

**Site Visit Report**  
**NN/LM Middle Atlantic Region**  
**New York, NY**  
**December 9, 2008**

**Anne M Conner MLS**  
**Michelle Malizia MA**  
**Linda Watson MLS**  
**Ken Walker MD**

**Submitted**  
**December 26, 2008**

## 1. What are the strengths of the RML?

The Middle Atlantic Region (MAR) has a passionate and experienced director, Karen Brewer, who has an excellent relationship with the leadership at New York University (NYU). NYU has many resources and the missions of the RML and NYU complement one another. The RML's talented staff brings a wealth of knowledge, creativity, and expertise to the RML. The RML conducted a thorough assessment of the region's needs and subsequently developed a strategic plan based on the identified needs. The physical location in New York City is also a strength. Having so many of the foremost academic health sciences centers in the country located in this region and serving as resource libraries is an asset to the RML. The rich diversity in the region is a strength. Partnership with the Queens Public Library not only strengthens the RML but also the entire NN/LM system, which can benefit from the MAR's knowledge on meeting the needs of diverse populations.

The senior administrator, Dr. Berne, clearly understands community engagement and the important role of the library in that context, and in a sense provides a role model for the mostly private resource library institutions in the region, whether he chooses to use that leverage or not. His vision could be particularly useful in the communications to hospital administrators as part of the Value of Information Services Project. The RML may also benefit from his perspective on how to evaluate outreach and determining what the most compelling metrics might be. Having the new sponsored projects director engaged (who seems to understand the difference between a grant and a contract) will be an asset.

As a first time competitor for the RML contract, NYU put a great deal of effort into a needs assessment as part of the technical proposal, both of the region's health issues as well as network member needs and input. From comments heard from network members at the site visit, this reaching out to the region was much appreciated. One of the first "deliverables" was a Strategic Plan for 2007-2011 that was endorsed by the RAC and lays out goals for years 3 through 5 of the contract. Their communication plan for both the strategic plan and in general is a strength, using many mechanisms and repeated contacts with members. The investment of time and effort appears to be paying off.

One of the strengths of the MAR is best described by their tagline "*Creating a Health Information Community.*" There is considerable network member involvement in RML programming. They have committees addressing emergency preparedness, resource sharing, technology and outreach. They have conducted numerous questionnaires to elicit feedback from the members on specific areas (e.g. EFTS). Finally, feedback from the site visit guests and the network member feedback survey highlights that the MAR has strived to create a community.

The recruitment of a very capable and engaging staff is a core strength. Their presentations at the site visit were impressive and we heard many heartfelt testimonials

from the librarians attending the afternoon listening session. Arpita Bose seems to have stepped in capably as interim RML Associate Director while still maintaining her important outreach and communication responsibilities AND preparing for the site visit. Also, it appears that RML staff is engaged with NYU staff where appropriate (understand the front line) despite the RML offices being in a different facility several blocks away. There seems to be productive integration there, particularly in the document delivery service area. Both the library's own space challenges and dealing with an offsite collection enhances their ability to empathize with network members, and they appear to have developed creative solutions to providing access to their collections whether onsite or remote. It was notable that when providing feedback, many network members went beyond general statements about the program and singled out staff members by name. Although all staff members received kudos, Arpita Bose and Miguel Figueroa were mentioned frequently during the feedback portion of the site visit. Both were complimented on their responsiveness to problems and their willingness to provide assistance. It was clear that network members felt connected to the RML because of its staff. Other staff members of note include: Gregg Headrick who created an excellent technology resource page on the MAR website that can be used by network members to enhance their knowledge of emerging technologies and Sue Hunter who has conducted evaluations so that the MAR can better meet the needs of its network members.

The training program is a very diverse one, and the RML staff has developed a nice balance of in-person and web-based offerings. One recommendation would be to seriously consider recording the webinars for asynchronous use with perhaps an easy email or chat mechanism for follow up with staff, even if they may not be the polished presentations that are up to the RML's own professional standards.

