

Quarterly Report

National Network of Libraries of Medicine - MidContinental Region Region 4

November 1, 2009 - January 31, 2010

Contract No. N01-LM-6-3504

Spencer S. Eccles Health Sciences Library
University of Utah

Submitted August 24, 2010

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Executive Summary

Personnel

No personnel activity this quarter.

Advocacy

The librarian from Children’s Mercy Hospital and Clinics asked the RML for names of library consultants who could assess the resources and services of a hospital library. This idea of a consultant came from hospital administration. The library is being asked to assume more responsibility without more resources. Claire Hamasu, Associate Director, and Barbara Jones, Library Advocacy/Missouri Liaison, provided the librarian with a list of librarians within the region and those who have national credentials who could be a consultant. In consultation with the librarian, they also suggested other actions to take and data that could be presented to demonstrate what library staff is doing.

Ms. Jones followed up on a rumor that St. Luke’s Hospital library (MO) was closing. This turned out not to be true, but a librarian was dismissed. Ms. Jones suggested different ways to promote the library to increase use of its services. She also suggested applying for funding to do a needs assessment similar to the one done by Via Christi Hospitals.

Ms. Jones began recruiting participants for the regional implementation phase of the “Value of Libraries” research study. Participants will distribute questionnaires to their user group(s) using five core questions and additional ones from a list of tested questions.

Community Outreach

Siobhan Champ-Blackwell, Community Outreach Liaison, attended ALA Midwinter. As secretary for REFORMA, she took minutes at the Executive Committee meetings and the Board meeting. She met with REFORMA member Oralia Garz de Cortez to discuss a partnership between REFORMA and Readers to Eaters. This partnership would develop a bibliography of books and web resources on healthy eating and exercises. She met with the co-chair of the Joint Conference of Librarians of Color about exhibiting and presenting at their 2012 meeting in Kansas City, Missouri.

Ann Roberts, Missouri State Librarian, created a direct feed from the BHIC blog to the Missouri Webjunction web site.

Consumer Health

Dana Abbey, Colorado/Consumer Health Liaison, announced the availability of the best public library/public health award. This award will identify partnerships that the RML can use as models to be promoted to other public libraries and public health departments.

Network Membership

John Bramble, Utah/Network Member Liaison, initiated an effort to improve DOCLINE compliance. The liaisons followed up on Full members who are not meeting a 75% fill rate or do not have 25 current titles in their serial holdings. We see a reduction in either as an indicator that something may be going on at the institution (e.g., cut in staffing, hours, budget) that could require advocacy activity. State liaisons were asked to have a conversation with the librarian on what it would take to bring them back up to standard and offer support if needed. Liaisons informed institutions about Loansome Doc as a document delivery alternative, promoted the online DOCLINE classes, encouraged updating of serial holdings, and offered tips on using DOCLINE (e.g., submitting a hold request).

In mid-December, Ms. Hamasu and Mr. Bramble visited St. Marks Hospital to discuss the requirements for DOCLINE participation with the librarian and her supervisor. The library was not meeting its fill rate although it borrowed a lot. The librarian agreed to monitor DOCLINE and do better on filling requests that she received.

Mr. Bramble presented the findings of a questionnaire sent to non-EFTS users on why they did not participate. This report was made to the EFTS Advisory Board at their January meeting. The Advisory Board suggested that the study should be duplicated in other regions.

Exhibit Certified

Teresa Hartman, McGoogan Library of Medicine; Caryn Scoville, J. Otto Lottes Health Sciences Library; and Will Olmstadt, Becker Medical Library; were certified as exhibitors for the NN/LM MCR. With this certification they can exhibit for the RML at local meetings and can be called upon to help staff a national exhibit.

New PubMed Interface

To counteract the complaints that were inundating listservs on the new PubMed interface, Mr. Bramble created a message asking librarians to submit stories and strategies helping PubMed users transition to the new interface. The message was sent out on the MCMLA-L, MEDLIB-L, and to the Woods Hole listserv. Five strategies and documents were posted on the RML blog and messages were distributed to the different listservs about the resources.

Emergency Preparedness

Staff reviewed and revised the MCR emergency plan and instructions available on the intranet. These documents instruct on the responsibilities for communication and other steps should an emergency affect the RML. The review is the first step to holding an internal emergency drill for the RML.

Ms. Champ-Blackwell demonstrated the use of Delicious and PB Works wiki to Eric Shanks, Public Health Emergency Response Coordinator, Lincoln-Lancaster County Health Department in Nebraska. He is going to use Delicious with his steering committee and is going to suggest to the Western Nebraska Metropolitan Response System that they create a Delicious bundle for emergency preparedness in rural Nebraska and then create a wiki that organizes emergency information by audience.

Ms. Hamasu participated in a planning session on how the RMLs would back up NLM customer services during an emergency. All associate directors and representatives from involved NLM divisions were on the call. We decided to establish a transition page on the nlm.gov site that would route users to an RML, based on the state of the person asking the question. Michael Boer, Julie Kwan, and Barbara Nicholson volunteered to develop the transition page.

Rebecca Brown, Kansas/Technology Liaison, continues to work with staff at Dykes Library to create a continuity of service plan. They have developed a calling tree. Ms. Hamasu attended her library's disaster committee meeting. Since library personnel are relocating to different buildings while the library is undergoing renovation, the committee planned a presentation and an exercise on evacuation procedures from the new locations.

Resource Library Directors Meetings

At the December meeting, directors shared scholarly communication activities occurring in their institutions. Ms. Hamasu provided directors with an update on the Year 5 budget and plans for the in-person meeting in January.

The directors met in Salt Lake City on January 6, 2010. They discussed changes happening in their states and communities, and shared ideas on outreach and repositories. This information will be used as the RML plans its next five year contract. The directors asked to have liaisons provide updates on their project areas at their bi-monthly meetings and to track the budget cuts occurring at each of the libraries.

Technology

The MCMLA listerv has 395 subscribers including three new subscribers.

The RML staff investigated LibX, CiteULike, Connotea, and Google Wave as new technologies that would have application for health sciences libraries.

Via Christi Hospital in Wichita, Kansas, applied to receive funding for laptops, broadband modems, and a data plan to pilot gaining access to information blocked by the hospital's firewall.

Bioinformatics Training Needs Assessment

Sharon Dennis, Technology Coordinator, analyzed the data from the Bioinformatics Training Needs Questionnaire distributed to MCR and PSR members in October. (See Attachment 4 for the report.) One hundred thirty-two members responded to the questionnaire. Respondents were interested in electronic health records and personal health records, but most were not involved with their institutional systems. A little more than half did not know if their electronic health records connected to health information. EPIC and Cerner are the most prevalent systems being implemented at hospitals. The most requested training was to learn about electronic and personal health records and strategies for incorporating health information into electronic health records.

The data was discussed with the Woods Hole Alumni Group. The group came up with the following action items:

- produce a webinar series focusing on basic electronic and personal health record information and strategies for getting involved
- develop a web page with resources to assist librarians who want to participate in the implementation of electronic health record systems

13 Things Class

A "13 Things" class was held from October 19, 2009 – January 11, 2010 using Moodle. The class was offered to members in both MCR and PSR. Twenty-three people from the MCR registered; fourteen started the class, eight completed the class, and nine completed an evaluation. Participants who completed the class and submitted an evaluation received MLA CE credit and an MP3 player. The class still has a major impact on those attending. About 75% of the participants responded that they had adopted at least one of the technologies or planned to adopt one of the technologies covered in the class.

National Training and Registration System

Ms. Hamasu, Michelle Malizia, Associate Director for NN/LM South Central Region and Sharon Brown, Acting Director for the NTCC, met to discuss implementation of the training and registration system for the SCR. Ms. Malizia asked for changes to accommodate regional practices. Ms. Brown will convey the requested changes to the programmer. Ms. Brown offered to assume responsibility for overseeing the continued implementation of the system. Her offer was accepted.

Network Infrastructure

Table 1: Quarterly Infrastructure Data

	Current quarter	Previous quarter
Network members – full	166	167
Network members – affiliate	162	153
Libraries providing services to unaffiliated health professionals	108 (66%)	107 (65%)
Libraries providing services to public users	109 (66%)	108 (65%)
Average fill rate for resource libraries	79%	76%

New Affiliate Members:

Waterville Public Library (KS)
Grantham University (MO)
Webster County Library District (MO)
Peru State College (NE)
Bellevue Public Library (NE)
Springfield Memorial Library (NE)
Gretna Public Library (NE)
Salt Lake County Public Library (UT)

Full to Affiliate Member:

Southeast Missouri Hospital (MO)
American Optometric Association (MO)
Phelps County Regional Medical Center (MO)

Affiliate to Full Member:

St. Louis Children's Hospital (MO)
VA Medical Center (WY)

Regional Advisory Board Activities

Board members were recruited to review proposals for the Continuity of Health Information Award.

Bob Engeszer, from Becker Medical Library at Washington University, is assisting the RML by setting up consumer health workshops in St. Louis.

Needs Assessment and Evaluation Activities/Data

New Activity Reporting System (ARS) records were created for 2010-2011 based on the decisions of the Year 5 planning meeting.

Mr. Bramble informed the OARF Working Group that the timeout feature for OARF should be longer than 30 minutes. This suggestion is being sent to the programmer.

Ms. Champ-Blackwell coached Amy Ritterskamp, Project Director for GoLocal Kansas, in adding an entry for her project to the Library Success Wiki.

Focus Groups

The RML will hold focus groups of health sciences librarians to obtain their perceptions about the status of health sciences libraries in the next 3-5 years and ways the RML can support librarians. Rebecca Davis, from the University of California, Davis, will be the moderator for the focus groups that will be held in February. Betsy Kelly, Assessment and Evaluation Liaison, Ms. Davis, and Ms. Hamasu finalized the focus group questions:

1. What do you spend most of your time doing?
2. What would you like to spend more of your time doing?
3. What kinds of changes do you expect will affect your hospital or university in the next few years?

4. Thinking about all these changes, how will your library be affected?
5. What can the RML do to support you in dealing with these changes?

The focus groups will be conducted using Adobe Connect. Participants received cameras to simulate an in-person discussion. Susan Roberts, Technology Associate, provided training on the use of the camera and initiating the phone call for the focus groups. Ms. Kelly recruited participants for the five focus groups. Compared to the last focus groups, that were in-person, we easily filled the available slots.

Navigating Collaboration Impact

Ms. Champ-Blackwell followed up with the participants of the November “Navigating Collaboration” webinar. Eighteen questionnaires were distributed; seven people responded. One had used a resource featured, four indicated that they planned to, and two replied they had not used any of the resources.

Outreach

Table 2: Newly Funded Awards and Projects

Start/ end dates	Title of award/ project	PI institution	PI last name	Funding amount	Project type
	No new projects				

Consultations for Continuity of Health Information Award:

Colorado Bright Beginnings, Denver, CO
Grillo Health Information Center, Boulder, CO
Exempla Medical Library, Wheat Ridge, CO
Denver Public Library, Denver, CO
Help Adult Services, Omaha, NE
Northeast Nebraska AHEC Omaha, NE
Mary Lanning Hospital, Hastings, NE
Sump Memorial Library, Papillion, NE
Dixie Medical Center, St. George, UT
Uinta County Public Library, Vernal, UT
Albany County Public Library, Laramie, WY

Consultation for NLM Grant:

Creighton Health Sciences Library, Omaha, NE

Mr. Bramble, Ms. Hamasu, and Jim Honour, Wyoming Liaison, provided an orientation for reviewers of the Continuity of Health Information proposals and scheduled three meetings to discuss the proposals and their funding recommendations. Reviewers' comments were compiled to identify strengths and weaknesses of each proposal.

Update of Ongoing, Major Projects

No Activity

Table 3: Exhibits

Dates	Organization name	Meeting name	Location (city, state)
RML NATIONAL EXHIBITS			
RML REGIONAL/STATE/LOCAL EXHIBITS			
11/4-5/2009	Missouri Hospital Association	MHA 87th Annual Convention and Trade Show	Osage Beach, MO
11/10/2009	KCMO Health Department, American Indian Council, US DHHS, Office of Public Health and Science, Office on Women's Health	American Indian Symposium	Kansas City, MO
11/19-21/2009	Colorado Association of Libraries	Annual Conference	Denver, CO
1/30/2010	Colorado Academy of Physician Assistants	Annual Winter CME Meeting	Copper Mountain, CO

Actionable Feedback received from Exhibit Visitors

No suggestions or recommendations were received from exhibit visitors this quarter.

MedlinePlus Go Local

Ms. Abbey coordinated the monthly meetings of the TC4C Go Local work group.

Table 4: Presentations and Training provided by RML Staff

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
11/3/2009	Jones	Consumer Health Information	St. Louis, MO	11	In-person
11/5/2009	Brown	Keeping Up with PubMed	Kansas City, MO	25	In-person
11/5/2009	Abbey	MedlinePlus	Denver, CO	3	In-person
11/6/2009	Abbey	MedlinePlus	Aurora, CO	34	In-person
11/6/2009	Abbey	MedlinePlus	Aurora, CO	37	In-person

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
11/11/2009	Jones	Spotlight! On Senior Health Resources	Columbia, MO	21	Distance education
11/18/2009	Bramble, Honour	Breezing Along with the RML	Salt Lake City, UT Laramie, WY	22	Distance education
11/21/2009	Abbey	Putting Information into Health Literacy	Denver, CO	35	In-person
12/1/2009	Hamasu	The Distributed Model	Salt Lake City, UT	9	Distance education
12/2/2010	Champ-Blackwell	Navigating Collaboration with guest presenters: Bob Engeszer, Susan Centner, Arthur Culbert	Omaha, NE St. Louis, MO Rolla, MO	22	Distance education
12/2/2009	Abbey	New PubMed Update	Aurora, CO	21	Distance education
12/3/2009	Brown	New PubMed Update	Kansas City, KS	21	Distance education
12/3/2009	Champ-Blackwell	No comprende	Chicago, IL	7	In-person
12/4/2009	Champ-Blackwell	No comprende	Chicago, IL	7	In-person
12/4/2009	Dennis	New PubMed Update	Salt Lake City, UT	14	Distance education
12/7/2009	Brown	New PubMed Update	Kansas City, KS	12	In-person
12/9/2009	Brown	New PubMed Update	Kansas City, KS	7	In-person
12/9/2009	Abbey	Spotlight! On NLM Gateway	Aurora, CO	10	Distance education
12/11/2009	Abbey	PubMed	Aurora, CO	2	In-person
12/14/2009	Abbey	PubMed	Parker, CO	7	In-person
12/14/2009	Abbey	PubMed	Parker, CO	5	In-person
12/14/2009	Abbey	PubMed	Parker, CO	12	In-person
12/14/2009	Dennis	New PubMed Update	Salt Lake City, UT	5	Distance education
12/16/2009	Brown	New PubMed Update	Kansas City, KS	2	Distance education
12/18/2009	Brown	New PubMed Update	Kansas City, KS	8	In-person
1/2010	Brown	23 Things	Kansas City, KS	31	Distance education
1/7/2010 & 1/28/2010	Bramble	Librarians are from Venus, Vendors are from Mars	Salt Lake City, UT	4	Distance education
1/13/2010	Salmond, Bramble	DOCLINE Serial Holdings	Salt Lake City, UT	71	Distance education
1/13/2010	Abbey	Health Care Update for Seniors	Denver, CO	54	In-person

Date	Last name of staff responsible	Title of presentation/training	Location (city, state)	Number of participants	In-person or distance education
1/14/2010	Abbey	Putting Information into Health Literacy	Boulder, CO	9	In-person
1/19/2010	Brown	Kansas Core Public Health Program	Kansas City, KS	26	Distance education
1/19/2010	Abbey	NLM Resources	Denver, CO	9	In-person
1/20/2010	Hamasu, Shipman	Breezing Along with the RML	Salt Lake City, UT	31	Distance education
1/20/2010	Salmond, Bramble	DOCLINE Routing Tables	Salt Lake City, UT	57	Distance education
1/26/2010	Champ-Blackwell	Navigating Collaboration with guest presenters Melody Kinnamon and Chris Engleman	Omaha, NE Kansas City, KS Boulder, CO	12	Distance education
1/26/2010	Abbey	Consumer Health Resources	Aurora, CO	41	In-person
1/26/2010	Abbey	PubMed Refresher	Steamboat Springs, CO	3	In-person
1/27/2010	Salmond, Bramble	DOCLINE Borrowing and Lending	Salt Lake City, UT	53	Distance education
1/27/2010	Abbey	Spotlight! On ClinicalTrials.gov	Aurora, CO	63	Distance education



Other Staff Activities

Table 5: Publications and Resources Developed by RML Staff

Date completed/ published	Last name of staff responsible	Title	Medium	Submitted to Clearinghouse ("yes" or "out of scope")
11/2/2009	Abbey, Brown	What's New in MedlinePlus?	Newsletter	Out of Scope
11/5/2009	Champ-Blackwell	Updated Health Concerns Around Low Income Issues	Web site	Out of Scope
11/9/2009	Abbey, Bramble	What's New in MedlinePlus?	Newsletter	Out of Scope
11/9/2009	Abbey, Bramble	Information Rx	Newsletter	Out of Scope
11/17/2009	Abbey, Champ-Blackwell	Improve Your Medication Safety with New Tools from the National Library of Medicine	Newsletter	Out of Scope
12/2/2009	Bramble	Get Involved in MCR Infrastructure and Outreach	Web site	Out of Scope
12/2/2009	Bramble	Updated Document Delivery Resources and DOCLINE Classes	Web site	Out of Scope
12/2/2009	Champ-Blackwell	Updated nlm.gov Funding pages	Web site	Out of Scope
12/2/2009	Abbey, Champ-Blackwell	Improve Your Medication Safety with New Tools from the National Library of Medicine	Newsletter	Out of Scope
12/2009	Abbey, Honour	New Tools Improve Medication Safety	Newsletter	Out of Scope
12/14/2009	Bramble	Updated Licensing Electronic Resources	Web site	Out of Scope
12/15/2009	Honour	A Glance at MedlinePlus: A Reliable Web site for Cancer Information	Newsletter	Out of Scope
1/12/2010	Abbey	Health Information Resources for Seniors	Blog	Out of Scope
1/27/2010	Abbey, Brown	Health Information Resources for Seniors	Blog	Out of Scope

Notable Staff Activities

November 3, 2009

Ms. Hamasu submitted a summary of TC4C activities to Angela Ruffin, Head of the National Network Office, to include in an NLM report for NIH.

November 4, 2009

Ms. Hamasu attended Scopus training that allows searching of PubMed and Embase citations.

Ms. Hamasu attended a demonstration session on Equella, an instructional materials management system, recently made available at the university.

Ms. Hamasu met with Jerry Perry, Director of the University of Colorado Denver Health Sciences Library, and Ms. Ruffin to discuss the additional information requested by the consultant for his library's ILL cost study.

November 12-13, 2009

The annual RML planning meeting was hosted by McGoogan Library of Medicine at the University of Nebraska Medical Center. All staff attended and developed the logic model for Year 5.

November 18, 2009

Ms. Dennis, Ms. Hamasu, Ms. Abbey, and Marty Magee, Education/Nebraska Liaison, attended the MLA webcast "Cut the Cord: Connecting to our Mobile Users."

November 20, 2009

Ms. Hamasu contributed to the orientation of new steering committee members joining Outreach Connections. She helped present the results of the focused discussions assessing the collaboration of the original steering committee members.

November 23, 2009

Ms. Abbey attended the annual retreat for the Colorado Public Health Association Board.

December 3, 2009

Ms. Abbey attended a public health workshop sponsored by the Colorado Department of Public Health and Environment and the Colorado Association of Local Public Health Officials.

December 7, 2009

Ms. Hamasu attended a webinar describing the work-thru, an outcome oriented group process. The webinar was sponsored by the Plexus Institute.

December 16, 2009

Mr. Honour assisted a neurologist having problems navigating the new PubMed.

December 17, 2009

Ms. Brown is a member of the Adolescent Health Committee for the Mother and Child Health Coalition. She attended their December meeting on sex education in public schools.

December 20, 2009

Ms. Hamasu attended the reconstituted Outreach Connections Evaluation Subcommittee meeting and helped complete the team charter sections related to the subcommittee.

December 21, 2009

Ms. Hamasu attended the December TC4C meeting. She and Mr. Bramble reprised their MCMLA presentation comparing the collaborations of TC4C and Outreach Connections.

January 5, 2010

Ms. Jones attended the Health Literacy Missouri Resource Inventory Committee where she is helping to develop training materials on health information literacy and the resource inventory database.

January 7, 2010

Ms. Champ-Blackwell attended a meeting of the Lincoln Metropolitan Medical Response System committee.

January 13, 2010

Ms. Jones was asked to chair the Public Health Practice Research Network of the Missouri Institute for Community Health. This group will focus on research in five rural counties in Southern Missouri and includes members from academic and public health institutions across the state.

January 15, 2010

Ms. Abbey participated in the board meeting of the Colorado Public Health Association.

January 19, 2010

Ms. Magee added the recording of “Spotlight! On PHPartners” to the TRAIN National Directory of courses for the public health workforce.

January 20, 2010

Ms. Magee attended the “Health Indicators” webinar sponsored by NICHSR.

January 26, 2010

Ms. Magee attended the board meeting of the Great Plains Public Health Leadership Institute.



Attachments

Attachment 1: Quarterly OARF Summary Data - RML Staff Activities



Report: Outreach Activities Conducted in Region 4 by RML Staff (01-nov-09 - 31-jan-10)

Activities Summary

Total Outreach	Average Length in Hour(s)	Region 04 = 10
Region 04 = 19	Region 04 = 2	Conducted Remotely
Total Number of Estimated	Under 1 Hour	Region 04 = 9
Participants	Between 1 and 2 Hours	Offering Continuing Education
Region 04 = 336	Region 04 = 16	Region 04 = 3
Average Number of Participants	Over 2 Hours	Significant Number of Minorities
per Activity	Region 04 = 3	Region 04 = 4
Region 04 = 18	Hands-On Practice	

Type(s) of Organization(s) Involved in Activities

Health Sciences Library	Clinical/Health Care	Region 04 = 1
Region 04 = 19	Academic Institution	Public Health Agency
Public Library	Region 04 = 19	Other
Government Agency	Community-Based	Region 04 = 3
Hospital	Region 04 = 1	
Region 04 = 1	Faith-Based	

Session Content

PubMed	Region 04 = 3	Region 04 = 2
Region 04 = 12	NCBI	Other Technology Content
MedlinePlus	NLM Gateway	Region 04 = 5
Region 04 = 9	Region 04 = 4	Other Non-Technology Content
ClinicalTrials.gov	TOXNET	Region 04 = 3

Significant Number of Minorities

African American	Region 04 = 2
Region 04 = 3	Hispanic
Alaska Native	Region 04 = 4
Asian and Pacific Islander	Native American

Participants Summary

Completed Participant Information Sheets	Public Health Worker
Region 04 = 282	Region 04 = 1
Health Care or Service Providers	Public/Other Library Staff Members
Region 04 = 21	Region 04 = 84
Health Science Library Staff Members	Members of General Public
Region 04 = 80	Region 04 = 96

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Attachment 2: Quarterly OARF Summary Data - Subcontractor Activities



Report: Outreach Activities Conducted in Region 4 by SUB Staff (01-nov-09 - 31-jan-10)

Activities Summary

Total Outreach Region 04 = 1	Region 04 = 10	Hands-On Practice Region 04 = 1
Total Number of Estimated Participants Region 04 = 10	Average Length in Hour(s) Region 04 = 1	Conducted Remotely Region 04 = 1
Average Number of Participants per Activity	Under 1 Hour Between 1 and 2 Hours Region 04 = 1	Offering Continuing Education Region 04 = 1
	Over 2 Hours	Significant Number of Minorities

Type(s) of Organization(s) Involved in Activities

Health Sciences Library Region 04 = 1	Academic Institution Region 04 = 1
Public Library	Community-Based
Government Agency	Faith-Based
Hospital	Public Health Agency
Clinical/Health Care	Other

Session Content

PubMed	Region 04 = 1
MedlinePlus	TOXNET
ClinicalTrials.gov	Other Technology Content
NCBI	Other Non-Technology Content
NLM Gateway	

Significant Number of Minorities

African American
Alaska Native
Asian and Pacific Islander
Hispanic
Native American

Participants Summary

Completed Participant Information Sheets Region 04 = 10	Public Health Worker
Health Care or Service Providers	Public/Other Library Staff Members Region 04 = 9
Health Science Library Staff Members Region 04 = 1	Members of General Public

Generated: 2010-02-12
Funded By: NLM
Maintained By: OCCS GIS

Attachment 3: Promotional Materials Provided

Date	Who	Items Provided	Purpose
11/1/09	University of Nebraska at Omaha <i>Nebraska</i>	- 50 – MedlinePlus Pens	Distribute at a health fair
11/1/09	Beatrice Public Library <i>Nebraska</i>	- 50 – MedlinePlus Pens	Distribute to library patrons
11/22/09	Conejos County Library <i>Colorado</i>	- 50 – Latino Health Brochures - 50 – Consumer Health Card	Display in library
11/22/09	Poudre Valley Library District <i>Colorado</i>	- 50 – Senior Health Card	Hand-outs at a senior center
11/22/09	Montrose Public Library <i>Colorado</i>	- 50 – Senior Health Card - 50 – Consumer Health Card	Distribute to library patrons
12/18/09	Mizzou Clinic for low income, underserved population <i>Missouri</i>	- 50 – MedlinePlus Bookmarks	Distribution to patients
12/29/09	North Colorado Medical Center <i>Colorado</i>	- 30 - MedlinePlus Bookmark - 30 - PubMed Card	Display area within hospital library
1/14/10	Aurora Lights Program <i>Colorado</i>	- 50 – MedlinePlus Pens - 50 – MedlinePlus Bookmark - 25 – Toxnet Card - 50 – Consumer Health Card - 50 – Profiles in Science Card - 50 – Visible Human Card	Distribution to attendees at an Open House
1/27/10	Aurora Lights Program <i>Colorado</i>	- 65 – MedlinePlus Pens - 50 – MedlinePlus Bookmark	Distribution to attendees at a Problem Based Learning Session

**Attachment 4:
Results of the NN/LM MCR and PSR Bioinformatics Training
Needs Assessment Questionnaire**

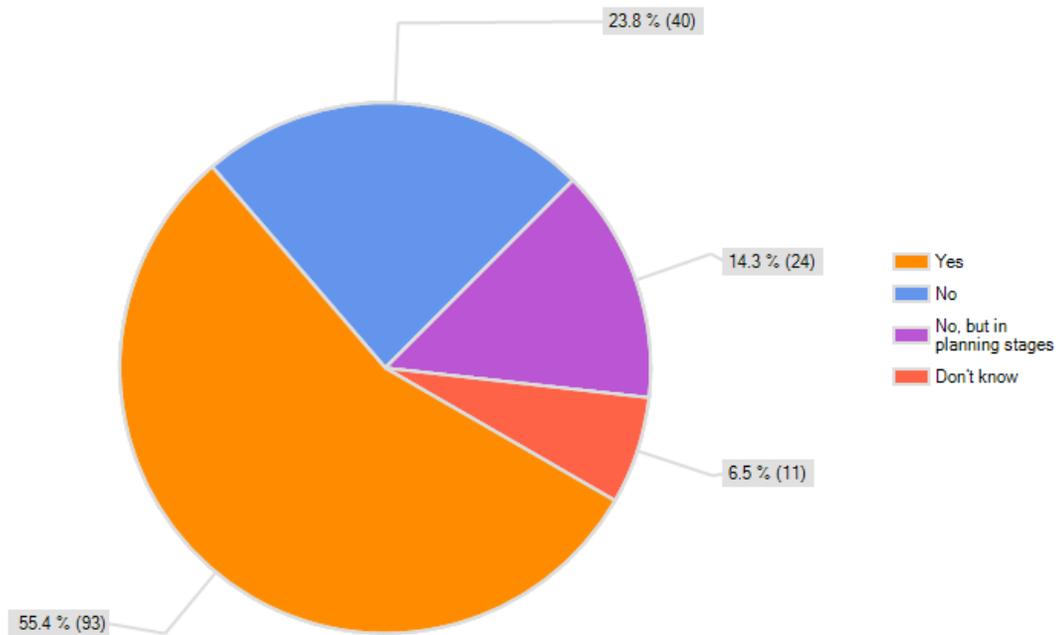
Results of the NN/LM MCR and PSR Bioinformatics Training Needs Assessment Questionnaire

Questionnaire Completed by Participants in November 2009

Total Started Survey: 169
Total Completed Survey: 132 (78.1%)

PART 1: ELECTRONIC MEDICAL RECORDS

Does your institution currently have an electronic medical record system?

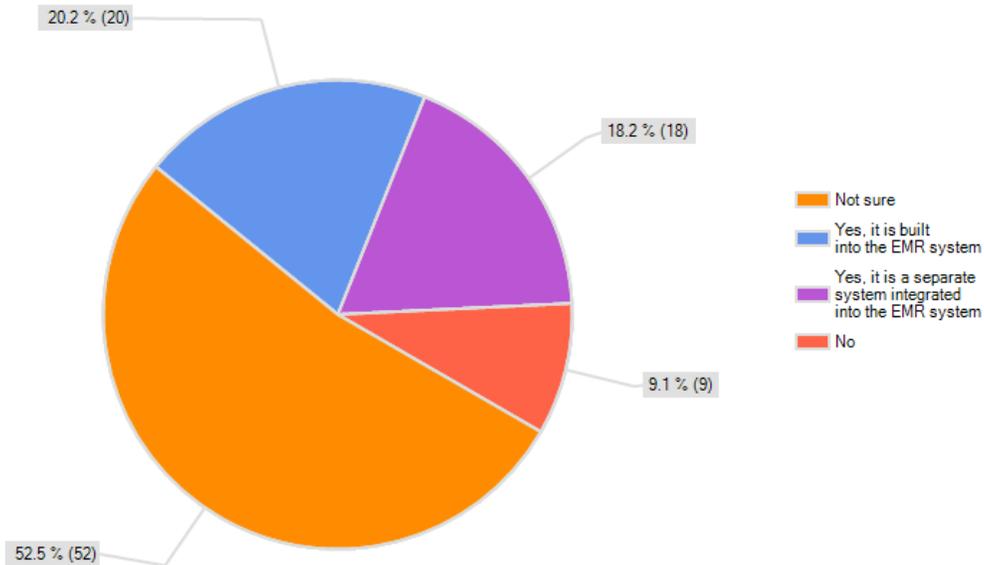


Total who answered question: 168

**What electronic medical record system is your institution using or planning to use?
Total who answered question: 80**

- EPIC (20)
- Cerner (16)
- Don't know or not sure (13)
- Meditech (9)
- VISTA-CPRS (3)
- Centricity (2)
- Health connect (2)
- Invision (2)
- McKesson (2)
- QuadraMed (2)
- Sorian (2)
- Eclipsys
- House created system
- NextGen
- RPMS
- Various
- Uncertain answer (2)

Does the EMR system your institution is using or planning to use provide access to health information?



Total who answered question: 99

Comments:

I think there is access to pharmacy resources and there are plans to integrate other databases. I don't have access to the EMR system.

Contains a specific consult feature for the healthcare provider to request patient health education information

I don't know how much and how good it is.

EMR is not 100% and various elements are not yet included, but in planning phase

Single source of information, not related to the library

Do you mean a built in link to the library, UpToDate, or other evidence-based resource. By definition, the system does include health information about patients.

UpToDate, Micromedex, and Healthwise (patient ed.) were selected for integration. This is currently in progress.

I know it allows access, but am not sure how.

I am meeting soon with the clinical informatics director to talk about this

I am only part way done with it but the health information will be added when a team of folks decide the standardized form. I do have the Standard One Page Health Insurance Form done and also the Human and Facility Assets survey is nearly done. I plan to also incorporate a Needs Assessment survey.

It has the capability. The EMR is being phased in.

They have just implemented phase 1 of implementation and we haven't been too involved yet. They said that library stuff will be phase

ZynxHealth and CINAHL

Either planning on it or have it but I don't know whether it's built into the system. But client-server is supposed to

Using ZynxCare <http://www.zynxhealth.com>

It was mentioned at the meetings in the hospitals.

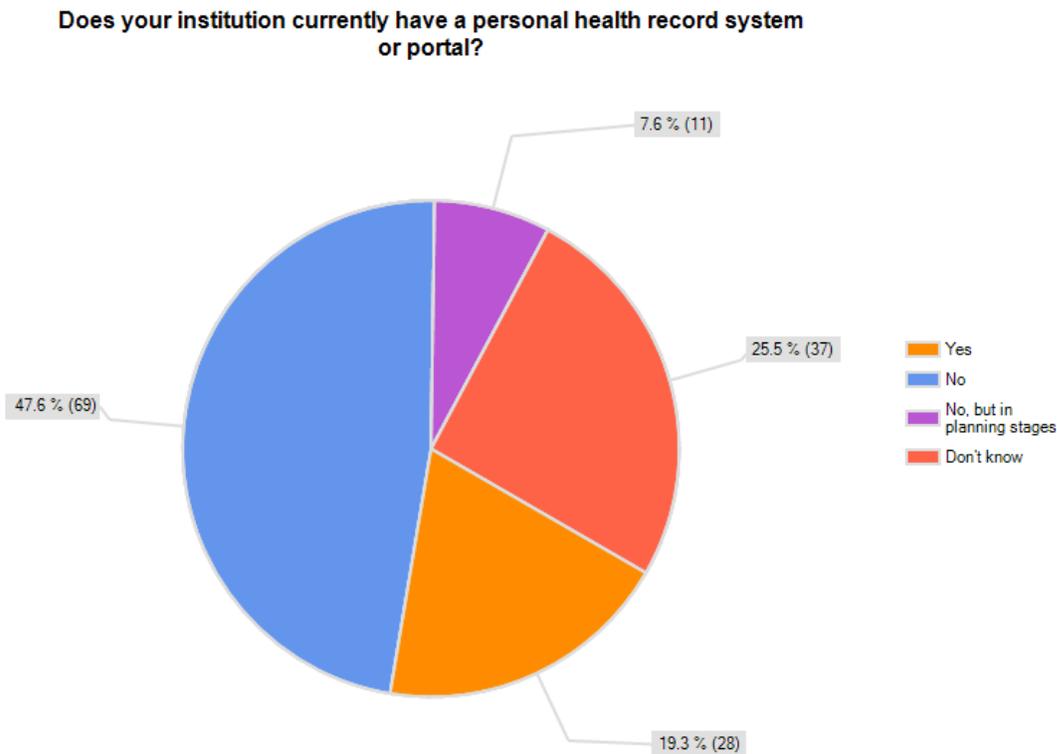
Dynamed link is provided on the home page, but the Dynamed content is not yet integrated contextually.

