NN/LM Pacific Northwest Region

2011-2012 Network Membership Assessment

May 2012

Report prepared by
Cynthia Olney, PhD
Evaluation Consultant
C.O. Evaluation Consulting, LLC
Roswell, GA
olneyc@coevaluation.com

NN/LM PNR
2011-2012 Network Membership Assessment

Executive Summary

The National Network of Libraries of Medicine Pacific Northwest Region (NN/LM PNR) recently administered a membership questionnaire to representatives of full and affiliate network member organizations in the region to assess members' needs and priorities related to services provided by the NN/LM PNR and National Library of Medicine (NLM). Responses were received from participants representing 41% of full network member and 29% of affiliate network member organizations. Listed below are some key findings:

- While respondents from both full and affiliate members provided examples of technology issues at their organizations, technology problems seemed to affect affiliate members to a greater extent. A higher percentage of affiliate member respondents answered the open-ended question about technology issues and they were more likely to list multiple issues. A common theme for affiliate organizations was a lack of staff or staff skills to pursue funding for technology upgrades.
- Full and affiliate member organizations preferred to receive NN/LM PNR communication through email updates (PNRnews) and the PNR website. More than half of respondents did not use NN/LM PNR's Facebook page or Twitter page. Comments suggest that some organizations block access to these social media sites**.**
- Interest in technology training was higher among respondents from full member organizations. Respondents from both groups showed the highest level of interest in training on use of mobile devices and production of online streaming videos. (These two topics were the only ones endorsed by the majority of affiliate members.)
- Respondents from full member organizations expressed a great deal of interest in training topics related to emerging librarian roles. The most popular topic was expert searching.
- The majority of full network member respondents were interested in training on all NLM resources identified in the questionnaire, with the highest percentage expressing interest in PubMed and PubMed Health.
- The majority of affiliate member respondents said they needed training on health information literacy and on obtaining quality health info.
- Mobile technology and production of streaming videos were popular training topics for both full and affiliate member respondents
- Attendance at NN/LM PNR online sessions was higher percentage-wise among full member than affiliate member respondents.
- About the same percentage of full and affiliate member respondents said they had applied or received funding from NN/LM PNR (45% and 43% respectively). The most frequently cited barriers to applying for funds were lack of time and lack of staff resources. Few respondents said the application was too difficult or that the award requirements were too high.
- Awareness of NN/LM PNR funding opportunities was lower among affiliate member respondents compared to their peers in full member organizations. While full member respondents were aware of funding opportunities, about one-third of full member respondents said they believed their libraries were ineligible to apply for NN/LM PNR funding.
- A higher percentage of affiliate organizations were involved in outreach compared with full member organizations. Ironically, a lower percentage of affiliate member organizations knew they could get free promotional items from NN/LM PNR for outreach.

- Most full network organizations said that DOCLINE requests have stayed the same or increased in the past year. Respondents wrote that increases may be due to libraries cancelling journals and needing more inter-library loans. Others said their institutions needed more literature to support increased research or evidence-based practice activities. Decreases may be due to increased use of electronic journals, UpToDate, or other resource-sharing networks.

Recommendations

The network member questionnaire provided an excellent profile of the interests, needs, and NN/LM-related activities of the NN/LM PNR's full and affiliate members. The RML can look to the findings here for guidance as they develop programs and services for members. Undoubtedly, the NN/LM PNR staff has excellent experience and knowledge of its membership and can respond strategically to the information described here and the full report that follows. However, NN/LM PNR might consider the following recommendations:

- Assist affiliate member organizations with developing the capacity to pursue grants and awards for technology.
- Continue to rely on email and the PNR website to convey important information to network members, but explore ways to use Twitter and Facebook to augment these primary communication tools to increase use of both. These social media tools may add to communication with affiliate member organizations.
- Training topics in the questionnaire seem to be well-targeted for full member organizational staff, while affiliate member respondents showed notably lower levels of interest in training. Affiliate member respondents do, however, have some specific technology training interests that overlap with full network member interests. If NN/LM PNR presents training on mobile technology and production of streaming videos, it may want to promote such sessions heavily among affiliate network members.
- NN/LM PNR might consider doing more promotion of funding opportunities and free promotional items to affiliate members, who are not as aware as full member respondents about these benefits. There also may be a need to inform full member organizations about eligibility to apply for funding.

NN/LM PNR
2011-2012 Network Membership Assessment

Full Report

The National Network of Libraries of Medicine Pacific Northwest Region (NN/LM PNR) recently completed an assessment of network members' needs and priorities related to services provided by the NN/LM PNR and National Library of Medicine (NLM). Separate questionnaires were developed for and administered to full and affiliate members. The affiliate network members' questionnaire was conducted in Summer 2011 and the full network members' questionnaire was distributed in Winter 2012. The process was administered by Nikki Dettmar, the NN/LM PNR Education and Assessment Coordinator.

The main text of this report summarizes key findings that are presented in statistical summary tables in Appendix A (full network member findings) and Appendix B (affiliate network member findings). A supplemental document contains answers to questions that are non-confidential.

Respondents

NN/LM PNR received responses from 57 (41%) of 131 full network member organizations. The largest percentage of full member respondents were located in Washington (46%), followed by Oregon (23%), Idaho (17%); Montana (8%) and Alaska (6%) (see Table 1F). The majority of full member organizations are hospital or medical center libraries. Academic and academic health sciences libraries are the second highest percentage of full network members represented in this assessment study (see Table 5F)[1]. Fifty-two percent said they wanted their organizations to be listed in a regional directory of libraries (see Table 3F).

Sixty-six (29%) of 231 representatives from affiliate network members responded. The highest percentage of respondents are located in Washington (52%), followed by Oregon (12%), Montana (9%), Idaho (8%) and Alaska (6%) (see Table 1A). More than half of the affiliate members are some type of library (see Table 4A). Forty-four percent of respondents said their organizations were part of one or more larger (state, regional, or national) organizations (see Table 6A and Table 7A).

Seventy percent of represented affiliate member organizations provided access to health information to their clients, while 42% offered Internet training and 39% offered referral services (see Table 8A) Sixty-two percent of the affiliate member respondents said their organization websites have links to NLM resources (see Table 3A).

[1] The tables are labeled by question number and version ("F" for full member questionnaire and "A" for affiliate member). They are listed in chronological order in Appendix A and Appendix B. Some tables contain information that identifies respondents. They have been compiled in a separate, supplemental Word document for PNR's internal use. Links in the text and appendices allow readers to navigate between tabled statistics and the report. To match content organization, tables may not be cited in chronological order in the body of the report. There are no tables for questions that contain information that would compromise confidentiality of respondents

Technology

Respondents from full (see Table 7F) and affiliate member organizations (see Table 11A) were asked to describe technology or connectivity needs, gaps, and issues. Representatives of 13 (23%) full network member organizations and 26 (38%) of affiliate network member organizations described technological difficulties. Some usual problems were mentioned in both groups: firewall and security problems, lack of skill with apps, or connectivity problems due to library/organization location. There seem be more problems among affiliate members. Not only did more representatives of affiliate members respond to the question but they were more likely to list multiple problems. For example, a number of organizations that serve rural areas said their service areas had slow (or no) Internet connectivity. Also, some of the problems seem to arise from staff limitations and their reliance on volunteers. They not only lacked funds (or even physical space) for technology purchases, but they did not have the staff or expertise to pursue such funding.

Seventy-three percent of affiliate member organizations represented in the sample have computer labs with Internet access that could be used for training programs (see Table 9A). More than 85% can view streaming video from their desktops and use webmeeting systems for online webcasts (see Table 10A)[2]

Communication

Respondents were asked to rate the usefulness of communication tools that NN/LM PNR uses to send out information (see Table 8F and Table 12A). As Figure 1 shows, there is little difference in the rankings of respondents from full and affiliate member organizations regarding the usefulness of the different tools. Respondents seemed to prefer the PNR website and personal email messages from NN/LM PNR more than the other communication methods, although affiliate member respondents prefer the website and full member respondents find personal email more useful. Also, full member respondents rated the website and email messages as almost equal in usefulness, but affiliate member respondents showed a stronger preference for the website as a communication tool. Overall, a higher percentage of full member respondents rated most of the communication tools as somewhat or very useful, with the exception of social media tools. Facebook and Twitter received the fewest ratings for usefulness, with a slightly higher percentage of useful ratings from affiliate members.

[2] Full network member respondents were not asked these questions.

