

**NATIONAL NETWORK OF LIBRARIES
OF MEDICINE**

MidContinental Region

Outreach Narrative

Option Year 1

May 1, 2012 – April 30, 2013

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Outreach Programs to Health Professionals and Public Health Workers

The National Library of Medicine's core mission includes outreach programs "to help assure that its users, including researchers, health professionals, and the lay public, are aware of and make effective use of health information available from NLM."¹ The NN/LM MidContinental Region will advance this mission by building on and enhancing outreach efforts to the unaffiliated health professional workforce currently in the Region.

Goal: Develop, promote, and improve electronic access to health information by Network members, health professionals, and organizations providing health information to the public.

Outcome: Network members and other organizations are better able to support access to health information resources.

Approach:

Encourage and/or support health information literacy collaborations that reach other networks and relevant organizations.

RATIONALE:

Technology can play an important role in enabling healthcare providers to increase the quality and availability of patient education and professional literature resources. Improving connectivity to providers can allow access to health information when and where they need it (e.g., a home health visit to a patient). The ability to access resources, such as MedlinePlus and PubMed, via mobile technology can enhance provider/patient communications and ultimately improve health outcomes.

METHODOLOGY:

The Technology and Health Information Literacy coordinators will work with state coordinators and Network members to identify clinics and CBOs who need access to online resources and Web2.0 technologies when working out in their communities but do not have the connectivity to do this. The NN/LM MCR will work with an individual from these clinics and equip them with an Internet ready device (e.g., xG wireless broadband modem card for their laptop computers or iPads). We will set up the device and provide training on its use as well as training on accessing and using NLM resources (including multi-language resources). Internet fees associated

¹ Charting a course for the 21st Century – NLM's long range plan 2006-2016 [Internet]. Bethesda (MD): National Library of Medicine; 2006 September [cited 2011 December 19]. Available from: http://www.nlm.nih.gov/pubs/plan/lrp06/report/LRP_Goal2.html#R2_1.

with the device will be funded for the year for each organization. Beyond the funding period, the community organization will be responsible for on-going financial support for the Internet connection.

EVALUTION:

1. Funded organizations will identify two ways the project contributed to increased access to health information.
2. Funded organizations will continue to fund the data plans for distributed devices.

Outcome: Health sciences librarians are integrated in the conduct of e-science.

Approach:

Develop pilot projects to identify and promote the roles of librarians in institutions that have e-science initiatives.

RATIONALE:

E-science information technology and policies are in the early stages of development within academic health sciences libraries in our region. It is a new paradigm in sciences that is data-driven, is widely distributed and collaborative, and reliant on specialized computing. This paradigm presents an opportunity for Network members located at academic health sciences centers to assume new roles by participating in e-science initiatives within their institutions. In order for the NN/LM MCR to support our members, we will provide online resources (e.g., web page, online tools/services, etc.), and classes on (big) data management and curation to support our Network members developing data services for researchers. We will build on the basic knowledge gained from the daylong event planned for February 2012. This event includes a workshop on data management and curation, a keynote presentation on library services followed by a panel discussion. An interactive webinar is scheduled to allow both in-person and virtual participants to comment on and discuss what they learned.

METHODOLOGY:

The NN/LM MCR will provide webinars that focus on developing data services for Network members supporting e-science and e-research.

The NN/LM MidContinental and Pacific Northwest Regions will sponsor an e-science forum that will focus on how scientists use technology and how librarians can support their use of

technology in doing research. The forum will be a hybrid online and in-person event that includes both lecture and interactive sessions broadcast from both regions.

In order for the NN/LM MCR to support our members, we will continue to develop and maintain an e-science web page presence on two levels. The first is a general web page that utilizes the New England Region's considerable experience with e-science initiatives and programs. NN/LM NER has agreed to take on a leadership role in providing a web presence in the area of e-science for the NN/LM and we will link to their page. For region specific information, the NN/LM MCR will develop and maintain an e-science web page for services and resources that are most relevant to Network members in our region.

EVALUATION:

1. Develop a questionnaire to establish baseline data on new roles of librarians in their institution.
2. A target of 90% of participants attending online training on e-science will indicate the session met stated objectives.
3. The NN/LM MCR will add a question to the annual technology assessment questionnaire to determine if the e-science web page, both from the NN/LM NER and MCR are useful to Network members in their work.

