Report on the 2008 Network Data Inventory

National Network of Libraries of Medicine, MidContinental Region

by

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Introduction

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

To carry out these program goals, the MidContinental RML staff developed a questionnaire to be administered on a recurring basis to elicit information from regional member libraries about their staffing, technology planning and implementation, collections, continuing education access, outreach and educational services offered by network member libraries, network communications, and use of RML and NLM programs and services. The RML administered a network questionnaire for the first time in fall 2002, early in the 2001-2006 NN/LM MCR contract period. The data collected provide a picture of the region at that time,[1] and serve as a baseline against which change in the availability of information resources and services can be measured. In fall 2005[2] and again in fall 2008, the RML administered member questionnaires. These Network Data Inventories include many of the original questionnaire items along with additional questions to gather information on new developments in technology and service delivery. Network members of all types (hospital, academic, and other) were invited to respond to the 2005 and 2008 questionnaires.

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

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[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://nnlm.gov/mcr/evaluation/memberinput.html

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

Methodology and Response Rate

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

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

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

Table 1. Response Rates 2002, 2005, 2008

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

The total number of questionnaire responses, responses by type of library, and responses by state are shown in Tables 1 and 2. Hospital libraries comprise 63% of all questionnaire respondents in 2008, a little lower than the figures for 2005 (hospital libraries were 71% of all questionnaire respondents) and 2002 (hospital libraries were 70% of all questionnaire respondents). The population of all states in the MCR region increased

somewhat from 2005 to 2008. The overall number of hospital libraries that participate in the NN/LM MCR was stable, though some variation appears from state to state (Table 3).

Table 2. Library Responses by State

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

Table 3. Questionnaire Distribution and Population by State

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

Analysis and Discussion of Questionnaire Results

Library Staffing

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

to 1.07 FTE librarians in 2005 and from 0.63 FTE staff in 2002 to 0.58 FTE staff in 2005 (Table 4).

For the 38 hospital libraries that responded to the questionnaires in 2002, 2005 and 2008, overall staffing increased modestly from 2005 to 2008, but these increases were not enough to offset the staffing losses from 2002 to 2005 in those libraries (Table 5). Interestingly, the average staffing losses from the 38 libraries responding to all three questionnaires were greater than the average staffing losses from the larger group of 69 libraries that responded to the 2002 and 2005 questionnaires. Among the 38 hospital libraries reporting in three questionnaires, the average librarian staffing went from 1.34 FTE librarian in 2002, to 1.19 FTE librarian in 2005, to 1.24 FTE librarian in 2008. For non-librarian staff, the average staffing among the 38 hospital libraries reporting in three years was 0.82 FTE staff in 2002, 0.65 FTE staff in 2005, and 0.66 FTE staff in 2008.

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

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

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

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

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

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

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

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

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

Is there a reason why you added color here?

Table 7. Staffing in Hospital Libraries, 2008

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

*FTE – Full-time equivalent

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

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

Table 8. Educational Level of Library Director or Manager

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

Library Management and Planning

Library Reporting Relationship

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

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

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

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

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

Library Budget

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

Table 11. Change in Library Budget

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

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

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

Emergency Response Planning

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

Table 12. Emergency Response Planning, Hospital Libraries

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

Table 13. Emergency Response Planning, Academic and Other Libraries

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

Technology

Planning and Decision-Making

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

Table 14. Technology Planning and Decision Making

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

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

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

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

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

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

- Library maintains its own systems department.

Web-Based Tools and Services

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

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

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

Several hospital libraries commented that some web sites are physically blocked by network security systems. Others indicated that permission could be obtained to access specific web sites, sometimes just for a limited period of time (i.e., 15 minutes), and one respondent indicated it could take months to receive approval from the national level of the organization to access a blocked site. For some hospital libraries, YouTube is

completely blocked, while one library noted it was available on a quota time basis. Other libraries noted that some social networking sites, wikis, blog and streaming video could be accessed, while others are restricted at the network level on a hospital-wide basis. For example, one library indicated video on MedlinePlus could be viewed but video on YouTube could not be accessed. Two libraries noted that "public" computers that do not run on the hospital's networked system could be used to access web-based tools and services. One library commented that the working environment (rather than computer restrictions) makes participating in live meetings and classes impossible.

