

NLM 05-103/VMW

National Network of Libraries of Medicine (NN/LM)

Middle Atlantic Region (MAR)
Region 1

Technical Proposal
2006-2011

Submitted by:

New York University School of Medicine
The Frederick Ehrman Medical Library
550 First Ave
New York, NY 10016

July 15, 2005
(rev. April 13, 2006)
Publicly Posted June 9, 2006

“Creating a Health Information Community”

PART I: Introduction

The Ehrman Medical Library of New York University is well positioned to lead the NN/LM Region 1 Program on behalf of the National Library of Medicine. Its mission, to serve New York University Medical Center, requires coordination of services to a complex of hospitals and health care institutions that incorporate the public, private and federal sectors of health care. They are Bellevue Hospital, one of the oldest and the largest public hospitals in the nation, the Manhattan Veterans Administration Hospital, and NYU Medical Center, which includes the Hospital for Joint Diseases. The library supports the education and research endeavors of NYU School of Medicine, the College of Dentistry and Nursing, and several research institutes located in rural upstate New York. From this viewpoint of public and private, inner city and rural, minority and immigrant communities, we experience the need for strong health information programs in a variety of contexts and know how important the NN/LM is to the success of those programs.

The offeror's proposal is based on six core concepts: 1) full participation from network members; 2) strategic planning, assessment, and evaluation; 3) a strong emphasis on communication and marketing; 4) creating a highly efficient and responsive document delivery services program; 5) seeding permanent outreach partnerships within the communities; 6) responding to the service and technology needs of network member health sciences libraries. All of these together will create the Middle Atlantic Region health information community.

1. Full participation from network members

The offeror conducted an assessment of the network by interviewing existing and potential Resource Library Directors, executive boards of health science library consortia and MLA local Chapters, heads of state libraries and other related agencies. See Attachment A. The librarian contact list and the results of the web survey conducted for the purpose of submitting a proposal that will respond to MAR regional health sciences library concerns is now in Attachment A to this document. Other results are summarized in pp16-18 of this proposal. The outcome of that assessment shapes the design of this proposal. The key findings from network members were:

- a strong desire on the part of existing network members to participate more fully in the governance, priority setting and programs of the MAR;
- an eagerness to support outreach programs and address resource sharing issues together;
- a correlation between distance from New York City and decreasing awareness or interest in the MAR and its programs.

Respecting these comments, and encouraged by them, the offeror is suggesting a Middle Atlantic Region that acknowledges the strength of the participating libraries and their commitment by putting the governance structure in their hands. All Resource Library Directors will serve on the Regional Advisory Committee. Four standing committees will be created with membership from the Resource Libraries and other network members: Outreach, Resource Sharing, Technology, and Library Improvement. Their chairs will also serve on the Regional Advisory Committee. An attempt to distribute committee assignments and activities to all areas of the middle Atlantic Region will be uppermost in the minds of the participants.

2. Strategic planning, assessment, and evaluation

In listening to network members, the state libraries and others, it became clear that although there are excellent outreach programs established in the region, they exist as a result of particular local interest and will not necessarily seed or sustain permanent relationships or transferable knowledge. In responding to the needs assessment for this proposal, it became clear that the MAR has not systematically examined existing health literacy programs being developed in the region outside of the NN/LM, for example the Healthy People Library Project funded by the American

Association for the Advancement of Science and the National Center for Research Resources. Region 1 has not thought strategically about who the target unaffiliated health professionals are, what particular special populations are most helped by health information outreach programs, what are the health disparities of most importance to states and local communities, and how programs and priorities could be established to make the best use of NN/LM outreach funding.

The offeror proposes to develop a strategic plan for the region that will result in a coordinated approach to outreach programs and to library improvement programs. The plan will be developed by the Regional Advisory Committee (RAC), and staffed by the RML Coordinator for Planning and Evaluation. It will include a needs assessment, which will identify:

- who and where the unaffiliated professionals are, and will do so in cooperation with state health professional societies;
- health disparities priorities, and special populations in the four state area and will do so in cooperation with state and city health boards and agencies.

As part of this assessment, the RAC will create a survey for representative unaffiliated health professionals to determine their health information needs and barriers. This will also double as a marketing project for MAR, informing them of their access to the biomedical literature through the NN/LM programs like Loansome Doc.

The RML staff, particularly the Coordinator for Planning and Evaluation, will analyze the needs assessment and facilitate its use by the RAC for establishing program priorities. The RAC regional needs assessment and planning document will consider data on the needs of patients, families and other members of the public who acquire their health information from alternative sources outside of NLM resources. Review of published data on consumer and patient use of the internet for health concerns will be part of the needs assessment process.

The RAC will analyze the results of the needs assessment and develop a plan that prioritizes target unaffiliated health professionals and target populations and health disparities. The Outreach programs will then be funded on a priority basis according to how they match this plan. The result will be a set of projects that include evaluation strategies that will make cross evaluation of all programs possible, and knowledge gained about health information outreach programs that can be used across the NN/LM.

The needs assessment will also consider what support health sciences libraries need to establish themselves as libraries competent to provide services in the 21st century. Such issues as the effect of electronic journals and databases on resource sharing, the need for rapid technology implementation and adaptation, consortium approaches to library development, and training will be addressed. Primarily the four standing committees will accomplish this work. The RAC will analyze the results and recommend priorities and approaches for library development.

3. Strong emphasis on communication and marketing

The offeror's survey of librarians in the Middle Atlantic Region revealed a lack of clear knowledge about the MAR and its programs, even by Resource Libraries. There was confusion between the identities of the present host institution and the Region, and there was no clear understanding of the goals and priorities of the NN/LM or the MAR. The state library agencies and other libraries had no familiarity with the NLM, the NN/LM or the MAR and its programs. They were, however, interested to hear about the NN/LM because of their own commitment to health information library programs for the public.

Communicating and marketing is a priority in the offeror's proposal. Every effort will be made through a widely disseminated communications plan to make the network members and potential

members aware of the Middle Atlantic Region, the NN/LM and its programs and goals. The creation of an RML Contact Database will support this work.

4. Creating a highly efficient and responsive document delivery services program

The Document Delivery program of the MAR was seen as its great strength and by many as its only purpose. The offeror will administer the NN/LM Document Delivery program according to all regional requirements, and continue to maintain its high level of performance. However, the librarians in the offeror's survey wished to have the region address opportunities and new issues that affect document delivery, such as electronic resources, collection storage, technology needs. The creation of the Resource Sharing, Library Improvement and Technology Standing Committees, and their inclusion in the RAC will assure that these needs are addressed by those who are most affected.

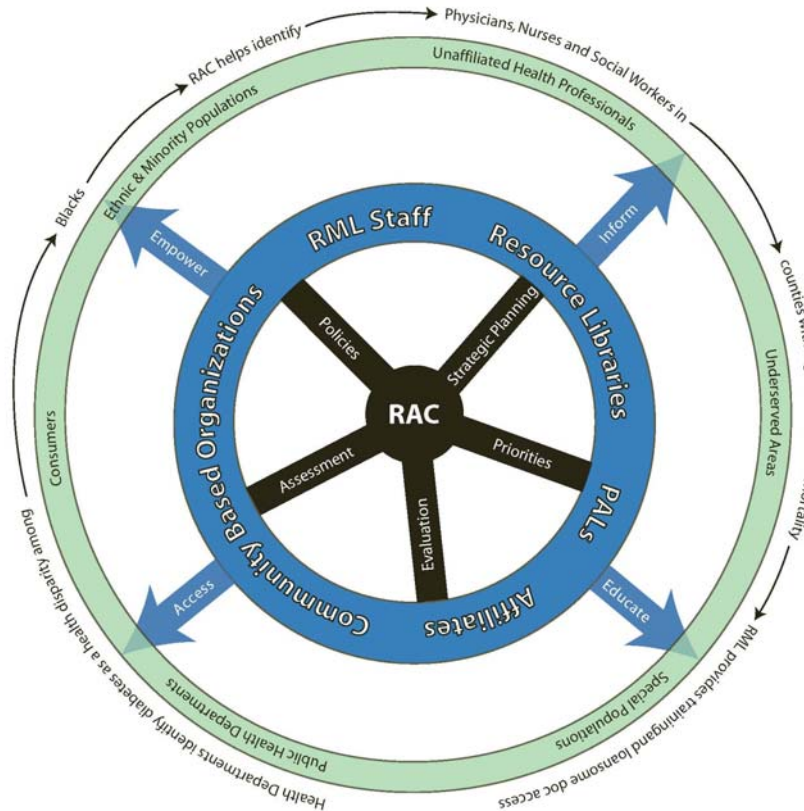
5. Seeding permanent outreach partnerships within the communities

The best results of the NN/LM outreach programs are permanent partnerships that truly improve the health of the community. Outreach programs that are not seeded in permanent and mutually beneficial relationships will not have this effect. The offeror's proposal has tried to interdigitate the strategic plan and the marketing and communications efforts to facilitate widespread knowledge of the NN/LM throughout the health and library communities. With such an approach, a powerful partnership amongst health sciences libraries, public libraries and community agencies and organizations will eliminate duplicative competing programs and use all the resources available to build enhanced permanent and sustainable programs. The awards program of the offeror supports multiple opportunities to develop outreach relationships. The Community Information Database that will be developed will facilitate partnerships by locating programs and special populations and the agencies that work with them in specific communities.

6. Responding to the service and technology needs of network member health sciences libraries

The librarian members at all levels of the network felt strongly that their training needs were not being met. Although this is not the sole responsibility of the Region, there are issues that relate to the ability of libraries to respond to the Region's service needs. There is a strong emphasis on training for librarians using new technologies in this proposal.

It is the intent of the offeror to fulfill the basic services, and consumer and unaffiliated health professional objectives of the NN/LM through a program of awards based on a prioritized plan that is well communicated to the broadest community. The offeror's staffing plan is attuned to these core concepts and thus emphasizes by position title: planning and evaluation, outreach and communications, network services, technology and attentive program administration.



MISSION, GOALS AND REGIONAL SERVICES PLAN

“The mission of the National Network of Libraries of Medicine (NN/LM) is to advance the progress of medicine and improve the public health by: 1) providing all U.S. health professionals with equal access to biomedical information; and, 2) improving the public’s access to information to enable them to make informed decisions about their health. The Program is coordinated by the National Library of Medicine and carried out through a nationwide network of health science libraries and information centers.”

The NN/LM Goals are

- To develop collaborations among network members and other organizations to improve access to and sharing of biomedical information resources throughout the nation;
- To promote awareness of, access to, and use of biomedical information resources for health professionals and the public, with a particular emphasis on contributing to the Healthy People 2010 goal of eliminating health disparities;
- To develop, promote, and improve electronic access to health information by network members, health professionals and organizations providing health information to the public.

For Region 1, the offeror intends to fully support and enhance the mission and goals of the NN/LM in a series of programs and initiatives that primarily focus on:

- 1) Health professionals in both rural and inner city locations of Delaware, New Jersey, New York and Pennsylvania who do not have adequate knowledge of or access to the rich variety of resources publicly available to support their working role in the health care system;

- 2) Outreach to minority and underserved populations with the goal of eliminating health disparities through encouragement of health information awareness and access programs coordinated between network members and community organizations;
- 3) Strengthening the NN/LM network capabilities through intensive communication and collaborations with libraries based not only in health care environments, but also with public and academic libraries, and other organizations that are tasked to improve the health of the population through information literacy programs;
- 4) Strengthening the technology capabilities of health information providers through innovative programs and by the use of and the support of the national centers of the NN/LM for training, evaluation and web services.

The stated goals will be accomplished through a process of strategic planning by the RAC, which will consist of the Resource Library Directors, hospital librarians, and community representatives; through implementation and oversight by the RML staff; and through the efforts of the MAR members via awards and subcontracts. Communication within the MAR will be bi-directional and constant. The culture of the MAR will be shaped to reflect the culture and values of our profession: cooperative, collaborative and community (service) centered.

The Regional Plan will be developed by the RAC members under the structured guidance of the RML Director and the Coordinator for Planning and Evaluation. The RAC will be provided with a copy of the Technical Proposal, an environmental scan conducted by the RML staff, and a review of basic planning procedures as described in the documents listed on p59 and the products of the NN/LM Outreach Evaluation Resource Center (Measuring the Difference, etc.) The two scheduled RAC meetings during the Year 1 planning time will be devoted to strategic planning agreement on priorities for health disparities and target groups of special populations and unaffiliated health professionals, and priorities for Library Improvement, based on input from the four committees (Resource Sharing, Outreach, Technology, and most specifically, Library Improvement). The RML staff will draft the planning documents, provide the follow-up communication, and conduct focus groups or Delphi questions as needed. The RAC will approve the final plan.

REGIONAL ASSESSMENT AND PRIORITIES

Region 1, with a population nearing 42 million encompasses the most dense population centers in the country as well as large rural areas. The population is diverse in terms of concentrations of ethnic and minority groups, and age disparities. New York state ranks second in the nation in population increase due to international immigration, while Pennsylvania ranks second in the highest percentage of people aged 65 and older (15.4%). It is both rich and poor in terms of such demographic measures as levels of health care, education, average income, employment, and state and local government support.

Basic Demographics

2002/2003 data	Delaware	New Jersey	New York	Pennsylvania	Total
Population	817,000	8,638,000	19,190,000	12,365,000	41,010,000
Ethnicity, White	577,940 (72%)	5,674,460 (66%)	11,884,300 (62%)	10,196,710 (84%)	28,333,410
Ethnicity, Black	148,360	1,148,280	2,952,900	1,169,190	5,418,730

2002/2003 data	Delaware	New Jersey	New York	Pennsylvania	Total
	(18%)	(13%)	(15%)	(10%)	
Ethnicity, Hispanic	45,910 (6%)	1,138,970 (13%)	2,930,470 (15%)	477,230 (4%)	4,592,580
Ethnicity, Other	33,820 (4%)	617,840 (7%)	1,337,550 (7%)	320,220 (3%)	2,309,430
Population in Metropolitan Area	661,020 (82%)	8,579,550 (100%)	17,426,920 (91%)	10,320,590 (90%)	36,988,080
Uninsured	84,880 (11%)	1,198,700 (14%)	2,953,910 (14%)	1,382,030 (11%)	5,619,520
Total Physicians	2,251	29,143	77,060	41,292	149,746
Total Nurses	6,460	73,530	163,600	117,470	361,060
Total Dentists	403	7,992	14,932	7,830	31,157
Total Physician Assistants	147	751	5,944	2,873	9,715
Total Healthcare Employment	28,500	277,370	727,760	476,760	1,510,390
Hospitals	10	107	252	246	615
Medical Schools	0	1	12	6	19
Dental Schools	0	1	4	3	8
Nursing Schools	4	16	41	44	105
Pharmacy Schools	0	1	4	6	11
Public Health Programs	0	1	7	5	13
Physician Assistant Programs	0	2	20	14	36
Veterinary Medicine	0	0	1	1	2
Public Libraries	21	309	751	451	1,532
Medical Libraries	9	82	217	168	476

References:

AACP Member Colleges and Schools of Pharmacy in the United States. American Association of Colleges of Pharmacy. http://www.apha.org/public_health/CEPH_05.pdf

AAMC Member Medical Schools.
http://services.aamc.org/memberlistings/index.cfm?fuseaction=home.search&search_type=MS&state_criteria=ALL

American Dental Directory. Chicago: American Dental Association, 2005.

Associated American Dental Schools Application Service. Web site: <https://aadsas.adea.org/>

Chute, A., Kroe, E., O’Shea, P., Craig, T., Freeman, M., Hardesty, L., McLaughlin, J.F., and Ramsey, C.J. (2005). *Public Libraries in the United States: Fiscal Year 2002* (NCES 2005–356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. <http://nces.ed.gov/pubs2005/2005356.pdf>

NN/LM Members Directory <http://nmlm.gov/members/adv.html>

Nursing programs. Lawrenceville, N.J.: Thomson/Peterson's, 2005.

Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2002 and 2003 Current Population Surveys, cited by www.statehealthfacts.org

U.S. Schools of Public Health and Graduate Public Health Programs. American Public Health Association. http://www.apha.org/public_health/CEPH_05.pdf

Wischnitzer, Saul. Barron's guide to medical and dental schools. Hauppauge, NY : Barron's, c2003.

Disparity in health care is a distinguishing feature of the four states in Region 1. Although the region accounts for the highest density of hospitals, beds and physicians practicing in the region (including 29% of the psychiatric beds and 17% of the nation’s physicians), there are still significant numbers of underserved pocket areas, and large numbers of uninsured people in the region. The following Health Disparities charts indicate by race and ethnic group the particular disease or condition articulated as a health disparity of highest concern by the state health department of each MAR state. All of the conditions mentioned in the 5 reports are listed. The Xs represent the articulated disparity for that particular state by race or ethnic group (please note that NY City is listed separately from the State of New York). Absence of an X indicates that particular disease has not been declared a health disparity for that state. The source of this information (state health department websites) is listed on page 16. This composite list will be a resource for the outreach strategic plan by making visible what each state’s disparity concerns are and therefore what to emphasize in planning information approaches to special populations.

Health Disparities Middle Atlantic Region

Blacks (Compared to Whites)	DE	NJ	NY	NYC	PA
<i>Pregnancy/Infancy</i>					
Lower birth rates	X				X
No prenatal care	X				X
Higher infant mortality	X	X			X
Teen birth rate	X				X
<i>STDs/Infectious Diseases</i>					
Syphilis					X
HIV/AIDS	X	X	X	X	X
Gonorrhea					X
Tuberculosis					X
Hepatitis B					X
<i>Injuries</i>					
More likely to be hospitalized for: non-fatal head injuries					X

More likely to be hospitalized for: non-fatal spinal cord injuries					X
Unintentional injuries		X			
Homicide	X	X			
Chronic diseases					
More likely to be hospitalized for: peptic ulcer					X
More likely to be hospitalized for: uncontrolled diabetes				X	X
Diabetes (mortality)	X	X	X	X	
More likely to be hospitalized for: asthma	X				X
Heart (mortality)	X	X		X	
Other diseases					
Cancer (mortality) NJ: (men: prostate; women: cervical, breast cancer) NY: (more likely to die at younger ages from colon cancer)	X	X		X	
Stroke (mortality)	X	X			
Alcohol-induced death	X				
Obesity		X		X	
Elevated blood levels (children)				X	

Health Disparities Middle Atlantic Region

Asian/Pacific Islander (Compared to Whites)	DE	NJ	NY	NYC	PA
Pregnancy/Infancy					
Diabetes due to pregnancy		X			
STDs/Infectious diseases					
Hepatitis B (individuals infected with Hepatitis B are 300 times more likely to develop lung cancer)		X			
Tuberculosis		X			X
Heart Disease (early indicators)					
High levels of lipodemia (East Indians)		X			
Other diseases					
Cancer: Stomach – Korean Nasopharyngeal – Filipino, Chinese Lung – Japanese Cervical cancer – Vietnamese		X			
Liver and intrahepatic bile cancer					X
Stroke		X			
Elevated blood levels (children)				X	

Health Disparities Middle Atlantic Region

Hispanics (Compared to Whites)	DE	NJ	NY	NYC	PA
<i>STDs/Infectious diseases</i>					
Gonorrhea					X
AIDS		X		X	X
Tuberculosis					X
<i>Injuries</i>					
More likely to be hospitalized for: non-fatal head injuries					X
More likely to be hospitalized for: non-fatal spinal cord injuries					X
<i>Chronic diseases</i>					
More likely to be hospitalized for: peptic ulcer					X
More likely to be hospitalized for: uncontrolled diabetes				X	X
Diabetes NY: (Puerto Ricans more likely to die from diabetes than other Hispanics)				X	
ESRD		X			
More likely to be hospitalized for: asthma		X			X
<i>Other diseases</i>					
Cervical cancer (mortality)		X			
Obesity				X	
Elevated blood levels (children)				X	

References:

Minority Health Disparities (Pennsylvania), 2003
<http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&Q=240915>

Health Disparities in Delaware 2004: Indicators
<http://www.dhss.delaware.gov/dhss/dph/hp/files/04disparities.pdf>

The Health of Minorities in New Jersey Part I: “The Black Experience”
<http://www.state.nj.us/health/commiss/omh/summitreport.pdf>

The Health of Minorities in New Jersey Part II: “The Latino Experience”
<http://www.state.nj.us/health/commiss/omh/latino2000.pdf>

The Health of Minorities in New Jersey, Part III: “Asian American Forum on Health” Summit Proceedings Report and Recommendations
<http://www.state.nj.us/health/commiss/omh/asianforum.pdf>

Center for the Elimination of Minority Health Disparities
<http://www.albany.edu/cemhd/programs.htm>

Health Disparities in New York City

<http://www.nyc.gov/html/doh/downloads/pdf/epi/disparities-2004.pdf>

The 615 hospital libraries of Region 1 can form a strong network for delivery of health information. One of the barriers to building a well-diffused regional network is the confusion and layers of overlap caused by large numbers of libraries, and overlapping consortia. In addition to the state libraries, there are state funded hospital consortia and resource programs in New York and New Jersey that could be coordinated with NN/LM programs. There are local chapters of the Medical Library Association that provide frequent training and educational opportunities. Most hospital librarians are within one hour driving or public transportation of some consortial group.

Preliminary Library Assessment of Region 1

In preparation for submission of this proposal, the offeror conducted telephone, in-person meetings and used a web site and online survey for a regional needs assessment. The needs assessment was conducted to understand regional strengths and weaknesses of the NN/LM program, depth of interest in NYU as the Regional Medical Library and needs of the region in the coming five-year period.

The online survey and web site - <http://library.med.nyu.edu/library/rml/> - were posted on the listservs of the Philadelphia Chapter of MLA, New York-New Jersey Chapter of MLA, Central Pennsylvania Health Sciences Librarians, Upstate New York – Ontario Chapter of MLA, New York State Libraries, Delaware State Libraries and NJ Updates (all New Jersey libraries) as well as posted to the Pittsburgh Chapter Board and Chairs in June and July 2005.

In-person, phone and email discussions took place in May and June 2005. Sixty-seven librarians were contacted, with 52 responding. There were 16 hospital librarians, 21 academic medical librarians, 2 academic librarians, 2 representatives of consortia/associations, 1 public health librarian, 2 state librarian/state library office, 3 public librarians, 2 consumer health librarians, 2 medical society librarians and one “other”. The geographic distribution was 12 librarians interviewed from New Jersey, 21 from New York, 18 from Pennsylvania and 1 from Delaware.

The theme that emerged from both the online survey and the phone and in-person interviews was a lack of awareness of the available RML services and lack of awareness of network member responsibility. It was common to receive responses such as “Don’t know” when asked what a library had to do to be a network member; and “wasn’t aware” when asked about potential grants from the RML.

Respondents liked the DOCLINE support and training currently provided by the RML but did not see the RML as an organization to turn to for grants, assistance in electronic resource sharing, or setting an outreach agenda for the region based on a sound needs assessment.

- Online Survey – Results

The online survey was anonymous though options were given for respondents to receive follow-up email or phone contact with the offeror. There were a total of 21 respondents to the 5 question online survey.

Strengths/Weaknesses of the RML program

Respondents were asked to rate, on a 1-5 Likert scale, the strengths and weaknesses of the RML program on grants, training, conferences and DOCLINE support. According to the

respondents, the program was strongest in DOCLINE support and training; weakest in conferences and grants.

- Regional Expectations of the RML

In answer to the question “What do you expect the Regional Medical Library to do for you?”, the highest percentage of answers were to “provide training on NLM databases” (91%); the second highest was tied among three answers at 81% of the respondents: “hold conferences on topics of interest to me”, “connect me with others in the region who can help me” and “DOCLINE support”. “Tell me what’s going on at NLM” (76%) and “provide grants” (67%) were least expected of the RML by the librarians in the surveyed four state region.

When asked what they would like to see offered that is not currently offered, respondents asked for assistance in the provision of electronic information resources (RML as consortia purchaser) and integration of QuickDoc into DOCLINE or development of a similar product. Respondents also asked for services that are currently offered, though with requests for “more” or services in their geographic area: more conferences, especially for hospital librarians and training on NCBI databases (and a request for more of a presence in Upstate New York). For one respondent, RML services were a new concept: “I am not using any services presently (that I know of). We are a post secondary school teaching allied health programs. We are always looking for material and services we can offer our faculty and students.”

- NYU as RML

When asked if NYU would or would not be a good Regional Medical Library for Delaware, New Jersey, New York and Pennsylvania, close to half (43%) indicated that in their opinion, NYU would make a good RML for the region. In interviews, several librarians expressed a desire to see NYU as the Regional Medical Library because it is a library “that serves people in the healthcare industry” and that it is an academic health sciences library.

For 24%, they did not think it mattered who the RML was and the same number thought NYU would not make a good RML. Two of the respondents who thought NYU would not make a good RML provided an email address to contact them about their concerns. In follow-up, their concerns primarily centered on not wanting to see current RML staff lose their jobs.

As a result of our assessment process we developed a vision for the RML that emphasizes six core concepts: 1) full participation from network members; 2) strategic planning, assessment, and evaluation; 3) a strong emphasis on communication and marketing; 4) creating a highly efficient and responsive document delivery services program; 5) seeding permanent outreach partnerships within the communities; 6) responding to the service and technology needs of network member health sciences libraries. All of these together will create the Middle Atlantic Region health information community.

At present, Region 1 network consists of 821 Member Libraries, and 21 Resource Libraries. There are also 23 MLA Chapters or local consortia. (Delaware 1; NJ 7; NY 4; PA 11). The offeror proposes a Region of 23 Resource Libraries, including the Queens Public Library, which is nationally known for having the highest circulation and serving the most diverse county in the country. It employs a full time medical librarian and has partnered with MAR network members on health literacy and education projects. This proposal also includes five letters of support from hospital library consortia or MLA Chapters, and letters of support from the State Librarian of New York, the Deputy Secretary of Libraries of Pennsylvania, the Executive Director of the

Metropolitan Library Council of New York, and the Commissioner of Health of the City of New York. Letters of commitment and support are in Attachment E.