Goal: 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 2020 goal of eliminating health disparities.

Outcome: Librarians, health care providers and consumers in the MCR are more aware of health information resources, services and programs.

Approach:

Develop programs that reach practicing health professionals by outreach to health ministries.

RATIONALE:

The specialized practice of faith community nursing, or parish nursing, is complex with its foundation in providing spiritual care and the promotion of health to the communities in which they practice. The MCR has established a successful relationship with the International Parish Nurse Association Resource Center (now under the auspices of the Church Health Center) through an exhibit and presentation presence at the organization's annual conference. In an effort to develop

strategies to assist parish nurses with information for health promotion, a questionnaire was distributed at the 2010 conference to determine barriers to accessing health information for clients and for their own professional development. The results indicated a high need on both fronts, with two resounding barriers: time and inability to identify reliable resources.

METHODOOGY:

To support the needs identified in the 2010 questionnaire, articles will be submitted to health ministry and parish nurse publication venues highlighting authoritative consumer health information. Coordinators will continue to seek avenues to provide hands-on virtual training on biomedical research tools for parish nurse professional development, as well as have a presence at the annual meeting.

EVALUATION:

1. Solicit feedback from readers on the usefulness of the article content.
2. Conduct an evaluation of the training on consumer health information resources. A target of 90% of participants attending online or in-person will indicate the session met stated objectives.

Outcome: RECs and health Information technology programs are aware of the value of incorporating personal health information and access to evidence based medicine resources in EHR systems.

Approach:

Develop programs and/or pilot projects with Regional Extension Centers and with the Community College Consortia.

RATIONALE:

To help make health information technology (HIT) available to thousands of hospitals and clinics across the country, several programs have been created through the Health Information for Economic and Clinical Health Act (HITECH). The NN/LM MCR has been working with organizations from two of the programs resulting from this Act: Regional Extension Centers (RECs); and the Community College Consortia (CCC).

Because RECs have close relationships with EHR vendors, we have been working with their program staff and managers by providing in-person demonstrations and introductions to MedlinePlus and MedlinePlus Connect. In year 1, we have

demonstrated the quality of MedlinePlus and how the content can be freely accessed by integrating MedlinePlus Connect as an add-on to a vendor's EHR system. As part of our working with the RECs, we have requested they endorse MedlinePlus Connect and act as liaison between NN/LM MCR staff and their vendors so that we can promote MedlinePlus Connect to them. In year 1, we have had positive reactions from staff and managers to the quality of MedlinePlus and potential cost savings for using MedlinePlus Connect as the patient portals for EHR products. We also received positive reactions to our request that they act as a liaison with EHR vendors in order for us to promote MedlinePlus Connect to them. Despite these positive reactions, the challenge has been to get them to follow through and set up the introductions.

Because Community College Consortia (CCC) members are providing education to train students to work in the HIT field, the NN/LM MCR has been working with key personnel at these community colleges to introduce them to the educational and training service provided by our program. Specifically training on MedlinePlus, MedlinePlus Connect and global authority and standards for interoperability of HIT (e.g., HL7). In year 1, we have been contacting and establishing relationships with the CCC librarians and offering to provide support in order for them to provide services to their HIT programs. We have found that most of the librarians are not involved with their HIT programs. We have also been working with the HIT department program managers and have offered our educational and training services. One of the challenges we have experienced has been to convince the librarians they have role in supporting their HIT department. The other challenge has been with getting a response from HIT department personnel or to find times when we can meet with them to introduce our services and identify how we can assist their program.

METHODOLOGY:

The NN/LM MCR has a strong interest in raising the awareness of the importance of integrating the practice of evidence-based medicine into the EHR. The NN/LM MCR intends to continue its support of the two HITECH programs being conducted in our region.

The NN/LM MCR will continue to work with RECs to increase awareness of the value of incorporating personal health information and access to evidence based medicine resources in EHR systems. We will introduce them to the value of MedlinePlus and MedlinePlus Connect and also request they liaise between us and the EHR vendors with whom they work.

The NN/LM MCR coordinators will continue to encourage the inclusion of materials in the community college curriculum addressing the ability to integrate clinical-decision support tools and consumer-level health information tools into the EHR. We will continue to work with the librarians and HIT program personnel at these institutions by providing training and demonstrations on MedlinePlus and MedlinePlus Connect.

