys and Breeze, GoLocal and a grant with a school at the university

Negative:

- 7 responded that they had no involvement in the work of the RML, one saying that they were aware of the TC4C project but didn't know the role of the RML in the project
- 1 mentioned that involvement was simply for scheduling meeting space; another commented that the RML liaison was an excellent instructor but wasn't permitted to participate in the library's teaching efforts – something they had counted on.

Question 5: In what ways, if any, do you feel that you are able to influence the RML?

Positive:

- 15 respondents felt they were able to influence the RML by sharing opinions, making suggestions, providing feedback about programming, feeling confident the liaison will share local information across the region, participating in the DOCLINE beta. Several specifically said that the liaisons were approachable

Negative:

- 3 respondents felt they had no influence, saying they were never asked, were not well informed, that the RML operates separately and library faculty had little to no influence.
- 1 felt that although “Liaisons seem to be good about carrying our thoughts and opinions to the RML or to NLM... resource libraries have little or no ability to influence the RML”

Appendix 2 Summary of responses to Library Directors survey

Question 1: In what way, if any, has having a person dedicated to RML responsibilities made a difference in the library?

Positive:

Credibility/recognition/standing in the community

- Having someone dedicated to a national program such as the RML has brought some additional recognition to the library that would not otherwise have happened. Our liaison also became part of the library staff and served on university committees as well as library committees.
- contributed to the standing of the library in local library community.

Awareness of RML/NLM goals

- focused awareness on RML and NLM agendas and goals.
- greater sense of membership in the NN/LM community among library staff

Outreach Efforts

- has provided a mechanism for greater outreach through the promotion of MedlinePlus
- has extended both our outreach activities and provided a better understanding of what is going on with other programs around the country
- daily embodiment and reminder to all staff of the importance of outreach and our commitment to that concept.

Connectedness

- aware of the needs of our state and I believe we are more connected to the state as result of that outreach
- helped the existing library staff to take a broader view in some issues, particularly outreach The liaison models outreach behavior, and this has made it easier for me to talk with staff about the importance of outreach activities. I engaged a new position, ___ who works primarily outside the library. I think it would have been more difficult for the pre-existing staff to accept if I had not had the example of the liaison.

Financial

- certainly financial advantages for the library

Expertise

- incorporated expertise in evaluation and assessment into library programs

None:

- It has not made a lot of difference. Having an RML presence is a natural

Question 2: How were you able to leverage library and/or institutional resources to attain RML goals?

Credibility/recognition/standing in the community

- Having the RML liaison merely gave more credence to goals in which the library was moving.

Flexibility

- Having the flexibility to assign the liaison some involvement in routine intra-library work has also meant others are willing to pitch in and provide coverage when she is away, thus giving more constant service.
- During the hiatus between liaisons, a staff librarian was able to provide basic services while we searched for the second
- Likewise, others have become more knowledgeable about the program and have volunteered to assist with travel, which spreads this burden more evenly and prevents premature burn-out of the liaison.

Goals

- RML goals dovetail nicely with this library's goals so there was not a problem in leveraging resources.
- Often engaged library and institutional personnel to partner with RML staff in fulfilling and attaining RML goals.

Technical/Administrative support

- Library technical staff were used in creating the online reporting tool for liaisons.
- Additional support is provided to the RML librarian such as office, supplies, technology, etc.
- She also had access to the kind of capital equipment available in a major academic library
- The ill head and the collection development librarian assisted both liaisons with basic understanding of the docline (sic) and serhold (sic) databases
- The library was able to contribute technology expertise and resources to assist the rml (sic).

Shared vision/experiences

- The Liaison was able to tap the expertise of the Information Services staff regarding electronic information resources
- Library staff has definitely benefitted by staffing RML displays at professional meetings
- There was a terrific sense of cooperation when we began talking about the glocal Project.
- Importantly is the RML librarian's relationship with our faculty librarians and the connection between their work that enables all of the librarians to be more knowledgeable about health resources.
- As director, I feel that I have added to the program by having direct and regular input into the evolution of project work
- ___ greatest resource was her ___ colleagues and not working in isolation. Even though she is highly self-directed, having a professional peer group on a day-to-day basis gave her a sounding board and was a great support. And most important a vast reservoir of local, state, and national contact information through her ___ colleagues.

