Welcome and Introductions
Claire Hamasu welcomed the board members to the meeting. There were some new members present so all attendees introduced themselves.

New NLM Resources
Liaisons introduced new NLM resources in a live demonstration to the board members.
  • Household Products Database – Barbara Jones
Linda Cooperstock suggested that a link to state poison control contact information be added to every page. This could be available from MedlinePlus Go Local. In the meantime the message on the front page “For advice if someone is poisoned, call your local Poison Center at (1-800-222-1222)” should be on every page.
  • Genetics Home Reference – Mary Henning
  • WISER – Dana Abbey
  • TOXMAP – Dana Abbey
  • My NCBI – Laura Windsor

National Library of Medicine Update

New and upcoming features of MedlinePlus:
  • Natural standard herbal supplement database anticipated release – late fall
  • Enhanced foreign language resources and improved access. Recommendations of foreign language resources are being requested.
  • There has been a redesigned health topics page and a new body map/system that allows point and click navigation
  • Five states are up on Go Local. The MidContinental Region has four states with accepted Go Local projects. Ms. Boyd congratulated the region and Missouri for having the second Go Local site in the country. If Colorado and Kansas were to participate, we would be the first region in the nation with total Go Local coverage!

PubMed Central (http://www.pubmedcentral.gov) has continued to grow. Recently NIH developed a process to submit manuscripts by NIH sponsored researchers. NLM has added 185 journals in their backscanning-of-issues project to PubMed Central.

A long range planning process has begun to prepare NLM for 2006-2016. Planning Panels have been organized to address the following issues:
  • NLM Resources and Infrastructure for the 21st Century
Wayne Peay and Rosalind Dudden have been asked to members of a panel.

This is the year that libraries re-compete for RML contracts. Proposals were received by July 15, 2005 and reviews of proposals started in September. The announcement of awards will be made in April 2006.

**Community Outreach in the Region**

With Siobhan Champ-Blackwell as facilitator the board had a lively discussion about community outreach. The discussion was structured around questions that had been sent to board members before the meeting.

1. **Are you currently conducting health information outreach to address resource and information needs of underserved populations? Who are you working with?**

Marty Magee: In Nebraska on November 10, 2005 there will be a meeting of community teams attending Consumer Health Information Partnerships to discuss information resources available in their communities and address Healthy People 2010 goals. This is being funded by the Nebraska Library Commission. Selected teams are being funded to attend. The meeting was marketed to public libraries and hospitals. The teams are expected to be made up of agencies involved in health information (e.g., hospital libraries, public libraries, AHECs), but no specific mix is required. It will be differ from community to community.

Librarians at the McGoogan Library of Medicine have developed a 10 minute video on how to visit the doctor. It is available in English, Spanish and Sudanese-Nuer. It will be out in October 2005. It is free for now and all advisory board members will receive a copy.

Betsy Kelly: Becker Medical Library is working from within, focusing on faculty who sponsor student groups who work in the community. The library is supporting information access for these students who work in clinics and community based organizations.

Linda Cooperstock: the county health department is developing staff appreciation for outreach (Its not strong among the nurses) encouraging them to reach out to contacts and get comfortable with new alliances. Working with those that Katrina displaced pointed out the communication deficiencies that exist among agencies. In working with different agencies that are addressing the same goal or supporting the same population, Linda discovers that often each has developed a small piece to address the issue. Until the groups are brought together there may be duplication of effort and unknown resources. For non-profits getting your name out and branding is important. This may be barrier for collaboration.
In Columbia, MO, a group is working on a proposal to fund a kiosk project in the waiting rooms and lobbies of various health facilities. The Northern Nebraska AHEC is also looking into setting up other language kiosks, and there is a successful project in Texas right now doing this work; the librarian is Texas is willing to consult with the MCR region on these projects.

Karen Cole: The University of Kansas Medical Center (KUMC), has a grant for minority issues, disparities, recruitment and retention not just for students, but to recruit and assist minority faculty to attain tenure. Part of this grant is to be used to develop a collection of resources. The collection is now moving to the Archie Dykes Library of the Health Sciences. A component of this collection is on health disparities. The grant is also to address the affect of information on behavioral change.

The Archie Dykes Library is also committed to collaborating with the Argentine Public Library, the Kansas City Kansas Public Library, and the Johnson County Public Library to develop a Kansas Go Local. The new state librarian for Kansas is interested in outreach, so should be supportive.