Part II. A. SERVICE PLAN: Network Infrastructure

A. 1. Information Access And Services To Health Professionals

“Developing and implementing a program designed to provide health professionals in all parts of the region with a basic level of information services which includes:

- a. Access to books, journal articles, and audiovisuals;**
- b. Access to online databases in the health sciences; and**
- c. Access to reference services.**

The RML shall establish agreements with network member libraries to provide these services to unaffiliated health professionals. For any areas where the RML is unable to establish such agreements, the RML will provide the service on a cost recovery basis.”

Achievement of the NN/LM goals to provide equal access to biomedical information depends on the establishment of a library and information network of such strength and quality that it permeates every locality served by a health professional, (whether affiliated with a hospital, service provider or community based organization) or an independent practitioner. Within the Middle Atlantic Region’s four states of Delaware, New Jersey, New York, Pennsylvania, that mission is supported by 821 NN/LM member libraries of the Middle Atlantic Region. However, only 240 of these libraries are registered in the NN/LM Members database as providing access to books and journals to health professionals, and only 421 are registered as providing access to the public. The offeror will work to increase the number of libraries serving all health professionals, regardless of status.

Approach and Methods

1. Assessment

As part of a nine-month strategic planning process, the planning team will reconsider a review of the basic membership requirements appropriate for Region 1. Using the definitions and requirements of member categories listed in Appendix 1 to the Statement of Work (Attachment 2) and the NLM Fact Sheet, “National Network Libraries of Medicine Membership Program”, the planning group will determine if these are adequate to the needs of today’s health sciences library community and recommend to NLM any changes they might consider in these definitions. *In the interim*, the RML will work with those Primary Access Libraries who might need additional help to meet the actual needs of health sciences libraries in the network and suggest strategies for improvement, e.g. joining EFTS, acquiring a scanner, upgrading technology, training, etc. These libraries will be identified through an annual telephone contact and assessment with every member library.

Exact information on numbers and types of unaffiliated health professionals and their access to health information in Region 1 is unknown. The Strategic Plan will identify and prioritize unaffiliated health professionals in Region 1 by groups. The RML will work in partnership with the appropriate professional associations or other groups to identify and survey members of those groups to determine their health information needs and status of such possible barriers to acquiring the information as timeliness, training needs, cost, technology availability. Appropriate survey instruments and methods will be developed in consultation with NLM’s National Center for Evaluation and Outreach, as well as other methods discussed in the literature. (1-4) Once

barriers are known, appropriate multi-site programs with clear outcomes evaluation components can be developed and reported.

2. Recruitment

The RML staff will, in partnership with Resource Libraries, health sciences library consortia and other library organizations:

1. Identify those libraries that are not yet members of the NN/LM.
2. Develop a MARS recruitment kit that explains the advantages and requirements of membership in NN/LM . See Attachment B.
3. Distribute the recruitment kit, inviting membership with a letter from the RML and a letter from the nearest Resource Library or other appropriate library neighbor.
4. RML staff will follow-up with phone calls to the librarian contact to answer any questions about membership, DOCLINE requirements etc., and help them manage the requirements for membership.
5. RML staff will notify the partner recruiter of the status of the response, and follow up annually if there has been no response.

The recruitment kit is based on standard NN/LM definitions of membership. There is no specific planning group for basic membership, but the RML staff hopes to identify a cadre of health sciences librarians who will serve as partners for recruiting and working with new members to answer basic questions about the RML. This group will be supplied with basic FAQs and a contact list for triaging likely questions. Each Resource Library Director has agreed to appoint one member of their staff as an RML Consultant as part of their Letter of Agreement.

3. RML responsibility

Communications and marketing will be a core project of the offeror's program. Through a formal communications and marketing program to be established by the RML office, the RML will ensure that all member libraries are aware of the NN/LM and NLM services and programs and that the RML, as a library, will provide services to unaffiliated health professionals through Loansome Doc and Ask-a-Librarian on a cost recovery basis.

The RML will include in its internal database of network members which libraries provide on-site access or Loansome Doc services to facilitate its responsibility to monitor compliance with the basic level of services for full and affiliate members as defined in the NLM Fact Sheet, National Network of Libraries of Medicine Membership Program and assist those who need additional support to reach required service levels. Appropriate data from this database will be uploaded to the DOCLINE Directory as needed.

A.2. Assessment of Health Sciences Libraries

Assessing and responding to the needs of health sciences libraries in order to support programs to improve the transfer of health care and biomedical information within their institutions and through their participation in the network. This includes promoting the use of relevant NLM services, e.g. LinkOut; testing new features of these services; and identifying the need for new or enhanced NLM services

For health sciences libraries, the first decade of the 21st century is a time of impending fundamental change and uncertainty. The healthcare system is undergoing stresses from economic pressures due to increasing costs, health insurance reimbursement problems, and changes in state and federal funding support formulas for Medicare and other long standing programs. Technological innovations in information science and healthcare raise public expectations for dramatic and immediate solutions to longstanding problems that belie the difficulty in funding and implementation on a national scale. Both Primary Access Libraries and

Resource Libraries are affected by these changes. Before plans can be made for improvements in delivery of healthcare information through the NN/LM network, it is essential to broadly assess the capabilities, commitment and concerns of member libraries. Assumptions based on experience from the last ten to fifteen years are no longer relevant.

Approach and Methods

The nine-month strategic planning process will address present and future needs of both Resource and Primary Access Libraries. The RAC will lead the effort in conceptualizing the questions and methods for discovery in the assessment process. A Region 1 Assessment Task Force will be created from interested RAC members and volunteers from the member and non-member or non-health sciences libraries if possible. It will be chaired by a RAC member, and coordinated by the RML Coordinator for Planning and Evaluation. Its focus will be on the NN/LM and NLM priorities, for example, technology capability, collection concerns, especially development of e-resource capability, training needs, and institutional commitment to and understanding of the critical value in providing access to information resources for its health professionals. It will also focus on delivery, use, implementation and enhancement of NLM services including LinkOut, Loansome Doc, MyNCBI, the NLM Gateway, etc. Questions about changes in the institutional framework within which librarians work will be critical as will the discovery of perceived barriers to appropriate service levels and expectations of the RML's role in reducing those barriers.

The assessment process will take into consideration the recent findings reported by the NN/LM Hospital Internet Task Force on information technology and related barriers for hospital librarians and the NLM Long Range Plan. (5-6). The information gathering process will involve structured interviews of Resource Library and PAL staff in focus groups held at already scheduled meetings of local MLA chapters and other consortia, as well as by telephone conference. The Task Force will conduct a health information environmental scan of the four states, and will also examine the AAHSL annual statistics and the local and regional hospital library benchmarking results to see if there are any unique Regional trends or particular characteristics that must be addressed. (7-8)

Based on these results, and the experience of other RMLs in assessing their members, the RML will create an online survey instrument to be distributed to the MAR network members, and those non-members that can be identified rapidly. Those who may not have Internet access will be sent a paper survey. Telephone follow-up will be activated if response rate is less than 30%.

Statistical composites and summaries, as well as illuminating library stories will be described in the Region's newsletter and on the website in more detail. Composite PAL and Resource Libraries will be articulated for the better visioning of RML staff, network participants and the RAC, in their planning efforts. The results of the survey will inform all planning and program activities of the RML, and identify those network members who can facilitate NN/LM outreach programs, as well as identify those network members who can be helped to advance through creative network support programs. Information on individual libraries regarding technology status, feedback on programs, requests for training or other help will all be added to the RML Contact Database.

A.3. National Emergency Preparedness Plan

Assisting NLM with the implementation of a National Emergency Preparedness Plan

The Ehrman Medical Library experienced the World Trade Center disaster at an immediate level, when it served as the first control center for the police and medical examiner's office in answering phone calls about missing persons. NYU is heavily involved in bioterrorism and disaster planning efforts through 2 major consortium grants from the Department of Justice,

Homeland Security: the establishment of a Catastrophe Preparedness and Response Center at NYU, and the creation of a Center for Health Information Preparedness (CHIP). Dr. Karen Brewer is a co-PI for the NYU-wide CHIP project and Marcus Banks, of the Ehrman Medical Library staff is a full time librarian who is on 75% funding as an Informationist on this grant. The purpose of the grant is to plan for and develop mobile, Internet based training in bioterrorism preparedness for first responders, including dentists. They are developing an information triage system with the NYC police and fire departments. A class in information resources for bioterrorism preparedness has been developed and presented through the library and to the Medical Center and to the College of Dentistry faculty and students. Ehrman librarians are participating in the research investigations of the Catastrophe Preparedness and Response Center centered in the Bellevue emergency department, on surge responses in sudden disasters of chemical, toxicological or other origins. We are thus aware of the impact and issues involved in major disasters, and are committed to assisting NLM with the implementation of its National Emergency Preparedness Plan.

Approach and Methods

As the Regional Medical Library for Region 1, the office will disseminate the plan as developed by NLM, communicate with Resource Library Directors and other key regional resources about the plan, and if required, recruit participants in strategic locations to be directly involved in implementing the plan according to NLM recommendations. The expertise and commitment of the NYU Health Sciences Libraries staff involved in this planning and training is at the disposal of NLM for its planning efforts as needed.

Schedule

The Associate Director for the RML will coordinate the Regional Emergency Planning preparedness effort. This person is best situated to be fully aware of all NLM efforts for Emergency Preparedness, as coordination of RML programs with the NLM is a primary responsibility. Awareness of federal emergency planning is very high within the Ehrman Library as the staff is participating on several NYU-wide emergency preparedness projects funded by the Department of Homeland Security. It is hoped that the Associate Director would thus be an active participant in developing and enhancing the NLM emergency planning process.

- 1) In response to the timetable and requirements of the National Library of Medicine, the offeror will communicate about the planning process in its regular communications to the Region 1 members, via the website, letters and other announcement mechanisms. Part of the communication process will be to identify those libraries and institutions that might want to be involved in implementation of the plan.
- 2) When the National Library of Medicine finalizes the plan, those self-identified libraries and any other key institutions will be contacted to be part of a MAR Disaster Planning Task Force.
- 3) The needs assessment survey for member libraries will identify those libraries with a disaster plan. This information will be added to the Contact database.
- 4) The offeror will be a conduit of the agreements and requirements of the National Library of Medicine for these regional libraries, and will participate fully in any efforts needed by the National Library of Medicine.

A.4. Identification of Collections of Historical and Unique Value

Assisting NLM with the development and implementation of a plan to identify collections of historical and unique materials related to the health sciences.

The Middle Atlantic Region includes some of the oldest medical colleges and hospitals in the United States, with the University of Pennsylvania founded in 1751, and Columbia in 1767. It is rich in collections of historical value, capped by the outstanding historical collections of the New York Academy of Medicine. The History of Health Sciences Section of the Medical Library Association lists 26 historical and archival collections amongst the institutions of the Middle Atlantic Region. In addition, there is an active group of medical archivists associated with these institutions.

Approach and Methods

The offeror will assist NLM with the development and implementation of a plan to identify these collections to determine what is of unique value for the purposes of shared preservation, possible digitization projects and scholarly research, and encourage activities that will ensure their preservation and use.

Because of the suspected richness of such collections in Region 1, it would be advisable to identify and encourage those libraries to take advantage of the current funding opportunities in digital library support to develop a consortial approach to archival preservation and digital library projects of value to the nation. For example, the New York State Library has in its 2005-06 budget \$500,000 in discretionary grant funding for preservation and conservation projects in New York. Therefore, in addition to participation in NLM's planning efforts, the offeror will:

- 1) Conduct a regional collection survey to identify members or potential members who believe they manage health sciences collections of historical and unique value.
- 2) Establish an ongoing Working Group of librarians and archivists who would, knowing the scope of these collections, discuss the possibilities for consortium grants for preservation and digital library projects. There is already an actively cooperating group of Medical Archivists in the Metropolitan New York area.
- 3) Identify members of the Working Group who would be available to answer questions and advise NLM or network members on questions of historical health sciences library materials, particularly in developing guidelines for smaller collections.
- 4) Consider enhancement funding for an OCLC collection overlap study for those libraries in the region that have significant collections of historical value.

Project achievements would be evaluated by outcomes: consequent increase in use as measured by requests for information from the collections; increase in requests for archival and digital project funding; the establishment of continuing cooperative agreements, joint conservation projects.

A.5. NN/LM Network Membership Program

Managing the NN/LM network membership program of the region. Membership in the NN/LM network is an integral part of the NN/LM program, serving to define the NN/LM library constituency (see Appendix 1). The network member libraries (Primary Access Libraries and Resource Libraries) and affiliate members are crucial to the operation of the NN/LM network, providing health professionals and consumers with access to needed information resources. Network membership is a way of recognizing the contributions of these libraries. The contractor shall:

- A.5.a. Recruit new network members and affiliates from eligible libraries in the region. Network membership certificates for the 2007-2012 [2006-2011] time period will be provided by NLM and be personalized and distributed by the RML**

Approach and Methods

The total NN/LM membership in the network is 821, with 477 (58%) of them full members and thus active DOCLINE participants. see - <http://www.dla.lib.de.us/>; <http://www.njla.org/>; <http://www.nyla.org/>; <http://www.palibraries.org/>.

Primary Access Libraries.

Working with partners through the RAC, Resource Libraries and local consortia, the RML staff will identify those libraries that are not yet members of the NN/LM. In the third year, the RML will promulgate a membership campaign based on the “each one, reach one” recruitment drive of the American Library Association. They will approach non-participating libraries on a personal level with a letter and “recruitment kit” that explains the advantages and requirements of membership in NN/LM. RML staff will follow-up with phone calls to the librarian contact to answer any questions about membership, DOCLINE requirements etc., and help them manage the requirements for membership. The goal of the offeror is to increase the number of PALs by 10% within the first two years.

Certificates of membership will be distributed in a timely fashion.

Affiliate Libraries

The number of affiliate network members in Region 1 is comparatively high at 344, but there are still public and academic libraries that would be increasingly important as collaborators in outreach programs or critical conduits in informing unaffiliated health professionals about how to access needed health sciences information not available within the community. There are a total of 1476 academic and public libraries in Region 1. Many healthcare workers are pursuing bachelors or advanced degrees in community colleges or other academic programs. These libraries should be natural partners with hospital libraries (PALs) to make sure that the healthcare worker has straightforward and convenient access to needed healthcare literature in both environments. The RML will encourage such partnerships.

The same recruitment process described above for Primary Access Libraries will be used to recruit additional affiliate members. The offeror proposes to increase membership in this category by 20% within the first two years. Special attention will be given to recruit all HBCU and Hispanic Serving Institutions and the Associate or Partner members of HIS.

A.5. b. Ensure full participation by member libraries and keeping both profile and holdings information up-to-date

Approach and Methods

A hospital survey will identify those libraries that are struggling with or no longer meet membership requirements. The RML staff will contact by telephone annually every member library to determine the accuracy of the Directory information and assesses their desire for help or consultation from the Network. Corrections in the Contact Database will be made and reminders will be sent to assure that members update their profile and holdings information for SERHOLD. Local consortia are the best means of ensuring compliance with membership requirements. The RML staff will train members of local consortia and Resource Libraries as “RML Consultants” who would be willing to answer questions from members and refer them to appropriate RML staff for questions.

The RML office will track the member profile information in the DOCUSER database, and retrieve them for review annually by state location. If needed, they will be referred to the RML Consultants for follow-up.

Although the RML will use and help maintain the DOCUSER database, it will also create its own member contact database for tracking staff contacts, training experiences, RML programs, e.g., exhibits; grant applications, key staff and other relevant information. It will also create an alert system to prompt regular contact through periodic phone calls and e-mails.

A.5.c. Work with the DOCLINE Team on DOCLINE system enhancement testing and implementation

Approach and Methods

The Ehrman Medical Library has a staff of 5.5 FTE dedicated to document delivery. Their dedication and service commitment was recognized with a NYU Medical Center service award in 2003. They have been known as early adopters of technology and have developed in concert with the Library Systems staff their own simple open source technology for facilitating scanning ILL delivery. This software, called SDDS (Simple Document Delivery System), has been adopted by two other institutions in the NY area for their interlibrary loan scanning delivery system. The Ehrman DDS staff will be outstanding “real world” testers of Docline system enhancements. The RML Network Services Coordinator will work with them as a key implementation site. Based on this experience the Coordinator will develop plans for further promotion and implementation with other appropriate sites within the region.

A.5.d. Actively involve network members in NN/LM infrastructure and outreach programs, including obtaining feedback on regional and NLM programs on a periodic basis

Approach and Methods

Encouraging increased network member involvement in the Region’s programs is at the heart of this proposal. Involvement comes from ownership and commitment. The framework of the offeror’s proposal is to have the Regional Advisory Committee be the policy and priority setting unit through the strategic planning process. Membership in the RAC is broad, including every Resource Library Director, the Committee Chairs, and members of the library and health policy community. Working Groups/Task Forces will be established to address needs of the Region or the NN/LM as they arise, e.g., the Disaster Preparedness Task Force, and the Working Group on Unique Collections of Historical Value. Because of its inclusive nature, the same network members who will be asked to implement and conduct the outreach programs will be the very individuals setting the program priorities.

Partnerships of network members in outreach programs will be determined by the prioritized special target populations that will be identified through the RAC assessment. The MAR strategic plan will articulate roles for all types of network members in its programs, and will extend the opportunity for all who wish to participate through the series of funded outreach, library improvement grants, microawards and technology upgrades described in Section B. Often, the most effective partnerships are the most local. The RML staff will identify local library consortia to recruit their support and involvement in training and referral of problems and issues with the region via the “RML Consultant” concept.

Communication is the *sine qua non* for a successful distributed partnership organization. The MAR staffing plan includes a full time Coordinator for Outreach and Communications who will have responsibility for a coordinated approach to communications within the Region. The goal will be to ensure that every network member is aware of the mission and goals of the NN/LM, the

design and structure of the Middle Atlantic Region, the strategic plan to accomplish those goals and specific progress, accomplishment and events that testify to the achievement of those goals.

The RML staff will develop and maintain a lively website, which encourages threaded discussions, mounts small monthly surveys for instant feedback, invites members to comment, and includes a staff blog and RSS feeds to bring news of NLM. The website will be as interactive (and fun) as possible, to establish the sense of a single community within the entire Region, and the purpose of that community, (the mission and goals of the NN/LM) will be continuously presented in every marketing format possible.

In addition to the website, the newsletter will include articles and publicity about the grants and programs they support. Every network member will be informed in these articles about these projects and their relevance to their mission in their own environment. The RML staff will exhibit or encourage partners to exhibit at state and local meetings to remind network members of the larger purpose of the organization. Other communications methods will be used, including a 1-800 number and e-mail listservs.

Feedback will be solicited through all these mechanisms. Focus groups at local meetings, surveys, telephone interviews during the annual database update, and open comment areas through the website. This process will result in information useful to the RML staff to improve and refine its programs, to the RAC for policy and planning considerations and to NLM for input to their programs and services.

A.6. Document Delivery Services

Implementing that portion of the Regional Services Plan concerned with document delivery in order to provide health professionals including unaffiliated health professionals throughout the region with efficient, rapid access to health sciences information resources. The plan for the region shall conform to the NN/LM Document Delivery Plan (Appendix 2)

The single most important perceived identity of the RML program in the offeror's Region 1 surveys and interviews was the Document Delivery program. It was the originating core of the NN/LM and still forms its primary purpose. Yet, our assessment revealed a strong sentiment that there needs to be some consideration of the patterns and requirements of document delivery in the context of electronic resources and the wish for a nationalized DOCLINE system that makes geography much less relevant for throughput and actual document delivery. We also discovered a robust "hidden network" of consortial and other "free" document delivery programs. For instance, after the Medical Library Center of New York closed, a local New York consortium invited non-affiliated libraries to join them, forming the BQSIMB (Brooklyn Queens Staten Island Manhattan Bronx) Consortium for reciprocal no-charge resource sharing.

Approach and Methods

The offeror will implement the Region 1 Document Delivery Plan in accordance with NLM's stated plan in Appendix 2 to the Statement of Work. A full time Coordinator for Network Services will be hired, with the responsibility to oversee the interlibrary loan and document delivery programs of the Middle Atlantic Region and ensure compliance with the needs of NLM's stated plan. The Coordinator will attend all DOCLINE and related training sessions at NLM and be the primary trainer and consultant on DOCLINE, SERHOLD updating, and related issues for the regions. The Coordinator will also train at least one other RML staff member as a qualified back up to answer inquiries from PALs and health professionals about basic network interlibrary loan services.

In FY 2003/04, the Ehrman Medical Library filled 8,789 requests and requested 7,547 items. The DDS staff of 5.5 FTE fills all requests within 24 hours of receipt. With the assistance of the Ehrman Medical Library's Systems staff, they developed their own Ariel-like scanning and document delivery system, called Simple Document Delivery System, and made it available to the community as an open source system. The Ehrman library systems staff developed the initial version of the software seven years ago and has enhanced it to keep abreast of Docline improvements. It is functional, costs very little and was clearly the most useful system available at the time. It still serves our library well, and integrates with other library systems. As a courtesy to our colleagues, we have made it available as shareware. It is mentioned as an example of the technology innovativeness of our staff in development of technical solutions to library problems where no suitable technologies are available through normal sources; it is not the intention of the offeror to market it as a product of the RML or the NNLM. The Coordinator for Network Services will be expected to participate in the work of this department at least five hours a month, so that the real-life experiences of a busy medical interlibrary loan department will inform the work at all times.

In addition, the offeror will establish a region-wide Resource Sharing Committee to evaluate interlibrary loan quality assurance from a regional perspective, to encourage greater participation in EFTS, and to develop test beds for new technologies and systems, examine new ideas for more efficient and rapid service to both affiliated and unaffiliated health professionals, and help develop a strategy to provide for document delivery in a regional or national disaster. The Resource Sharing Committee will develop a combination of focused questions and a survey to find out from regional members if they are satisfied with the MAR document delivery system, if they can identify emerging issues with technology access, electronic publishing or other concerns that might affect their ability now or in the future to provide good document delivery service. In addition to the standard NN/LM metrics of fill rate, turnaround time, use of EFTS, the committee will try to identify innovative practices used by local consortia, and libraries in other regions. The evaluation will be informal and formal, conducted by the RML staff and will be an ongoing part of their responsibilities.

Any recommendations developed as a result of this process will be submitted to NLM for their consideration, and if desirable, demonstrated through subcontracts within the region. The Network Services Coordinator will be an ex officio member of this committee.

The offeror will identify and describe, with the approval of the participants, the "hidden network" and encourage growth of local consortia to consider new resource sharing possibilities, while still using DOCLINE as the means of request.

The offeror will create a strong, integrated system of network support from the Resource Sharing Committee, the Network Services Coordinator with back up from the remaining RML staff, and the Document Delivery Services staff of the Ehrman Medical Library. Such a team approach will ensure that within the Middle Atlantic Region the Resource Libraries and PALs will:

- a) Coordinate the contribution, review, and maintenance of serial holdings data to the DOCLINE Serial Holdings database in a manner that is timely, efficient, and accurate**
- b) Develop efficient and cost effective processes for requesting, referring and delivering items from network library collections through the DOCLINE system.**
- c) Provide standardized policies and procedures to assure appropriate regional consistency within the national network,**

- d) Investigate and test new methods of interlibrary lending which use existing or new technologies, specifically focusing on Internet-accessible systems for delivery**
- e) Encourage and support interoperability with other interlibrary loan networks**
- f) Encourage and promote the use of EFTS throughout the NN/LM**
- g) Facilitate and promote electronic document delivery with a goal of increasing electronic delivery in the network.**
- h) Provide guidance on managing e-journal subscriptions related to ILL and document delivery privileges**
- i) Develop a network strategy to provide document delivery and access to collections in the event of a regional or national disaster**

Responsibilities

The offeror recognizes that all SERHOLD participants must accurately report and systematically maintain accurate holdings on at least an annual basis within the DOCLINE Serial Holdings database using either (1) direct online input of data (the preferred method) or (2) global batch updating in OCLC MARC format and other national or international standards that may be supported by DOCLINE in the future.

SERHOLD participation is a vital part of the NN/LM document delivery system. The Network Services Coordinator will develop expertise in SERHOLD issues and aid in coordinating any problems with the appropriate staff of NLM. During the annual phone contact process, staff will ask if there are any questions or concerns with SERHOLD updating. If needed, web conferencing training sessions can be established.

The Technology Coordinator will also aid in addressing issues of electronic submission for electronic holdings with NLM staff for those libraries seeking ways to batch load data into the system.

All libraries in the network have responsibilities to process interlibrary loan requests from other institutions to the extent of their ability. Affiliated health professionals will have access through the nearest network library with which they are affiliated; non-affiliated health professionals will be referred to a participating Loansome Doc Library or will be served directly by the Ehrman Library as the RML.

1. Requesting Patterns via DOCLINE

The offeror, through its staff and the Resource Sharing Committee will make it clear to all participating network members that DOCLINE is the preferred interlibrary loan system in the NN/LM, and requires submission and maintenance of serials holdings in the DOCLINE SERHOLD system, and that participants are expected to review and update routing tables, to lend items to requestors, and to logon to the system at least daily.

These requesting patterns will be explained on all communications about network membership, on the website and in various marketing reminders of the staff. Short training modules that can be used by local consortia and the RML Consultants to introduce the patterns to new participants or staff members will be developed or borrowed from other RMLs. They will also be mounted on the RML website.

2. Requesting Patterns for non-DOCLINE Requests

For non-DOCLINE requests, network members are encouraged to use local resources first, and then if not located in a nearby library to go to the RML or outside the region. Training and statements on these procedures will be made available on the website and in supporting documentation that can be used by RML Consultants and consortia.

3. Charges

For DOCLINE filled requests, Resource Libraries and the RML in Region 1 will abide by the standard maximum charge policy as described in “NLM’s Revised Policy on the National Maximum Charge dated February 23, 2004”, and “Procedures for Increasing ILL Charges Above the National Maximum Charge”. It is understood that non-DOCLINE request charges are not subject to these requirements and may be determined by the filling library.

