NN/LM SE/A Planning Meeting
February 3-4, 2010
Minutes of the Meeting

On February 3, 2010 the SE/A planning meeting was called to order by MJ Tooey, NN/LM SE/A director who welcomed the guests and asked them to introduce themselves. See **Appendix A** for meeting agenda.

Present: Fatima Barnes (Meharry Medical College), Ellis Beteck (Howard University), Cecilia Botero (University of Florida), Jeff Bulson, D.O. (Surgical Pathology, FL), Judy Burnham (University of South Alabama), Suzette Burrows (University of Miami), Susan Clark (University of Mississippi Medical Center), Lois Culler (Inova Health System), Sandra Franklin (Emory University), Linda Gorman (Johns Hopkins Bayview Medical Center), Pat Hammond (Potomac Hospital), Cynthia Henderson (Morehouse School of Medicine), Carol Jenkins (University of North Carolina), David King (Medical College of Georgia), Teresa Knott (Virginia Commonwealth University), Jan LaBeause (Mercer University School of Medicine), Marilynn Lance-Robb (Ma Flo's Health and Awareness/Georgetown Public Library), Joyce Linnen (Georgetown County Diabetes Core Group), Alexa Mayo (University of Maryland Baltimore), Diana McDuffee (University of North Carolina AHEC), Nancy McKeehan (Medic al University of South Carolina), Kathe Obrig (George Washington University Medical Center), Cindy Olney (C.O. Evaluation Consulting), Jan Orick (St. Jude's Children's Research Hospital), Christianne Pinell-Jansen (University of Mississippi Medical Center), Scott Plutchak (University of Alabama at Birmingham), Biddanda Suresh Ponnappa (East Tennessee University), Elaine Powers (Edward Via Virginia College of Osteopathic Medicine), Irma Quinones Mauras (University of Puerto Rico), Bart Ragon (University of Virginia Health System), Ruth Riley (University of South Carolina), Nancy Roderer (Johns Hopkins University), Beverly Shattuck (University of South Florida), Barbara Shearer (Florida State University), Susan Simpson (East Carolina University), Tom Singarella (University of Tennessee), Rick Wallace (East Tennessee University), Parks Welch (Wake Forest University, Baptist Medical Center), Daniel Wilson (University of Virginia Health System), Wesley Wilson (Enoch Pratt Free Library),

Thursday participants: Steve Douglas (University of Maryland Baltimore) and Sue Woodson (Johns Hopkins University.)

Staff present: MJ Tooey, Janice Kelly, Colette Becker, PJ Grier, Regina Johnson, Terri Ottosen, Nancy Patterson, Dale Prince, Sheila Snow-Croft, and Toni Yancey

Note takers: Debra Berlanstein, Everly Brown, Ryan Harris, Alexa Mayo, Paula Raimondo, and Meredith Solomon.

Introductory Comments

After introductions, Janice Kelly, NN/LM SE/A executive director, provided housekeeping information and corrections to the agenda. She also briefly described the purpose of the meeting and the upcoming request for proposal for the next five year contract.

Environmental Scan

Cindy Olney facilitated the environmental scan: trends that you see in your world, working environment, people you serve, things that can be helpful to the RML or can be barriers or even neutral things that can affect the direction of the RML.

Healthcare trends:

- Fewer hospital/medical staff per patient
- Workforce shortages in hospitals; more reliance on allied health personnel
- Legislation pending and its affect
- Need for more health care in rural areas
- Researchers are talking to clinicians (CTSA focus)
- Mobile computing gap between new doctors and more experienced doctors
- High cost of technology
- Continued emphasis on evidence base and patient safety/risk management
- Magnet status
- Integrated evidence based medicine into accreditation
- Consumers are more interested in their own health care
- Aging baby boomers, compressing morbidity, more active lives than aging pops in the past
- Fear technology will come between patient and doctor
- Advances in disability technology
- Greater focus on preventive medicine
- People are being sick earlier (fat kids)
- Health disparities; need for safety nets
- Expanding role for telemedicine
- More use of alternative medicine/treatments

- More community involvement
- More clinics in locations such as grocery stores, Target, etc
- Public health – need infrastructure, more focus, funding information
- Disaster/emergency preparedness – public health role, pandemic flu, etc

Educational trends:

- More distance education
- Simulation-based technology
- ANA is switching so that all nurses will be MSNs
- Interdisciplinary education
- Continuous recertification
- Evaluation of education
- Nanotechnology
- More active learning model
- Incorporation of electronic medical records into education
- More global health
- CE for nurses - Evidenced based practice
- A component in LCME- translational medicine
- More emphasis on social networking with students
- More need for medical informatics
- Increasing number of new medical schools; increasing number of new students being recruited for medical schools
- Integration of DOs, PAs, others
- Distance students
- Continuing education – more interdisciplinary
- Students in community collaboration
- Mini-med school concept (community outreach, high school students)
- Pipelines – to high school students; recruitment into professions
- Difficulty attracting bright students between the medical field and other information tech fields
- Different campuses collaborating to create a new program
- Teach research skills -research staff expected to publish
- More allied health – more distance education and on campus; more working in hospitals and public schools

- Core courses are across disciplines (one anatomy class for dentist, medical, nursing students)
- Adapting to issues, grow and change, etc, during a time of economic strain: how can we help our institutions be more efficient?
- Increase in adjunct faculty
- Library schools should be incorporating more health sciences into the general curriculum rather than as a separate track
- Decreasing state support in the academic area, so more are going to be looking for grants
- Trend toward getting online degrees in health sciences (librarians, public health and others) from digital mills
- Occupational center giving certificates – LPNs, others
- Need medical Spanish in the curriculum

Library trends:

- Online degrees
- Digital services
- Digitization of collections
- Integration of electronic health record and resources
- Shrinking/repurposing physical space
- Hospital libraries are closing
- Fewer people coming into the library; librarians are going out to do work
- Need for marketing expertise on staff
- Emphasis on EBM literature
- Adapt library space to the changing use of technology (laptop space, collaboration rooms, etc)
- Adopting social networking tools to connect w/ users
- Does interlibrary loan have a future (delivery content models); new digital content models
- Cost of resources going up, funding going down
- Changing role and skills needed of librarians
- Need for librarians to develop research, e-science, critical appraisal skills
- Lower reliance upon a librarian mediation
- Growing need for expert librarian skills (in spite of democratization of searching)
- Increased involvement of librarians outside of libraries
- Difficulty recruiting good qualified computer-savvy librarians