The RAC is inclusive of all 28 resource libraries plus chairs of the four working committees (all hospital librarians) and several other members. In response to a question from the site team regarding the small percentage of hospital librarians on the RAC, Karen Brewer responded that her first priority in the new contract was to get the Resource Libraries engaged which she appears to have done. This positions the RML to harness their energies and support for addressing some of the Strategic Plan goals through their efforts, perhaps by directed funding via the awards program. Hospital input is coming through a variety of channels including the committees, site visits and meetings around the region, feedback from hospital library organizations (esp in New Jersey and NY) and individual responses to surveys. From the positive response of the many hospital librarians at the site visit, it appears that these mechanisms are working pretty well. It is also likely that most hospitals will count more on the Library Improvement awards rather than having the staff or other resources to embark on the region's strategic goals to reach new audiences (especially if those audiences aren't part of their institution's missions).

The Network Membership Feedback Report (from a survey conducted Nov 4-17, 2008) was extremely positive, a sentiment echoed at the site visit.

The RML has notable accomplishments in the area of document delivery and resource sharing. There has been considerable promotion of LinkOut and EFTS. Classes on LinkOut are taught in person and online. The RML's EFTS questionnaire provided valuable feedback on the reasons why many members do not participate in EFTS. This information is invaluable as it helps all the RMLs and NLM to better understand the use (and non-use) of EFTS. The EFTS award seems to be an excellent way of allowing small network members to try EFTS on a trial basis, which in turn will allow the network members to convince their administrators of the value of the service. Finally, NYU and the staff of the MAR need to be commended on their ability to build an RML program. NYU has only served as an RML since 2006 and they have accomplished a great deal in a short period of time.

**2. What are the challenges and what recommendations or suggestions would you offer the RML for dealing with the challenges to improve/enhance the program?**

Recruiting a new Associate Director is a challenge, although Arpita Bose is doing a commendable job. The approach to involving the RAC Executive Committee in the search process is a good one. Maintaining the momentum of the past two years will be an important consideration – whoever is selected needs to “hit the ground running.”

Implementing the Strategic Plan will be a challenge as it is ambitious and focused. Yet over the past two years the RML has made great strides in engaging the members and setting an expectation (at least among the hospital librarians) of support for basic services and other library improvements through the awards program and the training efforts to meet basic infrastructure needs. So it may be difficult to switch attention to strategic goals and awards. With a new RML Associate Director in place, they should begin to flesh out an implementation plan with their RAC Executive Committee that also includes specific directed actions that the RML staff themselves will take. How to balance their basic RML responsibilities and expectations from NLM (such as staffing national exhibits in their region) that don't support their Strategic Plan will be difficult. RML should negotiate this with NLM staff.

The Strategic Plan called for beginning a “focused program for librarian mentoring and coaching in management, advocacy, and marketing the library...” in Year 2. Yet there does not seem to be any evidence of this either in the suite of trainings offered, or any other kind of approach. This may need revisiting once a new RML Associate Director is in place.

From the Technical Proposal:

Core concept #1: Full participation from network members (and “putting the governance structure in their hands”) is an appropriate approach, however becomes increasingly challenging as network libraries face financial stresses, and are less able to contribute (volunteer) their time as might be needed or desired. For example, the website only reflects a single set of reports from 2006 from the four committees, and a member

question at the site visit seemed to indicate a lack of information about what the

committees were doing. Their role (for example in reviewing award applications) could be better documented and communicated. Also, the RML Consultant program doesn't seem robust.

Core concept #5: Seeding permanent outreach partnerships is a laudable and important goal, and we heard an example of this in one of the member reports at the site visit. But it's not clear how the criteria or evaluation of the outreach projects will support this. As the Strategic Plan is implemented, the funded projects (and RML efforts) need to be tagged to the priorities in order to evaluate progress.

The RML should consider how their proposed Community Information Database can help in evaluating progress. Ideally, the metrics in this database will be robust enough for tracking outcomes, and will be compatible with other NNLM regional databases that track outreach.