There’s a health policy management office at the KUMC that’s also interested in working with the library on the effectiveness of community outreach issues. Health policy management library provides information to understand what they’re doing and how the library can fit in. The focus for this project is disparities in rural communities.

Karen is pushing Kansas AHEC to jointly fund libraries.

Sue Fleming: At Via Christi, the health system is not looking to their libraries to support the health system’s community outreach. The hospitals are linked with KUMC since residents do rotation there. At Ms. Fleming’s hospital there is an outreach department staffed by RN’s who do programs in schools. The library could assist this effort. The library is increasingly providing information to patients and families.

Amanda Enyeart: Children’s Hospital in Denver does health fairs and has nursing school students.

Barb Jones: In Missouri, there’s an event focused on Spanish language speakers and for African Americans there’s a take your loved one to the doctor promotion. The group is lobbying the governor to designate a week for health promotion focused on all ethnic minorities.

Jean Sidwell: Kirksville College of Osteopathic Medicine has an AHEC center that mostly works with the public library. It also has an Elderlink. Rural elderly invited the institution to their meeting to assist in revamping their web page. The library has also assisted when public health needed patient handouts.
Michelle Beattie: The U of MO Kansas City is starting to work on a strategic plan that will include outreach. Years ago the library had a public health outreach subcontract. The library is also starting to include unaffiliated physicians in its outreach effort.

2. Do you have effective outreach strategies or ideas to share?

Discussion on how best to approach a potential partner. Outreach is time intensive. Siobhan Champ-Blackwell: name recognition from her blog helps a lot.

Barb Jones: She found out about the Cambio de Colores conference too late to attend, but contacted the organizers who invited her to the meeting of the Alianzes group which led to her participation in the Binational Health Week. She was asked to present numerous sessions on MedlinePlus en espanol and is currently working with a group who wants to hold events in other parts of Missouri. The AHEC librarian, the Paula J. Carter Center director, and Barb identified Sedalia as the next location because it has a chicken plant that hires a lot of Mexicans. They went to Sedalia and met with the Catholic priest and the owner of the Mexican restaurant in town to start the planning. Barb has a email list of others in the state so she can keep them informed.

In rural communities the hospital/institution staff is part of the community. So doing outreach to your staff is doing community outreach.

Linda Cooperstock: has been rabble rousing in Missouri since 1974, so a lot of people know her and she knows a lot of people. She knows who the activists are when she’d looking for a resource or a partner. Money brings people/groups together. When she hears of a funding possibility she offers to write the proposal, if the partners provide the ideas and the commitment to the project. If the proposal is unsuccessful, she stores the ideas until another opportunity comes along. She is a member of a consumer health information group that was organized when the university was working on its IAIMS project. The members are now working for other organizations but they still meet once a month to concoct ideas. Their sphere of influence has grown since each can now affect another organization. Community relationships once started, should not be let go.

For those in private institutions, whose primary mission is to serve staff, student, faculty and patients, working with internal groups and departments to support their outreach efforts is a good way for library staff to begin providing outreach services.

3. Do you have any effective ideas or strategies on building partnerships between libraries and community organizations?

In Utah the Eccles Health Sciences Library has received two grants one from LSTA and the other from the National Library of Medicine to improve the skills of public
Strategies to form relationships between health sciences libraries and public libraries:
Offer training through the public library
Attend library association meetings to make contacts
Publishing in public library newsletters
Hospital libraries partnering with public libraries can be informal. Just an awareness of what each other has as resources so that they can lend assistance when needed.

Amanda Enyeart: the hospital is moving from Denver to Aurora. This will provide her with the opportunity to visit the public library and as the “new kid” introduce herself and find out what consumer health information is available.

Break Out Sessions
Board members and RML staff divided into small discussion groups to discuss planning for the education, network membership, public health, technology, and consumer health special projects. The group gathered back together and RML staff presented a summary of the discussions.

Education: Jean Sidwell, Betsy Kelly, Marty Magee

Educating Public Libraries
• Seek additional Consumer Health Collections to be listed on MedlinePlus Directories
• Increase public library Affiliate memberships
• Work through NN/LM to determine additional consumer health libraries in hospitals
• Produce articles for state library associations, add web page links, and promote with state library education.