EVALUATION:

1. At least one REC reports that information from the MCR about MedlinePlus Connect was helpful to their program.
2. At least two librarians or HIT project personnel from the community colleges indicate that as a result of our support they shared information about resources for HIT.

Outcome: Network members and other organizations are better able to support access to health information resources.

Approach:

Develop culturally and linguistically appropriate resources.

RATIONALE:

“It is a truism of health education that programs and interventions will be more effective when they are culturally appropriate for the populations they serve.”² Developing culturally and linguistically appropriate resources is a complex process – high level translation can be costly and time-consuming. Organizations such as the Office of Refugee Resettlement (ORR) have mechanisms in place to identify minority communities and translate health information pertinent to those groups. The ORR provides people in need with critical resources to assist them in becoming integrated members of American society.

² Kreuter M, Lukwago S, Bucholtz D, Clark E, Sanders-Thompson, V. Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches [Internet] Thousand Oaks (CA): Sage Publications; Health Education Behaviors 2003: 30:133 [cited 2011 December 19]. Available from: <http://heb.sagepub.com/cgi/reprint/30/2/133>.

Access to these critical resources is made possible through partnerships with federal and state agencies, mutual assistance associations, and voluntary organizations. At the state level, the MCR works with two key personnel: Refugee Health Coordinators (RHC) and State Refugee Coordinators (SRC). The role of the RHC is to administer the refugee health programs and services within their jurisdiction. The role of the SRC is to administer the resettlement program within a state. Both the health programs and resettlement programs develop language resources that can assist health care providers to provide authoritative information.

METHODOLOGY:

In order to facilitate the process of identifying existing resources, MCR coordinators continue to work with refugee coordinators to contribute their multiple language health materials to open source venues such as UNC Minority Health Database, Refugee Health Information Network (RHIN), and Diversity Rx. Coordinators will also identify community-based organizations, public health, and clinical settings that are creating multiple language health materials. In addition MCR coordinators will exhibit and present at public health, rural and minority health state conferences, promoting the open source venues and the language resources available in MedlinePlus. These conferences provide an excellent venue for face-to-face contact with healthcare providers, and for facilitating relationships between healthcare providers who serve refugee populations.

EVALUATION:

Success of collaborating with refugee coordinators will be measured by:

1. At least three items created by refugee or state coordinators added to open source venues.
2. State coordinators will exhibit at a community health or public health conference.

Outcome: Health professionals, librarians, students and members of other organizations have increased skills to use resources for health information.

Approach:

Develop programs that reach practicing health professionals by promoting health information literacy communication.

RATIONALE:

The NLM has developed tools to promote health information communication. The Information Rx program is a convenient way for health care team members to refer patients to trustworthy consumer health information. The Information Rx program complements MedlinePlus Connect linking patients and family members to health information. Participants receive “prescription” pads and other materials referring patients to MedlinePlus.gov. The pads can be used to write a diagnosis, condition, treatment, prescription name, or other pertinent information. The patient then can take the information home, to the public or health sciences library to locate authoritative health information in MedlinePlus. Participation in the program can enhance communication between health care providers and patients, and encourage the use of evidence-based health information on the Internet.

METHODOLGY:

Coordinators present and exhibit at local, state, and regional health and medical conferences. These venues provide a wonderful opportunity to promote the program and to sign up interested health care team members on the spot. By initiating the ordering of Information Rx materials, the coordinators have the information needed to follow up with participants regarding usage of the program.

EVALUATION:

Coordinators will solicit feedback from the participants they signed up to determine if the Information Rx tools are used in patient care, with at least 50% responding positively.

Outreach Programs to Consumers

The NN/LM MCR has demonstrated the value collaboration plays in outreach through the use of the distributed model. State coordinators built the foundation for outreach programs to consumers by connecting with organizations that serve consumers. State coordinators are members of their state library association, their state or local health sciences library consortia, and they are connected to the workforce at local public and community health organizations. Working with intermediary groups - such as libraries, community and faith based organizations, and governmental agencies that already have developed trusted relationships with consumers - allows coordinators to integrate health information into programs that have been successful in reaching the consumer, especially those in special or vulnerable populations.