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

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

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

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

Questions relating to web-based tools and services on the previous (2005) questionnaire were worded differently, but in that questionnaire, just over half (54%, or 55 of 102) of hospital library respondents reported that they had viewed streaming video from their computer during the past year. Among academic and other libraries, the rate was higher, with 78% (31 of 40) of respondents having viewed streaming video. Almost half of hospital library respondents (47%, or 47 of 100) reported participation in videoconference(s) during the previous year, and among academic and other library respondents, 70% (28 of 40) reported videoconference participation. In 2005, among hospital library respondents, 19% (19 of 101) reported experience with application sharing software, and 25% (10 of 40) of academic and other libraries reported experience with this software.

Collection Management

Collections and Access

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

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

Table 17. Hospital Library Book Collections

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

Table 18. Hospital Library Journal Collections

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

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

Table 19. Academic and Other Library Book Collections

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

Table 20. Academic and Other Library Journal Collections

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

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

Table 21. Access to Electronic Resources

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

*More than one response could be selected

Electronic Resources Acquisition

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

Table 22. Negotiation of Electronic Licenses for Library Resources

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

*More than one response could be selected

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

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

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

*More than one response could be selected

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

Hospital libraries:

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

Academic and other libraries:

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

Education and Outreach

Education Programs

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

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

Table 24. Library Training Topics

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

Note: Respondents could select more than one topic.

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

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

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

Table 25. Delivery Format for Library Training

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

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

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

Table 26. Library Training Spaces

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

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

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

Table 27. Audience for Training Programs

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

**Response options modified on 2008 questionnaire.*

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

Table 28. Continuing Education for Library Staff

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

Table 29. Library Staff Continuing Education Class Topics

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

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

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

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

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

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

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

Table 30. Continuing Education Class Sponsors

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

Specific continuing education class sponsors reported by hospital libraries are:

- Associations (Special Libraries Association (SLA), Colorado Library Association, Health Care Education Association, Alliance for CME)
- Local, state and regional groups/consortia (St. Louis Medical Librarians, Kansas City Library & Information Network, Health Sciences Library Network of

Greater Kansas City, Missouri Library Network Consortium (MLNC), Utah Health Sciences Library Consortium **(**UHSLC**),** Missouri Library Network
- Universities (University of Colorado Health Sciences Library, Walden University, Dartmouth, University of Denver)
- State Library agencies; Nebraska Library Commission
- National Library of Medicine (NLM) and National Institutes of Health (NIH)
- Government agencies (Department of Veterans Affairs, U.S. Army)
- Database vendors (Ovid)
- Library software vendors (EOS, CyberTools for Libraries)

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

Outreach Programs

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

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

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

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

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

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

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

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

Table 33. Outreach Targets

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

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

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

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

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

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

Members and the NN/LM Network

RML and NLM Services

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

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

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

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

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

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

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

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

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

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

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

*New item on 2005 questionnaire

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

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

*New item on 2005 questionnaire

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

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

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

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

RML Communications

Inventory questions in 2002, 20005, and 2008 addressed how librarians communicate with the RML and with each other. Questionnaire respondents were asked to rank methods the MidContinental RML uses to communicate with the regional community about services, health information resources, funding opportunities, and other topics of interest (Tables 41 and 42). The response options on the 2008 questionnaire for ranking communication methods were: "Very Useful", "Useful", and "Not Useful". The previous questionnaires (2002 and 2005) requested that respondents rank communication methods on a scale of 1 to 5, with 1 being "Not Useful" and 5 being "Essential". Questionnaires from the three years also offered the response options of "Haven't Used" and in 2008 the additional option of "Don't Know What It is" was available.

