

**NN/LM MidContinental Region  
Regional Advisory Board Meeting  
October 2-3, 2008  
Cody, Wyoming**

The Regional Advisory Board meeting began on Thursday, October 2, 2008 at 3pm. Jean Shipman, Director, welcomed and thanked the members for attending. Members and staff introduced themselves and then broke into teams to learn about selected NLM resources and produce instructional presentations to introduce the benefits of each of the resources. These presentations were held throughout the meeting on Friday. See attachment X for the NLM resources and the teams that addressed them.

The meeting continued on Friday, October 3, 2008.

**NLM Update** - Dr. Angela Ruffin, Head NN/LM National Network Office  
Dr. Ruffin presented an update on the following NLM topics:

- Associate Fellows 2008-2009
- Budget
- Public Access Manuscript Deposit Trends
- Disaster Planning at NLM and the NN/LM
- MLA/NLM Joint Electronic Personal Health Record Task Force
- Consumer Health Resources – New Features
- Site Visits to RMLs

**World Café Discussions**

Participants met to discuss the following items in three rounds of 20 minute sessions. Volunteers summarized what happened at each table. See Attachment X for ideas generated for each topic.

Health Information Literacy

1. What does it mean to develop a health information literate population?  
(Who's the population? What are their needs? Definition of health information literacy)
2. What does it mean to improve access to health information?

Advocacy

3. Who? What? How? To Whom? Communicating in support of libraries
4. Are you Machiavelli or are you Mary's lamb? – Using institutional politics to benefit the library

Emergency

5. Assuming that emergency planning is important, how do we promote activities that result in emergency plans? (What is the value of emergency planning?)

Funding

6. Why is it important that members take advantage of funding opportunities? (How can we design funding opportunities that members respond to?)

**Open Space Discussions**

An open space session was held focusing on 3 topics that were derived from the World Café. Break out sessions lasted 30 minutes. The hostess' reported the output of the discussion back to the whole group. See Attachment X for ideas generated for each topic.

1. How can we engage members in RML programs; How do we overcome the disconnect between individual hospital, academic librarians; how do we make the engagement a two way process? What does engagement mean? What does it look like? Who are stake holders. Hostess: Brenda Pfannenstiel
2. How do we get members and other individuals in our region to receive the messages we are sending; how do we know we're sending the right message? What is our message? Hostess: Claire Hamasu
3. How can we empower our members to be effective in their own institutions and their communities? Hostess: Barb Jones

**Closing** – Jean Shipman & Claire Hamasu

Jean Shipman and Claire Hamasu thanked the board for their contributions over the two days and recognized those who would be going off the board at the end of April 2009.

The meeting adjourned at 4:00 pm.

NLM Resource Teams

MedlinePlus	Colleen Eggett R. Iwan Dana Abbey Claire Hamasu
PubMed/MEDLINE	Holly Henderson Jeanne Le Ber John Bramble

Public Health Partners	Lori Phillips Siobhan Champ-Blackwell Jean Shipman
Household Products Database	Brenda R. Pfannenstiel Jerry Perry Betsy Kelly
NLM Gateway	Kelly Klinke Kerry Skidmore Sharon Dennis Rebecca Brown
NIHSeniorHealth	Linda Frazier Sharon Medcalf Marty Magee Jim Honour
ClinicalTrials.gov	Camillia Gentry Richard E Kammer Barbara Jones

## **Attachment X . World Café Ideas**

### **Health Information Literacy**

#### **1. What does it mean to develop a health information literate population?**

(Who's the population? What are their needs? Definition of health information literacy)

Health information literacy means the ability to evaluate and use it successfully

Incorporates text and numbers – what do the words and numbers mean?

Whoever the potential user of health information is, will need to be AWARE that information is there for them

Everyone is a health information consumer, health professionals as well as consumers

Access limits can hamper health information literacy

Don't assume equal access to the Internet

How to disseminate outside of web based venues – Public forums, town hall, local level, live talks to community groups, cell phones, public television, public service announcements

Format – electronic? Print? Picture?

Push delivery to the local level

Employ the local public health workforce

Strategies to target groups poverty stricken, illiterate – gaming, engaging public schools, commercials, journalists – local newspapers, Internat'l

Assn of Healthcare Journalists

Find the “music” the person will listen to – tailor the message  
Is there a model we can use? Financial, You Tube?  
Does improving health literacy actually improve health?  
Health information literacy vs health literacy  
Communication between professionals and consumers lead to health literacy. Purveyors of health information aid with health information literacy by pushing it frequently and by having the patient’s trust  
What do you do with information once you have it-- Discard it, overcome cultural barriers to use it, trust the source?  
Recognize the process people go through to absorb and process the information