4. Performance Data

The DOCLINE Performance Data provide an invaluable tool for every network member to assess its own performance within the system. In addition, the data will provide the Network Services Coordinator and the regional Resource Sharing Committee with the tools to evaluate the robustness of the system with in the entire region. Analysis of a library’s ability to conform with the 75% fill rate, various average throughput times, or comparative workloads will provide a useful picture of the possible needs for training, better technologies and other considerations for the libraries in the region.

The Network

The offeror as Regional Medical Library will

- a. Assist Network members in the region to obtain and/or maintain an adequate technical environment for DOCLINE use;
- b. Educate libraries through FAQs, training and/or meetings on the effective use of DOCLINE, Loansome Doc, and other NLM products related to interlibrary loan or document delivery, including PubMed, LinkOut, and LocatorPlus;
- c. Provide DOCLINE support to all member libraries in the region via telephone or email, ensuring that DOCLINE coordinators or trained back-up coordinators are available to answer questions from sub-coordinators, Resource Libraries, and Primary Access Libraries and referring to NLM only questions which cannot be answered by the Regional DOCLINE Coordinator, the back-up to the Regional DOCLINE Coordinator, or the RML;
- d. Provide one regional point of contact that is responsible for receiving training from NLM providing feedback to NLM, attend monthly DOCLINE/NLM teleconferences; other coordinators within the region will be trained by the regional point of contact;
- e. Assure that regional coordinators and their back-ups keep apprised of current developments in the DOCLINE system. Coordinators and back-ups should monitor DOCLINE-L, contacting users and answering questions when appropriate, participate in monthly teleconferences, and attend all DOCLINE meetings at MLA as well as other regional meetings;

- f. Encourage libraries to add their holdings to the Serial Holdings module upon becoming a DOCLINE member and ensuring that any library that adds holdings becomes a full DOCLINE member within a month or two of doing so;
- g. Assure that appropriate, timely training is provided to Resource Libraries and Primary Access Libraries so that they can accurately contribute, review, and maintain their holdings within DOCLINE;
- h. Assume primary responsibility for currency and accuracy of information in the Institutions and Serial Holdings modules for all DOCLINE libraries in the region;
- i. Coordinate the contribution, review, and maintenance of regional DOCLINE Serial Holdings data, encouraging the use of online updating for all libraries and the use of SERHOLD to OCLC batch update for those libraries that have holdings in both DOCLINE and OCLC; ensure that libraries that use batch update to add/update DOCLINE holdings rectify reported errors within DOCLINE within 30 days of the batch update. Upgrading all Level 2 holdings created by NLM's Title Change program to Level 3 within 60 days;
- j. Assist libraries in finding other libraries or sub-coordinators who are willing to maintain holdings for a library that is unable to update its own holdings;
- k. Assign and modify update rights for SERHOLD sub-coordinators in their region;
- l. Merge holdings for libraries that absorb collections of libraries that no longer exist and deleting holdings for libraries that close and do not merge their collection with that of another DOCLINE library;
- m. Test DOCLINE and Loansome Doc changes and provide feedback to NLM on any changes; update tutorials and any help documentation as necessary;
- n. Promote the use of electronic delivery for sending and receiving documents via DOCLINE;
- o. Provide document delivery service to at least some portion of health professionals or the public via Loansome Doc or other NLM supported product;
- p. Support international users of DOCLINE and Loansome Doc by providing services directly or by identifying other libraries willing to provide service; information about how to obtain service will be clear and easy to find on the web;
- q. Provide guidance on what information to put in the Institution's module that would enhance the document delivery performance of network libraries. For example, inputting correct citation information, using appropriate routing instructions, and maintaining suitable routing tables;
- r. Provide guidance and support for the implementation of new initiatives;
- s. Promote NLM's new initiatives such as free access to electronic journals (FEAT) in regional newsletters and email discussion lists;

t. Participate in the Electronic Fund Transfer System (EFTS) through the University of Connecticut Health Center.

Region 1 Resource Libraries will be responsible for

- a. Providing interlibrary loan and document delivery service in accordance with network policies and procedures, to a specific sub-regional area or to a larger geographic area as a specialized resource; filling requests for other NN/LM libraries at a total charge not exceed the current network maximum;
- b. Contributing, reviewing and maintaining its institutions holdings data in DOCLINE at least annually. Upgrading all Level 2 holdings created by NLM's Title Change program to Level 3 within 60 days. If batch update is used to add/update DOCLINE holdings, rectify reported errors with DOCLINE within 30 days of the batch update;
- c. Participating in DOCLINE and providing document delivery service to unaffiliated health professionals and public users via Loansome Doc or other NLM supported product;
- d. Keeping Institutional records accurate and complete.

Region 1 Primary Access Libraries (PALs) are hospital or other network libraries that serve as the basic first level point of access to the NN/LM for health professionals. They will be encouraged to develop adequate resources to respond to their users' basic information needs and to cooperate with other local libraries to share resources among themselves before sending requests to Resource Libraries. They are, to the extent possible, responsible for:

- a. Contributing, reviewing, and maintaining their institution's holdings data in DOCLINE at least annually. Upgrading all Level 2 holdings created by NLM's Title Change program to Level 3 within 60 days. If batch update is used to add/update DOCLINE holdings, rectify reported errors within DOCLINE within 30 days of the batch update;
- b. Participating in DOCLINE and providing document delivery service to its affiliated users and others as possible via Loansome Doc or other NLM supported product;
- c. Keeping Institution records accurate and complete.

A.7. Resource Libraries

Entering into formal agreements with a limited number of institutions in the region to serve as Resource Libraries:

- a. Criteria for selection of Resource Libraries will be proposed by the offeror and may include, but are not limited to:**
 - (1) Quality and size of collection, or uniqueness of materials in the collection which add significantly to the resources of the region**
 - (2) Special expertise which contributes to improving regional or national programs, in areas such as distance learning, advanced applications of technology to solving information delivery problems, digitization of information, library and information research, etc.**

Approach and Methods

The large 27 health sciences academic, society, and special medical libraries of Region 1 constitute the pool of possible Resource Libraries. They are all of quality and size of collection to comprise a significant resource for the region in depth of collection and staff knowledge. Several

have special attributes, such as collections of historical or unique value, for example the cancer center libraries of Memorial Sloan Kettering and Roswell Park, and the historical collections of the New York Academy of Medicine and the Philadelphia College of Physicians. All of the existing resource libraries and the non-participating candidates have been invited to become Resource Libraries if they are willing to meet the requirements established by the offeror. These are the requirements listed in section 7.b. below and additional requirements as listed in section 7.c.

- A.7.b. The following responsibilities must be met by all Resource Libraries and the RML;**
- (1) Agreeing to participate fully in the DOCLINE system and keep detailed library profile information in the system up-to-date;**
 - (2) Agreeing to contribute their institution's serial holdings data to DOCLINE and submit annual updates of holdings information to the NLM or keep holdings; current by updating them online;**
 - (3) Agreeing to provide health professionals and other network libraries with access to journal articles, books and audiovisuals via interlibrary lending mechanisms at a charge per filled request which is in accordance with network policy (Appendix 5: National Maximum Interlibrary Loan Charge). This includes negotiation of the ability to provide interlibrary loan from electronic journals to the extent possible;**
 - (4) Adhering to network performance standards for fill rate and throughput for interlibrary loan service.**

Approach and Methods

All Resource Libraries in Region 1 will be required in their letter of agreement to specify compliance with each of the four requirements listed above: agreeing to fully participate in the DOCLINE system, keeping detailed profile information, contributing their serial holdings to DOCLINE and regularly updating them either annually in a batch mode or by current manual updates, and lending or copying materials for other libraries at a charge per filled request that is in accordance with network policy (Appendix 5 to the Statement of Work), and adhering to network standards for fill rate and throughput. Compliance with these agreements will be monitored by the Coordinator for Network Services using NLM supplied DOCLINE performance data.

A.7.c. The following responsibilities for Resource libraries may be negotiated with the RML:

- (1) Agreeing to provide unaffiliated health professionals within a designated area, with access to document delivery services including fair use copies of electronic materials to the extent possible;**
- (2) Agreeing to participate in the implementation of health professional outreach programs;**
- (3) Agreeing to participate in the implementation of outreach programs to improve the public's access to electronic health information;**
- (4) Other Resource Library responsibilities which may be proposed by the RML.**

Approach and Methods

In addition to the required elements in A.7.b, each Resource Library will be required to:

- 1) Participate in the EFTS program through the University of Connecticut;
- 2) Participate in the planning and assessment activities of Region 1 through Library Director membership on the RAC (Regional Advisory Committee) and through staff participation on at least one Regional Standing Committee;
- 3) Designate staff to participate in exhibits on behalf of NLM at national, state and local meetings if requested;
- 4) Allow use of their computer training facility for regional training programs if requested;

- 5) Designate a staff member to be an “RML Consultant” to answer questions from affiliate or Primary Access Libraries about RML services, or to direct the questions to an appropriate RML staff member.
- 6) Serve as a conduit of information on health information related activities and programs, training opportunities with their community service area for the region by communicating to the RML office for listing on the website, in the newsletter, e-mail alerts or other appropriate venues.
- 7) Offer training to libraries and community-based organizations within their area on a) PubMed, MedlinePlus, and other specialized databases, and b) Finding and evaluating health information resources on the web.

They will be asked to participate in outreach programs for both health professionals and the public through the RAC and strategic planning and assessment phases, and through the implementation phase based on awards as well as training and promotional activities.

They will be strongly encouraged to participate in the Loansome Doc program for unaffiliated health professionals.

A. 8. Facilitation of EFTS Participation

Identifying and collaborating with resource libraries that are not Electronic Funds Transfer System (EFTS) participants to facilitate their participation

Approach and Methods

It will be a requirement of participation in the NN/LM at the Resource Library level for Region 1 to be a member of the Electronic Funds Transfer System (EFTS). Only those libraries that are now enrolled in EFTS will be asked to participate in the region at a Resource Library Level. If a library wishes to be a Resource Library but is not currently an EFTS participant, they must agree to enroll in the program within 3 months of the beginning of the new contract. The Queens Public Library, as the newest Resource Library in the Region, has agreed to this policy.

Schedule

Determination of EFTS participation will occur during contract proposal. The offeror will ensure that letters of support state current participation or agreement to participate within the first 3 months of the new contract.

A.9. Communications Program

Establish and maintain channels for effective communication with current and potential NN/LM participants, other RMLs, NLM, and other state and multi-type library networks within the region. All print and electronic communication will include acknowledgement of NLM funding and the NN/LM Logo using the National Network of Libraries of Medicine Graphic Standards dated July, 1992.

The basic operational philosophy of the offeror is one of partnership and joint participation. Recreating an active, enthusiastic and involved Region 1 will require extensive communication to all levels of participants: end users (health professionals and consumers, community based organizations, state libraries and related multi-type library organizations, consortia and individual biomedical and hospital libraries).

The first step in accomplishing these objectives will be to send a letter to all existing network members. This letter will serve to remind them of the basic vision and goals of the NN/LM, explain our vision for the RML, encourage them to become partners in achieving the vision, and invite them to participate in the RML planning and assessment process.

The Coordinator for Outreach and Communications will develop and articulate a formal Communications Plan that will include methods for communicating with the broader community, e.g. press releases, special memos, e-mails, etc., and creative methods for promoting the MAR and its services to network members. The plan will also include strategies for feedback to all elements of the NN/LM. The mission of the Plan will be to create a perceptible representation of the MAR as a health information community.

Communication shall include:

A.9.a. Publication and distribution of an electronic newsletter to communicate important information about regional and national programs, policies, and procedures to current participants in the region.

Approach and Methods

The newsletter will be published quarterly and contain information about regional programs and libraries' activities, NLM announcements and policies of relevance, abstracts and summaries of outreach programs and other grant funded activities of network members, funding opportunities, Working Group status reports, learning opportunities by location, web links and publications of note. It will be the archival record of Region 1 activities for the network members and interested affiliates. Distribution of this newsletter will be announced to members through their e-mail via the listserv. The display will be hosted on the RML website.

In addition, there will be a 1-2 page biweekly report of updates and news of RML activities and other critical announcements. This will be distributed as an e-mail directly over the listserv. Its purpose is to be the source of immediate and important announcements, and to remind NN/LM members of the continuity of the network. This method has been adopted by the Ehrman Library for news distribution within its Medical Center Community of 10,000 employees with great success. It is read and responded to.

A.9.b. Establishing and maintaining a regional LISTSERV for sharing information with network members, other partner organizations, and health professionals.

Approach and Methods

The Ehrman Library has administered several listservs in the past, including one for an MLA special interest group and a local medical library director's group. It currently uses Mailman software. The listserv communications will be archived and retrievable through the MAR website. In addition to the overall listserv, each committee, working group or task force, e.g. interlibrary loan staff; outreach and consumer health, evaluation, etc. will have its own listserv. The offeror will host at no cost listservs for any library consortium or health information group within the four state region on request.

Every network member will be automatically subscribed to the RML listserv, as will multiple individuals within each member library on request. Health professionals, members of partner organizations and others may subscribe on request. To maximize impact of RML electronic communications, we will build relationships with other library or health professional groups to add announcements to their restricted e-mail lists. For example, NJUpdates goes to New Jersey public librarians and is controlled by the New Jersey State Library, we might want to prepare a special notification of training opportunities to that list.

A.9.c. Developing and maintaining a regional Web site as an integral component of the NN/LM Web site.

Approach and Methods

The Ehrman Medical Library has a long history of expertise in website management. Its Digital Library (website) was created in 1995. It has now become the primary means of library use within the medical center, with 61% of the 10,000 member NYU medical center community using it weekly or daily. The website is currently managed on a SunFire V120 Solaris 5.9 server and is powered dynamically through a ColdFusion database running on a Sun Netra T1 Solaris 5.9 server. ColdFusion will be the support product for the website until standards or product availability changes. In addition to the Ehrman Digital Library, (<http://library.med.nyu.edu>), the Library maintains 3 branch sites and 3 consumer health sites. (<http://pfrc.med.nyu.edu>).

The Region 1 website should be the primary portal to the RML and its programs, and to health information for the public and unaffiliated health professionals. As such it should provide information for three audiences: network members, health professionals seeking information and resource support, and the public seeking health information. The goal of the site should be to satisfy every inquiry within 1-3 clicks. Maps and graphics will be used to enhance the site, but since its primary purpose is to communicate, clutter will be kept to a minimum. New communication technologies will be investigated and used as demonstration projects where appropriate. Threaded discussions, streaming video for ipodcasts for conference and distance learning through groupware such as Breeze will be used and tested for acceptance, effectiveness and adaptability. The web site will interdigitate and comply with the design and system requirements developed by the NN/LM Web Services, Technology and Operations Center.

Content for network members will feature NN/LM programs, staff contacts, DOCLINE requirements, basic description of the Middle Atlantic Region structure and organization, a copy of the offeror's NLM Technical Proposal, and quarterly reports, newsletters, listserv access and news and announcements. There will be brief but running surveys every month to solicit feedback on various topics, such as plans and priorities for instructional programs, evaluation of the website or newsletter, etc. Content in support of libraries will include staff directories, directories of libraries, library and health information agencies, health consumer community groups, training materials and Fact Sheets, FAQs, appropriate and quality selected links to NLM, the Medical Library Association, state and local consortia. Announcements of upcoming meetings, educational opportunities and grant and funding opportunities will be featured. Profiles of member libraries and variously funded projects will be available and access to member libraries homepages, newsletters and other links will be easy to find. The overall goal of this section will be to provide MAR members with a sense of their community and their region and the support available to them from the NN/LM, NLM, the RML and the Resource Libraries and other colleagues.

Content for Health Professionals and Consumers will emphasize access to medical information and where to find it not only virtually but the nearest library that participates in NN/LM programs, which may be a public or academic library. Explanations of Loansome Doc services, and how to access local health information services and databases, e.g., NOAH, HealthyNJ, Philly Health Info, MedlinePlus, PubMed and PubMed Central for open access journal articles will be explained. The Ehrman website database of free biomedical journal title links, developed for its Alumni Digital Library project will be used, along with NLM's FEAT information, as a source for free online medical information in addition to PubMedCentral and other Open Access repositories. Those libraries willing to provide reference service to the public and unaffiliated health professionals will be featured.

A.9.d. Producing fact sheets, articles, FAQs, etc., to keep librarians, health professionals and consumers up-to-date about services provided by the RML and topics and issues of current interest in the provision of health information. These documents should be published on, or linked from, a central server. Development of these materials should be coordinated with other RMLs and NLM to avoid duplication of effort.

Approach and Methods

Region 1 staff will develop multiple series of publications aimed at librarians, health professionals and consumers in the Middle Atlantic Region. All will be archived on the RML website, and will be developed within the context of NLM and other regional programs. These will be housed on the RML web server ColdFusion database for dynamic updating. These publications will market basic NLM and NN/LM services, and will also respond to new or changing programs within the system. They will be used at exhibits, during training and distributed to member libraries for their use within their communities. An example is a brochure for unaffiliated health professionals and consumer groups to explain the MAR and its programs.

Development of these materials will be the responsibility of the appropriate RML staff in response to requests and observed need, but will be supervised by the Coordinator for Outreach and Communications.

A.9.e. Participating in monthly teleconferences with NLM and the other RMLs to discuss topics of importance in the overall management of the NN/LM program.

Approach and Methods

The offeror will ensure dedicated time and technology to participate in monthly teleconferences as required.

A.9.f. Developing working relationships with other networks and relevant organizations by identifying common program interests and goals, working to develop regular lines of communication and developing appropriate cooperative programs.

Approach and Methods

Within this proposal, the development of strong working partnerships with community organizations and other library networks is a core activity. Strong connections need to be made with hospital library consortia, State Libraries and multi-type library organizations to find overlapping program and mission goals, and then ways to enhance those missions and goals together. A start has been made through the initial needs assessment performed for the offeror's proposal. The initial discussions about our plan for the region have resulted in the enthusiastic support from hospital librarians, consortia and MLA Chapters in New Jersey, Pennsylvania and New York. Perhaps most exciting is the initiative with Queens Public library, which has an outstanding health information outreach program, to become a Resource Library. Creating opportunities for joint consumer health programs like MedlinePlus Go Local and cooperative reference and referral programs between hospital consortia and public or academic libraries will be a high priority. Also, with health professionals, contacts to state professional associations and state and local health departments will determine possible projects for health information access, continuing education training in evidence based information techniques, and joint outreach programs for the public. The offeror will identify possible partners in each of the 4 states, and will solicit local health sciences library consortia and resource libraries to see if they would like

to participate in programs with health professionals and public and academic libraries. If there is interest, the RML will nurture and seed these projects, with a goal to making the relationships continue beyond initial RML support. These strategies will be addressed in the RAC strategic planning process.

A.9.g. Informing NLM about regional, state and local activities of health professionals and health sciences libraries, networks, and to other organizations as they relate to the programs of the NN/LM, NLM and the national information infrastructure.

Approach and Methods

The offeror will actively track the activities of health organizations and health sciences library organizations as they relate to the programs of NN/LM through attendance at meetings, regular surveillance of websites, newsletters and publications. In addition, Resource Libraries are required to act as a conduit for information about community activities of interest to the region. Regular and frequent contacts through phone calls and e-mail should elicit informational training and educational programs, outreach programs, and other related NN/LM activities. Such information will be structured and metatagged and entered into the Region 1 Community Database for use of members and participants in the region as well as to report to NN/LM. Significant information will be gathered and presented on the website and in newsletters and in the regular reporting mechanisms (written reports, teleconferences and scheduled meetings) to NLM. Anything of immediate importance will be reported directly to the NN/LM office for their information. The database will become a tool for “trend spotting” within the region on items of importance and concern to the NN/LM and its programs.

A.9.h. Assisting in the identification of training resources to be added to the National Training Center and Clearinghouse database

Approach and Methods

The NTCC is a clearinghouse of educational materials and offerings from the NN/LM. The offeror will develop a database of regional training and educational offerings sponsored not only by the RML, but also by libraries, consortia, state organizations and professional societies. The MAR regional training database is envisioned as a calendar and description of locally offered educational opportunities from a wide variety of library and professional associations, community groups and educational institutions, including online training. Feedback on their usefulness to health sciences librarians will also be included. Since this database will include events developed by the RML, course materials that fit the NTCC listing qualifications will be submitted from the database to the NTCC. The establishment of this database was a member request identified through the pre-proposal needs assessment.

This database will supply the website with the ongoing training opportunities listing and can thus be used to supply the National Training Center and Clearinghouse database as well. All course developers sponsored by RML sub-contracts will be required to allow their materials to be added to the NTCC database for use of the NN/LM program at large. The suggestion for this database came from a Network member as a result of the preliminary needs assessment.

A.9.i. Participating/testing/using other methods of communication, such as videoconferencing, computer conferencing

Approach and Methods

The offeror will participate in video conferencing. The NYU Medical Center uses video conferencing regularly and the library has sponsored three MLA videoconferences at no charge to

area librarians. There is support staff within the medical center, but in addition, the library itself has a 6 FTE systems staff that is interested in using new technologies for communication. Using Breeze for distributed training is a key part of this proposal. Committee and Task Force meetings will take place almost entirely through Breeze software.

A.9.j. Attending annual RML Directors meetings and mid-year RML Directors meetings.

Approach and Methods

The RML Director and Associate Director will attend all RML meetings. Where budget impact is light (meetings held at the Medical Library Association Annual Meeting), additional RML staff will be asked to attend for their own learning and staff development experiences.

A.10. Regional Advisory Committee

Developing and implementing a mechanism for selecting a Regional Advisory Committee (RAC). The RAC must include health professionals and health sciences librarians from hospital libraries and other large and small medical libraries within the region. The RAC should also include representatives of state library agencies, public and school libraries, health information consumer groups, special populations, as well as representatives of community organizations with which the RML has partnerships. The RAC need not be structured as a single body, nor is it necessary for it to meet in a physical location, as long as mechanisms are developed which enable the RAC to function effectively. Responsibilities of the RAC include:

A.10.a. Advising the RML on appropriate mechanisms within the framework of the NN/LM contract for developing and implementing programs to improve health professionals' and consumers' access to bio medical information.

A.10.b. Advising the RML in establishing regional priorities, policies and procedures, including the development and implementation of a regional emergency preparedness plan

A.10.c. Conducting review and evaluation of RML programs in the region at the end of years 2 and 4

A.10.d. Developing plans to encourage health professionals and health sciences librarians to participate actively in regional and national programs affecting the delivery of health information

A.10.e. Assisting the RML in identifying health professionals without access to health information and recommending ways to assist them through NN/LM programs

Approach and Methods

The offeror is presenting a structural framework for the Middle Atlantic Region that will put the Regional Advisory Committee (RAC) in a leadership position. The RAC will include each Resource Library Director, each chair of the four standing committees, hospital library consortia members, representatives of state library agencies, and members of community and faith based organizations. The primary purpose of the RAC will be to establish programs and priorities through a RML Strategic Plan and to oversee the implementation of the plan, with particular attention to strengthening the long-term effects of information outreach programs. The RAC will

conduct the strategic planning process, under the guidance of the RML Coordinator for Planning and Evaluation, and will approve recommendations from the standing committees. The RML Director will serve as the RAC Chair.

The RML staff is responsible for implementation, administration, management, and evaluation for the MAR and its programs according to NN/LM requirements and agreements. The RAC is responsible for planning and setting priorities. Much of the implementation of particular outreach and training programs will be accomplished through the awards/subcontract process by librarians and others within the region. The RML staff will work throughout the planning process to ensure that the planning process is informed by and complies to the NN/LM mission and goals, and can be accomplished within the parameters of the offerors contract.

The original needs assessment, including personal conversations with every existing and potential Resource Library Director, and many hospital librarians revealed an eagerness for MAR members to expand their role in the MAR region, as long as it was consistent with their own outreach missions and needs. The principle strategy of the offerors proposal is to create a fully participatory region where outreach is accomplished by the members of the region. This could only work if the participants have a strong voice in planning and setting regional priorities. The RAC will provide the forum for more hospital librarians, resource libraries and other participants to articulate their needs and understand the requirements and opportunities of the NN/LM program, and for setting the MAR program priorities.

Selection Criteria

To identify possible RAC members from these constituencies, the RML Director will use the Internal Advisory Board, which is very knowledgeable about individuals in their fields beyond local borders; state libraries, and Resource Library Directors who have excellent contacts in their areas. It is critical to have solid multi-state representation from this group. Those individuals most likely to serve would be those who see strong relevance of the MAR to the goals of their own work. "Figurehead" appointments will not be useful.

Workload should not be unreasonable. The expectation for members is to attend two meetings a year, and to participate in planning exercises by e-mail, e.g. Delphi process or an occasional phone call soliciting opinion from focused questions. The RML staff will be responsible for support to the RAC. The RAC is the planning and priority setting group, not the implementation group.

As the strategic planning body for Region 1, the Middle Atlantic RAC will complete an environmental scan of the region's health sciences libraries, organizations and outreach programs, and consumer health information programs sponsored by other groups, and identify the special populations, and state health disparities of concern. The scan will also include surveillance of the literature, including regular searching of the state and NYC health department websites; the establishment of contacts with a variety of public libraries, especially the multi-type cooperatives and state libraries, suggestions from the RML Internal Advisory Group, use of the community contact database for regular mailings and communications, and most especially constant contact with MAR members, who know their own localities and possibilities. Recent experience has taught us that unforeseen events (9/11; Katrina) will require reaction and adjustment to any priorities developed in a strategic plan. Ongoing environmental scanning will be part of the RML, RAC and Committee responsibilities throughout all years of the contract. Within the context of Healthy People 2010, and the published health priorities of the states, they will then develop two plans (1) a Health Sciences Library Improvement Plan and (2) a Regional Outreach Plan.

The Strategic Plan will in fact be a set of goals and objectives with a clear set of priorities based on agreement of target or special populations, unaffiliated health professionals and program areas. The offerors vision would be that the RAC would come to agreement on which areas to focus on through a variety of group processes common in planning endeavors (voting with set numbers of votes, a Delphi etc.). In the end, the overall plan would have to be adopted by the RAC with an official vote.