I have asked and am being a little birdy about the topic.

I'm not sure I understand the question-- Do you mean, can they access our databases from HealthConnect? in that case, yes, i believe they can.

I think DynaMed can be linked, and other similar resources. I asked for an "Ask a Libn" button. I was not invited into the planning for the EMR, and have received no training in it since it launched.

PART 2: PERSONAL HEALTH RECORDS



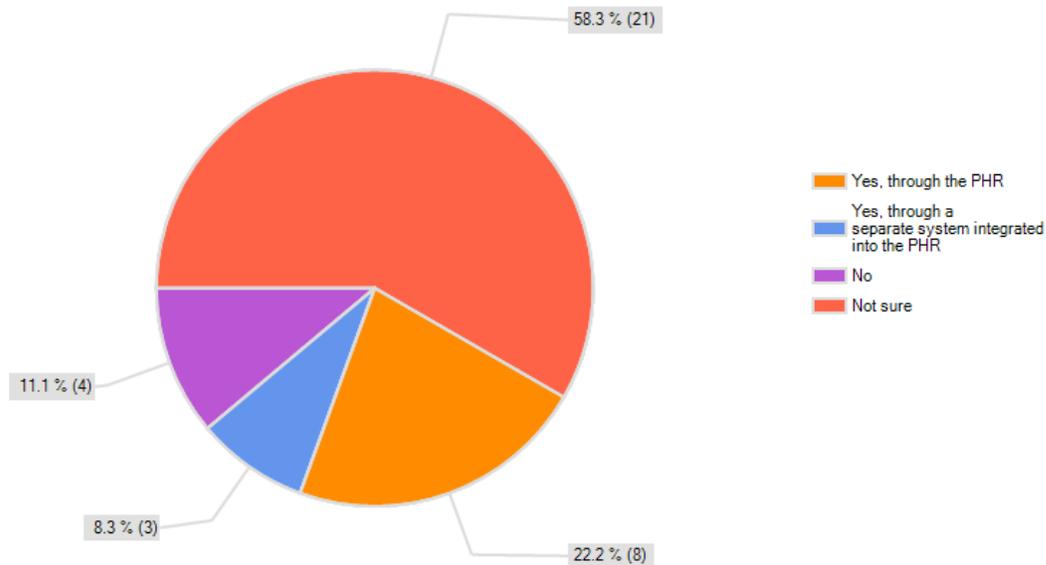
Total who answered question: 145

What personal health record system is your institution using or planning to use?

Total who answered question: 26

Don't know / not sure (11)
EPIC (3)
McKesson (3)
MyHealthyVet (3)
CIGNA insurance system
MyChart
RelayHealth
BJC/WashU developed
Flash drive summary of information
In-house developed

Does the PHR your institution is using or planning to use provide access to health information?



Total who answered question: 36

Comments:

Links to MedlinePlus and to information from a commercial health education vendor
Limited.

multiple formats may be integrated, including hospital patient portal through which nurse enters patient education order and patient then reads to understand through portable device at bedside, all tracked electronically. The eventual goal is that the education will be available later from home through a patient portal.

Will know more soon, since I just switched into the university practice as my pcp.

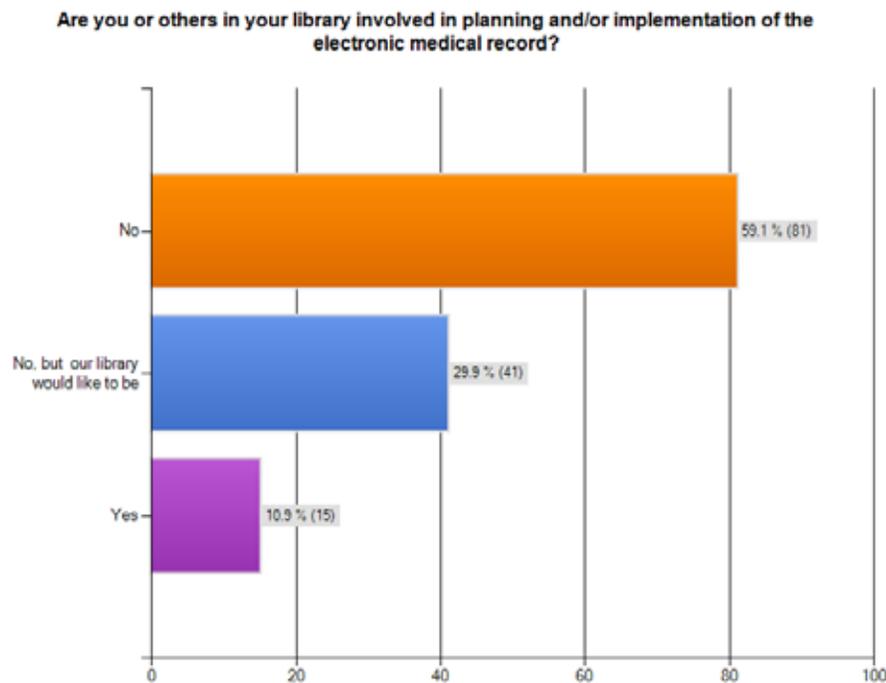
not yet, we are hoping to implement this

It was mentioned.

It contains only personal health information, not knowledge-based health information.

Everybody is in the health info business; only libraries provide truly comprehensive and personalized health info.

PART 3: Involvement in EHR/PHR



Total who answered question: 137

Comments:

I've given the committee some information

I work with HIM and will be training physicians for total EMR, train for current applications

I changed my career to Director of Medical Informatics

We've asked for information about 'Infobuttons,' but nobody knows what we're referring to. No one ever seems to get back to us about this aspect of the EMR. I don't think the implementation team thinks of librarians as being any type of aid to the cause.

We would like to be able to include the online resources needed by nurses and physicians in the space available in the EMR. To date, we can only ask that certain resources be included.

We're trying but politically, it's very complicated.

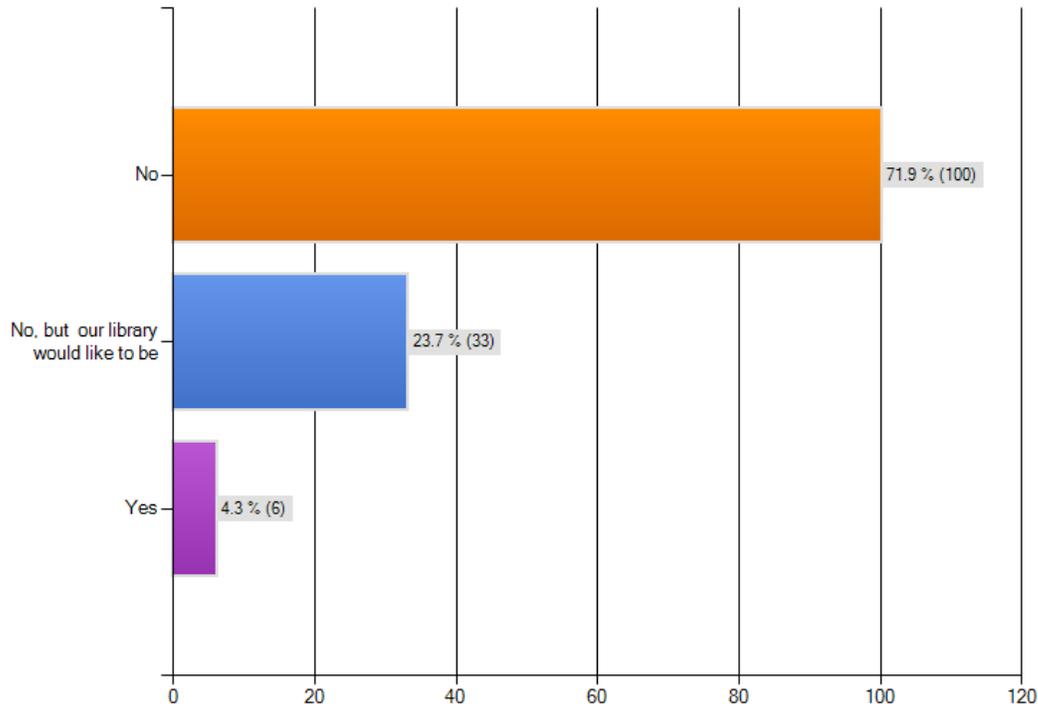
would like to be, but IT would probably not even consider it.

it's all in talks right now

My library is currently Creative Community Nursing, my sole proprietor business until I find someone that wants to serve as the fiscal officer or on the Board of Directors that will honor my mission.

Meeting is planned with CIO to discuss

Are you or others in your library involved in planning and/or implementation of the personal health record?



Total who answered question: 139

Comments:

I participate somewhat in patient portal and patient education pieces

As a freelance volunteer Faith Community Nurse, I am looking for any way that I can to link resources to those who are in need or willing to help move the whole system to connection.

library staff (and another dept) provides tech support for users attempting to sign up for an account.

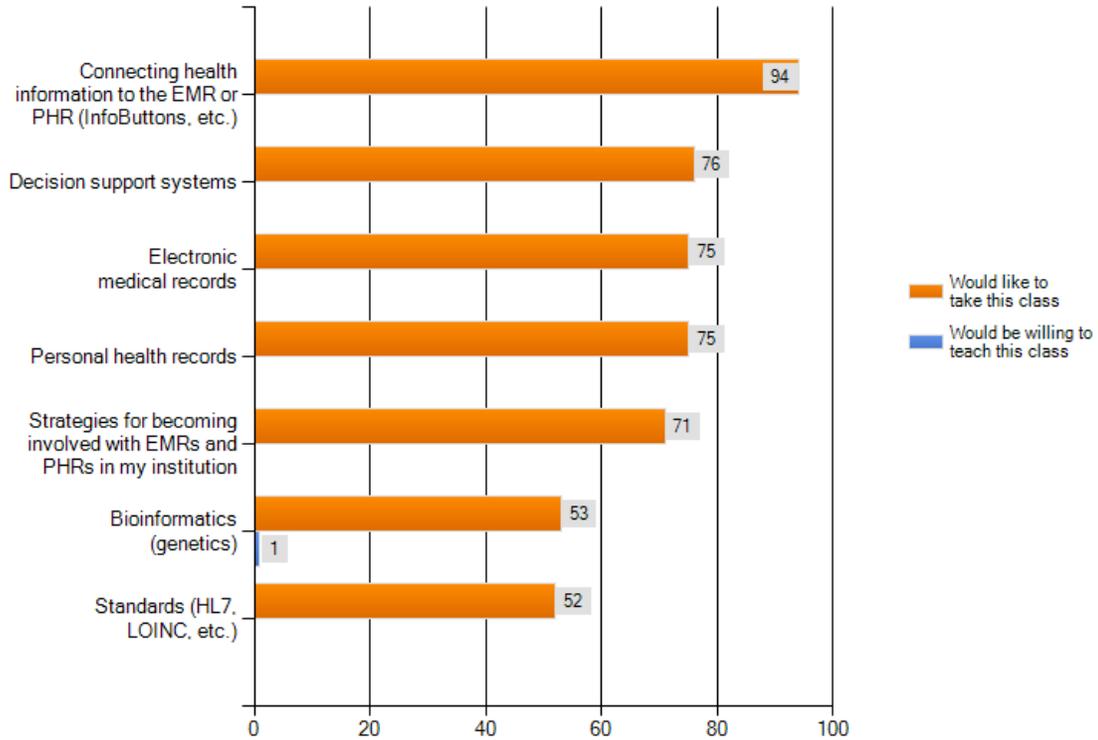
Epic manages EMR and PHR. We called it HER

Not at this time. This Positive Health Program seems pretty "self-sufficient"

not sure if our institution is working on a personal health record

PART 4: Training Needs

We are thinking about offering 2-hour online classes in topics related to health informatics. Please indicate your willingness to take a class, or to teach a class, in the following topics. (Check all that apply).



Total who answered question: 123

All of those I checked seem to go into the same class but Bioinformatics (genetics) SEEMS like an unrelated, but interesting topic.

I have attended the Woods Hole course but would always like a refresher

I could facilitate a class on: How are those of us involved in this field mentoring and modeling wholeness. Additional subjects that I can teach: Vitally Alive, Chronic Conditions Self-Management Classes, Living the Good Life...incorporating health promotion into your ADLs.

None apply at this time

Suggestion: Classes for informaticists on what library resources are available and how to connect

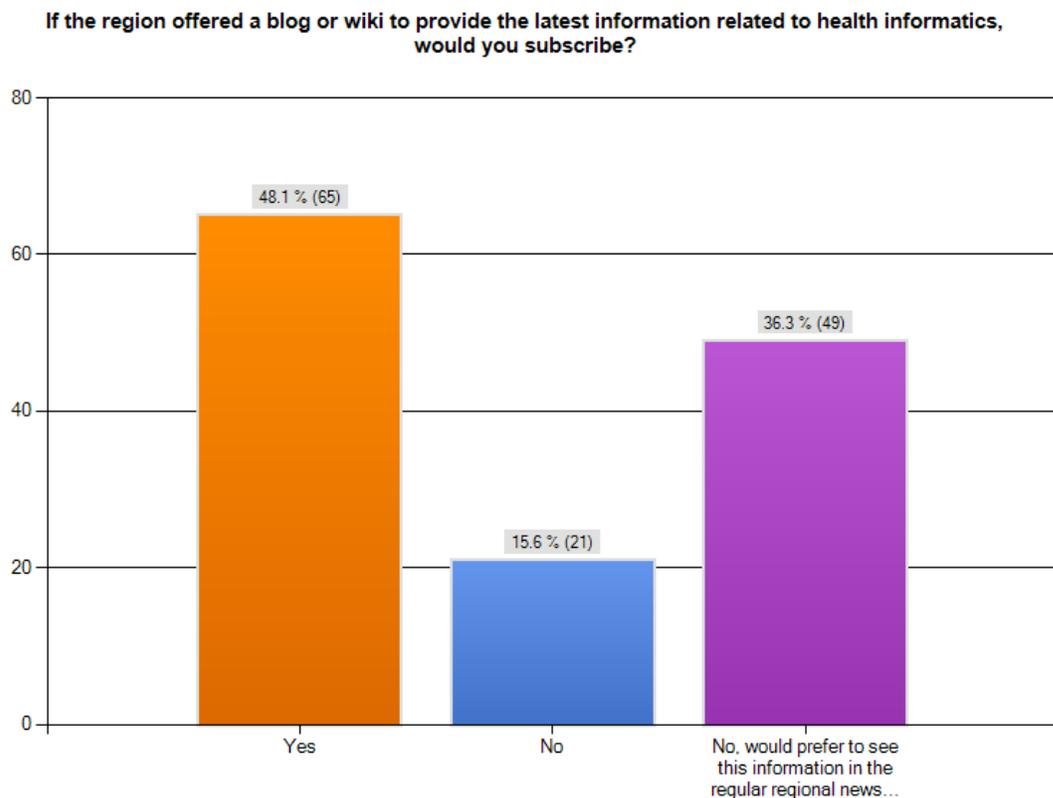
Would like to take all these classes before EHR is used in our system.

These topics are all really important to the future of our profession. It's important for librarians to be involved on the ground level.

The last one in your list [strategies for becoming involved] would be extremely valuable if taught by someone who actually has done this successfully.

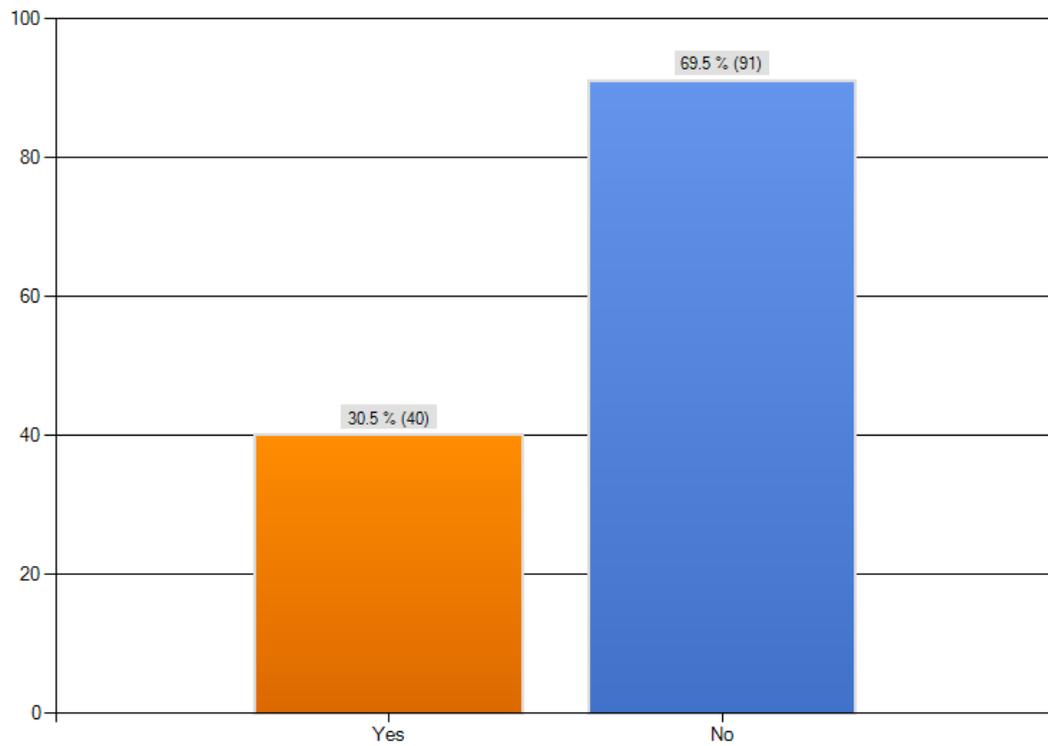
The only thing I could offer is to teach the history of where we have gone to get to this point. I was involved in integrating medline into electronic records way back in 1996.

PART 5: Information Dissemination



Total who answered question: 135

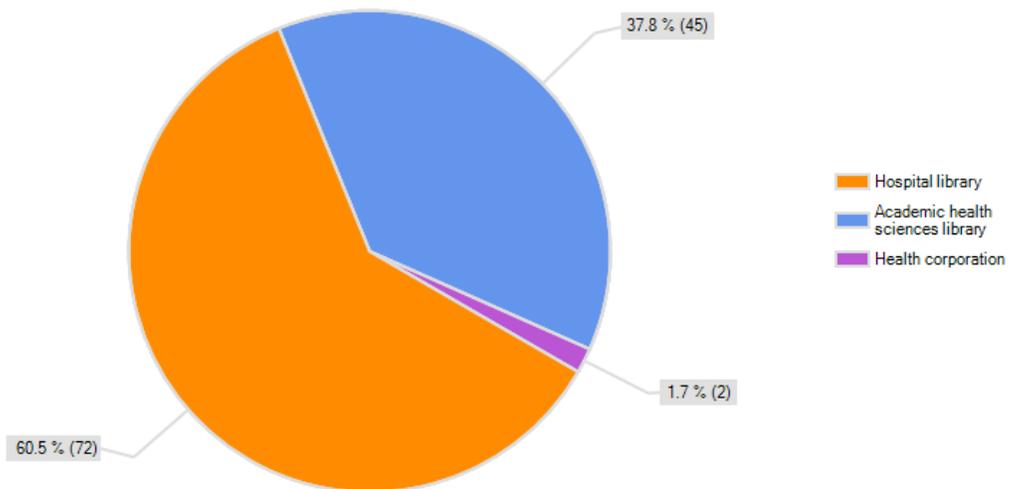
Would you add content about bioinformatics topics to a regional blog or wiki?



Total who answered question: 131

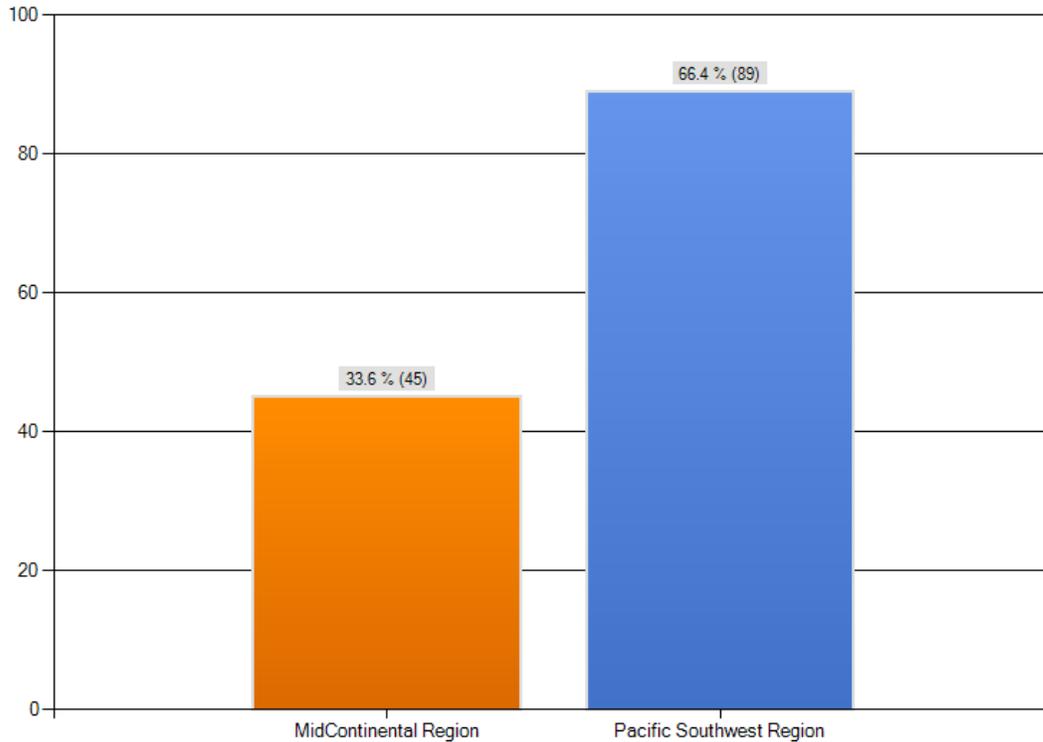
PART 6: LIBRARY TYPE/REGION

Please describe your library:



Total who answered question: 119

Please choose your region:



Total who answered question: 134

PART 7: Comments

If you would be willing to teach a class or give a presentation about a project related to health informatics, please provide your name and e-mail:

4 people provided their name and e-mail.

Please provide other comments, feedback or suggestions:

21 people commented.

Thank you for conducting this survey. I look forward to learning more about what peer institutions are doing on these topics, particularly if they have strong involvement with the library.

This is a very important topic and hospital librarians need to embrace it.

The idea of yet another blog or wiki I don't have time to follow depresses me.

Thanks for the survey, Sharon! For [my institution], relevance is low, but if I knew of related bioinformatics activities [in the region] I would be happy to report to any blog, wiki, etc. ;-))
Medical Records does not apply at this time for our environment.
Thank you; this is definitely a needed professional development topic.
Would be more than happy to teach, however, after academic instruction and familiarization with topic.
Will be doing Poster on my involvement at Joint Mtg 2010.
I'm always interested in the conflation of "health informatics" with "bioinformatics." To me, bioinformatics is a much broader term than health informatics...
I think practical classes with real advice on this topic are so needed. I would look forward to a series on the topics mentioned earlier in this survey.
blogs and wikis and practically everything Web 2.0 is still problematic in .gov libraries.
God works in wonderous ways! Thank you for moving the ball forward on all of this. I am at your service to help in any way I can. My two main spiritual gifts are service and education.
I don't have access to blogs or wikis at work.
I would prefer a webinar for any classes.
great area for Librarians to get involved with!
I think what you are doing is much needed. Thanks!!
Until I know at what point my hospital is involved in implememnting an electronic records system, I cannot say how I would like to be involved. Perhaps a factfinding exercise asking librarians to contact their IS Depts to find out where their hospital is located in the process of implememnting electronic records, no plans, researching options, fully operational etc. Request through newsletter, etc. then survey??
I am certainly just learning, but am an enthusiastic supporter of librarians getting in the midst of what is to come...and very soon!
I feel like I'm being left behind with all this technology...
At present, [my institution] blocks some Web 2.0 technologies.
[We are] trying to get an EHR but it is going very slowly due to financing costs.

**Attachment 5:
Report on the 2008 Network Data Inventory**

Report on the 2008 Network Data Inventory

National Network of Libraries of Medicine, MidContinental Region

by

**Betsy Kelly, Assessment and Evaluation Liaison
Elaine Graham, Consultant**

National Network of Libraries of Medicine, MidContinental Region
University of Utah Spencer S. Eccles Health Sciences Library
Salt Lake City, Utah
June 2009

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Report on the 2008 Network Data Inventory National Network of Libraries of Medicine, MidContinental Region

Introduction

The MidContinental Regional Medical Library (RML) aims to “develop, promote and improve access to electronic health information resources by Network member libraries, health professionals and organizations providing health information to the public.” This goal forms part of the core mission in the Regional Services Plan for the National Network of Libraries of Medicine, MidContinental Region (NN/LM MCR), as proposed to the National Library of Medicine (NLM). Further, the NN/LM MCR program includes a formal assessment and evaluation component aimed at “identifying and tracking trends in the development or failure of libraries” and the “identification of baseline and emerging services being provided by libraries in the Network.”

To carry out these program goals, the MidContinental RML staff developed a questionnaire to be administered on a recurring basis to elicit information from regional member libraries about their staffing, technology planning and implementation, collections, continuing education access, outreach and educational services offered by network member libraries, network communications, and use of RML and NLM programs and services. The RML administered a network questionnaire for the first time in fall 2002, early in the 2001-2006 NN/LM MCR contract period. The data collected provide a picture of the region at that time,¹ and serve as a baseline against which change in the availability of information resources and services can be measured. In fall 2005² and again in fall 2008, the RML administered member questionnaires. These Network Data Inventories include many of the original questionnaire items along with additional questions to gather information on new developments in technology and service delivery. Network members of all types (hospital, academic, and other) were invited to respond to the 2005 and 2008 questionnaires.

This report presents the 2008 questionnaire results. For hospital library respondents, the data analysis includes comparisons of recent results with responses from 2002 and 2005 to identify changes in regional hospital library characteristics and to assess the impacts of RML programs and services during the contract period. Many comparisons between 2005 and 2008 data for academic and other libraries are incorporated as well.

¹ Kelly, Betsy and Elaine Graham. Hospital Libraries in the National Network of Libraries of Medicine, MidContinental Region, 2002. Salt Lake City: NN/LM-MCR, 2004.
<http://nmlm.gov/mcr/evaluation/memberinput.html>

² Kelly, Betsy and Elaine Graham. Network Member Survey Report, National Network of Libraries of Medicine, MidContinental Region, 2005. Salt Lake City: NN/LM-MCR, 2006.
<http://nmlm.gov/mcr/evaluation/memberinput.html>

Methodology and Response Rate

The 2008 Network Data Inventory (see Appendix for the questionnaire questions) was administered online. The NN/LM MCR sent the URL link for the questionnaire to 204 network members in early September 2008. The 203 network members selected to participate include all full network members and those affiliate members with a health sciences focus. Each response to the web-based inventory was tracked using the library's NN/LM LIBID (library identifier) to ensure only one response per member library. Some libraries did not answer all the questions that were presented, so the total number (n) of responses varies from one question to another.

The 2008 questionnaire response rate for all libraries was 64%, with 130 respondents from 203 network members receiving the inventory link (see Table 1). This compares with a response rate of 79% in 2005 (147 respondents from 186 member libraries) and the 2002 response rate of 56% (with 122 respondents from 216 member libraries). These consistently high response rates in themselves reflect well on the high level of cooperation network members libraries are willing to commit to RML endeavors. The level of participation is extraordinary, especially when considering the number of questions, the effort and time required to gather requested data, and the depth of thought and frank opinions offered by the network members.

The 2008 hospital library response rate was similar to the overall regional response rate at 66%, with 84 respondents of the total 128 hospital library network members participating. The hospital library response rate in 2005 was 80%, with 105 hospital libraries respondents from a regional total of 131 network members at hospitals. The hospital library response rate in 2002 was 66%, with 86 respondents from 130 hospital library members, the same as the 2008 response rate.

Table 1. Response Rates 2002, 2005, 2008

	2002		2005		2008	
	Number Surveyed	Responded	Number Surveyed	Responded	Number Surveyed	Responded
Hospital Libraries	130	86 (66%)	131	105 (80%)	128	84 (66%)
Academic and Other Libraries	86	36 (42%)	55	42 (76%)	75	46 (61%)
All Libraries	216	122 (56%)	186	147 (79%)	203	130 (64%)

The total number of questionnaire responses, responses by type of library, and responses by state are shown in Tables 1 and 2. Hospital libraries comprise 63% of all questionnaire respondents in 2008, a little lower than the figures for 2005 (hospital libraries were 71% of all questionnaire respondents) and 2002 (hospital libraries were 70% of all questionnaire respondents). The population of all states in the MCR region increased somewhat from 2005 to 2008. The overall number of hospital libraries that participate in the NN/LM MCR was stable, though some variation appears from state to state (Table 3).

Table 2. Library Responses by State

	All Libraries		Academic and Other Libraries		Hospital Libraries	
	2005 n=147	2008 n=128	2005 n=42	2008 n=46	2005 n=105	2008 n=81
Colorado	25 (17%)	27 (21%)	3 (7%)	6 (13%)	22 (21%)	20 (25%)
Kansas	19 (13%)	15 (12%)	5 (12%)	4 (9%)	14 (13%)	11 (14%)
Missouri	53 (36%)	46 (36%)	20 (48%)	15 (32%)	33 (32%)	31 (38%)
Nebraska	22 (15%)	24 (19%)	9 (21%)	13 (28%)	13 (13%)	11 (14%)
Utah	13 (9%)	10 (8%)	2 (5%)	4 (9%)	11 (10%)	6 (7%)
Wyoming	15 (10%)	6 (4%)	3 (7%)	4 (9%)	12 (11%)	2 (2%)

Table 3. Questionnaire Distribution and Population by State

State	Total Network Members Surveyed		Hospital Libraries Surveyed		Population in millions (U.S. Census Bureau)	
	2005 n=186	2008 n=203	2005 n=131	2008 n=128	2005 estimates	2008 estimates
Colorado	40	46	31	33	4.7	4.9
Kansas	21	27	16	19	2.7	2.8
Missouri	64	68	39	44	5.8	5.9
Nebraska	24	34	15	16	1.7	1.8
Utah	15	16	11	9	2.4	2.7
Wyoming	22	12	19	7	0.5	0.5

Analysis and Discussion of Questionnaire Results

Library Staffing

Staffing at hospital libraries in the region varies greatly. On average, staffing in hospital libraries decreased between 2002 and 2005, and rebounded somewhat from 2005 to 2008, particularly in the non-MLS FTE category. Hospital libraries reported an average of 1.1 FTE librarians in 2002, 0.94 FTE librarians in 2005, and 1.05 FTE librarians in 2008. They reported an average of 0.6 FTE staff in 2002, 0.53 FTE staff in 2005, and 1.0 FTE staff in 2008. Among 68 hospital libraries reporting for both the 2002 and 2005 questionnaires, the change was from 1.1 FTE librarians in 2002 to 1.07 FTE librarians in 2005 and from 0.63 FTE staff in 2002 to 0.58 FTE staff in 2005 (Table 4).

For the 38 hospital libraries that responded to the questionnaires in 2002, 2005 and 2008, overall staffing increased modestly from 2005 to 2008, but these increases were not enough to offset the

staffing losses from 2002 to 2005 in those libraries (Table 5). Interestingly, the average staffing losses from the 38 libraries responding to all three questionnaires were greater than the average staffing losses from the larger group of 69 libraries that responded to the 2002 and 2005 questionnaires. Among the 38 hospital libraries reporting in three questionnaires, the average librarian staffing went from 1.34 FTE librarian in 2002, to 1.19 FTE librarian in 2005, to 1.24 FTE librarian in 2008. For non-librarian staff, the average staffing among the 38 hospital libraries reporting in three years was 0.82 FTE staff in 2002, 0.65 FTE staff in 2005, and 0.66 FTE staff in 2008.

Table 4. Staffing Change in 68 Hospital Libraries, reporting in 2002 and 2005

	MLS FTE	Non-MLS FTE	Total FTEs
2002	74.91	42.94	117.85
2005	72.85	39.40	112.25
Change	-2.06	-3.54	-5.60

Table 5. Staffing Change in 38 Hospital Libraries, reporting in 2002, 2005, 2008*

	MLS FTE	Non-MLS FTE	Total FTEs
2002	50.91	31.29	82.20
2005	45.25	24.65	69.90
Change 2002-2005	-5.66	-6.64	-12.30
2008	47.16	25.08	72.24
Change 2005-2008	+1.91	+0.43	+2.34
Change over 6 years (2002-2008)	-3.75	-6.21	-9.96

*The wording on the 2008 questionnaire read "professional librarians" rather than "MLS or equivalent librarians" as on the previous questionnaire.

Looking at the group of libraries that reported staffing data in 2005 and 2008, but not in the 2002 questionnaire, total FTEs decreased slightly, with a gain in librarian FTE staff offset by a loss in non-librarian FTE staff (Table 6). For the 59 hospital libraries reporting in both years, the averages were 1.07 FTE librarian staff in 2005 and 1.15 FTE librarian staff in 2008, with 0.61 FTE non-librarian staff in 2005 and 0.51 non-librarian staff in 2008.

Table 6. Staffing Change in 59 Hospital Libraries, reporting in 2005 and 2008

	MLS FTE	Non-MLS FTE	Total FTE
2005	63.05	36.25	99.30
2008	68.06	30.38	98.44
Change	+5.01	-5.87	-0.86

In 2008, a total of 42 (52%) of hospital library respondents reported 1 FTE librarian, while 14 hospital library respondents reported more than 1 FTE librarian, ranging from 1.5 to 3.0 FTEs (Table 7). Twelve respondents reported less than 1.0 FTE librarian, and 13 respondents reported no FTE librarian. Thirty-seven of the 68 libraries with librarians reported no additional non-librarian staff. Seven hospital library respondents indicated no library personnel, neither librarian nor non-librarian staff. The individuals responding for these hospitals listed their role as educational services, medical staff coordination, or nursing.