Supplemented services provided by library

- Combining the library's outreach efforts with those of the RML has extended the impact of both.
- Library staff were involved in promoting medlineplus (sic) at local events
- Provided ILL services

Question 3: How were you able to leverage RML resources to attain institutional and/or library goals?

Credibility/recognition/standing in the community

- Having the RML liaison in house allowed us to gain credibility when we set our goals. This particular liaison's main emphasis was part of the overall university's emphasis. Using the liaison on some library and university projects was a great benefit.
- I believe that we command more respect as a library from the School of Medicine administration due to our role as host to the state liaison for the NN/LM.
- The project grants we received combined with the sub-contract have given HSL greater visibility and have promoted more positive relationships within the ___ Libraries organization.
- Promoting the library services along with NLM services added credibility to both.
- Understanding regional and national outreach projects has been valuable

Partnership

- We often engaged library and institutional personnel to partner with RML staff in fulfilling and attaining RML goals
- The RML librarian assists us in meeting our outreach goals as a land grant university.
- Another aspect of this is our partnership with the ___ in the development of the ___. Having the liaison here has meant that the ___ librarian and the liaison have been able to work together, travel and train together to good mutual advantage
- The RML provided a mechanism for extending library services to the the 4-corners area

Liaison Expertise

- Relied on consumer health outreach info to provide direction for our fledging program; used the liaison reporting tool for our local library liaison program
- We have a much more consistent and constant presence in outreach work and are better able to follow up and collaborate with other units on campus.
- The Liaison has also modeled outreach behavior to the consumer health librarian, who is relatively inexperienced, and who has benefited from her guidance

Funding

- Receiving a Go Local grant has been a tremendous help to us and despite the critical nature of my comments over all, we do appreciate it. The review and award process was complicated on both sides. Don't understand why we couldn't just invoice Utah

- for \$25,000 - why we have to submit penny ante invoices? Also, the community partnerships workshop in Jackson was a great jump start for stimulating more projects in _____. I appreciate the support we got that allowed me to attend.
- Again, the GoLocal Project was a win-win. It was definitely a plus to have our liaison on-site to talk with faculty and administrators about MedlinePlus and our joint project

Question 4: What adjustments, if any, did you make due to having an RML liaison? These might include (but not be limited to) adjustments to staffing, scheduling, space allocation, resources, budgets.

Budget

- No real impact on budget

Space

- Six directors mentioned creating or making space available for the liaison

Technical/Administrative Support

- Two directors mentioned providing administrative or office staff support for travel, technology, etc.

Services/staffing

- Liaison assisted regular staff by taking a turn staffing the reference desk
- Greater responsibility was delegated to others to accommodate the liaison role
- Always to have this person (or these people) integrated into our organizational culture
- People accepted more flexibility and voluntary involvement in outreach work.
- I do not require any work done specifically for the hsl; (work done was) more for her professional understanding than for our advantage
- There have been wonderful synergies that have lead to some joint teaching activities, but regular reference desk duty or other assignment for the HSL, I view as an obstruction to contract work.

None

- Two directors explicitly said no adjustments had to be made

Other

- One issue that may not arise in other Resource Libraries is that I have had the opportunity to educate the campus library system personnel regarding the NN/LM.

Question 5: In what ways, if any, was the liaison used differently than originally anticipated?

None

- Three directors reported nothing was different from what was originally anticipated

Balancing outreach/special project/library responsibilities

- The ability to balance outreach and special projects proved to be a challenge.
- One director strongly expressed the belief that “ it is illegal and unethical for resource libraries to accept payment for 1.0 FTE and give anything less than that to the contracted work.” The director wondered if “ the University of Utah tacitly encourages the diversion of contracted labor to support non NN/LM operations in resource libraries or if it looks the other way and allows it to happen. I'd like some assurance all the resource libraries delivering the same product for the same payment and I have the impression this isn't happening. If resource libraries want to use liaisons to operate their reference desks or systems departments, they need to reduce NN/LM's payment accordingly.”