1) Health Sciences Library Improvement Plan

This plan will address the current concerns and needs of health sciences libraries including interlibrary loan, training, technology, emergency preparedness, “base-closing” and mergers, consortial or other ways to purchase e-resources, and useful implementations of open access information through PubMed Central, FEAT, and the RML website’s list of free e-journals. It will recommend a series of actions within the framework of the RML contract for encouraging health sciences librarians to participate actively in regional and national programs for effective delivery of health information. Possible recommendations could include use of the RML grant support for travel to meetings, establishment of sub-regional training programs, technology upgrades, buddy or partner relationships within and between consortia or individual libraries and staff expertise sharing programs.

2) Regional Outreach Plan

This plan will address outcomes of existing and recent health information outreach programs within the region and nationally, assess the sociopolitical environment of the Middle Atlantic Region, including the organization of its libraries. Within the context of the environmental scan, the RAC will establish a list of target populations for outreach programs within the region with special emphasis on 1) health professionals without access to health information and 2) population groups who fit within the definition of health disparities or those who are most in need of and without access to health information resources. The plan will recommend a series of health information goals and objectives consonant with those developed for the National Library of Medicine’s Long Range Plan for Outreach. The plan will include illustrative examples of possible programs and with clearly defined goals, objectives and evaluation methods. It will also recommend a series of mechanisms within the framework of the contract for funding these programs.

Working with the state professional societies for a variety of allied health and public health workers, as well as medical societies, the RAC will include in its environmental scan: numbers of unaffiliated health professionals and portraits of their work as it might relate to health information needs, their practice settings, and trends in group practices. In its planning efforts, the RAC will be asked to develop a plan for identifying health professionals who do not have access to health information. In concert with the RACs’ assessment and prioritization of particular populations to address for outreach programs, the plan will then prioritize health professional populations who would be most likely to partner in outreach programs. For instance, if pharmacists were prioritized as a target group of health professionals who need information access within one or all of the four states, it would be expected that there will also be consumer health outreach programs developed in these areas which include pharmacists as primary partners. This multimodal education and outreach effort draws on the evidence-based CME literature, indicating that multiple methods of CME were more likely to result in changed behavior. (9)

The RML will develop a MAR Community Information Database from the information gathered in the environmental scan and from ongoing contacts, using the Queens Public Library Community Database as a model. (<http://www.queenslibrary.org/community/index.asp>)

The Community Information Database is a directory of community organizations and services available to special populations in Queens. It is an excellent tool that can be scaled to cover the entire MAR region. The data from Queens can be transferred into the MAR tool. The Queens public library has agreed to share the program to be mounted on the Ehrman file server.

This database will become the tool used by the MAR RML office and Resource Libraries to find possible partners for community based programs, it can feed Medline Go Local or other similar programs and it will be region wide. Entries for the database will be made during the environmental scan for the needs assessment process in the strategic plan by the RML staff. It is hoped that it will become the contact information resource for the community organizations we wish to work with. There will be a field to indicate existing or needed internet access for each organization. It is programmed with SQL. The Queens Public Library has agreed to consult with the RML staff on developing the MAR database, especially in regard to metadata and interfaces.

The MAR Strategic Plan will become a defacto review and evaluation tool. By the end of the first nine months, the completed plan will contain an evaluation of the RML and an implementation plan for the remaining contract time period. Six months later the RAC will review and evaluate the implementation processes of the plan, and suggest adjustments if needed. A full-scale review and evaluation will be completed at the end of year 4.

The offeror's proposal concept is to increase and maximize the involvement of health sciences librarians, community librarians and health professionals in the work of the Middle Atlantic Region. The offeror believes that network member participation in the planning process will lead to strategic collaborations and improved resource sharing. The RAC will be a large planning group composed of representatives of each of these groups. The RAC membership will range from 40-50 individuals. Because the RAC is large and will be the center of the governance structure, it must function well. The RML Director will serve as chair because it is the most critical element of the proposed structure: it will create the plan and priorities for the region and will also determine RML effectiveness through the evaluation process. The energies and commitment necessary to make this work cannot be expected from a "volunteer" member. It is possible to successfully plan with large groups, many academic institutions and hospitals have about this many members on their Boards of Trustees. The Executive Committee of the RAC will provide ongoing leadership throughout the process. The five members of the Executive Committee are: the RAC Chair (RML Director), two Resource Library Directors, Chairs of Outreach and Library Improvement Committees (two hospital librarians). This committee will meet as needed via teleconferencing up to 8 times per year during the planning phase.

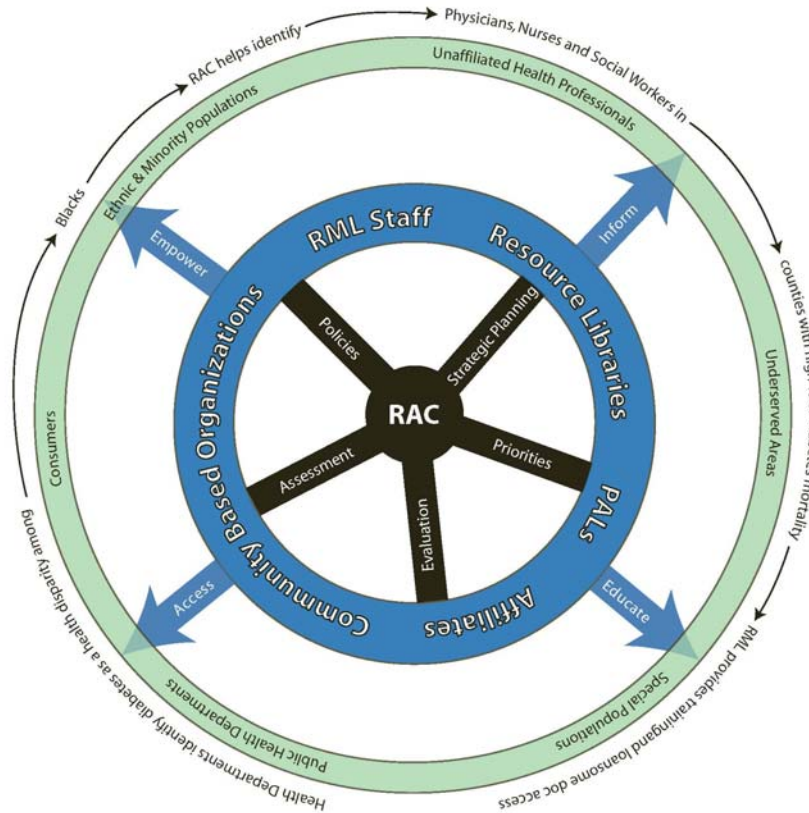
The reason for the large RAC is to involve all the Resource Libraries and other library and health information community leaders in the establishing the program. Since it is likely that the members of this group will also participate in the outreach and library improvement activities, it is absolutely critical for their "buy-in" to be part of the process. The RML Director, as Chair, will understand the process and its importance and will be committed to it and to the concept that the results must be of equal value to all the states and subregions of the MAR.

Most importantly, the initial planning and assessment phase of the RAC's work will include a charge to recommend a plan to further involvement in the region. Since the RAC will include every Resource Library Director and the Chairs of the standing committees as well as members of the public and health professions, the plan developed should be very effective, reflect member-identified needs and possess the buy-in necessary to achieve its goals.

The role of the RAC is to develop a plan and program priorities for a vision that is region-wide, especially for outreach target populations and health disparities. The RML staff will be responsible for overseeing the implementation of the Plan through encouragement of member participation in awards and subcontracts, through communication and promotion of NN/LM programs, consultation with member libraries and through communication with other groups in the MAR region.

Schedule

The Coordinator for Planning and Evaluation, the RML Director and Associate Director will guide this planning process. All staff support will be provided by the RML. The implementation of the plan will be done by the RML staff and through network members in response to the subcontracts and awards. The success of the offerors proposal depends on the creation of a functional, appropriate and responsive strategic plan. The Director for the RML and the Associate Director will have the responsibility of seeing this occur as their highest priority. The Director will lead the effort through chairmanship of the RAC and its Executive Committee. The Associate Director will oversee the administration of the planning process. The Coordinator for Planning and Evaluation will staff the RAC and be the technical expert and facilitator for the process, setting work goals, providing documentation and along with others, ensuring follow-thru. The RAC will meet 2 times a year during the planning process. The Executive Committee is budgeted to meet 8 times per year. The Coordinator for Planning and Evaluation will help to schedule the planning tasks and keep deadlines relevant. The planning process will use Measuring the Difference as a guide.



A.11. Monitoring and Evaluation

Monitoring and evaluating the region’s programs in order to assess their effectiveness in meeting NN/LM goals and to identify and resolve problems, which impede the effective delivery of health information services. This includes:

A.11.a. Developing a formal mechanism for evaluating regional programs in consultation with the NN/LM Outreach Evaluation Resource Center and the Regional Advisory Committee

Approach and Methods

Assessment and evaluation is a key component of the Offeror’s proposal. The RML staff plan includes one FTE dedicated to Planning and Evaluation who will be assigned the task of inculcating a culture of evaluation within the RML staff and the Region’s members. The nine month strategic planning process of the RAC will include a plan for ongoing monitoring of Region 1 programs and objectives, using the NN/LM guide, “Public Libraries and Community Partners: Working Together to Provide Health Information”, and W.K. Kellogg Foundations’ Logic Model Development Guide and Evaluation Handbook (10) as primary tools for the strategic planning process of the RAC. This plan will be developed with reference to the evaluation process of other RMLs and especially the NN/LM Outreach Evaluation Resource Center. It will include the conduct of brief print and electronic surveys; and such qualitative methods as structured interviews, focus groups and the use of anecdotes for presentation of powerful stories.

Cost effectiveness measures will be included in the Evaluation Plan. A quarterly budget review to determine what has been expended or is encumbered will include an assessment of the cost

effectiveness of the expenditures, examining expenditures against NYU School of Medicine contracts and expenditures as a comparison. Every advantage of favorable purchasing or other service agreements established by NYU will be taken where allowed. The annual report will discuss overall cost effectiveness measures. The offeror will implement any approved or required measures from other Regions and the NLM Contract office, but in their absence be guided by other federal requirements for grants and contracts from the National Institutes of Health that are administered by NYU. Such standard library measurements as cost per use, scalability, and replication costs will be monitored and indicated in reports.

A.11.b. Developing a mechanism to provide NLM with regular feedback about NLM and NN/LM products and services from individuals and constituent groups;

Approach and Methods

As part of the quarterly reporting system, the RML will develop a feedback form aimed at providing feedback to NLM on the effectiveness of NLM and NN/LM products, services and programs. The RML will first ask NLM how it likes to receive feedback, in what format and what types of information it finds most effective. In particular, the RML staff will be alert to any concerns of network members and follow-up through e-mails, monitoring of listservs, and responses to quick web surveys to solicit comments, ideas and success stories about NLM programs and services as well as NN/LM programs. The annual interview to update the database will be an opportunity to use the structured interview technique to ask about specific NLM programs and services or other issues that NLM might wish to have specific feedback on.

A.11.c. Participating in a site visit and review of the regional program, to be conducted at least once during the contract, by selected representatives from NLM, RAC, and at least one other RML

Approach and Methods

The offeror will participate in an NLM organized site visit and review of the RML as requested.

Schedule

The RML Associate Director, the Coordinator for Outreach and Communications, and the Coordinator for Planning and Evaluation will oversee the monitoring and evaluation process. The Planning and Evaluation Coordinator will take primary responsibility for developing the evaluation and planning process; the RAC will develop the strategic plan according to the process and methodologies suggested by the Coordinator for Planning and Evaluation; the membership of the MAR with the aid of the RML staff will implement the plan. The goal of the evaluation process is to ensure that all MAR programs are planned appropriately with outcome measures built in as much as possible. In addition to the planning aides listed on page 59, the NN/LM guide, Measuring the Difference. Guide to Planning and Evaluating Health Information Outreach, will be a fundamental tool for establishing specific and appropriate methodologies for the Outreach Plan.

A.12. User Feedback

Obtaining ongoing feedback from users about their information preferences, needs and uses, and recommending ways of improving health professional and consumer access to information.

Approach and Methods

The offeror will develop a formal and informal system for obtaining feedback from users of network services. Formally, every outreach or program component will have an annual

assessment process. RML staff will be challenged to complete an annual self-assessment, the RAC, all Committees and Task Forces will be asked to evaluate their work annually and each program initiated will have clear objectives and assessment mechanisms described before they are implemented.

Health science librarian network members are knowledgeable about the needs and preferences of their users. They receive feedback on a daily basis as part of their normal work. It is critical to draw on their experiences and elicit their opinions on their user's access to health information. Posters and focus group sessions will be sponsored at MLA Chapter meetings and local consortia meetings where possible. In addition, the RML website will encourage comment through the "Ask-a-librarian/RML staffer" feature and a general comments box. The website will include monthly brief surveys on specific programs and services, and members will be encouraged to complete them through notification on the listserv.

Direct feedback from consumers and health professionals will be sought through evaluation programs recommended by the RAC. However, the intermediary librarian as the service provider must be considered a significant link in attempts to reach and communicate with the health professional and consumer users of the information. It is imperative to inform and involve them about the Region's need and requirements to evaluate its programs. Since assessment and evaluation is a core project for this proposal, efforts to involve network members as key partners in evaluation programs will build within the entire MAR constituency a truer understanding of the commonality of their goals for service with those of the Network and NLM, and will increase the awareness of the value of assessment and evaluation as an approach to guaranteeing and communicating the success of library services and programs.

Results of the surveys, and information gathered from focus groups and contacts made at exhibits, plus the annual phone contacts and the resultant actions taken will be published in the newsletter and on the web, so that users can see that their opinions are taken seriously and addressed by the RML.

Schedule

The RAC and the Coordinator for Planning and Evaluation will coordinate the program to achieve and analyze feedback.

A.13. Training Facility

Providing a training facility equipped with personal computers as well as technologies supporting distance learning, including webcasts, and for conducting NLM training classes as outlined in the NN/LM National Training Center and Clearinghouse Statement of Work. There will be one personal computer for every two students. Equipment requirements are in Appendix 3. Priority shall be given for scheduling regional training. When not in use for regional training classes, the facility may be used for other types of training:

Approach and Methods

The Ehrman Medical Library's Carlisle Computer Classroom (CCC) conforms to the Training Room Requirements of Appendix 3 to the Statement of Work (attachment 2). It houses 16 desktop student computers (4 IMacs and 12 PCs), all running on the NYU Medical Center's 100 Mbps network connection. The PCs are Dell GX200s with 256Mb RAM, 9.3Gb HD, 17" monitors, currently running Windows 2000. The Imacs are 1Gb RAM, 40Gb HD, 15" monitors and run on OS X. The teaching machine is a Dell GX200s with 256Mb RAM, 9.3Gb HD and 17" monitor also running on windows 2000. All PCs are scheduled to be upgraded to Dell GX280

Optiplex small desktop, 2.8Ghz, 1 Gig RAM, 80Gb, DVDRW/CDRW, 17" flat screen monitor and XP in the summer of 2005.

The Classroom also contains a permanently mounted Proxima DP6155 overhead projector, sound equipment and the Net Support School version 6 teaching management software for instructor control of each unit. WebCasting with voiceover IP is available. The library is solely responsible for the CCC and controls its scheduling.

In addition, each Resource Library is being requested to allow use of its training facilities for RML classes, should they need to be taught in that location. METRO, the Metropolitan New York Regional Library System has an excellent training facility that is conveniently located in Greenwich Village and is easily accessible by public transportation. METRO has co-sponsored training programs with the region in the past two years, and will continue to do so. The METRO classroom also complies with the requirements in Appendix 3 to the Statement of Work and is equipped for webcasts and other distance learning modalities. See Attachment E.

Schedule

The Technology Coordinator in concert with the RML Director will be responsible for ensuring that the Ehrman Library's computer classroom always meets the NN/LM equipment and scheduling requirements for training.

A.14. Needs Assessments and User surveys

Conducting or participating in needs assessments or surveys of users and non-users of NLM and NN/LM products and services, participating in tests of new NLM products and services as well as conducting and/or participating in usability studies of NLM and NN/LM products and services when requested by NLM

Approach and Methods

The Offeror agrees to conduct and participate in needs assessments, tests, usability studies and user (or non-user) surveys of NLM and NN/LM products and services. If the studies are designed by NLM, the RML will recruit testers within the region and conduct the study according to its requirements. In addition, the RML is well positioned to conduct its own assessments and surveys if the need becomes apparent. The Ehrman Medical Library has access to the web-based survey software of the NYU School of Medicine, and has conducted periodic usability studies to evaluate its own website. Under the guidance of the Coordinator for Planning and Evaluation, the Resource Libraries will be trained in conducting such studies as well as in the techniques of focus groups and semi-structured interviews.

Schedule

This program will be under the responsibility of the Coordinator Planning and Evaluation.

A.15. Promoting Grant Applications

Promoting and encouraging the submission of applications for NLM-sponsored grants

Approach and Methods

The RML will clearly define the program for grant applications and sub-contracts within Region 1 and post the information on its website, distribute notification by mail and listserv, and write articles in the newsletter. There will be three levels of grant opportunity for network members: MARS awards, NLM extramural funding, and MAR enhancements.

A.MARS Awards

In Year 1, \$132,200, and in Year 2, \$295,900 will be set aside for awards for network members. Application forms for these awards are in Attachment C.

1) Exhibit awards encourage network members to exhibit on behalf of MAR and the NN/LM at various local state and regional meetings. Support for National Meeting exhibits is at \$2,000 a meeting.

2) Information Technology Awareness Award

Two of these awards are planned for co-sponsorship between a Resource Library and libraries for Historically Black Colleges and Universities or Hispanic Serving Institutions and their affiliates. They are to support conferences about the exciting developments at NLM's NCBI, new databases and services in support of basic biology and science.

3) Microawards

These awards are aimed at health sciences libraries to provide instant support for purchase of equipment needed to improve electronic interlibrary loan or promote library services. They are also aimed at informing applicants and creating a sense of participation in NN/LM programs to enlarge the vision of staff of smaller libraries that may not understand the goals and mission of the NN/LM and the Middle Atlantic Region. The application will be extremely simple (one page) and decisions and distribution will happen immediately. The maximum amount is \$500.

4) Technology Improvement Awards

At a time when technology or its absence in a library determines service capability, these awards will support all libraries in their attempts to continue a high level of service to their health professional users. When budgets are stretched thin and being reduced, these awards may help to make a positive difference in a library's performance capacity. Award amounts will be from \$501 to \$7500. These awards will be peer reviewed by the MAR Technology committee.

5.a) Outreach Conference Awards (Year 1)

A core concept of the offeror's proposal is to develop a Middle Atlantic Region Strategic Plan in the first year. This plan will recommend target outreach groups and approaches to health information programs for the four state areas. The plan cannot be implemented until Year 2. The offeror proposes two conference awards on Health Disparities and Information Literacy in the first year interim. These conferences will provide input into the Strategic Plan, market the NN/LM and its services and begin to identify community partners for the implementation programs. The conferences should be at a level to attract attendees from a wide geographic area within Region 1. These awards will be peer reviewed by the Outreach Committee

5.b) Outreach Awards (Year 2)

A core concept of the offeror's proposal is to develop a Middle Atlantic Region Strategic Plan in the first year. The Strategic Outreach Plan will identify and prioritize target groups for unaffiliated health professionals, target special populations and health disparities for which improved access to health information for the public and health professionals would make a critical difference. The plan will recommend possible partners in developing programs. The plan will also recommend a series of possible programmatic approaches, all of which will have a specific and appropriate required evaluation component, to health information programs for the four state areas. These

approaches will be expressed as a series of outreach awards to be available for libraries, consortia, or partnerships to apply for. They will be peer reviewed by the Outreach Committee. The awards will range from \$10,000 to 25,000 each.

6) Training and Curriculum Development Awards

Outreach training awards will be offered for MAR librarians to teach the series of topics: PubMed, MedlinePlus, other specialized NLM databases, and Finding and Evaluating health information resources on the Web to libraries or community groups in underserved areas or those serving ethnic minorities or special populations. These awards for \$2000 will cover classroom, promotion, organizational and travel time. They are meant to begin the partnerships that will hopefully continue on an ongoing basis. They will carry a strong planning and evaluation component so the Region, through the Outreach Committee can learn from the experiences. The Outreach Committee will peer review the proposals for quality assurance.

The Library Improvement part of the Strategic Plan will prioritize and detail topics for training for all levels of health science libraries and staff within the region. The RFQ for class development and delivery will then specify numerical goals and locations for delivery of these classes. Year 2 will begin the process of implementing instructional events to meet these goals.

B. The NLM extramural funding program.

The National Library of Medicine presents a challenging and exciting array of research and resource funding programs open to qualified applicants. These programs are not well known or understood by librarians and researchers in health sciences institutions. The RML will actively promote these funding opportunities through joint communications programs for network member libraries to promote to their constituencies.

C. RML enhancements.

If the RAC plan recommends major improvement projects in the context of the responsibilities of the NN/LM program for Region 1, the RML will suggest and apply for Enhancement funding, as described in the Statement of Work (section D).

The application process for RML awards will require a description of the project, implementation schedule, evaluation plan and budget. They will be peer-reviewed by members of the appropriate standing committee or a special committee if necessary. The RML staff will consult with any applicant to advise on how to apply for and complete the forms necessary for grant applications. The RML will develop a NN/LM Grants Toolkit and a training class, aimed at novice applicants on how to think about and apply for NN/LM funded projects. The Toolkit will be available in print and on the MAR website. Involving membership in the grants peer review process will promote broad awareness of the grants and increase knowledge about good “grantsmanship” amongst librarians within the region.

Schedule

The RAC will recommend and define appropriate review standards for outreach and training subcontracts. The Coordinator for Outreach and Communication will develop a plan to promote and encourage grant applications at all levels. The Coordinator for RML Programs will have responsibility to ensure that all RML granting programs and contracts are administered according to the requirements of the RML and NN/LM.

A.16. Consultation to network members on preparing proposals for funding.

Providing consultation to network members as well as community-based, faith-based and other organizations representative of special populations on preparing proposals for projects to compete for NLM and NN/LM funding

Approach and Methods

RML staff will work with network members and special groups on the development of proposals for funding in all four categories mentioned in section A.15. Periodic announcements to the listserv and other mailing lists, articles in the newsletter and a grants section on the MAR website will promote knowledge of the funding opportunities. The RML will be approachable through a general “ask-a librarian/RML staff” box on its website and its 1-800 number for phone calls. The training class in NLM grantsmanship will be available over Breeze for special groups as well as network members, and promoted to public and academic libraries to be incorporated in their presentation schedules.

Schedule

The Coordinator for RML Programs will have primary responsibility for consultation on the preparation of funding proposals by network members, and will develop the grantsmanship training class.

A.17. Grant follow-ups and reporting

Following up on NLM-funded grants in the region to keep abreast of project developments, to share progress, and to integrate results into appropriate regional programs.

Approach and Methods

The RML will monitor NLM funding announcements and also track the progress of submitted proposals. If the proposals are not funded, the RML staff will offer consultation on the comments of the review committee and help with resubmission if desired. If funded, the RML will announce successful funding to the Region through the listserv, website and the newsletter.

The RML will request a copy of the successfully funded proposal and help to track the program’s progress on its web site. Grantees at all levels of program funding will be encouraged to share their experiences in the process and also present the project at local and regional meetings through poster, presentations or other means. The RML staff will encourage publication in peer-reviewed journals of the results of funded projects and require appropriate acknowledgement of NN/LM or NLM funding on all written and published materials derived from MAR funding.

Schedule

The Coordinator for RML Programs will have responsibility for monitoring awards and communicating their announcement to the region. He/she will also follow-up on the progress of the grant programs to help with reporting requirements or any technical difficulties which may arise.

A.18. EFTS participation

Participating in the Electronic Fund Transfer System (EFTS) through the University of Connecticut and promoting network member participation in EFTS.

Approach and Methods

All Resource Libraries will be required to be an EFTS participant through the University of Connecticut. The RML will develop a brief insert that can be distributed with interlibrary loan invoices for payment that will explain EFTS, encourage membership and offer help in setting up an account, and a Fact Sheet that will try to simplify the application process. EFTS stickers will

be distributed to all Resource Libraries and PALs. The Resource Sharing Committee of the RAC will be asked to develop a program to encourage EFTS participation in Region 1 for those libraries who use DOCLINE more than 10 times per year. The goal will be to have universal compliance with this requirement by the end of the contract period in 2011.

Schedule

The program to encourage use of EFTS will be monitored by the Network Services Coordinator in cooperation with the Resource Sharing Committee.

A.19. Assistance for network members who wish to negotiate electronic resource licenses
Assisting network members with negotiating e-licensing agreements that meet the needs of their institutions and support the mission of the NN/LM by providing resources on and training in e-licensing issues.

Approach and Methods

Electronic licensing is now the predominant method of acquiring access to current biomedical literature. Navigating the issues surrounding electronic licensing is not easy and requires both experience and some training. Although consortial purchasing is often a solution to the high costs of electronic materials, it adds another layer of complexity to the whole endeavor. Larger medical libraries have evolved into a comfort level and pattern of e-resource purchasing; smaller hospital libraries are just beginning to deal with these issues. The offeror has experience in assisting librarians in negotiating electronic licensing. The Ehrman Collection Development Librarian has developed and taught a half-day class on the Practical Negotiation of Electronic Licensing Agreements for the METRO regional library system. The course can be upgraded to an online tutorial or made into a Breeze offering.

The RML has a responsibility to develop training programs and toolkits, offer advice and make connections for libraries wishing to participate in electronic access and licensing agreements. The RML staff can play a proactive role for these libraries. It will be the responsibility of the RML to maintain an up-to-date clearinghouse of active consortial e-resource sharing organizations within the four state region, and a list of vendors who allow consortium arrangements. This information will be on the RML website, which will also contain basic information on considerations in making consortium arrangements, the toolkits and a list of contacts within Resource Libraries and Consortia that would be willing to talk with those looking for advice. The website and newsletter will also describe local success stories.

