Calculating the Value of Your Library and Library Services

Various calculators are circulating on the Internet, proposing to assist librarians in determining the value of their services and collections. One example is the Maine State Library calculator (*http://www.maine.gov/msl/services/calculator.htm*). This site offers a list of services, has the user fill in the number of times that service is requested per month, and multiplies that number by a preset value to determine the retail value of the services for one month. The Maine State Library has set the value assigned for each service at $15 for a book borrowed or used, $2 for each magazine, $25 for each ILL, and $12 per hour of computer use.

A Calculator for Health Sciences Libraries

The MCMLA Library Advocacy Task Force and Betsy Kelly, Assessment and Evaluation Liaison, wondered if we could modify the calculator for our own use, so we downloaded the code for the calculator. We planned to change the list of services and the assigned values. But what is the cost of getting health sciences materials from another source? Is it simply the cost that would be borne by the user if the library weren't available? Does it include the time the person would expend making that purchase? The cost to write the check, the time to track whether the book arrived or the journal subscription was activated? Is there an accepted "average" cost of books and journals, print and electronic? Is there a retail alternative to all the services and resources libraries provide? To make this calculator work for health sciences libraries, we felt health sciences librarians would have to be able to enter their own services and values, which complicated the modifications of the program.

Return on Investment

In addition to figuring out the "retail" value of the services and resources libraries provide, librarians across the country are asking how to calculate the return on investment (ROI) in a health sciences library. ROI is a percentage, not unlike what one gets when buying stock - it's up 10% this year (or perhaps down as in this past year). This is a more complicated calculation for which the cost of the

service as well as the value of the benefit derived from receiving that service must be agreed upon. The formula for determining ROI is the

$$\left(\frac{V-C}{C}\right) \times 100 = ROI$$

value of the benefit, minus the cost of providing that benefit, divided by the cost of providing the benefit, multiplied by 100.

The Maine State Library calculator would tell us that if we circulated 100 books a month the annual retail value is 100 circulations per month times $15, times 12 months, or $18,000. But how does one determine the value of reading a journal - either print or electronic? Do you use the subscription cost for an individual or for an institution? Is it the subscription cost divided by the number of articles published each year? While the retail value of having a book in the library may be an impressive $18,000 for a $15 expense, a CIO might be more interested in also knowing the ROI of purchasing that book or ejournal. If we agree that the average price of a book is $15, the ROI for having access to that requires that we know what we actually spent (perhaps $12.75 with our discount) and also what it cost our institution to employ us, provide space for the books, a

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In This Issue

Librarian Views:
Points & Counter Points on controversial library issues

Editor Notes: 'Library Views: Points & Counter Points' is a new column to the Plains to Peaks Post Newsletter. The object of the column is to offer readers a view from both sides of controversial issues relating to health sciences libraries in the MidContinental Region and beyond. Contributors to this column come from NN/LM members, librarians, and other experts in their field. The editors encourage readers to continue the discussion or to suggest a topic by posting them to the MCR's Plains to Peaks Post blog. (http://nnlm.gov/mcr/news_blog)

This issue's topic discusses the MCR Reference Continuity Service Project and its impact. The Reference Continuity Service Project is based on the DOCLINE concept of resource sharing between Full member libraries but rather than sharing collections member librarians would be sharing their reference expertise. Full members participating in the service would either be reference service providers or members requesting reference service in times of temporary library closures. Examples of temporary library closures are instances of when reference services are not available when the librarian is away for professional development opportunities, illness, or personal time/vacation. To learn more about this project, go to http://nnlm.gov/mcr/rsdd/continuity.

Point

Myoung Fry, MLIS
Medical Librarian
Mercy Regional Medical Center
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For years now the professionalism of medical librarians has been under attack. Once, for example, an administrator alerted other administrators at our hospital to an article about technology replacing librarians. The article actually did not advocate such replacement, but the administrator had read only the first four paragraphs and came to a presumptuous conclusion. In response, I had to advocate repeatedly for the importance of real, live professionals. Now, ironically, the threat comes from our own colleagues in the form of The MidContinental Region's (MCR) Reference Continuity Service Project. Again, I must champion the survival of high standards of librarianship.