- Librarians embedded in clinical and community settings
- Movement away from subscription to pay-per-view
- Does open access have a role in medical literature?
- NIH rules and the role of the library (in publishing etc)
- Getting new librarians used to the health sciences culture
- More vacant positions at risk (if economic situations don't improve)
- Increasing consortial agreements
- Google changing the business of libraries
- Literacy issues – use gaming technology and online resources to reach population
- Business skills needed – ROI
- Increasing number of e-book requests
- Consumer health – cultural and language issues
- Limited literacy and technology literacy
- Consortium breaking up
- Outreach to unaffiliated health professionals (need to trend it)
- Loansome Doc may be an idea that has run its course, system antiquated
- Movement from ICD9 to ICD10—shrinking need for professionals to use the library to get caught up
- Decrease space – need to regionalize collections or reserve last physical copy
- Repositories/archives of research data on campus
- Next generation catalogs
- Books continuing license
- Competition for public and private dollars
- Inability to fill positions
- Need to be prepared to act quickly on opportunities

Economic trends:

- Where will vendor rates go? Effect of vendor mergers?
- Access gap in re: health care (this is in re: information AND treatment)
- Gap between the information needs in re: research and in re: practice and in re: education and the need for libraries to keep up
- Stimulus money boom – what happens when not there?
- Negotiations with publishers are more difficult
- Society publishers are falling on hard times
- Exchange rates effect prices of foreign journals
- Global partners – license issues, defining community for vendors an issue

- Vendor/aggregators are splitting up
- Non-medical libraries are trying to strengthen consortia (again, also, online vs print)
- Pricing modifications in re: the strength of the dollar for international publishers
- Competition for $$
- Facing the inability to fill a position in this economic climate
- Endowments are under water
- Must be ready to spend money when it is available

Technology trends:

- Effects of Google
- Increase in delivery options
- Staff, space, budget impact
- Partnerships
- Social networking
- Vendor direct marketing/access to patrons
- Digital divide and access issues continue
- Territorial issues: library vs campus tech
- Infrastructure issues
- People think the IS department is who is doing the information work
- Copyright issues
- Continuous training in re: technology
- Solo librarian issues (informatics certification)
- Increase use of mobile technology

Unaffiliated Health Professionals Needs assessment – Cindy Olney

Cindy Olney reported findings from a needs assessment initiated by the SE/A in July 2009 to gain insight into the health information needs of four different types of health professionals: nurse practitioners; physician assistants; public health professionals; and rural health professionals. In particular, SE/A outreach staff sought information that would help them develop strategies for reaching health professionals with no affiliation to a university or health science center library. Cindy conducted interviews with leaders (e.g., executive directors, presidents) of professional associations representing the four targeted health professions.

The project showed that associations primarily address the health information needs of their members through continuing education programs and annual conferences. Most of the association representatives expressed interest in working with SE/A to increase health information access to their members, particularly through conference exhibits, written materials suitable for their newsletters, and links to health information resources for their web sites. Most expressed interest in training sessions as well, although many qualified their comments by saying they would have to query their members about potential training topics to find out which ones had the broadest appeal. The interview project served as an excellent promotional effort for SE/A, with almost every representative requesting that the RML contact them with more specific information about obtaining services and resources. The RML staff has already started to work with some of the associations to provide resources and services at upcoming association events.

NN/LM SE/A Update

The SE/A presented a tour and overview of the region called *Blues, Booze and BBQ*. In addition, attendees were provided with profiles and demographic data to help with their discussions. SE/A coordinators provided brief program updates on their accomplishments of the current contract. In addition, Dan Wilson, Chair of the SE/A Emergency Preparedness Regional Advisory Committee, provided an update on NN/LM and SE/A emergency preparedness accomplishments and future directions. He covered the release of the Emergency Access Initiative in response to the Haiti crisis, continuity of services plans and activities and a table top exercise that will be part of the small group discussion at this meeting. Sandra Franklin, Chair of the Print Retention Task Force, provided an update on activities which included review of list of journals in SERHOLD that had fewer than three holding libraries. The task force will be meeting in March to review the list and take next steps.

Discussion Groups:

Discussion groups met in the afternoon of February 3 to identify strategies for addressing the trends identified in the environmental scan.

Resource Libraries:

MJ Tooey, Facilitator; Alexa Mayo, Recorder

See Appendix B for discussion notes.

Hospital Libraries:

Toni Yancey, Facilitator; Debra Berlanstein, Recorder
See Appendix C for discussion notes.

Outreach to Health Professionals:
Sheila Snow-Croft, Facilitator; Meredith Solomon, Recorder
See Appendix D for discussion notes.

Health Literacy/Health Disparities/Consumer Health:
Terri Ottosen and Nancy Patterson, Facilitators; Paula Raimondo, Recorder
See Appendix E for discussion notes.

Technology Support:
Dale Prince, Facilitator; Ryan Harris, Recorder
See Appendix F for discussion notes.

At 3:00 all discussion groups reassembled to hear reports. A reception in the Library followed.

Thursday, February 4, 2010

A second round of discussion groups assembled. These included:

Resource libraries:
MJ Tooey, Facilitator; Every Brown, Recorder
See Appendix G for discussion notes.

E-science:
Dale Prince, Sheila Snow-Croft, Facilitators; Paula Raimondo, Recorder
See Appendix H for discussion notes.

Community/underserved populations /public library outreach:
Terri Ottosen, Nancy Patterson, Facilitators; Alexa Mayo, Recorder
See Appendix I for discussion notes.

Emergency preparedness:
Dan Wilson, PJ Grier, Facilitators; Debbie Berlanstein, Recorder

See Appendix J for discussion notes.

Collections/Information Access:
Toni Yancey, Facilitator
See Appendix K for discussion notes.

At 11:15 all discussion groups reassembled to hear reports and a wrap-up. Janice Kelly thanked the assembled for their hard work and interest in SE/A program and adjourned the meeting at noon.

Appendix A

NN/LM SE/A Planning Meeting

February 3-4, 2010

Southern Management Corporation Campus Center (next to Library)

621 W. Lombard Street

Baltimore, MD 21201

Agenda

February 3, 2010 – Room 351, Campus Center

8:00-9:00 Light breakfast foods, coffee, tea, juice

9:00-9:30 Introductions, Meeting agenda (Janice Kelly)

9:30-10:45 Environmental scan of region: (Lead by Cindy Olney)
Health Care, educational trends, library trends, economic trends, etc.