In April 2005, the Ehrman Library released to the NYU School of Medicine Alumni a special Alumni Digital Library which is a website and database of free electronic resources that parallels the Ehrman Digital Library. Providing organized access to over 900 medical titles, this site has been very popular for providing services to our alumni who are not located near or on faculty with the School of Medicine. This database can be made available on the MAR website.

Licensing electronic full text resources is an issue of particular importance to hospital libraries. The cost and management of these resources presents many hurdles, especially to libraries with small staff and little technology support. The Resource Sharing Committee will be asked to take the lead in identifying the exact e-licensing issues that MAR libraries need and to recommend a plan for addressing these issues. Some possible items for the plan would be to offer a class in dealing with electronic licensing issues modeled on the MLA CE course presented by the Health Sciences Library Association of New Jersey; identify opportunities for resource sharing consortia within the region; addressing the ability to use licensed electronic resources for resource sharing within the region.

The Resource Sharing Committee will be asked to consider 1) the impact of e-resources on document delivery for the Region and to make recommendations on possible contract language to support use of e-resources for interlibrary loan; 2) the need for, and recommendations for technologically driven methods to list e-holdings in SERHOLD; 3) recommendations for ways that smaller health sciences libraries could acquire and manage electronic resources.

Schedule

The Network Services Coordinator, and the Coordinator for RML Programs will develop the e-resource toolkit, maintain the e-resource vendor and consortium clearinghouse and contacts on the website.

Part II B. SERVICE PROGRAMS: Outreach

Overall goals and organization

The four states of Region 1 comprise a large and diverse set of special populations, including ethnic minorities, people with high concentrations of diseases measured in public health indicators, and immigrant communities with special health considerations. In New York City alone, an estimated 1,147,134 immigrants entered the city between 1988 and 1998. Such a huge influx of exceptional diversity means that people are living in crowded conditions, suffering from the diseases and conditions of poverty, lack of access to health care, and environmental hazards. Infectious diseases include those more common in underdeveloped areas of the world.

The NYU School of Medicine's Institute for Urban and Global Health (IUGH) is a research and education center whose goal is to address the basic and pressing health needs of foreign born New Yorkers. The Ehrman Medical Library, working with the IUGH Center for Immigrant Health, has developed and taught a class on searching the medical literature for health professionals who work with special populations. It emphasizes the techniques for limiting PubMed searches to special population groups, and addresses use of special bibliographic resources including social sciences information. Using Evidence Based Medicine concepts, the class teaches formulating search strategies appropriate to each database, use of bibliographic management and presentation software, and access to library services. This course is taught at least twice a year, to students and staff at NYU. This course will be made available to other libraries in Region 1.

With the overwhelming needs of the health populations in New York City, it is tempting to fulfill the NN/LM contract requirements for special populations and health disparities by working with known, local groups. However, there is equal need within all four states. One of the core concepts of the offeror is to develop within the Middle Atlantic Region health information outreach programs that are aimed at targeted groups, selected and prioritized through a needs assessment process that is conducted by the Regional Advisory Committee. The proposed 9 month planning process will select 4-6 focus populations across the region to concentrate on for program development. At the same time, the assessment will then determine which groups of health professionals would most effectively be located and trained in use of related biomedical literature for dealing with the health care problems of the focus populations. Examples of focus populations might be disease or condition related (obesity); age, race or ethnic group, gender (Asian adolescent females); locations or communities (census areas where childhood immunization rates are low).

Making use of Healthy People 2010 health indicators, the RAC could identify priorities that each state holds in common. Mental health for example, is a health priority in Pennsylvania, New York, New York City, and Delaware. A multi-pronged outreach would work to identify

underserved and unaffiliated mental health professionals including social workers, psychiatrists, psychologists and counselors. Classes on finding mental health information on PubMed would be offered to this group. During the same intervention period, community-based groups and public libraries would be contacted, and the class, “*Caring for the Mind: Providing Reference Services for Mental Health Information*” would be offered.

In this way, special resources for training and providing access to biomedical information to health professionals who serve these focus populations can be developed and used at multiple sites within the region, e.g. web-based toolkits which pull together bibliographic databases, special search hedges, useful deeper linked web links, local community resources, and training manuals aimed at specific conditions or groups.

For instance if the RAC prioritizes nurse practitioners who work with inner city populations, then a specialized toolkit for how to find and use information on nursing care for urban ethnic minority populations could be developed. It would include a section on how to use PubMed and MedlinePlus as well as such other Internet resources as Partners in Information Access for Public Health Workers and it would use common nursing problems and questions as examples. The toolkit would describe where to go for library access and help, and information on retrieving articles through Loansome Doc. These toolkits could be used at multiple sites within the region because the outreach prioritization process would create opportunities for coordination of resources and programs. Evaluation of these multi-site efforts will provide insights on the effectiveness of programs and materials from a variety of perspectives. Once evaluated, these resources would be made available nationally through the NN/LM clearinghouse system.

The Middle Atlantic Region is not only densely populated, but within its four states, comparatively rich in health sciences libraries and academic health care institutions. Through the initial needs assessment in preparation for submission of this contract, it became apparent that the MAR libraries had both their own improvement needs and a strong commitment to participate significantly in outreach programs because they reflected value to their institutional mission. However, they also wanted to participate in the planning and priority setting to ensure equivalency and appropriateness to the programs. The offeror believes that with participatory planning by the RAC, the regional library response to subcontracts/awards offerings will be significant. With the goal of establishing permanent relationships for outreach programs with special populations and local organizations, this can only be done effectively by those institutions committed to service in that area.

The RML staff will foster this commitment and encourage applications for outreach and library improvement awards through its communication and marketing efforts as described in this proposal. Constant communication about the RML and what its goals and programs are, one-on-one phone calls, presentations at meetings will give the RML staff a “face”. More frequent use of newer communications technologies (web conferencing and other group ware) will bring the RML staff into closer relationships with members than sporadic traveling.

Both hospital libraries and hospital consortia will be full partners in RML programs. They will be represented on the RAC and especially on the 4 committees. The needs assessment and strategic planning effort is designed to discover not only those areas of library improvement that can be addressed within the NN/LM program commitments, but those health sciences librarian leaders at the local level who can actively participate in the awards/subcontract outreach programs by offering for example, consumer health and Medlineplus training. Within the MAR region, there are strong library consortia that currently participate in outreach and library improvement

activities for their membership. Their experience and commitment, as exemplified by their letters of support, will be a key part of the strategic planning process.

B.1. Outreach to Health Professionals

The contractor shall continue to develop, implement and evaluate targeted outreach programs to bring biomedical information resources within easy reach of U.S. health professionals who still do not have access, with special focus on those in rural areas and inner cities. The RML outreach program shall enlist the assistance of hospital libraries and other network members, through the use of subcontracts, agreements and other mechanisms, to carry out projects with the following foci.

B.1.a. Special populations or subject disciplines that have been identified as priority initiatives (e.g., health disparities, health information literacy, HIV/AIDS, health services research, public health) and that target health professionals serving those populations or working in those disciplines

B.1.b. Unaffiliated health professionals and health professionals in inner cities and rural areas;

Approach and Methods

The Regional Advisory Committee, when conducting its needs assessment, will identify unaffiliated health professions groups that would most naturally be partners in health information programs in the community. These groups will then be targeted for an outreach program to involve them in consumer health projects, with the benefit to them of becoming aware of how to access health information resources over the internet (Medline, MedlinePlus, other free journals, and Loansome Doc). Priority would be given to groups who work in underserved rural or inner city areas. For example, if the RAC prioritized pharmacists as unaffiliated health professionals and drug-related information as a consumer medical information program, toolkits and training classes could be developed to train pharmacists on how to access MedlinePlus and other resources for health information regarding drugs, clinical trials, alternative medicine therapies, etc. Those programs would also include basic literature searching and access within the NN/LM. State pharmaceutical professional societies could help identify inner city and rural pharmacists who might be recruited for a community based information project.

At least four unaffiliated professional groups will be selected for recommended health information program development projects.

B.1.c. Local/state public health departments with particular emphasis on Internet access and collaborations with other organizations/institutions that work with public health personnel

Approach and Methods

The RAC will build on the work developed by the Falk Library at the University of Pittsburgh, the Library of the New York Medical College, and the New York Academy of Medicine in developing pilot programs for work with local health departments. Through the needs assessment process, the RML will identify public health departments and workers who are most ready to participate in health information access programs. They will be encouraged and helped to apply for Outreach awards by the RML, or the logical MAR partner.

B.1.d. One or two inner-city institutions per year which shall include identifying what the RML can do to improve or enhance the institution's access to biomedical

information and developing and implementing a program that responds to identified needs

B.1.e. Institutions whose objective is to train minority health practitioners or those who serve minority populations, to develop specific linkages so that their health professionals and students have full benefit of the resources of the network.

Approach and Methods

The number of inner city clinics, schools and libraries in the Region 1 area is an unknown. The 9-month assessment project will identify which inner city institutions might be most amenable to projects for increasing use of biomedical information. The goal will be to establish permanent changes in the institution's use of information resources, through training, technology, and continuing partnerships. Outcomes and lessons learned from similar outreach projects in other regions will inform the criteria and selection process for successful applicants for the awards. Issues of technology and Internet access, leadership, and likelihood of permanent improvement will be important criteria. The Technology/Library Improvement, Outreach and Training awards can provide funding for their projects. Resource Libraries will be encouraged to take the lead in developing these projects with partners in their extended community areas.

The Middle Atlantic Region has 52 institutions that are formally identified as HBCUs or HSIs, and no Tribal Colleges or universities. Five of these are presently network affiliate members. The complete list is Attachment D.

	DE	NJ	NY	PA
Historically Black Colleges and Universities	1	0	4	2
Hispanic Serving Institutions HSI	0	5	11	0
Associate or Partner Members	0	6	15	8
Tribal Colleges and Universities	0	0	0	0

Resource Libraries located near each of these institutions will be asked to apply for a \$2,000 subcontract to develop joint programs with their libraries or science faculty. These programs will:

- offer training to the library staff on searching and use of the biomedical literature, with a goal for them to develop continuing class sessions for their students;
- offer direct training to faculty on use of the biomedical literature and establish either direct collection access or interlibrary loan agreements
- partner in developing an Information Policy and Technology Awareness Program aimed at pre-med and science majors and their faculties to inform them of the special biomedical information systems provided by NCBI to support biomedical research.

Participation in these programs will require that the home library be a member of the NN/LM network. The RML will follow-up with any new network member in aiding in fulfilling the DOCLINE and network participation requirements.

The goal of these programs is to be seed projects that will establish each institution as a fully participating network member and to ensure that their libraries are knowledgeable about NLM's services and resources for the benefit of their students and faculty.

B.2. Consumer Health Information Services

The contractor shall develop, implement and evaluate outreach programs to increase the public's awareness of and access to high quality electronic health information. In carrying out these programs, health care providers, public health personnel, librarians, K-12

teachers and staff, other educators, community organizations, health advocacy groups, churches, and self-help groups, through the use of subcontracts, agreements and other mechanisms. The NN/LM consumer health outreach program shall include:

B.2.a. Developing the region's consumer health information goals and objectives and working with a variety of organizations to accomplish them

B.2.b. Developing programs that focus on reaching minorities, senior citizens, and low income populations

Approach and Methods

The Middle Atlantic Region Strategic Plan will articulate priorities for consumer health information programs that tie into the stated priorities and focus for health improvement by organizations such as Trust for America's Health and the health plans of the four state and city health departments. There is no power in trying to be all things to all people, but a four-state agreement on goals, areas of focus and objectives will stimulate a very effective NN/LM outreach program that positively affects the health of the populations in identifiable regions. Each area has its own special concerns. The RAC will include representatives from each State Health Department or State Library, as well as medical professionals and health sciences librarians. The Plan should complement the expressed health goals of each state.

The planning process will include a needs assessment and an information gathering exercise that will end in the creation of a RML database of groups and individuals who could be involved in consumer health projects in the region. The RML will create a Community Information Database using MySQL. The Queens Public Library has created a superlative community database and has agreed to consult with the RML on its development. The RML staff can do the data gathering in a relatively forthright manner. Particular attention will be paid to the needs of the special populations, urban and rural that are of particular concern to the four states. Possible candidates would be health disparities disease targets (diabetes, cancer, heart disease, AIDS/HIV, etc.), age or gender-based groups (adolescents, teenage mothers, aging), special populations (immigrant groups, ethnic and minorities, prisoners, etc.).

Although analysis of the data will be guided by the RAC, members of the community and health professions who are the ultimate end users of these programs will be involved through smaller task forces and surveys. The plan will not specify detailed programs, but will establish clear priorities for service areas, diseases and disparity targets, key unaffiliated health professional groups. It will recommend numbers of target/focus groups per state or area, evaluation and performance outcome measures, and criteria for selecting applicant partners (NN/LM membership, staffing, Internet access, etc.)

The timeline for completion of the plan is 9 months. It will then be evaluated as part of the RML contract in 6 months and again at the end of the 4th year of the contract. The Director for Planning and Evaluation will be the lead on this project, but the entire RML staff will participate.

B.2.c. Working with NLM, the NN/LM, and other organizations to develop tools and linkages to improve access to electronic consumer health information at the local, state, and regional levels

Approach and Methods

The RML staff will actively work to develop tools and linkages to improve access to electronic consumer health information at local, state, and regional levels. The Ehrman Medical Library has

developed special consumer health websites for its general Patient and Family Learning Center and the Cancer Information Center. These sites (<http://pfrc.med.nyu.edu>) include over 1,000 unique NYU Medical Center patient education sheets that have been made freely accessible through the web, making these sites one of NYU's most used, averaging 1400 page views a day. In addition, through RML funding in 2004, the library developed a Chinese/English language patient education site (HICUP at <http://library.med.nyu.edu/patient/hicup/>) using the dual language patient materials from the New York Downtown hospital.

The success of these programs derives from a mission-oriented need to develop special health information tools and resources that relate to well-defined programs and priorities of the institution. In the same way, once the priority subject areas and target populations are selected, the RML and the other libraries of Region 1 will be encouraged through awards to develop special consumer health tools for these groups. For example, website translation into languages of immigrant groups prominent in our communities, or the development of special health information toolkits targeted toward chronic diseases or special populations. These subcontracts will encourage use of new software and evolving technologies for Internet communication that NLM may wish to test in the field. Every subcontract in Region 1 will have an approved evaluation component that will ensure useful feedback to NLM and the NN/LM.

B.2.d. Developing programs to promote MedlinePlus and other NLM resource to all health professionals as a resource for them and their patients;

Approach and methods

As part of every program for health professionals in the region, there will be a component on patient information that informs them of MedlinePlus and other consumer health resources. The need to promote MedlinePlus and other NLM resources to health professionals will be part of the Strategic Planning process with the RAC. Information about such programs as the NLM/ACP collaboration, Information Rx, will be included in the training. The MAR Strategic Plan will identify specific groups for targeting RML programs. These groups will include minorities and seniors, but will probably be more focused for effectiveness and to establish permanent programs in particular areas, e.g., Hispanic seniors in a certain geographic area, or elderly with diabetes, etc. MedlinePlus will, however, be promoted generally within the region to all health consumers and patients through a variety of approaches with NN/LM members.

The Coordinator for Outreach and Communications will develop a marketing program that targets state professional societies, for membership mailings and articles in their newsletters and news announcements on their websites and listservs.

B.2.e. Coordinating the development of MedlinePlus Go Local in the region **(<http://www.nlm.nih.gov/medlineplus/golocal.html>)**

Approach and Methods

At present there is no instance of MedlinePlus Go Local in the region. The RML will encourage local groups and regions to consider the benefits of such a program, by developing a PowerPoint presentation on the program, showing examples from successful implementations, reviewing the planning process and agreements of those implementations, and highlighting the benefits of the program. This PowerPoint can be used by RML staff and by local consortia and Resource Libraries to acquaint community groups with MedlinePlus Go Local as an information tool to communicate the vision of this product and its benefits to them.

Many of the Resource Libraries within the MAR region developed their own community based health information programs previous to the development and release of the NLM MedlinePlus Go Local program technologies, some with NN/LM funding (CLIC-on-Health in the Rochester area, NOAH in NYC). The Needs Assessment for the strategic plan and the community database project should be a mechanism for identifying areas where a Go Local program could be successfully encouraged. The RML staff will then try to use the awards mechanism to encourage coalitions of groups in those areas to apply for funds to develop Go Local sites.

If there is demonstrated interest in developing such a program, the RML staff will provide assistance in coordinating with appropriate NLM staff, coordinating local meetings on the topic, gathering and providing information on programs from other Regions and providing subcontract funds for the planning phase of the program, based on a grant format. The RML staff will also help to investigate how to obtain cost sharing from other state and local funding programs on behalf of the consortium that wishes to participate in the NLM Go Local program.

Schedule

The lead coordinator for outreach to consumers, community-based organizations, public libraries, etc. will be the Coordinator for Outreach and Communications. The lead for work with health professionals and the public health workforce will be the Coordinator for Planning and Evaluation. A fundamental principle of this proposal, however, is that all RML staff considers all of the MAR members and community based groups as their clients, and will be able to facilitate the work of the region as a cross-trained team.

B.3. Collaboration with Network Members and Other Organizations

The RML shall pursue and maintain collaborations with network members and other organizations including community-based organizations (CBOs) representing minority and other underserved populations to achieve its goals of outreach to health professionals and the public. Coordinating partnerships shall include:

B.3.a. Increasing awareness of the network, especially among community-based organizations

B.3.b. Fostering opportunities for network members to collaborate with CBOs as part of their outreach effort

B.3.c. Fostering opportunities for the training of staff at community-based organizations

B.3.d. Providing consultation for network members as they prepare project proposals

B.3.e. Providing consultation for network members in project planning and evaluation

Approach and Methods

Community based organizations are natural partners for programs to increase the awareness and use of NLM health information resources for health professionals and the community at large. The strategic plan proposal to be developed by the RAC emphasizes above all else the need to create links between CBOs, faith-based organizations and other organizations with network members to provide health information services and programs for special populations that will

evolve into continuing independently funded projects. The needs assessment from Year 1 will identify the most likely effective groups and populations to work with.

The New York Queens Public Library has created a database of community organizations that identifies over 200 low-cost or free social service agencies in over 50 languages for just one borough. Identification of appropriate partners for collaboration should be done carefully, broadly and fairly in consultation with library groups, government agencies, local community members and organizations.

The Region 1 Regional Advisory Committee will identify special target populations for both health professionals and communities. The RML will gather data on possible community based organizations in both urban and rural areas representing minority and underserved populations that would be willing to collaborate in programs to provide health information to the public and health professionals who serve them. This data, which can be gathered from a variety of government and community resources, will be managed as a Region 1 Community Health Information database. The database can be converted easily to a website and its information can be selectively made public. The Queens Public Library Community Database serves as the model.

After the completion of the Strategic Plan, the RML will prepare RFPs which will call for awards for network members to create programs with CBOs that will train participating staff in the use of consumer searching for health information appropriate to the CBO clients and emphasize MedlinePlus, use of qualified information from the Internet, and skillful use of the NN/LM Regional network for access to health information. The RML staff will consult with network members on submitting appropriate proposals, which will include project planning and evaluating components. The overall objective of this program will be to seed permanent and sustainable partnerships between network members and other members of their communities for ongoing programs in the provision of health information to health professionals and the public.

Schedule

In Year 1, the offeror proposes 5 outreach training awards at \$2,000 each to MAR librarians to teach PubMed, MedlinePlus and Other Specialized NLM Databases, and Finding and Evaluating Health Information Resources on the Web to libraries or community groups in underserved areas or to those serving ethnic minorities or special populations. In addition funds are budgeted to support the development of 2 new classes for videoconferencing delivery, and 4 classes from the National Training Clearinghouse Center. The RML staff is slated to develop and offer 3 new classes via videoconferencing: Simple Surveys, Focus Groups for Beginners, and Docline for the Team, ILL staff and Director. (see Business Proposal pp49-50.)

B.4. Training on Electronic Health Information Access

The contractor shall support training in the effective use of electronic health information resources on the Internet. Emphasis should be on reaching health professionals, public, school and other librarians, and other intermediaries who do not have access to such training or who intend to train others, including consumers. Before developing any training materials the NN/LM National Training Center and Clearinghouse will be checked to identify training products, tools, materials, or classes that can be used or adapted to serve identified needs. Copies of all training materials developed will be made available on the NN/LM Web server and will be registered with the NN/LM National Training Center and Clearinghouse. Training should focus on topics not available through other sources and should include, but not be limited to:

B.4.a. PubMed, MedlinePlus, and other specialized NLM databases

B.4.b. Finding and evaluating health information resources on the Web

Approach and Methods

The Ehrman Medical Library staff maintains two family health information resource centers and in September 2005 will add a third. The librarians who manage these centers teach the use of NLM databases and techniques for finding health information resources on the web on a daily basis. However, many hospital, medical school and public librarians in Region 1 do the same. As part of the Strategic Plan, the RAC will consider ways to encourage presentations on health information resources to intermediaries. This may be through encouraging consortia or Resource Libraries to develop programs within their service areas.

Classes and training materials available through the NN/LM National Training Center and Clearinghouse web site will be provided as teaching guides. Any special instructional materials developed by network members will be submitted to the NTCC database for shared use. The RML staff will:

- invite all network members to participate in a program for training teaching intermediaries.
- identify likely collaborators from the Region Community Information database, encourage possible partnerships.
- publish articles on these partnerships in the Regional newsletter and on the Region's website.
- submit to local press for increased exposure.

Broadening participation of hospital librarians to teach these courses within their institutions and communities will not only inspire more partnerships, it will empower hospital librarians by recognizing their expertise and important role in improving the health of their communities.

B.5. Exhibits and Presentations at Meetings

The contractor shall promote NLM and NN/LM programs and services at national, regional and state meetings of health professionals and organizations that represent minority or underserved members of the general public. NLM will provide each RML with an exhibit backdrop to be used at national exhibits. The national exhibit schedule will be set for October-September, ten to twelve months in advance. Responsibilities shall include the following:

B.5.a. In consultation with NLM, providing full support for a minimum of twelve meetings (six national and six others) for an exhibit, technology-related presentation, program presentation, or course offering, including making all arrangements (Scheduling fees, shipping, logistics, equipment and publications). Coordination of course offerings, program presentations and other offerings at meetings should be in line with national initiatives and promotion activities identified by NLM

Approach and Methods

Region 1 includes 3 major national meeting site locations (New York, Philadelphia and Pittsburgh) and several popular regional meeting sites. The RML staff will coordinate in concert with NLM, at least 27 programs (6 national and 21 state or local) for exhibits or other presentations to health professionals on the biomedical information resources of the National Library of Medicine. Special effort will be made to select meetings of those target groups that have been prioritized by the region for special attention, such as unaffiliated health professionals and those who provide health care to minorities or underserved populations.

B.5.b. Identifying a single RML staff member with responsibility for reporting exhibits and other RML activities at all national, regional, state and local meetings to ensure timely, accurate and complete reporting

B.5.c. Enlisting the assistance of network members in exhibiting at national state and regional meetings

B.5.d. Assisting NLM's National Network Office in identifying health professional and consumer-focus meetings

B.5.e. Seeking opportunities for program presentations at all assigned national meetings

B.5.f. Attending state library association meetings and exhibiting or making presentations to promote NLM and NN/LM programs and services

Approach and Methods

The Administrative Assistant for the RML will be assigned the responsibility of coordination of the Region 1 exhibits program. Working under the supervision of the Coordinator for Outreach and Communications, the Assistant will:

- Report all RML exhibit and related presentation activities to NLM as required
- Match exhibit schedules and program opportunities to Resource Library participants. (Each resource library agreement includes a statement of willingness to participate in these exhibits if requested).
- Maintain a surveillance system for identification of exhibit opportunities at meetings in the Region 1 area and to inform NLM of possible opportunities for exhibits.
- Work with the Coordinator for Outreach and Communications to contact meeting organizers to suggest program presentations about NLM resources and services through the NN/LM at assigned national meetings.
- Arrange for an exhibit at all state library association meetings, and the region's MLA Chapter Meetings to promote NLM and NN/LM programs and services. The exhibits at these meetings will be promoted as examples of what can be sponsored by network members in their own locations. Various RML staff and/or network members will participate in these exhibits.

B.6. Information Technologies and Policy Awareness

The contractor shall develop an information technology and policy awareness program, which includes the following

B.6.a. Holding regional showcases or forums focused on the use of information technology to improve access to biomedical information and on policy issues affecting production, distribution and access to biomedical information

Approach and Methods

The RML staff, in consultation with the RML Technology Committee, will create an RFP for institutions who wish to develop and present an Information Technology and Policy Awareness Program. Institutions who offer programs to minority students will receive preference. Most of the Resource Libraries have special summer student minority programs to provide scientific research experience in hopes of recruiting minority populations to careers in the biological sciences. The libraries in such institutions, as well as the libraries of the 7 Historically Black Colleges and Universities, and the 45 Hispanic Serving Institutions (Attachment D) and their

partners will be solicited and encouraged to develop proposals for these showcases. Programs from other Regions and past programs from Region 1 will provide examples of possible presentations.

These showcases can include demonstrations of PubMed and PubMed Central, but must also include exhibits or discussions of the technology issues currently being addressed by NLM and the NCBI that are directly affecting scientific research and its translation to clinical practice, e.g. human genome resources, computational molecular biology and toxicology and environmental resources, including bioterrorism.

B.6.b. Monitoring current technological and policy developments and trends to identify those that will improve access to biomedical information. In cooperation with the NNO, the contractor shall design and test systems to help support these operations within the region.

Approach and Methods

The Technology Committee of Region 1 will be assigned the responsibility for monitoring and reporting technology and policy developments and technology trends that will improve access to biomedical information. They will report these regularly in a column in the Region 1 Newsletter and on the Website. They will also recommend action by the RML and its constituents when it affects the delivery of health information. For example, the Ehrman Medical Library offers a class in Open Access publishing issues to its faculty and students. The Technology Committee could recommend that the Region create a training opportunity for other libraries in teaching similar classes throughout the region.