## **2. What does it mean to improve access to health information?**

What is health information? Not always clear  
There may be a sequence: Literacy vs health literacy. To be health literate, need to be literate. Seniors – computer literacy first?  
Motivation for seeking information  
Convenience – need to know basis  
Relationship to personal health record  
Partners in health with professionals  
Establish context – health care providers relationship to consumers  
Big umbrella notification to the public – USA Today  
Information distributed via a computer versus television. Not everyone is a computer user; most everyone is a television watcher  
Cable access TV, public service announcements  
NLM is not well know by a majority of the population; why doesn’t NLM advertise?  
Change the rules about advertising government programs  
You need to know what’s there before you can access it  
Re-brand MEDLINE to a more memorable name (e.g., WebMD) – getting out maneuvered by WebMD  
Use pharmacies and Wal-Mart for posters  
NN/LM the place for accurate information  
Computer access – available at libraries. How about clinics?  
Information Rx – MDs need to know and use  
Promotion budget for libraries  
Getting out of the library – to the senior centers, nursing homes, onto the campus, promote in high schools

Lowest common denominator – point of care provider as the first contact point. – nurses, nursing homes, physicians, public health nurse, social worker; who is the significant gatekeeper?  
Being aware of who's available  
Is the money in the right place? Is there money?  
Synthesis of disparate database concepts into a UMLS that includes common consumer terminology, “one stop shopping”  
Standard interface. Patient as partner in health with their providers.  
Successfully establish a man-machine interface. Access → Synthesis  
Encourage patients to be partners in health. It's not about throwing more staff at them, its about tailoring health care to the individual. Scared & hurt  
→ hear and listen  
Open access

### **Library Advocacy**

#### **3. Who? What? How? To Whom? Communicating in support of libraries**

Who: the librarian is doing it; train the trainers and consumers of your services who will then advocate for the library  
Who delivers the message? Direct - you are self serving so how reliable is your message to the listener?  
Indirect – services are well done resulting in satisfied and impressed clientele who promote for you  
What: the services that we provide; value of what we do and what we provide; Dept directors – floor nurse, resident, CNO (Chief Nursing Ops) – patient care influence is important;  
To Whom: administration – CEO, CIO, CFO (they are the decision makers and hold the purse strings)  
How: Librarians need to know the “how” to advocate for the library to non-librarians. Simplify and target the message.  
Seize the moment to train – what can you do in 5 minutes? Modify teaching style to meet needs of patron. Incorporate a “value” message in the training on the value of the instruction/instructor.  
Time – the value of time now vs time later; examining our priorities in terms of the value of time invested and potential successes/impacts  
Standards, handbook, requirements work - Regulation vs deregulation – be part of the process  
Tools for librarians to elicit kudos, show value  
Give something of value that they will then talk about on the floor – increase reputation  
Referrals are key  
Elevator talk- Sound bytes

Customized, quick factoid conversations  
Risk living on the edge  
Maximize partnerships  
Ideal job description  
Intrinsic value vs financial value (e.g., return on investment)  
Questions to ask oneself: Who to? Who for? So what?  
Figure out moment of truth, how to work in the time limits of patrons  
Make content relevant to “their” world  
Are we communicating for libraries or for the products found in libraries?  
Think beyond the physical library  
Take advantage of available toolkits, Powerpoints etc vs recreating the wheel  
Raise the expectations of the elite  
Triage the advocacy message so that its appropriate to the audience

**4. Are you Machiavelli or are you Mary’s lamb? – Using institutional politics to benefit the library**

Circumvent politics  
Identify advocates – your voice to the policy makers  
Form an advisory group  
Do an excellent job so that you have advocates  
Be where your users are  
It’s all about relationship building  
Make friends with the CFO  
Reach out—include committee work  
Politics never ends  
Remind the decision makers about the value of library contributions—including revenue  
Balance Machiavelli and the lamb  
Fit within your organization’s success indicators /success measures  
Those in power may not be at the top – admin asst often filters the information and drives it up  
Consistent and constant marketing/promotion of the library—advocacy never ends  
Be in the communication loops  
Going outside of the organization for recognition that can be highlighted within the organization – awards from professional organizations, certification

**Emergency Preparedness**

**5. Assuming that emergency planning is important, how do we promote activities that result in emergency plans? (What is the value of emergency planning?)**

Three themes:

- institutional plan – be at the table where it's being formed, insinuate library into the discussion
- partner with other organizations outside your institution – public library, public health, other hospitals
- protect resources

Buddy libraries for backup

Insuring that the NN/LM toolkit is known and used

Who does emergency planning in your institution – be at the table for planning and for practice, exercises

Joint Commission has emergency exercise requirements

Focus is on physical/structural issue. Also need pandemic planning – people resources are gone – how do you perform without them?

Brandon Hill list for emergency planning in the toolkit

Survey providers—what resources do people need to work out of their specialty? Identify the needs of all types of providers

Lab coat size books—have stock on hand

Who are the suppliers?

