

Network Member Survey Report
National Network of Libraries of Medicine,
MidContinental Region
2005

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 2006

Table of Contents

| | |
|---|------------|
| List of Tables | ii |
| Introduction..... | 1 |
| Methodology and Response Rate | 1 |
| Analysis and Discussion of Survey Results | |
| Network Members..... | 2 |
| Staffing and Library Usage | 3 |
| Technology Planning and Implementation | |
| Computers and Connectivity..... | 5 |
| Technology Planning and Decision Making | 6 |
| Communications and Educational Technologies | 7 |
| Collections and Collection Management..... | 8 |
| Education and Outreach Programs | |
| Education Programs | 9 |
| Outreach Programs | 12 |
| Members and the NN/LM Network | |
| NN/LM Benefits..... | 12 |
| NLM Services | 14 |
| Communication | |
| RML Communications..... | 16 |
| Communications within the Region..... | 19 |
| Projects to Improve Access to Information..... | 20 |
| Conclusion..... | 21 |
| Appendix: NN/LM MCR Membership Survey..... | A-1 |

List of Tables

| | |
|--|----|
| Table 1. Library Responses by State | 2 |
| Table 2. Hospital Library Distribution by State and Population..... | 3 |
| Table 3. Staffing Change in 69 Hospital Libraries, reporting 2002 - 2005 | 3 |
| Table 4. Hospital Libraries Reporting MLS and Non MLS Staff..... | 4 |
| Table 5. Users Served Daily..... | 5 |
| Table 6. Technology Planning and Decision Making..... | 7 |
| Table 7. Hospital Library Training Topics | 9 |
| Table 8. Delivery Format for Library Training | 10 |
| Table 9. Audience for Training Programs..... | 10 |
| Table 10. Outreach Targets..... | 12 |
| Table 11. NN/LM Benefits | 13 |
| Table 12. NLM Services Use and Assessment (Hospital Library) | 15 |
| Table 13. NLM Services Use and Assessment (Academic/Other) | 16 |
| Table 14. MCRML Communications (Hospital Library) | 18 |
| Table 15. MCRML Communications (Academic/Other)..... | 19 |
| Table 16. Communication within the Region (Hospital Library) | 20 |
| Table 17. Communication within the Region (Academic/Other) | 21 |
| Table 18. Audience and Funding Source for Projects to Improve Information Access..... | 22 |

Network Member Survey Report 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 Assessment and Evaluation Liaison developed a questionnaire to be administered on a recurring basis to elicit information from regional member libraries about their staffing, the availability of technology, access to educational programs, and their relationship to the RML and the NLM. The RML administered the 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 2005, the RML again administered the questionnaire, with some additional survey items to reflect advances in technology and service delivery.

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

Methodology and Response Rate

The 2005 Network Membership Survey (see Appendix) was administered online using Survey Monkey. The NN/LM MCR invited Network members (those with a health sciences focus or NN/LM “full member level”) to complete the web-based survey. All RML communication channels included messages encouraging Network members to respond. Each library respondent was assigned an identification number, and responses were tracked using the library’s NN/LM LIBID (library identifier) to ensure only one response per member library. The web-based survey format allowed for presenting follow up questions (for example, a request for specifics if a certain question was answered

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/about/evaluation/memberinput.htm>

affirmatively). Therefore, not all respondents viewed all questions. In addition, some libraries did not answer all the questions that were presented, so the total number of responses varies from one question to another. The CSV format data files were downloaded from Survey Monkey and converted to Excel for tabulation and analysis.

The 2005 survey response rate for all libraries was 79% (147 respondents from 186 member libraries), a substantial increase as compared to the 2002 overall regional response rate of 56% (with 122 respondents from 216 member libraries). 99 hospital, academic and other libraries responded to both the 2002 and 2005 surveys. The 2005 hospital library response rate mirrors the regional rate, with an 80% response rate (105 hospital libraries from a regional total of 131 network members at hospitals). While the hospital library response rate in 2002 (66%, or 86 respondents from 130 hospital library members) was somewhat better than the overall regional response rate, it too showed a marked increase in 2005. The total number of survey responses for the region, responses by state, and responses for hospital libraries, are shown in Table 1. Hospital libraries comprise 71% of all survey respondents in 2005, similar to 2002 (70%).

Table 1. Library Responses by State

| | All Libraries (n=147) | Academic and Other Libraries (n=42) | Hospital Libraries (n=105) |
|----------|----------------------------------|--|---------------------------------------|
| Colorado | 25 (17%) | 3 (7%) | 22 (21%) |
| Kansas | 19 (13%) | 5 (12%) | 14 (13%) |
| Missouri | 53 (36%) | 20 (48%) | 33 (31%) |
| Nebraska | 22 (15%) | 9 (21%) | 13 (12%) |
| Utah | 13 (9%) | 1 (2%) | 12 (11%) |
| Wyoming | 15 (10%) | 3 (7%) | 12 (11%) |

Analysis and Discussion of Survey Results

Network Members

The number and distribution of regional health sciences libraries eligible to participate in the Network member survey declined somewhat between 2002 and 2005, from 217 potential respondents to 186 respondents. This decline in the total survey population is likely due to multiple factors, including library closures and more accurate information in 2005 about health science libraries in the region. Each state in the region continued to experience population increases over the last five years, as reflected in U.S. Census Bureau 2005 estimates.

The current distribution of health science libraries by state within the region (Table 2) shows Missouri continuing to have the largest number, 64 or 34% of the region's 186 health sciences member libraries, as would be expected, given that the state's population is substantially larger than that of other states in the region. However, as also observed in analysis of the 2002 survey, on the basis of number of hospital libraries per 100,000

population, Wyoming far exceeds the ratio of hospital libraries per 100,000 population in other states in the region. Wyoming's geographic characteristics of distance and terrain, more dispersed population with no large urban centers, and overall smaller population may explain the higher proportion of hospital libraries in that state than in other states of the region.

Table 2. Hospital Library Distribution by State and Population

| State | Total Network Members (n=186) | Hospital Libraries (n=131) | Population in millions (U.S. Census Bureau, 2005 estimates) | Hospital Libraries per 100,000 population |
|----------|-------------------------------|----------------------------|---|---|
| Colorado | 40 | 31 | 4.7 | 0.66 |
| Kansas | 21 | 16 | 2.7 | 0.69 |
| Missouri | 64 | 39 | 5.8 | 0.67 |
| Nebraska | 24 | 15 | 1.7 | 0.88 |
| Utah | 15 | 11 | 2.4 | 0.46 |
| Wyoming | 22 | 19 | 0.5 | 3.80 |

Staffing and Library Usage

Staffing at hospital libraries in the region varies greatly. On average, staffing in hospital libraries decreased between 2002 and 2005. Hospital libraries reported an average of 1.1 FTE librarians in 2002 and .94 FTE librarians. They reported an average of .6 FTE staff in 2002 and .53 FTE staff in 2005. Among 69 hospital libraries reporting for both surveys the change was from 1.09 FTE librarians in 2002 to 1.06 FTE librarians in 2005 and from .62 FTE staff in 2002 to .57 FTE staff in 2005 (Table 3).