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

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

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

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

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

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

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

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

Table 41. MCRML Communications, Hospital Libraries

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

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful
**New item on 2005 questionnaire

Table 42. MCRML Communications, Academic and Other Libraries

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

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful
**New item on 2005 questionnaire

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

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

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

Communications within the Region

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

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

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

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

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

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

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

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

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

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

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

Table 44. Communication within the Region, Hospital Libraries

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

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful
**New item on 2005 questionnaire

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

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

*2002, 2005 questionnaires: 5 = Essential, 1 = Not Useful
**New item on 2005 questionnaire

Projects to Improve Health Information Access

A very few libraries reported receipt of funding for projects to improve access to health information (Table 46). Seven hospital library respondents offered comments on the question about projects to improve information access. One described a project in the planning stages (a statewide resource inventory and health literacy portal). Three respondents identified specific projects that were funded (a NEH Preservation Assessment Grant for the hospital archives, funding from the hospital foundation for a nursing database, and a multi-year NLM grant for developing a digital library.) Two respondents expressed interest in pursuing information access projects in the future (time permitting). Seven respondents from academic and other libraries contributed comments, with two identifying a state LISTA grant and state funding to host a planning session on networked consumer health information. One respondent reported that several grants had been received from the RML, but found "the process to be too labor intensive to actively incorporate new or increased services as a result of funding."

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

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

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

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

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

[a]Health care professionals
[b]Consumers
[c]Public librarians, student nurses, public health employees in Kansas

Conclusion

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

to do more marketing to be successful. Many of us don't know what you have available to us in one-person libraries."

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

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

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

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

The following points summarize results of the Network Data Inventory:

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

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

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

and management. Continuing education class sponsors include the RML, the Medical Library Association and the MCMLA chapter, the library's institution, along with a variety of local, national, and specialty library and information associations, academic institutions, and government agencies.

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

Implications for the MCR

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

Communication

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

Emergency Preparedness

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

NLM Resources

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

Leadership

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

Evaluation

- Knowing we are doing the right things, how do we make those better, what changes should we make, and then, how does that inform what we stop doing and what we replace it with?
- We should strengthen/expand what we are doing right.
- Identification of what we are doing right should inform what we stop doing.
- Use evaluation and feedback tools as litmus tests of how a service can make our constituents work life easier
-

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

1. DOCLINE LIBID (required): For example, UTUUTA or MOUWSL. Your LIBID is in the email containing the link to this questionnaire.

2. First Name of person completing questionnaire:

3. Last Name of person completing questionnaire:

4. Title of person completing questionnaire:

5. Institution (not library name). For example, University of Utah (not Eccles Health Sciences Library), St. John's Mercy (not Van K Smith Consumer Health Library).

6. If your library has a web presence, please provide the URL:

7. How many FTE (full time equivalent) professional librarians are employed in the library?

8. How many FTE (full time equivalent) non-professional library staff are employed in the library? Do not count volunteers or those included in question #7.

9. What is the highest level of education obtained by the Library Director or Manager? This refers to the person who has operational responsibility for the library.
   - -High school diploma
   - -Associate degree (community college)
   - -Bachelor's degree
   - -Master's degree from a library school
   - -Other master's degree (do not select if this person also has a library school master's
   - -Doctoral degree

10. To what position in the organization does the library report?

11. Is the library's budget this year higher, lower or unchanged from 5 years ago?

12. Users have access to library electronic resources... (Check all that apply)
    - In the library
    - From anywhere in the institution
    - From off site
    - Other (please specify)

13. How many print book titles are in the library's collection? Please use numbers not text; do not use commas.

14. How many electronic books (either purchased or subscribed) are in the library's collection? Please use numbers not text; do not use commas.

15. How many print journal titles does the library subscribe to? Please use numbers not text; do not use commas.

16. How many electronic journal titles does the library subscribe to? Do not include databases. Include the total number of titles available through aggregate subscriptions such as EBSCOhost, ScienceDirect, etc. Please use numbers not text; do not use commas.