Figure 1: Network Members' Usefulness Ratings of Communication Methods

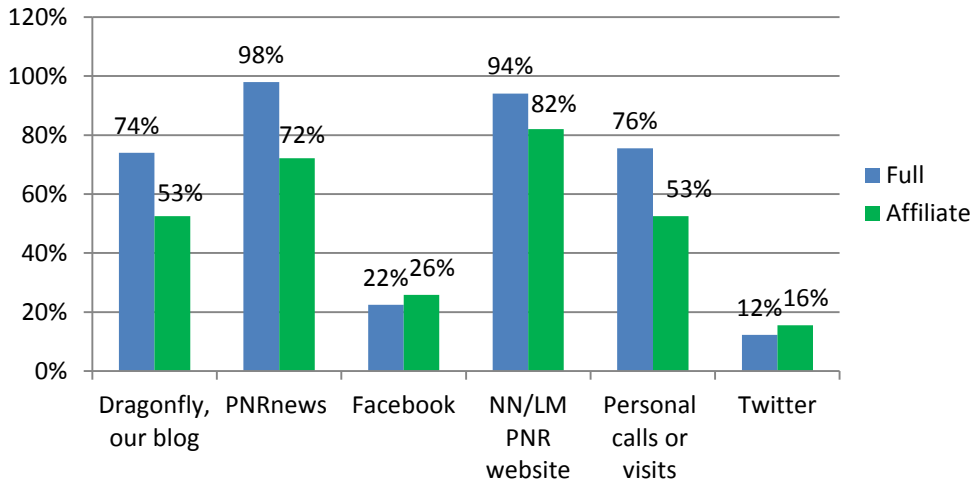
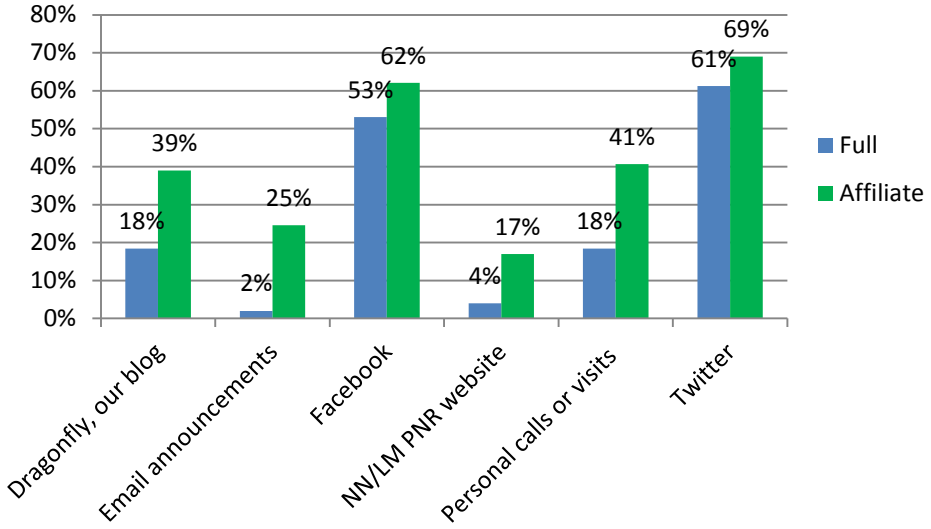


Figure 2 shows the percentage of respondents who never used NN/LM PNR's communication methods. If lack of use is an indicator of lack of familiarity, then the findings show that higher percentages of affiliate member respondents were unaware of the communication tools used by NN/LM PNR.

Figure 2: Percentage of Network Members Who Have Never Used NN/LM PNR Communication Methods



Participants were asked if they had suggestions for improving communication from NN/LM PNR. Table 9F and Table 13A list their comments. Suggestions included the following: consolidating

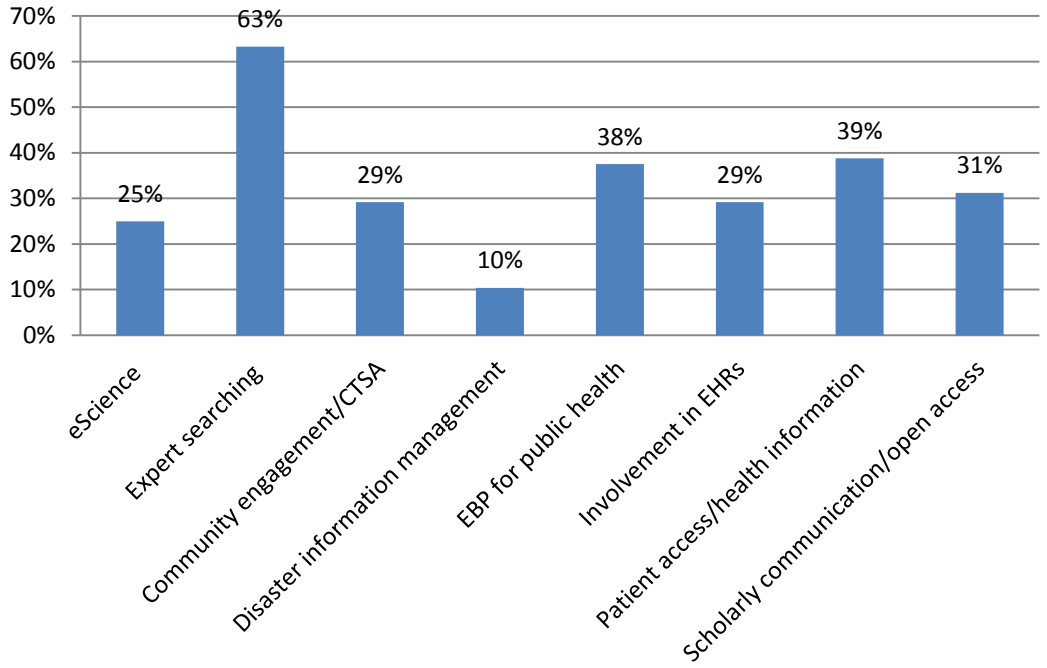
communication methods to a couple methods; providing regional updates more frequently than once a year at the Pacific Northwest Chapter meeting; making more email contact with network members; and distributing announcements about videos that network member organizations can promote to the public.

Many of the comments did not contain suggestions. A number of the comments contained compliments about the PNR staff's responsiveness. Others commented on NN/LM PNR's communication choices that worked best for them personally. Others mentioned communication barriers, such as social media blocked at their organization or not knowing there was a Facebook page.

Training

Respondents were asked about staff training needs. Librarians were asked if they would like training to support their emerging roles as librarians (see Table 11F), More than half of respondents said they were somewhat or very interested in learning more about librarian roles in all topics listed on the questionnaire. Figure 3 shows the percentage of respondents who gave the highest rating to each topic (a "very interested" rating). The highest percentage of respondents (63%) said they were very interested in expert searching. (An additional 31% said they were somewhat interested in this topic.)

Figure 3: Respondents "Very Interested" In Emerging Roles Training Topics

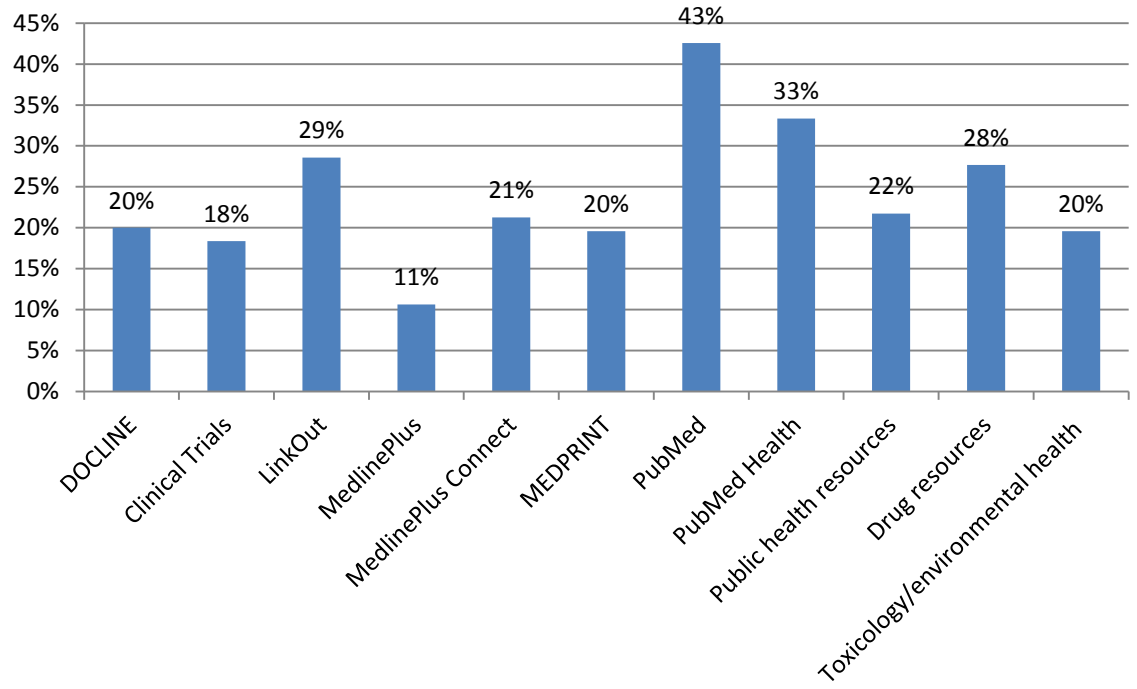


More than one-third of respondents were very interested in learning to help patients access knowledge-based health information and to provide evidence-based training to public health professionals. The least popular topic was disaster information management, with 10% saying they were very interested in this topic.

Respondents were asked to describe some of the emerging roles for librarians that they observed in their own libraries (see Table 12F). The most frequently cited role was assistance with electronic health records. Other tasks included expert searches, scholarly communication, emergency preparedness-related assistance, and evidence-based practice assistance.

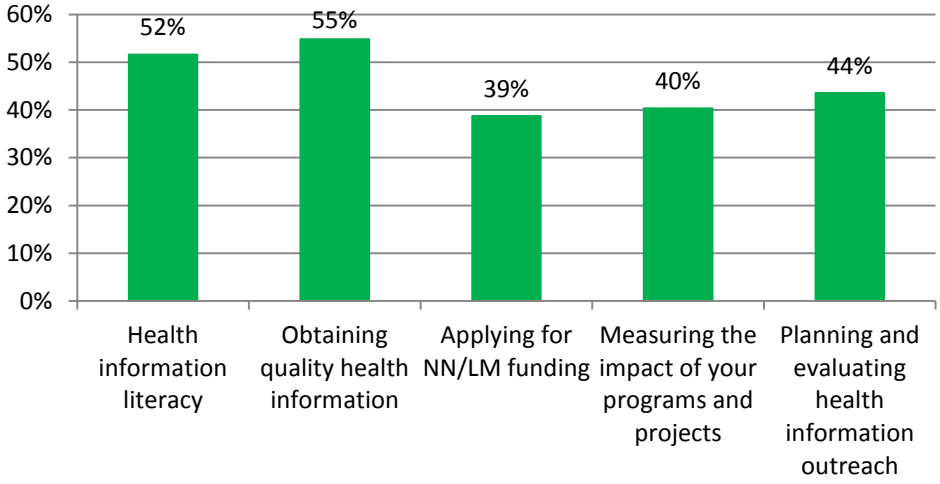
Full network participants were asked if they were interested in learning a variety of NLM resources (see Table 13F). More than 60% were somewhat or very interested in training on all resources. Figure 4 shows the percentage of respondents who were “very interested” in learning about specific NLM resources. The most popular was PubMed and PubMed Health. The fewest “very interested” ratings were given to LinkOut, MedPrint, public health resources, and drug resources.