Administrative time required

- Lots of time must be spent on meetings and reporting.
- Find the paperwork and reporting requirements to be quite intense. I would recommend that the RML decrease their reporting requirements so that librarians focus more on their grant activities.

Special Project scope

- One director disagrees “with the priorities Utah assigned to outreach and special projects.” The director believes the liaison should spend 80%time on outreach and 20% on her special project.
- I did not initially expect that the ___ liaison would be the ___ for the region, but we made it work. I actually think it was helpful to the region for us to have that role for the region, since I had background with the program and knew how some things needed to be set up. I am pleased that with the second contract, we will work with ___, which is more interesting programmatically. I think everyone sees that core functions such as ___ are more appropriate for the primary contracting library. It was interesting and fun for me, however, working with
- the development of the regional licensing program.

RML/Resource Library supervision

- ... liaisons were disparaged by the University of Utah during a Resource Library director's teleconference for their focus on outreach, as if this were a defect. This director also felt that the RML did not balance criticism of efforts with acknowledgement of achievements.

Question 6: In what ways do you feel that you can influence the operation of the RML?

Positive:

- I sincerely believe I have a voice in how the RML is operated and that the RML leadership pays attention to my opinion.
- Participation in resource directors' meetings

- The structure of the RML fosters open communication among directors and liaisons. I feel that all ideas are considered, discussed, and judged fairly and that anyone can influence the operation.
- RML staff is communicative and open to ideas, easy to work with. They invite and respond to input.
- Direct communications.
- I meet with the ___liaison on a regular basis, and I feel that she respects my opinion and can see that she takes my advice. I see the development of the logic model for part of the contract, and can have input as desired. I have input through the Resource Library Directors conferences. I also know that I can contact Claire as needed to discuss anything that might need to be discussed. I feel that our RML is highly functional in this regard.

Negative

- Very little. The RML is respectful in receiving comments but they do not act upon them. I find the RML to be aloof from the libraries that they work with and not aware of the local culture or politics.
- I feel we have very little influence over its operation. One example is the assignment of special project areas, poorly defined outcomes and expectations for special projects ..., and conflicts over priorities assigned to outreach vs. special projects. When ___ expressed interest in a different project area, we were told to go work it out with the other library, which of course declined to get stuck with a loser. And yes, the ___ special project is a vague, poorly defined loser.

Attachment 4:
Regional Advisory Board Meeting Minutes

MINUTES
NN/LM MIDCONTINENTAL REGION
ADVISORY BOARD MEETING
December 7, 2006 – 1:00 PM MT

Advisory Board Members Attending:

Jim Bothmer, Karen Cole, Linda Cooperstock, Whitney Davison-Turley, Amanda Enyeart, Gene Hainer, Mike Karr, Stan Penfold

RML Staff Members Attending:

Claire Hamasu, Dana Abbey, John Bramble, Siobhan Champ-Blackwell, Sharon Dennis, Mary Henning, Barbara Jones, Betsy Kelly, Marty Magee, Suzanne Sawyer

Intros – Advisory Board Members

Whitney Davison-Turley

Whitney is a former liaison of the RML but is now Information Services Manager at the Johnson County Library. Johnson County Library has received funding from the RML. Her library is hiring a consumer health librarian.

Stan Penfold

Stan is Director of the Utah AIDS Foundation. The AIDS Foundation has also received funding from the RML for setting up information kiosks in health clinics. The entire Resource Library/Center was initially funded through a grant from NLM and the Foundation's partnership with Eccles has been critical to the program.

Gene Hainer

Gene is the Director/State Librarian at the Colorado State Library in Denver. The State Library is a unit of the CO Department of Education, which is located in Denver. The Library has worked with health-related issues in the past through its aclin.org website, which is now known as the Colorado Virtual Library (CVL), one of several services provided for the state's library community. Several years ago it explored having libraries build and maintain relevant content built around specific topics, with health being one of the first areas explored. After creating collection development procedures for online content, the site was managed by staff at the UCDHSC. The CVL has gone in different directions since then, but some of the policies are still employed today for content management.