17. Who negotiates electronic licenses for library resources? Check all that apply.
    - The library
    - Institutional department other than the library
    - One or more consortia
    - Other (please specify)

18. If the library licenses any electronic resources through a consortium or group buying plan such as the MCR Regional Licensing Consortium, GWLA, Colorado Ovid, MOBIUS, etc. please check all that apply and provide other consortia or comments in the box. Do not include EBSCOhost, ScienceDirect, or other aggregated products. If you do not participate in any licensing consortia click next without checking any of the boxes.
    - Health Sciences Library Network Kansas City (HSLNKC)
    - MOBIUS
    - Greater Western Library Alliance (GWLA)
    - Bibliographic Center for Research (BCR)
    - Colorado Consortium of Medical Libraries (CCML)
    - Colorado Alliance of Research Libraries (CARL)
    - Kan-Ed
    - Denver Medical Librarians Ovid Consortium
    - Merlin Consortium Regional Buying Group
    - Intermountain Health Care Hospital Library Council
    - MCR Regional Licensing Consortium
    - Other

19. Please respond to each of the following statements.
    - The institution has or is working on an emergency response plan
    - The library is familiar with the institutional emergency response plan
    - A library staff member is on the institutional emergency response plan team
    - The library's needs are specifically addressed in the institutional emergency response plan

20. Does the library have its own emergency response plan?

21. Are any library staff involved in the planning and/or decision making process regarding technology in your library and/or institution?

22. Please describe how library staff are involved in technology planning.

23. Are any library staff PREVENTED from using any of the following web based tools or services due to institutional policies?

    - Social networking sites (e.g., Facebook, LinkedIn, Second Life)
    - Wikis
    - Blogs
    - RSS feeds
    - Chat and instant messaging
    - Videoconferencing such as Adobe Connect (Breezing Along with the RML)
    - Broadcasts, podcasts and streaming video (including YouTube)

24. Have any library staff USED any of the following in the past year?

    - Social networking sites (e.g., Facebook, LinkedIn, Second Life)
    - Wikis
    - Blogs
    - RSS feeds
    - Chat and instant messaging
    - Videoconferencing such as Adobe Connect (Breezing Along with the RML)
    - Broadcasts, podcasts and streaming video (including YouTube)

25. During the last 12 months have any library staff taken continuing education classes or sessions?

26. What topics did the class(es) cover? Check all that apply.

27. Who sponsored the classes that were taken? Check all that apply.
    - -RML
    - -MLA
    - -MCMLA
    - -Own institution
    - -Other (please specify)

28. Does the library provide training?

29. On what topics does the library provide training?
    - -PubMed
    - -Other MEDLINE software (such as Ovid, EBSCOhost, etc.)
    - -MedlinePlus
    - -Other NLM databases and resources
    - -Non-NLM health information resources
    - -Internet search skills
    - -Web 2.0 tools
    - -Using the library
    - -PDAs
    - -Microsoft or other commercial software
    - -Other (please specify and note how often)

30. Who is the library's audience for training? Check all that apply.
    - -Affiliated health professionals/staff
    - -Patients and/or patient family members
    - -Unaffiliated health professionals
    - -General public

31. What kinds of training space(s) are available to library staff? Check all that apply.
    - -In a library staff member’s or user’s office
    - -At a public workstation
    - -Computer classroom
    - -Classroom with no computers
    - -Other (please specify)

32. What means of delivery are used for training? Check all that apply.
    - -One-on-one
    - -Classroom instruction
    - -Online instruction
    - -Recorded (videos, audiotape, etc.)
    - -Other (please specify)

33. Please tell us what library services, if any, are available to individuals not affiliated with your institution.
    - -Access to library collection
    - -Mediated searching
    - -Reference services
    - -Training on using the Internet
    - -Training on using online information resources

34. Does the library have formal outreach programs that target groups of individuals outside your institution? Outreach generally refers to efforts to raise awareness of health information resources among consumers and health care practitioners.

