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MCR Budget News for Next Year

At the end of last year Congress actually passed a federal budget. This was notable since it had been the norm that Congress would extend the previous year's budget. For those of you who deal with budgets you know that unless it is increased enough to more than cover inflation and increased prices; what you actually experience is a budget cut. That is what has happened with the NIH - the NLM - and your Regional Medical Library. Congress basically passed a flat budget. However, they approved an increase in salary for federal workers; publishers increased their prices; and the value of the dollar continued to fall. This has affected the expenses of the National Library of Medicine. Thus it was no surprise when NLM asked that the RMLs reduce our initial allocation which was decided before Congress passed the budget. In March, the NN/LM MCR was asked to decrease its budget by \$73,788 or 5%.

Where should we make our cuts? Our use of technology and the distributed model puts us in a relatively good position. Still there were questions: How much can the subcontracts to the Resource Libraries be reduced and still enable the liaisons to be effective? Should the Regional Advisory Board meet every year? How would the RML staff do its annual planning if we did not get together? What about some of the new activities that we wanted to implement? Could we carry them out as less costly pilot studies? The liaisons decided that they would pull back on their outreach activities rather than on activities that support Network members.

By the next week we had received a reprieve. Angela Ruffin, Head of the National Network Office, gave us the opportunity to justify the use of funds not spent by the end of the current year (the RML year ends April 30) and from enhancement opportunity funds that she has made available to the RMLs.

Where did we finally cut our budget? We selected our weakest effort for the year - competitive subcontracts. In 2007-2008, we offered four funding opportunities in technology, outreach (two offerings), and hospital library advocacy but hardly anyone was interested. This greatly puzzles us since we funded excellent proposals during the 2001-2006 contract. We've sent out a questionnaire to all Network librarians, investigating whether the RML should continue

to offer competitive subcontracts and if so how we should redesign the offerings. We would like to hear back from all of you!

If our budget proposal is accepted without further adjustment, there will be very little difference in how the RML operates. You may notice that we are more cautious in how we spend our funds and in making promises for the future, but you will still see us around the state attending health sciences library consortia meetings, visiting your libraries, exhibiting at library and health related meetings, and offering trainings and presentations to enable you to be the information and knowledge management leaders for your own institutions.

The economic forecast for the rest of the contract is not looking bright, so this is a heads up that the RML will be under increasing pressure to provide high level services with decreasing funds. This puts more emphasis on our assessment and evaluation to ensure that every service and resource is one that you will value - we're committed. That's the future - this coming year, when we could have experienced a significant reduction in our services, may turn out to be a normal year - if our budget is approved!

-C. Hamasu



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The Most Shocking of All

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." Dr. Martin Luther King, Jr.

April is National Minority Health Month. This article explores issues and resources addressing the elimination of health disparities and improving the health status of minority populations.

The National Minority Quality Forum was founded in 1998, originally as the National Minority Health Month Foundation. Its mission is to ensure "that high-risk racial and ethnic populations and communities receive optimal health care."¹ In 2001, they launched the first Minority Health Month, and have supported activities around that month as well as long term initiatives and an annual summit. In addition to these activities, they have identified specific issues that need to be addressed in order to achieve that mission.² This article looks at two key issues and provides some materials to turn to for more information.

The first issue is that, as a whole, "minorities are the emerging majority." The United States is no longer viewed as a melting pot, but as a salad bar, with a rich and diverse population of many cultures. Statistics on the populations can be found at the American Fact Finder web site which brings together, in an easy to understand form, results of the Census and the mid-census American Community Surveys. There is also a State Data Center in each state that will provide support and assistance to researchers wanting to access census data. The Modern Language Association has created a tool that maps languages spoken in the United States. These tools combine to paint a picture of the cultural make up of your community.