Goal: Develop collaborations among Network members and other organizations to improve access to and sharing of biomedical information resources throughout the nation.

Outcome: Network members have the necessary skills to develop projects and programs.

Approach:

Foster collaborations and encourage outreach partnerships to improve access to electronic consumer health information via regional working group.

RATIONALE:

The Region strives to promote opportunities for Network members to have involvement in the NN/LM infrastructure, outreach programs and assessment. The MCR Collaborations Working Group is an active and forward thinking group of individuals from academic, medical and public libraries, as well as public health and community-based organizations. The Working Group has a solid history of developing outreach tools for Network members. In the prior contract, they developed a series of webinars on working with community organizations, and in the first year of the current contract developed the Exhibitor Toolkit for training Network members to represent the NN/LM MCR at professional meetings and conferences.

METHODOLOGY:

Working Group members will continue to work on the evolution of the toolkit, expanding it to include a section on medical librarianship and updating information about enhancements and developments to the NLM databases covered by the toolkit.

EVALUATION:

1. The MCR Working Group will produce a product or a program that is used.
2. Six Network members, one per state, will indicate the toolkit was useful in their exhibiting.

Goal: Develop, promote, and improve electronic access to health information by Network members, health professionals, and organizations providing health information to the public.

Outcome: Network members, especially hospital librarians, participate in emerging practices to promote evidence based health information in the institution.

Approach:

Foster collaborations and encourage outreach partnerships to improve access to electronic consumer health information via Network member participation.

RATIONALE:

Health information literacy advances the identification of and access to health information resources; the ability to evaluate, analyze and understand the content; and the ability to use health information to make informed decisions. To support enhancement of this involvement, librarians will need trainings, bibliographies of recommended materials, presentations and workshops to learn about the issues surrounding health information literacy and becoming health information literacy drivers in their institutions.

METHODOLOGY:

The NN/LM MCR has identified health information literacy as an issue of significant concern and an area where librarians can have an impact on both health professionals and health consumers. Coordinators will support librarians to become health information literacy change agents with trainings, bibliographies, presentations, and workshops that highlight the issues of health literacy, and how librarians can become health information literacy drivers in their institutions.

EVALUATION:

1. At least 10 Network member librarians in the region share ways in which they are influential in increasing health information literacy and awareness of the importance of health information literacy. Potential venues include virtual presentations to the Region and article submission to the MCR online newsletter *Plains to Peaks Post*.

2. A target of 90% of participants attending online or in-person training on health information literacy will indicate the session met stated objectives.

Goal: Promote awareness of, access to and use of biomedical information resources for health professionals and the public, with a particular emphasis on contributing to Healthy People 2020 goal of eliminating health disparities.

Outcome: Network members and other organizations are better able to support access to health information.

Approach:

Develop programs that reach special populations with outreach to public libraries.

RATIONALE:

Public libraries continue to be an excellent conduit for transferring health information to community members because there is one in almost every community, no matter how small or remote. Public library outreach is especially important for meeting the digital divide gap as these sites provide access to computers and technology for those in the US with low or no online access. Cultivating partnerships with public libraries will continue to be a major strategy in the MCR in order to promote access to consumer health information. Public libraries are largely supported by their local community or government and are highly focused on serving their local constituency. The MCR has a long history of supporting state libraries by being members of the state library association and having an exhibit and presentation presence at annual conferences.

METHODOLOGY:

In 2010, the state libraries in Colorado and Nebraska were recipients of multi-million dollar funding from the American Recovery and Reinvestment Act Broadband Technology Program – an initiative designed to bridge the digital divide. The projects slated for the funding establish new computer centers or upgrade existing ones that provide broadband access to the public at community anchor sites – primarily public libraries. Many of the sites are located in geographic areas with special or vulnerable populations where broadband technology was traditionally underutilized. The state coordinators for Colorado and Nebraska were written into the State Library’s application for the funding, and are training library staff to use authoritative online health information. This

provides a unique opportunity to collaborate with State Library personnel, as well as build and maintain relationships with public library staff. Coordinators in all states will seek opportunities to raise awareness of NLM consumer health resources by offering online training sessions for public library staff on health information literacy, emergency preparedness, and other topics identified during the contract year as relevant to participants.