Trying to first identify and then complement or harness (and not duplicate) the various health outreach and library network developments within each state or region is a challenge, for example in addressing Health People 2010 priorities. Is NN/LM/MAR seen as relevant in these other state-run initiatives? Are members asked to participate in more initiatives either at the local or state level than they have the time and attention to handle? And what will be the impact on the financial stresses faced by cities and counties during this economic downturn. If library services are impacted negatively, this will place additional strain on the NN/LM network.

The community public health workforce is a key partner in many of NLM and NN/LM goals – and in particular many of MAR's strategic priorities, but it appeared that most of the members at the site visit were unfamiliar with the Public Health Partners project or website – this could be better highlighted for network members.

Although one of the strengths of the MAR is their willingness to involve the region in committees, there does not appear to be a Hospital Library Committee nor are there many hospital librarians on their Regional Advisory Committee. Since the National Library of Medicine is interested in ensuring the survival of hospital libraries, the RML needs to have more avenues of direct feedback from hospital librarians beyond one-on-one interactions.

The RML consultant program does not appear to be accomplishing its intended purpose. Also, since the RML is such a unique environment, it may be difficult for network members to serve in this role.

It wasn't immediately obvious from the program review presentation what specific training sessions were conducted on an in-person basis by the RML. There was a slide addressing in-person training which addressed "core classes" but beyond that information, it was difficult to assess what other classes beyond (PubMed, DOCLINE and LinkOut) they offered. It is commendable that they provide considerable online training in a variety of subjects beyond the major NLM databases. It was unclear from the presentation whether or not their in-person sessions were just as varied.

One of the challenges, as well as strengths, of the RML is its location. As it is located in the heart of Manhattan, a borough of New York City with its own enormous underserved population, there may be a temptation to devote a greater proportion of resources to this geographic region alone, as opposed to reaching out to some of the other areas within the MAR which also have incredible disparities (e.g., Pennsylvania) in health status.

**Suggestion:** Encourage the New York City resource libraries to use more of their own resources to sustain programs and divert more resources to other areas of great (er) need (based on health status results). (Should not many of the resource libraries and their respective institutions have outreach to their communities as part of their mission?)

There are likely many hospitals in the rural areas of Pennsylvania and New York without librarians and/or libraries or which have designated a person who wears many hats as the librarian. These hospitals are not network members.

**Suggestion:** Identify the small rural hospitals with no library services. (Refer to idea in “recommendations for NLM section)

Another challenge is the fact that there are large rural areas in Pennsylvania and New York of widespread need.

**Suggestion:** Use the strength of the resource libraries to encourage partnerships between the resource libraries or “willing and able” community hospital libraries and the Area Health Education Centers (AHECs) in the region. It appears that AHECs in Pennsylvania and New York are alive and well. AHECs are great resources, as they typically have well-established relationships with health care organizations in rural areas.

As evidenced in the site visit presentation, there is a large aging population in Pennsylvania. MAR should start offering services to target this population such as classes or funding opportunities.

The MAR offers great online classes beyond traditional NLM databases. If they aren't already doing so, they need to offer similar classes in-person.

### **3. What recommendations do you have for the NLM?**

Work with the NIH to hire/contract with health literacy experts to create each institute's plain language resources. Although the readability of the consumer health resources from the Institutes has greatly improved over the years, they are still not accessible to the large population of functionally illiterate Americans.

Continue adding to Interactive Health Tutorials. Explain on the home page that the Interactive Health Tutorials (used with the audio feature) are easy to understand resources. (If these tutorials are read as text, they really are not “easy to read”.) One method is to run a few of the Interactive Health Tutorials through a readability tool (Fry

Readability Formula- recommended by health lit experts) and they average out to a reading level of grade 8-9.

Move the MedlinePlus Easy to Read button (it's currently a navigation bar on the lower right corner of the "Health Topics" page) to a more prominent location. Given its importance, it should, perhaps, be available directly from the main MedlinePlus page.