By providing uninterrupted library services during a librarian's absence in a one-person hospital library, this project seeks to employ the concept of volunteer resource sharing, much like DOCLINE. The problem is that such reciprocity implies equality, and not all one-person libraries are equal. Currently, all members of the MCR are eligible to take advantage of the project's services with or without a professional librarian. Already, some libraries have recently eliminated their professional librarians, and this project would trigger more layoffs. To be a full member of the MCR, a hos-

pital need only supply a location with 25 journals, an internet connection, and a staff that may, or may not, include a librarian. Thus, the policy encourages hospitals unwilling to hire a librarian to take advantage of the service.

The altruism of librarians, by nature dedicated to service, will nonetheless, in this case, jeopardize our profession. Most have come to see this. When I inquired whether members of the Colorado Council of Medical Librarians wished to volunteer such reference continuity services, most said no; the concept of reciprocal reference service invites overwhelming chances to degrade our profession. Other professions, indeed, demand such respect; we should demand no less. It is time for the NLM and the MCR to raise, not lower, the standards.

The only way to make this project viable, maintain high standards, and protect our profession is to require that all members of the MCR have professional librarians on staff. To be clear, only a person with an MLS or MLIS should be called a librarian. Any other definition allows a hospital to save money by not hiring a professional, a popular yet detrimental management strategy. We can provide a list of willing librarians and let each hospital pay for the services, just like all other contracting, independent professionals. Everyone would benefit.

The MCR Podcasting Service: Results from the Feedback Survey

Introduction

Last spring, the MCR released two podcast episodes. The episodes were both created by Siobhan Champ-Blackwell, Community Outreach Liaison. The topics of the podcasts were:

- Siobhan and Joy Voltz, OTD, OTR/L, Coordinator for the Office of Interprofessional Scholarship, Service and Education (OISSE) in the School of Pharmacy and Health Professions at Creighton University discussed academic community partnerships and health information outreach efforts that include librarians.

- Siobhan and Ira Combs, R.N., Community Liaison Nurse Coordinator for the University of Nebraska Medical Center, Center for Health Disparities discussed the importance of building trusted relationships with communities as a vital piece of the ongoing efforts to reduce health disparities.

Information about the availability of the podcasts was released through the RML News and on the MCR web site (visit *http://nnlm.gov/mcr/services/podcasts/podcasts.html*).

In August 2007, we surveyed the membership to collect feedback about the podcasting service. The survey had seven questions and took less than five minutes to complete. We received forty-six responses.

Survey Results

Of the 46 respondents, only six (13.3%) had listened to one or both of the podcast episodes. Of the respondents who did not listen to the podcasts. the major reason cited was, "I did not know about the podcasts" (52.5%). Other reasons are cited in Figure 1.

Several users commented they did not have an iPod (though an iPod is not needed for listening), did not have time, or were blocked by the institution's firewall.

Of the six participants who did listen to the podcasts, all said they found the podcasts "very interesting and informative" or "somewhat interesting and informative." All six of the participants rated the podcast content as "very useful" or "somewhat useful" in their work. The participants also reported that they had no sound quality issues.

Thirty six (78.2%) of the respondents were from health sciences libraries; 2 were from public libraries (4.3%); and 8 were from other types of libraries (17.4%).

The survey also asked respondents to provide additional comments and feedback. Several comments related to "information overload" and the need to find time to keep up with new information in various formats. One person commented that they would like more education about how podcasts work and the potential benefits of using this format. Others commented that they do find podcasts useful, but hadn't been aware of the MCR podcasts. One participant said, "I like podcasts, and use them to keep up with information applicable to my job and hobbies." Another commented, "I often download various podcasts to my MP3 player to listen to while traveling."

One of the participants provided suggestions for future podcast topics, including how to use RSS; library advocacy topics; new information resources from any of the NIH; free image resources on the web; EFTS; and new outreach activities from the MCR and NLM.

