

**Transportation Librarians Roundtable**  
**August 13, 2020**  
**Transcript**

Please stand by for real-time captions. Please stand by for real-time captions. It is a couple minutes before the top of the hour. I just wanted to welcome everyone who has joined so far. We will get started in a couple minutes. There is Amanda. We will start in a couple of minutes. Stay tuned. In the meantime, you can enjoy Amanda there. she is going to do a little something there. Interpretive dance. Amanda, I have to ask. Are you able to see any of us by any chance? I don't know what kind of technology all of you have there. No. Oh well. We get to see you. That is a good thing. Listen, it is now the top of the hour. I think we will go ahead and get started now officially. Again, this is Bob Cole and. On behalf of myself and the national transportation library, I want to extend a warm welcome to all of you for taking the time to join us today for today's transportation library and roundtable. This is the second part of in an NTKN sponsored series. Two weeks ago we had Dr. Denise Bedford give a presentation. This week will be our distinguished the speaker who you can already see at the bottom right. Before we do get underway with today's presentation. Let me go ahead and turn the microphone over to Sam who will go over the basic ground rules that we need to keep in mind for the hour. Overhead Sam.

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Thank you. Before we get started, just a few technical announcements. This is being recorded, including the discussion portion. The most reliable way to connect the audio is for your phone. You will find the access information in the top left. If you're using your phone, remember to do these things. First, mute your computer speakers by clicking the Adobe connect speaker icon in the top left menu bar turning it from green to white. This will prevent echoes our feedback. Also, please star six to meet your phone when you're not speaking. Lastly, if you need to step away or take another call, please don't put us on hold and that will cause the rest of us to hear your hold music. This is now equipped with live captions, which should be visual on the right-hand bottom of your screen. You can also use the chat pod in the bottom left at any point to typing comments or questions. Bob and I will monitor the chat and answer any questions. Thank you everyone for listening. I will hand Mike back over to Bob.

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Okay. Thank you very much Sam. As you can already see by what is on the screen, the title of Amanda his presentation his reflections on 3Ns, networks, [ Multiple Speakers ] and NNLM. One thing I did want to highlight before moving on, I wanted to highlight that just like with the PLI presentation a couple weeks ago, we will do another departure from the usual format. Amanda is very receptive to allowing for questions and comments during the course of her presentation. Just like Denise did a couple of weeks ago, Amanda will go ahead initially and go through a few slides, but then she will let it be known when there is an opportunity for any of you who would like to ask questions or pose any comments. Of course, you can do that by phone or by way of the chat pod. Sam and I will keep a close eye out there for anything that comes through the chat function. I did want to mention that. Now I would like to, as with Denise last week, I'm going to have Bob formally introduce Amanda. Without any more delay on my part, I will go ahead and have the microphone to Bob for that role. There you go.

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Can you hear me?

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yes.

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Can y'all hear me?

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Can everyone here?

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I can.

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I hear you.

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Okay.

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Other people are saying they do too.

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All right. Most of you already know Amanda Wilson, although you might not know what she has been up to since leaving the national transportation library. She will fill you in on some of that today I am sure. Amanda was the director of from December 2006 until January 2017. She is the reason these TLR webinars began, and she hosted them for many years. She was the heart and soul of the TLR. I got a call from Amanda shortly after she began. I was just finishing up my stint as chair of the transportation division and about to start as chair of M T KN. Was really impressed that she reached out to me as she did to several others. She wanted to know all about MT KN and transportation library in general. It was very clear she was smart, energetic, engaged and ready to lead. In fact, I was her leadership that gave NTKN its roots, led to its strategic plan and gave it momentum that we are still writing today. Since M T CAM inception, the Midwest transportation knowledge network, we have given a lot of consideration to the vast differences between the national transportation library and the national Library of medicine in terms of their funding and support. So now that Amanda has been an NLM for going on for years, we wanted her in-depth perspective on how these two domains, transportation a medicine, how they handle the challenges of networking knowledge. Amanda started out at NLM a at the head of the national network coordinating office in June 2019 she became chief of the NLM office of engagement and training , and that is the office that coordinates the national network of libraries of medicine. Prior to NLM, Amanda served as assistant professor and metadata librarian at the Hoyos state University libraries -- Ohio State libraries. 2016 to 2018 she served as chair of the federal scientific and technical information managers group. She is also an adjunct professor at the Catholic University of America Department of Library and information science, and she plays the bass. I'm sure I'm not the only one of the call he really misses Amanda. She will always be a part of our family. We are so happy to have her presenting the TLR today. Ladies and gentlemen, I give you Amanda Wilson.