The second, more complex, issue is the under representation of minorities in clinical trials. Years of distrust by minority groups toward the medical community, founded on events such as the travesty that occurred during the Tuskegee Syphilis Study (1932-1972), conducted by the US Public Health Service, have led to an unequal representation in clinical trials of minorities. Sadly, one can find even more recent examples of unethical use of minorities in research. In 2004, the Havasupai Tribe filed a law suit against Arizona State University, claiming that blood samples that were taken for an approved diabetes study were also used in several unauthorized studies around issues of schizophrenia, theories about migration paths to North America, and other areas.³

Overcoming the lack of trust that has resulted from abuses such as those at Tuskegee and Arizona is a challenge; yet increasing the numbers of minorities participating in clinical trials is important to ensure that treatments are safely and fully tested. Providing information detailing current clinical studies, and what a clinical study is, can be a useful step toward increasing trust and interest in participating in trials. ClinicalTrials.gov is a registry of federal and private trials in and outside the US, and is searchable by condition, drug intervention, location, and sponsor. The section explaining clinical trials, who can participate, the benefits and risks, and other topics,

is a helpful starting point in demonstrating the function that clinical trials play in providing patients a more active role in their own health care.

Researchers have discovered that, today, a greater challenge than trust and information might be access to the trials themselves.⁴ Access barriers can range from transportation and time to participate, to lack of an invitation to participate in a trial in the language a patient speaks. Collaborations with trusted community gatekeepers can assist in overcoming these barriers and at the same time improve the level of trust between patients and researchers.

This April, as we celebrate the diversity of cultures in the United States, let us not forget the most shocking injustice of all, that of inequality in health status. Each of us can find ways to inform and educate those we work with about resources that support improved health outcomes for all people living in this country. Make sure and turn to the NN/LM MidContinental Region for help in obtaining resources and materials to work toward the goal of the elimination of health disparities.

-S. Champ-Blackwell

¹ "Who We Are" National Minority Quality Forum web site http://www.nmqf.org/who_we_are.aspx [accessed February 27, 2008]

² "Issues for Improving Quality of Care" National Minority Quality Forum web site <http://www.nmqf.org/HealthIssues.aspx> [accessed February 27, 2008]

³ Hendricks, Larry "Havasupai file \$25M suit vs. ASU" <http://www.wirbforum.org/forum/read/2/52/52?PHPSESSID=86ecbe8a230e445224bc06299c04bd1f> [accessed March 5, 2008]

⁴ Curley, Fia "The Minority Role in Clinical Trials" The Office of Minority Health web site <http://www.omhrc.gov/templates/content.aspx?ID=5147> [accessed March 5, 2008]

Web sites to turn to for more:

- NN/LM MidContinental Region
<http://nmlm.gov/mcr/resources/community/minority.html>
- National Minority Quality Forum <http://www.nmqf.org/>
- American Fact Finder <http://factfinder.census.gov/>
- Census Bureau State Data Centers
<http://www.census.gov/sdc/www/>
- The Modern Language Association Language Map
http://www.mla.org/resources/census_main
- Tuskegee Study of Untreated Syphilis in the Negro Male
http://en.wikipedia.org/wiki/Tuskegee_Study_of_Untreated_Syphilis_in_the_Negro_Male
- Clinical Trials <http://www.clinicaltrials.gov/>
 - Understanding Clinical Trials
<http://clinicaltrials.gov/ct2/info/understand>

Additional Articles of Interest:

Killien, Marcia, et al. "Involving Minority and Underrepresented Women in Clinical Trials: The National Centers of Excellence in Women's Health" *Journal of Women's Health & Gender-Based Medicine*, Volume 9, No 10, 2000 <http://www.son.washington.edu/centers/hdc/Article%20-%20Killien%20-%20Involving%20minority%20&%20underrepresented.pdf>

Moye, LA "Clinical trial minority recruitment: still an unmet need." *Journal of the National Medical Association* 2002 Apr;94(4):272-4



Whooo Says

Whooo Says is a new column in Plains to Peaks Post, featuring Whooo, the Library Advocacy Owl. Whooo is a graduate of the Hedwig School of Library Science and has been working at the Raptors' Repository with both users

and librarians for many moons now. Whooo will respond to questions from members about advocating for your library. Please write to Whooo at jonesbarb@health.missouri.edu if you have concerns or questions that you would like Whooo to address.