10:45-11:00 Break

11:00-11:30 Unaffiliated health professional study and discussion – Cindy Olney

11:30-12:00 Review of SE/A contract accomplishments, instructions for afternoon

12:00-1:15 Lunch – HS/HSL Distance Education Room, lower level

1:15-3:00 Small groups (7-8 persons per group):

Resource libraries– Room 351Campus Center
Facilitator – MJ Tooey; Recorder – Alexa Mayo

Hospital Libraries – **Balis room, 5th floor HS/HSL**
Facilitator – Toni Yancey; Recorder – Debbie Berlanstein

Health literacy/Health disparities/consumer health – HS/HSL 321 Conference Room, 3rd floor
Facilitators- Terri Ottosen, Nancy Patterson; Recorder – Paula Raimondo

Outreach to health professionals - Room 351 Campus Center
Facilitator- Sheila Snow-Croft; Recorder –Meredith Solomon

Technology support – Family room, 1st floor HS/HSL
Facilitator- Dale Prince; Recorder- Patty Hinegardner

3:00-3:45 Reports from groups – Room 351 Campus Center

4:00-5:30 Reception in the library, Board Room 5th floor

Dinner on your own or dine-arounds

February 4, 2010 – Room 349 Southern Management Corporation Campus Center

8:00-9:00 Light breakfast foods, coffee, tea, juice

9:00-11:00 Small group discussions:

Resource libraries– Room 349 Campus Center
Facilitator – MJ Tooey; Recorder – Everly Brown

E**-science - HS/HSL Distance education room, lower level**
Facilitator- Dale Prince, Sheila Snow-Croft; Recorder- Paula Raimondo

Community/underserved populations /public library outreach – HS/HSL 321 Conference Room, 3rd floor
Facilitators- Terri Ottosen, Nancy Patterson; Recorder – Alexa Mayo

Emergency preparedness - Room 349 Campus Center
Facilitators- Dan Wilson, PJ Grier; Recorder – Debbie Berlanstein

Collections/Information Access – Balis room, 5th floor HS/HSL
Facilitator – Toni Yancey

11:00-11:15 Break

11:15-12:15 Reports and wrap up

12:15-1:30 Lunch and dismissal – HS/HSL, Distance Education Room, Lower Level

APPENDIX B

RESOURCE LIBRARY DISCUSSION
February 3, 2010

MJ Tooey: Facilitator
Note taker: Alexa Mayo

What does it mean to be a resource library? What must a resource library commit to doing? We maintain a collection, lend, - we want to make the experience in resource library to be positive. It is realistic to expect all resource libraries to do ILL? What does the RML need from the resource libraries?

One model –have a menu of things that a resource library may do and can choose activities that the library would agree to do.
Mary Moore's library is committed to outreach. One of the ways that one library – (Fla) – is to **build on an existing outreach program**. No drive by outreach. They are building on strengths of their institution. They aren't starting from scratch. Do their goals for outreach mesh with the RMLs? Yes, they do.

One place – acts as translator from taking info from research into community. UNC – our university's interest in outreach has changed a lot. It's a factor to take into account. University is interested in **engagement, which is different from outreach**. If you are engaging a community, builds capacity, no drive-by outreach. Needs to fit with engagement – a challenge for a resource library would be to get those to mesh. **NLM and RML must match the institution's idea**. If they were in conflict, then that would be a problem. She would pick the institution over the NNLM/RML. It **is important to align institutional goals with resource library goals.**

One thing that contributes to success – relationship with regional medical library and resource library –is idea of **convergence of priorities**. Must align what they are dedicated to. Most of us are in institutions that are trying to address health disparities and must engage with appropriate groups – both must go in the same direction.

How do we find out about the priorities of the region? Probably **mission statements** are all pretty similar…service and community outreach is usually in there – get positive things out there about the university. What can you do to make the university look good?

Carol - when you are soliciting about which institution wants to be a resource library – at that point, **solicit their opinion about what is motivating them and their institution. Set up a separate council of just the resource libraries**. If we stop being a resource library, what would we stop doing? We would probably be doing what we are already doing.

RML – we **wanted support in certain targeted areas**. Put money into the individual resource libraries. Were able to get **some staffing dollars** which enabled you to do what you had wanted to do. With award money – allows you to make projects happen. And **travel money** has become much more important. Janice counsels people to build in travel money – and do presentations. It's good for everyone.

If we didn't have resource libraries, we still would do what we do. Do we still need distinctions between different libraries levels of membership? It may go back to ILL that distinguishes them.

Should we require resource libraries to loan or to have a certain fill rate? How about participating in DOCLINE or SERHOLD?
Carol – some of that might get to be difficult – because of the trends mentioned this morning. Merging of libraries, other changes with licensing makes it increasingly difficult.

How many resource libraries do you need to take on the ILL role? And what happens if they don't fulfill?
We have used being a resource library for our benefit at our institution. In terms of holds, space, maintaining collections. You can say that you're the only one in the state. Has cache to be a resource library.

What is required to be a resource library? Shows interconnectivity with the NLM.
Have 10 years rolling Science Direct – affects collection retention. Should that be a factor? Could be, yes. People agree – not just print. Not every library would have to sign on.
Say you are a library and agree to hold on to a certain print title and then if your administration wants the space? **Collection retention could be an aspect.** NLM – they are the library of last resort. However, there has to about 15 copies to be sure that there is one copy available for historical purposes. And the NLM has a space issue, too.

Ill is flattening or going down.
Look at resource libraries role in document delivery. It suggests that **there is less business**.

UAB cut about 4k titles. ILL stats went up slightly but not a lot. The attitude is –" If I can't get it right now, then I don't need it." Researchers/students are more willing to cite from an abstract. These are **changes about how people are doing their work which we need to tease out.**

Some **drug companies subscribe to Science Direct and can make available to the customers**. And you can **buy the article** on the open market.

Also there is **more available on public access** which bypasses traditional ILL service. Trends in use as currently defined are going down.

Choosing from a menu – a checklist? If you checked nothing could you still be a resource library? Or, if you check a bunch and don't follow through, then what?

MJ - **Lots of new medical schools – what would be a challenge for new med schools?** Challenge we had is that we could not **participate in Loansome Doc**. That should be addressed. They would have been a bill collector. **Would like to see Loansome Doc contracted out to one library.** Goes back to **aligning goals to institutional mission**. Would be nice to see how we fit in with the RML goals – new kid on the block perspective. Having fewer libraries who agree to do Loansome Doc is one idea. **When does a new medical school become a resource library?** When they sign the letter? New med schools may not have health sciences library, which has an effect.

Health Sciences library and university system – may not be a trend to have health sciences library report to the university library. Instead, **trend might be tighter integration**, where they are collaborating more, sharing resources more.

Carol – **number of unaffiliated health professions is growing** – because doctors are choosing not to affiliate. How does that affect on resource libraries?

Plus there are **plenty of other health professionals that are unaffiliated** – PTs, etc.
Not sure whether it has been **studied how unaffiliated get their information**. Increasing number of **homecare organizations**. Most people don't want to go into assisted living. They are providing health services in their home. They have no access to info. Here is the question: is this a group that we want to reach? If so, then at what level can we provide a service to them? Why are people choosing to not affiliate? There could be a lot of causes.