The maximum number of FTE librarians in a single hospital library fell from 4 to 3 between 2002 and 2005. Total hospital library staffing (MLS and non professional) in the 69 libraries reporting in 2002 and 2005 fell 5.6 FTE between 2002 and 2005. The drop in staffing demonstrated by the survey results confirms individual reports of reduced staffing at hospital libraries in recent years (Table 4).

Table 3. Staffing Change in 69 Hospital Libraries, reporting 2002 – 2005

| | MLS FTE | Non MLS FTE | TOTAL FTEs |
|---------------|---------|-------------|------------|
| 2002 | 74.91 | 42.94 | 117.85 |
| 2005 | 72.85 | 39.4 | 112.25 |
| CHANGE | -2.06 | -3.54 | -5.6 |

Table 4: Hospital Libraries Reporting MLS and Non MLS staff, 2005

| | no MLS | <.5 MLS | .5-.9 MLS | 1 MLS | >1 MLS | Libraries reporting number of non-MLS staff |
|--|--------|---------|-----------|-------|--------|---|
| no staff | 8 | | 5 | 43 | 5 | 61 |
| <.5 staff | 8 | 2 | 1 | | 1 | 12 |
| .5 - .9 staff | | | 3 | | 1 | 4 |
| 1 staff | | 1 | | 12 | 3 | 16 |
| >1 staff | | | | 8 | 3 | 11 |
| Libraries reporting number of MLS staff | 16 | 3 | 9 | 63 | 13 | |

In 2005, sixty three (61%) hospital library respondents reported 1 FTE librarian, while 13 hospital library respondents reported more than 1 FTE librarian, ranging from 1.1 to 3 FTEs. Twelve respondents reported less than 1 FTE librarian and 8 reported no FTE librarian. Sixty one (69%) of the 88 libraries with librarians reported no additional non MLS staff. Eight hospital library respondents indicated no library personnel, neither librarian nor staff. The individuals responding for these hospitals listed their role as coordinator or supervisor of either Education or Health Information departments in the hospital.

Academic and other libraries reported a librarian staffing range from 0 to a high of 47 FTE, with an average of 6.16 FTE per library. Approximately half of academic and other libraries report 3 or fewer FTE librarians. The average non-librarian staffing is 10.8 FTE, with a range from 0 to 106 FTE.

Respondents were asked to indicate how many people enter their libraries each day and to estimate, on average, how many individuals request reference and/or interlibrary loan services from outside the library each day, that is, by phone, email, or virtual reference (Table 5). The 2002 survey asked for a combined total of individuals served per day in person, by phone, email, or other means. In 2002, hospital libraries reported a high of 250 users and requests per day and 35 per day per library on average. The 70 hospital libraries that responded to this question in 2002 reported a total of over 2,500 users served daily in person and offsite. In comparison, in 2005, 100 hospital libraries report a total of nearly 3,800 users served daily. This represents an 8.5% increase in the average number of people reported served by hospital libraries each day. We note that hospital libraries are reporting increases in users served even at a time when academic libraries are experiencing significant decrease in traffic and requests for service.

Table 5. Users Served Daily

| Respondents | People Entering the Library Each Day | | | Offsite User Requests (by phone/email/virtual reference) | | | TOTAL SERVED |
|-------------------------------------|--------------------------------------|---------|--------|--|---------|-------|--------------|
| | Most | Average | Total | Most | Average | Total | |
| Hospital Libraries (n=100) | 150 | 29 | 2,941 | 35 | 8.32 | 840 | 3,781 |
| Academic and Other Libraries (n=39) | 1,930 | 303 | 11,828 | 410 | 37 | 1,331 | 13,159 |
| All Libraries (n=139) | 1,930 | 106 | 14,769 | 410 | 16 | 2,171 | 16,940 |

Technology Planning and Implementation

Computers and Connectivity

Overall, computers are widely available for both library staff and users in the region, and virtually all of these computers have Internet access. Among hospital libraries, all libraries report at least one Internet accessible computer available for library staff, and only 3 report no Internet accessible computer for library users. Hospital libraries report an average of 3 computers available for the librarians and library staff, and an average of 4.5 computers available for users. The highest number of computers at any one hospital library is 13 for staff, and 22 for users.

Among academic and other libraries, the number of computers available for library staff ranges from 1 to 175, with an average of 23 per library. The average number of computers available in the library for users is 33, with one library reporting a high of 200 computers available for users.

Results from the 2002 Network survey showed hospital library Internet connection speeds that varied from T-1 or faster lines (48% of respondents) to high speed cable, DSL, or ISDN connections (27%), with minimal dial-up access and the remainder unknown. In comparison, in 2005, 88% of hospital libraries reported an institutional LAN (local area network) as the means of Internet connection (the remainder didn't know what type of connection was in place). Among academic and other libraries, 93% of respondents reported an institutional LAN as the type of Internet connection. Four either didn't know or didn't respond to the question.

A new question on the 2005 survey asked if there are one or more computer labs with Internet access available in the institution that can be used for RML training programs. Lab availability was reported by 66 hospital libraries (65% of 102 respondents) and by 23 academic and other libraries (56% of 41 respondents). These libraries provided details on numbers of computer stations and Internet access that will be very helpful in planning future RML training opportunities throughout the region.

Technology Planning and Decision Making

The 2005 survey asked if the librarian is involved in the planning and/or decision making process regarding technology in the library and/or the institution (Table 6). Two-thirds of all libraries report being involved in technology planning and/or decision making for the library. An additional one-fifth of all libraries report involvement in technology planning and/or decision making at the institutional level as well as for the library. Only 16% of hospital libraries and 1 academic library and 1 special library report they are not involved in organizational technology efforts, either for the library or the institution as a whole.

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

- Selects electronic resources, both for the library and for hospital-wide licenses
- Develops web and portal content
- Coordinates web and email
- Internet access, including wireless access
- Selects and upgrades computer equipment and software
- Serves on institutional committees, such as web, facility IT, medical informatics, software review/testing, hospital information management
- Raises awareness of new technology and online databases
- Makes recommendations and gives feedback to IT department
- Reports to CIO (chief information officer) and participates in CIO business meetings
- Budgets for technology and upgrades
- Conducts formal and informal needs assessments
- Redesigns space to accommodate computers in library
- Offers problem solving and teaching for clinical technology applications
- Organizes technology fairs
- Answers questions on new technologies for clinical staff, e.g., handheld computers
- Designs databases and software
- Researches new technology and conducts beta testing

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

- Confers with campus information technology (IT) department to plan upgrades for the library
- Meets regularly with campus IT; contributes experience and feedback on patron use of technology
- Serves on campus committees, such as IT, teaching and learning, school of medicine technology advisory committee, IAIMS planning
- Selects equipment and software and makes recommendations for future planning, budgeting – for library and professional schools
- Investigates new technologies
- Designs web page, web portals, and OPAC

- Maintains staff position designated as “systems librarian”

In recent years, numerous hospital libraries, and some academic libraries as well, have identified problems in advancing library technology involvement: difficulty in securing assistance or cooperation from information technology (IT) departments, lack of integration of libraries into institutional networks (LANs), and barriers to library technology implementation. The survey request for comments about the librarian’s role in technology planning and decision making did not ask for barriers or problems, as the intent was to identify successful strategies. One librarian’s comment is representative of those who still find progress an uphill challenge: “I ask, they respond. I insist, they think. My supervisor helps and sometimes we prevail.” However, the number of hospital library respondents who indicate a role in technology planning for the library and/or the institution, in addition to the widespread integration of libraries into the institutional LAN, indicates that hospital librarians have experienced substantial improvements in their organizational roles in technology development.