Table 7. Staffing in Hospital Libraries, 2008

		Professional Staff (FTE*)					<i>Libraries reporting number of non-MLS staff</i>
		None	<0.5	0.5 – 0.9	1.0	>1.0	
Non-MLS Staff (FTE*)	None	7	1	5	27	4	<i>n=44</i>
	<0.5	3		2	2	1	<i>n=8</i>
	0.5 – 0.9			1	2		<i>n=3</i>
	1.0	1		2	8	6	<i>n=17</i>
	>1.0	2		1	3	3	<i>n=9</i>
<i>Libraries reporting number of MLS staff</i>		<i>n=13</i>	<i>n=1</i>	<i>n=11</i>	<i>n=42</i>	<i>n=14</i>	<i>Total=81</i>

*FTE – Full-time equivalent

In 2008 academic and other libraries reported a librarian staffing range from 0 to a high of 54 FTE, with an average of 6.10 FTE per library. The highest number of librarian FTE reported among academic and other librarians in 2005 was 47 FTE librarians, with an average of 6.16 FTE per library. Approximately half (25) of academic and other libraries report 3 or fewer FTE librarians. The average non-librarian staffing for academic and other libraries is 8.83 FTE, with a range from 0 to 109 FTE. For 2005, the average non-librarian staffing was 10.8 FTE, with a range from 0 to 106 FTE.

The majority of those holding titles such as library director or library manager in all types of libraries report having a master's degree from a library school (Table 8). In addition to the master's degree from a library school, several hospital libraries commented that the director has another master's in fields such as Biology, Education and Curriculum, and Nursing with Leadership and Management. A few hospital libraries commented on postgraduate coursework in progress (beyond the educational level reported).

Table 8. Educational Level of Library Director or Manager

Highest Level of Education Obtained by the Library Director or Manager	Hospital Libraries n=79	Academic and Other Libraries n=44
High school diploma	5 (6%)	0
Associate degree (Community College)	1 (1%)	1 (2%)
Bachelor's degree	7 (9%)	2 (4%)
Master's degree from a library school	53 (67%)	31 (70%)
Other Master's degree (do not select if this person also has a library school Master's degree)	11 (14%)	4 (8%)
Doctoral degree	2 (3%)	7 (16%)

Library Management and Planning

Library Reporting Relationship

Among hospital libraries, almost one-third indicate that the library reports to an education director, while over one-half of academic and other libraries report to an academic affairs officer (Tables 9 and 10). About one-fourth of all libraries report to a position at the administrative level of the organization.

Table 9. Position Library Reports to within the Organization, Hospital Libraries

To what position in the organization does the library report?	Hospital Libraries n=73
Education Director Staff Development, Training, Research and Education	22 (30%)
Top-Level Administrator CEO, COO, President, Vice President	16 (22%)
Medical Director Chief of Staff, Medical Affairs	10 (14%)
Quality, Risk Management Director	6 (9%)
Information Technology Director System Development Office	5 (7%)
Nursing Director, Dean	4 (5%)
Human Resources Director, Vice President	4 (5%)
Community Relations Guest Services, Wellness	3 (4%)
Library Director, Coordinator	3 (4%)

Table 10. Position Library Reports to within the Organization, Academic and Other Libraries

To what position in the organization does the library report?	Academic and Other Libraries n=43
Academic Affairs Officer Dean, Vice President, Provost, Vice Chancellor	22 (52%)
Campus or Health Sciences Director Dean, President, Vice President	10 (23%)
Library Director Dean, Assistant Provost	5 (11%)
Other Administrative Officer Operations, Business/Strategy, Residency Coordinator	4 (9%)
Information Technology Administrator Director, Chief Information Officer	2 (5%)

Library Budget

Over half of all libraries report higher library budgets when comparing this year's budget to that of five years ago (Table 11). However, nearly one-fourth of libraries report lower budgets this year, and some libraries report unchanged budgets (18% of hospital libraries and 9% of academic and other libraries).

Table 11. Change in Library Budget

Change in library's budget this year (from 5 years ago)	Hospital Libraries n=79	Academic and Other Libraries n=45
Higher	43 (54%)	28 (62%)
Lower	15 (19%)	11 (24%)
Unchanged	14 (18%)	4 (9%)
Don't know	7 (9%)	2 (5%)

Hospital libraries indicating they don't know about a change in the library budget gave several explanations: changes in staff, the library budget being included with another department's, and delay in receiving a budget for the current year. Comments on higher budgets reported the increases are for new programs and services (patient education and new online services) and for increases in wages and in cost of journals and books. One comment on the unchanged library budget indicated that journal titles and databases would have to be cut, since price increases could not be accommodated.

Two libraries among the academic and other libraries indicated the parent organization was formed within the last five years, so there was no budget history. Other libraries reported cuts in materials and personnel, and some libraries that have seen modest increases have not been able to keep up with rising acquisitions costs. One library reported a mid-year budget reduction, especially difficult to manage.

Emergency Response Planning

Responses to questions on emergency response planning for the institution and for the library indicate that while most institutions have emergency response plans, for a substantial number of libraries their needs are not addressed in the institution plan and/or the library does not have an emergency response plan of its own (Tables 12 and 13).

Table 12. Emergency Response Planning, Hospital Libraries

	Yes	No	Don't Know
Institutional Emergency Response Plan n=79			
The institution has or is working on an emergency response plan.	71	6	2
The library is familiar with the institutional emergency response plan.	62	13	4
A library staff member is on the institutional emergency response plan team.	11	63	2
The library's needs are specifically addressed in the institutional emergency response plan.	14	38	27
	Yes	Working on It	No
Library Has Its Own Emergency Response Plan n=78	13	23	42

Table 13. Emergency Response Planning, Academic and Other Libraries

	Yes	No	Don't Know
Institutional Emergency Response Plan n=44			
The institution has or is working on an emergency response plan.	38	3	3
The library is familiar with the institutional emergency response plan.	35	6	2
A library staff member is on the institutional emergency response plan team.	10	30	4
The library's needs are specifically addressed in the institutional emergency response plan.	12	21	11
	Yes	Working on It	No
Library Has Its Own Emergency Response Plan n=43	11	17	15

Technology

Planning and Decision-Making

The 2008 and 2005 questionnaires asked if the librarian is involved in the planning and/or decision making process regarding technology in the library and/or the institution (Table 14). Most libraries report being involved in technology planning and/or decision making for the library, and approximately one-third of all libraries report involvement in technology planning and/or decision making at the institutional level as well as for the library. Only 13% of hospital libraries and 9% of academic and other libraries report they are not involved in organizational technology efforts, either for the library or the institution as a whole. Overall, IT involvement increased slightly from 2005 – 2008 and, more significantly, increased 16% for those involved in both library and institutional technology planning and decision making.

Table 14. Technology Planning and Decision Making

Respondents		Yes, for the library	Yes, for the institution	Yes, for the library and the institution	Neither for the library nor the institution
Hospital Libraries	2005 n=102	67 (65%)	n/a	19 (19%)	16 (16%)
	2008 n=79	45 (57%)	0	24 (30%)	10 (13%)
Academic and Other Libraries	2005 n=41	29 (71%)	n/a	10 (24%)	2 (5%)
	2008 n=43	19 (44%)	1 (2%)	19 (45%)	4 (9%)
All Libraries	2005 n=143	96 (67%)	n/a	29 (20%)	18 (13%)
	2008 n=123	64 (52%)	1 (<1%)	44 (36%)	14 (11%)

Hospital library respondents reported a wide variety of ways in which the library staff is involved in technology planning:

- Does planning for library technology and consults with the information technology (IT) department on feasibility.
- Works with the IT department to assess library needs.
- Works with informationist and IT department to consider how technology can allow the library to push library services to its on- and off-site personnel and maximize staff services.
- Offers formal and informal teaching so clientele will effectively use existing technology resources; this approach also makes the technology “know-how” of the library more visible and encourages consultation when technology planning occurs elsewhere in the institution.

- Determines hardware and software needed; includes technology purchases in the annual library budget.
- Determines hardware and software needed; makes a request for what is needed (“watch horizon, meet with vendors, propose, beg”).
- Submits requests for technology needs to IT for evaluation and/approval—the general sense of respondents’ comments is that these requests are most often approved.
- Makes all technology and purchase decisions for the library.
- Library staff sits on committees that address information technology needs of the facility (e.g., IT Steering Committee, Informatics Committee, In-Patient and Patient Health Education Committees, hospital website planning group, Information Management Committee, Software Review Committee).
- Library staff is invited to attend meetings when technology issues are on the agenda (e.g., Nursing Education, Best Practices).
- Meets with key individuals from various departments to discuss how best to share resources.
- Sets up trials of new resources and solicits feedback.
- Coordinates access to resources with technology departments at partner institutions.
- Writes technology blog.
- Manages pilot projects for use of electronic medical record (EMR) products on various tablets, phones, Blackberries; also manages pilot projects for patient touch, Command Center equipment, teleconference equipment, conference room LCD monitors, and clinical applications used by physicians and staff.
- Works with IT on technology needs of education departments, such as implementing videoconferencing, using smart boards for educational purposes, satellite programming, online education.
- Plans technology for new library facility.
- Explores funding opportunities and writes grant proposals (e.g., videoconferencing, eICU).

Academic and other libraries also identified a wide range of library staff involvement in technology planning and/or decision making:

- Makes all technology decisions with regard to the library (librarian and/or technology support manager within the library).
- Multiple library technology staff and managers are members of campus technology planning and implementation groups and educational resources committees
- Library director chairs or serves on technology planning committees.
- Librarian attends administrative council where technology planning is discussed.
- Library’s digital initiatives group identifies, tests, and implements appropriate technology solutions; works with central IT groups to identify technology issues related to information services for the medical school; identifies non-traditional electronic resources such as test preparation software, assists in negotiating software licenses for genetics and statistical support.
- Library maintains its own systems department.

Web-Based Tools and Services

In response to the questions about web-based tools and services (Tables 15 and 16), approximately half of hospital libraries reporting indicated they are prevented from using social networking sites and chat/instant messaging services, though other services are less likely to be prohibited. Only a very small number of academic and other libraries reported policies that prevent use of any of the listed web-based tools and services. Among hospital libraries, videoconferencing, broadcasts, wikis and RSS feeds were most frequently reported as being used within the past year. Among academic and other libraries, recent use of all of the listed web-based services was reported by approximately three-fourths of the libraries reporting.

Table 15. Web-Based Tools and Services, Hospital Libraries

Web-Based Tools and Services	Are any library staff PREVENTED from using any of the following due to institutional policies? n=77				Have any library staff USED any of the following in the past year? n=77	
	Yes	No	Never tried	Don't know what this is	Yes	No
Social networking sites (e.g., Facebook, LinkedIn, Second Life)	41	17	16	3	22	55
Wikis	14	43	13	6	40	35
Blogs	18	42	15	1	3	33
RSS feeds	7	45	16	7	37	38
Chat and instant messaging	28	22	24	1	20	55
Videoconferencing such as Adobe Connect (Breezing Along with the RML)	5	57	13	2	55	22
Broadcasts, podcasts and streaming video (including YouTube)	27	38	10	2	46	28

Several hospital libraries commented that some web sites are physically blocked by network security systems. Others indicated that permission could be obtained to access specific web sites, sometimes just for a limited period of time (i.e., 15 minutes), and one respondent indicated it could take months to receive approval from the national level of the organization to access a blocked site. For some hospital libraries, YouTube is completely blocked, while one library noted it was available on a quota time basis. Other libraries noted that some social networking sites, wikis, blog and streaming video could be accessed, while others are restricted at the

network level on a hospital-wide basis. For example, one library indicated video on MedlinePlus could be viewed but video on YouTube could not be accessed. Two libraries noted that “public” computers that do not run on the hospital’s networked system could be used to access web-based tools and services. One library commented that the working environment (rather than computer restrictions) makes participating in live meetings and classes impossible.

Regarding use of the technologies listed, several hospital library respondents commented they have not used them professionally or in the workplace, but they have used them on a personal basis.

Table 16. Web-Based Tools and Services, Academic and Other Libraries

Web-Based Tools and Services	Are any library staff PREVENTED from using any of the following due to institutional policies? n=41				Have any library staff USED any of the following in the past year? n=40	
	Yes	No	Never tried	Don't know what this is	Yes	No
Social networking sites (e.g., Facebook, LinkedIn, Second Life)	5	33	2	1	29	9
Wikis	1	36	3	0	33	6
Blogs	1	38	2	0	30	9
RSS feeds	2	36	3	0	26	12
Chat and instant messaging	3	35	3	0	29	10
Videoconferencing such as Adobe Connect (Breezing Along with the RML)	1	34	4	0	30	7
Broadcasts, podcasts and streaming video (including YouTube)	5	35	0	0	36	4

Several academic and other libraries commented that while the indicated web-based tools and services are accessible, staff “are supposed to use them in a job-related manner and according to the institution’s computer access policy” and “are discouraged from using these resources for personal business.”

Questions relating to web-based tools and services on the previous (2005) questionnaire were worded differently, but in that questionnaire, just over half (54%, or 55 of 102) of hospital

library respondents reported that they had viewed streaming video from their computer during the past year. Among academic and other libraries, the rate was higher, with 78% (31 of 40) of respondents having viewed streaming video. Almost half of hospital library respondents (47%, or 47 of 100) reported participation in videoconference(s) during the previous year, and among academic and other library respondents, 70% (28 of 40) reported videoconference participation. In 2005, among hospital library respondents, 19% (19 of 101) reported experience with application sharing software, and 25% (10 of 40) of academic and other libraries reported experience with this software.

Collection Management

Collections and Access

Among hospital libraries that gave statistics on electronic book and journal holdings, 56% (41 libraries) reported electronic books and 71% (52 libraries) report electronic journal titles purchased or subscribed (Tables 17 and 18). The reported size of print book collections varies greatly, with almost half of hospital libraries reporting in the midranges (between 1,000 and 5,000 print books). Of the 41 hospital libraries with electronic books, most have fewer than 200 titles. For journal collections, almost all hospital libraries report fewer than 500 titles in print collections. Electronic journal collections are larger, with one-third of hospital libraries (18 of the 52 hospital libraries with electronic journal titles) reporting over 500 electronic journal titles purchased or subscribed.

Roughly the same percentage of hospital libraries reported subscriptions to electronic journals in 2005 - 72% of hospital library respondents (73 of 101) reported that the library subscribed to electronic journals. The 2005 figure was a substantial increase from the 57% of regional hospital libraries (49 of 86 respondents) who reported electronic journal subscriptions in 2002.

Table 17. Hospital Library Book Collections

Number of Print Book Titles	Hospital Library Respondents n=76	Number of Electronic Books (Purchased or Subscribed)	Hospital Library Respondents n=73
0	1	0	32
1 – 250	8	1 – 50	10
251 – 500	14	51 – 100	14
601 – 1,000	12	101 – 200	11
1,001 – 2,000	18	201 – 1,000	4
2,001 – 5,000	14	> 1,000	2
5,001 – 10,000	8		
> 10,000	1		

Table 18. Hospital Library Journal Collections

Number of Print Journal Titles	Hospital Library Respondents n=77	Number of Electronic Journal Titles	Hospital Library Respondents n=73
0	3	0	21
1 – 50	30	1 – 50	11
51 – 100	16	51 – 100	6
101 – 500	27	101 – 500	17
> 500	1	501 – 1,000	7
		1,001 – 5,000	7
		5,000 – 10,000	4

Most academic and other libraries report extensive print and electronic book and journal collections (Tables 19 and 20), although some report no electronic books (37%) or electronic journal titles (13%). For comparison, among academic and other libraries in 2005, 90% (37 of 41) subscribed to electronic journals.

Table 19. Academic and Other Library Book Collections

Number of Print Book Titles	Academic and Other Library Respondents n=38	Number of Electronic Books (Purchased or Subscribed)	Academic and Other Library Respondents n=35
< 10,000	14	0	13
10,000 – 50,000	11	1 – 1,000	7
50,001 – 100,000	7	1,001 – 10,000	9
100,001 – 640,000	6	> 10,000	6

Table 20. Academic and Other Library Journal Collections

Number of Print Journal Titles	Academic and Other Library Respondents n=40	Number of Electronic Journal Titles	Academic and Other Library Respondents n=35
0	2	0	5
1 – 100	15	1 – 100	8
101 – 500	12	101 – 1,000	8
501 – 1,000	9	10,001 – 25,000	7
> 1,000	2	25,001 – 39,000	7

In all types of libraries, electronic resources appear to be widely accessible in the library and from elsewhere in the institution (Table 21). About one-half of hospital libraries and almost all academic and other libraries report off-site access. Several hospital library respondents commented that while some off site access is possible, not all resources are available to all users off site, and some resources accessible outside the library are only available in certain areas of the institution. Several libraries indicated that off site access depends upon the contract for the specific resource.

Table 21. Access to Electronic Resources

Access to library electronic resources	Hospital Libraries n=76*	Academic and Other Libraries n=42*
In the library	65	37
From anywhere in the institution	64	38
From off site	44	42
Other (please specify)	14	8

*More than one response could be selected

Electronic Resources Acquisition

Negotiation of electronic licenses for library resources is mostly handled by the library and one or more consortia (Table 22), with involvement by institutional departments other than the library in some organizations. Several hospital libraries commented that electronic licenses are negotiated by corporate or district offices, and several academic libraries indicated that the main campus library handles electronic license negotiations.

Table 22. Negotiation of Electronic Licenses for Library Resources

Negotiator for Library Electronic Resources	Hospital Libraries n=68*	Academic and Other Libraries n=40*
The library	55	34
Institutional department other than the library	13	7
One or more consortia	30	28
Other (please specify)	14	5

*More than one response could be selected

Hospital, academic and other libraries participate in a variety of consortia or group buying plans for electronic resources (Table 23). Some libraries participate in more than one group.

Table 23. Consortium or Group Buying Plans for Electronic Library Resources

Group Name	Hospital Libraries n=40*	Academic and Other Libraries n=26*
Health Sciences Library Network Kansas City (HSLNKC)	14	1
MOBIUS	2	10
Greater Western Library Alliance (GWLA)	1	10
Bibliographic Center for Research (BCR)	17	11
Colorado Consortium of Medical Libraries (CCML)	7	0
Colorado Alliance of Research Libraries (CARL)	0	3
Kan-Ed	5	2
Denver Medical Librarians Ovid Consortium	12	0
Merlin Consortium Regional Buying Group	2	4
Intermountain Health Care Hospital Library Council	3	0
MCR Regional Licensing Consortium	4	6
Other (please specify)	14	15

*More than one response could be selected

In addition to the groups listed in Table 23, libraries identified the following organizations that serve as purchasing agents for their electronic library resources:

Hospital libraries:

- National Library Alliance
- Nebraska Library Commission
- Medical Library, Washington University School of Medicine
- Army Medical Department (AMEDD)
- Veterans Affairs Library Network (VALNET)

Academic and other libraries:

- National Library Commission (NEBASE)
- Utah Academic Library Council
- Kansas Regents Libraries Database Consortium (RLDC)
- Missouri Library Network Consortium (MLNC)
- Iowa Private Association of Libraries (IPAL)
- EPSCoR Science Information Group (ESIG, NSF)
- Colorado Library Consortium (CLIC)

Education and Outreach

Education Programs

In 2008, 81% of hospital library respondents (62 of 77) provide some type of training, comparable to responses from 2005 (76 of 99, or 77% of respondents) and 2002 (70 of 84, or 83% of respondents).

The breadth of training is reflected below in Table 24, where the value indicates the number of libraries providing training on the topic listed. Hospital libraries continue to offer training on a range of NLM and non-NLM health information resources, and an increased number of hospital libraries report training offered in Microsoft or other commercial software. Internet safety (for parents) and EndNote are other training topics specified by hospital libraries in the 2008 questionnaire. A new response category for question on training topics was Web 2.0 tools, and 11 hospital libraries and 15 academic and other libraries report offering training in this area.

Table 24. Library Training Topics

Topics	Hospital Libraries			Academic and Other Libraries
	2008 n=62	2005 n=76	2002 n=70	2008 n=32
PubMed	56	62	61	28
Other MEDLINE software	49	48	27	23
MedlinePlus	53	52	40	22
Other NLM databases and resources	34	n/a	n/a	17
Non-NLM health information resources	47	n/a	n/a	25
Internet search skills	49	59	60	28
Web 2.0 tools	11	n/a	n/a	15
Using the library	57	66	55	31
PDA's	7	7	1	12
Microsoft or other commercial software	23	12	12	16
Other	6	23	n/a	3

Note: Respondents could select more than one topic.

The majority of respondents reported that classes are available online or on-demand. Roughly 10% of respondents reported offering various classes on a monthly basis, and a few reported training that occurs weekly, quarterly, or semiannually.

Among academic and other libraries in 2008, 79% (33 of 41 respondents) provide training, comparable to the 83% who responded affirmatively in 2005 to the question on providing training. Among academic and other library respondents, 15 reported offering training on Web 2.0 tools.

The means of training delivery continues to be primarily one-on-one training and classroom sessions, with increased web-based or online training and little pre-recorded/audiovisual training (Table 25). Other formats reported by hospital library respondents include small one-on-one training over the phone and via email, and printed tutorials. Academic and other libraries report use of interactive Flash tutorials, webinars, and videoconferences.

Table 25. Delivery Format for Library Training

Questionnaire Date	Libraries Responding	One-on-One	Classroom	Web-based/ Online instruction	Recorded (videos, audiotape, etc.)	Other
Hospital Libraries						
2008	62	59	47	15	5	5
2005	76	74	42	3	2	9
2002	86	67	48	7	6	n/a
Academic/Other Libraries						
2008	34	32	33	21	14	5
2005	33	33	27	14	3	5
2002	36	26	23	8	2	n/a

Note: An individual library could select more than one delivery format.

Two-thirds of hospital library respondents (41 of 62) and most academic and other library respondents (29 of 34) reported computer classrooms available to library staff for training (Table 26). About one-third of all respondents reported availability of classrooms without computers, and many respondents reported training provided in a library staff member’s or user’s office and at public workstations. Other responses included training in a meeting room with one computer, training in classrooms on other parts of the campus, and training in a designated “instruction area” of the library.

Table 26. Library Training Spaces

Kinds of Training Spaces Available to Library Staff	Hospital Libraries n=62	Academic and Other Libraries n=34
In a staff member’s or user’s office	39	27
At a public workstation	42	22
Computer classroom	41	29
Classroom with no computers	20	11
Other (specify)	2	2

Note: An individual library could select more than one type of training space.

In answer to the question on the library’s audience for training programs, results from the current questionnaire are similar to those from the previous questionnaires (Table 27). The terminology of answer options was expanded for the 2008 questionnaire. Most libraries indicate “affiliated health professionals/staff” (formerly “primary users”), as would be expected. Half of all hospital library respondents report “patients and/or patient family members” as an audience for training. Substantial numbers of all types of libraries offer training for “unaffiliated health professionals.”

Table 27. Audience for Training Programs

Questionnaire Date	Libraries Responding	Affiliated health professionals/ staff (library's primary users)	Patients and/or patient family members	Unaffiliated health professionals	General public	Individuals outside my institution*
Hospital Libraries						
2008	62	62 (100%)	31 (50%)	13 (21%)	18 (29%)	n/a
2005	77	77 (100%)	n/a	n/a	n/a	17 (22%)
2002	72	72 (100%)	n/a	n/a	n/a	13 (18%)
Academic and Other Libraries						
2008	27	24 (89%)	5 (19%)	7 (26%)	12 (44%)	n/a
2005	32	32 (100%)	n/a	n/a	n/a	10 (31%)
2002	29	29 (100%)	n/a	n/a	n/a	8 (28%)

*Response options modified on 2008 questionnaire.

Regarding staff enrollment in continuing education classes (Table 28), 84% of hospital library respondents in 2008 report attendance within the last 12 months, a higher percentage than the 70% (70 of 100) that responded affirmatively in 2005. In 2002, 73% (79) hospital library respondents to this question reported taking classes. For academic and other library respondents, 86% reported continuing education activities, slightly less than the 93% (37 of 40) that responded affirmatively in 2005. In 2002, 81% (22 of 29) of academic and other libraries reported continuing education. Library staff participate in classes on a variety of topics (Table 29).

Table 28. Continuing Education for Library Staff

	Hospital Libraries		Academic and Other Libraries	
2008	n=77		n=41	
	Yes	No	Yes	No
In Person	18		2	
Online	15		2	
In person and online	32		32	
2008 Total	65 (84%)	12 (16%)	35 (85%)	6 (15%)
2005	n=100		n=40	
	70 (70%)	30 (30%)	37 (93%)	3 (7%)
2002	n=108		n=29	
	79 (73%)	29 (27%)	22 (81%)	7 (19%)

Table 29. Library Staff Continuing Education Class Topics

Topics	Hospital Libraries (n=63)	Academic and Other Libraries (n=35)
Health information resources	37	18
General software (i.e., MS Word, Photoshop, etc.)	16	20
Technology (includes Web 2.0 - RSS, Social Bookmarking, Google Gadgets, etc.)	31	30
Management (includes supervision, library advocacy and/or evaluation, etc)	34	20
Other (please specify)	16	9

As might be expected, many libraries reported continuing education in health information resources, technology, and management (Table 29). Specific continuing education class topics reported by hospital libraries are:

- Library advocacy; marketing the library
- Library systems (CyberTools for Libraries)
- Interlibrary loan and resource sharing
- Evidence-based medicine (critical evaluation of literature as well as searching the literature)

- Copyright
- Web design
- New and emerging technologies
- Ethics, diversity
- Sexual harassment training
- Grant writing
- Continuing medical education not library related
- Expert searching for nursing literature
- MLIS program coursework
- Education and working with students

Specific continuing education class topics reported by academic and other libraries are:

- Integrated library systems
- Campus-wide training opportunities
- Various cataloging, reference, and database courses
- Diversity; change
- Reference services
- Digitization

For the libraries that report staff attending training of some type, the most frequently cited sponsors (Table 30) are the RML, the Medical Library Association (MLA), the Midcontinental Chapter of MLA (MCMLA), and the respondent's own institution. Other sponsors include local consortia, federal library networks, state library commissions and state libraries; state and national library associations, and database and software vendors.

Table 30. Continuing Education Class Sponsors

CE Class Sponsors	Hospital Libraries n=62	Academic and Other Libraries n=35
RML	23	12
MLA	23	11
MCMLA	26	9
Own Institution	25	21
Other (please specify)	30	22

Specific continuing education class sponsors reported by hospital libraries are:

- Associations (Special Libraries Association (SLA), Colorado Library Association, Health Care Education Association, Alliance for CME)

- Local, state and regional groups/consortia (St. Louis Medical Librarians, Kansas City Library & Information Network, Health Sciences Library Network of Greater Kansas City, Missouri Library Network Consortium (MLNC), Utah Health Sciences Library Consortium (UHSLC), Missouri Library Network)
- Universities (University of Colorado Health Sciences Library, Walden University, Dartmouth, University of Denver)
- State Library agencies; Nebraska Library Commission
- National Library of Medicine (NLM) and National Institutes of Health (NIH)
- Government agencies (Department of Veterans Affairs, U.S. Army)
- Database vendors (Ovid)
- Library software vendors (EOS, CyberTools for Libraries)

Continuing education class sponsors reported by academic and other libraries are:

- National Library of Medicine (NLM) and National Institutes of Health (NIH)
- Internet Librarian conference sessions
- Database and software vendors, such as ProQuest, WilsonWeb, Thomson Reuter, Lexis Nexis, and Atlas Systems Inc.
- Local, state and regional groups/consortia (BCR/Bibliographic Center for Research, Health Sciences Library Network of Kansas City, Missouri Library Network Consortium (MLNC), Kansas City Library & Information Network, MOBIUS (Missouri consortium)
- Associations such as Association of College and Research Libraries (ACRL), American Library Association (ALA), Association of Research Libraries (ARL), Missouri Library Association, Nebraska Library Association
- Nebraska Library Commission
- Technology and business training companies, such as Centriq Training, SkillPath

Outreach Programs

Health information outreach generally refers to efforts to raise awareness of health information resources among consumers and health care practitioners. While not all network members are positioned to conduct formal outreach programs, a substantial number do provide library services to individuals not affiliated with the institution (Table 31), which contributes greatly to the NN/LM mission of improving access to health information.

Table 31. Libraries Serving Individuals Not Affiliated with the Institution, 2002, 2005, 2008

	Hospital Libraries	Academic and Other Libraries
2002	58 (67%) n=86*	29 (81%) n=36*
2005	78 (74%) n=105*	30 (71%) n=42*
2008	69 (85%) n=81*	36 (78%) n=46*

*total questionnaire respondents (some may not have answered this question)

A new question on the 2008 questionnaire requested data on the types of services provided to several categories of unaffiliated individuals. Among all types of libraries reporting, access to the library collection, mediated searching, and reference services are most frequently provided to unaffiliated health professionals, patients and their families, and the general public (Table 32). While not as many libraries offer training on using the Internet and on using online information resources to unaffiliated users, these services are available at one-third to one-half of libraries reporting services to unaffiliated individuals.

Table 32. Services to Individuals not Affiliated with the Institution (2008)

Hospital Libraries				
	Unaffiliated Individuals			
Services	Unaffiliated health professionals	Patients and their families	General public	Response Count n=69
Access to library collection	61	57	51	67
Mediated searching	47	50	36	59
Reference services	54	56	45	60
Training on using the Internet	31	31	23	39
Training on using online information resources	39	34	27	44
Academic Libraries				
	Unaffiliated health professionals	Patients and their families	General public	Response Count n=31
Access to library collection	25	20	28	30
Mediated searching	18	11	11	20
Reference services	25	17	26	29
Training on using the Internet	10	8	9	13
Training on using online information resources	17	10	12	19
Other Libraries				
	Unaffiliated health professionals	Patients and their families	General public	Response Count n=5
Access to library collection	4	2	2	5
Mediated searching	2	2	2	3
Reference services	2	2	2	3
Training on using the Internet	1	1	1	2
Training on using online information resources	1	1	1	2

Among network libraries that reach out to groups or individuals outside their institution, the scope of outreach is impressive. A tremendous range of communities and populations are identified as outreach targets by the responding libraries (Table 33).

Table 33. Outreach Targets

	Hospital Libraries			Academic and Other Libraries		
	2002	2005	2008	2002	2005	2008
Communities						
General Public	14	21	11	7	8	7
Unaffiliated Health Care Providers	9	12	8	6	9	10
Public Health Depts., Agencies	6	6	2	5	4	7
Public Libraries	9	12	7	6	5	9
Other	11 ^a	6 ^b	4 ^c	5 ^d	3 ^e	6 ^f
Populations						
Special Populations	3	12	2	4	7	5
Urban Health Professionals	1	2	3	1	2	5
Rural Health Professionals	5	9	5	3	5	6
Primary Language not English	1	2	1	0	1	1
AIDS Community	6	1	1	2	2	2
Substance Abuse	6	3	1	1	0	0
Refugee (added in 2008)			0			0
Other	9 ^g	5 ^h	3 ⁱ	1 ^j	1 ^k	5 ^l

- a) Immigrants, Spanish language speakers, veterans, primary language not English
b) Nursing students, schools
c) School nurses, case managers and legal aid, etc. who assist chronically ill children, professional groups, senior groups, affiliated community clinicians
d) Veterinarians, dental health professionals, community-based practitioners
e) Dental health professionals, alumni, high school students
f) Community/neighborhood health clinics, high school students; dental health professionals; veterinarians
g) Immigrants, Spanish language speakers, veterans
h) Affiliated support groups (e.g., arthritis, diabetes), health fair participants
i) Families of chronically ill or disabled children, senior citizens, children's families and providers
j) Spanish language speakers
k) Underprivileged
l) Cancer patients, minority high school students, international students, dental health professionals

When asked about formal outreach programs that target groups or individuals outside their institution, about one-fifth of hospital libraries and about one-third of academic and other libraries report offering these programs (Table 34). Given the commitment required for a library to conduct outreach, with or without external funding, the continued level of participation is considerable.

Table 34. Libraries Offering Outreach Programs, 2002, 2005, 2008

	Hospital Libraries	Academic and Other Libraries
2002	18 (21%) n=86*	12 (33%) n=36*
2005	24 (23%) n=105*	12 (29%) n=42*
2008	15 (19%) n=81*	13 (28%) n=46*

*Total questionnaire respondents (some may not have answered this question)

Members and the NN/LM Network

RML and NLM Services

In order to assess RML effectiveness and to gather information for planning, the RML questioned Network members on the usefulness of RML and NLM programs and services in providing services to library users or supporting library staff professional development (Tables 35 and 36). Respondents were also asked to indicate if they had not used a specific program or services. DOCLINE and information updates about NLM products were rated as “very useful” by most libraries of all types. Among hospital libraries, online and in-person classes and assistance with new technologies were rated “very useful” or “useful” by most respondents. Fairly large numbers of all types of libraries reported they haven’t used the RML Licensing Consortia, funding programs, or the NetLibrary eBooks collection. Academic and other libraries also reported a lower level of use of assistance with new technologies.

Table 35. Programs and Services for Network Member Libraries, Ratings by Hospital Library Respondents

RML and NLM Services	Very Useful	Useful	Not Useful	Haven't Used	Response Count
DOCLINE	64	3	2	3	72
Information updates about NLM products (PubMed, MedlinePlus, WISER, ToxTown, ToxNet, etc.)	29	31	0	14	74
RML Licensing Consortia	8	12	3	50	73
Funding programs	13	13	2	44	72
Online classes	27	26	0	21	74
In-person classes	33	17	1	21	72
Access to NetLibrary eBooks collection	7	25	3	39	74
Introduction to and assistance with using new technologies such as RSS, Social Bookmarking, Google	27	16	1	30	74
Opportunity to provide input on NN/LM programming	14	23	3	32	72
Free promotional materials (pens, posters, bookmarks)	25	26	4	19	74

Table 36. Programs and Services for Network Member Libraries, Ratings by Academic and Other Library Respondents

RML and NLM Services	Very Useful	Useful	Not Useful	Haven't Used	Response Count
DOCLINE	25	5	1	9	40
Information updates about NLM products (PubMed, MedlinePlus, WISER, ToxTown, ToxNet, etc.)	14	16	2	9	41
RML Licensing Consortia	4	10	2	24	40
Funding programs	6	11	1	22	40
Online classes	8	15	1	17	41
In-person classes	13	13	1	14	41
Access to NetLibrary eBooks collection	6	12	3	19	40
Introduction to and assistance with using new technologies such as RSS, Social Bookmarking, Google	9	10	2	20	41
Opportunity to provide input on NN/LM programming	7	12	1	21	41
Free promotional materials (pens, posters, bookmarks)	10	16	4	11	41

An open-ended question on the questionnaire invited respondents to give input on any benefits or services that the RML should provide that are not currently available. Two of the seven comments from hospital libraries indicate interest in participating in the RML licensing consortia. Two respondents encouraged more online training classes, with a specific suggestion for online education for new library technology. One respondent pointed out a need for an introductory class for new staff in charge of the library. Another respondent urged the RML to provide a conduit for input from network librarians to the people who make decisions about changing NLM databases—the respondent’s perception is that the decision-makers do not think it is important to ask what librarian users/teachers think about planned changes (for example, the idea of moving single citation matcher to a subpage, requiring more clicks to access). Sounding a positive note for the RML, two respondents indicated they “are quite satisfied with the help from RML” and “grateful for all the services provided, and those who share their expertise with us.”