The Technology Committee will be responsible for monitoring and reporting on technology trends or policies that would be of interest to libraries in the region. They would also be aware of local library needs, serve as a sounding board for technology issues and help to prioritize projects for the Library Improvement Plan. Committee members will work with the Technology Coordinator who will staff the Committee. The purpose of the committee is to increase involvement and commitment of RML members to the region's programs, and to make sure that programs developed involving technology are relevant to libraries and appropriate community or faith-based organizations in Region 1. The specific duties are outlined in the job description in Part III.

The RML staff Coordinator for Technology will maintain a blog on the website that will discuss new technology developments and ideas for use by libraries in their approaches to their daily work as well as the NN/LM mission.

Both the Technology Committee and the RML Coordinator for Technology will recruit libraries to be test beds for new systems developed by the NNO, and will coordinate the design and evaluation of the tests.

B.7. Library Improvement Program

The contractor shall implement an NN/LM library improvement program, if needed, in the region. If no program is proposed, the contractor shall provide an explanation of why the program is not needed. Site selection criteria are found in Appendix 4. The following shall be included in this program

The needs of the libraries need to be articulated and prioritized. During the initial contact with RML Resource Library Directors and health sciences library consortia, it became clear that both

small and large academic libraries had ideas for the RML to help them, for example, in ILL issues, leadership experience and technology. The strategic planning process will be critical to the development of a Library Improvement Plan that can be implemented throughout the contract years. The Library Improvement Committee is charged with overseeing the needs assessment and identification of new methods to encourage library improvement.

B.7.a. Identifying hospital libraries that do not have onsite access to NLM resources, do not participate in DOCLINE, and meet the minimum criteria outlined Appendix 4

Approach and Methods

Current Region 1 programs have attempted to work with libraries that fit the criteria for the library improvement program as interpreted through the definitions in Appendix 4 to the Statement of Work (Attachment 2). However, there is confusion within the four state region over which institutions would qualify for participation in the Library Improvement Program.

The offeror will survey the hospitals in the Region to determine if they have library service of any kind and have access to NLM resources. However, even the definition of hospital is no longer as significant as it once was. Ambulatory and specialized clinics in both urban and rural areas may represent clusters of health professionals working without access to NLM resources, although they would have a library in a conference room with an administrative assistant assigned to look after it for the required 10 hours a week. The offeror will attempt to find large clusters of health professionals and assess their access to NLM resources as well.

B.7.b. Developing a program to improve library services delivered to hospital staff, which may include

- i. Loaning equipment necessary to access PubMed, MedlinePlus, DOCLINE and Web services**
- ii. Introducing the library manager key staff, administrators and health professionals to the NLM systems, hardware, software and other resources available in the network to improve their access to information**
- iii. Conducting frequent follow-up contacts with the librarian to assess progress and offer assistance**
- iv. Encouraging electronic document delivery**
- v. Encouraging and supporting expanded collaborations between hospital library staff and institutional administrators to enhance the library's ability to contribute to hospital programs and priorities**

Approach and Methods

In the surveys of Region 1 network members conducted during the competitive process for the RML contract, comments from interviews and the web based survey both emphasized the (1) importance of support to libraries from the RML, and (2) the willingness of both Resource Libraries and health library consortia to take some responsibility for improving the resources and functionality of health sciences libraries in their self-defined geographic area. The highest priority of service and expectation from the RML for all sizes of libraries was training support.

The offeror will assign the Library Improvement Committee to determine through the Strategic Planning process what areas of training and support health sciences libraries are requesting. They will then be asked to recommend a multi-level training program that will support the needs of all libraries in the region, including participation of training at basic levels of service that can be delivered locally. This local approach is often critical to the success of any improvement

program, since the criteria in B.7 (b) suggest working directly with hospital staff, to some extent, “over the head” of the person responsible for the library. Sensitivities to local situations are important, particularly in such a large and complex region, where direct intervention from RML staff might be interpreted as outside governmental interference.

A rationally developed and prioritized training program will be created that responds to identified needs, but can be coordinated through presentations at Chapter and Regional meetings, or local special presentations. The RML will create an RFP for development of a particular class if there is strong indication of need. Possible subject areas would be managing e-resources for small libraries and consortia; influencing decision makers in the hospital environment; how to apply for library grants. RML staff will implement technology solutions to presenting training of interest to only a few individuals who may be geographically very separate, but who have critical needs within their responsibilities. Since understanding of assessment and evaluation is a critical need for the successful implementation of the offeror’s proposal, the RML will encourage training in this topic with emphasis on the NN/LM Outreach Evaluation Resource Center’s workshops on outreach planning and evaluation and hospital library evaluation throughout the region by establishing subcontracts for trainer training.

Breeze will be used for training and committee meetings, especially when the number of recipients is small.

B.8. Internet Connectivity

The contractor shall develop, implement and annually update a plan to encourage high quality Internet connectivity for network members and health professionals in the region. This shall include, but not be limited to:

B.8.a. Reviewing the adequacy of the Internet connections of network members on an annual basis, reporting the results to the region and to NLM, and assisting the “under connected” in maintaining and upgrading their connections;

Approach and Methods

The RML staff will be responsible as a group for contacting every network member library on an annual basis to determine the accuracy of the DOCLINE directory and other related information, and to determine training needs, technology needs and general satisfaction with NN/LM programs. Initial contact will be made through web survey software on the MAR website. A space to request telephone follow-up will be included. The survey will include questions on the type and speed of Internet connection for the library and its parent institution.

For those who did not respond or left critical blanks in the survey, there will be a telephone follow-up by the RML office. The Technology Committee in concert with the RML Coordinator for Technology will develop specific questions about network connections to determine whether a library is “under connected”. Speed of connection, firewall issues, computer configuration will be addressed in a non-technical way that will still give a clear impression of whether the institution has need for connectivity support.

Results of the survey will be reported to NLM in the annual report, but more importantly will be used as a contact device to encourage institutions to apply for NLM Connectivity support grants.

B.8.b. Identifying inner city and rural health care organizations that are not connected to the Internet or that are under-connected; consulting with them to determine if they would benefit from assistance with connecting/upgrading their

connection, and providing the needed assistance; introducing staff to PubMed, MedlinePlus and other health information resources on the Web.

Approach and Methods

The Community survey will identify health care organizations that have high potential for partnership projects. The RML staff will follow-up with potential library partners to determine if technology issues would be a barrier to establishing joint projects. If so, the RML staff will encourage the organization to upgrade their connections through an Internet connection grant. As part of the grant process, the RML will require successful applicants to complete two training sessions: finding and evaluating health information resources on the web, and PubMed, or another appropriate class.

Part II. C. PROJECT FUNDING AND ADMINISTRATION

It is the responsibility of the RML to create records in NLM's database of projects for all projects sponsored by the RML, with the identification of an RML staff member whose responsibilities include creation and maintenance of project records. All Quarterly and final reports of projects should be submitted electronically using a Web-based reporting tool to be developed and deployed during the first year of the 2006-20011 contract.

The following funding categories are not comprehensive, but illustrate the variety of projects an RML may fund;

- **Outreach awards provide support for health information outreach to health professionals and/or consumers**
- **Express awards provide funding to support the planning of a larger-scale project or follow-up analysis of the impact of a previously funded project**
- **Exhibit awards support network members' representing NLM and the RML at a regional, state or local meeting**
- **A network member may conduct information technology and policy awareness conferences with sponsorship by an RML to highlight the use of information technology to improve access to health information for health professionals and consumers.**
- **Library improvement awards include funding to support (1) enhancement of equipment for resource sharing among network members and (2) communication of the contributions of library services for the larger organization**
- **Connections awards support the improvement of network members' connections to the Internet**

Approach and Methods

The distributed model of network program development offered in this proposal relies on the commitment of the network membership, in particular, the Resource Libraries to participate fully in the implementation of the region's Strategic Plan. The desire of member libraries to be more of a community and to be full participants was communicated in the offeror's preliminary survey of network members, and is at the heart of the proposed region's structural framework.

The strength of this approach comes from the knowledge that the participating work of outreach, training and education and service to users falls within the existing mission of our Resource Libraries. Therefore, if appropriately funded, managed and presented, there will be active and eager support of the distributed model.

The offeror's proposal is an attempt to create permanent relationships for health information outreach programs within the MAR region by stimulating new and organizing the existing significant mission of Resource Libraries, hospital libraries and health sciences library consortia through subcontracts and awards. The RML staff will participate in training efforts through teleconferencing, but these will more likely be "train the trainer" type efforts. We believe that this approach will allow more programs in more places for the same funding levels.

The offeror believes strongly that the most effective outreach programs are local, and permanent relationships can only be built at the local level. We also believe that the MAR region contains a wealth of excellent outreach oriented health sciences libraries and librarians that can rapidly take on these roles with financial support from the region. Therefore, the role of the RML staff is not to be present randomly throughout the region, but to encourage the development of useful programs identified by the RAC, to follow-up with those who have been awarded to help in every way with problems that might appear, to aid in the development of grantsmanship capabilities for librarians within the region. Face-to-face interaction will be replaced by frequent phone contact and video-conferencing.

The budget presented for this proposal therefore is organized for RML staff hours with minimal travel for program activity. Almost all of the program activity will be distributed through award granting mechanisms based on the priorities and goals of the Region's Strategic Plan. In Year 1, \$132,200, and in Year 2, \$295,900 will be set aside for awards for network members. Application forms for these awards are in Attachment C.

1) Exhibit awards encourage network members to exhibit on behalf of MAR and the NN/LM at various local state and regional meetings. Each award is for \$2,000 with 3 scheduled for Year 1 and 6 for Year 2.

2) Information Technology Awareness Award

Two of these awards a year are planned for co-sponsorship between a Resource Library and libraries for Historically Black Colleges and Universities or Hispanic Serving Institutions and their affiliates. They are to support conferences about the exciting developments at NLM's NCBI, new databases and services in support of basic biology and science. Each award is for \$2,000.

3) Microawards

These awards are aimed at health sciences libraries to provide instant support for purchase of equipment needed to improve electronic interlibrary loan or promote library services. They are also aimed at informing applicants and creating a sense of participation in NN/LM programs to enlarge the vision of staff of smaller libraries that may not understand the goals and mission of the NN/LM and the Middle Atlantic Region. The application will be extremely simple (one page) and decisions and distribution will happen immediately. The maximum amount is \$500.

4) Technology Improvement Awards

At a time when technology or its absence in a library determines service capability, these awards will support all libraries in their attempts to continue a high level of service to their health professional users. When budgets are stretched thin and being reduced, these awards may help to make a positive difference in a library's performance capacity. Award amounts will be from \$501 to \$7500. These awards will be peer reviewed by the MAR Technology committee.

5) A. Outreach Conference Awards (Year 1)

A core concept of the offeror's proposal is to develop a Middle Atlantic Region Strategic Plan in the first year. This plan will recommend target outreach groups and approaches to health information programs for the four state areas. The plan cannot be implemented until Year 2. The offeror proposes two conference awards on Health Disparities and Information Literacy in the first year interim. These conferences will provide input into the Strategic Plan, promote the NN/LM and its services and begin to identify community partners for the implementation programs. The conferences should be at a level to attract attendees from a wide geographic area within Region 1. These awards will be peer reviewed by the Outreach Committee

5) B. Outreach Awards (Year 2)

A core concept of the offeror's proposal is to develop a Middle Atlantic Region Strategic Plan in the first year. The Strategic Outreach Plan will identify and prioritize target groups for unaffiliated health professionals, target special populations and health disparities for which improved access to health information for the public and health professionals would make a critical difference. The plan will also recommend possible partners in developing programs and a series of possible programmatic approaches, all of which will have a specific and appropriate required evaluation component, to create health information programs for the four state areas. These approaches will be expressed as a series of outreach awards to be available for libraries, consortia, or partnerships to apply for. They will be peer reviewed by the Outreach Committee. The awards will range from \$10,000 to 25,000 each.

6) Training and Curriculum Development Awards

Five outreach training awards will be offered for MAR librarians to teach the series of topics: PubMed, MedlinePlus, and other specialized NLM databases, and Finding and evaluating health information resources on the Web to libraries or community groups in underserved areas or those serving ethnic minorities or special populations. These awards for \$2000 will cover classroom, promotion, organizational and travel time. They are meant to begin the partnerships that will hopefully continue on an ongoing basis. They will carry a strong planning and evaluation component so the Region, through the Outreach Committee can learn from the experiences. The Outreach Committee will peer review the proposals for quality assurance.

The Library Improvement part of the Strategic Plan will prioritize and detail topics for training for all levels of health science libraries and staff within the region. The RFQ for class development and delivery will then specify numerical goals and locations for delivery of these classes. Year 2 will begin the process of implementing instructional events to meet these goals.

The application process for RML awards will require a description of the project, implementation schedule, evaluation plan and budget. They will be peer-reviewed by network members and RML staff. The RML staff will consult with any applicant to advise on how to apply for and complete the forms necessary for grant applications. The RML will develop a NN/LM Grants Toolkit and a training class, aimed at novice applicants on how to think about and apply for NN/LM funded projects. The Toolkit will be available in print and on the MAR website. Rotating membership on grant peer review committees will promote broad awareness of the grants and increase knowledge about good "grantmanship" amongst librarians within the region.

Schedule

The RAC will recommend and define appropriate review standards for outreach and training subcontracts. The Coordinator for Outreach and Communication will develop a plan to promote and encourage grant applications at all levels. The Coordinator for Programs will have responsibility to ensure that all RML granting programs and contracts are administered according to the requirements of the RML and NN/LM. All Region 1 supported projects will be reported to the NLM projects database quarterly and annually electronically. The RML Administrative Assistant, supervised by the Associate Director, will administer the reporting process as required.

Awards announcements are already prepared and appear in Appendix C. Announcement of these awards and their intent will be communicated on the MAR website early on, but deadlines for submission will be 6 months after contract funding. The Chairs of the 4 RML committees are already declared. They will form the review team.

If the contract is awarded to NYU, there will be a contingency plan for unexpended funds submitted for NLM approval within 4 weeks. The Director and Associate Director have a positive relationship with the current RML staff. During a discussion of transition, we will review the existing programs to make sure they will not be jeopardized by the transition, and we will ask their input on possible contingencies for unexpected funds.

PART II. D. ENHANCEMENTS

Throughout the five-year contract period, the Regional Medical Libraries are encouraged to submit proposals to conduct special projects designed to improve or enhance network programs and services to health professionals, libraries, and the general public. These projects will be within the scope of work of the contract. In addition to regional programs, RMLs may propose joint projects with other regions as well as programs that are national in scope. Other network libraries under subcontract to the RML may also propose enhancements.

Approach and Methods

The Region 1 Strategic Plan will consider and recommend enhancement projects both within and between regions. In evaluating the implementation of the Plan, the need for additional projects may be apparent.

The RML staff will respond to these recommendations by communicating to NLM and other regions the plan to develop an enhancement proposal and if there is appropriate interest, develop the proposal for approval, funding and implementation.

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PART III: Personnel

The six FTE professional and 1.86 FTE support staff will be the RML Administrative Team. Their purpose will be to perform, efficiently and well, the work described in the offeror's proposal. They will also help to ensure that the Middle Atlantic Region's goal of creating a health information community will be realized through their continuous communication, responsiveness and enthusiasm.

The Library Director is committed to .15FTE. That determination reflects both the importance of the contract and the fact that it will be a new experience for the NYU Library. Dedicated time and attention at start-up will require more than in a long established RML office. The time set aside was calculated on the number of days a month (3) the Director would be working on RML issues. This includes attendance at meetings, communicating frequently to members and reaching out to RML members and the special populations and target groups as much as possible. Since this is also within the mission of the school, it will be easily incorporated into the schedule of the Director. A reconsideration of the Director's time commitment needs will be part of the mid-contract staffing evaluation.

The RML Associate Director, in addition to specific project responsibilities, will supervise the staff on a daily basis, prioritizing work and, together with the RML Director, ensuring compliance with the contract requirements. The Director will represent the RML to NLM, the NN/LM, and the four state community and network members. As Chair of the Regional Advisory Committee, the Director has ultimate responsibility for the strategic planning process.

The RML Associate Director will have a position equivalent to Associate Director of the Ehrman Library. As such that individual will sit on the administrative team of the library that meets weekly to share information and develop library priorities. Through this mechanism, and through the full and sympathetic support of the Director of both, there will be a sense that the RML is part of the NYU Health Sciences Libraries, and the energies and concerns of the management team will be available for the RML.

In order to seed the most technical positions into the reality of NYU and its requirements, and into the day-to-day workings of a typical resource library, it is important for some of the RML staff to work within the Ehrman Library. The Financial Assistant who will be working .5 FTE for NYU/Ehrman and .5FTE for the RML. This position will allow for smoother relationships and understandings between the various offices of the university and the NNO. Likewise, the technology coordinator needs to learn what the technology issues and regulations are for e-mail, conferencing support, networks and other requirements within the system here, and also needs to know what typical issues crop up in health sciences libraries that would be of concern to librarians in the MAR. This position therefore will have .15 FTE paid out of the Ehrman budget. The Network Services Coordinator will be asked to work one half day a month in our Document Delivery Dept, as a reality check to ensure the best support for the RML librarians based on practice. This will be part of the RML compensation, as it is a quality-assurance plan.

If the Library staff's expertise is significant in time commitment and critical to the RML, particularly in start-up or a sudden vacancy, they will be compensated as temporary RML staff.

Three positions may hold new titles for the NN/LM RMLs, but they are created to emphasize the core concepts of the offeror's proposal. The Coordinator for Planning and Evaluation not only will provide professional expertise and focus on the overall strategic planning effort, but will also inculcate a culture of evaluation and assessment within all the program activities of the RML. The Coordinator for Outreach and Communications will implement a communications plan to guarantee that the health professionals and librarians of the Middle Atlantic Region will know that the MAR represents the services and program priorities of the National Library of Medicine's NN/LM, and what those services mean to them. The result must create a strong conduit for input to and from network members. The offeror's proposal requires that network members via awards, committee and task force assignments will accomplish much of the outreach program. The RML work will shift from "doing things" to "coordinating the work of others" and ensuring compliance with stated program objectives. The Coordinator for RML Programs will keep track of the implementation of the strategic plan and all its programs. The Coordinator for RML programs serves as an executive assistant to the Associate Director in that he/she will be responsible for looking at the RML and MAR as a whole, helping to make sure that the staff and region is on task and on time, working with project management concepts and follow thru. In effect, this position extends the Associate Director position and emphasizes the importance of the whole. The offeror feels that this position increases the importance of the programs and provides for closer follow-up and follow thru. One of the evaluation processes will be to examine the staffing concepts at mid-contract to see if this position needs to be increased to full time.

Although there is no specific job title for Consumer Health Coordinator in this proposal, there is clear assignment and high priority to the NN/LM mission and its involvement in outreach for each employee and member of the team. Please see table below for clarification of titles and responsibilities.

JOB TITLE	RESPONSIBILITIES FOR AND TO POPULATION GROUPS/TYPES	COMMITTEE/TASK FORCE STAFFING
Director	NLM, Resource Library Directors, Network members, potential Network members	Chair, RAC
Associate Director	NLM, Resource Library Directors, Network members, potential Network members	Task Force on National and Regional Emergency Planning; Task Force on Collections of Historical and Unique Material
Coordinator, Outreach and Communications	Consumer Health, CBOs, Faith-based organizations	Library Improvement Committee
Coordinator, Planning and Evaluation	Unaffiliated health professionals, public health workforce	Outreach Committee
Network Services Coordinator	Network members, potential network members	Resource Sharing Committee
Technology Coordinator	Network members, potential network members	Technology Committee
Administrative Assistant	Assist MAR Administration	
Coordinator, RML Programs (.5 FTE)	Assists other coordinators	
Financial Manager (.5 FTE)	Assist MAR Administration	
P/T Clerical (.86 FTE)	Assist MAR Administration	

Each professional staff member of the RML will be fully capable of providing support and training for general DOCLINE management; and for teaching the classes on the topics: PubMed, MedlinePlus and Other NLM Databases, and Finding and Evaluating Health Resources on the Web; and for staffing exhibits. All will be cross trained and knowledgeable enough about the work assignments of others to be able to carry on any responsibility in case an interim staffing need should arise.

In addition to the RML staff, the staff of the NYU Health Sciences Libraries will be back up and support for training and technology needs. The outstanding Library Medical Informatics Group will be available for consultation, training and problem solving and will maintain the file servers, negotiate networking difficulties and other equipment considerations. The Technology Coordinator will be a member of this staff for .15 FTE to ensure familiarity with NYU technology policies and procedures. The Public Services staff will perform as back-up trainers during interim periods or if there is an unexpected need.

No salaries total more than 100% on government grants.

Transition Plan

Because both offerors for the MAR contract are located in New York City, it is possible that some employees of the current regional office might serve in a temporary capacity for some of the positions. It is estimated that the program could be fully staffed within 6 months. The staff of the Ehrman Library is enthusiastic and committed to the MAR program; the RML planning team will be able to serve in partial capacity during that time. Duties of Ehrman staff can be partially alleviated through temporary employment using library employment agencies as needed. The

New York City metropolitan area is the home of 5 library schools and library interns often serve well as temporary help. We have found in our routine recruitment efforts that the New York City area has high desirability as a place to live and work and easily attracts applicants from a national base. For the same reasons, New York University now ranks first in the nation as the most popular for applicants.

Kathel Dunn has agreed to serve as Associate Director upon funding. It is likely that within the first 2 months, she will serve at .5FTE until the Ehrman Library can find a working arrangement for replacement of her present duties as Associate Director for Public Services. Ms Dunn has been an energetic, well informed and creative contributor to the development of the offerors proposal.

Well established and successful NN/LM programs will be continued without interruption (network services, document delivery, consultation for member libraries, instruction on Pubmed and MedlinePlus) by interim staff and newly hired staff. Use of videoconferencing will become a prevalent mechanism for instruction and conferences. During the transition phase, every effort will be made to ensure that successful ongoing MAR programs are not jeopardized. The RML staff will also begin the environmental scan and create its community database for use in the planning effort.

Good and constant communication to network members using all technologies, including print and telephone, will be vital in the transition. Communication of the essential elements of the contract proposal and the strategic planning process and governance changes will be featured. The offeror has cordial relations with the current RML, both the Director and Associate Director are Fellows in the Academy of Medicine, and both libraries are in the same community. Transition meetings will be easy to establish.

Recruitment

Although New York City is one of the more expensive areas in the country for cost of living, it is also populated by a large number of recent graduates of outstanding master degree programs. The culture is such that a good 3-5 year working experience is desirable and soft money has never been a problem in a large academic and health care institution like NYUMC. While some positions will require a high level of knowledge about the RML (Document Delivery) and health sciences libraries, others, such as technology and planning will not, especially since they will be guided by highly active committees and a strategic plan.

Formal position descriptions will be pre-processed through the NYU School of Medicine Human Resource system. Upon announcement of funding they will be immediately posted and advertised through the institution's recruitment system, along with announcement on library posting schedules. We do not know if current RML staff, also located in New York would be interested in applying for any of the newly described positions, or would be interested in temporary employment while they sought other jobs. Conversations will be held with them on the transition process if there should be one.

Our library staff is prepared to act in a temporary capacity and is highly qualified and knowledgeable in their own right, particularly in the areas of technology, document delivery, and general RML program planning. Kathel Dunn has agreed to be named Associate Director.

Director of the Middle Atlantic Region, NN/LM

Overall Responsibilities

The RML Director leads the planning, implementation, and evaluation effort of the Middle Atlantic Region. The Director represents the MAR to the NN/LM, the National Library of Medicine, New York University and its members.

Specific Responsibilities

1. Directs the programs of the MAR according to the contract and its requirements. Recruits key staff.
2. Negotiates the MAR contract with NYU School of Medicine and the National Library of Medicine.
3. Provides leadership and establishes the implementation process for achieving the goals and objectives of the MAR.
4. Chairs the Regional Advisory Committee (RAC) and directs the strategic planning process.
5. Represents the RML to the Resource Libraries and other primary partners in creating the health information community.
6. Meets at least annually with the NYU Internal Advisory Panel to discover new approaches and opportunities that should be considered for the MAR programs.

Dr. Karen Brewer serves as Director of the Ehrman Medical library and will also serve as Director of the Middle Atlantic Region. She brings significant outreach experience to the project from her position previous to NYU at the Northeastern Ohio Universities College of Medicine. For over twelve years, she successfully coordinated library programs in a fourteen county region of northeast Ohio and directed a library program that depended on the cooperative services of 16 hospital libraries and 3 university libraries, as well as the central library, which she directed. In her career at NYU, she has overseen the creation of 3 consumer health libraries and several branch libraries. She has served on the Board of the Medical Library Association, and has held several offices including President of the Association of Academic Health Sciences Libraries. She recently completed a standards project for AAHSL that resulted in the 2003 publication, Building on Success: Charting the Future of Knowledge Management within the Academic Health Center.