Table 6. Technology Planning and Decision Making

| Respondents | Yes for the library | Yes for the library and the institution | Neither for the library nor the institution |
|-------------------------------------|----------------------------|--|--|
| Hospital Libraries (n=102) | 67 (66%) | 19 (19%) | 16 (16%) |
| Academic and Other Libraries (n=41) | 29 (71%) | 10 (24%) | 2 (5%) |
| All Libraries (n=143) | 96 (66%) | 29 (20%) | 18 (13%) |

Communications and Educational Technologies

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, perhaps due to more widespread use of this technology on academic campuses for distance learning applications.

Respondents gave the following reasons for not having viewed any streaming video:

- Bandwidth issues—need for special permission or not accessible (outside video blocked)
- Other technical issues, including firewall problems, lack of sound capability, uncertainty as to whether computer is adequate
- No time, not at convenient time, or program too long
- No need
- No opportunity

Almost half of hospital library respondents (47%, or 47 of 100) reported participation in video conference(s) during the previous year. The rate was higher among academic and other library respondents (70%, or 28 of 40). Reasons for lack of participation included:

- Lack of time or schedule conflict
- No interest
- No need – programs not relevant
- Lack of awareness or opportunity
- Lack of equipment or know-how

Among hospital library respondents, 19% (19 of 101) reported experience with application sharing software, and 25% (10 of 40) academic and other libraries reported experience with this software. Breeze software was most frequently mentioned, along with Sametime, VRVS, WebEx, SharePoint, Marratech, Illuminate, and Horizon Wimba.

Collections and Collection Management

In 2005, 72% of hospital library respondents (73 of 101) report that the library subscribes to electronic journals. This is a substantial increase from the 57% of regional hospital libraries (49 of 86 respondents) who reported electronic journal subscriptions in 2002. Of the 73 hospital libraries, 59% (43) purchase electronic journals through a consortium or other multi-library purchasing plan.

Among academic and other libraries, 90% (37 of 41) subscribe to electronic journals, and 53% (19 of 36) responded that they purchase these through a consortium or other multi-library purchasing plan. (The specific consortia and purchasing plans are identified in the appendix.)

Among all libraries, there was a moderate level of awareness of RML efforts to develop a regional consortial buying program for electronic resources. Among hospital library respondents, 64% (64 of 100) and 62% of academic and other library respondents (24 of 39) indicated familiarity with the program. Only 10 hospital library respondents and 4 academic and other library respondents reported they are currently participating in the RML buying consortium. However, 88% (78 of 89) hospital library respondents and 77% (27 of 35) academic and other library respondents expressed interest in participating if the terms were acceptable to their institution. Reasons for lack of interest in participation (even with acceptable terms) included:

- Possible effect on existing contracts
- Institutional procurement regulations
- Barriers between access rights for non-profit/for-profit organizations
- Contract review and approval too lengthy (to go through again)
- Adequate access with existing arrangements
- Could not ensure budget availability
- Library's collection needs different/more specialized than consortium's

Education and Outreach Programs

Education Programs

In 2005, many hospital library respondents (76 of 99, or 77%) provide some type of training. In 2002, the percentage of hospital library respondents providing training was slightly higher (83%, with 70 of 84 respondents), although the actual number of hospital libraries that report they offer training is higher now (76 in 2005 vs. 70 in 2002).

The breadth of training is reflected below (Table 7) where the value indicates the number of libraries providing training on the topic listed. Searching PubMed, searching the Internet, and using the library continue to be the most common training topics. The number of hospital libraries offering training on MedlinePlus increased, and more hospital libraries offer training in using PDAs.

Table 7. Hospital Library Training Topics

| Survey Date | PubMed | Other MEDLINE software | MedlinePlus | Partners in Information Access | Searching the Internet | Using the Library | PDAs | Microsoft or other software | Other |
|-------------|--------|------------------------|-------------|--------------------------------|------------------------|-------------------|------|-----------------------------|-------|
| 2005 | 62 | 48 | 52 | 2 | 59 | 66 | 7 | 12 | 23 |
| 2002 | 61 | 27 | 40 | n/a | 60 | 55 | 1 | 12 | n/a |

Note: An individual library could select more than one topic.

Hospital libraries listed additional training topics such as searching nursing (CINAHL) and pharmaceutical (MICROMEDEX) literature, along with other online services and products, such as MDConsult and UpToDate. Several libraries listed training in evidence-based medicine, accessing full-text resources, and literature searching for writing research papers.

Among academic and other libraries, 83% provide training. In addition to the range of training topics described above, these libraries also listed chiropractic literature, reference management software, web editing software, copyright, and web-based course design software. Libraries that don't provide training are predominantly special libraries such as cancer centers, pharmaceutical company libraries, and association libraries.

The means of training delivery continues to be primarily one-on-one training and classroom sessions, with much less web-based training and pre-recorded/audiovisual training (Table 8). The level of web-based training is still comparatively low in all types of libraries. Other formats reported by hospital library respondents include small groups and paper-based courses for night-time library staff. Academic and other libraries report Web CT, DVD, and interactive instructional materials using Flash.

Table 8. Delivery Format for Library Training

| Survey Date | Libraries Responding | One-on-One | Classroom | Web-Based | Recorded (videos, audiotape, etc.) | Other |
|--------------------------|----------------------|------------|-----------|-----------|------------------------------------|-------|
| Hospital Libraries | | | | | | |
| 2005 | 76 | 74 | 42 | 3 | 2 | 9 |
| 2002 | 86 | 67 | 48 | 7 | 6 | n/a |
| Academic/Other Libraries | | | | | | |
| 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.

In answer to the question on the library's audience for training programs, results from the current survey are quite similar to those from the previous one (Table 9). Libraries indicate "primary users," as would be expected, and some libraries report "outside individuals" and "library staff" as an audience for training programs.

Table 9. Audience for Training Programs

| Survey Date | Libraries Responding to the Question (estimated) | Library's Primary Users | Individuals Outside My Institution | Library Staff |
|------------------------------|--|-------------------------|------------------------------------|---------------|
| Hospital Libraries | | | | |
| 2005 | 77 | 77 (100%) | 17 (22%) | 10 (14%) |
| 2002 | 72 | 72 (100%) | 13 (18%) | 11 (15%) |
| Academic and Other Libraries | | | | |
| 2005 | 32 | 32 (100%) | 10 (31%) | 15 (47%) |
| 2002 | 29 | 29 (100%) | 8 (28%) | 12 (41%) |

Regarding library staff enrollment in continuing education classes, 70% (70 of 100) of hospital library respondents report attendance with the last 12 months. The results for hospital libraries are comparable to 2002, when 73% (79) hospital library respondents to this question reported taking classes. Topics included health information resources (77%, or 54 of 70), general software (27%, or 19 of 70), and others (60%, or 42 of 70). For academic and other library respondents 93% (37 of 40) reported continuing education activities, an increase over the 81% (22 of 29) reported in 2002. For these libraries, attendance was spread evenly over the three categories of training topics.