Among academic and other libraries, eight respondents volunteered suggestions on RML benefits and services. Several comments reflected confusion about the availability of network benefits and services for affiliate members, especially the RML licensing consortia. One respondent expected more RML leadership in clarifying and enforcing rules on interlibrary loan. In the area of training, three individuals expressed support for online training, face-to-face training from the RML state liaison, and collegial discussions.

The questionnaire asked respondents to rate the usefulness and their familiarity with NLM products and services, for which the RML provides a variety of technical support, training, and informational updates. For products and services that were included on Network questionnaires in 2002, 2005 and 2008, responses are presented in Tables 37 and 38. For purposes of comparison, the rating “Like” (2002 and 2005) was considered equivalent to “Very Useful/Useful” on the 2008 questionnaire. Responses for the longer listing of NLM products and services that appeared on the 2008 questionnaire are presented in Tables 39 and 40. In addition to rating the usefulness of the listed products and services, respondents were asked to indicate which ones they had not yet used and which ones they were not familiar with. The URLs for the web-based products were listed on the questionnaires in 2005 and 2008.

Among hospital, academic and other libraries, DOCLINE, MedlinePlus, PubMed, and PubMed Central were rated as “Very Useful” by large numbers of respondents, and very few respondents indicated that they had not used one of these services. Very few products and services were rated as “Not Useful” to a particular library. The products and services that respondents most often indicated as not known are Daily Med, Drug Portal, LactMed, PHPartners, and Wiser, although the number of these responses is relatively low.

Table 37. NLM Products and Services Use and Assessment, Hospital Libraries

NLM Products and Services	Very Useful or Useful (Like)			Not Useful (Don't Need)			Haven't Used Yet			Don't Know What It Is	
	2002 n=86	2005 n=105	2008 n=81	2002	2005	2008	2002	2005	2008	2005	2008
DOCLINE	84	92	71	1	1	0	0	2	2	1	1
PubMed	81	89	72	1	0	0	0	2	2	1	0
MedlinePlus	81	87	71	0	0	0	2	5	3	1	0
Household Products Database*	n/a	23	35	n/a	5	0	n/a	46	33	19	6
Genetics Home Reference*	n/a	17	28	n/a	4	0	n/a	50	37	22	9
Partners website*	n/a	5	13	n/a	2	0	n/a	36	44	50	13
Weekly update subscriptions to NLM services*	n/a	36	28	n/a	1	2	n/a	39	32	16	6

*New item on 2005 questionnaire

Table 38. NLM Products and Services Use and Assessment, Academic and Other Libraries

NLM Products and Services	Very Useful or Useful (Like)			Not Useful (Don't Need)			Haven't Used Yet			Don't Know What It Is	
	2002 n=36	2005 n=42	2008 n=46	2002	2005	2008	2002	2005	2008	2005	2008
DOCLINE	35	38	29	1	1	1	0	0	8	0	0
PubMed	31	36	35	2	1	2	1	1	3	0	0
MedlinePlus	29	33	34	2	1	2	4	3	4	0	0
Household Products Database*	n/a	13	14	n/a	7	2	n/a	13	20	4	2
Genetics Home Reference*	n/a	8	7	n/a	6	2	n/a	16	24	7	4
Partners website*	n/a	6	9	n/a	3	1	n/a	16	23	12	4
Weekly update subscriptions to NLM services*	n/a	15	7	n/a	5	1	n/a	13	27	4	1

*New item on 2005 questionnaire

Table 39. NLM Products and Services Ratings, Hospital Libraries (2008)

NLM Products and Services	Very useful	Useful	Not useful	Haven't used	Don't know what it is	Response count
AIDSInfo	2	16	4	49	1	72
American Indian Health portal	0	10	2	57	5	74
Asian American Health portal	0	9	3	55	5	72
Clinical Trials	21	34	0	17	1	73
Daily Med	7	7	1	48	11	74
DIRLINE	4	24	3	38	5	74
DOCLINE	67	4	0	2	1	74
DrugPortal	9	12	0	44	9	74
Genetics Home Reference	11	17	0	37	9	74
HazMap	3	19	0	44	8	74
Household Products Database	7	28	0	33	6	74
LactMed	6	19	0	37	12	74
MedlinePlus	63	8	0	3	0	74
MyNCBI	33	18	0	18	5	74
NIHSenior Health	15	19	1	33	5	73
PHPartners (Public Health)	2	11	0	44	13	70
PubMed	67	5	0	2	0	74
PubMed Central	60	7	0	5	1	73
ToxMap	5	15	2	44	7	73
ToxTown	4	18	2	42	8	74
Wiser	2	6	0	46	18	73
Weekly update subscriptions to NLM services such as ToxEnviroHealth List, MedlinePlus Health News	8	20	2	32	6	68

Table 40. NLM Products and Services Ratings, Academic and Other Libraries (2008)

NLM Products and Services	Very useful	Useful	Not useful	Haven't used	Don't know what it is	Response Count
AIDSInfo	4	8	4	19	2	39
American Indian Health portal	1	10	3	22	2	39
Asian American Health portal	1	7	4	23	2	40
Clinical Trials	8	15	2	13	1	41
Daily Med	2	7	3	22	4	40
DIRLINE	1	6	5	23	2	40
DOCLINE	22	7	6	8	0	40
DrugPortal	3	5	2	21	6	39
Genetics Home Reference	0	7	2	24	4	38
HazMap	2	7	2	23	3	39
Household Products Database	5	9	2	20	2	40
LactMed	2	4	1	24	4	37
MedlinePlus	26	8	2	4	0	42
MyNCBI	15	8	3	11	1	40
NIHSenior Health	3	8	1	25	1	40
PHPartners (Public Health)	5	4	1	23	4	39
PubMed	30	5	2	3	0	42
PubMed Central	23	9	1	6	0	41
ToxMap	2	10	1	23	2	40
ToxTown	2	9	2	22	3	40
Wiser	1	2	1	24	10	40
Weekly update subscriptions to NLM services such as ToxEnviroHealth List, MedlinePlus Health News	5	2	1	27	1	39

RML Communications

Inventory questions in 2002, 2005, and 2008 addressed how librarians communicate with the RML and with each other. Questionnaire respondents were asked to rank methods the MidContinental RML uses to communicate with the regional community about services, health information resources, funding opportunities, and other topics of interest (Tables 41 and 42). The response options on the 2008 questionnaire for ranking communication methods were: “Very Useful”, “Useful”, and “Not Useful”. The previous questionnaires (2002 and 2005) requested that respondents rank communication methods on a scale of 1 to 5, with 1 being “Not Useful” and 5 being “Essential.” Questionnaires from the three years also offered the response options of “Haven’t Used” and in 2008 the additional option of “Don’t Know What It is” was available.

The percentage of hospital library respondents assigning the highest rating (Very Useful or 5) increased between 2002 and 2008 for the following communication methods:

- MC/RML NewsFeed via RSS,
- the annual update at MCMLA, and
- Bringing Health Information to the Community (blog).

Hospital library response percentages for the MCMLA listserv and the MC/RML news blog stayed about the same. The percentage of hospital library respondents assigning the highest rating (Very Useful or 5) declined between 2002 and 2008 for the following communication methods:

- NN/LM MCR website,
- the NN/LM MCR weekly news via email, and
- Personal calls/visits from the RML liaison.

Among academic and other libraries, the percentages of respondents assigning the highest rating increased between 2005 and 2008 for the MC/RML newsfeed via RSS. Ratings stayed about the same for the MC/RML newsletter and the annual update at MCMLA.

The percentage of academic and other library respondents assigning the highest rating (Very Useful or 5) declined between 2002 and 2008 for the following communication methods:

- MCMLA listserv,
- NN/LM MCR website,
- NN/LM MCR weekly news via email,
- NN/LM MCR news blog, and
- Bringing Health Information to the Community.

For all types of libraries and across all questionnaire years, very few respondents indicated that any of the communication methods were “Not Useful”, but a substantial number of respondents indicated they “Haven’t Used” the various communication methods. The 2008 questionnaire offered the response option, “Don’t Know What It Is” but that response was not selected often, except for the NewsFeed via RSS, and the community health information blog.

Table 41. MCRML Communications, Hospital Libraries

Communication Methods		Libraries Responding with Rating	Very useful (5*)	Useful (2-4*)	Not useful (1*)	Haven't Used	Don't know what it is	Very Useful (5*) %
MCMLA Listserv	2002	64	35	29	0	19	n/a	55%
	2005	70	36	33	1	24	n/a	51%
	2008	51	26	24	1	16	4	51%
MC/RML Website	2002	53	22	31	0	26	n/a	42%
	2005	72	20	52	0	22	n/a	28%
	2008	51	14	36	1	18	3	27%
Plains to Peaks Post, the MC/RML Newsletter	2002	62	18	41	3	19	n/a	29%
	2005	85	14	70	1	8	n/a	16%
	2008	60	16	42	2	9	3	27%
MC/RML Weekly News via email	2002	58	27	28	3	23	n/a	47%
	2005	64	22	41	1	29	n/a	34%
	2008	47	18	28	1	19	6	38%
Personal calls/visits from MC/RML liaison	2002	48	21	27	0	30	n/a	44%
	2005	58	12	43	3	34	n/a	21%
	2008	48	14	34	0	23	0	29%
MC/RML NewsFeed via RSS**	2005	10	0	8	2	82	n/a	0%
	2008	17	2	12	3	37	17	12%
MC/RML News Blog (Archive**)	2005	19	4	13	2	72	n/a	21%
	2008	24	5	18	1	37	11	21%
RML Annual Update at MCMLA**	2005	53	9	43	1	39	n/a	17%
	2008	32	10	20	2	31	9	31%
Bringing Health Information to the Community (blog)**	2005	16	2	10	4	76	n/a	13%
	2008	16	5	11	0	29	26	31%

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful

**New item on 2005 questionnaire

Table 42. MCRML Communications, Academic and Other Libraries

Communication Methods		Libraries Responding with Rating	Very useful (5*)	Useful (2-4*)	Not useful (1*)	Haven't Used	Don't know what it is	Very Useful (5*) %
MCMLA Listserv	2002	24	16	8	0	11	n/a	67%
	2005	28	11	17	0	11	n/a	39%
	2008	20	10	9	1	15	4	50%
MC/RML Website	2002	21	10	11	0	12	n/a	48%
	2005	27	5	21	1	12	n/a	19%
	2008	23	5	17	1	13	4	22%
Plains to Peaks Post, the MC/RML Newsletter	2002	24	6	17	1	10	n/a	25%
	2005	25	3	22	0	13	n/a	12%
	2008	26	5	16	5	10	4	19%
MC/RML Weekly News via email	2002	23	12	11	0	12	n/a	52%
	2005	25	6	17	2	14	n/a	24%
	2008	21	8	11	2	15	4	38%
Personal calls/visits from MC/RML liaison	2002	15	8	7	0	18	n/a	53%
	2005	18	8	8	2	20	n/a	44%
	2008	21	10	10	1	16	2	48%
MC/RML NewsFeed via RSS**	2005	9	0	7	2	29	n/a	0%
	2008	7	1	5	1	26	6	14%
MC/RML News Blog (Archive**)	2005	11	2	9	0	26	n/a	18%
	2008	10	1	8	1	23	7	10%
RML Annual Update at MCMLA**	2005	23	7	15	1	16	n/a	30%
	2008	15	5	9	1	19	5	33%
Bringing Health Information to the Community (blog)**	2005	10	3	6	1	29	n/a	30%
	2008	13	1	8	4	16	10	8%

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful

**New item on 2005 questionnaire

Table 43. Format Preferences for RML Newsletter, Plains to Peak Post

Format Preferences	Hospital Libraries		Academic and Other Libraries	
	2005 n=95	2008 n=73	2005 n=39	2008 n=40
Print	55 (58%)	26 (36%)	12 (31%)	13 (33%)
Online via the MCR website	32 (34%)	21 (29%)	17 (43%)	10 (25%)
No preference	n/a	18 (24%)	n/a	5 (12%)
Don't read the newsletter	8 (8%)	8 (11%)	10 (26%)	12 (30%)

A separate questionnaire question solicited feedback on the preferred format for the RML Newsletter, *Plains to Peaks Post* (Table 43). In 2008, 36% of hospital library respondents prefer reading the print version, 29% prefer viewing it online via the MCR website, 24% have no preference regarding format, and 11% responded they don't read the newsletter. Among academic and other library respondents, 33% prefer print, 25% prefer online, 12% have no preference for format, and 30% don't read the newsletter.

Communications within the Region

Inventory questions in 2002, 2005, and 2008 asked about the usefulness of ways network library staff use to communicate with each other. Response options on the 2008 questionnaire were: "Very Useful", "Useful", "Not Useful", "Haven't Used", and "Don't Know What It Is." The previous questionnaires in 2002 and 2005 requested that respondents either rank communication methods on a scale of 1 to 5, with 1 being "Not Useful" and 5 being "Essential," or indicate "Haven't Used." For purposes of comparison, Tables 44 and 45 show the responses for the highest (Very Useful or rating 5), mid-range (Useful or ratings 2-4), lowest rating (Not Useful or rating of 1), and "Haven't Used" for the three questionnaire years, along with "Don't Know What It Is" responses for 2008.

The percentage of hospital library respondents assigning the highest rating (Very Useful or 5) increased for Medlib-L from 2005 to 2008. The percentages of responses at the highest rating stayed about the same between the earlier questionnaires and the 2008 questionnaire for the following communication methods:

- E-mail,
- Phone,
- DOCLINE-L, and
- Instant Messaging.

The percentage of hospital library respondents assigning the highest rating (Very Useful or 5) declined between the earlier questionnaires and the 2008 questionnaire for the following communication methods:

- Meetings,
- MCMLA listserv, and
- Voice over IP.

Social networking and other Web 2.0 communication approaches, a new item on the 2008 questionnaire, were found to be “Useful” or “Very Useful” by only 5 of the 10 hospital library respondents who rated this item; most respondents either haven’t used these or are unfamiliar with them. Substantial numbers of respondents report not having used instant messaging and Voice over IP communications methods.

Among academic and other libraries, the percentage of respondents assigning the highest rating increased between 2005 and 2008 for Voice over IP communications, although many respondents continued to report not having used this technology. The percentages of responses at the highest rating stayed about the same between the earlier questionnaires and the 2008 questionnaire for the following communication methods:

- Meetings,
- Phone, and
- Medlib-L.

The percentages of academic and other library respondents assigning the highest rating (Very Useful or 5) declined between earlier questionnaires and the 2008 questionnaire for:

- E-mail,
- MCMLA listserv,
- DOCLINE-L, and
- Instant messaging.

Only 6 of the 10 academic and other library respondents found social networking/Web 2.0 approaches to be “Useful.” Many respondents reported not having used social networking, instant messaging, or Voice over IP communication methods.

Table 44. Communication within the Region, Hospital Libraries

Communication Methods		Libraries Responding with Rating	Very useful (5*)	Useful (2-4*)	Not useful (1*)	Haven't Used	Don't know what it is	Very Useful (5*) %
Meetings	2002	73	45	27	1	7	n/a	62%
	2005	75	36	39	0	16	n/a	48%
	2008	56	27	29	0	18	0	48%
E-Mail	2002	82	66	16	0	2	n/a	80%
	2005	89	52	37	0	4	n/a	58%
	2008	67	50	17	0	5	0	75%
Phone**	2005	87	40	47	0	5	n/a	46%
	2008	66	31	33	2	7	0	47%
MCMLA Listserv	2002	64	35	29	0	30	n/a	55%
	2005	62	20	42	0	29	n/a	32%
	2008	50	18	30	2	20	3	36%
DOCLINE-L	2002	64	36	28	0	16	n/a	56%
	2005	48	20	28	0	45	n/a	42%
	2008	47	25	21	1	19	8	53%
Medlib-L	2002	59	23	34	2	23	n/a	39%
	2005	60	24	35	1	34	n/a	40%
	2008	46	22	22	2	20	3	48%
Instant Messaging**	2005	11	2	7	2	80	n/a	18%
	2008	13	3	7	3	58	2	23%
Voice over IP (VOIP)**	2005	8	2	6	0	82	n/a	25%
	2008	11	1	7	3	55	7	9%
Social Networking/ Web 2.0	2008	10	1	4	5	58	5	10%

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful

**New item on 2005 questionnaire

Table 45. Communication within the Region (Academic and Other Library Respondents)

Communication Methods		Libraries Responding with Rating	Very useful (5*)	Useful (2-4*)	Not useful (1*)	Haven't Used	Don't know what it is	Very Useful (5*) %
Meetings	2002	30	16	14	0	2	n/a	53%
	2005	33	16	17	0	6	n/a	48%
	2008	27	16	9	2	11	1	59%
E-Mail	2002	34	30	4	0	2	n/a	88%
	2005	35	18	17	0	4	n/a	51%
	2008	34	15	19	0	5	1	44%
Phone**	2005	34	14	19	1	5	n/a	41%
	2008	31	15	16	0	8	1	48%
MCMLA Listserv	2002	24	16	8	0	11	n/a	67%
	2005	23	10	13	0	16	n/a	43%
	2008	21	7	14	0	15	3	33%
DOCLINE-L	2002	31	20	11	0	2	n/a	65%
	2005	25	15	8	2	14	n/a	60%
	2008	16	7	9	0	19	5	44%
Medlib-L	2002	24	8	16	0	7	n/a	33%
	2005	23	12	9	2	16	n/a	52%
	2008	15	4	10	1	19	6	27%
Instant Messaging**	2005	7	2	3	2	32	n/a	29%
	2008	10	1	6	3	29	1	10%
Voice over IP (VOIP)**	2005	6	1	4	1	33	n/a	17%
	2008	13	4	8	1	23	2	31%
Social Networking/ Web 2.0	2008	10	0	6	4	27	3	0%

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful

**New item on 2005 questionnaire

Projects to Improve Health Information Access

A very few libraries reported receipt of funding for projects to improve access to health information (Table 46). Seven hospital library respondents offered comments on the question about projects to improve information access. One described a project in the planning stages (a statewide resource inventory and health literacy portal). Three respondents identified specific projects that were funded (a NEH Preservation Assessment Grant for the hospital archives, funding from the hospital foundation for a nursing database, and a multi-year NLM grant for developing a digital library.) Two respondents expressed interest in pursuing information access projects in the future (time permitting). Seven respondents from academic and other libraries contributed comments, with two identifying a state LISTA grant and state funding to host a

planning session on networked consumer health information. One respondent reported that several grants had been received from the RML, but found “the process to be too labor intensive to actively incorporate new or increased services as a result of funding.”

Table 46. Proposals/Funding in the Past Three Years for Projects to Improve Health Information Access

	Hospital Libraries n=73	Academic and Other Libraries n=40
Applied for funding but project was not funded	4	0
Applied for funding and am waiting to hear	1	2
Applied for and received funding	5	5
Received funding (application was submitted more than 3 years ago)	4	3
None of the above	59	30

The next question on the inventory asked about the audience for projects and source of funding to improve information access (Table 47). Since the number of respondents is greater than the number of respondents on the previous project funding question, it is not clear that the data on audience is related only to those projects, or if audience and funding data was included for a longer time span than the previous question, which specified “in the past three years.” However, the data on the audiences targeted and the sources of funding is still of interest. In 2008, fewer libraries reported information access projects than in 2005, but the number of projects is slightly higher in 2008.

Table 47. Audience and Funding Source for Projects to Improve Information Access

	Hospital Libraries		Academic and Other Libraries		All Libraries	
	2005 n=20	2008 n=14	2005 n=12	2008 n=10	2005 n=32	2008 n=24
Target Audience						
Affiliated health professionals/staff	14 ^a	12	6 ^a	7	20 ^a	19
Unaffiliated health professionals		5		3		8
Health care professionals						
Patients and/or patient family members	11 ^b	5	6 ^b	3	17 ^b	8
General public		7		5		12
Other	3	0	3	3 ^c	6	3
		Hospital Libraries (n=12)		Academic and Other Libraries (n=9)		All Libraries (n=21)
Funding Sources						
NN/LM MidContinental Region	8	5	5	5	13	10
NLM	10	2	7	4	17	6
Non-NLM source	6	6	6	6	12	12

a Health care professionals

b Consumers

c Public librarians, student nurses, public health employees in Kansas

Conclusion

The questionnaire concluded with an open-ended item that invited respondents to provide any additional comments about programs and services of the RML. There were 18 comments offered from hospital libraries, most of which expressed appreciation for RML services and the RML staff in particular. RML staff was described as knowledgeable, helpful, user-friendly, dedicated, hard-working, great—even “awesome, amazing and brilliant!” One respondent commended RML and NLM services “that help us assist in improving processes and patient outcomes...the demonstration of the very best use of all our tax dollars.” A comment from another library indicated while not all the RML services and programs are needed in that library, the individual respondent knows “what’s available should I need them.” However, another respondent advised,

“you need to do more marketing to be successful. Many of us don’t know what you have available to us in one-person libraries.”

One hospital library respondent contributed thoughts on a major change to the network document delivery program—

Hospital libraries are being downsized (if they aren’t being eliminated). Also, many are canceling print journals in favor of e-journals which often have restrictions on usage for ILL. It is becoming harder for libraries to maintain reciprocal borrowing commitments and there are service priorities (mediated searching, training, participation in improvement teams, etc.) that librarians might prefer to be involved in during their limited time. I would encourage consideration of changing the NNLM program so that NLM or resource libraries would be lenders of first resort and hospital libraries would be lenders of last resort. Although “free” ILL has been encouraged, we know it isn’t really free even if no charges are being passed on.

Several hospital library respondents commented on how the RML program overcomes the barriers of time and distance in learning new technologies and exchanging ideas with other libraries and librarians—“I like the technology demos on Breezing Along. It helps to see how new tech is being used in libraries, inside an hour with no travel time, so I can begin to think about how (or if) those technologies should be used in my library. If I have to explore on my own, I would never find the time” and “I am far from any other medical libraries and RML is the major connection to other libraries and librarians.”

There were 10 comments from academic and other libraries on the final item of the questionnaire. Several respondents indicated that because their libraries are not typical medical libraries at hospitals or academic institutions, or because the library is new, some RML and NLM programs and services are not used as frequently. Another respondent wondered which programs and services are available to network affiliate members. Several respondents expressed their appreciation—“The RML is extremely important to us and I value the relationship.”

The following points summarize results of the Network Data Inventory:

- The NN/LM MCR questionnaires consistently receive high response rates from Network member libraries, with overall questionnaire response rates of 56% in 2002, 79% in 2005, and 64% in 2008.
- Overall staffing in hospital libraries decreased between 2002 and 2005 and rebounded somewhat from 2005 to 2008, but not to 2002 levels. Among hospital libraries reporting in all three questionnaires, average librarian staffing went from 1.34 FTE librarians in 2002, to 1.19 FTE librarians in 2005, to 1.24 FTE librarians in 2008. For hospital non-librarian staff, the average was 0.82 FTE staff in 2002, 0.65 FTE in 2005, and 0.66 FTE in 2008.
- In all types of libraries, the majority of those holding titles such as library director or library manager report having a master’s degree from a library school.
- Among hospital libraries, almost one-third indicate that the library reports to an education director, while over one-half of academic and other libraries report to an academic affairs

officer. About one-fourth of all libraries report to a position at the administrative level of the organization.

- Over half of all libraries report higher library budgets compared to the budget of five years ago, but nearly one-fourth of libraries report lower budgets for 2008.
- Most institutions have emergency response plans, but for a substantial number of respondents, the library needs are not addressed in the institution plan and/or the library does not have its own emergency response plan.
- Most libraries report being involved in technology planning and/or decision making for the library, and approximately one-third of all libraries report involvement at the institutional level as well. Respondents reported a wide variety of ways in which the library staff is involved in technology planning and management, ranging from making all library-related technology decisions to serving on institutional planning committees.
- In regard to web-based tools and services, approximately half of hospital libraries reported they are prevented from using social networking sites and chat/instant messaging services, though other services (e.g., videoconferencing or streaming video) are less likely to be prohibited. Few academic and other libraries reported policies preventing use of web-based tools and services.
- Among hospital library respondents, 56% reported electronic books and 71% report electronic journals purchased or subscribed. For print journal collections, almost all hospital libraries report fewer than 500 titles, while electronic journal collections are larger, with one-third of hospital libraries reporting over 500 electronic journal titles purchased or subscribed. Most academic and other libraries report extensive print and electronic book and journal collections.
- In all types of libraries, electronic resources appear to be widely accessible in the library and from elsewhere in the institution. About one-half of hospital libraries and almost all academic and other libraries report off-site access.
- Negotiation of electronic licenses for library resources is mostly handled by the library and/or one or more consortia, with involvement by institutional departments other than the library in some organizations. Hospital, academic and other libraries participate in a variety of consortium or group buying plans for electronic resources, and some libraries participate in more than one group.
- About 80% of all types of libraries provide some type of training, comparable to the results from earlier questionnaires. Training is commonly offered for NLM and non-NLM health information resources, library use, and Internet search skills. Training in commercial software and Web 2.0 tools is offered to a lesser extent. The means of training delivery continues to be primarily one-on-one training and classroom sessions, with increased web-based or online training and little pre-recorded/audiovisual training.
- While the largest audience for library training continues to be affiliated health professionals and staff (primary users), many libraries offer training for patients, family members, and the general public. In addition, one-fifth of hospital libraries and one-fourth of academic and other libraries report training offered for unaffiliated health professionals.
- Almost all libraries continue to report staff enrollment in continuing education classes on a variety of topics, especially health information resources, technology, and management. Continuing education class sponsors include the RML, the Medical Library Association

and the MCMLA chapter, the library's institution, along with a variety of local, national, and specialty library and information associations, academic institutions, and government agencies.

- A great many network libraries continue to provide library services (including access to library collections, mediated searching, and reference services) to individuals not affiliated with the institution, with 85% of hospital libraries and 78% of academic and other libraries reporting services to unaffiliated individuals.
- About one-fifth of hospital libraries and about one-third of academic and other libraries report offering formal outreach programs targeting groups or individuals outside their institution.
- In the area of RML programs and services, DOCLINE and information updates about NLM products were rated as "Very Useful" by most libraries of all types; among hospital libraries, online and in-person classes and assistance with new technologies also were rated "Very Useful" or "Useful" by most respondents.
- In the area of NLM products and services, DOCLINE, MedlinePlus, PubMed, and PubMed Central were rated as "Very Useful" by large numbers of respondents.
- Questionnaire responses were mixed in the area of RML communications and network members' communications with each other. Some communications methods continue to be rated very highly and some increased in the rankings, while other methods declined in ranking. The ratings of methods were not consistent between hospital, academic and other libraries, and no pattern of improvement or decline in communications is apparent.
- Only a few libraries reported receipt of funding for projects to improve access to health information; however, the number of projects increased somewhat from 2005 to 2008.

Implications for the MCR

NN/LM MCR Liaisons discussed the data and findings and found that the implications for MCR programming, services and practices fall into several categories.

Communication

- Communication outlets need to work at 100%. We need to know that messages we send are making it to our Network member's in-boxes.
- Ensure that our members get at least very basic once a week info byte from us.
- Use Web 2.0 tools to push out information to those libraries using the tools.
- Track communications better with a plan; know what things we want to highlight, to whom, through what vehicles and when.
- Formalize marketing/promotion plan for the MCR.
- There is no apparent pattern of preferred or most effective communications methods with/from the MCR and between librarians.

Emergency Preparedness

- Continue to communicate/promote emergency preparedness through the regular MCR channels and do more online training.
- Provide weekly or monthly online sessions to guide participants through writing a library continuity of service plan.
- Librarians who have completed continuity of service plans could be invited to Breezing sessions to share any tips/barriers for writing up and maintaining a plan.

NLM Resources

- “Haven’t used” column is interesting. Except for essentially PubMed, MedlinePlus and PubMed Central, a high percentage of respondents have not used the other resources.
 - Continue promoting via our MCR communication tools.
 - Continue offering training in the Spotlight sessions on individual resources, focusing first on resources that have not yet been highlighted in a session.

Leadership

- Investigate whether the experiences of those who are involved with IT leadership can be used by the MCR.
- Investigate the effect on the library of budget status and placement within the organization.

Evaluation

- We should strengthen/expand what we are doing right.
- Identification of what we are doing right should inform what we stop doing.
- Use evaluation and feedback tools as litmus tests of how a service can make our constituents work life easier.

APPENDIX
NN/LM MidContinental Region
Network Data Inventory (Membership Questionnaire)
Fall 2008

1. DOCLINE LIBID (required): For example, UTUUTA or MOUWSL. Your LIBID is in the email containing the link to this questionnaire.
2. First Name of person completing questionnaire:
3. Last Name of person completing questionnaire:
4. Title of person completing questionnaire:
5. Institution (not library name). For example, University of Utah (not Eccles Health Sciences Library), St. John's Mercy (not Van K Smith Consumer Health Library).
6. If your library has a web presence, please provide the URL:
7. How many FTE (full time equivalent) professional librarians are employed in the library?
8. How many FTE (full time equivalent) non-professional library staff are employed in the library? Do not count volunteers or those included in question #7.
9. What is the highest level of education obtained by the Library Director or Manager? This refers to the person who has operational responsibility for the library.
 - High school diploma
 - Associate degree (community college)
 - Bachelor's degree
 - Master's degree from a library school
 - Other master's degree (do not select if this person also has a library school master's
 - Doctoral degree
10. To what position in the organization does the library report?
11. Is the library's budget this year higher, lower or unchanged from 5 years ago?
12. Users have access to library electronic resources... (Check all that apply)
 - In the library
 - From anywhere in the institution
 - From off site
 - Other (please specify)

13. How many print book titles are in the library's collection? Please use numbers not text; do not use commas.
14. How many electronic books (either purchased or subscribed) are in the library's collection? Please use numbers not text; do not use commas.
15. How many print journal titles does the library subscribe to? Please use numbers not text; do not use commas.
16. How many electronic journal titles does the library subscribe to? Do not include databases. Include the total number of titles available through aggregate subscriptions such as EBSCOhost, ScienceDirect, etc. Please use numbers not text; do not use commas.
17. Who negotiates electronic licenses for library resources? Check all that apply.
 - The library
 - Institutional department other than the library
 - One or more consortia
 - Other (please specify)
18. If the library licenses any electronic resources through a consortium or group buying plan such as the MCR Regional Licensing Consortium, GWLA, Colorado Ovid, MOBIUS, etc. please check all that apply and provide other consortia or comments in the box. Do not include EBSCOhost, ScienceDirect, or other aggregated products. If you do not participate in any licensing consortia click next without checking any of the boxes.
 - Health Sciences Library Network Kansas City (HSLNKC)
 - MOBIUS
 - Greater Western Library Alliance (GWLA)
 - Bibliographic Center for Research (BCR)
 - Colorado Consortium of Medical Libraries (CCML)
 - Colorado Alliance of Research Libraries (CARL)
 - Kan-Ed
 - Denver Medical Librarians Ovid Consortium
 - Merlin Consortium Regional Buying Group
 - Intermountain Health Care Hospital Library Council
 - MCR Regional Licensing Consortium
 - Other
19. Please respond to each of the following statements.
 - The institution has or is working on an emergency response plan
 - The library is familiar with the institutional emergency response plan
 - A library staff member is on the institutional emergency response plan team
 - The library's needs are specifically addressed in the institutional emergency response plan

20. Does the library have its own emergency response plan?
21. Are any library staff involved in the planning and/or decision making process regarding technology in your library and/or institution?
22. Please describe how library staff are involved in technology planning.
23. Are any library staff PREVENTED from using any of the following web based tools or services due to institutional policies?
 - Social networking sites (e.g., Facebook, LinkedIn, Second Life)
 - Wikis
 - Blogs
 - RSS feeds
 - Chat and instant messaging
 - Videoconferencing such as Adobe Connect (Breezing Along with the RML)
 - Broadcasts, podcasts and streaming video (including YouTube)
24. Have any library staff USED any of the following in the past year?
 - Social networking sites (e.g., Facebook, LinkedIn, Second Life)
 - Wikis
 - Blogs
 - RSS feeds
 - Chat and instant messaging
 - Videoconferencing such as Adobe Connect (Breezing Along with the RML)
 - Broadcasts, podcasts and streaming video (including YouTube)
25. During the last 12 months have any library staff taken continuing education classes or sessions?
26. What topics did the class(es) cover? Check all that apply.
27. Who sponsored the classes that were taken? Check all that apply.
 - RML
 - MLA
 - MCMLA
 - Own institution
 - Other (please specify)
28. Does the library provide training?

29. On what topics does the library provide training?
- PubMed
 - Other MEDLINE software (such as Ovid, EBSCOhost, etc.)
 - MedlinePlus
 - Other NLM databases and resources
 - Non-NLM health information resources
 - Internet search skills
 - Web 2.0 tools
 - Using the library
 - PDAs
 - Microsoft or other commercial software
 - Other (please specify and note how often)
30. Who is the library's audience for training? Check all that apply.
- Affiliated health professionals/staff
 - Patients and/or patient family members
 - Unaffiliated health professionals
 - General public
31. What kinds of training space(s) are available to library staff? Check all that apply.
- In a library staff member's or user's office
 - At a public workstation
 - Computer classroom
 - Classroom with no computers
 - Other (please specify)
32. What means of delivery are used for training? Check all that apply.
- One-on-one
 - Classroom instruction
 - Online instruction
 - Recorded (videos, audiotape, etc.)
 - Other (please specify)
33. Please tell us what library services, if any, are available to individuals not affiliated with your institution.
- Access to library collection
 - Mediated searching
 - Reference services
 - Training on using the Internet
 - Training on using online information resources
34. Does the library have formal outreach programs that target groups of individuals outside your institution? Outreach generally refers to efforts to raise awareness of health information resources among consumers and health care practitioners.