CURRICULUM VITAE

Karen L. Brewer

256 West 10th Street, #3A

New York, NY 10014

Phone: (212) 263-5393; Fax: (212) 263-6534

Personal Data

Born *Janesville, Wisconsin*
Citizen USA

Education

1965	B.A.	Asian Studies	University of Wisconsin, Madison
1966	M.A.	Library Science	University of Wisconsin, Madison

1983 Ph.D. American History/ Chinese American Relations Case Western Reserve University

Academic Appointments

1983-1988 Adjunct Assistant Professor, School of Library Science, Kent State University
1988- Curator, New York University School of Medicine
1998-2004 Adjunct Professor, School of Library and Information Science, Queens College, City University of New York

Library Appointments

1961-1965 Student Assistant, W. S. Middleton Medical Library, University of Wisconsin, Madison
1966-1967 Head of Reserve Collection, W.S. Middleton Medical Library, University of Wisconsin, Madison
1968-1969 Reference and Interlibrary Loan Librarian, Mooney Medical Library University of Tennessee Medical School, Memphis
1970-1976 Reference Librarian, Head of Serials, Head of Reference, Acting Librarian School of Medicine, Cleveland Health Sciences Library, Case Western Reserve University
1976-1988 Director, Oliver Ocasek Regional Medical Information Center, Northeastern Ohio Universities College of Medicine
1988- Director and Curator, Frederick L. Ehrman Medical Library, New York University Medical Center

Awards and Honors

1989- Fellow, New York Academy of Medicine
1990 NYU School of Medicine Class '90, Special Certificate of Merit

1995 Who's Who of American Women
1996- Who's Who in America
1996- Distinguished Member, American Academy of Health Information Professionals

Major Committee Assignments and Appointments

New York University Medical Center

1988-2000 Faculty Council
1989- Academic Committee, Faculty Council
1988- Curriculum Committee
1988- Trustee for Medical Library Center of New York
1988- Friends of the Library, Secretary/Treasurer
1989-2000 IS Steering Committee
1995 Committee to Consider Establishment of Family Practice Dept
2000 Committee to Review Tenure & Promotion Criteria, Subcommittee
2002- Deans Committee on the Ehrman Library
2003- Resident Curriculum Committee

Cornell University Weill Medical College and Graduate School of the Medical Sciences

1993	Peer Review Committee, Carolyn Reid
1999	Peer Review Committee, Helen Ann Brown
2001	Peer Review Committee, Mark Funk

New York Metropolitan Reference and Research Library Agency

1992-1994	Hospital Library Committee
1993-1994	Chair, Strategic Planning Committee
1993-1994	Technology Grant Review Committee

Northeastern Ohio Universities College of Medicine

1977-1988	Academic Council
1977-1988	Chair, Council of Hospital Librarians
1978-1981	Secretary of the Faculty
1979-1981	Chair, Committee on Lifestyles
1979-1988	AHEC Administrative Committee
1979-1988	Medical Microwave Programming Committee
1985-1988	Chair, Facilities Committee (Space Utilization)
1981-1986	Regional Strategic Planning Committee, 1983 - 1985
1981-1986	Computer Committee
1983-1988	Chair, Computer Planning Subcommittee
1984-1985	Continuing Medical Education Advisory Committee
1984-1988	Curriculum Committees (4)
1984-1988	Committee on Committees
1983-1985	Chair, Information Skills Task Force
1985-1988	History of Medicine Committee

National and Regional

1979	Ohio AHEC Committee on Learning Resource System
1986	State (Ohio) Council Library Advisory Committee

OHIONET (State OCLC Network)

1981-1987	Acquisitions Council
1984	Nominating Committee

Health Audiovisuals Online Catalog (HAVC)

1982-1987	Administrative Coordinator, (Nationally available data base of audiovisual collections of the seven Ohio medical schools)
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Kentucky-Ohio-Michigan Regional Medical Library Program

1979-1980	Steering Committee
1976-1982	Executive Committee
1981-1982	Chair, Committee on Structure

Greater Midwest Regional Medical Library Network

1985-1987	Regional Advisory Committee
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Northeastern Ohio Major Academic and Research Libraries

1976-1988	Directors Committee
1983-1985	Convenor

Memberships, Offices and Committee Assignments in Professional Societies

Association of Academic Health Sciences Library Directors
 1980-1987 MLA/AAHSLD Task Force on the Development of Standards and Guidelines
 1986-1989 Secretary/Treasurer
 1994 President-elect
 1994-1996 MLA/AAHSLD Joint Legislative Task Force
 1994 President
 2000-2003 Chair, Charting the Future Task Force

Medical Library Association

1975 Chair Library Exhibits Committee, Annual Meeting
 1979-1982 Ad Hoc Committee to Study International Exchange and Redistribution of Materials
 1987-1989 Research Section, Liaison to Legislative Committee
 1987-1990 Awards Committee, Chair, 1990
 1991-1994 Board of Directors
 1999 Medical School Libraries Section, Strategic Planning Committee Chair
 2000 Chair-elect Leadership and Management Section
 2001 Chair, Leadership and Management Section

O. H. I. O. (Ohio Health Information Organization)

1978-1979 Chair, Committee on Structure
 1979-1980 Chair, Membership and Nominating Committee
 1982-1985 Chair, Resource Sharing Committee

Other Associations

1989- Member, New York New Jersey Chapter, Medical Library Association
 1994- American Medical Informatics Association, Member
 1989- Archons of Colophon, Member
 1996- American College of Physicians and Surgeons, NY Chapter, Evidence Based Medicine Planning Group Member
 2000- Association of American Medical Colleges, Ad Hoc Committee, LCME Guidelines for Library and Information Resource Section
 2004- New York Academy of Medicine, Committee on Admission

Editorial and Advisory Boards

1987-1993 Association of Academic Health Sciences Libraries, Annual Statistics of Medical School Libraries,
 1989-1993 Documentation Abstracts Board of Directors, MLA Liaison, Alternate, Delegate
 1998 Content Reviewer, Current Practice in Health Sciences Librarianship, vol. 8; Medical Library Association.
 2000- Member Thieme Publishing Inc, Advisory Board
 1998- Annals, New York Academy of Science Advisory Board
 2004- OVID Technologies, Inc. Advisory Board

Teaching Experience

1972-1976 Serials Librarianship In Health Sciences Libraries
 Case Western Reserve University School of Library Science, lecturer

1983-1988	Introduction to Health Sciences Librarianship Kent State University School of Library Science, course developer and lecturer
1994-	Research Training Course in Ethics, New York University School of Medicine, course developer and lecturer
1998-2004	Introduction to Health Sciences Librarianship, Course Director Queens College, CUNY

Major Research Interests

Information retrieval patterns of medical library users.

Information usage patterns in medical practice and research.

Grants:

National Library of Medicine Alteration and Renovation Project Grant, 1978 - 80, \$245,780 (Principal Investigator).

Greater Midwest Regional Medical Library Network, Adult Development (Middle Aging) Resources, 1984, \$2,052.

Greater Midwest Regional Medical Library Network, Nursing Home and Adult Day Care Management, 1986, \$3,584.

New York Metropolitan Reference and Research Library Agency, Hospital Library Services Program, Collection Development Award; 1988/89, \$4,500; 1989/90, \$3,500; 1990/91, \$3,500; 1991/92, \$3,500; 1992/93, \$3,500; 1993/94, \$5,200; 1994/95, \$3,500

New York Metropolitan Reference and Research Library Agency, Hospital Library Services Program, Technology Applications Award 1994, \$2,000; 1995, \$2000; 1996, 2,000; 1997 \$3,000, 2003, \$,000; 2004, \$4,000.

New York Metropolitan Reference and Research Library Agency, Bibliographic Data Bases and Interlibrary Resources Sharing Program, LSCA Title III, Retrospective Conversion of Ehrman Medical Library Resources, 1990/91, \$42,864.

Department of Homeland Security 2002-2004, NYU Disaster Preparedness Program, Co-Investigator, \$87,000.

Bibliography: Publications

Brewer, K, Homan, JM, Messerle, J, Yokote, G; Building on Success: Charting the Future of Knowledge Management Within the Academic Health Center, Association of Academic Health Sciences Libraries, 2003.

Brewer, Karen, "Mentoring Takes Center Stage" MLA News, January, 2002/342: 11.

Brewer, Karen, "Unique Juncture Makes Leadership Mission Critical", MLA News, September 2001/Number 339: 16.

Aull, F. et al. An on-line resource for the medical humanities. *Academic Medicine*; 69(9) September, 1994:737-8.

Love, Erika, et al., Challenge to Action: Planning and Evaluation Guidelines for Academic Health Sciences Libraries. Joint Task Force of the Association of Health Science Library Directors and the Medical Library Association, Chicago, IL, 1987.

"Alternative Medicine; a Bibliography of Books in English," *Bulletin of Bibliography*, 43(3) December 1986: 92 (book review).

"Bibliographic Services and User Needs," *Bulletin of the Medical Library Association* 73(2) April 1985: 221-222 (book review).

Miller, Dick R. and Brewer, Karen, "Usefulness of OCLC Archive Tapes as a Basis for Local Online Systems," *Cataloging and Classification Quarterly* 2(4) Summer 1982: 77-85.

Brewer, Karen et al., "Method for Cooperative Serials Selection and Cancellation through Consortium Activities," *Journal of Academic Librarianship*, 4(4) 1978: 204-208.

Brewer, Karen, editor, *Biomedical Serials*, Cleveland Health Sciences Library, Case Western Reserve University, Cleveland, 1976 (published list of journal holdings, prepared on computer in specialized format).

Presentations

"Charting the Future: Final Report. Brewer, K, Homan, JM, Messerle, J, Yokote, G, AAHSL/AAMC. 2003, Washington, D.C.

"The Association of Academic Health Sciences Libraries Charting the Future: pushing the academic health sciences library to extreme involvement. Medical Library Association, San Diego, 2003.

Charting the Future Workshop. Brewer, K, Homan, JM, Messerle, J, Yokote, G. AAHSL/AAMC, 2002, San Francisco.

Cuddy C, Brewer K, Bronson-Fitzpatrick R, Faraino R, Trainor A, Ciotoli C. Eliminating Barriers: A Training Intervention In The Use Of Medical Information Resources Within An Information-Rich Ambulatory Care Environment [poster session]. AMIA Annual Symposium, Washington DC, Nov 2001.

"Dragon by the Tail; The Myth and Reality of Electronic Journals "Conference Symposium Developer, Medical Library Association, 2000 Annual Meeting, Vancouver, CA.

Faraino, RL, Bronson Fitzpatrick, R., Ecklow, C, Brewer K, Dutta, S. "Analysis of electronic medical information resources in an ambulatory care clinic: implications for health sciences librarians" Medical Library Association Annual Meeting 2000, Vancouver, CA. (peer reviewed).

Cuddy C, Bronson-Fitzpatrick R, Faraino R, Dutta S, Brewer K. Gearing up for the Adventure: A Stratagem for Long Term Research [poster session]. Medical Library Association Annual Conference, Vancouver, BC May 2000.

“Electronic Journals and Health Sciences Libraries”, OVID Conference on Electronic Journals, 1998, New York, NY (invited presentation).

New York University Medical Center Grand Rounds: Pediatrics, July 21, 1992; Anesthesiology, January 7, 1992.

"Images and the Library," Symposium: Electronic Imaging and Interactive Video, National Library of Medicine, May 1992.

Adapting for Progress, Panel Chair, New York New Jersey Chapter, Medical Library Association, Annual Meeting, November 15, 1990, New York Academy of Medicine.

The Ehrman Library and Medical Informatics, Faculty Council General Meeting, June 18, 1990.

Brewer, Karen, "Medical Libraries Toward the Year 2000," Beta Phi Mu, Kent State Chapter, Annual Meeting, April 26, 1987.

Scenario Session Coordinator, AAHSLD/MLA Joint Task Force, Columbus Ohio, September 1984.

Unger, Monica and Brewer, Karen, "A Comparison of Patterns of Information Retrieval Using Manual and Online Catalog: Phase One," Medical Library Association, Annual Meeting, Denver, May, 1984.

Brewer, Karen, "Libraries and Information Technology in the Future," Ohio Public Health Association, Annual Meeting, June 1983.

Panel Presentation on Library Security, Medical Library Association, Annual Meeting, 1983.

Dissertation

Brewer, Karen L. "From philanthropy to Reform: The American Red Cross in China, 1906 to 1930," Ph.D. Dissertation. Case Western Reserve University, 1983.

SUMMARY OF RELATED ACTIVITIES

The following specific information must be obtained by the offeror pertaining to the Project Director, Principle Investigator, and each of any other proposed key professional individuals designated for performance under any resulting contract.

- a. Identify the total amount of all presently active federal contracts/cooperative agreements/grants and commercial agreements citing the committed levels of effort for those projects for each of the key individuals* in this proposal.

Professional's Name and Title/Position: Karen Brewer, Director, Ehrman Medical Library

<u>Identifying Number Committed</u>	<u>Agency</u>	<u>Total Effort</u>
1. 2002-DT-CX-K002	Dept. Homeland Security	20%

*If an individual has no obligation(s), so state.

b. Provide the total number of outstanding proposals exclusive of the instant proposal, having been submitted by your organization, not presently accepted but in an anticipatory stage, which will commit levels of effort by the proposed professional individuals.*

Professional's Name and Title/Position: Karen Brewer, Director, Ehrman Medical Library

<u>Identifying Number</u> <u>Committed</u>	<u>Agency</u>	<u>Total Effort</u>
1. PAR-02-79	National Library of Medicine	5%

*If an individual has no obligation(s), so state.

c. Provide a statement of the level of effort to be dedicated to any resultant contract awarded to your organization for those individuals designated and cited in this proposal.

Name	Title/Position	Total Proposed Effort
1.		
2.		
3.		
4.		

Summary of Related Activities
March 1984

Attachment 13

Associate Director of the Middle Atlantic Region, NN/LM

Overall Responsibilities

The Associate Director manages the MAR contract and supervises its operations and staff on a daily basis. Represents the Region and NN/LM at meetings and to the community and is the primary liaison for the operational level with the National Library of Medicine. Under the guidance of the Director, oversees the implementation and evaluation of the network plan and executes the terms of the contract.

Reports to the RML Director and to NLM as required.

Specific Responsibilities

1. Coordinates MAR regional programs with NLM and communicates with other RMLs on common projects, to bring new ideas to the planning efforts and to share accomplishments with them.

2. Implements the contract and prepares all quarterly and annual reports to its specifications. Alerts Director and staff to any concerns or opportunities that may arise as result of analysis of information and statistics for the reports.
3. Responsible for RML budget and its management.
4. Organizes feedback from network members and health professionals for use in MAR planning, and for the consideration of the National Library of Medicine.
5. Supervises RML staff, sets priorities, trains, and evaluates performance.
6. Implements the awards programs for encouraging network participation in library improvement, training, exhibits, and outreach programs.
7. Consults on grant applications and opportunities with network members.
8. Oversees the Task Force on National and Regional Emergency Planning for the MAR libraries.
9. Oversees the Task Force on Collections of Historical and Unique Material and represents it to NLM.

Skills and experience required.

MLS in library or information science. Minimum of five years experience in health sciences libraries, with increasing levels of responsibility, including supervision.

Kathel Dunn has over 14 years of medical library experience in administration and public services. She was Principle Investigator of the Chinese/English patient education web project, HICUP. At present she supervises a staff of 15, including the Document Delivery Department of the Ehrman Medical library.

CURRICULUM VITAE

Kathel Dunn
10 Plaza Street 9A
Brooklyn, New York 11238
akdunn@gmail.com

Citizenship United States America

EDUCATION

Year	Degree	Field	Institution
1982	Diploma		O'Connell High School
1986	BA	History	Mary Washington College
1991	MSLS	Library Science	University of North Carolina at Chapel Hill
	PhD candidate	Library Science	Rutgers, the State University of New Jersey

ACADEMIC APPOINTMENTS

1987-1989	Library Assistant, KPMG Peat Marwick
1989-1991	Clinical Health Information Retrieval Project Coordinator, Health Sciences Library, University of North Carolina at Chapel Hill
1992-1993	Bibliographic instruction/Reference librarian Simpson Library, Mary Washington College
1993-1995	Information and Education Services Librarian Eskind Biomedical Library, Vanderbilt University
1995-1997	Information Specialist, New York Academy of Medicine Library

1997-1999 Head of Public Services, New York Academy of Medicine Library
 1999-2000 Associate Director, Division of Information Management
 Director of Library Services, New York Academy of Medicine Library
 2000-2002 Program Manager, Education, Geriatrics Department
 Mt. Sinai School of Medicine
 2002- Associate Director for Public Services, Assistant Curator
 New York University School of Medicine

OTHER PROFESSIONAL POSITIONS

1991-1992 Employment Counselor, Atlanta Enterprise Center
 Jesuit Volunteer Corps
 1997 Fellow, Medical Informatics, Woods Hole

AWARDS AND HONORS

1997 Outstanding Contribution by a New Member
 New York/New Jersey Chapter of MLA
 1998 Fellow, New York Academy of Medicine
 2003 Majors / Medical Library Association Chapter of the Year Award: Mini
 Medical School

COMMITTEE ASSIGNMENTS

1993-1995 Emerging Technologies in Instruction. Bibliographic Instruction
 Committee. American College of Research Libraries
 1996-1998 Chair, Advertising Committee, NY/NJ Chapter of the Medical Library
 Association
 1997-1998 Member, Continuing Education Awards Jury, Medical Library Association
 Chair, Professional Recognition Committee, NY/NJ Chapter of the Medical
 Library Association
 1998-1999 Chair, Continuing Education Awards Jury. Medical Library Association
 1998-2000 Board Member, NY/NJ Chapter of the Medical Library Association
 1998-2001 Chair, Continuing Education Committee, NY/NJ Chapter of the Medical Library
 Association
 1999-2000 Chair, Public Health/Health Administration, Medical Library Association
 2000-2001 Chair-Elect, NY/NJ Chapter of the Medical Library Association
 2001-2002 Chair, NY/NJ Chapter of the Medical Library Association
 2002-2004 CE Committee Liaison to National Program Committee, Medical Library
 Association
 2003 Co-Course Director, Mini-Med School for Librarians, NY/NJ Chapter of the
 Medical Library Association
 2002-2005 Member, CE Committee, Medical Library Association
 2003 Ombudsman, Program Committee and Member, Steering Committee
 QuintEssential Meeting: Collaborations, Partnerships, Solutions (Five Chapters
 annual meeting)

PROFESSIONAL MEMBERSHIPS

American Library Association, 1994 – 1999
 Medical Library Association, 1994 – Present
 NY-NJ Chapter of MLA, 1995 – Present
 Tennessee Health Sciences Librarians Association, 1993-1994

TEACHING EXPERIENCE

- 1989-1991 Library research skills classes: *SilverPlatter MEDLINE, How to Find Books and Journals in the Library*; curriculum integrated class: Pediatrics and Medicine clerkship orientations to the use of medical literature in clinical settings
- 1992-1993 Curriculum-integrated information skills instruction: English 101, Accounting and Tax
- 1993-1995 Library research skills classes: use of the medical literature in clinical settings
2003 Instructor, Introduction to Reference and Information Services – Health Sciences; Queens College Graduate School of Library and Information Studies

MAJOR RESEARCH INTERESTS

1. Bibliometrics and citation analysis with gray literature in health policy
2. Scholarly publishing and the development of scientific specialties

BOARDS

- 1997 – 1999 Member, Medical Library Center of New York Board

BIBLIOGRAPHY

Original Reports

1. Dunn K. Impact of the inclusion of grey literature on the scholarly communication patterns of an interdisciplinary specialty. *The Grey Journal* 2005; 1(1):25-30.
2. Vieira DL, Dunn K. Peer training in expert searching: the observation effect. *J Med Libr Assoc.* 2005 Jan;93(1):69-73.
3. Dunn K, Epelbaum M. Using Library Skills Sets to Design a Staff Development Program. *Technical Services Quarterly* 1997; 14(3): 33-46.
4. Dunn K, Wallace EZ, Leipzig RM. A Dissemination model for teaching evidence-based medicine. *Academic Medicine* May 2000; 75(5):525-6.
5. Thomas DC, Leipzig RM, Smith LG, Dunn K, Sullivan G, Callahan E. Improving geriatrics training in internal medicine residency programs: best practices and sustainable solutions. *Ann Intern Med* 2003; 139(7):628-34.
6. Leipzig RM, Wallace EZ, Smith LG, Sullivant J, Dunn K, McGinn T. Teaching EBM: a regional dissemination model. *Teach Learn Med* 2003;15 (3):204-209.

Proceedings of Meetings

1. Chisnell C, Dunn K, Sittig DF. A Quantitative Method for Identifying Specific Educational Needs Among CD Plus Medline searchers: a pilot study. IN: *Proceedings of the 18th Annual Symposium on Computer Applications in Medical Care*. J. Ozbot, ed. Hanley & Belfus, Inc., 1994 p. 108-12.
2. Dunn K, Chisnell C, Szak S, Sittig DF. A quantitative method for measuring library user journal needs: a pilot study using CD Plus' usage statistics. IN: *Proceedings of the 18th Annual Symposium on Computer Applications in Medical Care*. J. Ozbolt, ed. Hanley & Belfus, Inc., 1994 p. 979.

3. Dunn, K.; Chisnell, C.; Sittig, D. F. A Quantitative Method for Measuring Clinical User Journal Needs: A Quantitative Method for Measuring Clinical User Journal Needs: Pilot Study Using CD Plus MEDLINE Usage Statistics. MEDINFO '95. 1428-32.
4. Chisnell, C. Dunn, K.; Sittig, D. F. Determining Educational Needs for the Biomedical Library Customer: An Analysis of End-User Searching in MEDLINE. MEDINFO '95. 1423-7.

Abstracts

1. Dunn K, Chisnell C, Sittig DF. A Validation of the Brandon-Hill List. Presented at the Annual Meeting of the Medical Library Association. Washington, DC May 1995.
2. Dunn K, Downing A. The Development of a Web-based Private Network for Scholarly Communication: Staff roles and Evaluation of Effectiveness. Presented at MLA Annual Meeting. Seattle, WA May 1997.

Posters

1. Dunn, K., Gallagher, P. New York Academy of Medicine: Home of Three Presidents. Poster Session, Medical Library Association Meeting; May 1998.

Online Journal Club commentaries

1. Dunn K. Ginkgo is not effective in improving memory in cognitively intact older adults. Comment on: Solomon PR, Adams F, Silver A, Zimmer J, DeVeaux R. Ginkgo for memory enhancement: a randomized controlled trial. *JAMA* 2002; 288(7):835-40. Online at: http://www.miahonline.org/resources/journalClub/content/jc_2002_solom_ginkg.html
2. Dunn K. Methotrexate decreases relapses and prednisone use in giant cell arteritis. Comment on: Jover JA, Hernandez-Garcia C, Morado IC, Vargas E, Banares A, Fernandez-Gutierrez G. Combined treatment of giant-cell arteritis with methotrexate and prednisone: a randomized, double-blind, placebo-controlled trial. *Ann Intern Med* 2001; 134:106-14. Online at: http://www.miahonline.org/resources/journalClub/content/jc_2001_jover_metho.html
3. Dunn K. Sertraline (Zoloft) is safe for use in patients one month after an acute coronary syndrome (acute myocardial infarction or unstable angina). Comment on: Glassman AH, O'Connor CM, Califf RM, et al. Sertraline treatment of major depression in patients with acute MI or unstable angina. *JAMA* 2002; 288(6):701-9.

SUMMARY OF RELATED ACTIVITIES

The following specific information must be obtained by the offeror pertaining to the Project Director, Principle Investigator, and each of any other proposed key professional individuals designated for performance under any resulting contract.

- a. Identify the total amount of all presently active federal contracts/cooperative agreements/grants and commercial agreements citing the committed levels of effort for those projects for each of the key individuals* in this proposal.

Professional's Name and Title/Position: Kathel Dunn, Assoc. Director, Ehrman Medical Library

<u>Identifying Number Committed</u>	<u>Agency</u> _____	<u>Total Effort</u>
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1. no obligations

*If an individual has no obligation(s), so state.

b. Provide the total number of outstanding proposals exclusive of the instant proposal, having been submitted by your organization, not presently accepted but in an anticipatory stage, which will commit levels of effort by the proposed professional individuals.*

Professional's Name and Title/Position: Karen Brewer, Director, Ehrman Medical Library

<u>Identifying Number Committed</u>	<u>Agency</u> _____	<u>Total Effort</u>
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1. no obligations

*If an individual has no obligation(s), so state.

c. Provide a statement of the level of effort to be dedicated to any resultant contract awarded to your organization for those individuals designated and cited in this proposal.

Name	Title/Position	Total Proposed Effort
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- 1.
- 2.
- 3.
- 4.

Summary of Related Activities
March 1984

Attachment 13

Coordinator for Planning and Evaluation

Overall Responsibilities

The Coordinator for Planning and Evaluation is responsible for ensuring that all MAR programs include careful planning and incorporate systematic evaluation processes before they are implemented. To inculcate a culture of planning in the MAR library community, the Coordinator is responsible for developing appropriate staff and member assessment training programs that can also be used by health sciences librarians in their own environments.

Reports to RML Associate Director.

Specific Responsibilities

1. Guides the work of the Strategic Planning Process, in particular the conduct of the needs assessment and the process for setting priorities for the final plan. Staffs the Strategic Planning process of the Regional Advisory Committee (RAC).
2. Creates a data analysis framework for the RML to evaluate its work and the MAR programs.
3. Develops with others the data dictionary for the Community database and the RML Contact Database.
4. Creates a training program for member librarians and RML staff on how to effectively use the variety of evaluation techniques and methods for various aspects of the program and their work.
5. Designs surveys for the website and for the needs assessment of the strategic plan.
6. Creates a feedback process for the RML and for communication to NLM.
7. Monitors other RMLs and their evaluation programs for possible use in the MAR.
8. Surveys the library and outreach program literature for use in the MAR program.
9. Offers training in standard RM classes as agreed to in the contract, consults on DOCLINE and resource sharing questions, participates in exhibits as needed.
10. Other related duties as required.
11. Facilitates the strategic planning process of the RAC and of the RML office using the materials and expertise of the outreach and Evaluation Resource Center, especially Measuring the Difference. Contributes to the development of the Center if requested. See Business Proposal.
12. Lend responsibility for programs involving the public health workforce and unaffiliated health professionals.
13. Other duties as required.

Skills and Requirements

Masters degree or above in field of social sciences that emphasizes planning and evaluation, e.g. MPA, MBA, etc. At least two years experience in working with strategic planning or assessment of projects. Library degree or experience highly desirable. Knowledgeable in both qualitative and quantitative measures. Good communication, project management and team skills.

The Planning and Evaluation Coordinator should have both academic preparation and experience in the planning/evaluation arena. Particular experience with needs assessment, focus groups, and program planning and project management in community health programs would be preferred. There are multiple programs and academic institutions in the metropolitan New York area that offer such training. Community health, nursing, nutrition, MPA programs all offer appropriate backgrounds. It would be preferable to combine these talents with a library degree or experience working in libraries.