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Good afternoon everyone. Thank you so much Bob. That was really kind. I do actually remember in my first weeks or so making those calls and what I also really enjoyed was how warm and welcoming and forthcoming and interesting and engaged the transportation library community was at that time. And still is. I am so happy and proud to have started my federal career there with you all and started and transportation. So thank you for that opening. Thanks to Sam and Bob for working with me to get the phone set up today and being willing to have the video on since we are all socially distant. I like to see people and imagine people on the other end. I am thrilled to be here, particularly after a couple of weeks ago listening to Dr. but for its presentation. A lot stuck with me there. I thought it was incredibly useful and instructive for what we are doing at NNLM right now. Bob and Mary and I have been having conversations around this topic I think since the spring. We have had three or four conversations. What I am presenting as discussion points and reflections this afternoon is really around what came out of many of those conversations and trying to distill some of those key points into what we can talk about in our time this afternoon. I would like to cover the context of the NNLM . As Bob mentioned, thinking about how these two sectors overlap, intersect and maybe diverge. I want to also talk about a few case examples within networks within the NNLM going back to what Denny said yesterday about having networks as networks. And then finally, do some comparisons NTKN and NNLM to sort of share with you

all what I have been reflecting on. Tuitt, I just want to get out of the way when I come today with is a list of questions, including one that Bob Sweet posed last TLR. I thought it was really good, and it it actually stuck with me for the past couple of weeks preparing for this talk. I also come with thoughts about how I am thinking about responses to some of these questions. From the perspective of my time and transportation as well as over the past three and half years here at the national Library of medicine. I definitely don't have full answers, but I'm hopeful we can discuss today together and see what we come up with on the other side of this discussion. I mentioned the talk last time a couple of times because she is great, as we all know here. A couple of ideas that really resonated with me bring into today's presentation were her discussion about how to build and strengthen networks. Understanding why we have them, what a knowledge network is, assessing the health and nourishing them. Particularly of interest was also her discussion of network transactions and being more mindful of being explicit about the transactions happening, being specific about the investment required by all parties, and also being specific about your days of the network. Finally, something we are working on right now is thinking about how we best assess and measure the health of networks. So I found her topology networks and living networks also really instructive, thoughtful and actionable. I want to have them up for you all to keep in mind as they go through my remarks on the context, the case examples of some of my thoughts about comparisons. I hope as we go through, we can think about some answers and also discuss them. To get started, of course, I want to talk a little bit about the newly named network of the national Library of medicine. We just made this name change back in June. And so, I wanted to put that forward and sort of talk about some of the similarities with the NTKN and some differences. Allison Bunting wrote a history of the origins of the NNLM that I read when I first started early in 2017 and Bob Sweet have heard me say this, I felt like I wish I could've read that because the chart of the origins of the national -- network of the national Library of medicine really mirrored what we felt and what we were experiencing in building the NTKN going forward. Was nice to read it on the other side of thing, you know, the things that we found out organically and transportation were things that had also happened over here in health about 30 or 40 years beforehand. The network was established in 1965, and it was operational as of October 1967. It still is evolving. We just change the name to be more focused and inclusive by naming it the network of the national Library of medicine. I mentioned the history of the NNLM. One of the points that she makes on page 2 what stuck out to Bob and I think is also helpful as anything about why the NNLM is here today is on your slide. And so, the NNLM was established as regional medical library that was providing search and information services for researchers and health practitioners. So that is how we started in 1967 and resource sharing, making sure that the collections of the country were available as interview information into mediators to the patrons. The structure stayed that way. The regional libraries funded to provide information services and training for other librarians to go back to their hospitals or organizations and providers information services to their stakeholders. They were funded that way anywhere between seven and 11 over the first 30 years or so. In 1991 we became more of a national network and that is where the new name came into being. And so, even though the name was national, the network still operated as eight regional networks who are all doing their individual thing. You can imagine there is a considerable amount of redundancy, which in some ways was good, but as we moved on it became less efficient. In our current iteration, the current five-year cycle of 2016 through 2021, I came in obviously in the middle of this last cycle, and we really focused on really putting the national back into the national network of libraries of medicine, which has been renamed. Just to give you a sense of the type of work we are doing and networking as we see it, what you have on the slide here is an example of the types of activities. There are eight regional networks currently. They are run by funded retail medical library. The focus is on providing funding for outreach and engagement projects, engagement activities. Those connections between network members, and also training on using NNLM NIH health information resources. We finally came up back around to trying to produce a report about some of the activities and the accomplishments that are