Consider changing the requirements of the National Network to find a new approach to more completely achieve its mission of advancing the progress of medicine and improving the public health by providing all U.S. health professionals with equal access to biomedical information. This mission is next to impossible to fulfill in the extremely rural areas of great poverty. It might well be that many of the hospitals in these areas have the Medicare Critical Access Hospital (CAH) designation. The trend in these small hospitals does not involve having formal library services. Would it be too far-fetched to think that NN/LM would hire circuit-rider librarians partnering with resource libraries or "willing and able" community hospital libraries to provide services in these areas? Perhaps begin by working with the statewide hospital associations. In New Hampshire, the CAH administrators meet regularly to discuss issues. New Hampshire's DHHS has an office of rural health. Other states with significant rural areas may well have such offices. These groups could be venues for bringing NLM-NN/LM to the attention of the administrators. Perhaps running a pilot project in one or more small states (e.g., Vermont, which has several critical access hospitals w/o formal library services?) would assist in determining the feasibility of this idea.

The members at the site visit clearly recognize the difference that NLM programs and services make in their lives, and the important work that MAR is doing within their region to facilitate access to those resources.

NLM could provide a more robust national promotional campaign about the value of its premier services (MedlinePlus, and even the NN/LM) that each region could build on. Creating PSAs and compelling stories for national and local media outlets for example. Each region could provide advice on what would work best in their regions to reach the various constituencies.

Network members provided a number of suggestions for NLM, among the more significant ones were: 1) figuring out how to make the SERHOLD updating process easier (and supportive of e-resources); 2) expanding the number of low literacy resources in MedlinePlus (and identifying the literacy levels in more detail) 3) providing better communication to network members about PubMed changes (and not making those changes so frequently) – this will require Library Operations to ensure that NCBI staff appreciate these concerns and are willing to respond accordingly, 4) more support for Go Local – to fund new ones and sustain existing ones

Many if not most of the issues faced by MAR and by their network members are common across all regions. The NLM is encouraged to coordinate even more among regions to share expertise, approaches and resources to maximize the energy that local RML staff can devote to locally driven issues.



NLM could take a look at the reporting requirements and outcome measures that are expected in quarterly and annual reports. Are there more efficient ways to capture the network activity in some kind of centralized database rather than the preparation and filing of written reports that aren't easily mined for trends or other observations? Perhaps some kind of Customer Relationship Management database such as used by businesses or by the development offices at many institutions.

One recommendation for NLM is regarding the site visit agenda. The program review portion was too brief and the MAR staff was required to rush through the end of their presentation (which unfortunately dealt with outreach). As a result, it was difficult to get a clear picture of outreach, beyond the network member feedback portion of the visit. A recommendation to NLM is that during future site visits, the site visit team should be told to hold their questions until the RML presentation portion is completed.

Karen Brewer commented that NLM needs to assess the value of the national exhibits program because booth visitors at these exhibits already know about PubMed. Exhibits are an excellent way to reach new groups. NLM should continue requiring the RML to exhibit at only those conferences that reach new target groups.

#### **4. Other observations, comments or recommendations.**

Please devote significant resources to Health Literacy. Based on the discussions during the afternoon session, this issue is a hot topic in the MAR; however, more librarians need to understand the importance of Health Literacy. Librarians are well positioned to engage their constituencies in health literacy awareness programs, promote plain language websites, and point health professionals to resources for creating plain language materials.

It was a pleasure to be part of this process. Thank you. The MAR is very proud of their work — and they should be! MAR is doing an excellent job implementing their strategic plan. There is concern, however, that they have not identified all of the needs. One recommendation is to add more diversity to the RAC in the next contract to include more hospital libraries, particularly from rural regions. Another recommendation is inviting the State offices of rural health and/or the region's AHECs to participate on the RAC.

The RML at NYU Medical Library has accomplished a great deal in the 2-½ years since assuming responsibility for the MAR region, and the network members as evidenced both in survey data provided as well as in person at the site visit are clearly appreciative and engaged. They are well positioned for success in maintaining momentum and implementing their Strategic Plan, and they have the support of the NYU administration. As financial stress ripples through the nation and affects all network members (as well as NLM), it is likely that important and appreciated services and projects will need to be prioritized. Arriving at consensus on those priorities will be difficult – NLM and the RML should work hard to make any necessary decisions both transparent and data-driven.