Dear Whooo,

I am a solo librarian in a very busy hospital, and have done a lot of work integrating library services into the operations of the hospital, and in the education processes of the residency programs located here. Though there are still improvements to be made, and projects to do that will increase the value and participation of the librarian and library, I am very pleased with how the library system here works. However, my concern is that administrators will look at the smooth functioning of the library and information system, and not realize the skill and resources necessary to maintain the current system and to develop new applications as technology and institutional needs change. How can I make sure the library continues to get needed support?

Concerned in Missouri

Dear Concerned,

Thanks for your question! I think your situation all too common among hospital librarians. If we're good we make the job seem easy and administrators may not understand the complexity of our job and the skill required to accomplish that job.

If we look at the health science library of today with Internet access, online databases, electronic resources, and consumer health information, there is little resemblance to the hospital library of 30 years ago. That library served as the primary source of health information with multiple volumes of Index Medicus, interlibrary loans delivered by the US Postal Service, paper journals, and a doctors' only policy. It is no small wonder that our users, administrators and health professionals are confused! And, if you add the fact that the Internet and online databases are pervasive, it is no wonder that questions may arise about the purpose and value of the library.

Two questions then arise: "What is the purpose and value of the library?" and "What is the perception of the purpose and value of the library?" You may think that these questions are similar or that one or the other is irrelevant. Not so!

Let's look at the second question first: What is the perception of the purpose and value of the library? This is certainly the more important question. We need to know what our users think! So, take a

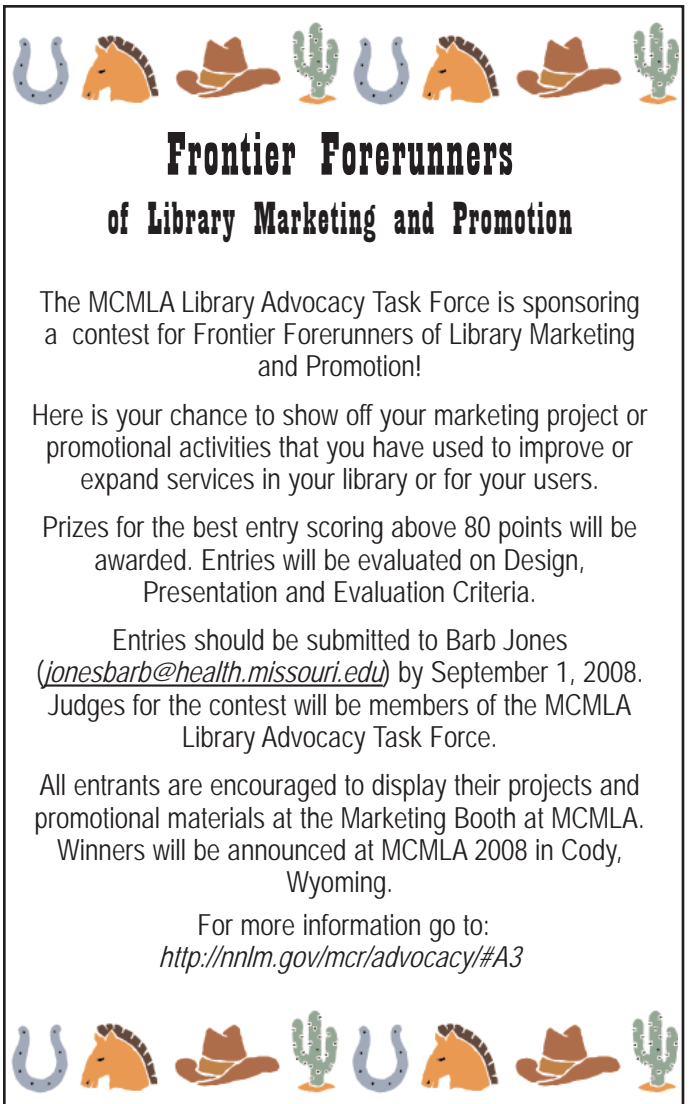
deep breath, pause a minute, and think about how you would answer these questions:

- When was the last time you surveyed your members on their information needs?
- Have you ever conducted a focus group with your users?
- Do you know how your users and potential users access information?
- Do you know what information your users need and how they prefer to access it?
- Do you know what the priorities are for your administration?

These are the types of questions that will lead you to finding out what your users think of your library and your library services.

After you have gathered information on your users' needs and preferences, take a thorough look at what you have. Did you get good responses to your questions? Did enough people answer your

See "Whooo" on page 5



Frontier Forerunners of Library Marketing and Promotion

The MCMLA Library Advocacy Task Force is sponsoring a contest for Frontier Forerunners of Library Marketing and Promotion!

Here is your chance to show off your marketing project or promotional activities that you have used to improve or expand services in your library or for your users.

Prizes for the best entry scoring above 80 points will be awarded. Entries will be evaluated on Design, Presentation and Evaluation Criteria.

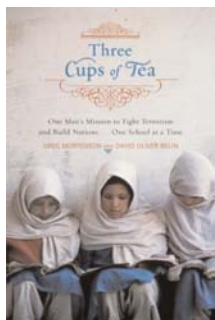
Entries should be submitted to Barb Jones (jonesbarb@health.missouri.edu) by September 1, 2008. Judges for the contest will be members of the MCMLA Library Advocacy Task Force.

All entrants are encouraged to display their projects and promotional materials at the Marketing Booth at MCMLA. Winners will be announced at MCMLA 2008 in Cody, Wyoming.

For more information go to:
<http://nmlm.gov/mcr/advocacy/#A3>

It's Good to Pick Up a Book

Three Cups of Tea



Some time ago, I read the book Three Cups of Tea, by Greg Mortenson. As a person who strongly believes in education and one who strongly believes in education for girls, Mr. Mortenson's message and mission struck a chord with me. Recently, he was in Omaha and I had the privilege to hear him speak to a sold-out crowd.

The book centers around Mortenson's experiences as he tried to climb the mountain K2 in the Himalayas, a climb dedicated to a sister who had recently died. When Mortenson failed to reach the summit, he found himself in a debilitated state, emotionally and physically, and stayed in Pakistan to recover, nursed by villagers in a nearby town. His promise to them, in repayment for their care, was to build them a school. Having spent much of his childhood in Africa, as the son of missionaries, may have paved the way for his own mission. As a college student, he had no resources to build a school, but was determined to find a way.

Upon his return to the United States, he went to a local library. (When giving his presentation, Mortenson asked librarians to raise their hands and gave them credit for helping him get his start!) The librarian assisted him in finding names and addresses of more than

one hundred celebrities to whom he made an appeal for money. He typed letters on a typewriter one at a time, and netted only one \$100 contribution - far from the \$10,000 he estimated he needed for one school.

Over time he found benefactors and gathered a sufficient sum of money and materials to build a school, only to find that he would first need to build a bridge to get materials to the village to build the school. This was one of many set-backs, but one of many he overcame.

Mortenson's message revolves around this thought, "Educate a boy and you educate an individual. Educate a girl and you educate a community." His mission continues and in the face of the Taliban, which has shut down 400 schools in the past year, he has managed to oversee development of 67 community schools in the past 18 years. He cites one particular success of a girl student who went on for advanced education in maternity school (cost \$800), and has since returned to her community and assisted in reducing the infant mortality to zero in the last four years.