Figure 4: Respondents "Very Interested" in Learning NLM Resources



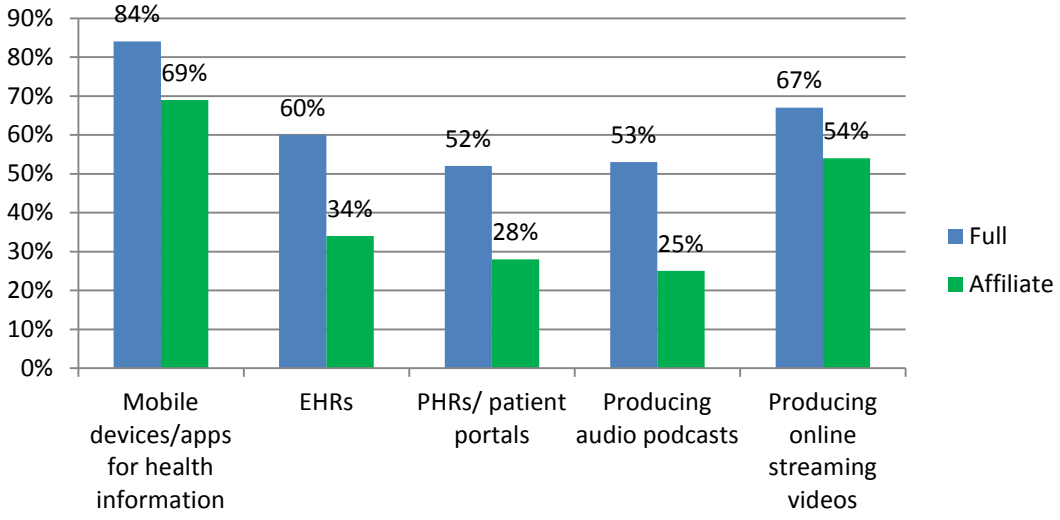
Affiliate member respondents were asked to check areas in which they felt they needed training (see Table 14A). (Affiliate member respondents were not asked to express levels of interest). The majority of participants said they needed training on obtaining quality health information and on health information literacy. Less than half said they needed training in planning and evaluating health information outreach, measuring the impact of programs and projects, and applying for NN/LM funding . They also were asked about their interest in training on NLM resources (see Table 15A). Less than half were interested in training on public health resources (44%), MedlinePlus (43%), PubMed (41%) or toxicology/environmental health resources (38%).

Figure 5: Affiliate Members' Need for Training



Both full member and affiliate member respondents were asked about their need for training on technology (see Tables 10F and 18A). Figure 6 shows interest levels of respondents from full and affiliate member organizations.[3] The full member respondents showed relatively more interest than affiliate member respondents for all of the technology training topics. The majority of full member respondents were interested to some extent in all topics, while training on mobile devices and production of online streaming videos were the only topics that peaked the interested of the majority of respondents from affiliate members. (These two technology topics were the most popular ones with full network respondents as well.)

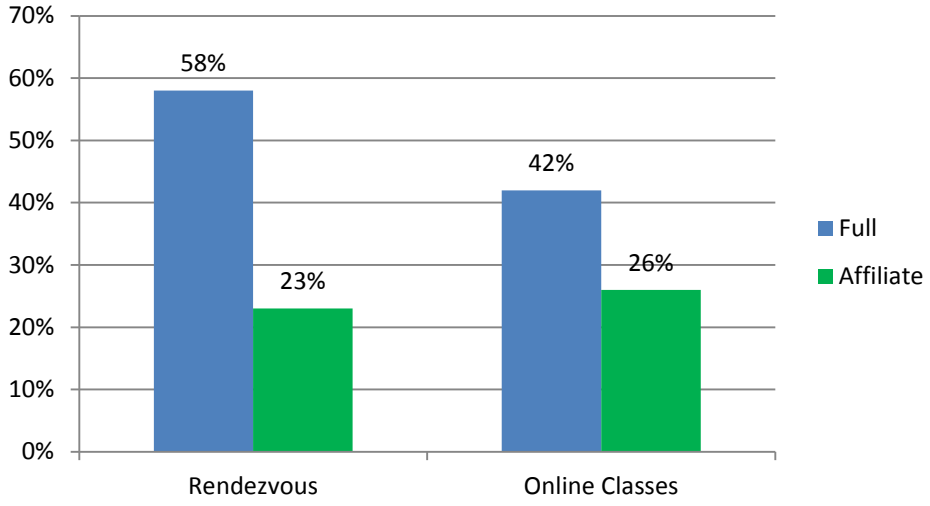
Figure 6: Interest in Technology Training Topics



[3] The questions related to technology training were slightly different for full and network members. Full members were asked to rate their level of interest (not/somewhat/very interested). Data in Figure 6 shows the percentage of "somewhat" or "very interested" responses. Affiliate members were asked to check the technologies they were interested in learning more about, but were not asked about levels of interest. Figure 6 shows the percentage of affiliate member respondents who checked each technology.

Figure 7 shows the participation of respondents in NN/LM PNR Rendezvous webcasts and online course. (Data for this figure is in Table 14F, 16F, 16A, and 17A.) Attendance was higher among respondents from full member organizations. Tables 15F and 19A presents respondents' recommendations for Rendezvous session topics.

Figure 7: Percentage of Respondents Who Attended Webcasts or Online Classes



Funding

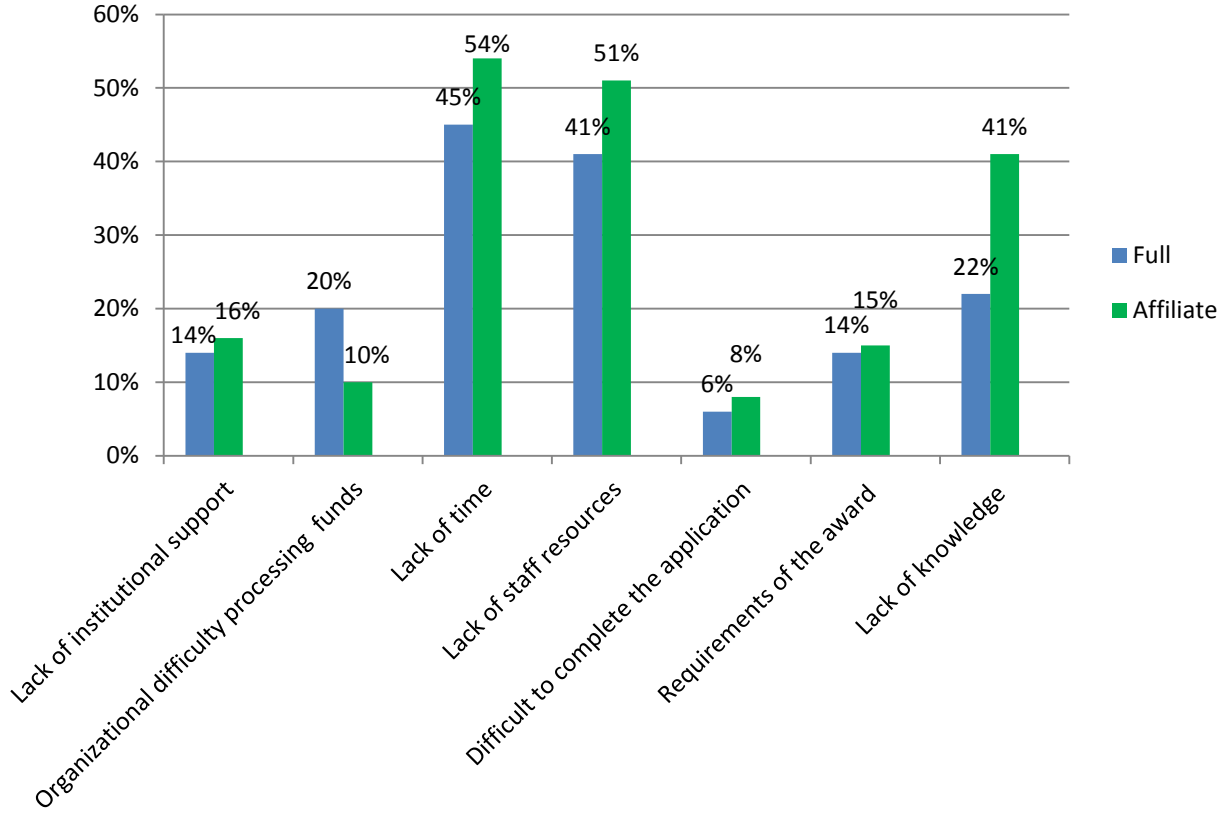
Full and affiliate member organizations participated in the NN/LM PNR awards program at the almost identical rates: 45% of full member and 43% of affiliate member respondents said their organizations had applied for or received funding (see Tables 17F and 20A). Figure 8 shows the factors that may contribute toward making application or processing of awards difficult (see Tables 18F and 21A). For both groups, lack of time and lack of staff resources were most frequently chosen as barriers. Neither group had high percentages of respondents who said that the application was too difficult or that the award requirements were too high. Figure 8 does show that the percentage of affiliate member respondents who were unaware of available funding from NN/LM PNR was considerably higher compared with full network members.

Along with the seven potential barriers listed below in Figure 8, full member respondents were asked about an eighth factor: their awareness of their libraries' eligibility for funding. Thirty-one percent said they did not think their libraries were eligible to apply for NN/LM PNR awards.[4]

Table 19F shows the type of ideas for projects that full network member respondents would like to see funded by the NN/LM PNR. (This question was not posed to affiliate members.)

[4] This item was not asked of network members and does not appear in Figure 8.

