National Network of Libraries of Medicine, Middle Atlantic Region
Regional Advisory Committee meeting –Monday, April 30, 2007

Needs Assessment Discussion

RAC recommendations:

➢ Review other data along with q results such as state health department reports or state health versions of Healthy People 2010, AARP reports, health reports from the Pew Internet & American Life Project
➢ Organize and hold an educational institute on evaluation
➢ Ensure an evaluation component to each funded outreach project
➢ Hold a conference focusing on the issues of library space
➢ Provide a copy of the OERC's *Measuring the Difference* to each RAC member

Meeting notes: (after presentation of questionnaire results):

Karen Brewer (KB): To the Needs Assessment Task Force(NATF): what results were of interest to you?

Etheldra Templeton (ET): It was helpful to have the hospital library perspective
- Notable points from the Q: managing e-resources is a funding issue; training in-person preferred – perhaps many are not used to newer technologies for training
- Question - have people not experienced online training?

Michelle Volesko Brewer (MVB): Surprised at in-person preference for training
- Top training desires were administrative, e.g. budgetary, managing resources, technical issues, legal issues
- The outreach committee had believed there was a need for expert consultants, but this idea was not reflected in the questionnaire data
- Also unexpected, data did not reveal need for consultants. Surprised at state differences in e-resources
- DE & NY seem to have specific needs for e-resources - interesting as these are the states with lowest/highest consortia activity, respectively
- Comparing state to state results are necessary

Diana Cunningham (DC): LibQual (a library assessment tool) found an insatiable need for e-resources
- Where there are high numbers of e-resources (NY) there is still a high need for them
- Docline support and access to NLM materials seem to be the major benefits of RML
- Loansome Doc has not taken off, why?

Cristina Pope (CP): NY has small, "niche" consortia, therefore libraries may not be aware that they are eligible to participate. An example is NOVEL's consumer health reference service.

Val Gross (VG): High percentage of respondents doing outreach, but there is room to grow here
- Senior citizens – can work with this group to develop outreach
- Cancer is a major health issue, neglected to include it among the q. choices

- Surprised by selection of Nursing Care Organizations as a priority for unaffiliated health professionals for outreach

KB: outreach priority is clear

Lynn Kasner Morgan (LKM): Recommend looking at other data, e.g. AARP reports, to find out more about Seniors and how they use/find health information. Useful to compare data from the q. to other reports.

KB: PA has the highest senior population; the environmental scan will help to divulge further information

Barbara Epstein (BE): Allegheny County, PA next to Dade county, FL has highest percentage of seniors

Gary Byrd (GB): Public libraries were the second highest responders to the q. which gives us an opportunity to work with them as partners in the RML network

DC: Re: Question #51 – No report has had an impact on libraries which indicates there is a need for NN/LM's new study.

KB: Outreach respondents who included descriptions of their activities should write vignettes for the RML web site to let others know what is being done
- Space is a primary concern. Maybe we can have a program, such as a conference or training session, on library space.
- 88 comments on EBM, many from hospitals wanting to know more
- IT issues – people commented on these
- Hospital libraries are very involved in their institutions- could post their stories on the RML web site

Judie Malamud (JM): Other data to look at – Pew Internet Study

BE: Do we know who did not respond to the q?

Sue Hunter: Yes, through the list management function in SurveyMonkey we know which libraries did not respond.

Lenore Hardy (LH): In academic health sciences libraries there is a lot of pressure for more e-resources.

KB: training in person is a notable request
- Hospital librarians are comfortable with online training; Academic librarians prefer in-person training
- Technology issues differ by state
- Low cost consortia is important throughout the region
- PA has less consortia purchasing

Nancy Cunningham (NC): consider staffing/time relationship to e-resources – it takes so much staff time to maintain these.

KB: Outreach needs appear to be consistent across states and types of library
- The Needs Assessment Task Force (NATF) really needs to look at the details of the q to compare the results by state and by library type
- For outreach we need to agree on priorities to develop our grant and training programs

BE: Can the data be compared between public versus private libraries?
- What does "outreach" mean? [referred to the definition given in question #41.]
- There is a problem with RML outreach efforts in that projects have shown no sustainability. Measurement & evaluation should be tied to projects – did project make a difference? How did what we do make a difference?

KB: The goal is to sustain a programmatic approach to outreach. Perhaps evaluation can be tied stringently to the grant process. Maybe we can offer programs on evaluation.

GB: How do you measure outcomes? What difference do library services and resources make to health? This is a general question regarding the impact of healthcare on health (not just library services).

KB: Maybe we should order a copy of *Measuring the Difference* for everyone on the RAC. [NOTE: Kathel did on 5/3/07.]

VG: We need to create a database of outreach projects that includes an evaluation component.

LH: LSTA grants require evaluation an evaluation component

E T: Evaluation includes a component of "perception" (e.g. in LibQual), which is difficult to measure.

CP: Use anecdotes for evaluation, stories (individuals' feelings and perceptions) go further than numbers/statistics.

PJ Grier (PJG): Stories/testimonials helped support DelMIRA and the Delaware Academy of Medicine.

VG: Include both the human factor and statistics in evaluation.

JM: In the *Chronicle of Higher Education* there was an article about an institution that took the money from the library and gave it to each faculty member for their information needs. They each got about $600.

KB: Are we ready to say *yes* to these priorities for outreach: target groups, diseases, partners?

ET: We all have senior citizens in our areas of the region.