EVALUATION:

1. A target of 90% of participants attending online or in-person training on health information resources will indicate the session met stated objectives.
2. State Libraries in the MCR responding to a questionnaire rate the contribution of state coordinators to supporting access to health information as 4 or 5 on a Likert scale.

Develop programs that reach special populations with contributions to the Bringing Health Information to the Community (BHIC) blog.

RATIONALE:

The Bringing Health Information to the Community (BHIC) blog readers are members of community organizations, public health departments, health sciences and public libraries, and others who work with underserved and minority groups. The blog is used as an intermediary communication tool, providing readers with health information and resources that they in turn provide to the consumers they serve. Posts to the blog fall into the following categories: articles, conferences, environmental health, HIV/AIDS, inner city, minority health concerns, public library, public health, regional information, rural, and scholarships/grants. Evaluations conducted by the NN/LM MCR in 2005 and 2009 have confirmed that the BHIC blog makes a difference in the work of its readers. The 2009 evaluation confirmed that readers are using the blog postings by sharing them with colleagues, developing and maintaining projects, locating and applying for funding and more.

METHODOLOGY:

In May 2011, the BHIC blog transitioned from a regional to a national communication tool, with collaborative authors from four additional NN/LM regions: the Greater Midwest Region, the Southeastern/Atlantic Region, the Pacific Northwest Region and the South Central Region. With web 2.0 technologies, the ability of the NN/LM MCR to reach additional readers has grown. The blog now feeds into a twitter account and has been used by Network members as a feed onto pages

such as the Missouri WebJunction's Health Literacy section. In Year 2, the MCR will manage the BHIC blog in its national iteration, and continue to expand readership.

EVALUATION:

Readership of the blog will increase by 250.

Develop programs that reach special populations by fostering collaboration at the local, state, and regional level.

RATIONALE:

State coordinators have a history of successful involvement with regional community-based and public health organizations that serve special populations. They have joined a local group at the board or committee level, and worked on providing hands-on training to the groups. This level of embedded engagement allowed for a more targeted view of community needs and how they might address those needs with training. In 2010, community-based and public health organizations responding to a questionnaire indicated that the participation of the state coordinators was beneficial. Coordinators are also involved at a national level by managing and monitoring listservs for the Health Care Education Association. The listservs enhance coordination between health education professionals regarding diagnosis, medication, safety, healthy lifestyles, and other health care issues for patients. Monitoring queries posted to the listservs allows for raising awareness of NLM products and services.

METHODOLOGY:

Building on the relationships developed – such as promoting NLM resources to the Health Care Education Association listservs and training sessions conducted for staff at community organizations – the next level of collaboration involves these organizations taking the consumer health information they have gained from contact with the coordinator and promoting the resources to their clients.

EVALUATION:

1. One new community-based organization or type of information exchange agency (e.g., public health department, clinic) per state will promote MedlinePlus to their clients.
2. To gauge effectiveness of responses to listserv posts, a target of 50% of individuals receiving a response from a coordinator indicates that the information was useful.

Exhibits and Presentations at Meetings

Exhibits and presentations at meetings continue to be one of the most visible ways that coordinators interface with librarians, health professionals, and consumers. Because the National Library of Medicine provides valuable health information and resources for each of these populations, exhibits and presentations will continue to be an effective way to reach large numbers of these populations and offer opportunities to demonstrate and instruct attendees. In addition, NN/LM MCR coordinators can ascertain health information needs, obtain feedback on resources and services, and explore new arenas for further training opportunities.

Goal: 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 2020 goal of eliminating health disparities.

Outcome: Librarians, healthcare providers and consumers in the MCR are more aware of health information resources, services and programs.

Approach

Exhibit and/or make presentations to promote NLM and NN/LM programs and services.

RATIONALE:

Promoting NLM and NN/LM programs and services is a shared responsibility among the MCR coordinators. With the distributed model, the coordinators are in an excellent position to identify and exhibit at local meetings. Each coordinator has purchased and maintains either a table top exhibit or banner display with graphics featuring the National Library of Medicine, as well as MedlinePlus and PubMed. The exhibits are easily transportable, durable, and successful in conveying information.