Conclusion

The survey results gave us some good feedback that we can use in the future. Lessons learned include:

- The need for us to do more promotion in multiple formats at multiple times so that users know about the existence of the podcasts.

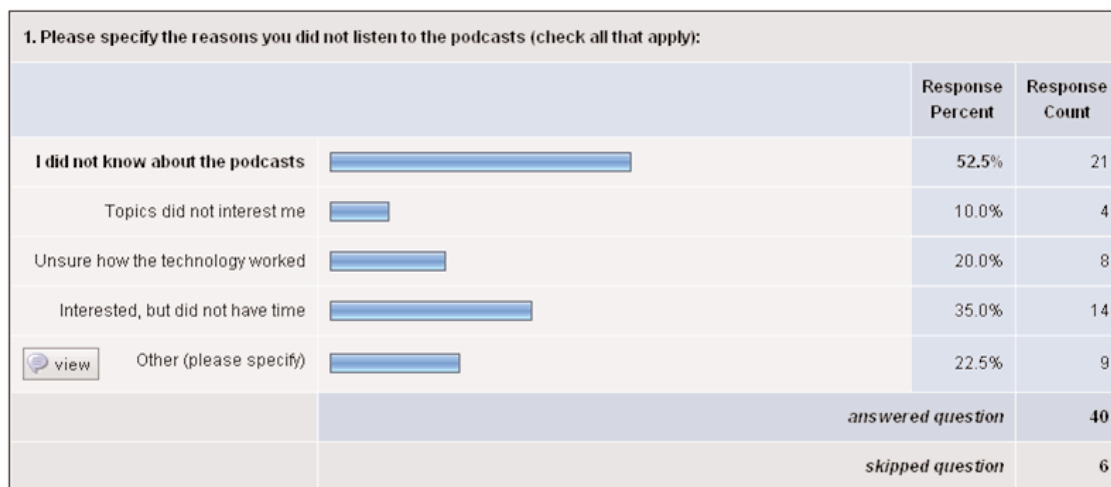| 1. Please specify the reasons you did not listen to the podcasts (check all that apply):		Response Percent	Response Count
I did not know about the podcasts		52.5%	21
Topics did not interest me		10.0%	4
Unsure how the technology worked		20.0%	8
Interested, but did not have time		35.0%	14
view Other (please specify)		22.5%	9
	answered question		40
	skipped question		6

Figure 1. Reasons For Not Listening to Podcasts

It's Good to Pick Up a Book...

Moloka'i
by Alan Brennert

While the topic of leprosy (now known as Hansen's disease), is not one that's likely to come up for most people, it is the focus of one of the more interesting books I've read lately, Moloka'i, by Alan Brennert. This is a fictionalized account of a Hawaiian woman, Rachel Kalama. Rachel, at the age of seven, after noting a blotch on her leg, is diagnosed with the disease and is removed from her family and deported to the island of Moloka'i in the Hawaiian Islands. While her symptoms are mild for much of her life, what stands out is the isolation from her family and her life "imprisonment" at the quarantined settlement of Kalaupapa on the island of Moloka'i. The colony was first established by King Kamehameha V to segregate lepers and later gained more attention under the mission work of Father Damien.

Rachel manages to build a life, marry, and have a child, only to have to relinquish that child after birth to prevent infectious contagion. In the final chapters of the book, Rachel is allowed to leave the island to try to find her daughter and to try to reunite with her own family. This is not only a history of people who suffered the effect of a grotesque disease but also built a community in spite it, carving out a life in what may be one of the most beautiful places on earth. It's also the story of public health, our concepts of what they meant 100 years ago, and what that means now. Mostly, however, it's the story of a woman whose strength was her inner beauty and grace in dealing with this dreadful disease.