Topics
• Review in DOCLINE, those libraries that are not Loansome Doc libraries. Target them for follow-up.
• Educate librarians about free full-text on PubMed.
• Encourage RML liaisons to put presentations on NTCC Educational Database and MCR web page.
• Put a link on our MCR Education web page to tutorials created by others in the region, i.e. Michelle Beatty Camtasia videos, or those from Becker Library.
• Explore the idea of consortium purchasing for Tablet PC’s and PDA’s, (or maybe Blackberries for RML Liaisons.) Wash. U. already has a set of specs to include 3 year support plan. Then topics for education can include Tablet PC’s, PDA’s, as well as Scholarly Communication/Open Access, Copyright.
• Explore the idea of a “bookclub” using netLibrary. (Need to know how many simultaneous users we could have.) Have a once a month meeting. Could do live chat or Breeze discussion with accountability.
• For CDCynergy, contact public health association in each state, as well as community based organizations. Solicit via RML News. Put a link on MCR web page about CDC Synergy. Include a “teaser” why it might be of value. Add CDCynergy to topics under Education Liaison’s name on Education page.
• Have an “open access” topic for web streaming.
• Emphasize distance education because of price of gas going up. Need to work with designated person for integration – perhaps Sharon Brown of the National Training Center and Clearinghouse.
• Topics we can train on...Use RML News for announcements on links. Do Camtasia tutorials on those NN/LM products. When we’re pushing on NN/LM products, an item needs more than one push.
• Include a list of things RML can help you with for training in RML News, PTPP web page (i.e., size of fonts, including objectives in front, and evaluating them in back, maximum number of bullets per slide, etc.)
• Explore WebCT, Blackboard, Moodle, or weekly e-mail class with quizzes for MLA credit. Betsy mentioned a company called klearning. Will explore this.
• Mobile training unit – it would be nice to have one in each state!

Survey Possibility
Consider a survey of education tools, to include weekly RML News, Plains to Peaks Post, distance education possibilities/topics.

Public Health: Linda Cooperstock, Mary Henning, Claire Hamasu

The group reviewed the Activities and Outcomes from the proposal submitted for the next contract. Linda Cooperstock agreed that each of these activities were appropriately prioritized. The group came up with the additional ideas.

Emergency preparedness plan
State library systems may have existing disaster networks that the RML could tap into. The indicator for the first year, “create a list of preservation networks within the region” should be expanded to “communicate with and document preservation networks within the region”. Agreements should be established before a disaster with freezer and transportation companies that will be used to preserve collections. Determine what IT support will be needed for continued access to electronic resources and to maintain communication systems.

Marketing to the public health workforce
For our activity of pushing information to public health workforce--another group that was recommended for our consideration is the hospital association in each state. They may be interested in the public health information especially those that deal with legislation. The RML should exploit our ties with NLM in order gain entry to lists and other communication media of this and other organizations. To determine the educational needs of the public health workforce, getting permission to use local public health association listservs was recommended.
Mobile training units
Using mobile training units to train the public health workforce, we can expect to pull from a 25 mile radius. Recommend using local computer labs whenever available.

Exhibits
Another conference that was recommended is the one targeting primary care physicians. Often these physicians work in public health.

Information Rx
In order to reach the public health workforce to promote an Information Rx project, recommend contacting the director of the public health department. All that’s needed is one successful pilot project and then the experience can be promoted at public health association meetings. A presentation co-authored by the librarian and the public health professional could be submitted to all health association meetings in the region.

Technology: Michelle Beattie, Sharon Dennis, Thomas Gibbs

Link Out / EFTS
We discussed the LinkOut and EFTS’ project. Looking at the overall logic model, Michelle suggested that we build the EFTS instructional module in Year 1 to give more time for feedback and build interest among members.

RSS Feed for Classes and Events
Michelle suggested that we build an RSS feed for classes and events. This would occur once we have built up a “regular schedule” of classes and events.

Classes
Michelle suggested that we create a “How to set up your own blog” class. Sharon explained that the class has already been developed and offered once at the Wyoming Symposium; we’ll plan to continue offering this class.

Michelle also suggested that we offer classes on web design and conducting web usability studies. She also mentioned the possibility of offering small grants for those libraries that want to conduct usability studies (particularly, money for participant incentives).