CP: Senior citizens would split into smaller groups demographically . Seniors in some areas are separated by race and especially socioeconomic status. Seniors with most need are low income, first generation immigrant, low literacy individuals.

LM: A large amount of information already exists on health disparities, so we need to increase the awareness of these existing resources.

BE: Can we have an outreach project that answers a question? Integrate evaluation up front? Goals need to be more than – "we're going to train 500 people".

GB: Need a baseline assessment of the target population.

CP: Include 3-5 questions to be answered by the project. They will generate benchmarking data.

DC: Have an institute for network members on evaluation and statistics.

CP: Should be a rigorous Evaluation Institute – 2-3 days.

Kathel Dunn: OERC has a *Measuring the Difference* Class and other classes they can offer.

Maureen O'Connor: An example of a project that includes an evaluation component is the collaboration between Queens Borough Public Library and Memorial Sloan-Kettering about cancer psychology and information seeking behavior. Part of the evaluation is how users USE the information they are given.
- NY State has a class on outcomes-based evaluation.

GB: Require that applicants for outreach awards must have attended some kind of evaluation training (for outcomes assessment).

BE: Consumer health certificate – are many public librarians getting this? Who are they in our region? A local foundation is paying for 20 librarians to obtain CH specialization through the Carnegie Library of Pittsburgh [NN/LM MAR's Coordinator for Outreach & Communications Coordinator, Arpita Bose, is teaching a suite of classes for this group].

NC: RML should hire a consultant to set up an evaluation tool.

Judy Cohn (JC): Additional data to review: state health departments have their own state versions of Healthy People 2010 outlining health issues in each state.

KB: Yes, these existing data will be addressed in the environmental scan.

JC: Look at the regions where public librarians have obtained MLA Consumer Health Information Specialist certification, which will indicate areas of need.

MVB: There is a section of the HSLNJ web page which lists hospital libraries open to consumers and provides information on HSLANJ's high-level reference service for public librarians.

Group Discussion re: Value of the Health Sciences Library: Planning for a Research Proposal

- Use MLA chapter meetings to raise awareness of project and gather input
- Conduct interviews with individuals as well as focus groups

- Would it be useful to have a representative from the Joint Commission or a hospital administrator?
- Value of libraries is a focus of ACRL
- Focus groups should also include the institution's managers, administrators, and leaders. Note: Cogdill & Abels article included interviews with hospital administrators
- Question: who is the intended audience of the study? How to show the impact of the research mission on patient care from an academic health sciences point of view?
- Focus on the audience for this study, i.e. institutional management/administration. For academic health science centers, focus on research (more than education).
- A hospital library may close because the hospital is now affiliated with an academic health sciences center. Does this type of closure make a difference? This type of closure has happened in DE.
- Closures have happened in NJ because the hospital downgrades its services to ambulatory care
- Hospitals and/or hospital libraries may close, but health professionals may have access to information elsewhere
- Access to health information: there is a difference between library services and health information. [Note: conscious choice that goal isn't just health information, but more librarian & library services]
- What organizations should sponsor this study? Look to other sponsorship to get higher profile for report and maximize the impact of the findings. While good research is important, maybe an advisory panel with good political, etc., credentials will get the word of the report out beyond NLM – look to Institute of Medicine, Joint Commission, etc.
- AAMC could be a sponsor organization. Betsy Humphries is a member of IoM. Conduct informal meetings at the early stages with administrators to gauge interest. For instance, do librarians and administrators define "value" in the same way?
- Do we define value in the same way? How to bring this into the planning process? How do you define value in hospital libraries? Academic medical libraries? Cogdill & Abels article looked at values & goals.
- Where will the results be published, e.g. JAMA or another medical journal, or an administrative/business journal?
- An ACRL study found that librarians under-request support
- Beware of scope creep – study needs to be specific and doable
- Differentiate between the roles of librarians and the roles of informatics professionals. Both provide access to health information.
- What factors, and which individuals, determine the library's budget? Interview these individuals. Would be interesting to have each RAC member interview the person who oversees your budget.
- Constituency for planning committee? What about a health care economist – may help with planning component?
- Be careful about definitions of "health sciences library" and "health sciences librarian." You need to include the idea of a *good* library and *good* librarian. A library with a librarian does not

guarantee *good* health information services by the same token a library with *good* resources does not guarantee a good, skilled librarian.

- Comparative study of libraries– to demonstrate value – a random sample of similar libraries. What would be a powerful message from this study? Are librarians convinced that we could perform favorably in such a study?
- First deliver the study findings, then determine leadership competencies of successful librarians and administrators.
- Best practices – dollar saving components & leadership competencies (of librarians & administrators)
- The study could have a national impact; the fact that our RML is doing it will be great
- Include state hospital associations and regional/metropolitan hospital associations
- Identify individuals via personal contact and institutional affiliation; have each RAC person put in some key names/institutions to consider for interviewing
- Differentiate between clinical services, research, and education. Counter viewpoint: focus on patient care and clinical services
- Interview direct users of services, such as clinicians, as well as administrators and funders
- Talk with library skeptics as well as those you know to be library supporters/friends
- Easier to justify existence of academic libraries over hospital libraries
- Clinicians and healthcare providers – direct users of services – includes these groups in focus groups
- RAC members were asked to send an email to the core group if interested in participating on the planning committee
- RAC members should put forward one name that would be a good contact for an advisory group or for a potential interview
- Maybe get experts in grant funding to help