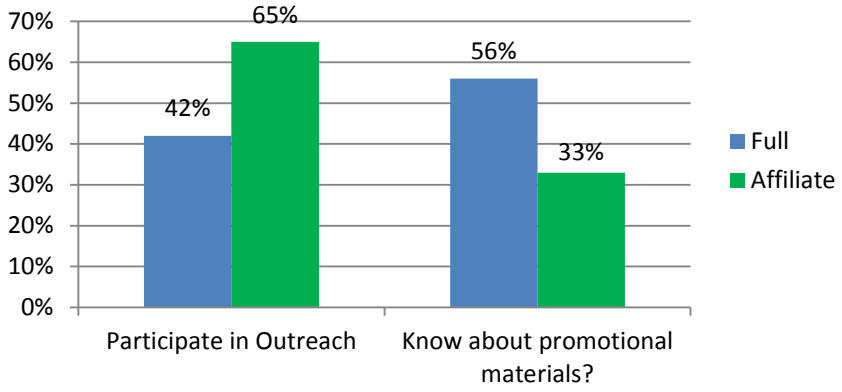
Figure 8: Barriers to Pursuing Funding Opportunities



Outreach and Partnering

As Figure 9 shows, considerably more affiliate members were involved with outreach than full network members. Paradoxically, a notably lower percentage of respondents from affiliate member organizations were aware that they can get free promotional materials compared with respondents from full member organizations (see Tables 20F, 21F, 22A, and 24A).

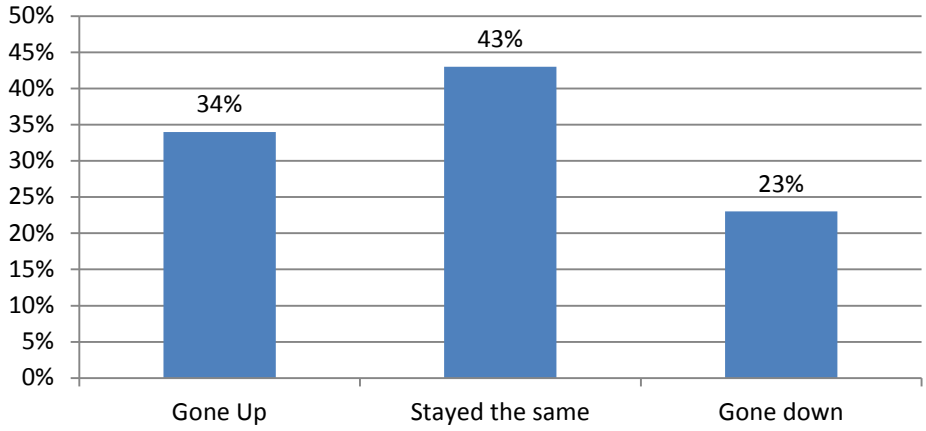
Figure 9: Network Members and Outreach



Resource Sharing

Full network member respondents answered a series of questions related to resource sharing. As Figure 10 shows, most full member respondents said their DOCLINE requests have stayed the same or increased (see Table 23F). To explain increased DOCLINE activity, some speculated that more libraries were canceling journals and needed inter-library loans, while others said that their institutions had more research activity or were emphasizing evidence-based practice. A third common reason to explain increases in requests was their libraries' responsive service around DOCLINE requests. For those who saw a decline in service, the most frequent reason was that users had other means of getting resources, including use of electronic journals, UpToDate, and other resource sharing networks. The reasons participants gave for their answers about DOCLINE requests are presented in Table 24F.

Figure 10: What Has Happened to DOCLINE Requests?

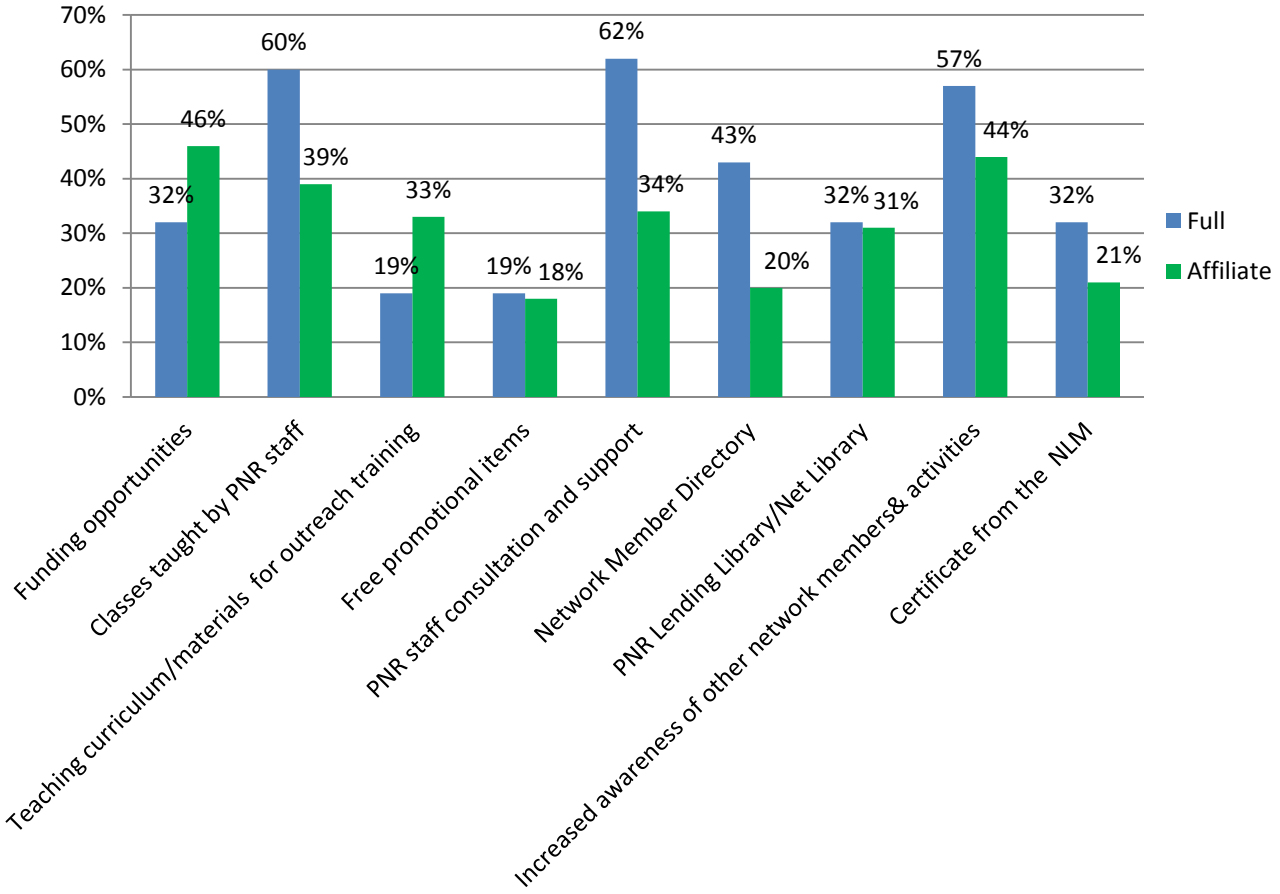


The majority of the full members (70%) belong to the Electronic Funds Transfer System (EFTS). The most frequently cited reason for not belonging to EFTS is that the organizations do not charge for DOCLINE requests (see Table 25F). The majority of respondents (62%) also said their organizations participate in LinkOut (see Table 26F). The two main reasons given for not participating were that the process was too time-consuming (13%) or respondents did not know what LinkOut was (10%) (see Table 27F). The majority of full network member organizations in the sample use Loansome Doc (see Table 28F). The most frequent reasons given for not using it are lack of staff time to serve unaffiliated users and no mechanism to charge the unaffiliated users (see Table 29F).

Final comments

Respondents were asked what motivated them to join the NN/LM PNR. (See Tables 30F and 26A). Figure 11 shows that the most-cited motivations differed for respondents from full and affiliate member organizations. Full member respondents were most motivated by consultations with NN/LM PNR staff, with classes taught by NN/LM PNR staff as the second most important motivator.

Figure 11: Motivations for Joining NN/LM PNR



For affiliate members, access to funding opportunities was the strongest motivator, followed by the opportunity to know about other network members. (The latter motivator was the third most important one for respondents from full member organizations, so the networking aspect of the national network seems to be important overall). Access to free promotional items was chosen by the lowest percentage of respondents. Tables 32F and 28A for additional comments offered by respondents about the NN/LM PNR.

Conclusions

The network member questionnaire provided an excellent profile of the interests, needs, and NN/LM-related activities of the NN/LM PNR's full and affiliate members. Undoubtedly, the experienced NN/LM PNR staff will make strategic use of the findings presented in this report.

Listed below are some observations and thoughts to consider for future planning of the regional program:

- There seems to be an opportunity to assist affiliate members with improving technology and access. If NN/LM PNR has funds earmarked for technology, some promotion of such funds might be directed toward affiliate members. Also, training could be offered (or marketed) to affiliate organizational staff to help them build grant-writing capacity.

- While the use of Facebook and Twitter do not seem to be high for various reasons, it probably does *not* mean that NN/LM PNR should abandon the use of these tools. Because of the general popularity of these social media tools, there may be a minimum expectation of organizations to maintain accounts. Furthermore, usefulness of these media sites may be emerging among NN/LM users. It was interesting to note that a slightly higher percentage of respondents from affiliate member organizations responded favorably to NN/LM PNR's Facebook page and Twitter feed. While the difference compared to full member respondents was slight, the higher outreach orientation of affiliate member organizations may mean they are starting to adopt these communication tools a little more quickly than full member organizations. It is a trend to watch: These social media tools may be meeting affiliate member organizations' needs that might be of interest to the NN/LM PNR. In the meantime, NN/LM PNR staff should rely on email announcements and the website to convey information of consequence and work toward understanding how Twitter and Facebook can enhance these more traditional communication methods.
- Training topics listed in the questionnaire seem to be well-targeted for full member organizations. While affiliate member respondents showed notably lower levels of interest in training, they still had some specific technology training interests which overlapped with interests of full member respondents. Training sessions on mobile technology and production of streaming videos may attract the largest and most varied audiences.
- NN/LM PNR might consider doing more promotion of funding opportunities to affiliate members, who are not as aware of these benefits as are full members. There also may be a need to inform full member organizations about eligibility to apply for funding.
- The affiliate network members need more information about free promotional items provided by NN/LM PNR. More affiliate member organizations in this study do outreach, but they are less aware than the full members about the ability to get promotional items from NN/LM PNR.