there, which is really good because we are used to reporting individually, now we're able to have a national book and each one of these units has their own report. The NNLM still funded at the \$12 million a year level 48 regional medical libraries, and then everyone else who is a member are volunteers for that perspective. And then, how we operate I am missing a slide. I'm sorry. The network has a structure of a steering committee from the eight individual medical libraries and offices who work together to set a vision and strategic goals. And then we have the regional medical library officers and centers in grantee staff doing network. At the unit level there are folks in charge of each region officer centers activities and staff. So as I said, we work together in this community structure. We are focusing on making national activities like, instead of individual webinars around Covid, we had one Covid response national webinar series. Things like that. What we have also done is establish performance measures for this national network. This is one of the points that kept coming to my mind sitting through the talk last PLR. The idea of what are the transactions that are happening within the network, how do we measure them, how do we communicate, what is important and what is the investment. A couple of years ago in November 2017 we actually finalized the performance measures you see here now, which helped us begin to all be working toward the same goal instead of eight individual goals in the network. You see the focus is on building and inclusive diverse network to make sure that those who are interested in the topic or on the topic of health or whatever constituency are included, that we don't just say you are member, but we actually work to engage members and activities, that we communicate both ways to inform our programs and activities that we have an outreach and training program that is responsive to the information needs of returns and are stakeholders. That we focus on these national and multiregional initiatives to really keep focusing on working better and stronger together. And then when possible, as we have other partners that we look for win-win solutions to work closely with them, and that we are regularly determining how effective and impactful and useful the work is. We look for ways to [ Indiscernible ]. I mentioned that we are still as a network evolving. Those performance measures will a huge step forward in terms of collecting the same kind of metrics and data on our impacted values, and being able to discuss the impact of the network on a national scale. What we have also done is heading into our next cycle, which starts in May 2021, is we have taken the network one step forward again. As I mentioned, we change the name because it is not only how sciences libraries and hospital libraries are members of the network. So to be inclusive we took the fact that libraries of medicine out of the name and really focused on the fact that this is the national Library of medicine network and outreach arm for communities across the country. We have also rebalanced to the regions when they were first established in 1991 you can imagine the population. The population has changed. We have reduced the number of regions to balance population served and have adjusted some of the offices there. we have also focused our activities on -- our goals on increasing health equity. I think this is about secretary FOX8 transportation has focused on environmental justice through transportation. So where highways are being placed and other issues. Health equity is that same sort of approach, looking at social determinants of health. Looking at how where people live. How it impacts their health. And what we can do to mitigate those factors and what processes and policies we can put in place. Obviously, this is really important in the context of the larger, broader societal structural racism conversation we are having. We've also focused more specifically on reaching underrepresented populations and health information. Again, everywhere. And finally, we made sure that her focus was, while we do have members from associations, not-for-profit organizations, community-based organizations, etc., we made sure to focus the goals and mission of the network on working through libraries to reach those other audiences, not that we are also trying to focus on being the Association for health associations. But that -- if you want to work with us, the primary focus is working through our libraries and other partners. Getting to the measurement conversation, again going back to the network transactions and what gives it the most impact. One of the things that we are also starting to do right now in terms of measuring the health of our networks is looking at applying social network analysis to the NNLM to understand exactly