Access Grid Classes
Sharon and Thomas updated Michelle on plans for purchasing Access Grids for the resource libraries and offering classes in conjunction with Region 5.

Videobroadcasting
Sharon updated Michelle on the status of the videobroadcasting training project. Michelle suggested that we offer this as a service for consortia in the region, who might want to tape their meetings for later reference.
Outreach
Sharon, Thomas and Michelle discussed how to better conduct technology outreach to members, since we do not conduct regular outreach activities. Michelle suggested that we develop a list of technology-related “stock questions” for the outreach liaisons to ask when they meet members and potential members. In this way liaisons can solicit information about member’s needs and make them aware of our technology-related services.

We also discussed the possibility of offering a regular technology “lunch and learn” using distance education. The “lunch and learns” could focus on useful applications of a particular technology, and could be recorded so that those who cannot attend the session could view it at a later time.

Consumer Health Information: Karen Cole, Dana Abbey, Siobhan Champ-Blackwell, Laura Windsor
The participants agreed that the objectives and corresponding indicators did not adequately address the stated goals. The objectives and indicators reside on a granular level of “how much, how many,” lacking the basic premise of identifying the broader scope of the Consumer Health component of the MCR. Due to time limitations, the entire document was not discussed.

A defined global approach would include the following initiatives:
1. Form a group to identify “quality health information,” with a focus on NLM products/databases.
2. Develop training modules to teach those identified sites/databases and/or identify/customize existing training materials.
3. Define the audiences for outreach.
4. Define methodology for training.

These initiatives would then form the foundation with which to overlay the stated objectives and indicators.

Areas for clarification regarding Consumer Health Year 1 Planning Document:

Working Groups
- Clarification that “liaison” refers to the Consumer Health Liaison.
- Clarification that “six programs” will be carried out by the MCR, not six programs per state within the MCR.

Mobile training units
More work needs to be done to go forward with the mobile training units.
- Is the idea to “train the trainer,” or to provide outreach outside of the library?
- Where will the funding come from to update the mobile units?
- What schedule will be implemented to update technology?
- What should be contained in the mobile unit?
• Will the units be available for a network library to “check out?”
• Need further clarification on indicator stating “At least two community-based organizations and two public libraries offer.” Is it two community-based and two public libraries per state in the MCR, or to be carried out in the MCR?

Promotion of Activities
It was unanimously decided that frequent promotion of activities is done due to frequent staff changes and updates in training content.

Action:
Dana Abbey will create a draft document that reflects the four initiatives for participant review.

Network Membership: Sue Fleming, Amanda Enyeart, Barb Jones
The group reviewed the Y5 goals and objectives. Both RAB members are very excited about participating, and anxious to work with the RML during the upcoming year.

1. Review of progress on membership procedures and updating of DOCLINE records and RML membership database. Both Sue and Amanda are strongly appreciative of the value of DOCLINE and the NN/LM membership benefits to libraries in the region. Both offered to write articles for Plains to Peaks Post: Sue will write an article on the necessity of updating of Institutional Records, and Amanda will write an article on the benefits of using EFTS.

2. Sue suggested that one way to increase awareness of the RML and hospital libraries is to encourage health science librarians to join their state library associations. Participation in the Special Library section on state library associations will increase opportunities for collaboration on health related projects.

3. Another concern voiced in the meeting was the provision of information services in rural areas within the region. This ties in with the goal to identify non-members without adequate access to needed resources and services. Sue is actively working with the Via Christi system to expand library services to hospitals without adequate resources, particularly those in western Kansas. Amanda will monitor the needs of hospitals in Colorado to try and determine whether information needs are being met. We discussed the possibility of developing a model for collaboration between hospitals for information access. We also discussed collaboration between hospital libraries for coverage in smaller hospitals when staff is absent.

4. We reviewed the progress of the MCR Regional Buying Consortium. Both Sue and Amanda are pleased with how the consortium is working, and are anxious for further developments. We also discussed surveying members in the region to determine satisfaction with the program and
products offered. The plan is for a survey to be developed and distributed early in 2006 through MCMLA-list and Plains to Peaks Post, responses gathered, and the results published in Plains to Peaks Post later in the year.

Tour of Health Sciences Education Building
Wayne Peay, Director, took the group on a tour of the newly opened Health Sciences Education Building, an interdisciplinary facility, supporting world-class education programs for health, medicine, nursing, and pharmacy.