

December 21, 2015

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Re: Proposed Collection; 60-Day Comment Request Consumer Health Information in Public Libraries User Needs Survey (NLM), October 30, 2015, **80 FR 66914**

Dear Mr. Sharlip:

The American Library Association (ALA) thanks you for the opportunity to comment on the proposed collection for the Consumer Health Information in Public Libraries User Needs Survey.

First, the ALA values the leadership provided and resources and training enabled through the National Library of Medicine (NLM). From PubMed/MEDLINE to health information outreach and training for librarians to partnering with ALA on educational exhibitions, our members and the communities we serve significantly benefit from the work of the NLM and National Network of Libraries of Medicine.

The ALA applauds the efforts of the NLM and its partners to continue to inform and improve its services to public libraries and to increase its understanding of library workers' resource and education needs. Programming and services related to consumer health and wellness make up an important area of engagement for America's roughly 16,700 public libraries. The most recent [Digital Inclusion Survey](#) research from the ALA and the University of Maryland Information Policy & Access Center, in fact, finds that a significant majority (greater than 56%) of public libraries provide programming to help library users locate and use reputable health information and help identifying health insurance resources (such as those available through the Affordable Care Act).

We believe this data collection could have practical utility, and we appreciate the opportunity to provide input on ways to enhance the utility, quality and clarity of the efforts, as well as reduce respondent burden. Our comments first seek clarity related to the effort's Supporting Statement, then provide more detailed feedback on proposed survey questions. These comments reflect significant contributions from Dr. John Carlo Bertot, professor and co-director of the Information Policy & Access Center at the University of Maryland; and Kendra Morgan, senior program manager for WebJunction at OCLC. Their contact information is provided at the end of this letter.

Response to Supporting Statement

Sections A.1 – A.3 (Circumstances Making the Collection of Information Necessary; Purpose and Use of the Information Collection; Use of Information Technology and Burden Reduction)

The ALA seeks clarification on how the researchers have defined "highest impact libraries." For example, does this category refer to libraries with large service populations, libraries in communities with high rates of uninsured persons, or another determinant of "high impact?" Relatedly, it would be useful to know which datasets and/or formulas have been used to determine the impact level.

It is similarly unclear how the researchers arrived at the number of library workers (1,558) in the sample. Is this number derived from a subset of workers at central libraries, as the survey instrument screen shot indicates, or from workers across various branches of library systems? Importantly, this issue raises the larger question of how the researchers have identified the appropriate library workers to respond to the survey. Specifically, are there targeted named recipients or job titles that are specifically targeted; and, if so, who (or what) are these? Mailed invitations alone are likely not sufficient for ensuring the desired response rate of 50 percent. Is there additional outreach planned?

ALA appreciates the effort to minimize the burden of the collection of information on library workers who are to respond, and believes that the question of how respondents are identified and notified will have a significant effect on both the estimated burden hours and response rate. In addition, the quality and number of the survey questions largely determines the accuracy and validity of the findings. On this matter, we believe that several questions, as stated, could be improved. Please see the below paragraphs, [Response to Survey Questions](#) as well as *Sections A.4, A.6, & A.8*, for more feedback on the proposed questions and their potential impact on survey burden.

Lastly, we would like to know how the survey results will be shared with the broader Library and Information Studies community beyond the investigators' home institutions (University of Wisconsin-Madison and the National Library of Medicine). ALA strongly recommends that any datasets and/or reports produced from this survey should be made publicly available within 30 days of research completion.

Sections A.4, A.6, & A.8 (Efforts to Identify Duplication and Use of Similar Information; Consequences of Collecting the Information Less Frequently; Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency)

A.4 and A.6: ALA is unaware of any similar national study of consumer health information in public libraries, and believes this research would be a valuable addition to our body of knowledge in this important area of library service. We note in comments below, however, that some of the questions asked would duplicate or be similar to existing data available (e.g., urbanicity and number of paid staff at a given location). Requiring use of the standard library identification number (LIBID) used by the Institute of Museum and Library Services (IMLS) will allow researchers to cross-walk basic library information already reported and publicly available. In relation to A.6, ALA requests clarification on how often these data will be collected over the three-year period.