those things that Denise brought up last week. Who is connected, a network of networks. Where are the connection point between overlapping networks within the NNLM and how are they connected ? what is important to demonstrate value? what are successful outcomes? and also what are opportunities for building the network in terms of the groups that we are trying to reach? I just mentioned wanting to work more closely with underrepresented populations. What kind of libraries, community-based organizations, etc. maybe should we work with to try to reach some of those populations in new and different ways. I'm really excited about starting the social network analysis, which I was told and I understood this when they said it was, if you want to measure relationships, social network analysis is the way to go. As I said, literally last week we just started the process of really started to develop our estimate that we will use to measure and hopefully soon enough we will get something cool like this network graph that is even more useful for us as we understand the different networks, how we reach different population groups, and what is of most value in terms of our information that we can provide, and also hear back from these groups. That is generally where we are with the NNLM . What we are trying to do with our network, which is really engaging in reaching communities across the country, our director calls the NNLM points are present in community across the country. We're really trying to actually make that true as well as inform her a little bit more specifically about how many folks are actually engaged with what we're doing, how many people joined 10 years ago, to get a professional development grant. As Bob said, I will pause for a moment given the context of NNLM for any questions right now.

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Does anyone have any comments or questions for Amanda? while we are waiting, I will see if anybody has anything to share, hopefully I will formulate this with my own question in an articulate manner here. Just in terms of the regions, and I appreciate you going through the regional breakdowns and giving us a sense of how things are organized nationwide. Right now, in terms of a snapshot assessment, how would you assess the various regions in terms of impact? in other words, are there some regions more than others now that really seem to have a high level of engagement? and are the regions where you feel that there is either room for improvement or still some progress to be made in terms of just the outreach and engagement? how would you assess it region to region?

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Sure. I would say that we have some regions to were not really engaging their members. I know this is recorded, but don't tell anybody I said it, but one way that they were measuring their impact was whether or not they got three likes on an outreach training video over an entire year. That was one region that kept me up at night. And then to another one of our regions, which had lots of active advisory groups and was doing new and different types of engagement programming, so we had some were really on it and active, and that we had some who were less engaged and, for example, maybe only focused where their headquarters was and didn't really touch the others spaces in the region. So there was a wide disparity, which is one of the reasons behind the performance measures to start to have everybody understand that engaging their members was important, continuing to do membership management was important, and that we did expect for folks to be understanding what the information needs were and developing programs that related to that. We also expected to be getting information back from our members, not just being a push.

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Thank you. I do want to highlight a couple of the questions and comments here. I see your already responded to this one. The question is, how does the NNLM budget compared to [ Indiscernible ] . I think you responded \$1.2 million versus current NTL which was about 2 million when you left there in 2017. Thanks for that question and for the answer. Bob suite posted something. I will summarize that. Social network analysis is the next step for NTKN. Is there anyone who might be available to give us some guidance? Amanda said, Heck no. Actually, Amanda said Yep. That is a big thumbs up on that. Very

good. Any other questions or comments before Amanda moves on with the next part of her presentation? if not, we can go ahead and proceed.

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Okay. Think about.

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Actually, we may comment from you Amanda. I have a lit review I can send. Okay but go ahead.