Appendix A

Finding - Full Members[5]

Respondents representing full member organizations

Respondents [back]

1F. Member State (N=52)		
WA	24	46%
OR	12	23%
ID	9	17%
MT	4	8%
AK	3	6%
Missing	0	0%

5F. What kind of library are you? (Multiple answers possible) (N=52)		
	N	%
Hospital/medical center	30	58%
Academic health sciences	9	17%
Other academic	5	10%
Public	1	2%
Corporate	1	2%
Biotech/research	6	12%
Government	5	10%
Other 2nd library is consumer health Consumer Health Library Non-profit non-profit research private non-profit Research Institute		

6F. Would you like to be listed in a directory of libraries offering health information to the general public? (N=52)			
Yes		No	
N	%	N	%
27	52%	25	48%

Technology [back]

[5] Question 1F-4F, 22F, and 31F contained information that was not meaningful unless the respondents were identified. Information for these questions are reported in a supplemental report.

7F. Does your organization have any technology and connectivity needs, gaps or issues? Please describe.

- As a part of a corporation we share our IP addresses, it makes online journal access very tricky. Vendors don't always supply us with an easy way for INTRANET access with embedded user ID & passwords rather than IP verifications.
- Constant struggle between access/ease of use and necessary security.
- Currently the medical library is located in a wireless dead zone; we have blueprints for a new library in near future, so will need to plan for meeting the known and unknown technology demands of our users. Mobile devices, EHR integration & connectivity, and meeting Meaningful Use are our biggest concerns as of early 2012.
- I feel the program works well
- Internet speed in Alaska is significantly slower than the continental US. We work with students across Alaska and Internet access/speed in rural Alaska is painfully slow.
- Issues with firewalls and very strict filters.
- Library is located in basement. No wifi, cell phone and limited pager access.
- Not knowledgeable in knowing how to best hook into Google scholar or w
- Worldcat using new apps. Or being introduced to other apps that might facilitate information finding.
- Nothing serious
- Security firewalls for our system IT network can be a connectivity disadvantage
- Too complex to describe here but I'd be happy to talk in person!
- We are pursuing grant funding to purchase mobile devices (smartphones, iPads) for staff use. Our patrons already have these devices, and staff should not be expected to use their personal devices for library work.
- We could use better wireless. Our current connection does not reach all corners of the library.
- We don't have an official library. I am basically it. Although I just assisted on a federal grant application that would help fund a "physical" medical library for patients, physicians and staff at our hospital.
- Would like to have a mobile version of our web site

Communication (back]

8F. There are a number of ways NN/LM PNR communicates with Network members. Please indicate the usefulness of these channels.									
	Never Used		Not Useful		Somewhat Useful		Useful		Total
	N	%	N	%	N	%	N	%	N
Dragonfly, our blog	9	18%	4	8%	18	37%	18	37%	49
Email announcements	1	2%	0	0%	9	18%	40	80%	50
Facebook	26	53%	12	24%	10	20%	1	2%	49
NN/LM PNR website	2	4%	1	2%	21	42%	26	52%	50
Personal calls or visits from NN/LM PNR staff	9	18%	3	6%	16	33%	21	43%	49
Twitter	30	61%	13	27%	6	12%	0	0%	49
Updates from NN/LM PNR staff at state/regional meetings	9	18%	1	2%	18	37%	21	43%	49

9F. Do you have any suggestions for improved communication from NN/LM PNR?

- Consolidating into a few known methods.
- Email is most effective for me. Dragonfly push-to-email works.
- I did not know we had a Facebook page. Were we informed of this? :-)
- I have found the staff to be extremely responsive to my communications.
- I have never had a personal call from NN/LM PNR staff that I remember.
- I just took over doing the medical library so I don't think I am on your list of contacts. Cindy Kronsberg, who used to be our library contact person forwarded this survey on to me, but my name should now be listed for the medical library contact.
- I tend to receive communication best when it's pushed to me via emails or personal contact. If I need to go out looking for new information, I will miss most of it...so, any improved communication via push methods works for me...emails, HLIB, phone calls, in person at PNC; I would also be interested in a NN/LM PNR app on my iPhone as a method of keeping me in the communication loop. (Do we have one already? I don't know.)
- I think communication is something you do well -- thank you!
- I think updates should be done throughout the year and not as one report at the PNC meeting.
- Respond to emails in a timely manner or "use out of office" response for anticipated delays
- Social media is blocked by our company on our work computers.
- There is a wonderful flow of information from the PNR NNLM staff. The webinars and blog keep me feeling connected from my one person library.

Training [back]

10F. What technologies are you interested in learning more about? [back]							
	Not interested		Somewhat Interested		Very interested		Total
	N	%	N	%	N	%	N
Use of mobile devices and applications to access health information	8	16%	18	37%	23	47%	49
Electronic health records (EHRs)	20	40%	18	36%	12	24%	50
Patient health records (PHRs) and patient portals	24	48%	13	26%	13	26%	50
Producing audio podcasts	23	47%	16	33%	10	20%	49
Producing online streaming videos	16	33%	21	43%	12	24%	49

Other:
apps
Clinical technologies used by providers for their management of patient care, products that meet Meaningful Use; apparently library technologies don't meet MU; I think a knowledge of clinical products such as MedsTracker, eClinicalWorks, etc would help us with improved info services.
conducting webinars with off site affiliates
developing apps
I am interested in how the library supports all clinical areas and improving services for the non-clinical support staff.
Library technologies - discovery tools, ils. Document Delivery - solo librarians' networking.
online CME
Remote/video/audio converencing software options.
Using Tegrity for instruction, videos

11F. What emerging roles for librarians are you interested in learning more about? [back]							
	Not interested		Somewhat Interested		Very interested		Total
	N	%	N	%	N	%	N
eScience (e.g. collaborative research, data curation)	17	35%	19	40%	12	25%	48
Expert searching (e.g. systematic reviews, comparative effectiveness research (CER)	3	6%	15	31%	31	63%	49
Community engagement and clinical and translational science activities (CTSA)	20	42%	14	29%	14	29%	48
Disaster information management	19	40%	24	50%	5	10%	48
Evidence-based practice for public health	9	19%	21	44%	18	38%	48
Involvement in electronic health records (EHRs)	20	42%	14	29%	14	29%	48
Patient access to knowledge-based health information	12	24%	18	37%	19	39%	49
Scholarly communication and open access	8	17%	25	52%	15	31%	48

Other:

- Independent information professional options
- international global health information needs
- Knowledge Sharing for entire hospital system; becoming a Chief Knowledge Officer and working with a team of Administration and understanding their workflow and issues of concern in running a healthcare system.
- Marketing the library to non-users. Providing services that amaze people.
- n/a
- not familiar with CTSA
- Not interested list above is mostly because I don't feel a need to learn more or the topic is outside my worklife focus.

12F. Are information professionals in your organization currently involved in one or more of the emerging roles in Question 11, or other emerging roles not listed? Please briefly describe if so:
• EHRs - in our second year and seems to be going well. Physicians have access to UpToDate to MedlinePlus.
• EHR's - we are well on our way with meaningful use
• Emergency preparedness Scholarly communication
• Expert searching for systematic reviews and CER --Institutional repository (a part of scholarly communication
• Expert searching, patient access to knowledge-based health information
• I am somewhat involved, but I would love to be more informed about informatics and how the library can improve clinical decision making at the point of care.
• My library was "on call" during a statewide disaster drill, TOPOFF 4. Provided worker safety/health information used for response activities during the drill.
• scholarly communication and open access Evidence based (veterinary) medicine serving on local (NSF, NIH, etc.) investigative teams
• There is informatics department involvement in EHRs and patient access to info; otherwise, a lot of this applies to the work of the Group Health Research Institute, which is separate from Group Health Cooperative
• We are involved with searching and EBP and will be involved with some aspects of our new EHR including the patient education portal and linking resources for clinicians.
• We just rolled out an EHR. There is an evidence based nursing council.
• Yes and no. Yes meaning on committees regarding MU and HIEM and feedback solicited for other potential emerging roles. No because really don't have much to contribute to MU due to the nature of the MU requirements and the way library products are designed.
• Yes, but I am just new enough to my position to not be able to answer this with much accuracy as I'm still learning about everyone and everything.
• Yes. Scholarly Communication Librarian. Biomedical Sciences Information Specialist. Data Curation Librarian. User Experience Librarian.

13F. What National Library of Medicine resources are you interested in learning more about? [back]							
	Not interested		Somewhat Interested		Very interested		Total
	N	%	N	%	N	%	
DOCLINE, including SERHOLD and Loansome Doc	10	20%	30	60%	10	20%	50
Clinical Trials	10	20%	30	61%	9	18%	49
LinkOut	17	35%	18	37%	14	29%	49
MedlinePlus	11	23%	31	66%	5	11%	47
MedlinePlus Connect	13	28%	24	51%	10	21%	47
MEDPRINT	17	37%	20	43%	9	20%	46
PubMed	5	11%	22	47%	20	43%	47
PubMed Health	8	17%	24	50%	16	33%	48
Public health resources, such as PHPartners.org	17	37%	19	41%	10	22%	46
Drug resources, such as Pillbox and Daily Med	17	36%	17	36%	13	28%	47
Toxicology and environmental health resources, such as TOXNET	16	35%	21	46%	9	20%	46

Other:

Data Management Plan Tool (NIH supported)
features in myNCBI

history of medicine, historical audiovisuals collections

I am very familiar with all of these, but I mentor library school students who have a great need for all of the above, especially online.