For the libraries that report staff attending training of some type, the most frequently cited sponsors are the Medical Library Association (MLA) and the Midcontinental Chapter of MLA (MCMLA). Other sponsors are the library's parent institution or system;

local consortia and federal library networks; state hospital associations; state library commissions and state libraries; information industry organizations; library associations other than MLA; other MLA chapters; community colleges; the RML; and the National Library of Medicine. The variety of training sponsors cited was greater in 2005 than in 2002, indicating greater awareness of resources and a broader range of interest areas.

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, many do provide library services to individuals not affiliated with the institution, which contributes greatly to the NN/LM mission of improving access to health information. Among 2005 survey respondents, 79% (78 of 99) of hospital librarians indicate they serve unaffiliated individuals, an increase over 2002, when 70% of hospital libraries (58 of 83) reported serving unaffiliated individuals. Results from academic and other libraries also show a substantial number provide services to unaffiliated users, with 75% (30 of 40 respondents) providing services in 2005 and 83% (29 of 35) in 2002. The actual number of Network members reporting they serve unaffiliated users increased overall (to 108 libraries).

When asked about formal outreach programs that target groups or individuals outside their institution, a greater number of hospital libraries indicate they do provide outreach services (18 hospital libraries in 2002 and 24 hospital libraries in 2005). The number of academic and other libraries providing outreach services was the same in both years (12 libraries). Overall, this is an encouraging level of participation, especially as support for Network member outreach efforts continues to be a priority for the NN/LM program. In addition, the scope of outreach efforts is impressive, with a tremendous range of community groups, special populations, and age groups identified as outreach targets (Table 10).

In 2002, less than half of those undertaking outreach evaluated the results or effect of the programs and services they provide. In 2005, 60% report they evaluate their outreach programs (14 of 24 hospital library respondents and 7 of 11 academic and other respondents.) This increase likely reflects the impact of NN/LM training and technical support programs for outreach evaluation.

Table 10. Outreach Targets

| | Hospital Libraries | | Academic Libraries | |
|---|--------------------|----------------|--------------------|----------------|
| | 2002 | 2005 | 2002 | 2005 |
| Communities | | | | |
| General Public | 14 | 21 | 7 | 8 |
| Unaffiliated Health Care Providers | 9 | 12 | 6 | 9 |
| Public Health Depts., Agencies | 6 | 6 | 5 | 4 |
| Public Libraries | 9 | 12 | 6 | 5 |
| Other | 11 ^a | 6 ^b | 5 ^c | 3 ^d |
| Special Populations, Age Groups | | | | |
| African Americans | 1 | 1 | 1 | 2 |
| American Indians | 2 | 1 | 3 | 3 |
| Asian Americans (added in 2005) | n/a | 2 | n/a | 1 |
| Hispanic Americans (added in 2005) | n/a | 8 | n/a | 1 |
| Urban Health Professionals (Inner City Health Professionals in 2002) | 1 | 2 | 1 | 2 |
| Rural Health Professionals | 5 | 9 | 3 | 5 |
| Primary Language not English | 1 | 2 | 0 | 1 |
| AIDS Community | 6 | 1 | 2 | 2 |
| Substance Abuse | 6 | 3 | 1 | 0 |
| Infants and Children | 10 | 8 | 3 | 1 |
| Teens | 7 | 9 | 5 | 3 |
| Seniors | 10 | 14 | 4 | 3 |
| Expectant Mothers | 7 | 8 | 1 | 0 |
| Men (not on 2002 survey) | 1 | 14 | n/a | 3 |
| Women | 9 | 13 | 3 | 4 |
| Other | 9 ^e | 5 ^f | 1 ^g | 1 ^h |

a) Immigrants, Spanish language speakers, veterans, primary language not English

b) Nursing students, schools

c) Veterinarians, dental health professionals, community-based practitioners

d) Dental health professionals, alumni, high school students

e) Immigrants, Spanish language speakers, veterans

f) Affiliated support groups (e.g., arthritis, diabetes), health fair participants

g) Spanish language speakers

h) Underprivileged

Members and the NN/LM Network

In order to assess RML effectiveness and to gather information for planning, the RML questioned Network members on their perceptions of the NN/LM and the RML's programs and services. The survey invited input as well on the value of various NLM programs and services for which the RML provides technical support, training, and updates.

NN/LM Benefits

The 2002 and 2005 surveys asked Network members to identify specific NN/LM services and resources that are viewed as benefits (Table 11). In 2005, respondents were instructed to assess a particular resource as a "benefit" or "not a benefit", regardless of whether or not they had taken advantage of the product or service. In addition, respondents in 2005 were asked to indicate if they have *not* taken advantage of a certain benefit or resource.

Table 11. NN/LM Benefits

| NN/LM Benefits | Hospital Libraries | | | Academic and Other Libraries | | |
|--|--------------------|-----------------|--|------------------------------|----------------|--|
| | 2002 (n=86) | 2005 (n=105) | 2005 Have NOT taken advantage of benefit | 2002 (n=36) | 2005 (n=42) | 2005 Have NOT taken advantage of benefit |
| DOCLINE | 85 | 92 | 3 | 34 | 38 | 0 |
| NLM databases ("receiving information" on 2005 survey) | 71 | 87 | 11 | 26 | 32 | 5 |
| Consumer health information sources such as MedlinePlus ("receiving information" on 2005 survey) | 69 | 88 | 9 | 24 | 28 | 8 |
| Enhanced communication with other library professionals | 63 | 85 | 9 | 28 | 23 | 12 |
| Continuing education ("online to members only" on 2005 survey) | 59 | 53 | 51 | 21 | 21 | 20 |
| Free promotional materials | 39 | 67 | 23 | 12 | 23 | 13 |
| Opportunities to provide input on Network programming | 28 | 53 | 52 | 11 | 16 | 19 |
| Funding programs | 18 | 52 | 52 | 13 | 17 | 22 |
| Assistance with new technologies (new question on 2005 survey) | n/a | 57 | 52 | n/a | 16 | 22 |

Most libraries (all types) view DOCLINE as an NN/LM member benefit. Only three hospital libraries indicated they do not use DOCLINE. “Consumer health information sources” (including being informed of enhancements, etc.), “NLM databases,” and “enhanced communication with other library professionals” continue to be highly rated as membership benefits by all types of libraries, and very few reported not taking advantage of them. “Continuing education” was indicated as a benefit by slightly fewer respondents in 2005 than in 2002, possibly due to the addition of “online to members only” on the 2005 survey. Approximately half of hospital, academic, and other libraries indicated they had not taken advantage of continuing education from the RML. “Free promotional materials” were rated as a benefit by more respondents in 2005 than in 2002; the increase was substantial among hospital libraries (from approximately one-half of hospital library respondents in 2002 to two-thirds in 2005).