Follow up to RAB outcomes discussion

At the last advisory board meeting Stan Penfold and Betsy Kelly were to come up with a way for the advisory board to share what they have been doing to promote NLM and NN/LM resources and services. They recommended that in discussions with their liaisons that board members relate appropriate activities. The RML has an online reporting system that is used to capture staff activities. Liaisons will enter these advisory board activities into this reporting system. There was no disagreement.

Discussion of Emergency Planning:

One of the charges in the RFP that was issued by the National Library of Medicine was for the RMLs to develop an emergency management plan for the region. Recently the RMLs decided that this responsibility lent itself to collaborative attention, since an effective plan could not be established without the support and cooperation of organizations beyond each region. To start our planning, Claire asked the advisory board to voice the questions that need to be addressed for libraries in the region to continue to provide health care providers with the information they need to care for the public in the event of an emergency. She also asked them to mention the emergency planning projects they are involved in, in their own states.

Jim raised the issue of digital resources. With health sciences libraries moving to digital resources, how will information be provided if the Internet is not available?

Two emergency preparedness efforts are being funded in the region by Homeland Security, the Denver Public Library and the public health department in Missouri. Claire asked Linda and Gene who their partners were for emergency planning. Linda said that her organization partners with community organizations with facilities for large groups of people, such as churches or schools. One of their main objectives is having facilities to allow for getting immunizations, etc. to large groups quickly. Gene's partner is the Department of Education because the library is part of the DOE.

Stan asked for clarification on the types of emergencies we would be planning for. Would we be planning for emergencies such as earthquakes where the infrastructure goes down or are we planning for getting out information in a health emergency? Different types of emergencies would call for very different responses. We need to plan for different types of emergencies. We could then determine which partners will be needed and their roles in different situations.

Claire would like the advisory board to help determine the questions and issues that need to be addressed in emergency planning. These will be combined with the issues that the Resource Library Directors brought up. The emergency plan will be a work in progress over the next couple of years. The regional plan will need to coordinate with the national plan that the NN/LM regions and NLM will be developing.

Karen brought up a concern about how libraries would support other libraries in providing information, when you don't have the infrastructure due to disasters. The normal methods of electronic distribution will likely not be available. Who would provide backup? Where should there be redundancies?

- Linda said that HAM radios could be used and shared that there is a network of radio operators in Missouri.
- Gene shared that radio stations were used for communication during the recent earthquake in Hawaii.
- Stan wondered about having satellite access to the Internet. How accessible would those systems be? How secure would they be? Claire stated that the RML has looked into satellite

access and it is very expensive, but Stan thought that it might be good for key facilities to have the access. It is also an emerging technology and might get more affordable over time.

Whitney pointed out that public libraries are closer to most people than academic or health sciences libraries. It might be a good idea to have core reference books that we make sure are updated in all public libraries.

Gene brought up the point of knowing who's in charge during various types of emergencies. Linda said that this is important to determine before determining what needs to be done for various situations. Who declares an emergency? It may depend on the emergency. For example, the health department would have the authority in a health related emergency. How will communication be routed? Who starts the communication?

Announcements:

Year 2 Budget –

Claire shared the budget reduction that the RML will have in year 2. It is about 24% less than what we had requested. The good news is that it is about an 11% increase over this year's budget.

We will have to cut back on what we had planned to do in year 2. Claire has asked the liaisons to meet with board members to review the year 2 logic models and what is planned for year 2. Any advice the board members can give the liaisons on setting priorities will be appreciated. The liaisons will be contacting the advisory board members to set up meetings.

In person meeting – April 10 – 11

Claire asked the advisory board members to save April 10-11, 2007 for an in person board meeting in Salt Lake City. The board members will be able to attend InfoFair, the Eccles library's annual technology and information event. The topic for the 2007 InfoFair hasn't been determined yet. Claire will send the topic out as soon as the decision is made.