What resources are available if no electricity? Pre-loaded hand held devices

Identify core services—partnering with community organizations may result in changing/expanding your role

CERT (Community Emergency Response Team) training

Establish means to community with the community outside of the institution

Prepare and research resources before promoting library activities

Protecting what is essential to providing library services (intrinsic value) making clear to administration what must be protected (e.g., rare books, historic artifacts)

Library as place for triaging patients, place for congregating. Surge capacity – library can provide space for overflow of staff etc.

**Funding**

**6. Why is it important that members take advantage of funding opportunities? (How can we design funding opportunities that members respond to?)**

Issues Members may have:

Communication – where's the money from? Getting the message out to the audience. Multiple formats, multiple messages  
Bureaucratic investment--what's the win for that investment? Paperwork, writing, research, time. May not be a perceived win for the investment  
Tech support to carry out projects – how to use the equipment we get  
Staff to do the work  
Match local needs for funding priorities – bottom up – know the local needs rather than the RML deciding what is needed  
Need for operational costs – staffing, ILL, etc. Funding not available for this area  
Balancing expectation and sustainability of effort – value of seed money for non-sustainable programs  
Corporate mentality about outside funding

#### Possible Solutions:

Start with member needs, have members write the rfp, bottom up  
Quick form, quick review, quick tools. Easy to access, simple template, all use the same  
Leverage liaisons – state liaison first reviewer, return to proposer or on to detailed project description; final proposal submitted  
Assessment tools to assist members; improve funding page, working group to build the page  
NLM needs to hear what members are saying about process, content, intent  
Facilitate a meeting at MCMLA – session about funding to help develop topics, support, skills, form collaborations  
Teleconference from MCR to explain the funding opportunity, archive for ongoing access

#### Attachment X. Open Space Ideas

- 1. How can we engage members in RML programs? How do we overcome the disconnect between individual hospital, academic librarians? How do we make the engagement a two way process? What does engagement mean? What does it look like? Who are stake holders? Hostess: Brenda Pfannenstiel**

How it works on a local level, what organizations do, examples of local grant programs, consortia purchasing, CE credits, awards, networking  
Recommendation: NN/LM ought to work through local organizations.  
Encourage, supplement be a resource; best to work face to face. Visits appreciated and needed  
How to engage: hospital librarians have to close the library to go to a local meeting; academic say they have staffing problems and can't come.

A lot of RML information is useful, sometimes addresses issues that the librarians don't yet know they need. RML information can enhance local recognition of need.

Library certification program? RML partner/participate?

Education CE units are important, will draw people to training programs, provide RML person and have a small charge that covers food. "free" isn't always valued

Clear divisions of tasks – RML/MCMLA/librarian

What would you miss if the RML weren't there?

Members looking for proficiency in using and articulating the usefulness and value of NLM resources

What if DOCLINE went away? That is primary interest for NN/LM participation. DOCLINE rules allow hospital librarians to remain in DOCLINE even without a librarian; remaining libraries become net lenders to the small, unstaffed library. Should participation rules change?

Institutions want to know what they are getting in return, particularly when a competitor is receiving valuable services without spending similar resources; copyright clearance fees.

Quid pro quo requirements – in lieu of lending should other services be required?

Find some way to discuss engaging rural members or solo librarians without a support network. Relationship with librarian at hospital; librarian sends message to constituents, invites others in community to participate in RML training/demo; can this create new networks for the local librarian that cross organizational lines?

**2. How do we get members and other individuals in our region to receive the messages we are sending? How do we know we're sending the right message? What is our message? Hostess: Claire Hamasu**

How do we know members are not getting message?

Not all members subscribe to the MCMLA list

Comments from advisory board members indicate misunderstanding of what we are doing and the RAB is a committed audience. What about the less committed?

Usability studies on web site: participants indicated new knowledge about valuable information available on the web

Is the message we're sending what's needed? Perhaps they see our message, it doesn't apply, the message is discarded

A study indicated that a frequent regularly received message, tends to be ignored

Members appreciate receiving our messages because its pushed to them

Is there a difference between what is useful to academic and hospital librarians?

Writing to capture someone's attention  
MCR staff a solo librarian's colleague

So what do we do now? What's the right message, how do we send it out?

Shadow visits – spend a day learning what it feels like to wear the librarian's shoes; how do they want to receive information? What information is needed, useful?

Test various formats: Send a message in multiple ways. Offer prize to responders. They get a prize; we understand what format resonated based on the response to the message.

How are support structures used and how are they useful?

### **3. How can we empower our members to be effective in their own institutions and their communities? Hostess: Barb Jones**

Things librarians need from the RML: business, politics, business model, use of DOCLINE for value demonstration (CBA), identify and implement negotiation skills, consortial buying

Librarians in individual institutions need help working with their administrators to avoid being the target of reduced funding

Advocacy, marketing training, focusing on stakeholders, work toward performance standards, \$\$ saved for institution, use social occasions to further a political agenda and engage in conversations with stakeholders, learn what they need, show library's abilities to meet need

Empower through education. No answers to delivery means.