From 2002 to 2005, there was an increase in the numbers of respondents overall who viewed “opportunities to provide input on Network programming” as a benefit (from approximately one-third of hospital library respondents in 2002 to one-half in 2005). Nearly 50% of all libraries indicated they had not taken advantage of this benefit. However, these results do not reflect the programming input provided by all respondents who participated in the member survey; respondents may not have realized the importance of the survey results in regional Network planning and programming. “Funding programs” were identified as an NN/LM benefit by more respondents in 2005 than in 2002, although about one-half of all libraries responded they had not taken advantage of this benefit. An RML service included for the first time on the 2005 survey was “assistance with new technologies.” Approximately 50% of all respondents viewed this as a benefit, and about one-half of respondents indicated they had not taken advantage of this benefit.

The survey asked members to identify benefits or services they would like to receive from the Regional Medical Library that they are not currently receiving or are not currently available. Hospital library respondents suggested additional benefits: increased consumer health library support, especially continuing education applicable to the MLA Consumer Health Credential; an RML visit to a one-person library for advice on a five-year plan for streamlining operations; continued efforts on consortium buying; more education to administrators for hospital library advocacy; coordination of teleconferences (using Breeze, for example) and websites for resource sharing; mentoring new medical librarians; more training on NLM products throughout the region; information on new RML programs; and explanations of new technologies.

Academic and other libraries also voiced interest in new or expanded programs and services in the following areas: training on new technologies such as video streaming; overview session on RML services; local training sessions on NLM products; and consortium purchasing.

NLM Services

The survey asked which NLM services are used and requested positive or negative feedback on each service listed (Tables 12 and 13). The URLs for the web-based products were listed on the 2005 questionnaire. The products listed on both the 2002 and the 2005 surveys (DOCLINE, PubMed and MedlinePlus) continue to be used by a high number of respondents. Although no hospital library members responded that NN/LM courses are “Not Needed” in 2002 or 2005, approximately 20% of hospital library respondents indicate they have not yet taken advantage of courses sponsored by the NN/LM. Many more respondents in 2005 than in 2002 indicated that NLM funding programs are a benefit, though half of respondents in 2005 indicated they had not taken advantage of this opportunity.

Table 12. NLM Services Use and Assessment (Hospital Library Respondents)

| NLM Services | Like | | Don't Need | | Haven't Used Yet | | Don't Know What It Is |
|--|----------------|-----------------|------------|------|------------------|------|-----------------------|
| | 2002 (n=86) | 2005 (n=105) | 2002 | 2005 | 2002 | 2005 | 2005 |
| DOCLINE | 84 | 92 | 1 | 1 | 0 | 2 | 1 |
| PubMed | 81 | 89 | 1 | 0 | 0 | 2 | 1 |
| MedlinePlus | 81 | 87 | 0 | 0 | 2 | 5 | 1 |
| Household Products Database* | n/a | 23 | n/a | 5 | n/a | 46 | 19 |
| Genetics Home Reference* | n/a | 17 | n/a | 4 | n/a | 50 | 22 |
| Partners website* | n/a | 5 | n/a | 2 | n/a | 36 | 50 |
| Weekly update subscriptions to NLM services* | n/a | 36 | n/a | 1 | n/a | 39 | 16 |
| Funding programs to support your projects | 8 | 20 | 3 | 3 | 59 | 56 | 11 |
| Courses sponsored by the NN/LM | 60 | 58 | 0 | 0 | 17 | 25 | 9 |

*New item on 2005 survey

Table 13. NLM Services Use and Assessment (Academic and Other Library Respondents)

| NLM Services | Like | | Don't Need | | Haven't Used Yet | | Don't Know What It Is |
|--|-------------|-------------|------------|------|------------------|------|-----------------------|
| | 2002 (n=36) | 2005 (n=42) | 2002 | 2005 | 2002 | 2005 | 2005 |
| DOCLINE | 35 | 38 | 1 | 1 | 0 | 0 | 0 |
| PubMed | 31 | 36 | 2 | 1 | 1 | 1 | 0 |
| MedlinePlus | 29 | 33 | 2 | 1 | 4 | 3 | 0 |
| Household Products Database* | n/a | 13 | n/a | 7 | n/a | 13 | 4 |
| Genetics Home Reference* | n/a | 8 | n/a | 6 | n/a | 16 | 7 |
| Partners website* | n/a | 6 | n/a | 3 | n/a | 16 | 12 |
| Weekly update subscriptions to NLM services* | n/a | 15 | n/a | 5 | n/a | 13 | 4 |
| Funding programs to support your projects | 8 | 12 | 3 | 3 | 19 | 19 | 3 |
| Courses sponsored by the NN/LM | 20 | 24 | 3 | 2 | 9 | 9 | 2 |

*New item on 2005 survey

Two of the newer resources that appeared only on the 2005 survey (Household Products Database and Genetics Home Reference) have not been used by about half of respondents, and about one-fifth of respondents didn't know what they are. Another specialized service, the Partners website (Partners in Information Access for the Public Health Workforce), hadn't been used yet by about a third of respondents, and almost half of hospital library respondents didn't know what it is. For another new item on the 2005 survey, "weekly update subscriptions to NLM services," hospital library respondents indicate they "like" the service (34%) or "haven't tried it yet" (37%), and only (15%) don't know what it is.

Communication

Survey questions in 2002 and 2005 addressed how librarians communicate with the RML and with each other. New items added to the 2005 survey reflect the expanded use of new communications technologies in the RML program.

RML Communications

Survey respondents were asked to rank the methods the MidContinental RML uses to communicate with its Network members (Tables 14 and 15). Both the 2002 and 2005 surveys requested feedback on the MCMLA listserv; the MCRML website; the *Plains to Peaks Post*; the weekly email newsletter sent to MCMLA listserv subscribers; and personal calls and visits. The 2005 survey requested rankings for the annual update at MCMLA and for new communications approaches, including MCRML newsfeed via

RSS, MCRML news archive, annual update online, and the Bringing Health Information to the Community blog. Librarians were asked to rate the usefulness of these means of informing the regional community about services, health information resources, funding opportunities, and other topics of interest.

All the traditional communication methods continue to be ranked as very useful (rank of 4) or essential (rank of 5) by a majority of hospital library respondents, with the MCMLA Listserv continuing to be ranked highly by the greatest percentage of respondents. The MCRML weekly news via email continued to be ranked as very useful or essential by nearly 75% of respondents. The numbers of respondents ranking the *Plains to Peaks Post* as very useful or essential increased, with only 8 hospital library respondents indicating they haven't used it. In 2005 fewer hospital library respondents ranked "personal calls/visits" as very useful or essential (only 53% in 2005 as opposed to 81% in 2002), although the majority of respondents still finds these contacts very useful or essential to the regional communications program.