The in person meeting is possible because of the salary saving due to not having anyone in the Kansas Liaison position this year. The RML will cover expenses for the advisory board meeting.

Rev. December 28, 2006

Attachment 5: Promotional Materials Provided

Date	Who	Items Provided	Purpose
12/5/06	Sheridan VA Medical Center	- 100 MedlinePlus bookmarks - 100 PubMed bookmarks	Advertise MedlinePlus and PubMed
1/25/07	Red Feather Lakes Community Library	- 100 MedlinePlus bookmarks - 2 MedlinePlus posters - 50 Good Health Information on WWW cards - 25 ClinicalTrials.gov cards - 50 PubMed cards - 25 Gateway cards - 100 PubMed Bookmarks - 100 Health Information for Senior Citizens cards	9Health Fair hosted by the Library and local medical clinic

Attachment 6:
Subcontractor Quarterly Report

University of Nebraska
Go Local Nebraska

Quarterly Report
October – December, 2006
Submitted by Marie Reidelbach, McGoogan Library of Medicine,
University of Nebraska Medical Center, Omaha, NE

Current primary staff and their roles

Rose Frederick joined the Go Local team as a selector. She is a student who will begin pursuing an accredited library degree in January. She has spent many hours adding clinic data to the database which is currently being indexed for GoLocal Nebraska.

Teri Hartman has returned from an extended leave for health reasons. We are delighted to have her back.

Major changes or additions made to the database

Over 1300 records are in the process of being indexed with an additional 250+ records in the pending file. The goal is to have these approved by the end of January pushing the database to over 5500 records.

The majority of the new records added include clinics across the state.

A vocabulary for the Go Local records is being developed in an access file. This will allow the selectors to add the basic data for new records along with the indexing terms. The team based the vocabulary on what North Carolina had developed, but will adapt the contents for the GoLocal Nebraska site.

Outreach and promotion efforts

GoLocal Nebraska was exhibited at local meetings, presented at the annual meetings, and reported upon at the quarterly consortium meeting. Highlights of each are provided below:

- Teri Hartman provided an overview of CHIRS and demonstrated MedlinePlus and Go Local Nebraska to 24 faculty members of the Hamilton College in December. The contact person for the class had the traveling trifold loan display up in the main hallway of the college, which was mentioned during the presentation.
- Lisa Anderson attended the Eastern Library System held at the LaVista Public Library on the morning of Friday December 1. She presented a demonstration of the GoLocal Nebraska system to the eight library directors who were in attendance. The demonstration served to inform attendees about this new information resource and to recruit their assistance in promotion and maintenance of the system.
- Marie Reidelbach provided a brief report on GoLocal Nebraska at the December ICON meeting in place of Advisory Committee member Angie Arner. A change in job responsibilities required that Angie Arner resign from the GoLocal Nebraska Advisory Committee. A replacement is being considered at this time.
- The McGoogan Library presented its first "Meet and Greet" on November 10. Several faculty members from the library staffed tables sharing services and resources provided by the library including CHIRS and GoLocal Nebraska. Approximately 75 GoLocal Nebraska business cards were handed out in the hallway, and 70 people attended the early morning event.

- Teri Hartman assisted with the National Library of Medicine exhibit sharing information about Medline Plus and GoLocal Nebraska at the annual "Blazing Trails for Caregiving" 2006 National Respite and Caregiving Conference, Oct 25-27, held in Omaha. Approximately 150 professional and caregivers were present.
- Roxanne Cox and Lisa Anderson exhibited at the Nebraska Library Association Annual meeting held in Omaha on October 26-27. This was a landmark conference considering over 90% of the membership attended. GoLocal Nebraska was officially launched to the public at the conference and promotional materials were distributed to attendees.
- KFAB, a local radio station based out of Omaha, NE, showcased the CHIRS and GoLocal Nebraska in December. Radio spots were presented at the top of the news hour throughout the day.
- An article about CHIRS and GoLocal was published in the UNMC Today online and print newsletter. Some newspapers across the state have been sharing information about the two programs, but a more ambitious promotion will take place after the first of the year.
- An article about CHIRS and GoLocal Nebraska was submitted to the *Journal of Consumer Health Information on the Internet* by Lisa Anderson. At this point no word has been received by the editor on its publication status.
- The Advisory Committee met on October 15. A copy of the minutes is provided on the GoLocal Nebraska website linked from <http://www.unmc.edu/library/golocal/>
- Lisa Anderson created a CD which was distributed to public libraries throughout the state and to the Advisory Council members. Contents of the CD included information about the project, a press release, and a 7 minute tutorial on using the GoLocal web site.
- Roxanne Cox will be presenting a training session on GoLocal Nebraska at the upcoming Northeast Library System meeting on February 6. She is also contacting the other library systems about attending their spring meetings.