It increases the need that we see in public libraries. Putting together linkages between community health agencies, faith communities, public libraries, - **developing more partnerships is important.** Wesley – the way collaborations take place. How can a public library be supportive of us to get to the communities that we normally don't deal with? They work with at risk communities, to give us the entrance to that group itself. Memphis public library – supported the public library consumer health collection. Supported their collection and did partnerships. Until recently, the Baltimore public library was the first place that people went for health information. But they see fewer folks coming in. They need to formalize this relationship again. Baltimore consumers can't use Welch, because it for professional medical staff only. **Who are our customers? How do we expand?**

Seems as if the environment is changing and with more unaffiliated folks. Unaffiliated – **globalization**. Our **affiliated are becoming much dispersed** and we have partnerships with people in other organizations. **Primary clientele have changed. Has NLM recognized that the clientele is worldwide now? How does this affect our service roles?**

If you don't have resource libraries, then what do you use as an advisory group? Could you use **working groups**? We are almost 100% sure that we will have hospital advocacy as an issue that we will address.

The backbone of the resource library system is the academic medical libraries. Is that realistic? The **public libraries are important** to us. How are we supposed to provide information to people that costs money?

Mid-Continental Region 20 years ago – it used to be about one per state. Get the biggest library in the state and these would have a mission that addressed information to people. You could bid or apply for it and then get funds to support that in your state. They would take on that role because it is part of their mission.

Is it realistic to think that one library would take on the responsibility?
RML **relies on the resource libraries for advice** – ask for **outreach – exhibiting – symposia**.

- Create with dollars collaborations between public and academic libraries.
- Could we make a partnership with ILL and public libraries?
- Most people are looking for jobs while in libraries. If the public library is the conduit, then they are the switching center for the state.

- HS/HSL would not give up ILL. **Perhaps we have regional ill centers?** Find a couple of places that are able to do it…perhaps that could be discussed. Some colleagues don't want to do ILL anymore.
- **General consensus – ILL is declining.** We look at Lonesome Doc – our numbers are decreasing. If Loansome Doc is declining, is it a viable way to deliver?
- Suresh – could we **have a model for paid databases?** MJ talked about demise of Resources Plus.Some people are willing to pay and they need the article.
- Why not an Amazon approach? Why do we have this infrastructure?
- Marina model – statewide network in which all catalogs – end user affiliated initiated and filled.

What should we be focusing on and supporting? – are you seeing a need for education?

- Medical informatics- yes, at FL.
- The New England RML is doing an introduction to translational science. It is an RML sponsored activity. It is funded by the RML. Boot camp is hands-on and symposium was lecture, etc. It is one example of how we **should be prepared to take on new roles**. Is there interest in the region to have support for symposia or sponsor an institute?

Selected High Points:

- Core thing: Goals and objectives of the organizations must line up.
- Would the resource libraries be doing what they are doing whether they are a resource library or not? Yes.
- Most institutions are interested in community engagement. Area where cooperation can happen.
- You could have one resource library per state or region.
- Being a resource library has cache. Has weight and influence – could benefit space and dollars. To your institution, can parlay that that into something useful.
- One idea - Let resource libraries check off on a list and let people choose what activities they will engage in. But there are no consequences if they do not carry out their obligation.
- When does med school library become a library? When you are LCME accredited? When you have a collection? Learned about CONBLS – Consortium of Southern Biomedical Libraries.
- Lots of conversation about unaffiliated users – should it be one library or resource libraries? Generally speaking, it comes down to academic health sciences libraries.
- Our core users are globally dispersed - less tied to a traditional "campus" model.

- Conversation about partnerships – public and resource libraries – NN/LM could support those linkages. Reach out to unaffiliated users through that mechanism.
- When writing the proposal – build in travel and presentation into awards.
- Who would the RML come to for advice if there were no resource libraries? Could have categories or some levels of membership. One from column A type thing.
- Talked about hosting a region wide funded symposium like e-science, regional programming.

APPENDIX C

HOSPITAL LIBRARIES DISCUSSION
February 3, 2010

Facilitator: Toni Yancey
Note taker: Debbie Berlanstein

Statistics
2003 We had 535 hospital libraries
2008 Drop to 490
2010 Drop to 472
We lost 15% in 7 years, and 5% in last year.

This is clearly a **problem involving both staff cuts and position cuts**.
Example: CHOP – closed library and told user to go to UPenn libraries (same situation with Suncoast Hospital to Nova Southeastern).

Economic situation used as a good excuse for cancellation of hospital libraries – space, employee costs. Are people partnering with the University or resource library? Not really partnering, just using the resources of the nearby university library. This raises the questions of licensing and using resources.

Strategies for collecting information on the problem – There is a hospital librarians task force. We need to show the value of what we do and relate it to metrics on quality of care and patient safety. Grass roots to get into those processes since hospital administrators use these for their decisions. Is there good software that measures these issues that we could use? Take those logic models and equate them to hospital metrics. JACHO doesn't do it. Magnet status doesn't do it – just mentions 'access' to library. There is no punishment. Cost of doing this type of quantifying study? A consultant may be too costly. Possibility of holding a conference and include statisticians and others that can guide us. Dialog has to start somewhere.
The **stats need to be important and meaningful to administrators**. Example: How many calls does it take to maintain. ROI –we need to rethink what we count and try correlating it to a helpdesk scenario. Librarians are often too busy doing customer service to figure out what stats would make a difference. The RML could provide information, spreadsheet, and guidance. Web tools or metrics for this or an '**academy'** to identify who is at the most risk.

Share ideas of what is successful. People don't realize they are at risk until it is too late. Prime space can be a big issue. Make sure you are visible. It is too easy to get complacent. You will not be saved by the medical staff! You need champions that are influential. You must be PROACTIVE, get out of the library and be visible.

Should we partner with other consortia (OCLC?) RML fund membership into Lyrasis? Joint licensing? How would it help? Training, possibly better cost. Weight comes from working with those at a high level when they ask you to join meetings.

Helpful to show standards from MLA and site visit from RML – like a JACHO visit for hospital libraries only.

Funding types available:
LTIP 3500
LP $5K
EFTS 100 of $200
Express Outreach 5K
Lib. Digitization 5K
Tech Awareness 6K
Training Award

Better promotion to hospital libraries about what is available.

- Give example of what has been done to help. Have previous winners of grants talk about how they did it.
- Travel awards would be helpful. Bring it back. Stats from MLA and Chapter meetings are down.
- Webinars are very successful. Archive them for future viewing – many are too busy at the time they are presented.
- Sharing of project mentoring on the RML website – include a list of experts. Connect to help from societies and network. Help for new librarians.

Accreditation in emergency preparedness, partner with DIMRC or RML for certificate. New role for librarians.