35. What communities are targeted by library outreach efforts? Check all that apply.
- General public
 - Health care providers unaffiliated with your institution
 - Public health departments and agencies
 - Public libraries
 - Other (please specify)
36. What, if any, special populations are targeted or are a special focus in the library's current outreach activities? Check all that apply.
- Special populations (American Indians, African Americans, Asian Americans, Hispanic Americans)
 - Urban health professionals
 - Rural health professionals
 - Individuals whose primary language is other than English
 - AIDS community (both health professionals and affected populations)
 - Substance abuse community (both health professionals and affected populations)
 - Refugee
 - Other (please specify)
37. The RML and the NLM provide a variety of programs and services for Network member libraries. Please indicate the usefulness to the library of the following in providing services to library users or supporting library staff professional development.
- DOCLINE
 - Information updates about NLM products (PubMed, MedlinePlus, WISER, ToxTown, ToxNet, etc.)
 - RML Licensing Consortia
 - Funding programs
 - Online classes
 - In-person classes
 - Access to NetLibrary eBooks collection
 - Introduction to and assistance with using new technologies such as RSS, Social Bookmarking, Google
 - Opportunity to provide input on NN/LM programming
 - Free promotional materials (pens, posters, bookmarks)
38. Please use this space to tell us about any benefits or services that the RML should provide that are not currently available.

39. The RML uses a number of ways to communicate with its Network members. Please rank their usefulness to any of the library staff. It does not have to be useful to all staff to be considered useful.
- MCMLA listserv
 - RML website
 - Plains to Peaks Post, the RML Newsletter
 - RML weekly news via email
 - RML newsfeed via RSS
 - RML news blog
 - Breezing along with the RML
 - Personal calls/visits from RML liaison
 - RML session at MCMLA
 - Bringing Health Information to the Community (BHIC)
40. What format do you prefer to read the RML newsletter Plains to Peaks Post?
- Print
 - Online via the MCR website
 - No preference
 - I don't read the newsletter
41. Please rank the usefulness of ways you and your staff communicate with other Network members from Very Useful to Not Useful. If you haven't used one or more please mark it "Haven't used".
- Meetings (professional associations, consortia meetings, etc.)
 - Email
 - Phone
 - MCMLA listserv
 - DOCLINE-L
 - Medlib-L
 - Instant messaging (Skype, Yahoo, GChat, etc.)
 - Voice over IP (Skype, etc.)
 - Social networking/Web 2.0 (Facebook, MySpace, etc.)
42. Below is a list of NLM products and/or services. Please indicate their usefulness to you, your staff, or your library users. Because the list is long it's been broken into two questions. See www.nlm.nih.gov/databases for links to these resources.
- | | |
|-----------------------------------|---------------------------------|
| -AIDSinfo | -Drug Portal |
| -American Indian Health
portal | -Genetics Home Reference |
| -Clinical Trials | -HazMap |
| -Daily Med | -Household Products
Database |
| -DIRLINE | -LactMed |
| -DOCLINE | |

43. These are more products and services provided by the National Library of Medicine. As in the previous question, please indicate their usefulness to you, your staff or your library users. See www.nlm.nih.gov/databases for links to these resources.
- MedlinePlus
 - MyNCBI
 - NIHSenior Health
 - PHPartners (Public Health)
 - PubMed
 - PubMed Central
 - ToxMap
 - ToxTown
 - Wiser
 - Weekly update subscriptions to NLM services
44. In the past three years has any library staff member submitted a proposal to and/or received funding from any funding agency for projects to improve access to health information? The source does not have to be the RML or NLM.
- Applied for funding but project was not funded
 - Applied for funding and am waiting to hear
 - Applied for and received funding
 - Received funding (application was submitted more than 3 years ago)
 - None of the above
45. Who were/are the target audiences for the project(s)? Check all that apply.
- Affiliated health professionals/staff
 - Patients and/or patient family members
 - Unaffiliated health professionals
 - General public
 - Other (please specify)
46. Please check all sources of funding received for projects for improving access to health information.
- NN/LM MidContinental Region
 - NLM
 - Non-NLM source
47. Please use this space to provide any additional comments about programs and services of the RML. We value member input!
48. Would you like your state liaison to contact you concerning this questionnaire?
49. Please provide your email address so a liaison can contact you.

**Attachment 6:
Subcontractor Final Report**

Creighton University
Crossing the Religious Divide:
Training Caregivers in Religious Diversity

Crossing the Religious Divide: Training Caregivers in Religious Diversity



Submitted by Judith Bergjord
Final Report for May 2008-December 2009

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Executive Summary

The purpose of this project was to partner with Project Interfaith and the Respite Resource Center to promote awareness of religious diversity, its effect on health care and to provide access to resources needed by healthcare workers. We used a workshop format to conduct training on religious diversity and how it can affect the way caregivers provide care. Through two day-long training seminars, participants reflected on their own religious views and learned about the religious views and beliefs of others. They learned about accommodating the beliefs of others under the law and about communicating in a sensitive manner. Participants also learned about how to access reliable health information.

The workshops were held in Omaha, Nebraska on November 6, 2008 and May 6, 2009. A total of 74 health care workers, public health workers, librarians and members of the general public participated in the two workshops.

We were able to purchase two laptops that are housed at Project Interfaith. These were used to help promote the workshops, used in training and will continue to be used to promote the use of the website and the health information resources.

Geographic Region/Number of Counties

The instructors and the participants were all from western Nebraska including the counties of Douglas, Lancaster, Washington and Sarpy.

Collaborations/Partnerships

Creighton University Health Sciences Library partnered with Project Interfaith and the Respite Resource Center to promote and market this workshop. We also partnered with the Brookstone Meadows Assisted Living Facility and the Visiting Nurses Association of Omaha, the two sites for the workshops.

Training

We held two day-long training sessions, one November 6, 2008 and another May 6, 2009. At the November workshop, 41 participants registered for the workshop. Thirty-three signed the Outreach Activity Participant Information Sheet. Participants include one member of the general public, two health sciences librarians and one public library staff member. The other 29 participants were health care service providers.

At the May workshop, there were 33 participants, 32 of which signed the OAPS. Three were from the general public, two were library staff members, three were public health workers and 24 were health care or service providers.

Training Sites

Our two training sites were the Brookstone Meadows Assisted Living Facility and the Visiting Nurses Association. Both sites were in Omaha, Nebraska. Both had projection equipment, internet access, and areas for small break-out discussions. Brookstone Meadows is a beautiful facility, and they were very welcoming, but we may have pushed the limits of the training room capacity. There was some negative feedback on the crowded venue, the temperature of the room and the ability to hear all the speakers. The workshop at the Visiting Nurses Association facility had fewer participants and the flow was much better.

Exhibits

Beth Katz promoted the workshops at a number of meetings and exhibits such as the Nebraska Medical Center's Diversity fair in August 2008, the National Respite Conference in Des Moines, IA, the Midlands Elder Care Network meeting, and the Greater Omaha Retirement Housing Group. Judi Bergjord had a poster at Creighton University's Health Science Diversity Day in April of 09.

Resource Materials

Project Interfaith staff produced flyers and brochures for each of the workshops. Judi Bergjord created a list of health resources for diverse populations. Each participant was given a packet of information that included: workshop agenda and project goals, general information about Project Interfaith, a list of other Project Interfaith programs and trainings, a religious holiday calendar and glossary, Nebraska religious diversity statistics, local religious community and interfaith relations contact information, terminology for managing issues of religious diversity, a list of resources available at the Project Interfaith offices, and general information about Hinduism, Buddhism, and the Muslim, Baha'I, and Jewish faiths.

Website

Project Interfaith is still in the process of developing their resources page

Approaches and Interventions

Beth Katz led the training with establishing ground rules, identity exercises and developing a common language for diversity issues. Dr. Paul Williams (Nov. 6) and Betty Evans (May 6) presented a history of religious diversity in the United States and introduction to some legal issues. A volunteer panel of members of the Jehovah's Witness, Muslim, Hindu and Jewish faiths presented a summary of their religious practices. After getting feedback from the November workshop, we added an informal question and answer session with the panelists.

Beth led a discussion on best practices and strategies for inclusion and Judi Bergjord presented resources for dealing with religious diversity issues in healthcare.

Evaluation and Feedback

We asked participants to fill out a evaluation form at the end of the workshops. The compilation of their comments is attached. Some of the feedback we received: "Had difficulty hearing speakers in the chapel", "Allow more time for panelist – this was the most interesting and helpful part of workshop. It was very difficult to hear the panelist in the small groups w everyone talking at once", "I like the discussion groups and learning about the different religions from the panel. Great resource list", and "More case studies/illustrations of actual situations that involved religious diversity issues and how they were resolved (or not)".

Problems or Barriers

Other than some problems with the physical layout of the venues, we had little or no technical difficulties. At one of the workshops there was a time when participants needed to be reminded of the ground rules of having respect and tolerance for other viewpoints, but the group was quickly brought back on task.

Continuation Plans

Beth Katz has held one brainstorming luncheon asking community stakeholders for feedback and insight on how to move forward in the most helpful and strategic manner. She is planning at least one more luncheon in the next few months.

Impact

From the evaluations, 92% of participants felt their expectations of greater knowledge of religious diversity, and how to incorporate this knowledge into their workplace experiences were met or exceeded.

Recommendation for Improvement

The participants especially enjoyed the discussions with members of the different religious groups that presented their view. More time with these presenters would be helpful. Possibly asking participants to submit questions ahead of time that the presenters could address or have them submit questions afterwards that the presenter could address at a later time and have the answers sent out to the participants. At one point in the workshop it was pointed out that as healthcare providers, you should not use the patient as the teacher to learn about their religion.

Follow-Up

We are still in the process of gathering data in regards to how the workshops have affected how participants deal with religious diversity in the workplace. E-mail surveys have been sent out asking for comments, examples and anecdotes on workplace experiences with diversity. In June 2009 an article about the project was submitted to the Plains to Peaks Post Newsletter. An effective practice entry was made on the Library Success wiki at:

http://www.libsuccess.org/index.php?title=Religious_divide



Beth Katz



Sharing during Circle exercises



Small group discussions



Learning about Hinduism

Appendix I

Religious Diversity Issues in Professional Care Giving Training

Evaluations

November 6, 2008

Total: 38

Religious Affiliation:

Christian- 29	Catholic- 10	Hindu - 0
Jewish- 0	Methodist- 2	Buddhist - 0
N/A- 3	Muslim – 0	Baptist - 1
Eastern Orthodox - 1	Lutheran- 5	Interdenominational - 1
Other- 2	Unity- 0	ELCA - 1
Christian and Missionary Alliance- 0	Unitarian Universalist - 1	

Positions:

Coordinator – 1	Division Director of Care Management – 1
Social Worker - 1	Case Manager – 7
Administrator -1	C.O.O. -1
RN – 5	RN Lead – 1
Client Services – 1	RN Case Manager – 5
Program Director – 2	Librarian -1
Pastoral Care Director – 1	Training Manager- 1
Senior Service Director – 1	I & A, SWCM – 1

Question	Poor	Fair	Average	Very Good	Excellent	N/A
Organization of the training	0	0	4	18	16	0
Meeting stated goals	0	0	3	16	18	1
Ms. Katz's presentation skills	0	1	3	15	20	0
Dr. William's presentation skills	0	0	1	17	20	0
Ms. Bergjord's presentation skills	1	3	5	9	15	0
	0	0	0	0	0	0
Handouts/Resources	0	0	3	19	14	0
Organization and use of space and room(s)	4	2	10	14	6	0
The overall program	0	0	5	15	16	0

Question	Not at all helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful	N/A
Agenda and goals of program	0	1	5	20	10	0
Identity activities	2	5	3	18	10	0
Developing a common	0	3	6	22	6	0

language activity						
Presentation of First Amendment issues	0	2	6	17	13	0
Panel on religious diversity in Omaha	0	0	0	8	30	0
Best practices and strategies for inclusion discussion	1	2	7	16	10	0
Presentation on religious diversity resources	0	1	4	18	10	0

Expectations:

Failed- 3

Met- 19

Exceeded- 9

No- 1

Open Ended Questions:

1. What did you expect to gain by attending this training?

- N/A- 17
- Religious Diversity - 14
- Objectives on brochure – 1
- Greater Awareness, sensitivity and know resources – 2
- A great experience – 1
- New resources and ideas for training – 1
- Renewed perspective – 1
- I was expecting more information on individual faiths. Overall, I found interesting information and all speakers interesting. A lot of information

2. What should be changed to make things training more effective in the future?

- N/A- 14
- We had such a very good group this morning. Wish we would have had one more opportunity to get together for some closing activity. Handout with all e library sites
- Small group – could not really hear. Too noisy from other group.
- Hard to hear in chapel room during discussion. Thank you!
- Break out rooms for group discussion questions of presenters by group rather than break out – learning more from larger group rather than smaller break out groups.
- Beautiful facility but too small a room – having to turn one's head to view powerpoint not comfortable and lights – made people sleepy!
- Had difficulty hearing speakers in the chapel
- Allow more time for panelist – this was the most interesting and helpful part of workshop. It was very difficult to hear the panelist in the small groups w everyone talking at once.
- A little more space – the room was very cold at times. The presentation was great!
- As mentioned, room was too small. Offer other vegetarian food – cheese pizza, pasta w tomato sauce, fruits, vegetables. More handouts /summaries of different religions; pagan, Wiccan etc. w info on 1) diet, 2)medical, 3)afterlife, 4) clearing up stereotypes. Ran out of cookies. I attend a workshop hat had all the panelists at a table (included a Christian, Catholic Priest, Muslim, Buddhist, and Hindu speaker). Audience could ask them questions. Each speaker took a few minutes to

review info and then opened it up to questions. For 2 hrs the audience was engaged in questions comparing and contrasting religions, discussing stereotypes. I learned so much more with this format than w separate groups. Would also be great to include a pagan, Wiccan, and Unitarian Universalist! An atheist would be interesting too. Maybe have audience submit questions in writing. Things may be too sensitive to ask. Didn't need to see all the web pages. Info and verbal overview would have been adequate. Couldn't read the screen anyway.

- Needed more time w panel speakers
- More time w presenters on their religion. Maybe general bullets handout from each.
- Powerpoints never clear. Temperature varied – uncomfortable.
- I'd have the whole thing in the chapel; too cozy.
- Maybe longer time for presenters.
- Very good. More time w panel presentations – very interesting and very helpful in better understanding of different religious practices. Would love to see one on cultural diversity.
- Given the morning questions for Dr Williams it would be helpful to get a quick snapshot of Christian beliefs (Catholic/Protestant)
- Add a break – The large room activities were difficult because we could not hear conversations.
- Choose a facility conducive to learning – space and acoustics. Unable to hear in chapel activities. Too crowded. Print too small on handouts and powerpoint.
- Talk to speakers longer
- Let the speakers take questions from group. The small groups were difficult for individuals to hear questions & responses.
- Best practices/resources can be given in writing and do not have to be reviewed.
- Need interaction in bigger rooms, room temp. ok, but ability to hear terrible!
- Bigger room. Less time on other areas and more on religious panel. Killing us w the resource presentation!

Appendix II

Religious Diversity Issues in Professional Care Giving Training

May 6, 2009

Total Received: 26

1. Religious Affiliation:

Christian -16
Lutheran –ELCA (but Catholic by birth) -1
Lutheran-ELCA -3
Catholic -5
Southern Baptist -1
Evangelical -1
Nondenominational -2
Presbyterian -1
Methodist -2
Hindu -1
Jewish -3
N/A-6

2. Organization:

ASERA CARE HOSPICE -4
Mercy Villa -1
Joy Medical Group – 1
International Society of Krishna Consciousness -1
Concord Center -3
The Nebraska Medical Center -4
VNA -2
Immanuel Medical Center -1
Visiting Nurse Association – 1
Eastern NE Office on Aging -3
Davita Healthcare -1
St Elizabeth Regional Med Center -1

Position:

Volunteer Coordinator -4
Owner -1
Community Religious Director -1
Manager, Clinical Pastoral Education -1
RN -1

Chaplain – 8
 Hospice Manager -1
 Family Group Conference Coordinator -1
 Social Work -3
 Service Coordination for Medicaid Waiver -1

3. Please rate the training on the following criteria by circling the number that corresponds with your answer: (If you cannot rate an item, select N/A – Not Applicable)

	Poor	Fair	Average	Very Good	Excellent	N/A
Organization of the training	0	0	0	13	13	0
Meeting stated goals	0	0	1	13	12	0
Ms. Katz's presentation skills	0	0	3	7	14	0
Ms. Bergjords's presentation skills	0	0	5	9	8	0
Handouts/Resources	0	0	11	10	12	0
Organization and use of space and room(s)	0	0	1	7	18	0
The overall program	0	0	1	11	13	0

4. Please rate how helpful the following components of this training have been for you. (If you cannot rate a component, select N/A – Not Applicable)

	Not at all helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful	N/A
Agenda and goals of program	0	0	3	12	10	0
Identity activities	0	0	2	10	14	0
Developing a common language activity	0	0	8	8	9	0
Presentation on First Amendment issues and religious demographics	0	2	4	10	9	0
Panel on religious diversity in Omaha metro area	0	0	3	7	16	0
Best practices and strategies for inclusion discussion	0	0	8	7	10	0
Presentation on religious diversity resources	0	0	6	6	11	0

What did you expect to gain by attending this training?

- A better practical understanding of religious diversity in our area and strategies for being respectful of all -9
- How to incorporate information about other religions when volunteering/providing healthcare -3
- Opportunity to learn and interact
- This encouraged me to take a closer look at several areas I had not previously considered.
- New perception and details on a subject I really care about.
- Greater understanding of various religions and faith traditions. Perspectives on health care and end of life issues.
- I thought more about care specific less about religious education
- To be tripped

Did this training meet your expectations? (Circle one)

Failed to meet my expectations -1

Met my expectations -10

Exceeded my expectations - 15

No expectations-0

What should be changed to make this training more effective in the future?

- Would have appreciated more time for the panelists to present. -5
- Having copies of their (panelists) main points would have been nice. -3
- A table outlining prohibitions in certain religions
- More detail for patient care issues (helpful healthcare stuff)
- What an excellent experience! Thank you to all!
- Beth, this was a great session. The day was well organized and done with a tremendous amount of purpose and intent. You are a leader in your field and a credit to the Omaha community – Ralph.
- Looking at resources was a bit too long. Maybe an additional break -4
- Maybe try to incorporate a little more specifically how to address religions diversity issues with individual clients. Dr. Betti Evans was great!
- More case studies/illustrations of actual situations that involved religious diversity issues and how they were resolved (or not)
- Why were Evangelical, Roman Catholic, mainline and progressive Christians not in the panel
- Case Studies
- Take another look at the section on “developing a common language” It seemed a bit disjointed.
- You were very good about pre-training communication. It may be helpful for the first activity if the participants were given some questions to think about prior to coming to training about their own religion or beliefs and other religion’s beliefs (not the same questions but some broad thought questions).

- I like the discussion groups and learning about the different religions from the panel. Great resource list
- When printing powerpoint presentation be sure to print in B&W rather than to color & Xerox – many colored fonts reproduced poorly – especially when small
- I found Beth Katz' presentation very dry and too long. Maybe in the future she can use different teaching tools: like video, or solicit more participation from attendees.
- Already had "best practices and strategies for inclusion discussion" & "presentation on religious diversity resources" although can't read websites on info-too small
- Did not address issue on trend to "universalize God"
- What are the demographics of the group that is attending today? Why aren't more reps from faith groups on the panel represented in the general population of this seminar? What needs to be done to change this?
- FYI – one person who did not have a "religion" yet still believed in "God" left this seminar because it was "over her head".
- Have all panel members have a power point.
- More organized or pointed discussion on First Amendment – seemed to go all over the place.
- Different room arrangement of table/chairs. Too crowded. Hard to pay attention to folks when we were all on one side of the table – in conversing w panelists.
- Maybe this could be a 2-day training and break-up speakers/topics to get the most info possible. The handout would have been sufficient on resources so that more time could have been spent on various religions
- The content of Ms. Katz presentations was good. But she tends to "yell" when she is speaking and she says "umm" a lot. This is very grating to listen to for a long time.
- Going through all the websites at the end of the day was harsh: divide this section into little pieces in between other presentations.
- Add Native American Spirituality. Maybe use lunch time for the panel to give them more time for their overview

Resources list from:

Crossing the Religious Divide: Health Information Resources for Diverse Populations

General Resources

- National Center for Cultural Competence
 - <http://gucchd.georgetown.edu/nccc/>
- Cross Cultural Health Care Program
 - <http://www.xculture.org/>
- California Endowment
 - <http://www.calendow.org/>

Resources for Understanding

- EthnoMed
 - <http://ethnomed.org/>
- Refugee Health ~ Immigrant Health
 - http://bearspace.baylor.edu/Charles_Kemp/www/refugees.htm
- Culture Clues
 - <http://depts.washington.edu/pfes/CultureClues.htm>

National Library of Medicine

- One of the National Institutes of Health
 - <http://www.nlm.nih.gov/>
- List of Databases
 - <http://www.nlm.nih.gov/databases/>

National Network of Libraries of Medicine (NN/LM)

- Outreach branch of the NLM
 - <http://www.nnlm.gov/>
 - MidContinental Region Serves six states, including Nebraska
 - <http://www.nnlm.gov/mcr/>
- NN/LM- Multilingual Web Site
 - <http://nnlm.gov/outreach/consumer/multi.html>
- NN/LM-MCR Minority Page
 - <http://nnlm.gov/mcr/resources/community/minority.html>
- Many of today's resources are available at
 - <http://www.nnlm.gov/mcr/resources/community/minority.html>

Medline Plus

- English and Spanish
 - <http://medlineplus.gov/>
 - <http://medlineplus.gov/spanish/>
- Herbs & Supplements
 - <http://www.nlm.nih.gov/medlineplus/druginformation.html>
- ToxTown
 - English <http://toxtown.nlm.nih.gov/>
 - Spanish <http://toxtown.nlm.nih.gov/espanol/>

Web sites with Audio

- Healthy Roads Media
 - <http://www.healthyroadsmedia.org/>
- Twenty Four Languages
 - <http://library.med.utah.edu/24languages/>
- Multimedia Medical Spanish Translator
 - <http://polyglot.topsailmultimedia.com/polyglot.html>
- MedlinePlus Interactive Tutorials
 - <http://www.nlm.nih.gov/medlineplus/tutorial.html>

Multiple Language Resources

- New South Wales
 - <http://www.mhcs.health.nsw.gov.au>
- Immunization Action Coalition (Includes Vaccine Information Sheets in 32 languages)
 - <http://www.immunize.org/catg.d/noneng.htm>

Other online health resources

- **healthfinder®**
 - <http://www.healthfinder.gov/espanol/>
- **Salud y Seguridad**
 - <http://www.usa.gov/gobiernousa/Salud-Nutricion-Seguridad/Salud.shtml>
- **infoSIDA - Online glossary of AIDS terms**
 - <http://aidsinfo.nih.gov/infoSIDA/>
- **aidsinfonet.org**
 - <http://www.aidsinfonet.org/categories/?lang=spa>

About the Training

Our community has become increasingly diverse in terms of religion as well as culture. In facilities for individuals of any age with life altering health or mental challenges, it is important that we familiarize ourselves with issues relating to a client's religious and spiritual identity.

This training will provide participants with information and resources to:

- Explore their own views about religion and identity and understand how these views may impact their interactions with clients.
- Learn about major laws governing when and how religion and religious materials can be used in a caregiving facility and what religious accommodations are allowed.
- Find out about the basic beliefs, demographics and organization of the major religious communities in the Omaha metropolitan area
- Receive best practices for making your organization or facility inclusive of religious diversity
- Get connected with helpful print and web-based resources and contacts.

To provide the most relevant information to the participants, the enclosed survey must be completed and sent in with the registration form and payment of \$40.00. Registration with the survey must be received by *October 27, 2008*. No refunds. Send registrations, survey and check made out to:

***Project Interfaith
P.O Box 6037
Omaha, NE 6810***

About Project Interfaith

Project Interfaith serves as a leader and resource on interfaith relations and religious diversity issues. Project Interfaith works with religious groups, corporations, educators, and all members of the community to promote a deeper understanding of and respect for religious diversity. It provides innovative educational and community-building programs including trainings, study circles, and its Community Conversations Annual Speaker Series. To learn more about the Project, visit the Project Interfaith blog at <http://projectinterfaith.blogspot.com/>



About the Respite Resource Center

The Respite Resource Center (RRC) is the Eastern Area for the Nebraska Respite Network. The RRC supports and celebrates families caring for loved ones of all ages with chronic conditions by increasing awareness about the importance of respite and the availability of in-home and out-of-home respite options; informational programs for family members and providers of services; and educating the community about family caregiving. To contact us: omaha.respiteresources@yahoo.com, (402) 996-8444 or www.respitenetwork.org



About the Creighton Health Sciences Library

HSL/LRC strives to provide health sciences information to our community by providing broad access to its resources and services. HSL/LRC supports the information needs of Creighton University's health professionals in the education research and clinical sectors. For more information visit: <http://www2.creighton.edu/health/library/>.



Religious Diversity Issues in Professional Caregiving



**Thursday, November 6, 2008
7:45 am- 4:00 pm
Brookestone Meadows
Rehabilitation & Care Center
600 Brookestone Meadows Plaza
Omaha, NE 68022
(Off of 200th and Dodge Street)**

**A Training for
Professional Caregivers,
Medical Personnel,
Social Service Providers,
Administrators & Activity Directors
in Facilities and In-Home Care**



Educational Presentation
Thursday, November 6, 2008
7:45 a.m. – 4:00 p.m.
Brookestone Meadows
Rehabilitation & Care Center
600 Brookestone Meadows Plaza
Omaha, NE 68022
(Off of 200th and Dodge Street)

For more information contact:
Project Interfaith
(402) 933-4647 or e-mail
info@projectinterfaithusa.org

Presentation Overview:

To provide useful information concerning religious diversity to individuals and representatives from agencies and facilities providing care for people of any age with special needs and chronic conditions.

Target Audience:

Nurses, social workers, activity directors, administrators and others in need of continuing education credits. Volunteers and family caregivers are also encouraged to attend.

Registration:

Registrations must be received by **Monday, October 27, 2008**. Make copies of the registration form and survey as needed. The cost for this training has been greatly reduced to just \$40 per participant thanks to the generous underwriting by the National Network of Libraries of Medicine under a Contract No. NO1-LM-6-3504. The training includes handouts, 5 CEUs, breakfast and lunch.



**National Network of
Libraries of**

This training will include the following components:

- Identity and Religion: Explore how your views may impact your interactions with clients.
- Develop a common language for discussing religious diversity issues.
- Examine laws related to accommodating clients' religious needs and practices.
- Learn about basic beliefs and religious demographics in our community by listening to a panel of representatives from the following religious communities:
 - Jewish
 - Muslim
 - Jehovah's Witnesses
 - Latter Day Saints (Mormon)
 - Hindu
 - Buddhist
- Discuss best practices for your organization or facility to be inclusive of religious diversity & to provide competent care in-home.
- Learn about and get connected with helpful print and web-based resources and contacts.

<p>REGISTRATION FORM</p> <p>Registration and completed survey for this seminar MUST be received by <u>Monday, October 27, 2008.</u> Registration fee \$40.00</p> <p>Checks are payable to Project Interfaith, P.O. Box 6037, Omaha, NE 68106</p>
<p>NAME</p> <p>_____</p>
<p>ADDRESS</p> <p>_____</p>



Religious Diversity Issues in Professional Care Giving: A Training for Professional Care Givers, Medical Personnel, and Social Service Providers in Facilities and In-Home Care

Thursday, November 6, 2008
7:45 am- 4:00 pm

Location: Brookestone Meadows
Rehabilitation & Care Center
600 Brookestone Meadows Plaza
(Off of 200th and Dodge Street)

This day-long training will provide participants with information and resources to:

- Explore their own views about religion and identity and understand how these views may impact their interactions with the clients;
- Learn about when and how religion and religious materials can be used in a care giving facility and what religious accommodations are allowed;
- Find out about the basic beliefs, demographics and organization of the major religious communities in the Omaha metropolitan area;
- Receive best practices for making your organization or facility inclusive of religious diversity;
- Get connected with helpful print and web-based resources and contacts.



The cost for this training has been greatly reduced to just \$40 per participant thanks to generous underwriting by the National Network of Libraries of Medicine under a Contract

No. NO1-LM-6-3504. Participants may receive five

Continuing Education Units (CEUs) through the

Respite Resource Center. 4 scholarship slots are available for students and CNAs.

Please contact Project Interfaith for more details.

To register or for more information, contact Project Interfaith, at (402) 933-4647 or at info@projectinterfaithusa.org by Monday, October 27, 2008.



National Network of Libraries of
Medicine



Health Sciences Library



**Religious Diversity Issues in
Professional Care Giving:
A Training for Professional Care Givers, Medical
Personnel, and Social Service Providers
in Facilities and In-Home Care**

**Wednesday, May 6, 2009
7:45 am- 4:00 pm
Visiting Nurse Association
12565 West Center Road
Omaha, NE 68144**

This day-long training will provide participants with information and resources to:

- Explore their own views about religion and identity and understand how these views may impact their interactions with the clients;
- Learn about when and how religion and religious materials can be used in a care giving facility and what religious accommodations are allowed;
- Find out about the basic beliefs, demographics and organization of the major religious communities in the Omaha metropolitan area;
- Receive best practices for making your organization or facility inclusive of religious diversity;
- Get connected with helpful print and web-based resources and contacts.



The cost for this training has been greatly reduced to just \$40 per participant thanks to generous underwriting by the National Network of Libraries of Medicine under a Contract No. NO1-LM-6-3504. Participants may receive five Continuing Education Units (CEUs) through the Respite Resource Center. 4 scholarship slots are available for students and CNAs. Please contact Project Interfaith for more details.

To register or for more information, contact Project Interfaith, at (402) 933-4647 or at info@projectinterfaithusa.org.





JULY 2009

VOL. 8 NO.1

Crossing the Religious Divide: training caregivers in religious diversity

Judith Bergjord
Outreach Librarian
Creighton University Health Sciences Library
bergjord@creighton.edu

Through funding from the NN/LM MidContinental Region, the Creighton University Health Sciences Library has partnered with Project Interfaith and the Respite Resource Center to promote awareness of religious diversity and its effect on healthcare and to provide access to resources needed by healthcare workers. Using a workshop format, Project Interfaith conducted training on religious diversity and how it can affect the way caregivers provide care. Through two day-long training seminars, participants were able to reflect on their own religious views and learn about the religious views and beliefs of others in our diverse community. They learned about accommodating the beliefs of others under the law, and about communicating in a sensitive manner. Participants also received information about how to access reliable health information and develop best practices they can use in the community.

Religion is central to how many individuals understand themselves, their role in the world, and concepts of health, death, and dying. Feedback from professional care givers working in long-term facilities, hospitals, and in-home care agencies reveal that issues of religion and religious diversity often are inadequately addressed or are completely neglected in the broad cultural competency training many professional care givers and health care professionals receive. Professional care givers need to be equipped with the knowledge and skills to effectively work with and serve religiously-diverse populations.

The training sessions, held November 6, 2008 and May 6, 2009, were attended by over 75 participants that included health care service providers, public health workers, social workers, and members of the general public. The participants spanned over a dozen different religious affiliations. The funding allowed for this training to be provided at a greatly reduced cost to the participants and some received full scholarships. Participants were able to get five continuing education credits for attending.

The program included presentations, exercises, and discussions on identity and religion, developing a common language for discussing religious diversity issues, accommodating clients' religious needs and practices under the law, an overview of basic beliefs and religious demographics of the major religious communities, a discussion on best practices, and instruction on finding reliable health information resources.

Funding provided two laptop computers for use in the office of Project Interfaith. A web site is being created that will provide participants with links to valuable health information resources as well as religious diversity information. Creighton University Health

Sciences Library will continue to work with Project Interfaith in keeping the health information resources current and available. Library staff will also be available to present at future workshops.

Thanks to this funding, we were able to provide valuable training to health care providers and others in the area of religious and cultural diversity. We encourage other academic institutions to partner with community organizations and to take advantage of funding opportunities provided by the National Network of Libraries of Medicine.

"Knowledge" continued from page 6

Project 2. Work with the Clinical Quality and Patient Safety Department to come to a common understanding of what evidence-based healthcare is and then how to find information to support evidence-based healthcare.

Project 3. Develop an e-resources committee placing a system librarian at the forefront of evaluating all current electronic medical information resources as well as evaluating and making go/no-go recommendations on all system-wide resources suggested by clinicians in a large healthcare system.

Workshop colleagues will provide support for implementation through follow up videoconferencing sessions. During these post-workshop sessions, progress will be described and the group will help generate ideas to overcome roadblocks.

Funding for participant travel expenses were provided by the NN/LM MidContinental Region and the NN/LM Pacific Northwest Region.

- Claire Hamasu, Associate Director

"Emergency" continued from page 1

is focusing on efforts that continue health information services. The award will fund projects that develop partnerships to enhance access to health information in preparation for, during, and immediately following emergencies. Projects that focus on continued access to electronic health information, at the local, state, and/or regional levels, through back-up agreements, shared service agreements etc. are of interest. This may include partnerships with other hospitals, hospital associations, local and state public health departments, organizations and institutions that work with public health professionals, public libraries, and community-based and faith-based organizations.

- Jim Honour, Wyoming Liaison
- Claire Hamasu, Associate Director

**Attachment 7:
Subcontractor Quarterly Report**

Grillo Health Information Center
Grillo Senior Center Outreach Project

Quarterly Report

Name and address of reporting institution:

Grillo Health Information Center

4715 Arapahoe Avenue, Boulder, CO 80303

Project Title: Grillo Senior Center Outreach Project

Name of person submitting report: Johnny Daurio

Email address: JohnnyDaurio@GrilloCenter.org

Telephone number: 303 956-4152

Reporting Period start date: October 16, 2009

Reporting Period end date: January 15, 2010

Publicity:

The Grillo Health Information Center has aggressively pursued promotional activities at multiple locations as well as media publicity during this reporting period. In early December, the Boulder Daily Camera published an article written by the Grillo Center Executive Director on the benefits of using our health information services with reliable, evidence-based data bases versus typical search engine research on the internet. The article also talked about the imminent move of Grillo Center headquarters to a hospital institution location and the targeted outreach projects we have developed and are developing. In early January 2010, the Boulder Daily Camera published a feature article on Grillo Health Information Center services, new locations, and how we can serve the health information needs of seniors and the community overall. The Grillo Center also revised a Filler Ad that the Camera uses from time to time, with new information about our services and location. The Executive Director also sent a letter to the newspaper editor that was published in early January 2010.