Coordinator for Outreach and Communications

Overall Responsibilities

Responsible for developing a marketing and communications plan that ensures that librarians in Resource Libraries, PALs and affiliated libraries are fully aware of the Middle Atlantic Region and its programs and how they relate to the NN/LM and NLM. Creates a marketing plan for health professionals and others to increase awareness of NLM and its products.

Reports to RML Associate Director.

Specific Responsibilities

1. Manage the implementation of the Communications program.
2. Develops a program to recruit new members, including a recruitment kit.
3. Oversees the annual contact process to ensure that the appropriate information is gathered and compiled.
4. Develop the look and feel of website, brochures, other forms of print and electronic documentation.
5. Final editor for copy created for website, newsletter, posters and other communications.
6. Trains the "RML Consultants".
7. Oversees the exhibit process, creates small-scale exhibit for state and regional meetings.
8. Offers training in standard RML classes as agreed to in the contract, consults on DOCLINE and resource sharing questions, participates in exhibits as needed.
9. Staffs the Library Improvement Committee and the Outreach Committee.
10. Lead responsibility for programs involving consumer health, community and faith-based organizations.
11. Other related duties as required.

Skills and Requirements

MLS with at least two years experience in a library. Public relations or marketing experience with non-profit, library or educational institution. Excellent communication, project management and team skills.

Network Services Coordinator

Overall Responsibilities

Plans and organizes resource sharing and network programs in consultation with the Resource Sharing Committee. Manages the DOCLINE program of the Region, offering training and consultation. Ensures compliance with all NLM requirements for members using DOCLINE and SERHOLD.

Reports to RML Associate Director.

Specific Responsibilities

1. Administers the DOCLINE and SERHOLD programs of the NN/LM for the Region ensuring accuracy of the member information in the directory. Sees that membership certificates are distributed in a timely manner.
2. Staffs the MAR Resource Sharing Committee and ensures their knowledge levels are appropriate for developing policies and recommendations for the region.
3. Trains all RML staff on the fundamentals of DOCLINE and interlibrary loan, so they can answer basic questions from members.
4. Works five hours per month in the Ehrman Library Document Delivery Services department.
5. Develops training programs using Breeze, online tutorials and simple printed instructions for training staff in a variety of libraries on use for the DOCLINE and SERHOLD systems.
6. Encourages use of EFTS and helps problem solve with librarians who cannot use it.
7. Uses annual contact process to identify libraries that may need consultation in improving their interlibrary loan services. Suggests library improvement or technology grants for equipment upgrades, strategies for working with administrators, or consortia.
8. Provides individual or group consultation on use of DOCLINE and SERHOLD if needed.

9. Is training point of contact with other RMLs and the National Library of Medicine's staff to be expert on current and upcoming system changes or technology developments in areas affecting resource sharing. Attends monthly teleconferences and provides regular feedback to NLM on problems or concerns of MAR members in regard to resource sharing.
10. Organizes user testing of new technologies and systems for NLM if requested.
11. Offers training in standard RML classes as agreed to in the contract, consults on DOCLINE and resource sharing questions, participates in exhibits as needed.
12. Other related duties as required.

Skills and Requirements

MLS and at least 5 years experience in health sciences libraries. Knowledge of DOCLINE, SERHOLD and related technology and cataloging issues preferred. Excellent communications, project management and team skills.

Coordinator for RML Programs

Overall Responsibilities

Oversees the implementation of the outreach and library improvement programs as developed in the Strategic Plan. Encourages applications for outreach and other awards to ensure that contract requirements for service to the Middle Atlantic Region are met.

Reports to the RML Associate Director.

Specific Responsibilities

1. Works with other RML staff to coordinate responses to the strategic plan, encouraging applications for outreach awards, training and exhibit awards. Follows up in assisting with award applications and reporting, funding, or other problems that may arise.
2. Assist in identifying possible community partners and communicating with them on the opportunities for development of outreach programs.
3. Oversees the Community Database project and ensures continuous updating of the information.
4. Maintains clearinghouse for e-resource sharing consortia and vendor information on the website.
5. Oversees the WebEx training system and budget management for it.
6. Routinely surveys the websites of other RMLs, the NLM, and member institutions for information of value to the members and information on members to share, emphasizing the sense of community for the MAR.
7. Offers training in standard RM classes as agreed to in the contract, consults on DOCLINE and resource sharing questions, participates in exhibits as needed.
8. Other related duties as required.

Skills and Requirements

MLS and two years experience, preferably in health sciences libraries. Good communications, project management and team skills.

Technology Coordinator

Overall Responsibilities

Supports and administers the technology programs of the RML and maintains the systems of the RML staff. Staffs the Technology Committee.

Reports to the RML Associate Director.

Specific Responsibilities

1. Develops and maintains the MAR website, using interactive software and experimental techniques to make it as dynamic and interactive as possible.
2. Develops and maintains the Community Database and RML Contact Database using SQL and Cold Fusion.
3. Administers the technology systems for the RML staff, including desktop management, and integrates it into the NYU Libraries systems.
4. Manages the RML listservs, coordinates regional hospital or consortia website hosting if needed.
5. Consults with network members on technology problems or concerns that affect their ability to participate in electronic delivery of documents.
6. Ensures that outreach and other program awards have realistic and usable technology components, and that any funding requests for technology are appropriate.
7. Implements and oversees the technology recommendations made by the Technology Committee and approved by the RAC.
8. Develops classes and articles for the newsletter and website on use of technology in health sciences libraries.
9. Solicits, collects and organizes information on technologies to serve the needs of the MAR members and their clients.
10. Uses the Contact Database to identify possible technology test sites for NLM and other programs. Coordinates any technology testing programs for the Region.
11. Works .15 FTE in the Ehrman Library to ensure familiarity and compliance with NYU technology and network policies and systems.
12. Offers training in standard RML classes as agreed to in the contract, consults on DOCLINE and resource sharing questions, participates in exhibits as needed.
13. Other related duties as required.

Skills and Requirements

Bachelor's degree in computer sciences with two years technology assignment experience in library or educational institution. High comfort level with website design software, Cold Fusion, SQL and Perl.

Good communications, project management and team skills.

Financial Manager

Manages the budget operations of the Middle Atlantic Region; accurately tracks all expenses of the annual budget. Serves as liaison to the appropriate Finance Departments of the NYU School of Medicine.

Reports to the RML Associate Director.

Overall Responsibilities

1. Manages the budget for the Middle Atlantic Regional Office.

2. Assists in developing annual budgets.
3. Maintains and tracks budget on NYU School of Medicine Grants Financial System.
4. Reconciles differences between the budget categories from NLM and those created in the Middle Atlantic Region Office to comply with NYU School of Medicine requirements.
5. Develops and monitors a system for purchasing within all institutional requirements.
6. Assures appropriate and timely payments for awards.
7. Other duties as required.

Skills and requirements

Bachelor's degree and experience in financial and grants management in libraries or educational institutions. Competence with Excel for financial planning and management. Good communication, project management and team skills.

Support Personnel

The administrative support staff provides day to day office management, including processing orders, travel requests and will be responsible for managing annual member contacts, inputting in the Community Database and the RML Contact Database, input for the web updating, and help with required reporting. The Financial Manager and Administrative Assistant will help with budget management and analysis and required reporting. There will be .86 FTE student or part time help.

Administrative Assistant

Overall Responsibilities

Manages the day-to-day operations of the office; coordinates communication via telephone, written correspondence and e-mail. Coordinates purchasing invoices and requisitions, travel arrangements and meeting arrangements. Participates in special projects.

Reports to the RML Associate Director.

Specific Responsibilities

1. Manages daily operations of the RML office, including directing phone and e-mail communications appropriately.
2. Coordinates travel and meeting arrangements for RML staff, committees and advisory groups.
3. Keeps annual contact program on track and ensures accuracy of information in the contact database.
4. Contributes to database input for Community Database.
5. Creates copy for input into the website for electronic newsletter and other dynamic content.
6. Hires and supervises student workers
7. Other duties as required.

Skills and Requirements

Bachelor's degree and at least two years administrative experience, preferably in a library or educational institution. Competence with basic computer programs, (Word, Excel, PowerPoint). Good communication, initiative and team skills.

PART IV: FACILITIES, RESOURCES AND INSTITUTIONAL COMMITMENT

New York University

Founded in 1831, NYU has become the nation's largest private university with 40,000 students, 10 percent of whom are international. The motto of NYU, "a private university in the public service" is realized in the healthcare community by the involvement of many of its prestigious Schools and Colleges in national and international health programs. The new NYU Master's Degree program in Global Health typifies this commitment. It is the first university-wide M.P.H. in the country.

New York University School of Medicine

Founded in 1841, New York University School of Medicine is the centripetal force binding together one of the nation's largest and oldest health care complexes. Within a few blocks, it includes the 1200-bed, renowned Bellevue Hospital, the nation's oldest public hospital; Tisch Hospital, a private quaternary-care facility of NYU Medical Center; the Rusk Institute of Rehabilitation Medicine, the world's first facility devoted entirely to rehabilitation medicine; the Skirball Institute of Biomolecular Medicine, a leader in fundamental research; the Department of Veterans Affairs New York Harbor Healthcare System's Manhattan unit, an 851-bed tertiary care, research, and teaching facility, and the Hospital for Joint Diseases, one of only five orthopedic/rheumatology hospitals in the world. Other affiliated teaching sites include Lenox Hill Hospital and NorthShore-Long Island Jewish Health Care System, two of New York's most well respected health care providers.

Thus, located in the heart of New York City and adjacent to Bellevue Hospital, NYU Medical Center has access to a more expansive patient base than any institution of its kind, providing world-class care to underserved minorities, immigrants and veterans. Current NYU physicians and scientists, as well as those in training, have greater exposure to the entire spectrum of disease; increased opportunity to treat patients of every religious, ethnic, and socioeconomic background; and better opportunity to conduct the vital medical research that leads to treatment and cures for the world's most devastating health concerns. NYU medical students, after garnering strenuous, real-life experience at Bellevue Hospital and NYU's other clinical affiliates, complete their training far more prepared for the rigors of medicine than their counterparts. In fact, NYU ranks highly in the nation in the percentage of alumni who go on to become full-time faculty at US medical schools.

The Dean and CEO, Robert Glickman, M.D., has revitalized the School through a 10-year growth plan. A key component of the plan is the creation of five Centers of Excellence: Cancer; Cardiovascular Disease; Neurosciences and Imaging; Infectious Disease; and Genetics, Genomics, and Proteomics, several of which will be housed in a new 14-story translational research building opening in January of 2006. In addition, a new 85,000 square foot Ambulatory Cancer Center has just opened.

Bellevue Hospital

In 1968, the NYU School of Medicine assumed full responsibility for clinical services in Bellevue Hospital. The hospital has an attending physician staff of 1,200 and a house staff of more than 500 residents and interns. Each year, Bellevue admits about 26,500 inpatients, records 489,000 Ambulatory Care and Ambulatory Surgery visits and 89,000 Emergency Department visits. As a 911 receiving hospital in the nationally designated categories of cardiac, neurological, toxicologic, neonatal and psychiatric emergencies, Bellevue's Level I Trauma Center handles some 500 cases annually.

Ambulatory care for 300,000 patient visits occurs in more than 90 adult and pediatric ambulatory care clinics. The Geriatric Ambulatory Care Program is the largest in the nation, and Bellevue also boasts America's largest array of behavioral health programs. The Adolescent Day Hospital provides services to teenagers with problems too severe to be treated in community programs and in cooperation with the New York City Board of Education, they help direct a special school for emotionally disturbed young people.

The Pediatric Resource Center, one of only five in the City, includes the Child Life Program, where children are assessed developmentally by workers who play with and observe them. The Center's Outreach Program is an important referral facility for homeless children. The Pediatric Infectious Diseases Program is the major provider of health care services to families at risk for HIV infection.

Bellevue is affiliated in the Manhattan Southern Network with Coler-Goldwater, at 2000 beds, New York City's largest rehabilitation and long term care hospital, and Gouverneur Diagnostic and Treatment Center which provides over 300,000 outpatient visits annually. Located on New York's lower east side, they have satellite facilities including Baruch Houses Child Health Clinic, Judson Health Center and specialize in psychiatric treatment programs for the Asians through the Asian bicultural Unit and for Latinos through the Roberto Clemente Center and the Sylvia Del Villard Continuing Day program.

NYU College of Dentistry and Nursing

The NYU College of Dentistry is the largest dental school in the nation with over 1600 students and graduates more than 8% of the nation's dentists. Both Bellevue and the Manhattan Veterans Hospital are healthcare and training affiliates of the College. Of the 230,000 annual patient visits to its clinics, 70% are from ethnic minorities and a large percentage are without insurance. In September, the NYU Division of Nursing will join the College of Dentistry in a single administrative unit.

Ehrman Medical Library/NYU Health Sciences Libraries

The NYU Medical Center Library is a complex organization whose academic mission covers not only the School of Medicine but also the College of Dentistry and those schools at the Washington Square campus that need a fully operational health sciences library for allied health professions education and research. The Ehrman Library participates in NYU-wide collaborative programs with the main campus library (Bobst) through the implementation of a Virtual Science Library, through management of a required course and participation in governance of the university-wide Masters in Global Health program, and through participation in the Homeland Security grant. In addition, in support of the clinical programs of NYU Medical Center, the Library is responsible for library services to the affiliated institutions of Bellevue Hospital, and the Hospital for Joint Disease. The Library serves the 300 staff of the nearby NYC Office of the Chief Medical Examiner. Faculty located in outpost sites such as Sterling Forest, Nathan Kline, the Wyoming animal research station, Brookhaven Labs and other sites are also active users of our resources. The Ehrman Medical Library participates in reciprocal agreements for library access with the six other medical schools in the metropolitan area, and also, as a member of METRO, the metropolitan area multi-type regional library system of New York State, allows public use of the library for specific items in the collection.

In complexity and size of clientele pool, the NYU Medical Center Library ranks along with other leading research institution libraries in expectation of performance, collections and resources, and services provided. The Library Director, Karen Brewer, Ph.D. is a department chair within the School of Medicine and is tenured at the highest level. All librarians are on academic tenure track status.

The NYU Health Sciences Libraries collections represent over 230,000 print volumes, nearly 6,000 in-scope electronic serial titles and 180 searchable databases. With a budget of nearly \$5 million, and a staff of 59 FTE it ranks in the top 20% of academic health sciences libraries. The library is considered one of the School of Medicine Centers of Excellence in Computing, and is a partner in many campus-wide technology programs in education and clinical care.

The proposed RML would reside within the Ehrman Library as a grant funded program with a separate budget. Administration of the budget would fall under all rules and requirements of federal contracts administered by the School of Medicine. The Ehrman Library is a department of the NYU School of Medicine, and reports to the Dean of the Medical School. The NYU School of Medicine is a separately administered entity of New York University with its own Board of Trustees reporting to the NYU Board of Trustees and the President of New York University.

Network Infrastructure

NYU and NYU Medical Center host a robust, high-performance, technologically modern computer network. The NYU network is one of the earliest large academic computer networks, dating from the early 1970s. The current physical network consists of optical fiber and redundant twisted-pair copper and runs on advanced CISCO routers and switches. The network delivers 100-Base-T to most desktops. The network is both complex and large, providing thousands of high-performance drops and server connections.

The network supports 802.11 wireless in appropriate locations, as well as VoIP. The network also provides for Internet2 connectivity (NYU is charter member of the Internet2 consortium). The Medical Center portions of the network are carefully secured to meet or exceed all relevant hospital security standards, including HIPAA.

Organizational Experience Related to the RFP

Outreach

The faculty of the School of Medicine are the physicians who give the clinical care at Bellevue, and the Department Chairs of the School are the clinical Department heads at Bellevue. All of the outreach programs of Bellevue Hospital and its affiliates are under the institutional umbrella of NYU School of Medicine. The commitment to these programs has only grown in the past decade, and they are now not only a proud part of the life on campus, but one of the primary recruitment attractions for students and faculty to come to NYU School of Medicine.

The NYU School of Medicine Institute for Urban and Global Health was established to build on the research and educational strengths of the School to address the basic and pressing health needs of foreign-born New Yorkers. Its specific objectives are to:

- Improve health outcomes in the culturally and economically diverse populations of NYC and their related populations abroad
- Educate current and future physicians and other healthcare practitioners in the concepts, methods, and evaluation of integrated approaches to personal community and international health
- Develop culturally and linguistically relevant programs for the populations served by the Institute's community and City partners.

One of the core activities of the Institute has been to develop and sustain an outreach program to under-served communities. In collaboration with its service provision partners the Institute has reached out to communities in Lower Manhattan, Northern Manhattan (Washington Heights), Queens (Flushing, Corona, Elmhurst,) Brooklyn (Williamsburg, Flatbush, Sunset Park) and many

communities in the South Bronx. The ethnicities of these neighborhoods include people from China, Southeast Asia (including India and Bangladesh), the Dominican Republic, and West Africa. The Institute has also begun to develop ties with medical schools and/or health systems in their countries of origin.

The Institute recently produced two key documents as part of their comprehensive needs assessment; *The Health of New Yorkers: An Examination of Immigrant Health Issues*, and *Assessment of the Mental Health Needs of Refugees* (<http://www.med.nyu.edu/iugh/activities/assessment/>). These Needs Assessments will help to inform the MAR Strategic Plan. Other projects involve our faculty in the study of air pollution among immigrant populations in the South Bronx, occupational health amongst Chinese immigrant workers, and cross cultural analyses of H. Pylori in the Chinese, Haitian and Uruguayan populations of NYC.

The Institute oversees the programs of the NYU Center for the Study of Asian American Health, the only such NIH funded center in the nation, the Center for Immigrant Health, the Center for Health and Human Rights, which includes services for refugees and is the home of the Bellevue/NYU Survivors of Torture Program.

The NYU College of Dentistry has an extensive outreach program which includes free oral care for over 1,000 homeless children living in shelters; a cavity prevention program for children; free perinatal education and oral health care for homeless mothers and their infants living in community shelters; free orthodontic care for poor and minority public school children; a mobile screening and treatment program for children in the Brooklyn public school system; free oral cancer screening targeting minority populations.

Minority Recruitment to the Health Professions

The Sackler Institute of Graduate Biomedical Sciences supervises the PhD and MD/PhD programs of the School of Medicine. Due to the active recruitment of minority students from Historical Black College and Universities (HBCUs), the program's Director Joel Oppenheim, the Institute has become known for recruitment of minorities to NYU School of Medicine and in 10 years increased its application rate by 1900% and number of matriculates to 500%. NYU has been recognized by NIH as a Center for Excellence in Minority Recruitment.

The NYU College of Dentistry has embarked on a clinical research training program for minority pregraduates of Howard University, Tuskegee University and the University of Puerto Rico, and has established a combined B.A.-D.D.S. program with Tuskegee University that guarantees admission to their graduates.

Disaster Preparedness

New York University is the sponsor of several disaster preparedness grants: the School of Medicine and Dentistry are jointly participating in a \$2.68M Homeland Security grant for preparing information for first responders. Dr. Karen Brewer is a co-PI for the NYU-wide CHIP project and Marcus Banks, of the Ehrman Medical Library staff is a full time librarian who is on 75% funding as an Informationist on this grant.

In the fall of 2003, the College of Dentistry implemented the first four-year curriculum in terrorism preparedness in the nation.

A Catastrophe Preparedness and Response Center located in the Bellevue emergency department, is a NYU-wide grant that is studying surge responses in sudden disasters of chemical, toxicological or other origins.

Expert Internal Advisory Panel

NYU faculty are fully committed to outreach programs at community, national and international levels. They are world-renowned. Four faculty have agreed to serve as an Internal Advisory panel to the RML staff annually to discuss approaches to outreach based on their discipline and research experience that the strategic planning process may not have considered.

They are Joel Oppenheim who has been recognized by NIH for his excellence in recruiting minorities to graduate science programs; Francesca Gany, the Director of the NYU Center for Immigrant Health; Lewis S. Nelson, Associate Director of the NYC Poison Control Center and Co-Principal Investigator on the NYU Center for Catastrophe Preparedness grant; Gustavo Cruz, NYU College of Dentistry, Director of Public Health for their Department of Epidemiology and Health Promotion. Their letters of commitment are in Appendix E.

The internal planning group will function as an advisory group to the RML Director and staff. As a multi-disciplinary group of dedicated public health professionals that provides clinical service and conducts research in health disparities, they have agreed to be conversant with the goals of the NNLM and MAR outreach programs. They have agreed to serve as a highly informal think tank to suggest public health trends, ideas, evaluation strategies, and community connections within the 4-state region. They can suggest possible approaches for the RAC planning process that might have been overlooked.

This is one of the advantages of placing the program in a leading academic healthcare institution with a strong public health mission affiliated with both private and public sectors.

Ehrman Medical Library Initiatives

Network Services

In 2003/04 the Document Delivery Services Department filled 8,729 document requests, all within 24 hours of receipt of the original request. The department, with a staff of 5.5 FTE has also developed in concert with the Library's systems department their own Ariel-like system for scanning and "pdf-ing" documents to users, called Simple Document Delivery System. It is available to any library as an open source program.

The department fills 90% of the 7500 requests for materials from our constituents through electronic documents posted on our server. At present our library has developed an internal automated request system that our users can use with SFX and that autofills their contact data from the School of Medicine personnel system. They are presently developing software that will allow patrons to track the status of documents they have requested.

The library has been a Resource Library in the Region 1 area throughout its history and has participated in the NLM Loansome Doc and EFTS programs since their inception. Its holdings are regularly updated in SERHOLD. The library plans to input its electronic holdings into SERHOLD in the fall of 2005. Since 1999, the Ehrman Library has adopted a negotiation policy for electronic serials licensing that mandates permission to fill interlibrary loans from licensed holdings, if not directly, then through printing and then sending a rescanned file.

Technology

The Library supports 155 desktop computers including those in the four branches. It has maintained a website since 1995 and provides access to its electronic resources through EZProxy. The Ehrman Digital Library runs on a Solaris Sun Fire V 120 and is backed by Cold Fusion running on a Solaris 5.9 server. The library now maintains ten separate websites. The library uses both wireless technology and hard-wired networking depending on the location. The overall medical center network is a T1 connection through the University's IT department at Washington Square.

The Carlisle Computer Classroom houses 16 computers with an overhead projection system and NetSchool Support Version 6 as the instructional support software. The CCC computers are upgraded every 3 years and are purchased out of the Library's operating and capital funds. They are maintained by library staff and fully networked. The Library has full scheduling control over the room, although other departments use it when not scheduled for library classes.

The Ehrman Medical Library is known for its creative use of technology to provide services to the Medical Center. The library has had Innovative Interfaces as its integrated system since 1989. Shortly after, it developed the Faculty Resource Catalog (FRC), using the III Community Database Module to build a tool that would catalog faculty by research interest and other types of information. Parallel to the FRC is the Faculty Bibliography database built in 1995 with SQL and Perl. It contains over 6,000 citations of NYU School of Medicine authors, one half of which are from literature published before 1990.

Currently the library is embarked on three digital library projects with its archives: a database of NYU School of Medicine historical images; a database of faculty and a database of alumni. The images database links automatically to the other two.

The Ehrman Library also released to the NYU Alumni a special Alumni Digital Library which is a website and database of free electronic resources that parallels the Ehrman Digital Library. Providing organized access to over 900 medical titles, this site has been very popular for providing services to our alumni who are not located near or on faculty with the School of Medicine. This database can be made available on the MAR website.

Outreach

The Ehrman Medical Library has maintained a Patient and Family Health Information Center, in partnership with the Tisch University Hospital Department of Nursing since 1996. Since that time, the understanding of the importance of health information to the health of patients has grown and the library has been able to establish a Cancer Information Center on the first floor of the new 85,000 square foot Ambulatory Cancer Center at NYU. The Library has now funded a Child Health Librarian position to staff a family information center for the new Children's Center to be established in January of 2007. These centers are staffed by professional librarians and backed-up by the Ehrman Library technology and technical processing staff, including maintaining their websites. They fully participate in Ehrman Library educational programs and are full partners with the staff of the library, and are developing a class in consumer health information to be added to the permanent Ehrman roster of classes.

As part of its commitment to the outreach programs of its affiliate hospitals, in 2002, the Ehrman Library successfully competed for an RML outreach contract to develop a website of Chinese/English patient education materials used by the staff of the then affiliated New York Downtown Hospital. This site, known as Health Information in Chinese Uniting Physicians,

Patients and the Public (HICUP) was immediately successful and has been added to the NLM Multicultural Health Information list of recommended links.

The Ehrman Library has created and teaches twice yearly a class on information resources for health professionals working with special population groups. Karen Brewer was requested to develop a required core course on informatics for the new Master's Degree program in Global Health at NYU. The course has been approved and will be first taught in January of 2007. Dr. Brewer has been added to the Board of Governors for the program.

Bioterrorism

Dr. Karen Brewer is a co-PI for the NYU-wide Center for Health Information Preparedness project and Marcus Banks, of the Ehrman Medical Library staff is a full time librarian who is on 75% funding as an Informationist on this grant. A class in information resources for bioterrorism preparedness has been developed and presented through the library to the Medical Center and the College of Dentistry faculty and students. Ehrman librarians are participating in the research investigations of the Catastrophe Preparedness and Response Center centered in the Bellevue emergency department, on surge responses in sudden disasters of chemical, toxicological or other origins.

RML Offices

Below is a layout of the proposed RML offices. They will be on the 15th floor of the Veterans Hospital, 408 1st Ave. The total area is 1,000 square feet. This location will house the Associate Director, The Coordinator for Planning and Evaluation, the Coordinator Outreach and Communications, the Network Services Coordinator, the Technology Coordinator, the Coordinator for RML Programs and the Administrative Assistant.

The RML Director's office (200 sq. ft.) is located in the Ehrman Medical Library, at 550 1st Ave, as is the office of the financial Assistant (75 sq ft). Total distance between the facilities .8 miles or a 10 minute walk.