Listed not interested because feel like I'm already very familiar with these topics. But I am open to learning about changes to these products.
not familiar with medprint

14F. Have you previously attended RML Rendezvous webcasts either live or by viewing a recording? (N=50) [back]					
Yes		No		Not Sure	
N	%	N	%	N	%
29	58%	20	40%	1	2%

15F. What topics or speakers would you like to see on future RML Rendezvous webcasts?

- Always enjoy Susan Barnes! Solo library staff, working smarter not harder. eBooks Contract negotiation
- Copyright updates, especially pertaining to ILL, document delivery, and e-resources. Vendor contract negotiations has been covered before, but it's always a good topic.
- evidence-based medicine -- our nursing students are asking about this with their research topics and most of us feel somewhat skilled at helping them but can always learn more!
- How about network members sharing a research or teaching project they're working on? Could be a poster or paper they've already presented, or prep for a poster or paper they are going to present (e.g. at MLA or the next PNC).
- How to juggle things in a one-person library; digital libraries; online content management; knowledge management; how librarians can leverage their skills to assist with HER
- I have found everything to be interesting. I am amazed at how many valuable tips I learn everytime I log into one of these. One of my favorites was Dolores Judkins expert search questions ...
- More on global health, global health information resources, such as OIE, WASID, WHO - someone from the Gates Foundation - Global Health
- Open (immediate) Access
- Other librarian's knowledge sharing workshops. I really, really, really liked the one about the OCCAM by Amy Harper because it had all three dazzles: 1) relevant theory not limited to just libraries 2) technical how-to 3) potential for library service enhancement. More RML Rendezvous content like hers would be great! Offer AHIP points and/or PNC or MLA discounts for those presenting RML Rendezvous to get more speaker participation.
- patient portals good websites for specific subjects such as guidelines, developing protocols
- Sorry - I'm brain dead - nothing comes to mind right now.
- Using free apps or linking holdings to other internet resources.

16F. Have you previously attended an online class offered by NN/LM PNR? (N=50) **[back]**

Yes		No		Not Sure	
N	%	N	%	N	%
21	42%	24	48%	5	10%

Funding [back]

17F. Has your organization ever applied for funding from NN/LM PNR, such as subcontracts and awards? (N=47)					
Yes		No		Not Sure	
N	%	N	%	N	%
22	45%	22	45%	5	10%

18F. Have any of the following made it difficult to apply for or receive NN/LM PNR funding? Please check all that apply. (N=49)		
	N	%
Lack of institutional support	7	14%
Organizational difficulty processing award funds	10	20%
Lack of time	22	45%
Lack of staff resources	20	41%
Didn't think my library qualified	15	31%
Difficult to complete the application	3	6%
Requirements of the award	7	14%
Lack of knowledge about funding opportunities	11	22%
Other: As you know, we get lots of funding from the NN/LM - working with my grants and contracts office is the difficult piece of the equation!		
Funding opportunities, historically, have been weighted towards community outreach (to the public) which isn't within our scope and/or the awards were so small that they didn't merit the labor involved in writing and administering the grants.		
I get so behind in my daily work that I forget to keep focus on bigger picture and growth needs.		
I honestly don't know why we have not applied.		
I'm doing 3 jobs at the moment. Time is critical, plus I can't really take on any more, newer, exciting projects unless I have my library school students do the work.		
Lack of coverage for indirects		
My newness to the position here		
NN/LM PNR seems to make the process as easy as possible. Our barriers are local at our institution.		

19F. Do you have ideas for projects you would like to see funded by NN/LM PNR? If so, please list.
• App development for smart phones contest • assistance with in-person educational opportunities • Clinical technology used by physicians - what the product is and how the physican uses this. (I would also like to understand the typical workflow of a physican in his or her practice. Both from the same practice, but have a personal showcase of the workflow of one who uses a library and one who doesn't but is still a great physician and is willing to share how they do their practice.) • development of a mobile version of our web site • Digitization projects. Regional holder of record agreements, etc. Veterinary E-book consortium • Outreach to CAH - for library and education services provided by our department

Outreach [back]

20F. Does your library participate in health outreach activities such as health fairs, educational events, or partnerships with community organizations on health topics? (N=48)					
Yes		No		Not Sure	
N	%	N	%	N	%
20	42%	27	56%	1	2%

21F. Did you know that you can request free NLM promotional materials such as pens and bookmarks from our website for your use at health outreach activities? (N=48)					
Yes		No		Not Sure	
N	%	N	%	N	%
27	56%	8	17%	13	27%

Resource Sharing [back]

23F. Have DOCLINE requests gone up or down in the past year? (N=47)					
Up		Down		About the same	
N	%	N	%	N	%
16	34%	11	23%	20	43%

24F. Considering your DOCLINE answer above, why do you think this is happening at your library?[back]
DOCLINE requests have gone up: • Our library collection is becoming wider-known • Physicians writing medical text • Slightly up, possibly because of journal subscription reductions, but cannot say for sure • We added a couple less common titles. Perhaps also because we are using EFTS, and some libraries are choosing only to route to EFTS participants.
Docline requests have gone down: • 1. Due to our hospitalist program, fewer physicians from the community are in the hospital and Medical Library. 2. The introduction of UPTODATE -- the physicians love this program. Use of the library and DOCLINE requests have been reduced since UPTODATE became available throughout the Medical Center. • Electronic journals. • Layoffs • More access on the Internet • More journals available electronically for our users Also more use of RAPID, OCLC, ILLiad and other resource sharing networks • Our borrowing is remaining the same - lending fluxuates (2009=652; 2010=961; 2011=389). I haven't analyzed whether libraries have removed us from their routing tables or not. Otherwise??? • Two of our big library users have left the facility • They eliminated a key research project in our Physician Assistant program so they are no longer doing in depth research.
Docline requests are about the same: • Borrowing is about the same, lending is down; we do not fill loans from electronic subscriptions and have cut print subscriptions. • greater digital access • have a general feeling this is so, but would need to explore with ILL supervisor • leveling out of resource sharing. • Our collection is very specialized (occupational safety/health, ergonomics, and industrial hygiene) so most DOCLINE members don't need our journals on a regular basis for hospital/clinical practice. • Our mission continues on a steady path. • Slight decline, probably due to our expanding collection. • We have been making a lot of collection changes to eliminate unused journals and pick up those that are requested by our staff. Because of this our Docline requests have been dropping but were nearly the same last year as the previous year. • We have improved our abilities to fulfill requests in house • We have linked our holdings online allowing people to find them easier and not ordering them. However we have seen a huge surge in requests for information we have from other libraries -- to the point we are a huge net lender. This is difficult to maintain in a library that has now only .8 staff (decreased from 1.5 staff) We wish there was a way we could manage the flow better! • We're getting better at matching our collection to our clinical staff needs and wants. Sheree has also done a fabulous job in finding more articles for free. She has finally made it where we are net lenders for several months out of the year! I have personally never been able to do that.

25F. If your library has not joined the Electronic Fund Transfer System (EFTS), please select the best response for why. (N=47) [back]		
	N	%
We have joined EFTS	33	70 %
Our library doesn't charge for DOCLINE requests	9	19 %
Our interlibrary loan volume doesn't warrant it	1	2%
Our organization will not support this type of account	4	9%
Our organization objects to the service fee	0	0%
Setting up EFTS is too complicated	0	0%
Other: • don't know about this for sure • In the process right now, I just sent in the paperwork • We don't have resources to share that others don't already have. We have limited journals		

26F. Does your library participate in LinkOut? (N=47) [back]			
Yes		No	
N	%	N	%
29	62%	18	38%

27F. If your library doesn't participate in LinkOut, please select the best response for why (N=40)* [back]		
We do use Loansome Doc	24	60%
Do not know what it is	4	10%
Not sure how to begin	3	8%
Too time consuming	5	13%
Too complicated	2	5%
Don't have the resources to create an icon for my collection	2	5%
Other		
Currently we have decided to link our full-text to Ovid		
I don't know enough about it...the times I have clicked on it in pub med searches it doesn't lead me to anywhere that I can get full text access any more than I can already see in pub med initial search returns		
I tried, but it became too complicated.		
Not enough site licenses to warrant it.		
Not sure - our PubMed shows FindIt@WSU, but may be becasue of link resolver, and not Linkout		
not sure how to add my electronic journals		
We are using EBSCO's article linking with our Softlink catalog and do not have staff to duplicate using LinkOut too.		
We have an Outside Tool version through Spokane County Medical Society's Medicor resource, but it's branded to Medicor, not PSHMC. Not useful...no one knows what Medicor is. Must say, NLM staff was not helpful in trying to set up our account. I'd like to change, but time and complexity are issues and discouraging customer service from NLM		
We use our own link resolver. I chose N/A because none of the choices applied to me and the survey required me to select a choice. Please disregard that selection.		
We use Serials Solution - note you need to allow other as an option!		
We use SFX instead		
Note: The # of people who checked "yes" to Linkout participation in 26 is higher by five respondents than the number in question 27 who said "yes." Four of the five people who checked "yes" in q.26 did not answer q 27, accounting for most of the discrepancy)		

28F. Do you use Loansome Doc, a resource for unaffiliated health professionals to request copies of articles from your library?(N=47) [back]			
Yes		No	
N	%	N	%
31	66%	16	34%

29F. If you do not use Loansome Doc, please select the best response for why. N=47 [back]		
	N	%
We do use Loansome Doc	28	72%
Licensing restrictions do not allow us to use it	1	3%
It's too difficult to track licensing agreements	0	0%
Not enough staff time to serve unaffiliated users	6	15%
No mechanism to charge the unaffiliated users	4	10%

Other:

all requestors are employees so we channel requests directly to our ILL staff person

As a one person library it was too time consuming to try to track charges and payments.

Don't know

Lonesome Doc requests are down as well. My library patrons prefer to use the clipboard-email option.

No need.

We haven't seen a Lonesome Doc request in years.

We use our own link resolver. I chose N/A because none of the choices applied to me and the survey required me to select a choice. Please disregard that selection.

why not use skip logic for this survey??