The Grillo Health Information Center staff has been doing presentations to another senior community in order to generate interest in our trained volunteers providing free access to reliable health information on-site. The Grillo Center has also been negotiating with Channel 22, a local educational television that broadcasts to tens of thousands of households in the area. We hope to reach more of the senior community through this media connection.

Outreach:

Other accomplishments:

In addition to the on-going on-site presence at the Golden West Retirement Community, which continually responds with positive feedback, the Grillo Health Information Center has actively engaged the administration and resident population of another well-established retirement community called Frasier Meadows. Multiple presentations and numerous meetings have taken place during this reporting period in order to educate and cultivate collaboration with this senior community. We have been invited to present to the Resident Council, to the sub-committee on senior activities, and to the general resident population as a whole. In this way, more and more of the seniors have been able to ask direct questions, to better understand how our services can be a valuable resource, and to participate in the decision-making about the implementation of this project. As of mid-January, negotiations to establish an on-site presence are well under way. We expect that similar to the Golden West Retirement Community, we will place a trained volunteer at Frasier Meadows to spend one-on-one time with residents of this retirement community. Based on lessons learned from the West Senior Center Outreach Project and our positive experiences with the Golden West collaboration, we will schedule appointments with interested residents to assure volunteer staff time is productive and individual senior needs are met.

During this reporting period, we have redesigned our website to be more user-friendly and more efficient in capturing and recording information about the services we provide. We have different log sheets for each location, and are tracking utilization and research especially targeted to the senior population. In the upcoming quarter, we will be training to the new application tools and refining our procedures to ensure consistency in how we serve seniors and others needing assistance.

Target audience:

We have found that the Grillo Health Information Center volunteer, in one-on-one confidential interaction, is able to provide caring support to help the senior citizen frame the health question, and understand exactly what information they need. We find we are able to establish trust and personal connections that are meaningful for both the patron and the volunteer. In the initial stages of this project at the West Senior Center, we have found that some seniors were reluctant to admit they need our services, perhaps because the visibility of other seniors was notable. By connecting to our target population in retirement communities, we are learning that to engage the resident population as much as or even more, than the administration itself, is extremely important. We believe that the services we provide at Golden West are more effective, and anticipate that ownership and anticipation of our on-site presence at Frasier Meadows will be enhanced by the preparation and introductory activities in which we are engaged.

Goals, Outcomes, Objectives:

We initiated a concerted effort in early January to provide a new service within Boulder Community Foothills Hospital to improve health information literacy for patients and family members. Although this effort was targeted to anyone with health information needs, including those with low health literacy, we have found that through the publicity mentioned above, many

senior citizens have accessed our services. We have been extremely busy with requests for reliable health information research. A new development for us as well, is that an unusual number of senior citizens who are now retired, have applied to be Grillo Health Information Center volunteers with us. A few have even been those who reside in the very retirement communities where we have conducted activities and presentations. Our volunteer workforce is becoming stronger with this level of highly educated and motivated senior citizens. We believe this change adds credibility in the eyes of other seniors who come to the Grillo Health Information Center for their health information needs.

Our overall objectives have not changed. We are still making evidence-based health information available to senior populations and increasing the number of underserved seniors who are educated about health care, nutrition, medications, and alternative treatment options. New insights have been mentioned in the previous section above. These have helped us better introduce health information services and reach more seniors effectively.

Evaluation:

Our evaluations continue to be very interactive. Patrons often tell us how helpful our research has been, that they would not know what to do without our services, and how grateful they are for assistance during a time of need. Both the principal investigator and the project coordinator often solicit informal feedback from the senior population. It is an easy and comfortable way for seniors to share experiences and benefits, and concerns. We receive consistently positive feedback on the formal evaluations, which are provided to every patron we serve. We will be analyzing the data in the next quarter to help us refine and improve our services to this population.

During this last quarter, we have begun a two-fold process to insure that our research is of the highest quality. The Board of Directors formed a committee comprised of two physicians, one medical librarian, and our staff to determine a set of procedures for quality and consistency. At the start of the New Year, we have implemented review procedures that all volunteers must follow before research is released to the patron. In this way we are able to identify strengths and weaknesses of our volunteers and provide on-the-job training and technical assistance. One of the physicians on this committee, who also actively served on the Board of Directors, unexpectedly passed away in late December. The Board is recruiting for new members to fill our need for broad representation and continued accountability.

Impacts and Observations:

As we gain more experience with serving this targeted population, we find that expansion and collaboration among additional partners is being facilitated. Sometimes this occurs by invitation for us to share more of what we do, and sometimes it is by initiative to connect with other community institutions serving this population. It is important to assure initial interactions with seniors is positive, even more so than with administrators who are often looking to meet the needs of their constituents. If we are able to connect with the existing need, as we did initially with our formal needs assessment of the West Senior Center population, and as we are doing

with our new friends in retirement communities, the likelihood for success is much greater. It does take time to establish the relationship of trust, in both inter-personal interactions and in relevant research to meet specific needs. As this trust grows, the utilization increases, the awareness and education increases, and so does the utilization, and ultimately the services become more valued.

Planned Activities:

As mentioned above, we plan to expand health information services to other senior populations in other settings. We will be meeting with two other retirement communities. We plan to train more senior volunteers to conduct health information research. Our new web design and development is underway, which will make us more accountable and efficient. We have engaged with a software development company to enhance our technological expertise and contributions. The intent is to prepare the Grillo Health Information Center for wider expansion and capability to respond effectively to increased requests for health information research.

Q. “I am computer literate. What can the Grillo Health Information Center do for me that I can’t do for myself with a Google search?”

A. The Healthy People 2010 project defines health literacy as the ability to read, understand and act on health information. Low health literacy incurs unnecessary health care costs to society between \$106 and \$235 billion each year. Even among the 1 in 9 adults who have proficient health literacy skill, the sheer amount of information there is to process can be overwhelming. Adding to that challenge, Google and other Internet search engines access only 7% of available health-related information. And, 75% of those who seek health information on-line do not check for accuracy, currency, or source of the information.

There is an increasing quantity of questionable and unreliable health information on the Internet. If you try a typical search for diabetes, or breast or prostate cancer, you will find tens of millions of resources. If you compared the quality of the results of a Google search to the Grillo Center researcher, you will find a significant difference in the relevance and credibility of the search results. We provide the latest, science-based medical information to help individuals make better health care decisions. This leads to improved physician-patient communication and outcomes.

The Grillo Center, after 12 years, is relocating its headquarters from the Boulder Public Library to the Tebo Center at Boulder Community Hospital Foothills location. We believe we can meet more of the community’s needs operating independently at the Tebo Center, along with 5 or 6 satellite locations. The Board of Directors and staff wish to thank the Library for its tremendous support over the last 12 years.

Individuals and families are able to access Grillo Center assistance in person, by telephone, or by email. Volunteers are trained to provide safe, confidential, trustworthy information. 94% of those who have evaluated our services rate the quality of Grillo Center assistance as “excellent”. Services are free, but donations help us help others.

Johnny Daurio is the Executive Director of the Grillo Health Information Center. For assistance with researching health topics, contact the Grillo Center at the Tebo Center of Boulder Community’s Hospital’s Foothills campus, 303 441-4111, or at www.grillocenter.org. We are not physicians, and therefore no research or assistance should be interpreted as medical advice. We encourage informed consultation with your physician or medical practitioner.

Where to find it

www.healthypeople.gov/Document/HTML/Volume1/11HealthCom.htm

www.nih.gov/clearcommunication/healthliteracy.htm

Pew Internet and American Life Project, Report-Online Health 2006, 10/29

www.ahrq.gov/clinic/epcsums/litsum.htm

www.mlanet.org/resources.consumr_index.html



Free Personal Research For You

The Grillo Health Information Center

Located in the Tebo Family Medical Pavilion at Boulder Community
Foothills Hospital, 4715 Arapahoe Ave., 720-854-7293,
HealthQuestions@GrilloCenter.org, www.GrilloCenter.org

Ask us any health
related question!
We access the latest
health information
so you can make
informed decisions
about your health
and well being!

**Attachment 8:
Subcontractor Quarterly Report**

Lawrence Public Library
Together Prepared Continuity of Health Information Award

Quarterly Report

Email completed report to reports@rml4.utah.edu

Name and address of reporting institution:

Lawrence Public Library
707 Vermont St.
Lawrence, KS 66044-2371

Project Title: Together Prepared Continuity of Health Information Award

Name of person submitting report: Cathy “Cat” Rooney Howland

Email address: catr@ku.edu

Telephone number: 785-727-0808 (c) 785-864-4095 (w)

Reporting Period start date: Oct 15, 2009

Reporting Period end date: January 14, 2010

Publicity:

(List publicity and promotional activities conducted during the reporting period, if there were any. (Send any examples of non-electronic promotional materials to the NN/LM MCR by mail or send an email attachment to reports@rml4.utah.edu or provide URLs.)

Publicity and promotional activities during this quarter primarily revolved around informing the community about the various aspects of the project and preparedness resources for the general public and vulnerable populations.

1. On October 19, 2009, team member Kim Ens, Lawrence Public Health Department presented a 30-minute presentation to 20 people at the InterHab Aging Resource Network – Emergency Preparedness Summit. The presentation was on Together Prepared, specifically how it started, what we have accomplished, goals, mission, vision, and grants, including library call center, website, and mobile van preparedness training plan.
2. On December 14, 2009, team members Teri Smith, Douglas County Emergency Management Director, Alexandria Norman, Community Preparedness, and another staff member gave a presentation on the calendars/kits project which is co-sponsored by Together Prepared to the Boys and Girls Club Administration and talked about this grant.
3. On December 17, 2009, team members Teri Smith, Douglas County Emergency Management Director, and Bob Newton, Public Information Officer for Emergency Operations, gave a brief presentation on the Together Prepared Library Project at a

meeting of the Douglas County Public Information Officers group, comprising of PIO's in the community from agencies such as Emergency Management, Sheriff, University of Kansas, local school districts, Red Cross, Health Dept., Headquarters Counseling Service, District Attorney, and City of Lawrence. They embraced the idea that this would be another avenue for disseminating their emergency information during an emergency/crisis/disaster situation.

4. On January 12, 2010, team member Kim Ens, Lawrence Public Health Department, provided a 20-minute overview to Kansas Association of Community Action Programs comprised of 12 representatives for the community-based organizations working with seniors in Shawnee County. She spoke about Together Prepared and this grant including the call center plans, the website, and the book mobile preparedness campaign. This group expressed interest in starting something similar to Together Prepared.

Outreach: (Complete an [Outreach Reporting Form](https://staff.nnlm.gov/extra/) for demonstrations and training that took place during the reporting period. [<https://staff.nnlm.gov/extra/>])

No training given this quarter.

Target audience:

The target audience's needs have not changed since our initial assessment.

Goals, Outcomes, Objectives:

Other outcomes for this quarter include:

Project Team Meetings

Our Team Members met as a whole body monthly and our subcommittees on finance and guidelines meet several times this quarter.

Finalize First Draft of Guidelines

The first draft of the guidelines focused on general administration and call center protocols which have been reviewed and fine-tuned by the Team Members at the December 2009 meeting. The report details:

- 1) Who the key administrative, technical and volunteer partners are,
- 2) Objectives of the call center,
- 3) Users, service types, and scope of services of the call center,
- 4) Call capacity,
- 5) Equipment needs, and
- 6) Phone system.

Important policies on chain of command, triggers to activate the call center, and operating hours were also determined. (*See attached guidelines report.*)

Mobile Van Sites and Preparedness Training

The mobile van project sites have been confirmed and are Cottonwood, Inc., Housing Authority, and Vintage Park. They have differing needs and requirements so the training for each will be developed specifically for each site. Cottonwood, Inc. is a facility for developmentally challenged adults. Though it has established disaster/emergency policies, particular procedures at the group homes had not been addressed. The mobile van project will assist in developing these actions. Lawrence/Douglas County Housing Authority, which administers government housing, including a large multi-age, multi-economic residential area, does not have a disaster/emergency plan in place nor does Vintage Park. Vintage Park is a residential living community for older adults in Baldwin City, Kansas. Assisting with plan development will be the training for these two facilities.

Volunteer Recruitment and Management

Marion Wilbur has agreed to take on the role of volunteer coordinator of the call center volunteers. Lori Johns, the new Director of the Roger Hill Volunteer Center (RHVC), starts work in late January and has been briefed on our request for RHVC to help recruit volunteers.. Our first meeting will be February 11, 2010.

Evaluation

The first six-month evaluation was conducted by Glen White, Director of the Research and Training Center on Independent Living, University of Kansas. He gave us high ratings for setting a solid foundation to accomplish the goals of the project and getting the project underway. (*See attached evaluation report.*)

Website Development

We are stepping up activities to develop the website. The website subcommittee met with the web designer in December and will be giving him additional information in January so he can compile an initial web design by February or March.

Phone Lines/Technology and Library Infra-Structure

Twelve refurbished telephones were purchased for the call center at the very low cost of \$720.

Impacts and Observations:

When a disaster response, such as the H1N1 outreach and vaccination period is lengthy, it would put to big of a drain on the library capacities and volunteer resources; thus, we have determined the call center activation will be for short durations (3 to 5 days at a time) and at critical moments. The library's infrastructure and financial resources are also not able to handle the potential calls for a medium to large threat disaster event. Our efforts to identify possible funding sources are ongoing in an attempt to secure additional funding for sustainability and to address the financial obligations of the phone system and larger disaster events.

A surprise issue we have is trying to come up with an appropriate and public appealing name for the call center. It sounds easy, but it has not been to date.

We have also fined-tuned our timeline for specific outcomes to facilitate an actual simulation of a disaster and call center response for the duration of the grant.

Planned Activities:

For the next quarter we plan to:

1. Continue Team Member and subcommittee meetings.
2. Draft additional guidelines for the call center.
3. Recruit volunteers.
4. Begin contacting external partners for support and assistance.
5. Continue with mobile book van planning and outreach.

Draft Guidelines for the Together Prepared Library
1/14/2010

Introduction

Together Prepared Library's mission is to enhance access to "all-hazards" preparedness resources before, during, and after a public health threat or disaster/emergency in Douglas County, with an emphasis on serving vulnerable populations. All-hazards is a term that refers to any public health threats (i.e., bird flu, novel H1N1, SARS), natural disasters (i.e., severe storms, flooding) and man-made disasters (i.e., nuclear plant explosions, fires), terrorism (i.e., bombs, shootings) and other emergencies (i.e., chemical spills, power outages). In this document, the term all-hazards maybe interchanged with the statement "public health threat or disaster/emergency." Vulnerable populations include economically disadvantaged, culturally or geographically isolated, limited English language proficiency, physically, cognitively or sensory disabled, elderly or very young, mentally ill or chemically dependent, chronically ill and homeless.

The project has three components to meet the mission, which are to be administered by the Lawrence Public Library:

- 1) Dedicated **call line** (which is a separate number from the Library's main number) activated with certain triggers and staffed by live operators or through a phone message referring the public to the website to receive up-to-date information.
- 2) **Website** that offers information, advice, resources and community linkages and includes the latest information on the status of any public health threats or events, and disaster/emergency situations.
- 3) **Preparedness Mobile Van Outreach** program, which will provide similar information that is on the website, as well as advice and resources to three agencies, organizations or residences serving vulnerable populations.

Key Partners

The primary partners responsible for the development and administration (logistical, operational, technical and legal aspects) of the project are

- ° The Lawrence Public Library,
- ° Lawrence-Douglas County Health Department,
- ° Douglas County Emergency Management, and
- ° University of Kansas, Research and Training Center on Independent Living.

Table 1 depicts the above primary key administrative partners and their representatives for this project as well as support from city and county offices. Other community partners listed are involved in providing additional technical expertise and/or training in utilities management, library management, call center operations and coordination, and/or volunteer recruitment and management.

**Table 1: Key Administrative, Technical and Volunteer Partners
and Representatives For Call Line.**

Key Administrative Partners	Representatives
Library Management	Lawrence Public Library <ul style="list-style-type: none"> ◦ Director ◦ Building Maintenance Coordinator ◦ Information Technology Coordinator ◦ Financial Officer ◦ Call Center Volunteer Supervisor
Public Health	Lawrence-Douglas County Public Health Department <ul style="list-style-type: none"> ◦ Preparedness Coordinator ◦ Director of Policy and Planning ◦ Douglas County Medical Reserve Corps ◦ VISTA Volunteer
Emergency Management	Douglas County Emergency Management <ul style="list-style-type: none"> ◦ Director ◦ Assistant Director ◦ Duty Officers ◦ Planner ◦ Community Preparedness
Communications	Public Information Officers <ul style="list-style-type: none"> ◦ Public Health Department ◦ Emergency Management ◦ Lawrence Public Library ◦ KU (Life Span and RTCIL) ◦ County wide PIO which includes city and county
Vulnerable Populations	KU, Research & Training Center on Independent Living (RTCIL) <ul style="list-style-type: none"> ◦ Director ◦ Project Coordinator
Local Government	<ul style="list-style-type: none"> ◦ City Manager ◦ County Administrator ◦ County Attorney ◦ Director of Legal Services, City of Lawrence
Key Technical & Volunteer Partners	Representatives
Utilities	Sunflower Broadband and ATD (phone system provider)
Library management	University of Kansas Medical Center, KS Outreach & Technology Liaison
Call Centers	9-1-1 KU Information Line GaDuGi Safe Center Bert Nash Headquarters Kansas Department of Health and Environment Hotline Marketing Agencies (will list if they become partners)
Volunteer Agencies	Library volunteers Roger Hill volunteers CERT-Emergency Management volunteers Medical Reserve Corps-Public Health Department volunteers

An advisory team has been assembled to direct the development of the center. This team meets monthly and is comprised of experts in the fields of public health, library management , emergency management, vulnerable populations, and communications. Lawrence Public Library will carry out the daily operations of the call line, website and the mobile van outreach projects in accordance with the Library’s policies and procedures and the guidelines established in this document.

The objectives of the *call line* are to:

- 1) Be the point of contact in Douglas County for all-hazards preparedness information.
- 2) Effectively route calls for non-medical or non-emergency information on all hazards events to the call line which is adequately staffed and equipped to handle them.
- 3) Disseminate information to the public in anticipation of, during and after a public health threat or disaster/emergency to better inform the public and reduce unnecessary calls to the health department, emergency management office, hospital, and possibly other call centers and 9-1-1.
- 4) Disseminate information throughout the year on all-hazards preparedness to the public with an emphasis on inclusion of vulnerable populations.

Users, Service Types and Scope of Services

Table 2 is a summary of the intended users, service type and scope of service that the *Together Prepared Library* will provide.

Table 2: Definitions of Users, Service Type and Delivery and Scope of Services for the *Together Prepared Library Center*.

Terms	Definition
Users or Target Populations	General public, vulnerable populations and organizations/agencies serving vulnerable populations.
Service Type and Delivery	Provide non-medical services through <i>Call Line</i> recorded messages, <i>Website</i> , information providers (call line operators when call line active and through presentations and training given by partners), written materials, and a preparedness Library mobile van <i>Outreach</i> project.
Scope of Services	Information is on multiple topics including the status of any current event or events in the areas of public health threats or disasters/emergencies along with general and specific all-hazards preparedness tips.

Together Prepared Library is designed to provide non-medical services, meaning it provides information to the public that does not require a licensed medical clinician such as a Registered Nurse to provide it. Table 3 delineates the similarities and differences between a non-medical and medical service type structure for a call center. The non-medical description in Table 3 describes the plans for the project.

While the concentration of the current grant is on designing a non-medical call center, it is a natural step to, at some point and under a different grant, develop guidelines for a medical service model. This would allow for clinical guidance to be given to the public under extreme situations. Also, it would make for an easier transition from non-medical to medical operations if a crisis became extreme such as what happened in 2003 in Canada with a SARS outbreak where 10,000 people were quarantined and received information on quarantine status and treatment over the public health hotline.

Table 3: Non-Medical or Medical Service Types and Service Delivery Methods for Call Centers.

Service Type: Non-Medical	Service Type: Medical
• Recorded information on current event status	• Recorded information on current event status
• Information on current event through FAQs, fact sheets, press releases, and resource and referral lists given by information providers	• Information on current event through FAQs, fact sheets, press releases, public service announcements, and resource and referral lists given by information providers
• Information on all-hazards prevention and planning tips	• Information on all-hazards prevention and planning tips
	• Answering questions from the public on medically related issues such as about symptoms and treatments
Service Delivery Methods	Service Delivery Methods
• Recorded phone messages	• Recorded phone messages
• Telephone	• Telephone
• Website	• Website
• Written materials	• Written materials
• Library van outreach projects	
• Information providers	• Information providers
	• Registered Nurses

Levels, Indicators and Triggers

The dedicated phone line will be activated with operators answering the *call line* under certain situations. These circumstances are referred to as Level 1, Level 2, or Level 3 situations and are in keeping with definitions used in emergency management (see Table 4). When the center is at a Level 1 situation, it will not be answered by an operator; rather a recorded message will play referring the caller to the website for preparedness and other information. Even when the call line is handled by operators the first voice a caller will hear is a recorded message providing brief information and referral to the website, then they will be in sequence for a live operator.

Table 4: Situation Levels and Triggers for Call Center Activation.

Level # and Situation	Indicators	Triggers	Chain of Command	Staffing	Hours/Shifts
Level 1 Watch Low intensity	Conditions indicate a public health, natural, or man-made event/disaster may occur.	There is approved information available to assist the public in being better prepared for a possible public health, natural, or man-made event/disaster.	1. Public Health Preparedness Coordinator, Emergency Management Director, or Library Director can suggest activating the call center based on the trigger(s) in their offices. 2. Call center is activated upon the command of the Library Director who notifies Emergency Management Director and Public Health Preparedness Coordinator.	Minimal staffing of 1 or 2 library staff to update website and phone messages. Library plans to upgrade to 24 trunks in 2010. This is the maximum number of calls the library structure can handle.	Operational M-F, 8 am – 5 pm Only open short durations, 3 to 5 day periods.
Level 2 Partial Activation Medium intensity	Limited staff activation normally following a public health, natural, or man-made event/disaster.	1. Public health department. Together Prepared Library Call Line, or the Library has received an increased number of calls about event beyond what they can handle. 2. AND/OR Level 1 Trigger.	Same as Level 1.	28 on-site volunteers in the call center area of the Library and off site volunteers. The library infrastructure and financial resources are not established to meet this volume of calls.	Operational: M-F 8 am- 5 pm 4-hour shifts (hourly breaks) Open 3 to 5 day periods only.
Level 3 Full Activation High intensity Surge support can be used for 24-hr service or peak-hr service	Full staff activation. Possible 24 hour Emergency Operations Center staffing. State and Federal assistance may be requested.	Same as Level 2 Triggers.	Same as Level 1.	40 onsite in the call center area of the Library and off site volunteers. The library infrastructure and financial resources are not established to meet this volume of calls.	Operational: M-F 8 am- 5 pm 4-hour shifts (hourly breaks) Open 3 to 5 day periods only.

The call center area of the library is the computer center in the basement and is equipped with 12 phone jacks, 12 computers and desks.

Call Capacity

To estimate the call capacity the Agency for Health Care Research and Quality (AHRQ) contact surge calculator model was used (www.ahrq.gov/research/health). Douglas County population is 114,748. When you take out the number of children below age 15, you have the figure for the population able to contact the call center. This number is 80,324. When the public perception of the risk is low, up to 5% of the population may contact the call center, when it is medium up to 10%, and high up to 15%. If we estimate that 70% of the public will contact the center by phone and another 30% will get the information from the website, we can expect 2811 phone callers

and 1204 web hits. This averages to 937 call per day and 117 per hour. The Table below depicts the number of contacts per percentage of population who determine the risks to be low, medium or high. It also assumes we will be only open for short period of time (3 to 5 days) and covering an 8 hour day. **AHEQ emphasizes directing the public to use the website for obtaining up to date information to reduce the number of calls to the center.**

Table 5: Estimate Contacts to Call Line and Website by the Percentage of the Population Perception of the Risk is Low, Medium or High.

Channel	Potential Contacts Per Channel By Perceived Risk Factors		
	Low 5%	Med 10%	High 15%
Phone Contacts	2811	5622	8434
Web Site Contacts	1204	2409	3615
Average Contacts Per Day Requiring Staffing Resources	937	1874	2811
Average Contacts Per Hour Requiring Staffing Resources	117	232	351

The following are the staffing and phone trunks requirements to handle the volume of estimated calls at our trigger point Levels 1, 2, and 3 as it corresponds with percentage of potential contacts.

Situation	% of Potential Public Contacts To The Call Center	Staffing and Trunk Requirements
Level 1 Watch	5%	The channel is phone message that refers callers to website. This requires 1 or 2 library administrative staff to keep the phone message updated, coordinate updates to website, and to listen to messages, OR a combination of · 1 or 2 administrative staff to coordinate updates and · 12- 15 volunteers to answer calls · 24 Trunks (Library plans to upgrade to 24 Trunks in 2010)
Level 2 Partial Activation	10%	· 28 volunteers for answering calls · 40 Trunks
Level 3 Full Activation	15%	· 40 volunteers for answering calls · 55 Trunks

Call center equipment and supply list

- _ computer lab smartboard
- _ printers
- _ flip chart and markers
- _ whiteboard and markers
- _ table and chairs
- _ food, water* and other supplies

* No eating is allowed at the computer/phone stations. Beverages can only be in approved containers (squeeze bottles) to prevent spillage and damage to equipment. Food will be allowed in a designated area.

Operator stations

- _ phones
- _ headsets (still need to find what is compatible with the new phones)
- _ computer with internet access
- _ operator guide (key support info)
- _ pen and paper
- _ forms (call log sheets, protocols, referral guide, how to deal with difficult calls)

Phone System Configuration

The current situation allows for handling a Level 1 situation in the number of phones and trunk capacity.

- Single entry point or dedicated line (our own number and call center system) versus using the library main number. A service provider designs it to route calls.
- Up-front messages – recorded messages that are easy to change with situation. The callers will always hear a 1 minute recorded message first thing, and if in a Level 2 or 3 situations with phone operators the caller will get periodic 1 minute messages while waiting for a live operator. The messages will refer the person to website and build on information to reduce the need for an operator to handle the questions.
- Automatic Call Distribution (ACD) – call routed to first available operator.
- Upgrade from a 10 analog phone lines to a digital T-1 trunk with 24 lines with battery back-up system for short term.
- 12 phones and computer stations.
- Generator for power of the call center area of library during power-outage.

Below are the subsections to be fine tuned or filled-out next

General Call Handling Procedures

Information process

1. Volunteers will on provide scripted information (fact sheets and (FAQ), press releases, resources and referral lists).
2. Once a Level 1, 2, or 3 is activated then the call line will be provided scripted information from the lead PIO (Public Information Officer) agency.
3. During a Level 3 an Emergency Operations Center (EOC) will be established and a call line liaison either on site or off site will be the go between the activities of the EOC and the call center.
4. Scripted information will be provided to each volunteer in their resource packet and it will be immediately be posted on the website.
5. Call line supervisor will be notified by the call line EOC liaison with quick information updates spurred by media reports.
6. Should volunteers receive the same questions that are not addressed in the scripted information, the call center supervisor will notify the [redacted] X with a request for information to be delivered as soon as possible or within 24 hours. Volunteers will tell callers that the information is being researched and to check the website within the next 24-72 hours. For persons without access to a computer they will be asked to call back then.

Staffing Descriptions

Using the Incident Command System (ICS) staffing structure

1. Command staff (supervisor)
2. Logistics (1 lead)
3. Volunteer Coordinator (administrative lead)
4. Volunteer Operators
5. Building Maintenance, Computer and Supplies support
6. Others (external liaison)

Volunteer Recruitment and Management

Volunteer Training

Who, what, when and where on training

1. How to manage calls
2. What information to provide
3. Referrals
4. Resources
5. ICF 100 and 700

Surge Assistance

Disseminating Information about Call line and Activities

Public information/media campaign

During disaster/emergency directed by ICS

Preparedness Mobile Van Project

**Together Prepared Library Project
Six-Month Evaluation-May 2009 through October 2009**

**Conducted by Glen W. White, Ph.D.
January 25, 2010**

This evaluation is to determine if project activities are moving effectively towards meeting the three project objectives. The review of activity outcomes for the first six- months of the project show good to often excellent demonstrable progress in accomplishing grant deliverables.

Objective 1: Enhance public access to public health and preparedness resources through materials, staff, Internet and call center.	
Activity Outcomes	Evaluator's Comments
<ul style="list-style-type: none"> • At the onset, the administrative structure was in place, including a 10- member working group, project manager; other contractual services were also arranged as needed. The working group (Team), including the project manager, convened monthly meetings, exceeding timetable expectations. Two subcommittees were formed: a) guideline development and b) future funding. • A total of 14 publicity and promotional activities to inform the public about and to seek support of the project were presented by various Team members. Two training sessions to the public on the issues of public health and preparedness were also conducted. • The Team invited Information Officers from the health department, emergency management, and library to be involved in this project. The project will continue outreach to other Information Officers when the call center is about to be launched. • Team members and library staff attended training conducted by Rebecca Brown, advisor for the project from the University of Kansas Medical Center Dykes Library. • Six other forms of education/training were attended by various Team members to assist with this grant. • The Library obtained the necessary bandwidth, phones and additional trunk lines as identified in the grant timetable. • Team members gathered information on existing call centers, determined 	<p>Excellent foundation building efforts were set in place to move toward meeting the three objectives of the grant.</p> <p>The project benefited from a well-organized Team that is focused on realistic, yet attainable outcomes. The Team members have already sought and received training, compiled initial guidelines to operate the Call Center, and assessed the Library's infrastructure and Call Center demands to operate during a disaster situation.</p> <p>Excellent number of publicity and promotional activities conducted by Team members. Consultation by Information Officers into the Team helped increase the outcome quality of this objective.</p> <p>The Team is on target with project administration by obtaining equipment, developing guidelines, and anticipation of additional needs beyond the capacity of this grant to sustain and expand the infrastructure of library, such as a back-up generator to keep the Call Center fully operational in case of a power loss.</p>

<p>applicability to the Together Prepared Library project, and drafted initial guidelines for the new Call Center.</p> <ul style="list-style-type: none"> The Team began assessment of library's infrastructure, Call Center's needs, costs, and potential grants and/or contributors. The Team is continuing to search for ongoing funding and sustainability. This grant task was scheduled for the last six months of the project. However, Team members advanced the timelines to address the need for more equipment, software, and to reimburse monthly maintenance costs incurred to have a full scale operation to meet all three disaster situation levels. 	
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Objective 2: Develop a website that offers advice, information, resources, community linkages, preparedness self evaluation, health, and safety information for general public and vulnerable populations.

Activity Outcomes	Evaluator's Comments
<ul style="list-style-type: none"> Team members extensively researched designs and content on existing websites. The results of this analysis were presented to the Team at several meetings for further discussion. The web designer has been briefed and a new schedule for website design and implementation drafted. <p>Website site development has been delayed in part this first 6 months, since one of the key personnel involved has been addressing the demands of the public health threat of H1N1.</p>	<p>Good start to determine likes and dislikes of established websites, discuss information to include on the website, and to meet with web designer.</p> <p>The outcome of this objective has been somewhat delayed with the initial website development being deferred. Activities are planned to bring it up to speed in the upcoming months particularly since outreach with H1N1 is slowing down.</p>

Objective 3: Pilot an outreach program using the library mobile van to inform agencies servicing vulnerable populations about disaster preparedness and response.

Outcomes	Comments
<ul style="list-style-type: none"> Activities are on schedule with the identification and recruitment of three potential mobile van training sites. The scope and content of training that would most benefit vulnerable populations is also starting to be developed. Most of the work of this objective is scheduled for next six months. 	<p>The Team has made very good progress and the activities initiated during this reporting period are within the grant proposal's stated timeline.</p>

Attachment 9:
Subcontractor Quarterly Reports

Spanish Peaks Library District
Spanish Peaks Library Health & Wellness Initiative

Quarterly Report – August 1, 2009

Name and address of reporting institution:

Spanish Peaks Library District
415 Walsen Ave.
Walsenburg, CO 81089

Project Title: Spanish Peaks Library Health & Wellness Initiative

Name of person submitting report: Monica A. Birrer

Email address: mbirrer@spld.org

Telephone number: 719-738-2774

Reporting Period start date: May 1, 2009

Reporting Period end date: August 1, 2009

Publicity:

The Library received a great deal of publicity during the end of this quarter because we opened a beautiful new facility in an historic school building; grand opening activities took place June 26-28. The Librarian's regular column written at the end of July included an invitation to view the anatomical models now on display at the "health information station" however, it was not published until August 6, 2009.

Outreach:

We have continued to mention the health information station at community meetings. The hospital outreach clinic staff have come a couple of times and left material and offered health screenings.

Other accomplishments:

The Library District total population is less than 6500 people and with many volunteers and 8 staff members we moved our entire library out of a small 1500 sq. ft. house to a 9700 sq. ft. rehabilitated building. The entire quarter was spent repainting and assembling shelving, packing boxes, planning layouts, etc., all without professional assistance. On June 24, two days before opening, the IT director drove to the next largest town and purchased a 40" LCD HDTV for the health station. It took us the rest of the quarter to purchase additional equipment for the project. Although not a part of this grant, the Library received a donation of twenty 'gently used' computers to set up a computer training lab during this quarter as well. At some point in the future we would like to offer free classes specifically to teach people how to find reliable health information on-line.

Target audience:

Our target audience is the entire population of the area; this includes communities outside of the library district where residents read local newspapers, shop or work in Walsenburg, and watch the local cable TV station.

Goals, Outcomes, Objectives:

Our major difficulty this quarter was finding the time to purchase all of the equipment and materials necessary to get the health station up and running. Staffing in the library and the bi-county health department fluctuates and adds to the job duties of remaining staff. We were able to order the equipment and the anatomical models before the end of the quarter.

Evaluation:

With the professional assistance of Betsy Kelly, Washington University School of Medicine, our survey was rewritten. Because the activities have not begun, the surveys have not yet been used.

Impacts and Observations:

Other health professionals in the community are excited about what we are proposing to do for the public with the health station. We are all so busy with our individual agencies and numerous tasks we do not coordinate our activities as much as we would like.