-M. Magee
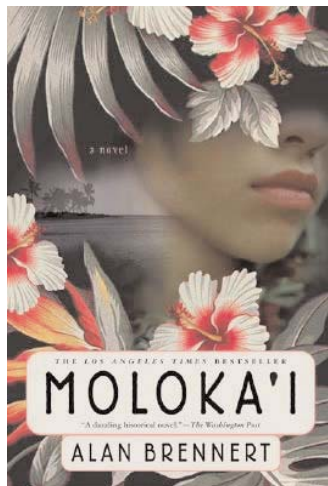
system to manage them, and possibly, even heat and light so our users have a comfortable place to come to get their books. Or if the book is available electronically, it might include a portion of the cost of the network infrastructure to make that book available online in the institution, plus the cost of the computer to use to read the book. All of these factors must be weighed, valued and agreed upon by everyone who is going to use the calculation.

Next Steps

We decided to work with the MCMLA Library Advocacy Task Force to identify the kinds of information we needed to create a tool to calculate ROI. The Task Force has identified the average salaries of physicians, health science librarians, hospital administrators, and allied health professionals. The next step is to evaluate library operations to determine average percentages of time spent on resource/collection development activities and service activities. Results will be folded into the calculator template, an Excel spreadsheet, and libraries represented on the task force will conduct valuation calculations for that library. The tool will then be made available to librarians throughout the region with instructions on how to evaluate their library services and collection.

-B. Kelly
-B. Jones

Sharing What Works

What do the Corporation for National & Community Service (CNCS) and the NN/LM MCR have in common? We both have a desire to promote strategies in outreach that work so that others can build on or replicate those strategies. The Corporation for National & Community Service, formed to assist U.S. citizens in volunteering in their communities through programs like AmeriCorps and Vista, has created the Effective Practices Collection, an online database available at *http://nationalserviceresources.org/epicenter/index.php*, in an effort to collect and share the strategies from their programs. The NN/LM MCR was made aware of this resource and was invited to add to the database as a way to gather effective practices in our region. Two entries have already been made to this collection about the Tribal Connections Four Corners project that the NN/LM MCR oversees.

Just what is an "effective practice" and how is it different from a "best practice?" The term "best practices" refers to methods demonstrated through research as, of course, the best way to do something. According to the CNCS, an "effective practice" is an action that solves an essential problem with a positive outcome, that is replicable, and that can be described and documented. Effective practices are not necessarily research-based, allowing an immediate sharing of methods that worked for one project and might work for another (for more information on the difference, see *http://nationalserviceresources.org/epicenter/overview/index.php*).

The NN/LM MCR and all of the regions in the Network have begun to publicize the Effective Practices Collection both as a resource and as a means to promote our members' effective practices. It is easy to submit an entry through an online submission form with only five questions (*http://nationalserviceresources.org/epicenter/submit/index.php*).

At the top of the submission form is an excellent style guide and an example of how one group answered those questions. You can enter "NN/LM" into the search box to locate the two entries already made by the MCR, and read those entries as examples of what information is needed. These tools will help you to determine what have been effective practices used by your library, and assist you in answering the questions in the online submission form. And as always, the MCR staff is available to assist you if you need help.

Let's work together to populate this online collection of Effective Practices. We can document the work we are doing, while at the same time provide each other with methods we have found that have worked for us and led to positive outcomes in our communities. This is what librarians do best - collaborate with each other!

-S. Champ-Blackwell

Training Dates
Put them on your calendar now!
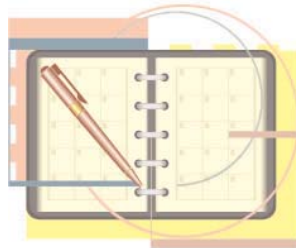
Online Teleconferences from College of DuPage

Free in Nebraska, see Nebraska Library Commission:
http://www.nlc.state.ne.us/training/train.asp
Free in Kansas, Colorado, Wyoming, and Utah, see Biographical Center for Research:
http://www.bcr.org/training/teleconferences/index.html

February 8, 2008:   **People Watching with a Purpose: Meeting Needs Before They Need It**
March 7, 2008:   **Library Spaces: Future Needs**
April 11, 2008:   **Trends, Fads or Folly: Spotting the Library Trends That Really Matter**
May 9, 2008:   **Tools of Engagement: Attracting and Engaging Library Users**
(All teleconferences are from 11:00-12:30 CT, 10:00-11:30 MT)