This is a message that can resonate with actions for all of us, if we apply the lessons. Know your community, and continue to build relationships. Mortenson excels at both in first understanding the desires of Pakistanis who want their children to go to school and who want to reduce infant mortality. Secondly, he always takes time to build his relationships by having, before any serious discussions, three cups of tea.

-M. Magee



Upcoming Training



From the NN/LM National Training Center and Clearinghouse...

Register at: <http://nnlm.gov/ntcc/classes/register.html>

Utah - University of Utah Eccles Health Sciences Library
PubMed - April 30, 2008
Toxnet - May 1, 2008
NLM Gateway & Clinical Trials - May 2, 2008

Colorado - University of Colorado at Denver Health Science Library
Pub Med - July 14, 2008
NLM Gateway & Clinical Trials - July 15, 2008

Wyoming - in conjunction with MCMLA
NLM Gateway & ClinicalTrials.gov - October 4, 2008
PubMed - October 5, 2008

From the College of DuPage...

<http://www.dupagepress.com/library-learning-network/soaring-to-excellence-2008/>

May 9, 2008:
Tools of Engagement:
Attracting and Engaging Library Users
11:00-12:30 CT, 10:00-11:30 MT

In Nebraska - free from the Nebraska Library Commission:
<http://www.nlc.state.ne.us/scripts/training/eventshow.asp?ProgID=8389>

In Kansas, Colorado, Wyoming, and Utah, free from Biographical Center for Research:
<http://www.bcr.org/training/partners/teleconferences/index.html>

Unique Historical Materials

Recently, Paul Theerman, Head, Images and Archives at the History of Medicine Division at the National Library of Medicine wrote an article about Unique Historical Materials. The following is based on that content.

As a member of the National Network of Libraries of Medicine have you given any thought to what constitutes "unique historical material," and what should be collected?

Mr. Theerman has gathered together different factors which may help in formulating policy for your institution, particularly for donations. These considerations might be used to make a policy statement, a checklist, or an evaluation form.

Evaluation is first assessed by the following three questions.

1. Is the proposed donation within scope?
This refers to the scope of the library or archive. It might be helpful to list areas for which the institution takes collections, i.e.
 - Medicine
 - Surgery
 - Medical Informatics
 - Health Policy
 - Public Health
 - Nursing
 - Dentistry
 - Pharmacy
2. Is there truly a possibility of donation?
Are the materials likely not to be retained by the owner? Is this a true opportunity?
3. Is there another more appropriate place where the donation might go?
Examples would be to an institution which already has other materials from the same donor, or that has a collecting focus and similar collections that would draw patrons interested in the subject area.

From there, Theerman then recommends looking more carefully into three additional areas.

"First of all, are the materials unique, or nearly so? This means that these are the only copies produced, or possibly the only copies of the materials that have survived.

Second, we look at the historical nature of the materials. Do they represent the work of an individual or an institution of historical importance? Or equally valuable, do they form a rich collection that is representative of the activities that are of historical interest?

Finally, we bring to bear management concerns. Are the materials well organized and in good physical shape, so that

we don't have to do a lot of work to make them usable? Are there any concerns about obtaining the title to the materials? Will they come with excessive restrictions, or privacy concerns?"

Theerman goes on to outline collectibles by their uniqueness, historical value, and management. For a full-text view of this article, please see: <http://nml.gov/mcr/advocacy/pdf/theermanuniquehistoricalmaterials.pdf>

-M. Magee

"Whooo" continued from page 3

questions for you to draw conclusions? Do the responses about needs from your users match the services and resources that you offer? Are your users enthusiastic or unhappy with your services?

At this point, you need to define your library. This process is actually the answer to our first question: "What is the purpose and value of the library?" What are your qualifications and what can you offer that is better than what your users or potential users already have? How can you define your value to your users: is it financial, time, convenience, accuracy, or combinations of values? As you define your library and your library services, be sure to review the mission statement and goals of your institution. Your library definition must support the goals and values of your institution if you are to remain a viable department.