METHODOLOGY:

MCR coordinators will exhibit at national meetings as determined by the National Library of Medicine and assigned to individual MCR coordinators by the Associate Director. Local meetings and health fairs are also an excellent way for coordinators to make contacts for training opportunities, partnerships, and to identify representatives of organizations who have a mission similar to the NN/LM.

The MCR coordinators will contact the organization suggesting presentations for the conference. Arrangements will be made in order that equipment and materials necessary to represent the products and services of the National Library of Medicine are

available. For national meetings, NN/LM MCR coordinators will evaluate the meeting on the basis of such factors as attendance, receptiveness of audience, and cost to recommend whether NLM should continue to include the meeting on the exhibit schedule.

EVALUATION:

1. A target of 90% of participants attending training at a conference will indicate the session met learning objectives.
2. The MCR will have an exhibit presence at 4 events per state, in each of the following categories: state library association, community health, public health, and physician assistant association.
3. Coordinators present at 50% of events where they exhibit.

Enlist the assistance of Network members in exhibiting at national, regional, state, and local meetings.

RATIONALE:

The NN/LM MCR coordinators regularly invite Network members to join us in the exhibit booth when we exhibit at local and national meetings.

Coordinators have sought opportunities to connect with health professionals and the public health workforce via exhibits and presentations. Bolstering the number of Network members participating regionally in health information outreach will increase the opportunities for practitioners to learn about NLM resources.

METHODOLOGY:

The NN/LM MCR will train interested Network member on the exhibit protocol and NLM resources and services. Once a coordinator deems that the librarian is qualified to exhibit, the librarian is issued a certificate and can volunteer to staff a local exhibit as the primary exhibitor or partner with an NN/LM MCR coordinator at a national exhibit. This gives librarians the opportunity to work beyond the walls of their libraries as well as to interact with health professionals in a different setting. Recruitment and training will take place throughout the contract. We will also offer an award, the Training Health Professionals Stipend, to librarians who want to be responsible for exhibiting and presenting at a local meeting.

EVALUATION:

1. Six Network members will be certified during the contract year to exhibit for the MCR.
2. Six Network members, one per state, will indicate the toolkit was useful in their exhibiting
3. Feedback gathered from Network members who conduct outreach as a part of the Training Health Professionals stipend, will be used to adapt the program to increase participation and garner best practices to share with current and future participants.
4. Feedback gathered from participants will be used to learn the usefulness of the training sessions as it related to the success of their presentation and/or exhibiting experience.
5. A target of 90% of participants attending online or in-person training will indicate the session met stated objectives.

Goal: Understand how the products and services of the NN/LM and NLM contribute to improved access to health information by health professionals, and the public.

Outcome: Librarians, health care providers and consumers receive information from the NN/LM MCR and provide feedback about health information resources, services and programs.

Approach:

Designate an RML staff member who is responsible for identifying health professional and consumer focused meetings, reporting exhibits and other RML activities at all national, regional, state and local meetings.

RATIONALE:

The region's distributed model provides a wonderful opportunity for coordinators to have knowledge of events occurring in their state and the region. Coordinators will self-determine the events to exhibit and present at in accordance with priorities and initiatives.

METHODOLOGY:

The NN/LM MCR Project Coordinator will coordinate meeting suggestions from staff for national meetings and to ensure that national reports written by coordinators are filed in a timely manner. NN/LM MCR coordinators will add reports of exhibits to the NLM External Exhibit Report System. In addition, NN/LM MCR coordinators will file detailed reports on exhibits in the NN/LM MCR Activity Reporting System (ARS).

EVALUATION:

All exhibit reports will be entered into the NLM External Report System.

Information Technology and Policy Awareness

Technology services and resources along with associated standards continue to advance at a rapid pace. Identifying which technology will become useful in our work environments requires widespread representation of technology users. As more of our Network members become active with existing technologies, the adoption of new technologies, and use of standards, we will call on them to share their experiences with other members. We will also ask them to assist with testing and troubleshooting new technologies.

Goal: Develop, promote, and improve electronic access to health information by Network members, health professionals, and organizations providing health information to the public.

Outcome: Network members adopt new technologies to increase access to biomedical information.

Approach:

Monitor current technological and policy developments and trends to identify those that will improve access to biomedical information.

RATIONALE:

Because technology services and resources along with their associated standards advance at a rapid pace, keeping current on these trends and identifying those that will improve access to biomedical information is an important service to our constituents.