Attachment 7:
Subcontractor Quarterly Report

University of Utah
goLocalUtah

**goLocalUtah Project
Seventh Quarter Report
15 January 2007**

Introduction

We are excited and optimistic for the continued success of goLocalUtah in 2007. We are continuing to audit records that were reviewed during the current month of the previous calendar year, address broken links, and perform other routine maintenance for the database. We are brainstorming on methods to expand our marketing efforts.

Current staff and their roles

Liz Workman continues in her role as project director. Jennie Morris works diligently as workflow coordinator; Jennie also addresses broken links and feedback garnered from the site.

The Hope Fox Eccles Clinical Library staff members continue to audit approved records. The auditing process has turned out to be more time-consuming than originally estimated, but good progress has been made.

Volunteer selectors who wish to continue with the project will be notified of gaps as they arise and in turn will submit new records. Project team members will carry out this work for counties not covered by volunteer work.

Major changes or additions made to the database

634 records were audited during the previous quarter (October 1st to December 31st). 13 new records were added during this same time period.

Outreach and promotion efforts

Local radio station KCPW began broadcasting promotional spots during the previous quarter.

Sally Patrick and John Bramble offered a presentation on library services at the Health Educators of Utah quarterly meeting November 16th. They included information on goLocalUtah in their presentation. There were 60 attendees.

The partnership between gLU and the Center of Excellence in Women's Health at the University of Utah (introduced in the last gLU quarterly report) has received much praise. The partnership's Website at <http://uuhsc.utah.edu/coe/womenshealth/resources/inventorymain.html> extends gLU's audience to the Center's Website's visitors.

Conclusion

The goLocalUtah staff is enthusiastically looking forward to 2007 as a time to build on the previous year's success. We look forward to strengthening the database, and promoting MedlinePlus and gLU.

-Liz Workman

Attachment 8:
Subcontractor Quarterly Report

University of Wyoming
Wyoming Go Local

January 16, 2007

Wyoming's Go Local project Report

Current staff and their roles

Rex Gantenbein, Ph.D. is director of the Wyoming Center for Rural Health Research and Education, and manages the project.

Bob Wolverton is the project coordinator (and only one assigned to the project), overseeing the site maintenance.

Web Usage and Outreach

According to the very extensive NLM web usage reports, Wyoming's Go Local site had the following activity:

- October: 6,194 hits from 310 visitors, who visited the site 549 times.
- November: 6,249 hits from 243 visitors, who visited the site 509 times.
- December: 1759 hits from 219 visitors, who visited the site 361 times.

Outreach for this quarter has been primarily word-of-mouth. With no funding for Go Local, we cannot expend money on paid site promotion.

Ongoing support

Bob Wolverton reviews links reported as broken by the NLM Link "crasher." We generally have between ten and 20 links reported as down each week. Most of the average week's links (estimated 80%), which are reported as down each week and restored on Monday or Tuesday. Many state-sponsored web sites now bar link checkers and are reported as not being available. Each must be checked, of course, which expands to the number of reported 'broken' links and to the time required to check them. Links that remain broken for more than a week are disabled and logged. Bob then checks the recalcitrant links until they are restored, then re-enters them in the database. As links are checked or restored, Bob audits the sites, adding them to the audited list.

We receive occasional e-mails requesting information or corrections on site listings. We review these requests and make additions as appropriate. One new site was added this quarter and two were changed to reflect new information. Several sites were audited.