What type of valuation data is likely to make an appropriate impact on your users and on your funders? Again, is it financial, time, accuracy, convenience? Is it some other factor?

How should you present this valuation data? Is the information better presented in a written summary, a newsletter article, in graphic format, on the web site? When you are deciding how to tell your audiences about the library and its value, consider a long-range plan. A one time statement will not make the impression you require. For your users and supporters to fully appreciate the value of the information and services you provide, you must send out an almost continual stream of information about what you do, why it is important, and the impact on your users. Make sure to vary the message in style, venue, and content, but make sure that the message is always about the increased value the library and the librarian bring to the user and to the organization. Managing the information about your library and your services is a perfect way to start influencing the perceptions of your users about the value of and need for the library and librarian.

Well, Concerned, I hope that you now have some ideas about how to tell everyone about the wonderful things your library is doing. Be sure to tell the folks in the MCR what you're doing; they love to hear what members are doing!

Whooo

Social Bookmarking: Bookmarking for the Greater Good

This article will orient you to this cool Web 2.0 tool and show you some ways you can easily use social bookmarking to not only make your life easier, but to enrich your life and, potentially, the lives of the people you serve as a librarian. There are many free social bookmarking services available on the Internet. Some of the services are Furl, Digg, Diigo, Link-a-go-go, del.icio.us, and Peerclip, which is for physicians only. There are also hybrid services such as CiteULike and Connotea that combine social bookmarking with citation managers, such as EndNote or Refworks. For the purposes of this article, del.icio.us will be used as an example.

What is Social Bookmarking?

Social bookmarking is an Internet-based tool that is used to bookmark web sites and store them in a free account. At its most basic level, social bookmarking gives you access to your bookmarks from any computer with Internet access. At the same time, it allows others to view your bookmarks (and vice versa). However, social bookmarking is not only about accessing your bookmarks; it is also about sharing and discovery.

Once you decide which online bookmarking service you are going to use, there are two steps to get you started:

1. Setup an account
2. Upload your existing bookmarks

Now might be a good time to take a break from reading and watch this 3 minute and 25 second video called, "Bookmarking in Plain English" from Common Craft. The video will give you a solid foundation on social bookmarking. (<http://www.commoncraft.com/bookmarking-plain-english>)

Why Use Social Bookmarking?

Access is the first and most basic reason one would use social bookmarking. Your bookmarks will be synchronized and available to you from any computer with Internet access.

At the Dykes Health Sciences Library at the University of Kansas Medical Center, social bookmarking was recently implemented at the reference desk. While researching social bookmarking, I realized that it could be a solution to a problem we had. There are three computers at the reference desk and each computer has two sets of bookmarks, one in Internet Explorer and one in Firefox. This made for a grand total of 6 different sets of bookmarks. Dykes Library registered for a social bookmarking account with del.icio.us and all of our bookmarked sites are now available from any of the computers at the front desk.

Note: A fringe benefit of social bookmarking is that if I am at home and find a site that I think would be useful at the reference desk, I can send the link from my personal del.icio.us account directly to the reference desk account.

Organization is the second reason to adopt social bookmarking. When you use tags, you are creating an index of your resources. No more folders and subfolders.

Note: del.icio.us lets you view your tags alphabetically or by how frequently you have used a particular tag. You can change the view with one click to suit your needs.

Discovery through sharing is the third reason to use social bookmarking. After you save a site to your account, you will see how many other people have saved the same site (Image 1). Click on "saved by 13 other people" and you will see the other del.icio.us users who have also saved the site. You can then click on a username to see what other common interests you might have. In this way, social bookmarking lets you discover from the research of others. This is the social aspect of social bookmarking.