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Awesome. I wanted to break down from the NNLM, which is this big thing, into some specific parts of our membership, which reminded me a little bit of or a lot of working in transportation and some of the things I would hear from either us as colleagues on TLR or in the broader communities to try to get to this point of what can we learn. There are three cases I wanted to put forward. One is around hospital libraries, one is around the public health office, and another is around a focus on data and data science. What you see here is a quote from a blog post that was a couple months after I arrived at NLM from hospital libraries, really putting out the call for more of a focus on hospital libraries closing and the value that hospital libraries bring to communities. What was really amazing to see is actually linked in the slide deck. Now I am being distracted. Don't talk and type in the chat at the same time. I just put the link in the chat for this particular blog post which was really talking about things which you are used to hearing. Like hospital libraries are closing, there generally managed by individual hospital administration. They are not centrally managed as a group. So kind of like school libraries were principals are in charge. The hospitals themselves are closing or merging, are being brought out hospital libraries, and so often those are the ones that get closed down. The type of work they do, for example, dissipating in the library loan system, what they are doing is shutting the library down, which generally had physical collections and doing patient care. They are having an administrative assistant or somebody who works maybe in a hospital administrator office manage library loan requests instead of having a librarian on board. One of the other things that they talked about was that not only were they doing, supporting patient care, but they were also supporting other functions in hospitals like research, information literacy training, continuing education for doctors, which is really important, providing those CME credits for doctors, evidence-based nursing practice, and also helping doing administrative and competitive intelligence research. And talking about supporting education of nursing practice or graduate medical education, I just put in the chat a link to an outreach video where we at NNLM provided funding for libraries to create an escape room. That is part of the curriculum for I guess nurses as they are learning how to use different things and treat patients. It is really cool. It is only like three minutes. We are also seeing right now that hospital libraries remind me a lot of hearing about state D.O.T. libraries as well as not necessarily the skills and values that they are bringing two hospitals and hospital services are fully fleshed out. One of the things we're trying to do at the national Library of medicine is support libraries and also support their skill development. In the past the NNLM was really focused on advocating and writing letters to hospital administrator is demanding that they don't post their lovers. That is something NNLM is not necessarily the role of the federal agency, but is probably more of the role of the professional association. In this case, the medical Library Association. In the absence of being on the frontlines advocating and going -- don't close your library, we are also looking at how do we help to retrain and retool as needed or as possible. One of the things we also tried in the past with hospital libraries in addition to the quote here was also looking at how information therapy, like writing a prescription for health literacy, is also something that can be reimbursed by insurance companies as a way to potentially make hospital library services a kind of revenue generated stand in libraries. That went somewhere, but it didn't really catch fire and catch on as a way to turn hospital library information services into a revenue generating unit. That is something along with advocacy we haven't been able to pull forward. And so, now we are representing tomorrow at the NLM version of TRV, and one of the things we're talking about is resilience, relevance, and reinvention, and the focus on the opportunity and

the challenge, frankly, of hospital and traditional opportunities for hospital librarians disappearing while they work in the skills we are providing is really important. And then, one of the focuses of NLM is hopefully being able to add data science and data librarianship tools and skills to those library staffers so that ideally they will be in a new way in the hospital context to be able to stay and keep those jobs, and if unfortunately the hospital library does close, they take these new skills and hopefully get different jobs in the library community. A second case is the public health coordination office that we have. This is an office that utterly is built to provide access for what you hear in the public health libraries. It is a pay to play peer review access to literature information portal that we work with at state Department of Health to provide access for their members. So we have about 25 states who are currently members now, \$25,000 I think, depending on the number of FTE, what we're finding is, as you can imagine, the public health workforce [ Indiscernible ] so we do a lot of training in how to access the public health digital library . The much improved newly relaunched version of this essentially [ Indiscernible ] portal. Isaac will be easier for folks to come aboard and learn how to use it, but we are also saying that without a specific champion in the state health department that that the uptake doesn't necessarily happen. But people are finding access to it because they do want access, and they do need that to inform their work. The cost per use is extremely high when you're looking at, when people sometimes are looking at renewing. We have had approximately between 23 and 27 states be on board with this public health digital library over the past five years, and our next cycle we are looking at a new way to try to access the public health workforce because providing this access through state D.O.T. is good, but we are finding they are very limited, limited use for this investment. We're looking at parking working with the public health foundation working with where the public health workforce goes to get training, something called [ Indiscernible ] and we are looking at putting resources and access the content on train where they are already going to get their certifications and potentially looking at some other ways to provide access peer-reviewed literature. That is a top thing folks to want, and so can we do it anyway where we pay per article or something else on a collaborative approach? and then, the last item is something I mentioned before. That is this idea of data science. The NLM strategic plan builds on the NLM role as a national library and focuses on three new goals around data science . Advancing health and accelerating discovery through data-driven research, reaching more people in more ways to enhance dissemination and engagement, and the third goal is building a workforce, a data ready workforce. Goal number one includes a focus of fostering open science policies and practices as well as building and supporting the research enterprise. One of the challenges we have been given and the network is how do we equip library staff to support their research, the digital research enterprise. How do we either contribute to that, how are we using common terminologies like the, data element, and how are we supporting Library and information science staff to be able to go into those labs and work on those and begin to add [ Indiscernible ] skill set is value? one of the ways we are trying to do that is we have just released a new statement around our focus on capacity in Library and information science data-driven research and health. I just threw that document link in the chat if you are interested. One way we're trying to do it is understanding what skill sets that information science brings. What challenges and activities are happening in the research enterprise, and how can we marry the two. We have identified the overlapping areas and are working to provide programming and training in those areas that we hope helps to retool and give people the skills to either hide their current job or be able to find a different job within health or transportation. I will take a quick pause. Any thoughts especially thick on the relevance --