Planned Activities:

Our plan is to have health videos playing during the day on the large screen TV in the center of the new library. The anatomical models will be available as will various health materials, books, pamphlets, etc. As staff are asked questions, or see patrons using the health station, they will encourage participants to complete the survey and be counted.

Quarterly Report – November 1, 2009

Name and address of reporting institution:

Spanish Peaks Library District
415 Walsen Ave.
Walsenburg, CO 81089

Project Title: Spanish Peaks Library Health & Wellness Initiative

Name of person submitting report: Monica A. Birrer

Email address: mbirrer@spld.org

Telephone number: 719-738-2774

Reporting Period start date: August 1, 2009

Reporting Period end date: November 1, 2009

Publicity:

Breast Cancer posters and flyers were printed to hand out and make available to the community.

Outreach:

An all-class reunion was held in August and many people from outside the area returned and took tours of the Library; many of them had attended high school in this building and they were very excited to see that it was still being put to good use. Hosting tours of the building (and our resources, including the health information station) prompted many other visits from area residents who might not have come otherwise. The International Celtic Festival was held in Walsenburg at the end of September and many attendees also visited the Library.

Other accomplishments:

It was a difficult quarter for us at the Library. Once all of the equipment arrived it had to be installed – by regular staff along with all of their other duties. The laptop had to be properly configured and connected to the TV; once it was ready, we realized that the keys for the lock on the multipurpose cart where the laptop and DVD player were to be located (beneath the wall mounted TV) were absolutely nowhere to be found. We spent several weeks searching, debating, trying other locks and finally came to the conclusion that we would have to pay \$26 to have a new lock and keys sent from the manufacturer.

Target audience:

Our target audience is the entire population of the area; this includes communities outside of the library district where residents read local newspapers, shop or work in Walsenburg, and watch the local cable TV station. We found a great deal of interest from young students in the anatomical model that is located at the health station and will have to consider how to include them more actively in the project – children often bring parents to any activity.

Goals, Outcomes, Objectives:

It was apparent during this quarter that lack of dedicated staff for this project is a problem. Several staff members are involved in various aspects, for instance our one IT tech person is setting up equipment, and our acquisitions staff member is ordering materials, but our director who is the designated project staff is still very busy with finishing up reporting for the numerous funding agencies involved in the rehabilitation of the new facility. At the same time we were all overwhelmed with the number of new visitors to the Library; daily patron visits increased by 70%, the new meeting room is used several times a week by various community groups as well as public and private agencies outside of the county, and all with no increase in staffing. It does however increase visibility of our services.

Evaluation:

Without a dedicated/assigned staff person, the formal evaluations have not been distributed. We understand that this is an important part of the project and important for us to receive feedback as well.

Impacts and Observations:

This is a community hungry for information and we recognize what a great opportunity it is for the Library to promote the fact that libraries provide more than books for children and old ladies.

Planned Activities:

We hope to have everything up and running as soon as possible, videos and web sites on the large monitor, brochures and books on the shelves, anatomical models available for hands-on learning.

Tech For All @ your local Library!

By Jaye Sudar

I spent last Thursday with Rose Keating, director of Tech For All, the organization from Denver which has provided 23 computers for the Spanish Peaks Library. Tech For All is a non-profit that collects computers, upgrades them and then donates them to individuals or groups in the community. Their goal is to give computers to those who need them so that they can learn the skills vital in our tech oriented world. As of last Thursday, over 2,034 computers had been given away.

Entering the conference room was a shock. Computers were on every table, cords crisscrossed the floor and Rose Keating was moving from computer to computer working to set them all up. On the wall was a sign that read:

"WE ARE PROUD TO ANNOUNCE ... We have a one year agreement to loan 20 computers to the Spanish Peaks Public Library in Walsenburg, CO a project close to the hearts of our benefactors, Steve & Reba Savageau. The Library did not have the funds to acquire these computers this year. At the end of the year, the computers will go to qualifying recipients in Walsenburg."

Rose had arrived with the computers on Wednesday, navigating the horrendous hail storms that pelted 1-25. She and a handful of volunteers brought them in and did an initial set up that evening. A few had gotten wet, and were left to dry.

Thursday, Dan Harper

of LoboSavvy Technologies was on hand to help with system updates, software loading and general inspection of the computers. My original mission was to get the story on the computers. However, Rose's infectious enthusiasm for technology and helping people soon had me cleaning computers and working to set up the network needed to begin the hours of updates necessary for the computers.

The challenge of connecting 25 computers to the library's network was accomplished by scrounged routers and a spiderweb of black, blue, gray and pink cable. After plugging all the computers in, and making sure they worked, the task of updates and software installation began.

By 10 pm, we were nearly done. Rose and Monica stayed to finish up the last few computers. Twelve hours of effort provided 23 computers fit for service at the library. The benefit for the community will be a computer lab capable of teaching computer classes. LoboSavvy is partnering with the Spanish Peaks Library to provide a series of basic computer classes starting in mid August. However, none of this would have been possible without the computers from Tech For All.

This computer lab was the culmination of 24 volunteers, over 170 hours, \$2,694.48, and 328 miles on O'Blue, Rose's truck. For more information on Tech For All, check out their website. www.denverttechforall.org/index.html

@ your library

by Monica Birrer

WALSENBURG- Hurrah and thank you all again - what a beautiful space we have created! So far everyone seems to be enjoying the new library in the historic school building. If you have not yet visited, please take a few minutes to come by and let us know what you think. We have a short survey asking what hours you would prefer the library to be open for service. We are still figuring out where things are and what final touches would make it easier to serve you so your input is most important right now.

If you have tried to call the Library you will know that the phone number has not changed, 719-738-2774; however, we have not yet managed to get the voice-mail option to work, so you cannot leave a message. We all know how dependent we are on technology and it is very frustrating when it doesn't work as expected. There are a number of new procedures that we are trying to set up to make it easier for you to access your library records, sign-up for computers, pay for printing, etc. Of course, I want it all to work now so the staff has more time to help customers, but it is going to take some time. As you know, the operating budget for the Library has not been increased and we don't expect it to increase in the next year or two. So, we are trying to provide more service with the same staff. I'm sure the staff would appreciate any help you can offer; just dusting all the window sills or checking to see that the books on the shelves are in the correct order takes additional time. Our main-

tenance person is working hard to keep our beautiful new space clean and shining in the same nine hours per week in a building more than three times the size. It would be great if volunteers could take turns mowing and weeding the lawn this summer so he has more time to maintain the interior.

Speaking of time and staff and budget, I want you to know that the total operating budget for 2009 was set at \$186,610.00, down \$4,030.00 from 2008. Because of Abatement Refunds granted this year to CCA Properties of America LLC (The Prison) and BP America Production (formerly ARCO) the Library's actual revenues were decreased by \$10,093.03. This is not money that we can recoup next year; although many other public entities are allowed to do this, the Library District may only collect taxes based on the actual property valuation each year. Over the next couple of months the Board of Directors will have to review the budget and consider ways of dealing with this additional loss.

The Library recently received a grant from the National Library of Medicine to set up a health information station to help our patrons learn to be better consumers of health care. Come by and see the new anatomical models and learn something new as the topics change each month.

National Public Radio will be airing a program about the Library and services to rural communities in the next couple of weeks. A reporter was here before and during the opening and interviewed a number of residents, a few of whom will be heard in this piece. We will do our best to alert you when we know exactly when it is scheduled.

Tomsco and Makkai Are Headliners at Open Arms Banquet

by Carol Dunn

Open Arms Pregnancy Resource Center held its annual fundraiser banquet on Saturday, August 1 at the Walsenburg Community Center.

Featured speaker Ellen

performed a mighty work of rescue to be done here - for children and for mothers."

George Tomsco of the Fireballs headlined the musical entertainment, joined by Lee Adams and Rick and

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Attachment 10:
Subcontractor Quarterly Report

University of Missouri - Kansas City
Changing the Face of Medicine
- A Kansas City Academic Medical Library/Community
Celebration

Quarterly Report

Name and address of reporting institution:

Amrita Burdick
Clinical Medical Librarian
Health Sciences Library
University of Missouri – Kansas City
2411 Holmes St.
Kansas City, MO 64108-2792

Project Title:

Changing the Face of Medicine – A Kansas City Academic Medical Library/Community Celebration

Name of person submitting report: Amrita Burdick

Email address: burdicka@umkc.edu

Telephone number: (816) 235-1876

Reporting Period start date: October 1, 2009

Reporting Period end date: January 1, 2010

Publicity:

We had submitted official promotional materials prior to Oct. 1 and our universities had submitted the press release to the media. We are unsure where the gap was, but we were disappointed with early publicity about the opening reception and the exhibit itself. Maybe it was the many simultaneous events in the university fall calendars. There was information at our library and university websites.

Dawn McInnis continued to spearhead formal and informal notifications about the exhibit and events, sending emails and invitations to local health sciences librarians, Friends of the Dykes Library, History & Philosophy of Medicine email lists and personal friends – about 540 emails and invitations of these plus 32 bulletin board announcements. Other committee members made contact with schools prior to the Oct. 30th event that needed to be cancelled due to the illness of the speaker. Some contacts were made with University of Missouri main campus sites prior to the Buckingham lecture, but the promised university publicity was never distributed.

Although this publicity came later than we had hoped, we were pleased with a half page article in the Star Magazine on November 1, 2009 and with the radio interview on Every Woman that played during our closing lecture and reception. Both of these let some additional people know about the exhibit.

Target audience:

It was more difficult to make arrangements for school groups than we anticipated. One lecture that originally was aimed at youth was cancelled, and we shifted one that was originally aimed at youth to an older population.

Goals, Outcomes, Objectives:

This completes the project, so while we have ideas about what we might do differently if we did this another time, we have not further modified our objectives. We did add an additional musical event – a medical student a cappella group from the University of Kansas Medical Center, “Doctors’ Notes” -- as part of the closing reception. This was a lively addition to the closing event.

We set up the traveling exhibit, did a Girl Scout teaching project, and five other youth classes or tours. We hosted four programs that were part of the official “Changing the Face of Medicine” activities; many of us also attended four additional parallel unofficial lectures.

A second lecturer was unable to present her scheduled lecture for health reasons. This was disappointing when we had already needed to cancel the talk by Dr. Sara Walker. Given the difficulty in getting school groups to attend, we elected to cancel the talk by Dr. Mary Dudley that was aimed at a youth audience, rather than try to find a replacement who would prepare a talk under very short notice.

We were frustrated with getting schools to commit for classes. Economic factors (reduced additional transportation resources) and a tight curriculum likely were factors.

Evaluation:

We tallied 18,198 people through the gate of the Dykes Library during the time of the exhibit.

From the Youth Survey of 72 respondents. Younger respondents (those 14 and under were a little more likely to have interest in a health career now on an answer scale of 1-4 (2.588235 to 2.823529); for 15 and under 2.5 to 2.761905. For the group as a whole it was 2.722222 to 2.875)

Older students were more likely to perceive the exhibit as encouraging them to “explore... interests and dreams” [scale 0-1 with 0 = no and 1 = yes] from 14 and under .764706; 15 and under .78125; and all youth .859155 so overall, it seems that they did perceive this as so.

The exhibit made youth somewhat aware of new career options. scale 0-1 with 0 = no and 1 = yes] 14 and under .75; 15 and under .709677; all youth .746479.

They were unlikely to have made a change in career options [scale 0-1 with 0=no and 1=yes] – 14 and under -- .352941; 15 and under .3125; and all youth .305556 – though some comments indicated an increased interest in health care careers – or an increased awareness that this was not the career for them.

Impacts and Observations:

A few comments from youth surveys and after classes follow. See attached complete listings of comments.

“I wanted to be a doctor... I already know. I like seeing health care history... [The exhibit] just helped me realize more.” [I want to be a] Doctor/pediatrics. “

“Being a doctor is now a possibility...I thought I had done that already [explored my interests and dreams] but I learned I had more to explore...There are more options for me. I think I might [consider a career in health care.]” Some learned that they didn’t want a health career: “I don’t want to work with sick people. I’m a bit of a germaphobe.”

Mother of Girl Scout: “Thanks for making science & health seem interesting! I think having young female medical students explain heart health using all those models really impressed my daughter. She seemed to like asking the other medical students questions about how they got into medical school, and learning what it takes to become a doctor.”

Teacher from Hogan Prep: “Thanks for offering this class. It’s a great opportunity for our students from the inner city to see the possibilities. “ This teacher announced at the end of class that he’d give an extra 20 points to any student who used something they’d learned in the experiential class or from the exhibit in their Advanced Biology paper that was due in December.

Planned Activities:

The tasks that we want to complete in the next quarter are:

- 1) Complete billing.
- 2) Submit last quarterly report and final report.
- 3) Make plans to write a small article for Wiki site about Best Practice.

Attachments:

- 1) Publicity
 - a) Kansas City Star article
 - b) Every Woman interview (taped but we have no copy)
 - c) Publicity from our various universities
- 2) Photos from events
 - a) opening reception and lecture
 - b) Women Leaders in Medicine panel
 - c) closing reception and lecture
- 3) Youth survey results and comments from classes
- 4) Attendance statistics

EXHIBIT HONORS WOMEN PHYSICIANS

BY ANN SPIVAK

Women contemplating careers in medicine, take note.

A national traveling exhibit in Kansas City through Nov. 11 depicts how women struggled for two centuries to gain access to medical education, forge careers and make advances in research.

Called "Changing the Face of Medicine: Celebrating America's Women Physicians," the exhibit is open daily and some evenings at the University of Kansas Medical Center's Dykes Library, 39th Street and Rainbow Boulevard.

"We hope the exhibit inspires young people to follow their own career dreams and to know that a career in medicine is a possibility despite the challenges," said Amrita Burdick, a clinical medical librarian at the University of Missouri-Kansas City Health Sciences Library, which collaborated with two other local medical libraries to bring in the exhibit.

"This exhibit shows that others have done it, and you can, too," Burdick said. The exhibit features panels that depict the stories of women who made it

against the odds, as well as those who made breakthroughs in medical research and surgery. The women are from different backgrounds and from various parts of the country.

Two women from the Kansas City area were part of the original and larger exhibit that was displayed at the National Library of Medicine from 2003 to 2005 — Marjorie Sirridge, a former dean of the UMKC School of Medicine, and U. Diane Buckingham, a psychiatrist.

In Kansas City, poster-size copies of their biographies are mounted on easels.

Burdick said, "We just made these two physicians a little more visible, as (they are) kind of local heroines."

Their stories are alongside others such as:

■ Mary Walker, who in 1865 was the first woman awarded the Congressional Medal of Honor for her work as a surgeon during the Civil War.

■ Edith Lincoln, a pediatrician who pioneered the use of drugs for treating tuberculosis in children in the 1920s.

■ Helen Dickens, who in 1960 was the first African-American woman admitted to the American College of

Surgeons.
 ■ Mary Roessel, who in 1987 was the first person in her Navajo community to attend medical school and become a doctor.

Two interactive kiosks traveling with the exhibit access the "Local Legends" Web site (www.nlm.nih.gov/locallegends), which features outstanding women physicians from every state and a Web site created for the larger exhibition at the National Library of Medicine (www.nlm.nih.gov/changingthefaceofmedicine).

Workshops for students and Girl Scouts also are being offered that include several stations where students will have a chance to take vital signs, extract DNA from fruit or wheat germ, create slides of bacteria, and explore electronic medical resources.

The exhibit is a collaboration among Dykes Library and the Glendening History of Medicine Library, both on the University of Kansas Medical Center campus; the UMKC Health Sciences Library; and the Kansas City University of Medicine and Biosciences Library.

For more information, call 913-888-0100 or go to www.library.kumc.edu/womeninmedicine.

U. Diane Buckingham, a local psychiatrist, was featured in the exhibit celebrating women in medicine.



FROM U. DIANE BUCKINGHAM

Marjorie Sirridge, a hematologist and former dean of the UMKC School of Medicine, spoke at the exhibit's opening ceremonies. She was one of the doctors featured in the national exhibit.



FROM A. HARVIN/MCINNIS

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Every Woman

Airs: Saturday, 3:00 pm

Programmer: [Sharon Lockhart](#)

Every Woman - a show about women making a difference and the men by their side. As 52% of humanity, women are not a 'special interest' group and EVERY WOMAN should work for nothing less than full participation in the social, political and economic arena.

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KKFI 90.1 FM Just Announced: The lineup of KKFI DJs and Hosts who will be on site at the Wild Oats Market on Main fundraiser on Thursday, January 14, from 8 am-9 pm. Click link below for details.



Wild Oats Gives KKFI the Biz
Location: 4301 Main St. Kansas City, MO 64111 USA
Time: 8:00AM Thursday, January 14th

January 9 at 9:28am

KKFI 90.1 FM has 1,701 Fans

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 David	 Bill	 Crema

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[KKFI 90.1 FM](#) on Facebook

Program schedule

[Printable version](#)

Legend

Blues, Jazz, Latin, Reggae, Hip-Hop, News and Public Affairs

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midnight						Second Set	
1:00		KCDIY					(cont)
2:00	Paragon Radio		The Rocker	Seasoned Beats	The Wire	Jamband Junction	
3:00		The Justice Files					
4:00					For the Record	Electronic Elevation	Dr. M Morn Med
5:00	Explorations	New Dimensions	Pacifica Archives	World of Possibilities	Heartland Labor Forum	Beale Street Caravan	
6:00	Your Morning Buzz	Your Morning Buzz	Your Morning Buzz	Your Morning Buzz	Your Morning Buzz	The Original Traffic Jam	Art o
7:00							Voice
8:00	Democracy Now	Democracy Now	Democracy Now	Democracy Now	Democracy Now		Psyc
9:00	Counterspin Sprouts	War News Ra... Making Cont...	Alternative Radio	GRIT Radio	Between the... Sea Change...	Blues Kitchen	Coffe Radi
10:00	Lynn's Beautician Blues Show	Mid-day Medley	Mid-day Medley	Mid-day Medley	Eclectics		
11:00						WomanSong	Fool
12:00	Arts Magazine	Eco-Radio KC Bioneers	What's the ... From Ark to...	Law & Disorder	Anything Goes		
1:00	Jazz Afternoon	Jazz Afternoon	Jazz Afternoon	Jazz Afternoon	Jazz Afternoon	The Tenth Voice	Word Radi
2:00						This Way Out Wings	
3:00		Voodoo Kittens Road Trippin Blues	My Place	Edged In Blue	Whitehat Mike's Musical Picks	Every Woman	Saba of Lo
4:00	Mother's Mix					Urban Connections	Saye
5:00					Rockabilly Mood Swing	Guess Who's Coming to KC	Nativ Radi
6:00	All Souls Forum	Tell Somebody	The Radio Redux	Heartland Labor Forum			
7:00	Dialogo Abi...		L.A. Theatre Works	Thursday Night Special		Roots-Wise Reggae	Suns
8:00	Sabor Latino	Taste of Tejano	Chamber Music	Local ShowCase	Real Deal		
9:00						Show Me Mix Show	Sign
10:00	Ciasta Musical	Breaking Thru Darkness	Vibes with Val	Blended	The Red Wheelbarrow		
11:00					Grateful Dead Hour	Retro Red-Eye Express	Moby

The following are public affairs programs of 5 minutes or less in length and the times that they air

Weekly Updates

Monday, October 12, 2009

National exhibit celebrating Women in Medicine comes to KC

[UMKC](#) is currently co-hosting the national traveling exhibition "[Changing the Face of Medicine: Celebrating America's Women Physicians.](#)" Our city is one of only 61 sites nationwide to host this exhibit, which runs through Nov. 11. The exhibit is a collaborative effort of the four libraries of the three Kansas City-area medical schools: Dykes Library and Clendening History of Medicine Library of the University of Kansas Medical Center, Kansas City University of Medicine and Biosciences Library, and the [UMKC Health Sciences Library](#).

The National Library of Medicine (NLM), Bethesda, Md., and the American Library Association, Chicago, IL, organized the traveling exhibition with support from the National Library of Medicine, the National Institutes of Health Office of Research on Women's Health, and the American Medical Women's Association. The traveling exhibition is based on a larger exhibition that was displayed at the NLM from 2003–2005. The local exhibit received additional support through grants from the National Network of Libraries of Medicine and the Health Sciences Library Network of Kansas City.

Along with the exhibit, which is housed at the Dykes Library on the KU Med campus, there will be a number of special events highlighting the evolving role of women in medicine. [UMKC will host a special Changing the Face of Medicine lecture at noon on Tuesday, October 20](#), in the UMKC School of Law Courtroom. The event will feature Dr. Diane Buckingham, an adolescent psychiatrist featured in the national exhibit and current faculty member at the [UMKC School of Medicine](#). The topic of Dr. Buckingham's presentation will be "Opening the Doors to Multicultural Diversity and the Changing Faces of Color: Patient and Women Empowerment."

For more information about the Changing the Face of Medicine exhibit and related events, [view the UMKC news release](#).

Submitted by: Amrita J. Burdick, MALS, MA Ed., AHIP
Clinical Medical Librarian, UMKC Health Sciences Library
Posted by Gail Hackett, UMKC Provost and Vice Chancellor for Academic Affairs at [1:11 PM](#)
Labels: [exhibit](#), [libraries](#)

0 comments:

[Post a Comment](#)

Opening Lecture and Reception. – Oct 3, 2009.

Photos are by A. Marvin McInnis



A representative from each of the medical schools participated in the introductory remarks. Here Dean Barbara Atkinson, of the University of Kansas Medical Center speaks.



Young physician, Dr. Molly Menser – graduate of the Kansas City University of Medicine and Biosciences and resident at the University of Kansas Medical Center introduces Dr. Marjorie Serridge. She says, “I want to grow up to be like Dr. Marjorie Serridge.”



Dr. Marjorie Sirridge tells of women in medicine who inspired her and of her own experiences as a young physician.



Following the lecture, the Kansas City University of Medicine and Biosciences hosts an elegant reception in the Dykes Library of the University of Kansas Medical Center.

New Perspectives, New Opportunities: Women Leaders in Medicine, Oct. 9, 2009 –

All photos are by Robert Steckmest, UMKC School of Medicine.

1) Two deans and a former dean talk about their career and the opportunities for women in medicine.



(Dean Betty Drees, Dean Barbara Atkinson, and Dr. Sandra Willsie.)

2) Marilyn Pesto, JD, Director of the Sirridge Office of Medical Humanities did a marvelous job as moderator.



3) We were pleased to have some residents and younger students attend the panel discussion. We had a small reception sponsored by the UMKC School of Medicine following the panel discussion.

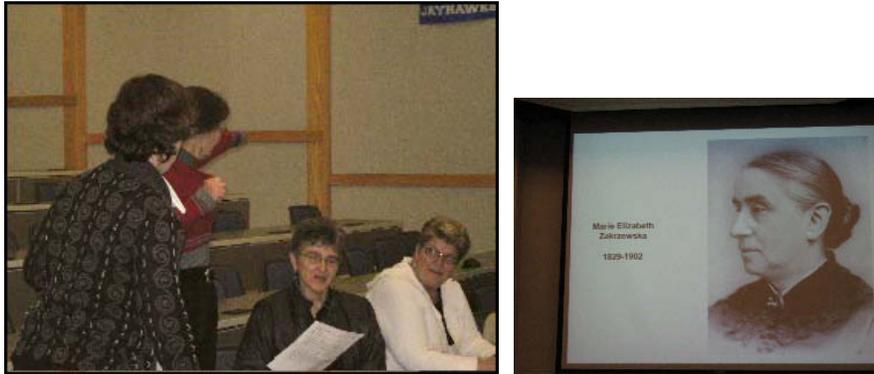


4) A student talks with Dean Betty Drees after the panel.



Closing Lecture and Reception –October 7, 2009

The first three photos are by Amrita Burdick, the following photos are by A. Marvin McInnis



Members of the American College of Women's Health Physicians Board attended the last lecture, an insightful view of the life of Dr. Marie Zakrzewska, an early woman physician and defender of the role of women in medicine.



Here, the closing speaker, Dr. Arlene Tuchman views the exhibit.



11/07/09 *Doctors' Notes* provided entertainment at the Closing Reception.



11/07/09 Arleen Tuchman, PhD, Director for the Center for Medicine, Health, and Society at Vanderbilt University, signs her book at the Closing Reception, following her lecture entitled, "Science Has No Sex: The Life of Marie Zakrzewska, M.D." This Lecture was sponsored by KUMC History & Philosophy of Medicine Department and the reception sponsored by Health Sciences Library Network of Kansas City.



11/07/09 Guests at the Closing Reception viewing the exhibit for the last time for its Kansas City stay.

Data from youth surveys

Survey	Age	Sex	Eur	Afr	Asia-Pac	Nativ	Hispa	othe	1 - Before	2-new car	3-own int	4-change c	5 hlthCARE
36	10.0	f		x					4	1	1	1	1
24	11.0	f				x	x	x	2	0	1	0	3
64	11.0	f						x	1	0	1	0	2
66	11.0	f							3		1	1	3
68	11.0	f						x	3	1	1	0	4
71	11.0	f							2	1	1	1	3
72	11.0	f						x	3	1	1	0	4
25	12.0	f		x		x	x	x	4	0	1	0	4
26	12.0	f							2	0	0	0	2
39	12.0	f							3	1	1	1	3
40	12.0	f		x					1	1	1	1	3
67	12.0	f	x						4	1	1	0	4
69	12.0	f						x	2	1	0	0	1
57	13.0	f							2	1	1	1	3
62	13.0	f						x	4	1	1	0	4
12	14.0	f						x	3	1	0	0	3
63	14.0	f						x	1	1	0	0	1
11	15.0	m	x	x	x	x	x		1	1	0	1	2
14	15.0	f	x					x	4	1	1	0	4
17	15.0	f		x					1	1	1	0	1
23	15.0	f		x					2	1	1	1	3
27	15.0	f		X					2	0	1	0	2
28	15.0	f		X					0	1	1	0	2
29	15.0	f		X					4	0	1	0	4
30	15.0	f		X					2	1	1	0	2
37	15.0	m						x	2	1	1	1	2
44	15.0	f						x	4	1	1	0	4
51	15.0	f	x	x		x		x	1	1	0	0	1
53	15.0	f		x					1	0	1	0	2
54	15.0	f		x					4	0	0	0	4
61	15.0	f							4	1	1	1	4
70	15.0	f	x	x		x	x	x	4	0	1	0	4
1	16.0	f		x					4	1	1	1	4
3	16.0	m		x			x		3	1	1	0	3
4	16.0	f						x	4	1	1	0	4
13	16.0	f		x					4	1	1	0	4
22	16.0	f		x					4	0	1	0	4
31	16.0	m		x					2	1	1	0	3
32	16.0	f		x					1	1	1	0	2
33	16.0	m		x					2	1	1	0	2
38	16.0	f						x	1	0	0	0	1
47	16.0	f						x	4	1	1	0	4
55	16.0	f	x			x			2	0	1	0	2
60	16.0	f		x					4	1	1	1	3
65	16.0	m	x						1	1		0	1
2	17.0	f	x						3	1	1	1	4
5	17.0	m	x						2	1	1	1	1
6	17.0	f	x						4	1	1	1	4
8	17.0	m	x						1	1	0	0	1
9	17.0	f		x					3	1	1	0	3
10	17.0	f	x						2	1	1	0	2

Comments-- Changing the Face of Medicine Survey

45 -- 1 – Beebah

46 -- 1) I love science 3) I am so excited to start med-school ☺ 4) I want to be a brain doctor 5) ☺

47 – 5 ☺

48- 1) Very informational! Great looks and easy to follow. 2) Brought up many new issues. 3) Gave me new ideas that helped. 4) It did give me lots of new information. 5) Sports med.

49 – 1) I am interested in research.

50 – 4) In a good way.

51 – 2) I didn't know there were so many different career in health care. 5) I would like to become a teacher to help children.

52 – 1) I will be attending medical school. 3) Already had an idea. 4) Already set in becoming a doctor. 5) Will be attending medical school.

53 – 1) Organ are gross. 3) The computer lady talked about jobs.

54 – 1) There were a lot of interesting images. 2) They were mainly about ethnic groups.

55 – 2) But my parents jobs were what made me aware beforehand.

56 – 1) I don't want to work with sick people. I'm a bit of a germaphobe. Also, the stress of being someone's last chance would kill me by age 30.

57 – 2) Now I want to be a prosthetics engineer. Aoo!

58 – 4) Already know I can whether I'm a woman or not.

59 – 1) Definitely science related.

60 – 1) I always want to be a pediatric nurse.

61 – 2) Like maybe helping people.

62 -- 1) I was planning on being a surgeon/anesthesiologist beforehand.

63 – 1) I'm a computer nerd. +\0

64 – 1) I want to be a vet. 2) Not really. I've always wanted to be a vet, it sounds cool. 3) Sort of. 5) Maybe

65 – 2) Not interested though. 3) So-so

66 – 2) I don't know.

67 – 5) Vet.

68 – 2) I am thinking about becoming a doctor or vet to help people + animals. 3) It has made me more brave about blood. 4) I still want to be a doctor or vet.

69 – 1) Good website.

70 – 1) I wanted to be a doctor. 2) I already know. 3) I like seeing health care history. 4) it just helped me realize more. 5) Doctor/pediatrics.

71 – 2) Being a doctor is now a possibility. 3) I thought I had done that already but I learned I had more to explore. 4) There are more options for me. 5) I think I might.

72 – 2) I want to become a doctor or a vet when I'm older so I can help people and animals when they are hurt or sick. 3) Yes, because I want to help people as a dream or to become a vet.

Comments made during/after CFoM Youth Classes to Lynn George

Mother of Girl Scout: "This is really amazing! My daughter goes to a private school, and they just don't have the updated lab equipment to use, or the resources I see here. Thanks for doing this! I wish something like this would've been available when I was young (referring to exposure to careers in healthcare)."

Girl Scout Leader: "Will the exhibit be here the rest of the year? I'd like to bring more of my girls back to see it. Would you offer the experiential class other places, too?" (explained that this was a special exhibit, ending Nov. 11, 2009, and the classes were dependent on volunteers & equipment that were only available for the duration of the exhibit.

Mother of Girl Scout: "Thanks for making science & health seem interesting! I think having young female medical students explain heart health using all those models really impressed my daughter. She seemed to like asking the other medical students questions about how they got into medical school, and learning what it takes to become a doctor."

Leader/Mother of Scout, who is an active RN: "This was a really good exposure for these girls! I'd be glad to help if you offer more classes. Would you like a couple of real pacemakers to show students during your other classes? (I picked them up from her the next week!) My only suggestion would be to get some surgical tools for them to look at and handle." (I did try to get a suturing kit and some basic tools, but several inquiries to Operating Room Personnel went unanswered.)

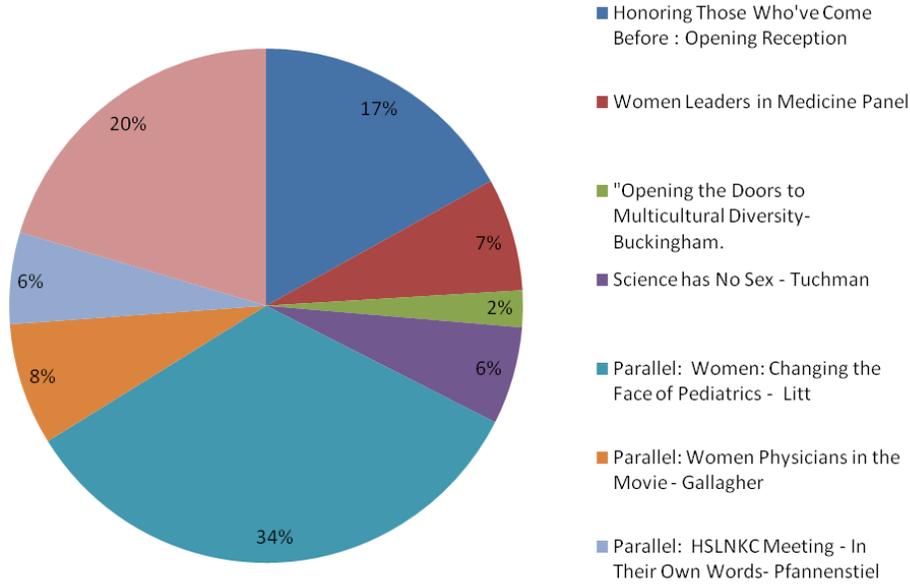
Girl Scout: "I knew I wanted to go into a medical field, and thought I'd like to help people with artificial limbs, but now I'm sure I want to be involved with prosthetics. I'd like to help engineer better limbs like the one you showed us."

Student from Hogan Prep: "I didn't know there were so many medical fields to choose from."

Teacher from Hogan Prep: "Thanks for offering this class. It's a great opportunity for our students from the inner city to see the possibilities." This teacher announced at the end of class that he'd give an extra 20 points to any student who used something they'd learned in the experiential class or from the exhibit in their Advanced Biology paper that was due in December.

Teacher from Liberty High School: "I'm so glad we brought our students here during the exhibit! Even though they aren't reading every panel, the links you gave them are really helpful. It's not often that young people get to see these kinds of pathology specimens you set out."

Changing the Face of Medicine Events



Honoring Those Who've Come Before : Opening Reception	88	16.92%
Women Leaders in Medicine Panel	37	7.12%
	12	2.31%
Science has No Sex - Tuchman	32	6.15%
Parallel: Women: Changing the Face of Pediatrics - Litt	175	33.65%
Parallel: Women Physicians in the Movie - Gallagher	40	7.69%
Parallel: HSLNKC Meeting - In Their Own Words- Pfannenstiel	30	5.77%
Parallel: KU Bohan Lecture - Dickey	106	20.38%
	520	

Gate count at Dykes Library during the exhibit - 18198

Attachment 11:
Subcontractor Final Report

University of Missouri - Kansas City
Changing the Face of Medicine
- A Kansas City Academic Medical Library/Community
Celebration

Final Report

Changing the Face of Medicine – A Kansas City Academic Medical Library/Community Celebration.

NNLM Express Outreach Award

7/1/2008 – 12/31/2009

Submitted by:

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Narrative Description:

The four libraries of the three Kansas City schools of medicine (the Dykes Library and the Clendening Library of the University of Kansas Medical Center , and the libraries of the University of Missouri-Kansas City and of the Kansas City University of Medicine and Biosciences) hosted the American Library Association/National Library of Medicine traveling exhibit, Changing the Face of Medicine from October 3 to November 11, 2009. We saw this as an opportunity to celebrate the successes of women in medicine and to encourage career paths for young women. We hosted four official events, as well as a number of activities for young people, in conjunction with the exhibit. (Two speakers – Dr. Sara Walker and Dr. Mary Dudley -- who originally were scheduled for presentations, cancelled their presentations due to illness.)