Wrap-Up [back]

30F. What motivated you to join the National Network of Libraries of Medicine, Pacific Northwest Region (NN/LM PNR) (N=47)		
	N	%
Funding opportunities	15	32%
Classes taught by NN/LM PNR staff	28	60%
Teaching curriculum and materials to use for outreach training	9	19%
Free promotional items, e.g., pens, bookmarks, etc.	9	19%
NN/LM PNR staff consultation and support	29	62%
Network Member Directory	20	43%
NN/LM PNR Lending Library/Net Library	15	32%
Increased awareness of other network members and their activities	27	57%
Certificate from the National Library of Medicine (NLM)	15	32%

Other (please specify)

- again - other should be an option that can be chosen
- Answer above is N/A. Our membership was already set up when I started here.
- group purchase with OVID, but we no longer participate
- I didn't join but the evidently the previous person who did the library did and she forwarded this survey on to me
- I want to both support and be part of an active community of peer libraries.
- DOCLINE support
- Invited by a NN/LM PNR representative who was staffing a booth at a library conference. She encouraged me join because of our unique collection in workplace safety/health.
- Library already a member before I came to work here
- Library was already a member when I joined the organization.
- The colleagues...the fabulous colleagues. It's nice for medical librarians to have their own library and librarians to call upon.
- Unknown initial motivation
- We had already been a member when I came on board
- We've been a member for many years.

32F. Please give us any additional feedback about the programs and services of the NN/LM PNR. We value your input. [back]
• Fabulous. Can't think of any suggestions for improvement because you do so much already!
• I appreciate all you do, if I had more time I would be more involved. I enjoyed the site visits/classes you've brought to Boise in the past. Maybe our IHIA/Idaho Health Inform Assoc could schedule a meeting/class in the spring contact: Amy Claybaugh at Saint Lukes.
• I appreciate them. Thanks.
• I don't call often, but having expert consultative services and individual contacts at NN/LM PNR is invaluable when I run into situations where I need support or information.
• I have received wonderful help in the past but my hours are so restricted now that I don't have as much opportunity to need additional resources.
• Keep up the good work!
• NN/LM PNR provides great support for librarians in the region.
• Please hire me as the state PNR consultant so I can work from home and travel around the state to do on-site visits, training, and other NN/LM services.
• PNR continuously provides current and pertinent information on issues and happenings.
• Thank you for your help. Everyone I've spoken to has been very helpful and courteous.
• The services and support from NN/LM PNR staff over the years has been fantastic. I take pride in belonging tot the PNR. I don't feel that colleagues in other regions have the same support, particularly for my unique interests in veterinary medicine, resource sharing, technology support.
• The support I receive from NN/LM PNR is wonderful and I am very grateful for their services. I depend on them for my specialized educational opportunities.

Appendix B

Findings – Affiliate Members[6]

Respondents [back]

1A. Member State (N=66)		
	N	%
WA	34	52%
OR	8	12%
MT	6	9%
ID	5	8%
AK	4	6%
Missing	9	14%

3A. Are you linking to National Library of Medicine resources from your website? (N=66)							
Yes		No		Don't know		N/A (no website)	
N	%	N	%	N	%	N	%
41	62%	19	29%	2	3%	4	6%

4A. What best describes your organizations (Choose one) (N=66)		
	N	%
American Indian/Alaska Native Organization	1	2%
Community clinic/hospital	7	11%
Faith-based organization	0	0%
K-12 school	0	0%
Public health dept/organization	4	6%
Social services/community org	8	12%
Public, community, or tribal library	13	20%
Academic library	16	24%
Other	17	26%

[6] Questions 1A-4A, 23A, 25A and 27A contained information that was not meaningful unless respondents were identified. Information for these items are provided in a supplemental report.

Q4 (cont.):comments
Other: • 501 C 3 for the disability of Autism • African American Community - Based • AHEC • chiropractic office • Community Organization • Community Organization/Resource Center/Lending Library • comprehensive cancer care center • corporate library • Detention Center • EPA-sponsored Center at a University • health and human services non-profit • Land Grant University • multi-stakeholder nonprofit • Non-Profit Research Organization • Outreach and education organization • Research institution • Tribal college and public

5A. If your organization is a library, would you like to be listed in a directory of libraries offering health information to the general public? (N=66)			
Yes	No	Total Libraries	Not a Library
22	16	38	28
58%	42%		

6A. Is your organization a member of a larger network? Check all that apply. (N=66)		
Yes, statewide	11	17%
Yes, regional	14	21%
Yes, national	17	26%
Yes, other	6	9%
No	37	56%

7A. If you answered Yes to being a member of a larger network, please provide the name(s) of the network(s)
• Alaska Library Network • American Indian Higher Education Consortium Whatcom Libraries Collaborate • Chemeketa Cooperative Regional Library System; Orbis Cascade Alliance. • Essentia Health System, Duluth, MN • Family to Family Health Information Centers • Gallatin County • Indian Health Service and Tribally Managed Self-Governance Facilities • Inland Northwest Council of Libraries (INCOL) Inland NorthWest Health Science Libraries (INWHSL) Orbis/Cascade NN/LM • Land Grant University System • LYNX Consortium • Mental Health America SAMHSA Funded Consumer Technical Assistance Centers • Montana Library Network • National AHEC Organization • National Association of Colored Women's Clubs; National Partners in Action to Eliminate Health Disparities; Governor's Interagency on Health Disparities; Agency Healthcare Research Quality; Institute of Translational Health Sciences; • National Network of Libraries for Cortiva Education and Steiner Education • NNLM Affiliate • OCLC • OCLC Wayfinder (OCLC for Washington State) • Orbis Cascade Alliance, GWLA, Rapid, OCLC • PNLA, OHSLA, NN/LM • Providence Health & Services • Robert Wood Johnson Foundation Aligning Forces for Quality network; AHRQ Charter Value Exchange community; National Business Coalition on Health member • Social services/community organization • United Way World Wide • University of Montana • WASCLA participates in informal networks of language access & services advocates and practitioners in all disciplines • Washington State Hospital Association, otherwise a county hospital only • Washington State Board for Community and Technical Colleges • We serve Puget Sound Area. • www.autismsociety.org

8A. Which of the following health information services are offered by your organization? (N=66)		
	N	%
Internet training	28	42%
Access to health information	46	70%
Referral services	26	39%

Technology [back]

9A. Is there a computer lab with Internet access available in your organization that can be used for training programs? (N=66)			
Yes		No	
N	%	N	%
49	73%	18	27%

10A. Are staff in your organization able to:					
	Yes		No		Total
	N	%	N	%	
View streaming video from their desktop?	58	89%	7	11%	65
Use software for webcasts such as Adobe Connect, GoToMeeting, Skype?	57	86%	9	14%	66

11A. Does your organization have any technology and connectivity needs, gaps or issues? Please describe.

- additional and ongoing training
- Alaska is highly dependent on technology to manage much of our programming. One significant issue is that some of our partners in outlying areas don't have the level of connectivity/bandwidth to participate in the video/webinar portions of our outreach. We ensure, however, that everything is teleconferenced with materials forwarded ahead of time to address this.
- As a volunteer/pro bono staff, field extended community advocacy service organization, at present, we have limited grant writing and fund seeking skills to obtain the required training and development technology skills and connectivity needs to operate effectively. Plans are being drafted to correct these essential organizational training & development gaps and issues.
- As our computers are maintained within a secure medical center environment we are unable to download software ourselves without assistance from tech support with administrative rights.
- Bandwidth on City Network (for staff not public)
- Broadband access is limited at certain sites. Access to streaming video, for example, is restricted to maximize bandwidth use for patient care such as radiology transfers. At some of our clinics, connectivity is spotty and unreliable.
- Due to a slow, limited network, our facility is unable to utilize some internet technologies. Even Telemedicine has been very difficult with our current connection.

11A. (cont.)
• I think that the technology person would install/permit webcast software installation onto staff and student computers as needed. We have very limited bandwidth and stringent firewall issues. Also the computers are pretty basic systems. • Low use of new media/social media • Many filters and blocks on sites, streaming media etc. • Need upgrades to library computers to current standards. • No dedicated room in the facility. • Our IT department is very cautious. We can put in special requests. Inmates have limited access with supervision. • Public internet access is slow because bandwidth is not adequate. • short on staff • Slow bandwidth. • updated computers, webcams, now to put on a webinar training • We are an all-volunteer organization with no resources of our own (except for website & social media page) at present. Volunteer staff uses their own equipment. We are seeking to create new services and support staffing, so are in need of all resources. • We have 550 employees and about 450 computers! We have issues with the following: Not enough tech's to assist with the myriad of problems that continually come up. Many computers don't have speakers or updated software to allow videos--and our new learning management system we use for annual training for all staff utilizes videos. Need to have speakers installed, softwareupdated/upgraded etc. • We have 9 regional affiliates and it would be lovely if our organization could afford an I pad for each affiliate to; 1) hi-light our state web site in each regional area. 2) Sign up members 3) Show and demonstrate new technology apps especially to families parents providers and especially those living with Autism on site . A new I pad for each affiliate would also enhance 4) communication between our state umbrella and the regional area who operate all on volunteers hrs . We could use face time to conference without such expensive internet and phone bills. Our organization currently staffs a 888 # and local 360 # plus our internet and we can only afford to staff our state at a current 15 hr FTE . • We just got a Grant for our Computer Lab. This will help cover a big gap within our Hispanic Community. We still need a lot of supports as far as outreach to the Rural Hispanic Communities, more information in Spanish for them among other resources. • We professional cameras and other software, but our technical staff are working with a local TV station to get our needs done, if this does not happen as we expect, our technical staff will contact you for help. • We have very limited connectivity and use personal lab top for educational purpose. • We work with states with large rural and frontier regions (specifically, Montana, Nevada, North Dakota and Oregon). Many people do not have broadband access let alone dial-up access. • webcasting software • Wireless internet access for students, staff and faculty only. Non-affiliated users cannot get wireless internet

Communication [back]

12A. There are a number of ways NN/LM PNR communicates with Network members. Please indicate the usefulness of these channels.									
	Never		Not Useful		Somewhat Useful		Useful		Total
	N	%	N	%	N	%	N	%	
PNRNews, our email announcement list	15	25%	2	3%	14	23%	30	49%	61
Dragonfly, our blog	23	39%	5	8%	18	31%	13	22%	59
NN/LM PNR website	10	17%	1	2%	14	24%	34	58%	59
Personal calls or visits from NN/LM PNR staff	24	41%	4	7%	10	17%	21	36%	59
Facebook	36	62%	7	12%	11	19%	4	7%	58
Twitter	40	69%	9	16%	5	9%	4	7%	58

13A. Do you have any suggestions for improved communication from NN/LM PNR?