APPENDIX D

HEALTH LITERACY/ HEALTH DISPARITIES/ CONSUMER HEALTH DISCUSSION
February 3, 2010

Facilitators: Terri Ottosen and Nancy Patterson
Note taker: Paula Raimondo

Handouts were on NLM's long range plan and *Healthy People 2020* as they pertained to the subject of this meeting.

NLM is trying to reach a wide variety of consumers. Within this topic area, the push is on to address Health Literacy. Emphasis may be on this in the next NLM contract.

Comments about award cycle:
It can be difficult to renew awards annually - possible solutions:

- Streamline the renewal process, have it cover longer periods of time.
- Have programs run longer than a year
- Offer multi-year awards – possibly do a welcome award and then a bigger award
- Grants could cover summer programs instead of a calendar year

Partnerships:

- Partner with organizations/centers that already have communication in place with the populations we're trying to reach: Urban League, HUD, Head Start, etc.
- Community recreation centers were suggested as partners; use the staff who work at the recreation centers as resources. This may work in both urban and rural centers.
- Children's museums
- Design program based on community needs and characteristics; have modest goals
- Kids like to cook – have hands-on cooking/nutrition classes for kids
- Partner with school systems: science classes, health classes, physical education, cafeterias, summer school, school nurses, school librarians
- Find talented presenters to make the information appealing for the kids

Ideas for publicizing MedlinePlus:

- First: Verify – Healthfinder.gov advertises, can we? What are legal of ways of advertising MedlinePlus?
- Public service announcements
- Oprah had a teacher day; maybe we could arrange a medical librarian day
- Incorporate MedlinePlus in school curriculum, environmental scavenger hunt using Toxtown
- Fund more projects like the bus placard idea (project funded in NC)
- Flyers stuffed in grocery bags – especially in rural/underserved areas
- Get MedlinePlus magazine out there – public libraries, community centers, doctor's offices, pharmacies, free clinics, hair salons, etc
- Catchy YouTube video like Jeff's example of the hip-hop explanation of Keynsian Economics
- Airtime for MedlinePlus animated jingles like SchoolHouse Rock
- Local politics – promoting at health events/discussions
- Surgeon General – info on site, in speeches
- Think of publicity on a national level – how does that affect our approach?
- Twitter? Blog? Mobile phones? Mobile MedlinePlus?
  Communities experiencing health disparities aren't "connected" but maybe community leaders are? Community organizations? Public Libraries serving these communities?

Reducing health disparities and improving health literacy:

- Curriculum developed by NLM and MLA - Terri and Nancy may combine that curriculum with the one that Beth Wescott taught on health literacy. If so, where and how should the class be promoted?
- Project to fund: Buy equipment and train-the-trainer for Info Kiosks at free health clinics, or if staff is short, fund a monitor for the waiting area that runs a looping MedlinePlus video.
- Translate MedlinePlus information for people with low literacy levels; more pictures, more audio; Non-English speaking populations could be served better.
- Promote a tool to identify illiteracy – not easy to ID due to the shame people feel
- Fund projects along the lines of Joyce's "Prometheus board" idea – kids love it as well as adults

- Partner with nurse educators, public libraries, free clinics, social workers, the people who already have relationships with our outreach populations
- Start young – get into elementary schools, county parks & recreation, and public library children's programs, Sunday schools
- Involvement with ESOL classes
- Ethnic festivals

Good Examples of Health Literacy Materials:

- National Cancer Institute, The Farm Workers Bureau and Urban League's Richmond CDC program on Diabetes for African Americans

- Examples that address health info needs of ethnic groups:
  SPIRAL Project (http://spiral.tufts.edu/)
  EthnoMed (www.ethnomed.org)
  Healthy Roads Media (www.healthyroadsmedia.org)

Upcoming:

- Terri and Nancy are planning a health wellness class for consumers.

APPENDIX E

OUTREACH TO HEALTH PROFESSIONALS DISCUSSION
February 3, 2010

Facilitator: Sheila Snow-Croft
Note-taker: Meredith Solomon

Outreach to Health Professionals

This is not just about what the RML can do, but also about what the RML might be able to fund for the region.

Reaching unaffiliated Health Professionals

Note: RNs in hospitals without libraries are unaffiliated, not just private practice RNs.

- Going through nursing professional organizations
- Physicians Assistant organizations
- State licensure boards statistics/spreadsheets to do a mailing introducing RML
- Magnet status importance, library is important in this process
- Smaller hospital or ones without libraries have supplemental magnet-like training – Hallmarks of Excellence (NC) – benchmark to strive for since Magnet Status cost $$$$ - Magnet Lite OR Magnet Like?

Reaching Health Professionals in general

Electronic Health Information
HIT (Health Information Technology?) and its funding – where do librarians fit into this?
Hospital based system? How to get inserted into the team?
Library support is layers down from top accomplishments

- Best Practices – care plans, order sets, clinical practice guidelines
- Library is yet another layer down or not on the radar

Hospital librarian need to get linked to clinical decision making support
Health Electronic Records money is going to Private Practice – regional extension centers

- Rural areas, AHECs

If library is involved do both systems work together?

- Library needs to be inserted earlier in project

RML develops an educational program about Health Electronic Records, what NLM is doing to help educate their hospitals, etc

- Need examples of how libraries can tap into the EHR world and why it is important
- Talk to independent practitioner who have adopted

Once professionals are identified, how do we market and approach to educate them?

- Find rural health council and do not just exhibit, join
- NNLM joining such organizations, disseminating information to region, others who may be able to serve and do outreach with them
- Map out professional organizations and map out who you want to build a relationship with
- Give local orgs a heads up about what is happening in their area
- Create master calendar via State health library association and add where all the state association conference are
- Research information needs - RML funding to fill in gaps
- Is outreach comprised of people from your institution?
- Consortial purchasing and negotiating licenses; NOT funding the purchases. (Check with PNR)
- Class on negotiating by Carolyn Klatt at Mercer is good one

Information needs of Health Professionals

- Surveys, focus groups, fund librarian research to get these answers and data
- Web-based education for professionals due to budget cuts and lack of travel $
- Develop Moodle self-paced classes since timing and funding are issues
- Public Health Policy
    - How to respond to community for epidemics or health news headlines
    - Push PHPpartners website
- Identify who is being served and who is left; target those being left behind
- Translational science
    - Good flow of information between practitioner and researcher
    - Earlier application of research funding
- Small projects within a very large grant

    - If a part of grant is being neglected, librarian can fill this role; bring people together and increase relationship building
- Connecting unaffiliated to researchers

APPENDIX F

TECHNOLOGY SUPPORT DISCUSSION
February 3, 2010

Facilitator: Dale Prince
Note Taker: Ryan Harris

Purpose: Looking to the future with this discussion, no real guidelines.