The least used communications methods among the 2005 hospital library respondents were the MCRML newsfeed via RSS, the MCRML news archive, and the Bringing Health Information to the Community blog. Comparatively few libraries gave these methods a ranking. Since these are newer communications methods, some respondents may just not be aware of them yet or they may be uncertain about how to use them. The "annual update online" was ranked as very useful or essential by 56% of hospital library respondents who ranked this item (22 of 39 respondents), but 50% of all possible respondents (105) haven't used this offering. More respondents (54) assigned a ranking for the "annual update at MCMLA", with 54% of those finding the in-person update very useful or essential.

Table 14. MCRML Communications (Hospital Library Respondents)

| Communication Methods | | Libraries Responding with Ranking* | 5 | 4 | 3 | 2 | 1 | Rank 5 or 4 % | Haven't Used |
|---|------|------------------------------------|----|----|----|----|---|---------------|--------------|
| MCMLA Listserv | 2002 | 64 | 35 | 19 | 8 | 2 | 0 | 84% | 19 |
| | 2005 | 70 | 36 | 16 | 12 | 5 | 1 | 74% | 24 |
| MCRML Website | 2002 | 53 | 22 | 12 | 17 | 2 | 0 | 64% | 26 |
| | 2005 | 72 | 20 | 22 | 23 | 7 | 0 | 58% | 22 |
| Plains to Peaks Post, the MCRML Newsletter | 2002 | 62 | 18 | 15 | 20 | 6 | 3 | 53% | 19 |
| | 2005 | 85 | 14 | 29 | 29 | 12 | 1 | 67% | 8 |
| MCRML Weekly News via email | 2002 | 58 | 27 | 16 | 11 | 1 | 3 | 74% | 23 |
| | 2005 | 64 | 22 | 21 | 15 | 5 | 1 | 67% | 29 |
| Personal calls/visits from MCRML liaison | 2002 | 48 | 21 | 18 | 6 | 3 | 0 | 81% | 30 |
| | 2005 | 58 | 12 | 19 | 21 | 3 | 3 | 53% | 34 |
| MCRML NewsFeed via RSS** | 2005 | 10 | 0 | 3 | 5 | 0 | 2 | 30% | 82 |
| MCRML News Archive** | 2005 | 19 | 4 | 4 | 9 | 0 | 2 | 42% | 72 |
| Annual Update online** | 2005 | 39 | 8 | 14 | 13 | 3 | 1 | 56% | 53 |
| Annual Update at MCMLA** | 2005 | 54 | 9 | 20 | 20 | 3 | 2 | 54% | 39 |
| Bringing Health Information to the Community blog** | 2005 | 16 | 2 | 3 | 7 | 0 | 4 | 31% | 76 |

*5 = Essential, 1 = Not Useful

**New item on 2005 survey

Table 15. MCRML Communications (Academic and Other Library Respondents)

| Communication Methods | | Libraries Responding with Ranking* | 5 | 4 | 3 | 2 | 1 | Rank 5 or 4 % | Haven't Used |
|--|------|------------------------------------|----|---|---|---|---|---------------|--------------|
| MCMLA Listserv | 2002 | 24 | 16 | 4 | 2 | 2 | 0 | 83% | 11 |
| | 2005 | 28 | 11 | 7 | 5 | 5 | 0 | 64% | 11 |
| MCRML Website | 2002 | 21 | 10 | 4 | 7 | 0 | 0 | 67% | 12 |
| | 2005 | 27 | 5 | 7 | 7 | 7 | 1 | 44% | 12 |
| Plains to Peaks Post, the MCRML Newsletter | 2002 | 24 | 6 | 9 | 6 | 2 | 1 | 63% | 10 |
| | 2005 | 25 | 3 | 6 | 7 | 9 | 0 | 36% | 13 |
| MCRML Weekly News via email | 2002 | 23 | 12 | 7 | 4 | 0 | 0 | 83% | 12 |
| | 2005 | 25 | 6 | 8 | 6 | 3 | 2 | 56% | 14 |
| Personal calls/visits from MCRML liaison | 2002 | 15 | 8 | 3 | 3 | 1 | 0 | 73% | 18 |
| | 2005 | 18 | 8 | 8 | 0 | 0 | 2 | 89% | 20 |
| MCRML NewsFeed via RSS** | 2005 | 9 | 0 | 3 | 4 | 0 | 2 | 33% | 29 |
| MCRML News Archive** | 2005 | 11 | 2 | 3 | 3 | 3 | 0 | 45% | 26 |
| Annual Update online** | 2005 | 16 | 5 | 7 | 2 | 1 | 1 | 75% | 23 |
| Annual Update at MCMLA** | 2005 | 23 | 7 | 9 | 6 | 0 | 1 | 70% | 16 |
| Community Health Information BLOG** | 2005 | 10 | 3 | 4 | 2 | 0 | 1 | 70% | 29 |

Among academic and other libraries, the percentage of respondents ranking the traditional communications methods as very useful or essential declined (with the exception of “personal calls/visits”), and the rankings of the newer communications methods were generally higher. However, substantial numbers of academic and other library respondents indicated they haven’t used the newer methods.

A separate survey question solicited feedback on the preferred format for the RML Newsletter, *Plains to Peaks Post*, 58% of hospital library respondents (55 of 95) prefer reading the print, 34% (32 of 95) prefer viewing it online via the MCR website, and 8% (8) responded they don’t read the newsletter. Among academic and other library respondents, 31% (12 of 39) prefer print, 34% (32 of 39) prefer online, and 26% (10) don’t read the newsletter.

Communications within the Region

Survey respondents were asked to rank several methods that might be used in communicating with other Network members (Tables 16 and 17). Meetings, E-Mail, the MCMLA Listserv, DOCLINE-L, and Medlib-L continue to be ranked as very useful (rank of 4) or essential (rank of 5) by 75% or more of hospital library respondents. “Phone” was added to the 2005 survey, and 80% of hospital library respondents rank the telephone as another very useful or essential method of communication. While DOCLINE-L continues to be rated highly by those who assigned it a ranking, an increased number of hospital library respondents report they haven’t used DOCLINE-L (from 16 respondents in 2002, up to 45 respondents in 2005). Since the survey question focused on communications with other Network members, the responses may indicate that DOCLINE-L is not viewed as a mechanism for member-to-member communication, but rather as a channel for official communications from NLM.