- A directory on your website with direct email and phone numbers so we can connect with the right department
- Conference call
- Continued survey and appreciative inquiries of this nature.
- email alerts or monthly newsletter
- email contacts
- Email seems to work best for our location.
- I am just beginning to learn about you.
- I checked never used on many because we have been distracted from this part of our workplan for the last 2-3 years. We are changing this, however.
- I do not get PNRNews even though we are a member library. I hear about NN/LM happenings though the Oregon Library list. It is often difficult to find information on the NN/LM Web site.
- Old fashioned phone calls, too.
- personal outreach to member organizations
- Technical issues in Pubmed are very difficult when using the clipboard. It quite often reverts back to the Pubmed home page. This seems to have started when you attached the Youtube video on the home page. Are you working on this issue or have others reported this as well? Some followup about this would be helpful as Pubmed is a very valued service in our work. We appreciate all your efforts to make health information accessible for health professionals as well as health consumers.
- Would like emails announcing webinars that we could make available to the public at our library.

Training [back]

14A. In what areas of your work do you feel you need training and support? (N=63)		
	N	%
Health information literacy	32	52%
Obtaining quality health information	34	55%
Applying for NN/LM funding	24	39%
Measuring the impact of your programs and projects	25	40%
Planning and evaluating health information outreach	27	44%
Other • Assistance with effective grant application submission. Face to Face meetings. Continued referrals to training and development for lay community members. • identifying additional multilingual resources in all languages • Make use of resources on an ongoing basis when they are relevant to my setting and users. • research topics such as comparative effectiveness research, systematic review techniques,		

15A. Would you like training on National Library of Medicine resources? (N=61)		
	N	%
MedlinePlus, free high quality health information in clear language	26	43%
PubMed, free up-to-date citations for biomedical literature	25	41%
Public health resources, such as PHPartners.org	27	44%
Toxicology and environmental health resources, such as toxnet.nlm.nih.gov	23	38%
No, thank you	18	30%
• Can always use refreshers on pubmed		
• Have had training in above, but like updates on what is new, also Academy Health had some excellent training lately relevant to librarians		
• MedLine		
• Not necessarily for me but for my staff and even classes for the community!		
• People of Color Comparative Effectiveness Health Reseach		
• Washington Environmental Health Tracking Network		
• Watch for training, but am currently familiar with all of the above.		
• We appreciate your Pubmed tutorials. Thank you.		

16A. Have you previously attended RML Rendezvous webcasts either live or by viewing a recording? (N=61) [back]					
Yes		No		Not Sure	
N	%	N	%	N	%
14	23%	41	67%	6	10%

17A. Have you previously attended an online class offered by NN/LM PNR? (N=61) [back]					
Yes		No		Not Sure	
N	%	N	%	N	%
16	26%	39	64%	6	10%

18A. What technologies are you interested in learning more about? (N=61) [back]		
	N	%
Use of mobile devices and applications to access health information	42	69%
Electronic health records (EHRs)	21	34%
Patient health records (PHRs) and patient portals	17	28%
Producing audio podcasts	15	25%
Producing online streaming videos	33	54%

Other:

- As a corporate librarian, technology is handled by a different department within the organization. None of the above seem applicable for me, but it required an answer.
- creating and managing websites
- Learning EHR & PHR will help me help doctors
- producing webinars
- screencasting with camtasia
- Teaching inmates health literacy.

19A. What topics or speakers would you like to see on future RML Rendezvous webcasts?
• Anything on connecting services to the Hispanic Community. • Dr. Maxine Hayes, MD, MPH. State Health Official, Director of DOH. • Educating healthcare providers on limits of technology tools for interpretation, and the continuing need for qualified, well-trained interpreters and translators to ensure genuine language access services. Would be good to include demo of why apps & translation software does not do the job. • Evidenced based information and learning the difference between EHR and EMR. • health information • Mobile applications for access to datasets • Producing audio podcasts and producing online streaming videos. • Public Health short topics (30 minutes) - flu season, vaccinations, well-baby development, seasonal allergies, diabetes prevention, heart disease prevention, sunburn & heat exhaustion, first signs of stroke, healthy weight, exercise, vision changes, current health news • They are always excellent! Possible topics: searching techniques for systematic reviews, what is new with ebooks, iPads, eReaders, etc., Mendeley • Topics: 1. Diabetes 2. Blood Pressure, 3. Asthma 4. Hepatitis 5. Heart Problems • website development • what do you offer?

Funding [back]

20A. Has your organization ever applied for funding from NN/LM PNR, such as subcontracts and awards? (N=61)					
Yes		No		Not Sure	
N	%	N	%	N	%
26	43%	26	43%	9	15%

21A. Have any of the following made it difficult to apply for or receive NN/LM PNR funding? (N=61)		
	N	%
Lack of institutional support	10	16%
Organizational difficulty processing award funds	6	10%
Lack of time	33	54%
Lack of staff resources	31	51%
Difficult to complete the application	5	8%
Requirements of the award (reporting, etc.)	9	15%
Lack of knowledge about funding opportunities	25	41%

Table 21A cont.

Other:

- As I only work half time as a sole librarian, time is a critical factor.
- General apathy, lack of belief in self determination, self empowerment, commitment to follow through on memorandum of agreements.
- I checked those things that would make it difficult...we've never applied to my knowledge.
- I guess if we better understood the process we can apply for the funds to assist the Communities that need the most help (Hispanic Rural Areas)
- Longer advance notice would be helpful.
- Not knowing the institutional process for applying for a PNR award (not applying for the PNR award itself)
- Not yet in a position to apply for major program grants, but very interested,
- Our funding seems adequate at this time. Group purchasing would be one way we that we could pool our resources for improved library resource collections.
- Since we are a corporation, I don't think we would be eligible for funding.
- small grants award amounts compared to the cost to apply report etc
- We used to be regular partners, but changes at both the federal and state levels drew us away. But we are coming back! :-)

Outreach and Partnering [back]

22A. Does your organization participates in health outreach activities, such as health fairs or educational events? (N=60)					
Yes		No		Not Sure	
N	%	N	%	N	%
39	65%	17	28%	4	7%

24A. Did you know that you can request free NLM promotional materials such as pens and bookmarks from our website for your use at health outreach activities? (n=60)					
Yes		No		Not Sure	
N	%	N	%	N	%
20	33%	33	55%	7	12%

Wrap-Up [back]

26A. What motivated you to join the National Network of Libraries of Medicine, Pacific Northwest Region (NN/LM PNR)? Please select all that apply. (N=61)		
	N	%
Funding opportunities	28	46%
Classes taught by NN/LM PNR staff	24	39%
Teaching curriculum and materials to use for outreach training	20	33%
Free promotional items, e.g., pens, bookmarks, etc.	11	18%
NN/LM PNR staff consultation and support	21	34%
Network Member Directory	12	20%
NN/LM PNR Lending Library/Net Library	19	31%
Increased awareness of other network members and their activities	27	44%
Certificate from the National Library of Medicine (NLM)	13	21%

Other:

- a previous supervisor signed us up, not sure of her motivations.
- I am not certain; the institution was a member before I started work.
- Never received the Certificate although sent twice.
- promoting outreach of NNLM services to rural stakeholders
- Was asked to be part of the Pacific NW Libraries of Medicine advisory board about 10 or 11 years ago.
- Was not aware of all the other services list above/ Can I please get more information?
- We were selected to conduct a Medline Retrieval for Adults in our organization
- What's the PNR Lending Library?

28A. Please give us any additional feedback about the programs and services of the NN/LM PNR. We value your input. [back]
• Appreciate the award opportunity. • As I mentioned in a previous answer, a previous supervisor signed us up. I need to go learn more about what our partnership with you means rather than just supporting it because it that supervisor initiated it, but it just keeps falling to the bottom of my priorities. • I feel much further removed from the regional staff. The outreach/connection is now only electronic to our agency • I have met and trained from many of the PNR librarians and they are a great bunch to work with-very supportive and full of helpful information and resources! I love the online trainings and certifications. Could do my CEUs without them. THANKS!!!! • If I can get more information about the services the NN/LM PNR offers to its members and how I can apply for funding to outreach to rural Hispanic Communities, and how to apply for an Health Resource Fair grant/ What other resources can I get to display or handout to our Clients that attend our Center? • In the past, we had someone come to our hospital to provide education/training and to other events--very helpful! Do you do that anymore? • One of the questions asked about whether we were linking to your website. We are currently updating our website and we want to link to your website, but the link may not be there yet. • Other was not acceptable as an answer to Q. 27 so my response does not provide accurate data. • Previously I attended workshops in person and webinars on line that I found helpful. • Thank you for choosing us as a training location! • The RML is a wonderful resource and I am proud to be affiliated with them. • There is no question, membership in NN/LM PNR has opened the doors to many opportunities. Especially the emphasis on Measuring the Differences - the importance of Out reach Evaluation and giving us insight to what the UW network has to offer. • We value the ability to request health-related scholarly articles from lending libraries that are part of NN/LM PNR. This is a very important resource for us since our university does not have a health sciences program and therefore our library does not have a strong collection in this subject area. • We're glad you're there for us! • would like to know more. I have limited exposure to your organization • You folks have been so wonderful in the past. I was very discouraged when this focus was removed from our Health Promotion program. Now that is back under HP's purview, I'm hoping to revitalizing this effort.