What direction should we go in? Current direction has been a focus on Web 2.0 technologies and instruction that corresponds with this.

- Different funding opportunities are available for technology from the RML. Document delivery award has been expanded to include technology to improve access.
- A lot of technology has been purchased this year. It seems better knowledge of technology is needed to make sound decisions in determining what technology should be purchased. Pick the best technology for institutional needs.

Are you familiar with technology awards? – Yes (but not all)

- Can you use an RML grant in conjunction with another grant? – Yes. This would include server software.
- Could funding be given for a historical digitization project – This project would likely get funded. Uniqueness of collection and usability would be weighted in making this decision.
- Funding would be given for personnel costs for a digitization project. Joint project like this is looked upon favorably.
- Has any funding been given for mobile technology?
    - Yes- HS/HSL, Mobile Technology Symposium and Duke: Kindle Project are examples.
- RML cannot discuss products that can be purchased, but another institution could.
- Would technology express award let me explore different technologies such as comparing Droid apps to iPhone apps or comparing various Ereaders such as Kindle, Nook, iPad? - Yes if there is a specific target in mind, could maybe get vendor support as well in conjunction with RML support.
- Kindle Project was an outreach award so the funding was larger.
- Sharing of ideas between institutions may be useful for launching larger technology-based projects.

- There are generally a lot of questions about what is eligible for technology awards. There is a fine line as awards are often wide open to allow for innovation, but some guidance is also needed by those applying for award.

- Digital Repository Software – Is there anything to use besides umbase (spelling?)

Interlibrary Loan – Any thoughts on using funds to support money losses on loaning out articles. RML is not really looking to do that aside from helping when loaning out to unaffiliated health sciences centers/libraries. Some regions give funding for ILL staffing.

Technology Rack – RML can't talk about specific products that are paid for. Can discuss NLM resources and free products.

Is more promotion needed?

- Is there a grant writing class? – Yes and also available as an online tutorial

There is not a lot of competition for smaller awards.

Any funding opportunities RML should provide?

- Request to increase amount for training. This is going up from $600 to $1000
- Award was given to promote technology to a church group, did not realize how much follow up assistance was needed after? Is there an award for continuing support? Yes there is, Follow Up awards which are new to this contract.

How do you see RML dealing with mobile technology?

- Awards right now can let people explore what they want to do with mobile technologies.

What about support for EMRs?

- If you can connect research to EMR or consumer health information to the record, then RML is interested.
- Could products be purchased to support EMRs? – Tentatively yes.

APPENDIX G

RESOURCE LIBRARIES DISCUSSION
February 4, 2010

Facilitator: MJ Tooey
Note taker: Everly Brown

In attendance: Jan La Beause, Biddanda Suresh, Nancy McKeehan, Tom Singarella, Judy Burnham, Beverly Shattuck, Parks Welch, Fatima Barnes, Scott Plutchak,
Purpose: to define what it means to be a resource library in the RML. RLs tend to be larger academic libraries. We have more (31) RLs compared to the other regions. RLs do outreach, exhibiting, carry out NLM programs, and serve in an advisory capacity. Original concept of a RL was to provide ILL.

Does the letter libraries sign when agreeing to be an RL need to be revised?
Perhaps an a la carte list of what each RL can provide, allowing them to choose their areas of strength. What would be in the checklist? How many categories would a RL need to sign on to be able to call themselves an RL? Should any of the categories be required? No punitive measures however, if obligations not fulfilled.

Should ILL be optional or required?
HS/HSL does not know what will be in the RFP. Our goal is to come up with how the RLs see themselves as being aligned with the RML. We want to be sure that the RLs are happy.

Serving in an advisory capacity should be required of an RL.

What is the value of being a RL to an institution?

- Allows us to justify maintaining print at a certain level.
- Allows us to justify continuing some of our services, our community outreach.
- Provides some cache that we can use in our promotional materials
- Useful for disaster planning – the buddy system.
- Print copy of last resort in the region
- Advisory group to the RML

Don't want to dilute the value of being a RL by making it so that anyone can say that they are one.

Could any corporate hospital libraries by a RL?
Their bottom line is money. We can't depend upon them for a long-term commitment.

Should we require that a RL be an academic health sciences library?

- There are some that have been absorbed by the larger academic libraries on their campuses. For example, Emory & Florida.
- Do we need to assume the role of educating the university librarians about the importance of being a RL and providing clinical ILLs?
- Should we collect all RL strategic plans and missions and look for common threads? Could be a way to guide the RML to more relevant programming and funding.

Funding

- Could RML provide a "blank slate" funding category? A RL would identify an unmet need and apply for funding. RML could be flexible and have the ability to meet RL needs as they arise.
- Could RML provide for indirect costs in awards? NLM does not allow.
- Could RML provide a reward for meeting a high fill rate? It is difficult to justify the expenditure when the fills are for example, AHECs rather that our faculty.
- Could the RML formalize the process of purchasing equipment for campuses? Procurements. Partnership with Lyrasis?
- Blank slate award
- High ILL fill rate award
- Keep exhibit awards (enables outreach and travel)
- Continue these meetings to bring RLs together.
- Research studies about what is happening in academic health sciences libraries, focus groups. Use the research to provide us with statements we can use for support.
- One Week Institute/Academy – have the RML fund travel to. Ex: clinical librarianship, EBM

Hospital Library Advocacy

Would sub-regional meetings allow easier travel for hospital librarians? Not really. It would be better to partner with the state associations and provide them with travel money. Also, perhaps set up online discussions so that they don't have to leave their libraries.

Are academic health sciences libraries in danger?

Our space is in danger. We need to show that we are re-purposing it. The idea is out there that some of our staff is not needed because of digital resources. The scope of our programming and ability to provide services is in danger. Aging library directors (should we focus on growing skills and abilities of middle managers?). Should we be focusing on survival skills for academic health sciences libraries? We could see the hospital libraries as canaries in the coal mine. The changed JCAHO standards were the kiss of death for hospital libraries. LCME – make sure it has the learning resources component.

Laundry list of what a RL would do:

- Facilitate training – perhaps expand to health professionals like nurse educators
- Outreach – continue consumer health, expand to other community groups (public libraries, groups that deal with health disparities)
- Exhibiting
- ILL
- Loansome Doc (or something else)
- Collection – last copy
- Participate in disaster planning
- Train the trainer
- Hosting training
- Greater interaction with library schools
- Mentoring program, ex: for new directors
- Fostering events where people can make personal connections
- If ILL loans are dropping, what else can ILL staff do? They may end up working on scanning/digitization projects.

New Roles for Librarians?

- Mini med-school
- Symposia, webinar, self-paced courses
- Become more embedded in to research teams, ex: help with NIH submissions
- Introductory courses in bio-informatics and medical informatics
- RML work with Lyrasis to help RLs negotiate as a consortia with vendors
- Way to find out about new technologies and products from vendors apart from MLA exhibits. A vendor showcase, online?