Table 16. Communication within the Region (Hospital Library Respondents)

| Communication Methods | | Libraries Responding with Ranking | 5 | 4 | 3 | 2 | 1 | Rank 5 or 4 % | Haven't Used |
|------------------------|------|-----------------------------------|----|----|----|---|---|---------------|--------------|
| Meetings | 2002 | 73 | 45 | 11 | 11 | 5 | 1 | 77% | 7 |
| | 2005 | 75 | 36 | 20 | 13 | 6 | 0 | 75% | 16 |
| E-Mail | 2002 | 82 | 66 | 9 | 7 | 0 | 0 | 91% | 2 |
| | 2005 | 89 | 52 | 23 | 12 | 2 | 0 | 84% | 4 |
| Phone** | 2005 | 87 | 40 | 30 | 16 | 1 | 0 | 80% | 5 |
| MCMLA Listserv | 2002 | 64 | 35 | 19 | 8 | 2 | 0 | 84% | 30 |
| | 2005 | 62 | 20 | 28 | 10 | 4 | 0 | 77% | 29 |
| DOCLINE-L | 2002 | 64 | 36 | 14 | 7 | 7 | 0 | 78% | 16 |
| | 2005 | 48 | 20 | 16 | 8 | 4 | 0 | 75% | 45 |
| Medlib-L | 2002 | 59 | 23 | 17 | 14 | 3 | 2 | 68% | 23 |
| | 2005 | 60 | 24 | 22 | 9 | 4 | 1 | 77% | 34 |
| Instant Messaging** | 2005 | 11 | 2 | 2 | 5 | 0 | 2 | 36% | 80 |
| Voice over IP (VOIP)** | 2005 | 8 | 2 | 2 | 4 | 0 | 0 | 50% | 82 |

*5 = Essential, 1 = Not Useful

**New item on 2005 survey

Very few hospital library respondents ranked Instant Messaging (IM). Of the 11 who did, 4 found IM very useful or essential, and 80 hospital library respondents indicated they haven’t used IM. Another recent communications technology, Voice over IP (VOIP), was

also not ranked by most respondents. Of the 8 hospital library respondents who assigned a ranking for VOIP, 4 found it very useful or essential. Among hospital library respondents, 82 indicated they haven't used VOIP.

Among academic and other libraries, rankings of the various communication methods were similar to those of hospital libraries, with only Medlib-L viewed as very useful or essential by a lesser percentage of respondents.

Table 17. Communication within the Region (Academic and Other Library Respondents)

| Communication Methods | | Libraries Responding with Ranking* | 5 | 4 | 3 | 2 | 1 | Rank 5 or 4 % | Haven't Used |
|------------------------|------|------------------------------------|----|----|---|---|---|---------------|--------------|
| Meetings | 2002 | 30 | 16 | 9 | 3 | 2 | 0 | 83% | 2 |
| | 2005 | 33 | 16 | 6 | 7 | 4 | 0 | 67% | 6 |
| E-Mail | 2002 | 34 | 30 | 3 | 0 | 1 | 0 | 97% | 2 |
| | 2005 | 35 | 18 | 10 | 5 | 2 | 0 | 80% | 4 |
| Phone** | 2005 | 34 | 14 | 13 | 4 | 2 | 1 | 79% | 5 |
| MCMLA Listserv | 2002 | 24 | 16 | 4 | 2 | 2 | 0 | 83% | 11 |
| | 2005 | 23 | 10 | 8 | 3 | 2 | 0 | 78% | 16 |
| DOCLINE-L | 2002 | 31 | 20 | 5 | 5 | 1 | 0 | 81% | 2 |
| | 2005 | 25 | 15 | 5 | 2 | 1 | 2 | 80% | 14 |
| Medlib-L | 2002 | 24 | 8 | 6 | 6 | 4 | 0 | 58% | 7 |
| | 2005 | 23 | 12 | 2 | 6 | 1 | 2 | 61% | 16 |
| Instant Messaging** | 2005 | 7 | 2 | 1 | 2 | 0 | 2 | 43% | 32 |
| Voice over IP (VOIP)** | 2005 | 6 | 1 | 2 | 1 | 1 | 1 | 50% | 33 |

*5 = Essential, 1 = Not Useful

**New item on 2005 survey

Projects to Improve Access to Information

In response to the 2005 survey question on funding for projects that improve access to health information, 21% (20 of 95 respondents) of hospital libraries reported receiving funding, and 31% (12 of 39 respondents) of academic and other libraries had received funding. Respondents identified the target audiences and funding sources for their projects (Table 18).

Table 18. Audience and Funding Source for Projects to Improve Information Access

| | Hospital Libraries (n=20) | Academic and Other Libraries (n=12) | All Libraries (n=32) |
|---------------------------|---------------------------|-------------------------------------|----------------------|
| Target Audience | | | |
| Health care professionals | 14 | 6 | 20 |
| Consumers | 11 | 6 | 17 |
| Other | 3 | 3 | 6 |
| Funding Sources | | | |
| MidContinental RML | 8 | 5 | 13 |
| NLM | 10 | 7 | 17 |
| Non-NLM Source | 6 | 6 | 12 |

Conclusion

The final item on the 2005 survey invited respondents to provide any additional feedback about RML programs and services. Quite a few respondents took the opportunity to say “thank you” and “keep up the good work”. One respondent commented, “The RML enhances my work, the work of the clinical library staff, and the service our patrons receive.” The survey raised awareness among some respondents about the availability of specific programs, and some people requested additional information on specific program areas. One respondent commented on the length of the survey itself, and another indicated the web questionnaire pages were slow to load at that institution. Comments generally encouraged the RML role in library advocacy, funding support, communications, professional updates to help library staff stay current, library strategic planning, and assistance to library staff in program development for outreach and for services to primary users.

Comparing the survey responses in 2002 and in 2005 from NN/LM MidContinental Region hospital library members yields the following:

- The response rate rose from 66% in 2002 to 80% in 2005. In 2002, 86 of the 130 hospital library Network members responded, and in 2005, 105 out of 131 responded. Various factors may have contributed to this favorable outcome, including stronger communications between the RML and members during the contract period, a web-based survey in 2005 that was easier to complete than the 2002 paper survey, intense follow up efforts by the RML to meet a desired response rate of 80%, and growing awareness during this time of the importance of measuring performance in service environments.

- Staffing patterns at regional hospital libraries continued to vary greatly from one library to another, though on average staffing declined. The average staffing for hospital libraries dropped from a regional average of 1.2 FTE librarians and 1 FTE staff to 0.95 FTE and 0.54 FTE staff. Whereas in 2002 the high point of the range in librarian staffing was 4.0 FTE, in 2005, the top of the range was lower, 3.0 FTE. The demonstrated drops in staffing measured by the survey substantiate individual reports of serious staffing reductions at hospital libraries in recent years.
- The proportion of hospital libraries reporting usage data and the number of people served by hospital libraries increased remarkably from 2002 to 2005. In 2002, 70 libraries reported a total of over 2,500 users served daily, and in 2005, 100 libraries reported nearly 2,800 users served daily.
- Computers continue to be widely available for both hospital library staff and users. Virtually all of these computers have Internet access, with 88% of hospital libraries served by an institution LAN (local area network). In addition, in 2005 66 hospital libraries (65% of respondents) have computer labs with Internet access that could be used for RML training programs.
- In 2002, more than half of the hospital libraries (57%) received at least some electronic journals, and they expressed interest in improved acquisition mechanisms and better selection of resources. In 2005, 72% report electronic journal subscriptions, and of those, 59% (43) purchase them through a consortium or other multi-library purchasing plan. The majority of respondents to the 2005 survey (64%) were aware of the RML's efforts to develop a regional consortial buying program for electronic resources, though only 10 respondents indicated they are participating in the program. Interest remains high in this type of program, with 88% of hospital library respondents interested in participating, given acceptable terms.
- Most hospital libraries (70 of 84 respondents in 2002 and 76 of 99 respondents in 2005) continue to provide training for library users and staff on a wide variety of topics, the most common training topics being NLM databases, other online services and products, library use, and searching the Internet. Though still not widespread, some additional libraries in 2005 report they offer training in use of PDAs, and a new topic, accessing full-text resources, was mentioned in 2005. Most libraries offer one-on-one training and classroom training and a few offer web-based training and use audiovisual formats.
- Staff enrollment in continuing education classes was comparable in 2002 and 2005, with about three-fourths of respondents reporting attendance within the last 12 months. The Medical Library Association (MLA) and the Midcontinental Chapter of MLA were cited most frequently as course sponsors, with a wider variety of other sponsors and course topics reported in 2005.
- From 2002 to 2005, there was an increase in the numbers of hospital librarians reporting that their libraries provide services to unaffiliated individuals (58 of 83, or 70%, in 2002 and 78 of 99, or 79% in 2005).
- From 2002 to 2005, there was an increase in the actual numbers of hospital libraries that conduct formal outreach to raise awareness of health information resources among consumers and health care practitioners: 18 hospital libraries in