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Go ahead. I did, while we are waiting for questions or comments, I did want to highlight that Bob's tweet had posted in the chat budget. Bob notes, my wife, who teaches pharmacy at the University of Michigan, says that without NLM we can't do medicine . Bob goes on to state, I would like to envision a world in which transportation professionals say without NTL, NTKN we can't do transportation. Certainly

very aspirational and worthwhile to pursue. I know a few of you have already responded to what Bob had said. I did want to highlight that. Thank you Bob. Any questions or comments for Amanda? I was going to say, speak now or forever hold your peace. But I guess there will be another opportunity during the course of the hour too. Let me go ahead and throw this out. Amanda, you just got done with talking about the skill sets and doing an assessment and figuring out, I guess essentially the terms of the strengths and weaknesses perhaps. That Exley sounds like, actually strikes me as a daunting task in any venue. How has that been?.

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Hi Sheila. You are spot on. We developed a cohort training class, we call it research data management 101 and 102. We've offered it in a couple different ways. 101 would get people who maybe heard about RTM but had not actually started any data services to get them over the hump so they get them into actually doing something. That takes a lot of investment to do and that kind of a cohort model. We got 100 or so people through that program. That was a \$500,000 investment, something around that. Now we have been able to turn that cohort plus mentoring into several individual modules for different skill sets. We are also seeing, the reason we added 102 was people were getting all dressed up with nowhere to go. They were getting these new skills and maybe didn't have a chance to apply them in their current job, or they didn't have the pathway in their institution to go down the hallway and knock on the door and say I am bringing this service for you or I know this thing. I know you have this question or challenge with your research. How can I help? part of the 102 class is some of our other -- we have some data fellows that were also focusing on the leadership opening that conversation and opening the door on behalf of their staff who were going out and doing the training. It is really find it is champions, find the people who were willing to work with us and also advocating for skill set and being able to be confident what we can bring in what we can add toward the researcher activity happening.

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I appreciate the response. Unless anyone else has any comments or questions, perhaps Amanda can move on here. I did want to mention a couple of things. Sheila has taken the opportunity to welcome you back here among us. John concurs with the sentiment. I always say, as long as you have this Minnesota underside, you are doing outside -- you are doing okay. Actually, Amanda, I see Kevin has something here. In the short time that she worked at a hospital library, she was extremely impressed by how much support and appreciation was shown for the library by the administrators and surgeons. That is a good point to understand your underscored too. Thank you Kevin.

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Thank you Kevin. I think that also harkens back to a question about how to we get in transportation professionals to think the same thing. What the Dino pharmacy says about working with the national Library of medicine. And also the question from last week about how do we ask transportation librarians articulate our skill set in a way that can be heard by those inner agencies. That leads me to the last little part of my remarks. Hopefully we can get back to more discussion. That is really thinking about the two together. With all that context I distilled in 45 minutes. With that content in medicine and think about transportation, what has been learned both ways. I would say on, in terms of NTKN, I think that there were a lot of things that I brought from being a part of our community, that I brought with me to NLM that weren't necessarily there in spades. That is what you see on the slide, the message that we are bringing to the medical Library Association. The innovation, the creativity, the strategic focus, the really effective and deep collaboration, frankly punching above our weight in terms of resources and what transportation libraries and information professionals are able to accomplish. That is what I treasured and some of the things that are been the most fruitful and beneficial for me to then bring that perspective and mindset to the network, to the NNLM, into our activities. So I think that I have been witnessing resilience, work and effort to remain a relevant, even as Kevin as Bob and others were asking these questions, and how we are in transportation thinking about how we can maybe not necessarily