35. What communities are targeted by library outreach efforts? Check all that apply.
    - -General public
    - -Health care providers unaffiliated with your institution
    - -Public health departments and agencies
    - -Public libraries
    - -Other (please specify)

36. What, if any, special populations are targeted or are a special focus in the library's current outreach activities? Check all that apply.
    - -Special populations (American Indians, African Americans, Asian Americans, Hispanic Americans
    - -Urban health professionals
    - -Rural health professionals
    - -Individuals whose primary language is other than English
    - -AIDS community (both health professionals and affected populations)
    - -Substance abuse community (both health professionals and affected populations)
    - -Refugee
    - -Other (please specify)

37. The RML and the NLM provide a variety of programs and services for Network member libraries. Please indicate the usefulness to the library of the following in providing services to library users or supporting library staff professional development.
    - -DOCLINE
    - -Information updates about NLM products (PubMed, MedlinePlus, WISER, ToxTown, ToxNet, etc.)
    - -RML Licensing Consortia
    - -Funding programs
    - -Online classes
    - -In-person classes
    - -Access to NetLibrary eBooks collection
    - -Introduction to and assistance with using new technologies such as RSS, Social Bookmarking, Google

-Opportunity to provide input on NN/LM programming
-Free promotional materials (pens, posters, bookmarks)

38. Please use this space to tell us about any benefits or services that the RML should provide that are not currently available.

39. The RML uses a number of ways to communicate with its Network members. Please rank their usefulness to any of the library staff. It does not have to be useful to all staff to be considered useful.
    -MCMLA listserv
    -RML website
    -Plains to Peaks Post, the RML Newsletter
    -RML weekly news via email
    -RML newsfeed via RSS
    -RML news blog
    -Breezing along with the RML
    -Personal calls/visits from RML liaison
    -RML session at MCMLA
    -Bringing Health Information to the Community (BHIC)

40. What format do you prefer to read the RML newsletter Plains to Peaks Post?
    -Print
    -Online via the MCR website
    -No preference
    -I don’t read the newsletter

41. Please rank the usefulness of ways you and your staff communicate with other Network members from Very Useful to Not Useful. If you haven't used one or more please mark it "Haven't used".
    -Meetings (professional associations, consortia meetings, etc.)
    -Email
    -Phone
    -MCMLA listserv
    -DOCLINE-L
    -Medlib-L
    -Instant messaging (Skype, Yahoo, GChat, etc.)
    -Voice over IP (Skype, etc.)
    -Social networking/Web 2.0 (Facebook, MySpace, etc.)

42. Below is a list of NLM products and/or services. Please indicate their usefulness to you, your staff, or your library users. Because the list is long it's been broken into two questions. See www.nlm.nih.gov/databases for links to these resources.
    -AIDSinfo
    -American Indian Health portal
    -Clinical Trials
    -Daily Med

-DIRLINE
-DOCLINE
-Drug Portal
-Genetics Home Reference
-HazMap
-Household Products Database
-LactMed

43. These are more products and services provided by the National Library of Medicine. As in the previous question, please indicate their usefulness to you, your staff or your library users. See www.nlm.nih.gov/databases for links to these resources.
    -MedlinePlus
    -MyNCBI
    -NIHSenior Health
    -PHPartners (Public Health)
    -PubMed
    -PubMed Central
    -ToxMap
    -ToxTown
    -Wiser
    -Weekly update subscriptions to NLM services

44. In the past three years has any library staff member submitted a proposal to and/or received funding from any funding agency for projects to improve access to health information? The source does not have to be the RML or NLM.
    -Applied for funding but project was not funded
    -Applied for funding and am waiting to hear
    -Applied for and received funding
    -Received funding (application was submitted more than 3 years ago)
    -None of the above

45. Who were/are the target audiences for the project(s)? Check all that apply.
    -Affiliated health professionals/staff
    -Patients and/or patient family members
    -Unaffiliated health professionals
    -General public
    -Other (please specify)

46. Please check all sources of funding received for projects for improving access to health information.
    -NN/LM MidContinental Region
    -NLM
    -Non-NLM source

47. Please use this space to provide any additional comments about programs and services of the RML. We value member input!

48. Would you like your state liaison to contact you concerning this questionnaire?

49. Please provide your email address so a liaison can contact you.