Image 1

In addition, if you are exploring del.icio.us and you come across a resource that someone else has bookmarked that you would like to bookmark as well, del.icio.us gives you the option to save it to your own account. Simply click on "save this" (Image 2) and a box will appear to allow you to enter your own meaningful tags.



Image 2

Social bookmarking can also be used to create subject guides that can be placed on your library's web site. The Health Sciences Library at the University of Michigan has used del.icio.us to bookmark web sites, books, and other resources from their catalog to create an online subject guide on Avian Influenza. (<http://www.lib.umich.edu/hsl/guides/avianflu.html>)

Lastly, a **current awareness information feed** can be created by pairing RSS with social bookmarking. Each del.icio.us page, regardless of who owns the account, offers an RSS option. This means that if I stumble upon User X in del.icio.us, who has an interest in cardiology, as I do, I can setup an RSS feed to receive all the new sites that User X tags with cardiology.

Note: We can apply this idea to a hospital library. A librarian, who is familiar with the research interests of his or her users, can place a del.icio.us RSS feed of vetted resources on the library's web site. In this way, the librarian can lend support to his or her users and quietly promote the library as a source of reliable and credible information.

See "Bookmarking" on page 7

Your Del.icio.us Future

I suggest you take small steps and get your feet wet before you embark on posting your tags and bookmarks to a web site. Sign up for an account, install the quick tag buttons on your browser (Image 3), upload your current bookmarks, and start tagging new sites as you find them.

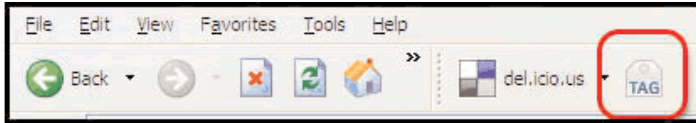


Image 3

Note: When you upload bookmarks that are currently saved on your computer, they will be marked as private by default and will not be viewable by the public. You can change this setting after the upload. In addition, during the upload process, tags are added to your favorites based on your folder structures.

I hope you will discover the possibilities of social bookmarking, as I have. I think that you will find social bookmarking easy, efficient, and extremely helpful.

-R. Brown

Social Bookmarking Web Sites

Furl <http://www.furl.net/>

Digg <http://digg.com/>

Diigo <http://www.diigo.com/>

Link-a-go-go <http://www.linkagogo.com/>

del.icio.us <http://del.icio.us/>

ma.gnolia <http://ma.gnolia.com/>

Peerclip <http://www.peerclip.com/>

CiteULike <http://www.citeulike.org/>

Connotea <http://www.connotea.org/>



NN/LM MCR at MLA

Join the staff of the NN/LM MCR at MLA for our presentations and CE offerings!
See you in Chicago!

Presentations:

Sunday, May 18

High Tech High Touch:

Sharing Staff at a Distance

Sharon Dennis, Claire Hamasu, and Heidi Sandstrom,
Associate Director, NN/LM PSR

Monday, May 19

Demonstrating Effectiveness from Planning to Outcomes: One Regional Medical Library's Story
Betsy Kelly & Claire Hamasu

Tuesday, May 20

A Calculator for Measuring the Impact of Health Sciences Libraries and Librarians
Barbara B. Jones & Betsy Kelly



Poster Session:

Interdisciplinary Clinical Team Experience: Bridging the Education Gap

Joan M. Stoddart (Co-author)

CE Courses:

Saturday, May 17

Getting Started with Information Outreach in Minority Communities

Siobhan Champ-Blackwell



Wednesday, May 21

Introduction to Blogs and Wikis

Sharon Dennis

University of Utah
National Network of Libraries of Medicine MidContinental Region

Spencer S. Eccles Health Sciences Library
10 North 1900 East, Building 589
Salt Lake City, Utah 84112-5890

NON-PROFIT ORG.
U.S. POSTAGE PAID
Salt Lake City, Utah
Permit Number 1529

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