Youth projects were among the most exciting features of the celebration. Lynn George created impressive “two-hour experiential workshops for middle and high school students” consisting of seven (7) stations adjacent to the exhibit. She marketed this to area middle schools and high schools and set aside two 3-hour weekend dates for the Girl Scouts. For each class, there were experiential stations with DNA extraction from fruit, cheek swabbing under the microscope, measuring blood pressure, and prosthetics engineering. Career questions and answers were fielded by women medical students. A pathology display featured various organs. We distributed small “goodie bags” to youth attendees that included a stress ball, a CD with learning resources, bookmarks from each institution and printed materials about information resources or medical careers to each student. There were also a few door prizes. Nutritious snacks (required for Girl Scout activities) were funded by the Health Sciences Library Network of Kansas City. One hundred seventy-seven (177) young people attended these events. Seventy-two (72) young people filled out our survey about the exhibit and the affect of the exhibit on their interest in health careers.

In conjunction with the event, the Metropolitan Medical Society of Greater Kansas City featured a website “Profiles of Kansas City Women Physicians” in a format designed to encourage young people to think about medicine as a career. This feature was announced through e-mail and mail invitations to area medical societies, alumni of the 3 medical schools, and through the medical school women physicians’ organizations.

Amrita Burdick created some materials especially for teachers and students. These included two LibGuides: “Medicine and Women” and “Science and Medicine,” (linked to the official website by Changing the Face of Medicine-Kansas City web master, Amy Ritterskamp) and a handout about “What do Librarians Do?”

Events were attended by university officials and faculty, physicians, resident physicians, medical students, those interested in history and women’s studies, and others. We were pleased to be able to include a local women’s chorus, a classical trio, and a medical student a capello musical group as part of our opening and closing receptions – linking medicine and the humanities. During the time of the exhibit, the gate count was: 18,198. Based on the October count for the previous year, the expected

gate count would have been 8,693 for a six week period – indicating that we may have drawn as many as 10,000 people for the exhibit itself.

Some later press coverage included a half page article in the Sunday Star of the Kansas City Star on November 1, and a taped radio interview on the radio talk show, Every Woman (which played during our closing reception.) The article prompted the radio interview, and after the rather late radio interview, a few additional people learned of the exhibit and visited the display during its last few days on site.

This was an unusual collaboration of the three medical schools, which drew praise from the leaders of the medical schools and to which they gave unusual support. Two deans attended events under duress - one after the recent death of a parent and another after the untimely death of a prominent faculty member (whose funeral was earlier in the day of the opening reception, which she attended.) One dean later flew from the west coast on a red-eye flight to be able to participate in the Women Leaders in Medicine panel. The University of Kansas graciously donated the space for the exhibit and events, and Kansas City University of Medicine and Biosciences donated a truly elegant opening reception. The University of Missouri-Kansas City donated space for two events and provided one reception. The Clendening History of Medicine Library and Museum of the University of Kansas also sponsored the travel arrangements for the closing speaker.

The project, bringing together librarians from the four libraries, strengthened the spirit of collegiality among the libraries and among the institutions. We were blessed with people with a variety of skills – from design and web construction – to history of medicine – to education – and others. The blend of skills of the local planning committee was definitely an asset to the project.

In our guest book, many commented on the quality of the exhibit and noted that that they enjoyed reading about these women's accomplishments. Although there was only a modest increase in interest in health careers among youth attendees, comments on surveys indicated that the exhibit was informative, that it brought up new ideas – and at least one student was enthusiastic enough about the experiential workstations that they now wanted to be a "prosthetics engineer."

Training and Training Sites

Receptions and speaking events were held at the University of Kansas Medical Center and at the University of Missouri-Kansas City. Parallel events were held in other city locations. All youth activities were held at the Dykes Library of the University of Kansas Medical Center.

Target Audience

We hoped to reach both health care professionals and the wider community. We also hoped to draw youth attendees from both the Girl Scouts and from local schools.

List of Exhibits and Events

- Opening Reception, Oct. 3: Honoring those who've come before, Dr. Marjorie S. Sirridge
- Oct. 9 – New perspectives, new opportunities – Women leaders in medicine panel with Dean Barbara Atkinson, Dean Betty Drees and former dean, Dr. Sandra Willisie
- Oct. 20 – Opening the way for others – Dr. Diane Buckingham
- Nov. 7 – Closing reception – Science has no sex, Dr. Arleen Tuchman
- Youth programs on Oct. 17, Oct. 18, Oct 26, Oct. 27, Nov. 6 & Nov. 10th.
- Parallel program – Oct. 8 – Women, changing the face of pediatrics, Dr. Iris Litt at Children's Mercy Hospital pediatric grand rounds
- Parallel program – Oct. 8 – Women physicians in the movies, Patricia E. Gallagher, senior librarian, New York Academy of Sciences
- Parallel program – Oct. 14 – In their own words: pioneer women physicians – Brenda Pfannenstiel, MALS, MA AHIP, at meeting of the Health Sciences Library Network of Kansas City
- Parallel program – Oct. 16 – University of Kansas Medical Center Alumni Lecture, Dr. Nancy Wilson Dickey
- The Kansas City University of Medicine and Biosciences and the Clendening History of Medicine and Museum both created exhibits related to the event. The Clendening History of Medicine Library accepted a collection of women physician autobiographies and began a "beach read" discussion group.

Approaches and Interventions Used

We sent over two hundred envelopes with printed material and information to local schools, and used personal email, phone and direct mail contacts to let people know about events and the exhibit. Because of university policies, we used our university media to try to attract press coverage rather than approaching press sources directly.

Our youth specialist on the local events committee found a number of people willing to design or man the seven learning stations. Some information about health careers was provided verbally and through materials in the "goodie bags," other learning came through hands-on activities.

Project Evaluation Results

Approximately 10,000 people attended the exhibit. There were nine programs with a total attendance of 697 people. Of these, at least 177 were young people attending programs aimed at that age group.

Observations on Problems and Barriers

We were pleased that so many people visited the exhibit, but were disappointed that we were not able to get more publicity about the exhibit and related event early on. It was difficult to coordinate publicity with the restrictions both of the grants and of our own institutions. In part because of this, the attendance at the official exhibit events was less than we hoped.

With a tight economy schools were cutting back on extra bus trips. Thus, we weren't able to offer as many classes as we originally hoped.

Impact of the Project

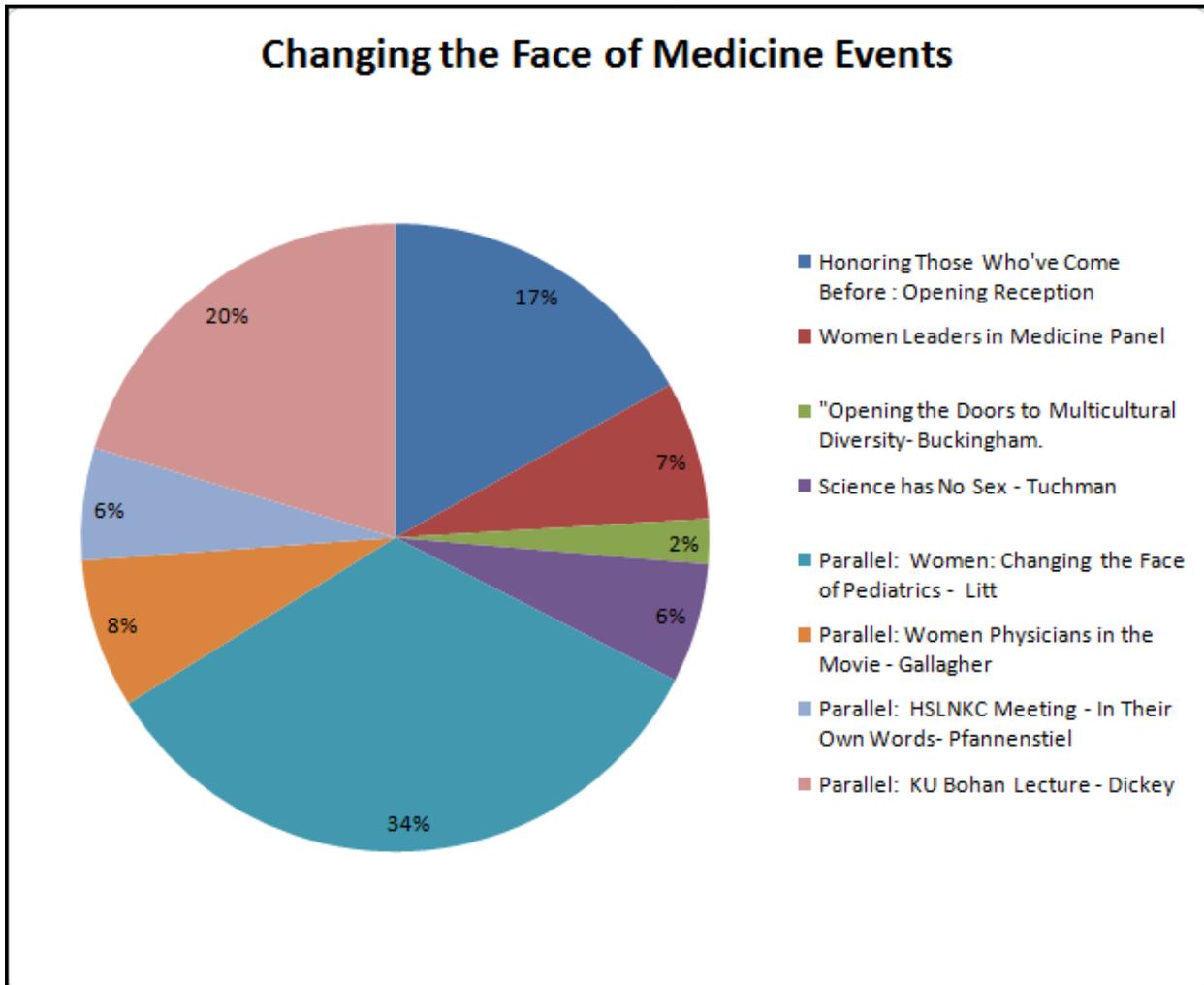
We definitely made health careers more visible to teachers and students through mailings and some schools participated in activities. Youth who attended were slightly more interested in a health career after seeing the exhibit. We hope that other young people were inspired by the printed materials and websites to consider a health career. We were pleased that the Medical Library Association accepted the "What do Librarians Do?" handout that we developed for the youth goodie bags, for their career website, so perhaps our work will encourage careers in health sciences librarianship as well as medicine. Over 1700 people also accessed our main website, and it is likely that approximately 10,000 people visited Dykes Library to see the exhibit.

Recommendations for Improvements

Only do this if you can obtain secretarial assistance and/or release time from your primary job! We probably tried to do too many things and some of the things we wanted to do weren't possible with policies – of the traveling exhibit, of our universities. Or, sometimes, they needed funding that wasn't possible through our resources. We had hoped to purchase thumb drives for the youth goodie bags, but printed ones were expensive. We then explored the idea of commercial sponsorship, but were unable to do so because of university restrictions. Thus we simply made CDs—which gave the information but which were less likely to serve as an ongoing reminder of the exhibit.

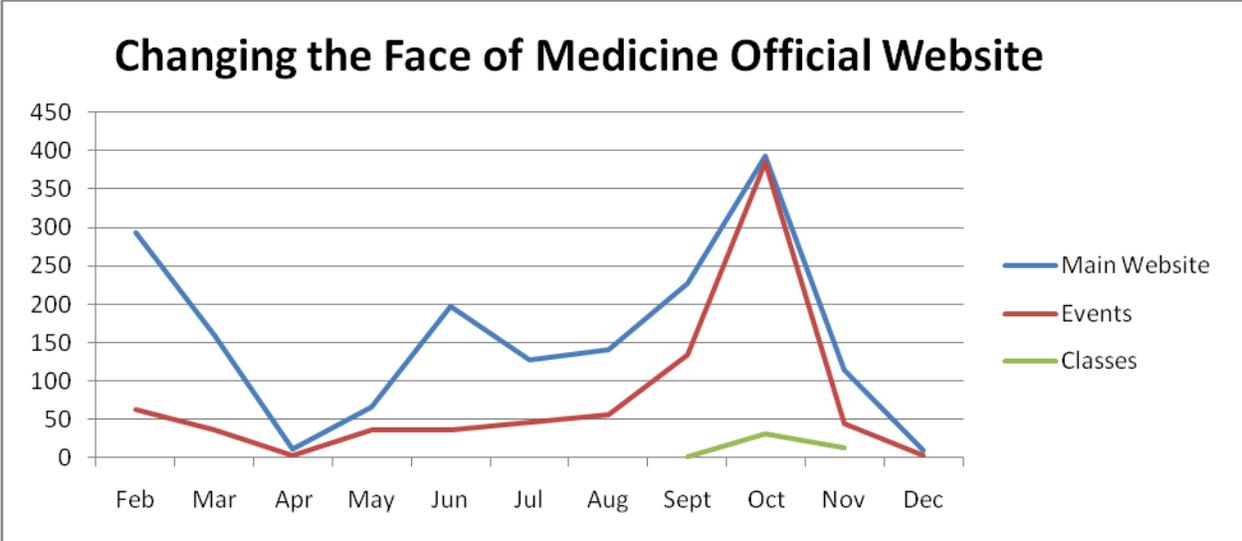
Given the difficulty in coordinating the publicity through our university media, it might have been possible to attract more people to a few events if we had more time to promote the events further. As we tried to design printed publicity, email all our own contacts and develop and coordinate programs and receptions, we were spread too thin. There were many (close to simultaneous) CFoM exhibits in same region at same time which also may have reduced the potential audience.

Website, class and attendance statistics – + graphical compilation



A total of 520 people attended events related to the exhibit. Two of the more highly attended events were parallel events sponsored by other organizations.

Honoring Those Who've Come Before : Opening Reception	88
Women Leaders in Medicine Panel	37
"Opening the Doors to Multicultural Diversity- Buckingham.	12
Science has No Sex - Tuchman	32
Parallel: Women: Changing the Face of Pediatrics - Litt	175
Parallel: Women Physicians in the Movie - Gallagher	40
Parallel: HSLNKC Meeting - In Their Own Words- Pfannenstiel	30
Parallel: KU Bohan Lecture - Dickey	106
	520



Here is a graphical look at the access to the Changing the Face of Medicine official websites.

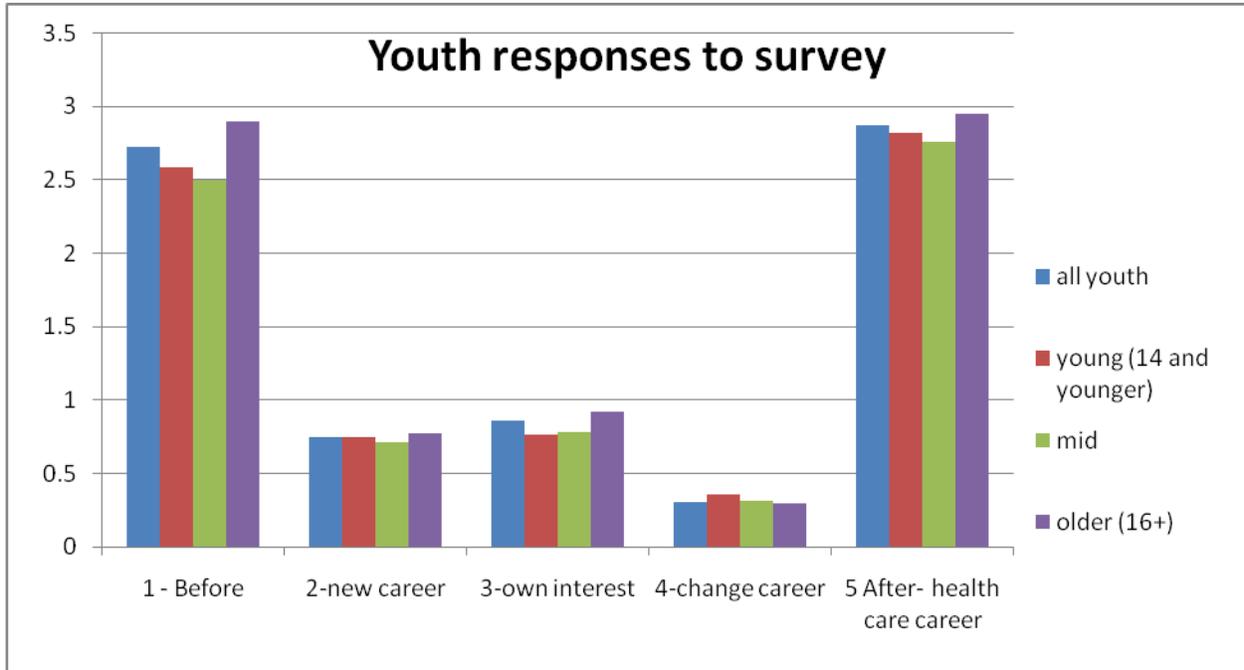
The totals for the official website on a monthly basis are given below.

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
Main Website	293	160	12	66	198	128	141	228	393	114	10	1743
Events	63	37	4	37	37	46	56	134	385	45	4	848
Classes								2	31	13		46
												2637

In addition to the official websites, these two documents offering collections of links were made available for teachers and students. The numbers indicate the number of times each document was accessed. We do not have statistics on how frequently the parallel website at the Metropolitan Medical Society, that gave brief biographical information on other local physicians, was accessed.

LibGuides - Medicine & Women	156
LibGuides - Science & Medicine	78
	234

Youth Survey responses indicated a slight increase in interest in careers in health care after seeing the exhibit. (Compare #1 and # 5 below). Younger respondents were more likely to say that they changed their minds about career options, and older youth were more likely to say that the exhibit encouraged them to follow their own interests.



**Attachment 12:
Subcontractor Quarterly and Final Reports**

University of Utah
Using the “Information Rx” Process to Refer Adults and Parents
of Children with Metabolic Conditions to the Genetics Home
Reference Web Site for Health Information

QUARTERLY REPORT

COVER SHEET

1. Title of Project:

Using the “Information Rx” Process to Refer Adults and Parents of Children with Metabolic Conditions to the Genetics Home Reference Web Site for Health Information

2. Name of Institution:

University of Utah, Department of Biomedical Informatics

3. Location of Institution:

26 South 2000 East
HSEB Suite 5700
School of Medicine
Salt Lake City, UT 84112-5750

4. Name, Mailing and E-Mail Addresses, Voice and Fax Numbers, of Person Submitting Report:

Denise E. Beaudoin, mailing address as above, email address denise.beaudoin@hsc.utah.edu,
phone 801-581-4080, FAX 801-581-4297

5. Number and Inclusive Dates of Quarterly Report:

Quarterly Report #9, covering the period from 10/16/09 through 12/31/09

6. Submission Date:

December 22, 2009

NARRATIVE DESCRIPTION

1. Executive summary. Please provide a brief, one-paragraph narrative summarizing major accomplishments made during the quarter.

Dr. Beaudoin presented a poster describing study findings at the 2009 annual meeting of the American Medical Informatics Association in San Francisco in November (please see Appendix). She has prepared a draft manuscript and received comments and suggestions for improvement from study co-authors. Dr. Beaudoin plans to submit a revised manuscript to the JMLA for publication consideration.

2. Description of Progress toward the Project's Major Objectives:
 - a. Administrative/Planning Activities: The no-cost extension period for this project ended on November 30, 2009. A final project report was submitted on December 22, 2009.
 - b. Collaborations/Partnerships: Ongoing with Drs. Longo and Jones.
 - c. Publicity/Marketing Activities: Not applicable.
 - d. Product/Resource Development Activities: Not applicable.
 - e. Site Visits: None at this time.
 - f. Outreach activities: None at this time.
 - g. Web site development activities: Not applicable.
 - h. Exhibits: Not applicable.
3. Loansome Doc/Document Delivery Activities: Not applicable.
4. Evaluation Activities: Please see final project report.
5. Problems/Corrective Actions (including significant changes made in implementation of the project): None to report.
6. Lessons Learned/Significant Feedback: Please see final project report.
7. Projected Activities for Next Quarter: Not applicable.
8. Reports of Training/Demonstration Sessions and/or Exhibit Reports: Not applicable.

APPENDIX



Online Information Prescriptions: Referring Patients with Metabolic Conditions to Genetics Home Reference

Denise E. Beaudoin, MD, MSPH, MS¹, Nicola Longo, MD, PhD¹, Robert A. Logan, PhD², Jason P. Jones, PhD¹ and Joyce A. Mitchell, PhD¹

¹University of Utah, Salt Lake City, UT; ²National Library of Medicine, Bethesda, MD



Introduction: An Information Prescription (IP) is the provision of specific information to patients to help them manage health problems.¹ Physicians typically use IPs to direct patients to trustworthy Web sites.² Parents may be more likely to seek information online about their child's condition when this approach is suggested by a health professional.³ The GHR (Figure 1) was developed by the National Library of Medicine (NLM) to offer consumers and providers reliable health information about genetic and metabolic conditions.⁴

Objectives: To determine reaction to a physician-directed IP to visit GHR, and perceived utility of retrieved information.

Methods:

- Prospective pilot study
- Convenience sample of adult patients and parents of children with metabolic conditions seen at University of Utah Metabolic Service Clinic between April and November 2008
- Protocol
 - (a) Distribution of IP, invitation to enroll, informed consent
 - (b) Completion of 28-item pre-intervention, paper survey
 - (c) Visit to GHR during six weeks post clinic visit
 - (d) E-mail and letter "reminders" at three and six weeks
 - (e) Completion of 31-item post-intervention, online survey (hosted on secure Web site managed by NLM)
- Demographic data and reaction to IP from pre-intervention survey, all other results from post-intervention survey
- Reported results based on completion of both surveys

Table 1: Selected demographics of survey respondents (N = 53)

		N	%
Role	Parent/guardian	50	94.3%
	Adult patient	3	5.7%
Gender	Male	14	26.4%
	Female	39	73.6%
Age in years	Median 33 (range 20 – 48)		
Race/ethnicity	White, not of Hispanic origin	49	92.5%
	Other (Asian, Hispanic, American Indian/Alaskan Native)	4	7.6%
Education	High school graduate/equivalent	2	3.8%
	Some college/vocational school	21	39.6%
	College graduate	13	24.5%
	Some OS/Graduate/professional degree	17	32.1%



Table 2: Respondent level of agreement with statements about GHR

Statement	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I trust the information on the GHR Web site because my/my child's doctor prescribed it.	0/0 (0%)	0/0 (0%)	2/0 (4.0%)	17/0 (34.0%)	31/0 (62.0%)
A high-quality source of health information helps me talk to my/my child's doctor.	0/0 (0%)	0/0 (0%)	3/0 (6.0%)	14/0 (28.0%)	33/0 (66.0%)
The health information that I find on the GHR Web site will help me make better health decisions for my/my child.	0/0 (0%)	1/0 (2.0%)	9/0 (18.0%)	20/0 (40.0%)	21/0 (42.0%)
The information I received on the GHR Web site added to what doctors told me about my/my child's condition.	0/0 (0%)	1/0 (2.0%)	9/0 (18.4%)	17/0 (34.7%)	22/0 (44.9%)

Sample comments from users of GHR

"This web site was very informative and easy to understand."

"I work with families who have children with special needs. I plan to give this site information to those families that this applies to. I feel that it may help them understand their child's condition. Especially those who, for whatever reason, didn't get enough information from their child's physician."

"I really think it is a great site and will help a lot of people. I only wish we would have had something like this when I was born so my parents could have read and talked to others who have experienced my condition."

Results:

- 53/82 study enrollees completed both surveys, for an overall response rate of 64.4%
- Survey respondents (N = 53) tended to be parents, female and highly educated (Table 1)
- 47/53 respondents (88.7%) either "strongly" (58.5%) or "somewhat" (30.2%) agreed that receiving an IP to visit GHR was a "good idea"
- 32/53 respondents (60.4%) reported they had an **improved understanding** of an illness or health condition
- A high proportion of respondents agreed that information on GHR was **trustworthy** and of **high quality** (Table 2)
- 22/53 respondents (41.5%) reported that they looked for or would consider **looking for more** health information
- Overall, 43/50 respondents (86.0%) reported that they were **satisfied** with the health information found on GHR, and 40/50 (80.0%) would **recommend the site** to others

Conclusions:

- Use of a physician-directed IP to visit GHR was well received by pilot study participants at a metabolic clinic
- Respondents expressed a high level of satisfaction with GHR
- Retrieved information was perceived as useful in key areas
 - improving understanding of health conditions
 - encouraging communication with providers
 - prompting further information-seeking behaviors

References:

- Ritterband LM, Borowitz S, Cox DJ, et al. Using the Internet to provide information prescriptions. *Pediatrics*. 2005;116(5):e643-47.
- Siegel ER, Logan RA, Harnsberger RL, et al. Information Rx: Evaluation of a new informatics tool for physicians, patients and libraries. *Information Services & Use*. 2006;16(1):1-10.
- Tufley C, Finlay F. Use of the Internet by parents of paediatric outpatients. *Arch Dis Child*. 2002 Dec;87(6):334-6.
- Mitchell JA, Fomous C, Fun J. Challenges and strategies of the Genetics Home Reference. *J Med Libr Assoc*. 2006 Jul;94(3):336-42.

Acknowledgments:
NNLM MidContinental Region Project
NLM Contract No. ND1-LM6-3504

Contact information:
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Hik248297726

FINAL REPORT

COVER SHEET

1. Title of Project:
Using the “Information Rx” Process to Refer Adults and Parents of Children with Metabolic Conditions to the Genetics Home Reference Web Site for Health Information
2. This project was not part of a special funding initiative.
3. Name of Institution: University of Utah, Department of Biomedical Informatics
4. Location of Institution:
26 South 2000 East
HSEB Suite 5700
School of Medicine
Salt Lake City, UT 84112-5750
5. Name, Mailing and E-Mail Addresses, Voice and Fax Numbers, of Person Submitting Report:
Denise E. Beaudoin, mailing address as above, email address denise.beaudoin@hsc.utah.edu, phone 801-581-4080, FAX 801-581-4297
6. Inclusive Date of Final Report: January 2, 2010
7. Date submitted: December 22, 2009

FINAL REPORT

NARRATIVE DESCRIPTION

1. Executive Summary: Summarize the project's major accomplishments.

Use of a physician-directed Information Prescription (IP) to visit the Genetics Home Reference Web site (GHR) was well received by pilot study participants at a metabolic clinic. Respondents expressed a high level of satisfaction with GHR, and retrieved information was perceived as useful in key areas. Referral to GHR may enhance medical management by improving understanding of health conditions, encouraging communication with providers and prompting further health information-seeking behaviors.

2. Geographic region/number of counties: List the geographic regions or all the counties that were impacted by the project.

Patients receiving clinical services at the University of Utah Metabolic Service Clinic were eligible to enroll in the study. The majority of study participants were Utah residents although eight participants were residents of nearby states (seven from Idaho and one from Nevada).

3. Collaborations/Partnerships: Include names and types of organizations with which there was collaboration at any time during the project. Provide the current status of the partnerships, challenges encountered and lessons learned.

University of Utah, Division of Medical Genetics, Metabolic Service Clinic:
The collaboration is ongoing due to manuscript preparation. Dr. Longo, colleagues and clinic staff were very helpful during the implementation phase of the project. Although initial plans called for study participants to complete a Web-based survey following the clinic visit, the plans were changed to better accommodate clinic work flow. As a result, study participants completed a paper survey at the clinic after the patient visit was concluded which worked well for all involved.

4. Training: Not applicable.

5. Training sites: Not applicable.

6. Exhibits: List all exhibits connected with the project (if applicable). Include the meeting name, dates, location, estimated number of contacts made, demonstrations given and general impressions of success.

Poster 1: Using the "Info Rx" Process to Refer Parents of Newborns with Metabolic Conditions to the Genetics Home Reference Web Site, presented at the Utah Library Association/Mountain Plains Library Association annual meeting, Salt Lake City, UT, April 30-May 1, 2008. The poster findings were viewed with interest by meeting attendees.

Poster 2: Online Information Prescriptions: Referring Patients with Metabolic Conditions to Genetics Home Reference, presented at the American Medical Informatics Association annual meeting, San Francisco, CA, November 14-18, 2009. Several physicians who attended the poster session did not have prior knowledge of GHR but were interested in referring patients to the site for health information. I provided them with information about GHR and “InfoRx” prescription pads for use with future patients.

7. **Resource materials:** Not applicable.
8. **Web sites: Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance and impact.**

This study was an evaluation of an existing Web site (Genetics Home Reference) and no new Web site was created.

9. **Document delivery and reference services: If document delivery services and reference services were provided, please provide appropriate statistics:** Not applicable.
10. **Approaches and interventions used: Describe the specific steps or activities used in the following areas: identifying and scheduling sessions:** Not applicable; **promotion/marketing:** Not applicable; **training:** Not applicable; **personnel/staffing:** Not applicable; **web site development:** Not applicable.
11. **Evaluation: (a) How was the project evaluated? (b) What results were achieved based on the objectives of the project?**

(a) Two survey instruments, administered in a pre-post fashion where the intervention was the IP and subsequent visit to GHR, were developed to collect outcome data. A 28-item paper survey (administered at the initial clinic visit) sought to characterize respondents’ behaviors regarding searching for/using health information retrieved online, as well as more broadly assess Internet use. Demographic information was also collected for follow-up purposes. The second 31-item online survey (completed after receiving the IP) focused on user experience with GHR and perceived utility of information retrieved from the site.

(b) Fifty-three of the initial 82 enrollees completed both surveys, for an overall survey response rate of 64.4%. Survey respondents were enthusiastic about the IP. In fact, 47 of the 53 persons who completed both surveys (88.7%) agreed that receiving an IP was a good idea, and all but two used the IP to visit GHR. Sixty percent of respondents reported an improved understanding of an illness or health condition. A high proportion of respondents agreed that information on GHR was trustworthy and of high quality, and 86.0% reported that they looked for or would consider looking for more health information as a result of visiting GHR. Overall, 86.0% of respondents said they were satisfied with the health information found on GHR, and 80.0% would recommend the site to others.

12. Problems or barriers encountered: Provide details on problems encountered in the areas of promotion/marketing: Not applicable; training: Not applicable; equipment/telecommunications: Not applicable; personnel/staffing: Not applicable; and web site development: Not applicable.

13. Continuation plans: Report on how you plan to continue the project. Will all or some of the project's activities continue? Who will provide the funding and staffing to do so?

The no-cost extension period for this project ended on November 30, 2009. I am not aware of current plans to continue project activities in Utah.

14. Impact: Include information on the perceived and actual impact of the project on the library, institution or consortium. This can include the effect of the project on the library's image, increased utilization of the library, etc.

Awareness of the GHR Web site among the medical director, colleagues and staff at the Metabolic Service Clinic was enhanced; we anticipate that this will translate into enhanced awareness among the patients (and their family members and friends) served by this clinic. Information regarding how to obtain additional free "Information Prescription" pads will be provided to the Clinic's Medical Director. As mentioned in #6 above, study findings have been disseminated at two conferences, and a manuscript is in preparation for journal submission.

15. Recommendations for improvement: Include suggestions for alternative methods, training materials, promotional materials, etc.

Study enrollees were given six weeks to visit GHR and complete the online survey. E-mail and letter "reminders" were sent at three weeks and again at the end of the six week time period. If I were to repeat the study, I would still send the 'reminder' e-mails and letters, but I would also call participants to remind them to visit GHR and complete the online survey. I discovered that when I spoke with participants on the phone (at the end of the follow-up period in the present study), survey completion rates improved markedly compared to results obtained with e-mails and letters alone. It seems that the "personal touch" may still be the most effective.

FOLLOW-UP QUESTIONS

1. **Were your original project goals and objectives met? If not, why not?**
The objectives of this pilot study were to assess the reaction of adult patients and parents of children with metabolic conditions to a physician-directed ‘Information Prescription’ to visit GHR, and the perceived utility of information study participants found on the site. Both objectives were successfully met.
2. **(a) What significant lessons were learned which would be of interest or use to others conducting outreach projects? (b) Which strategies were the most effective in implementing the project?**
(a) Patients will access online genetic health information when directed by a trusted health care provider to a reliable resource such as GHR.
(b) Effective strategies included the following: 1. Pre-testing both instruments with a cohort of parents with special needs children was very helpful and provided useful feedback for survey improvement. 2. Requiring the clinic physician to write the name of the patient’s medical condition on the paper IP likely facilitated information retrieval on GHR by study participants (38/50 or 76% of respondents found it “very” or “somewhat” easy to find the information they were seeking on GHR). 3. Assigning a unique ID number to each study participant upon enrollment at the clinic visit and instructing them to enter this number in the designated field of the online survey allowed linkage of the pre and post intervention surveys, enhancing data capture.
3. **If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?**
Please see Narrative Description, #15 above.
4. **What advice or recommendations would you give to anyone considering a similar outreach effort?**
I enjoyed working with the staff and patients at the Metabolic Service Clinic and would recommend moving forward with outreach efforts intended for this patient population. I would advise anyone who is considering conducting an outreach effort within a clinical setting to meet with medical personnel and clinic staff before implementation to ensure that proposed study protocols and logistics do not increase workload but rather are well integrated into the existing work flow of the clinic.
5. **Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (<http://publicaccess.nih.gov>), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (<http://www.nihms.nih.gov>) at PubMed Central (PMC) final manuscripts upon acceptance for publication.**
To date, study findings have been presented at two conferences (please see Narrative Description, #6). A manuscript is currently in preparation and, once finalized, will be submitted to the Journal of the Medical Library Association for publication consideration.

**Attachment 13:
Go Local Quarterly Report**

University of Kansas
Go Local Kansas

Go Local Project Report

Go Local Project Name: Go Local Kansas

Submitted by

- Name: Amy Ritterskamp
- e-mail address: aritterskamp@kumc.edu

Date Submitted: January 15, 2010

Dates covered: October-December 2009

If currently receiving NN/LM funding, Contract number (optional): 2507044-09

A. For Sites not yet released:

Estimated release month/year _____

- N/A

B. For all projects:

1. Major staff leaving or joining the project this quarter (name and role)

- Trained four high school biomedical research interns working at Dykes Library to enter records. Eventually they will have a larger role, possibly translating relevant records into Spanish.

2. Database Development & Maintenance

- Our small core group continued auditing records.

3. Website Development & Maintenance

- Changed featured site.

4. Outreach and promotion efforts

- Printed bookmarks with Go Local Kansas on one side and Kansas Health Online on the other.

5. Other