reinvent, -- what we can do to stay engaged and in touch. It has been really valuable. On the other side, thinking about what is happening at NNLM might be food for thought for the NTKN , are really this brainstorm and what I have. I don't know why you have workflows listed on the slide. I don't know what I was thinking. I think was working on a workflow when I wrote this up. Ignore the second bullet. The third bullet is what we have been talking about so far. What we found a value in transportation -- in medicine with the public health workforce is having those champions often are the folks who help keep us where we are and help keep our programs afloat while we find other ways to demonstrate value to different members of an organization. We also do a lot of pilot projects and activities and planning. As many proofs of concept that we are able. I think we still have a lot of the same challenges. Before I go into those, I would also say Bob Sweet and his role as the NTKN is something that I know has been really valuable, and it is something I have discovered how much more valuable it is being in transportation. At NLM my first activity or my first role was being that central engine for the NNLM. Being the person to be able -- and being the part of the team that was able to think about the need for these performance measures to interpret the strategic goals from the library and from the National Institutes of Health and reinterpret those for the activities that the network is doing. We were able to then position the network in our activities to support a different activity at NIH, which has been really good because to hitch your wagon to the shooting star at NH, and that has been really successful for programs, but I think part of it was having that group of people sitting there looking at the network and looking for those opportunities, and then translating those into actionable activities, developing relationships on a national level, I think that central engine is something that is also really important. Also, the elephant in the room obviously is funding as well and the difference between the funding, but I do recall early on that NTKN is a 501(c)(3). It may still be, but looking for opportunities for funding where possible, even as we think about, even the NNLM as a source of funding for some of the work that is happening in the NTKN. Those areas where transportation and health intersect. I did -- that is a McAdoo idea, but it is not one that was mine. It was there when I got here in 2006. Thinking about positioning and looking for potentially external funding to help support some of the activities that are happening or help do that proof of concept that will get transportation to say we really need you because I do think, in thinking about a workshop we had in 2009, the information need is there in transportation. How do we get at the table and get people to see we can actually contribute to that need and get the resources to either free us up from other work to adjust that need or to address the need under our guidance and consultation. Those are a lot of random musings after a lot of conversations and listening to Denise last week and reflecting on Bob sweets interesting thoughts. I bring us back to the questions that I assembled at the start to close this out for any discussion or questions.

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Okay. Thank you so much Amanda. A wonderful finish by the way. I did want to mention a couple of things here. We got about seven or eight minutes. I did want to mention a couple of things. First of all, Amanda, John following up on what I mentioned about Minnesota and Wisconsin did post Midwesterners for Amanda. Always good to know in case you ever get tired of life on the eastern seaboard. You might want to go back to the Midwest region. You will be greeted with open arms. Kendra posted something that I would like to read because it brings up some very worthwhile points following up on what Amanda has been talking about. I will go header and read what you posted out loud. I worked for the UC Berkeley public health library until it closed. They had a contract for 70 years to provide library services to the California Department of Public health. I know the state workers really miss having library services from UC Berkeley as the digital public library provides access to literature but not the same level of service a library full of specialized librarians can provide. Thank you for those comments Kendra. Very much appreciated. Certainly those amplify things. One of the key points Amanda has been trying to convey through her wonderful presentation here. Cindy Smith for Mississippi D.O.T. has posted Southerners for Amanda. Now we are starting a regional competition Amanda. Okay.

Patty, 25 years in Madison, apple pie with cheese. Bob Sweet says there transportation professionals who do research and those were practitioners. I think they value scientific knowledge very differently. Important point there. I see that you responded to what Kendra had posted before. That is exactly why we are rethinking the public health digital library. I know Kendra appreciates your quick response to what she had to share. Any other questions or comments for Amanda? we have a little time remaining. Again, Amanda, I can't thank you enough for being here today. We got to listen to you and see you too. That is a bonus. Sheila is posting here. I will read it out loud. With so many transportation libraries closing are going digital, I have serious concerns about the availability of transportation information in the long term. We have no coordinated effort. Did you have anything you would like to say in response to that Amanda? of course, you have been addressing those issues. Sheila does highlight that concern in big picture terms.