APPENDIX H

E-SCIENCE DISCUSSION
February 4, 2010

Facilitators: Dale Prince and Sheila Snow-Croft
Note taker: Paula Raimondo

What is e-Science? What is the academic library's role in e-Science? Is there a good working definition?

e-Science is a big issue in ARL libraries. Neal Rambo has worked with ARL to come up with a definition. ARL has big interest in e-Science.

[from *E-SCIENCE TALKING POINTS FOR ARL DEANS AND DIRECTORS:*

e-Science is not a new scientific discipline in its own right: e-Science is shorthand for the set of tools and technologies required to support collaborative, networked science. The entire e-Science infrastructure is intended to empower scientists to do their research in faster, better and different ways.]

Translational science – is it a subset of e-Science, or a different name for e-Science?

Roles for libraries:

- Take advantage of the interdisciplinary nature of e-Science
- Data librarian collects data when research is done; curates the data institutional repositories
- data curating
- CTSA grant requires published research be carefully tracked; to do that you can use Collexis, build applications on top of that. Visualization tools to help folks find collaborators. Vendors and publishers are getting into that business. Being aware of these tools is part of the library's role.
- Library: teaching role: how to use tools; outreach to campus and outside community. Librarians can act as links between different disciplines.
- To get clinicians involved in research, involve them in defining the research questions.

Social sciences have data librarians; Hopkins has “Data Net”

Cecilia Botero said her institution has stimulus grant to work on VIVI, a social network for scientists. Will have a searchable controlled vocabulary.

“How will science happen differently?” – this is a question when talking about e-Science.

RSS feed in databases = “powerful” in helping pathologist do his work

Electronic medical record – part of e-Science; library has a role (see “info button” and the like)

Clinicians want answers without having to wade through a lot of resources, articles

Chapel Hill, working on a program on e-Science for the next MAC meeting. RML (Janice) said it could be a good way for RML to learn what members want and need. How can RML help members prepare for e-Science projects? UNCCH has linked up Neal Rambo for the program. What would people find most interesting? The RML in New England is working on the e-Science role to support members.

Currently there are eight institutions in our region that are CTSA grant recipients.

Libraries need strategies –how can we insert ourselves in the e-Science process? RML may be able to help with this.

Value-added: suggesting content, suggesting resources.

Chapel Hill has bioinformatics librarian with an undergrad biology degree who went out and got extra training (Woods Hole, NLM, etc)

What are the basic qualifications for a bioinformatics librarian?

Important to understand scientist’s perspective; what do they do? How do they use the data?

- Elaine Martin brings in science professors to train the librarians at her library.
- The RML could support: training, needs assessment; bringing in experts

- Region 8 is developing a web portal of e- resources

- RML could bring together people in CTSA libraries to share experiences.
- There could also be a boot camp level of training; librarians would be trained about various scientific tools, understanding how scientists use data.
- Good to have sessions that broadly discuss e-Science / translational science as an introduction, and then other sessions that would describe specific projects
- Eventually a series of products and services would be the result of these symposia
- CTSA is looking to get those people involved in research. Important to connect researchers with community.
- Library outreach programs result in libraries having more knowledge of their community than the researchers might have.
- RML could support pilot studies on CTSA interacting with community. How do non-CTSA funded libraries benefit from the experiences of CTSA intuitions? RML could facilitate sharing of experience from CTSA to non-CTSA libraries.
- Important that CTSA institutions not become too inward-looking. Point of the CTSA grant is to have the institution look outward. It is important to include the small institutions, where the culture is different. Smaller institutions may be better at outreach to community.
- Maybe we should collect the successful outreach experiences of non-CTSA institutions; the flow of information would go the other way this time around.

Funding of CTSA is in part to change institutional culture of how research is done and communicated.

Chapel Hill is a CTSA institution –new staff, new model, new building, focus on goals of CTSA; bench to bedside. This is a major change in the culture of the campus. Also, they now "talk the talk" of translational/interdisciplinary science; use the correct vocabulary; new framework is promoted. Building clinical data warehouse; date has always existed but now is collected, not put into silos.

Personal health information records – librarians can be gatekeepers of the data; to hold the protected health information. NLM is working with EPIC to link to Medlineplus using iCDM codes.

Data visualization – the next big thing. What is library's role? Perhaps: training to use data visualization tools, if they become tools that can be used from the desktop. Visualization wall at Chapel Hill library – must have a trained visualization programmer to use it.

APPENDIX I

COMMUNITY, UNDERSERVED POPULATIONS, PUBLIC LIBRARY OUTREACH DISCUSSION
February 4, 2010

Facilitators: Terri Ottosen and Nancy Patterson
Note taker: Alexa Mayo

Handouts were on NLM's long range plan and Healthy People 2020 as they pertained to the subject of this meeting.

NLM is trying to reach a wide variety of consumers. Within this topic area, the push is on to address the K-12 population. Emphasis may be on this in the next NLM contract.

Suggested Changes in Funding Procedures:

- Streamlining of a 'renewal' process for projects that continue year after year:
  - Do they need proven success first? How measured?
  - What about changing the amount of the award once experience shows the realities?
- Clarifying of Award names so what they are is obvious and include $$ amount: Instead of 'Community Day Award', call it "Emergency Preparedness Award ($6,000)"

Community Outreach Leads:

For K-12:

- High School pipeline programs for future health professionals – originating from university programs OR VoTech programs in the high school itself.
- First Steps and Head Start Programs
- PTAs and PTOs, where they exist
- Nemours Foundation/ KidsHealth.org
- School Nurses, Media Specialists, Physical Ed teachers, Health teachers
- Boy Scouts/Girl Scouts
- Boys & Girls Clubs
- Public School Health Fairs

For K-12 and beyond:

- Community Recreation Centers (train staff, they already have rapport)
- Dept of Educations in each State/Public Health/Literacy Councils
- Urban League
- Adult Literacy Programs/ESOL
- Fraternities/Sororities
- Nurse Educators
- Kiwanis Club, Free Masons, etc.
- Faith-based Health Ministries
- Chamber of Commerce/Hispanic Chamber of Commerce
- Geriatric RNs
- Senior Centers, Housing
- Annual Conferences of School Nurses, Media Specialists, Physical Ed teachers, Health teachers (or any of the above)
- Library volunteers may be untapped community organizers/volunteers

Program Ideas:

For K-12:

- Scavenger Hunt for Info with MedlinePlus/ToxTown/ToxMystery
- Peer-to-Peer success story in Texas – Cindy Olney

  Summer Camps with Park & Recreation Organizations or Private Organizations: health program involving exercise, hands-on cooking, online health resources (ToxTown, ToxMystery, KidsHealth.org, MedlinePlus?) Maybe something "gross" that kids would enjoy or science experiments that illustrate a health issue.