FREE training from National Training Center & Clearinghouse in 2008

Register now for these upcoming training opportunities presented by the National Training Center and Clearinghouse in the MidContinental Region:

Kansas - at University of Kansas Medical Center Dykes Library
To register: *http://nnlm.gov/ntcc/classes/register.html*
Pub Med - April 7, 2008
Toxnet - April 8, 2008
NLM Gateway & Clinical Trials - April 9, 2008

Missouri - at Washington University in St. Louis School of Medicine Bernard Becker Medical Library
To register: *http://nnlm.gov/ntcc/classes/register.html*
Introduction to Molecular Biology Information Resources - April 14-16, 2008

Utah - at University of Utah Health Sciences Library
To register: *http://nnlm.gov/ntcc/classes/register.html*
Toxnet - May 1, 2008
NLM Gateway & Clinical Trials - May 2, 2008

Colorado - at University of Colorado at Denver Health Science Library
To register: *http://nnlm.gov/ntcc/classes/register.html*
Pub Med - July 14, 2008
NLM Gateway & Clinical Trials - July 15, 2008

Contributers Wanted

Would you like to share your ideas, successes, projects etc. with the region? Why not submit an article to the Plains to Peaks Post?

Contact Suzanne Sawyer
ssawyer@rml4.utah.edu
with your submissions

- The need for more education about podcasting (for instance, that users do not need an iPod or even an MP3 player to listen; they can listen to a podcast using their laptops and free software.) In October 2007, we did a follow-up "Breezing Along with the RML" session where we demoed podcast software and presented basic information about podcasts. Slides from this presentation are available at (*http://nnlm.gov/mcr/services/podcasts/podcast_slides.html*).

- The users who did listen to the podcast found the content interesting and useful in their work. The MCR would like to continue to produce podcasts on interesting topics.

Thank you to all who participated in the survey! If you did not participate and would like to provide additional feedback, or have questions about listening to podcasts, please contact me.

-S. Dennis

DID YOU KNOW?

You don't need an iPod (or even an MP3 player) to listen to podcasts. You can listen directly on your computer using free software, like iTunes.
For more information, see *http://nnlm.gov/mcr/services/podcasts/podcasts.html* or contact Sharon Dennis.

Counterpoint

Camillia A. Gentry, MLS
Medical Librarian
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When I first heard about the proposed Reference Continuity Service project proposed by the NN/LM MidContinental Region (MCR), I was somewhat surprised that there was a significant need for this type of service. I have been fortunate enough to work at libraries that have more than one employee and we have never needed such a service, but there have been times where we have informally provided back up reference services to solo staffed libraries in our community. However, the MCR has reported that they have received numerous requests and interest in such a service from solo librarians within the MCR. To respond to these requests, the MCR is developing a service to fill this need.

Like anything in life, circumstances dictate needs and who will cooperate to fill them. Members may or may not choose to participate in this service; it will depend on their circumstances. I know there are solo librarians who informally request temporary help with reference services while they are away. But, if they do not already have an informal arrangement that is working, who can they turn to for help? The formal network that is being proposed involves letters of agreement, agreement on costs, etc. If the parties involved can formally agree on the temporary services to be provided and the cost of the services, why not do it?

I do not see that payment for these services is critical. Billing and keeping track of billing can be very time consuming. At our institution, the money goes to a general fund and does not go back to the library. Given the small number of requests we have received for informal reference services, billing would be more trouble than it is worth.

I cannot see a direct connection between requiring a library to have a library professional as a requirement to receive services and how administrators' might think that this is a way they might save money. Since I have been working in the Wichita medical library community, 2 of 7 libraries have been closed and the rest have all lost FTEs, so I understand these concerns completely. However, I don't see how providing a temporary service that is clearly agreed to will cause administrators to think they no longer need a library or librarian because they could just pay someone else for services on an as-needed-basis and save money on salaries. This service is clearly intended to be temporary and would only be available to full MCR members. So, if there is no library with an MCR membership, then no services will be provided, free or otherwise. It is important to remember that this service is based upon a trusted relationship between librarians. No librarians, no relationship, no services.

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