METHODOLOGY:

NN/LM MCR will continue to use the expertise of Network members to assist in identifying, evaluating, and monitoring the authoritative technology services and resources and information technology standards. We will continue do this through the NN/LM MCR Technology Workgroup. The workgroup will help us determine the technologies and associated standards the NN/LM MCR should promote and use in our education programs. The workgroup will also continue to contribute content to the NN/LM MCR's social media outlets, such as our facebook page and twitter feeds. Workgroup members will be encouraged to become "technology mentors" to other members.

EVALUATION:

Success of the Technology Workgroup will be measured by:

1. Each member will be asked whether their participation on the workgroup benefited them professionally.

2. The workgroup will contribute to the creation of a product or program that is used.
3. Sixty percent or more of targeted Network members will rate the usefulness of the products or programs created by the workgroup a 4 or 5 on a Likert scale.

Technology Improvement

The NN/LM MCR defines under connected Network members as those experiencing barriers to accessing health information that affects Network members' ability to serve their populations. An example of a barrier is the inability to access new communication technologies, such as, social networking sites and Web2.0 technologies.

Goal: Develop, promote, and improve electronic access to health information by Network members, health professionals, and organizations providing health information to the public.

Outcome: Network members and other organizations are better able to support access to health information resources.

Approach:

Provide consultations and assist Network members in developing strategies that address barriers to access.

RATIONALE:

The NN/LM MCR will devote resources to address the barriers to health information access due to being under connected to the Internet. Under connected Network members have restricted access to social media tools and services (including those coming from NLM) and other useful Web2.0 tools due to firewalls and institutional policies. The NN/LM MCR realizes that access to many of these resources is important for our Network members' ability to access the vast amounts of current, high quality, and authoritative health information resources available on the Internet. Social media and web-based tools are important because they aid in communicating and sharing information within professional networks and among users. Having appropriate access to the Internet increases efficiencies in collaborative efforts, adds to professional development opportunities, and reduces costs associated with travel.

METHODOLOGY:

In year 1 of this contract, the NN/LM MCR will establish the Technology Advisory Group to create a consultation packet to help Network members identify effective strategies on overcoming barriers to access, specifically restricted access to social media sites and web-based tools. The NN/LM MCR staff will use these strategies in year 2 when consulting with under connected Network members. The consultation packet will also be shared on our web site and in our newsletter.

EVALUATION:

At least five Network members indicate that the strategies employed were helpful in addressing barriers to access at their institution.

Outcome: Network members adopt new technologies to increase access to biomedical information.

Approach:

Teach technology classes and learning sessions.

RATIONALE:

Providing learning opportunities for Network members in the area of education and communication technologies will increase the likelihood they will adopt new technologies that can increase access to biomedical information. The NN/LM MCR views offering different online methods of learning to be beneficial to our members because it reaches a wider audience with different learning preferences. The NN/LM MCR has found that both structured and unstructured learning methods are valued by our members.

METHODOLOGY:

The NN/LM MCR will continue to provide structured and unstructured online classes using synchronous and asynchronous tools and resources. In year 2, we will provide at least four (one per quarter) structured hybrid (synchronous/asynchronous) classes where we will use Adobe Connect Pro for videoconferencing and Moodle for our online class management system. Each class is self-paced (asynchronous) and can be taken when it is most convenient for our Network members. Class topics will include use of social media sites in the work place, office management applications, effective presentation applications, and online communication tools. There will be synchronous meeting

times when students and instructors can discuss issues related to the class. Also in year 2, the NN/LM MCR will provide at least four (one per quarter) online synchronous Sandbox Learning Sessions. These sessions are very informal and do not have strict learning objectives other than allowing members to schedule time to learn something new in a fun, casual, and supportive environment. Session topics will include many of those covered in the formal classes but may focus on a portion of the tool that can be covered in an hour session where most of the time is devoted to hands-on experiential learning.

EVALUATION:

1. Provide four structured classes.
2. 90% of structured class participants responding to class evaluation indicate the learning objectives were met for the class.
3. Provide four unstructured classes (Sandbox Learning Sessions).
4. Participants of the structured and unstructured classes report they adopted at least one new technology for use in their workplace.