  Summer Reading Programs with Public Libraries – Entertaining 'health' stories? Focus on special health camps like Diabetes Camp? (maybe there are other conditions that do it) Include 'gross' stuff, science experiments, hands-on cooking, speakers?, etc…
- Project/Program – Joyce's use of the Prometheus board that kids love

For Adults/Families:

- Get involved with Parks & Recreation instructors teaching healthy cooking, exercise

- Take Rick Wallace's model for TN and promote it in each of our other states
- Fund projects that tackle the Digital Divide -- use 3G and 4G technology to provide Internet access wherever cell phone service exists
- Cultural Competency projects
- More Distance Ed classes
- Focus on community leaders & programs/centers that already exist
- Many medical schools want faculty and students to provide outreach to their communities; partner with them
- Faith based: ministers, pastors should be involved; health ministries teams
- Literacy councils

Public Libraries – Increase Membership and NN/LM SE/A visibility:

- Assign one RL per state in the region to do the outreach legwork once we have our "package" and plan of action to get more public library members
  All public libraries should have MedlinePlus and NN/LM bookmarks, posters, etc. that's visible to patrons as they walk in – MedlinePlus Magazine, too
- Create a list of Health FAQs with pathfinders to resources – make it snazzy like a bookmark and make it bilingual (Also, make a digital version coded in HTML for libraries to easily post on their websites)
- Create a bilingual medical glossary for display in public libraries, doctor's offices, pharmacies
- Get visibility at all State Library Association conferences with an exhibit award via a local Resource Library

Outreach Collaboration/Inspiration

- Create a "Best Practices for Outreach"
- Create a wiki space (on the SE/A site?) for discussions about outreach work and success stories – "Big Numbers and Great Stories"
- Share the NN/LM mapping feature with Resource Libraries and outreach librarians

APPENDIX J

EMERGENCY PREPAREDNESS DISCUSSION
February 4, 2010

Facilitator: P.J. Grier
Note taker: Debbie Berlanstein

What is the status of backup libraries? Can the RML help facilitate backup?
Example: If an affected hospital is a DOCLINE hospital, how to reroute? Join with sister library to ease the resource sharing.

When does the NLM EAI kick in? It depends on size of problem. Plan in place for about a year, nothing has happened to affect services.

Univ. of Miami with Haiti situation: Different, since RML does not provide service. No established infrastructure. There was a program/partnership from Neurosurgery (Barth Green), so it was quick to assess the situation – perhaps like a backup library.

- Called IT to find out what could be accessed (interested in UpToDate, Dynamed). There was definitely spotty wireless coverage. IPhone best form of communication, but Army was going to install a router in the UM tent hospital so part of UM IP range.
- Contacted Cindy Love at NLM. They had second copies on list of books provided by Cindy of key titles that could be sent to Haiti. UpToDate was not terribly cooperative with setting up access.
- Identify key people. Evenings seem to be the best time to discuss library resources. Everyone is hyped so don't be shut down by one negative response.
- 3 computers will be funded by an express emergency award thru RML.
- Ordered a few books (new editions) as well.
- Telemedicine is a huge thing in these situations.
- 24 hour reference offered as well.
- Would there be something quicker than the RML express award?
- Are there other relationships with other Caribbean nations or South American countries and would that come into play in a disaster. UM International Medical Institute could formalize relationships throughout the university.

Grant or consulting effort to understand all these relationships within the region for future situations like this**.** Talk to the RML about providing training and then funding to go to the disaster area.

What can the RML do to help during a disaster?

- **List of titles is available**, perhaps reserve fund for core collection in emergency. In boxes ready to go (donation from publishers) for drop shipment.
- Itouches with Dynamed, ePocrates and Harrison's online **– could we use funding to have those on hand, loaded and ready to go?**

UM is also **training public librarians and first responders** on ToxNext, Wiser and NLM resources in conjunction with Miami Public for a Health Fair.

24/7 chat from public library in a disaster and partnering with RML for resources.

- Partnering opportunities are there for public/academic partnerships.
- Also a state-wide organization for health information.

Look into promotion of resources to first responders.

How can we cooperate with hospital libraries and how can we provide services in a disaster? Institutional memberships from universities can have a role here. (Institutions or individuals sign up for access and services like reference and ILL.

Clarify the EAI – guidelines as to what triggers the site to become available. 4 weeks from date of activation.

APPENDIX K

COLLECTIONS/INFORMATION ACCESS DISCUSSION
February 4, 2010

Facilitator and Note taker: Toni Yancey

Collection retention/Last Copy

We discussed background/creation of the Print Retention and Access Task Force. Five members of the task force were present. It is important to share unique title with libraries shown as owners of titles. [Sandra Franklin **requested list from NLM of unique titles that are held by few than 3 libraries**]

We need to **ask libraries to verify that the list is correct** (list is based on SERHOLD records), and identify libraries with space to retain some of these unique ("endangered") titles. This is not to create regional repository but as a way to provide immediate relief for collections.

Express **award needs to be modified in the 5th year to assist with shipping titles to "holder libraries**"

What agreements would be required? MOUs? Permanent loans? Etc?
In the next contract, is there a need **to increase amount of library digitization award** to cover both equipment and staffing (now usually one or the other).

In the next contract, **evaluate need for a standing committee** devoted to topic (print retention and access) versus a task force.

Need vision/ collaboration from NLM. Attendees had questions of whether or not this should be a region by region task of retaining last copy. It is known that the Preservation unit of NLM is concerned about issue.

Sandra scheduled next meeting of Task Force (an in-person meeting) for March 2010.

Next steps for task force include:

- Possibility of working with Ithaka tool for **collection analysis** (Susan Woodson has been in discussion with them as a resource for Johns Hopkins collection evaluation project).
- Get larger Region 2 list from NLM (all 27k unique titles).

Finding Unique and historical collections

The main problem is **identifying who has a historical/unique collection**. History of Medicine has its' own association. The list from **NLM** will help. How can we gather that information? Should the RML **ask Resource Libraries to identify** these collections on the memorandum of understandings? Can we work with the **History of Medicine Section of the Medical Library Association** or another group to identify these collections? After these collections have been identified, **can we link to them from the RML website?**

Information Access/E-licensing

We agree that **assistance is needed** by network members to help keep e-licenses open for resource sharing. Should we help purchase e-journals for hospital libraries (like the Region 4 model)?

Membership Diversity

It is important to have a **diverse membership for resource sharing and information access**. The RML needs to contact schools with large health sciences programs about membership. Would these schools be willing to run two document delivery systems to participate in the network?