2002 and 24 in 2005. The scope of outreach efforts is impressive, with a tremendous range of community groups, special populations, and age groups identified as outreach targets.

- In both 2002 and 2005, most hospital libraries consider the following as Network member benefits: DOCLINE; NLM databases and consumer health information services; continuing education; and enhanced communication with other library professionals. For newer products and services, many respondents indicated they had not taken advantage of them or did not know what they are.
- No single MCRML communications approach is favored overall. The MCMLA listserv, MCRML website, newsletter, email weekly news, personal calls/visits, and annual updates (online and at MCMLA) are all ranked highly by at least half of hospital library respondents. Most respondents haven't used the newer communication methods (RSS and BLOG).
- Most regional hospital libraries find their e-mail systems essential for communication within the region. DOCLINE-L, professional meetings, Medlib-L, and the phone are essential to many as well.
- In both surveys, most NLM and NN/LM programs and services are used extensively by hospital Network members, and they are valued highly within the region.
- In 2002, hospital library respondents identified benefits and services they would like to receive—more educational opportunities via teleconference; improved cooperative purchase agreements, especially for electronic health science journals; and additional course offerings from NN/LM. In 2005, comments encouraged the RML role in library advocacy, funding support, and information and professional updates to help library staff stay current.

New questions on the 2005 survey yielded these findings:

- Hospital libraries are widely involved in technology planning and decision making. In addition to the 66% involved with library technology, 19% are involved in technology planning and decision making for the parent institution as well as the library.
- Just over half of hospital library respondents reported that they had viewed streaming video from their computer during the last year, and nearly half of hospital librarians reported participation in video conferences during the year. Among hospital library respondents, 19% reported experience with application sharing software.

APPENDIX

NN/LM MidContinental Region Membership Survey (Fall 2005)

Note: The web-based survey format allowed for presenting follow up questions (for example, a request for specifics if a certain question was answered affirmatively). Therefore, not all respondents viewed all questions.

1. Institution/Library Name:
2. DOCLINE LIBID:
3. Which of the following types describes your institution?
4. First Name of person completing questionnaire:
5. Last Name of person completing questionnaire:
6. Title of person completing questionnaire:
7. Email address of person completing questionnaire:
8. How many full time (FTE) MLS or equivalent librarians are employed in your library?
9. How many full time (FTE) library staff (excluding librarians) are employed in your library?
10. How many people enter your library each day? If you have a formal count please provide the daily average. If you don't have a formal count please estimate.
11. Please estimate, on average, how many individuals request reference and/or interlibrary loan services from outside the library each day, that is by phone/email/virtual reference.
12. How many computers are in your library for the librarian(s) and library staff?
13. How many computers are available in your library for users?
14. Are there one or more computer labs with Internet access available in your institution that can be used for RML training programs?
15. How many computers are in the lab? If you have more than one lab please tell us how many computers are in each lab. This will tell us how many students can be accommodated in a class held in each one of the labs.
16. Do the lab computers have Internet access?
17. What percentage of computers used by the librarian(s)/staff in your library have Internet access?

18. What percentage of the computers use by users in your library have Internet access?
19. What type of Internet connection do you have?
20. Is the librarian involved in the planning and/or decision making process regarding technology in your library and/or institution? Check all that apply.
21. In what ways is the librarian involved in technology planning?
22. Have you viewed any streaming video from your computer during the past year?
23. What are the reasons you haven't viewed any streaming video?
24. Have you participated in any video conference(s) during the past year?
25. What are the reasons that you haven't participated in video conferences?
26. Have you used or had experience with application sharing software such as Sametime, Breeze, VRVS?
27. Which sharing software have you used?
28. Does your library subscribe to electronic journals?
29. Do you purchase e-journals through a consortium or some multi-library purchasing plan?
30. What consortium or multi-library plan(s) do you purchase through? Please do not use abbreviations.
31. Are you aware of the RML's efforts to develop a regional consortial buying program for electronic resources?
32. Are you currently participating in the buying consortium?
33. Are you interested in participating in the plan if the terms are acceptable to your institution?
34. You indicated that you would not be interested in participating in a purchasing consortium even if the terms were acceptable to your institution. Please tell us why.
35. Does your library provide training?
36. On what topics do you provide training?
37. What means of delivery are used for training?
38. Who is your audience for training?
39. During the last 12 months have you or your staff taken any continuing education classes?
40. What topics did the class(es) cover? (check all that apply)

41. Who sponsored the classes that were taken?
42. Do you provide services to individuals not affiliated with your institution?
43. Do you 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.
44. What communities are targeted by your outreach efforts?
45. What, if any, special populations are targeted or are a special focus in your current outreach activities?
46. What age groups or special health care populations are targeted or a special focus in your current outreach activities?
47. Do you evaluate the results or effect of outreach programs and services you provide?
48. How have you used the information you gathered when evaluating your programs?
49. In your view, what are the benefits of membership in the NN/LM MCR? Please check all that you consider a benefit even if you haven't taken advantage of it. Please also indicate if you have NOT taken advantage of any whether or not you consider it a benefit.
50. Are there other benefits or services you would like to receive from the Regional Medical Library that you are not currently receiving or are not currently available?
51. We are interested in how you feel about various products and services provided by the National Library of Medicine. Please indicate which NLM products and/or services you use and how you feel about them. The URLs to these sites are listed on the last page of this questionnaire.
52. There are a number of means the MCRML uses to communicate with its Network members. Please rank their usefulness from Essential to Not Useful. If you haven't used one or more please mark it "Haven't used."
53. Please rank the usefulness of ways you and your staff communicate with other Network members from Essential to Not Useful. If you haven't used one or more please mark it "Haven't used".
54. What format do you prefer to read the RML Newsletter Plains to Peaks Post?
55. In the past three years have you received funding for projects that improve access to health information?
56. Who are the target audiences for your project?
57. Please check all sources of funding for improving access to health information
58. Please use this space to provide any additional feedback about programs and services of the RML. We value your input!