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Yes. A coordinated effort. We actually, NLM has something where they tried to do that called med print where they asked members to sign a memorandum of understanding with no funding to say here are the core journals. 125 copies of this information available. That program started, I don't know, a long time ago. By the time I got on board, it was back Bernard. Frankly with the impacts on universities and share digital repositories, those kinds of agreements were things that people just, you know, there were other things, particularly with no funding attached. And so, over here actually, national Library of medicine is really that place and has taken on that role to be the library of last resort. The focus on a coordinated network for print collection, it just wasn't tenable given the reality on the ground across the country in terms of space and revenue. I need to think of a happy answer to the next comment.

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Okay. I did want to mention, Kendra did respond to what you had to say in your response. She is glad to hear what you had to share in hopes that your efforts are successful. Bob Sweet says -- I will read it. I know that NTKN could learn a ton about outreach from NLM. We're barely scratching the surface. Or maybe we haven't yet found the surface. Important points there.

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I think -- that is a good one Bob because I think that what is also interesting is outreach to whom? and for what purpose? because I think if we are talking outreach and advocacy and support of Library and information science skills, I think we are all still trying to do that better even at NIH NLM is getting questions about why do we need all that space in the building on South campus for books? even here that question is surfacing. So I think in terms of promoting the work we are doing, I think we can share experiences and more stories as an outreach in terms of engaging stakeholders on using resources. We do definitely have a lot of experience there. and we're trying to get ourselves organized in a way to be able to talk about how effectively we are able to do those things. All right. Couple minutes to go. I'm going to go ahead and, you probably already saw it. Some very hard-hitting, but you know, we are about candor here for the TLR. Hard-hitting comments from Joseph. Too many engineers have become lazy and found ways to work around scientific information. Also with the leadership that knows nothing too little about the importance and usefulness of transportation libraries as is often the case, we have individuals making decisions about library services when lacking qualifications to do so. Sad reality. You don't necessarily need to respond to everything at this point in time as it is important worthwhile as the commissar. I don't know if you have any quick insight or something you would like to share as far as what he said. Either a reason for hope or reason maybe not to be hopeful.

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I just put in the chat room quickly that what he is describing is exactly what our hospital library and colleagues are describing as well. It is a reality on the ground. We have seen that group, which used to be the largest, kind of decline. You know, who at that leadership level can we get on our side because they are making decisions at tables that we are not sitting at. So it is who can be there to advocate for us

and how we can equip them with the right words and effective words to have them advocate on our behalf. I think going back to a lot of questions that Bob has. How do we become visibly invaluable.

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Okay. Thank you. We are at the top of the hour. As wonderfully productive as this has been, particularly the final stretch here with the questions and comments, we do need to wrap up. Again, thank you so much Amanda for sharing your expertise, and also your enthusiasm. Your trademark enthusiasm for all of us on very vital topics for our respective communities. Particularly, as we continue to get our bearings here with respect to a lot of the outreach and engagement in connective this we are trying to make into a more complete reality. Thank you so much for helping to I would say helping to guide the way. Much appreciated. I want to thank everyone, all of you, who took the time to join us today for the presentation. And for your own valuable insight and candor, and just helping to make what I think has been a good TLR and even better TLR. Thank you again. As we close out here, I hope, I wish you continued success Amanda. I look forward to, no pressure, we look forward to more future TLR presentations if possible. I will leave more opportunities to engage with the community still very much appreciate your legacy and how you helped enrich our professional and personal lives at some level. NICU for that. Salmon I want to express our appreciation to everyone here today. Please stay tuned for further details about the next TLR. In the meantime, I hope that all of you have a good rest of the day. Do you have anything you want to say in conclusion Amanda?

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I will be back. It has been so great to see everyone. Happy Thursday.

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All right. Thank you again. Take care. Have a good rest of the day everyone. [ Event concluded ] This message is intended only for the use of the Addressee and may contain information that is PRIVILEGED and CONFIDENTIAL. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, please erase all copies of the message and its attachments and notify us immediately.