A.8: ALA disagrees that consultation was not possible. While it is true there is no single representative organization for every library worker, the ALA is the oldest and largest library association in the world, and we consult regularly and frequently with the Chief Officers of State Library Agencies, researchers such as those at the University of Maryland Information Policy & Access Center, with IMLS, and with other library organizations. Each and all of us have direct experience with national surveys of this kind that we believe would be valuable to advise this data collection. Additionally, OCLC and IMLS have direct knowledge of consumer health information in libraries from the [Health Happens in Libraries](#) initiative. We urge engagement with these highly informed and interested agencies.

A.10 Assurance of Confidentiality Provided to Respondents

ALA highlights the need to clarify that responses to this proposed survey may indeed be confidential, but perhaps not anonymous. In order to contact the appropriate library staff member to complete the survey, some level of identification likely would need to take place. This observation is subject to greater detail forthcoming about the sampling and analysis plans.

A.12 Estimated Annualized Burden Hours

The cost and burden estimates are presented as annualized costs, with a three-year annualized cost estimate provided for the respondents. It is unclear whether this three-year estimate suggests that the investigators are proposing a single stand-alone survey, or whether it will serve as a baseline for future surveys over the three-year period.

Response to Survey Questions

Overall, the survey questions contain a high proportion of open-ended questions that would be useful in gathering qualitative data, but the amount of writing required may affect both the response rate and the ability to conduct useful analysis. To minimize the burden on respondents and to enhance the quality, utility, and clarity of the information to be collected, we recommend that collection be streamlined through the reduction of potentially unnecessary questions as well as by providing additional guidance to the respondent on the open-ended questions. Where necessary, corrections for question accuracy have also been provided (e.g., Q.16).

Q2: What activities has your library been involved with pertaining to the Affordable Care Act?

We recommend reformulating this as a multiple choice question that allows the respondent to select all that apply, perhaps with an “other” text box. This change would allow the results to be presented quantitatively. For question suggestions, see the [2014 Digital Inclusion Survey](#), Appendix C.

Q.4: What training about the Affordable Care Act focused on public libraries did your library staff participate in?

We believe more response options would provide higher-quality information in this case. We recommend listing general webinars or training provided by the following as response options: the Centers for Medicare & Medicaid Services; the state library or other state administrative entities; specialized training for official consumer assistance roles (e.g., Navigators), certified application counselors, or in-person assistance. Again, an “other” text box could be used to sweep in options not anticipated by the researchers, while the additional options would reflect training sources we believe are commonly used.

Also, this question **requires a correction** to the representation of “Health Happens in Libraries.” The response option should be changed to read “WebJunction's Health Happens in Libraries project.” Also important to note is that branding did not exist in the first few months of this project and many participants who attended the earliest webinars would *not* necessarily report having participated, as they may have forgotten (or never originally known) who was responsible for the session. It is important to note that WebJunction did not frame any of the webinars as “training,” but rather were connecting library staff to resources and information about the insurance rollout portion of the ACA and the questions that library staff could hear from patrons in their libraries. This effort later expanded to include examples of what libraries were doing to meet local needs.

Q.5: Which of the following online resources do you use to answer patrons' health information questions [Please check all that apply]?

This question transitions sharply away from previous questions on the ACA to questions about health information in general. It would likely make more sense to group questions into appropriate sections so as to clarify what kind of information is being sought. So, for instance the current Q.9 would be moved up with other ACA questions). Also, the answer option for "Google" could likely be expanded to include "search engines" in general (i.e. Google, Yahoo, Bing, etc.). Consider also adding a response option that includes library subscription access to health databases (e.g., EBSCO Consumer Health Complete, Salem Health, Gale Health & Wellness Resource Center), as was done in the Digital Inclusion Survey. Another response option might be state or local health departments.

Q.6: Have you had any training in health information resources in your current or in any previous library positions?

As in Q.4, the use of the term "training" may not be helpful as many library staff might consider an informational webinar to be a continuing education activity rather than a training session. Consider including examples such as webinars, courses, workshops, etc. after or in place of the word "training."

Q.7: What kind of health information training have you had?

Another potential response option to include is the CHIS (Consumer Health Information Specialization) program, available from the Medical Library Association) (<http://www.mlanet.org/p/cm/ld/fid=329>)

Q.8: Do you refer health-related questions to someone else in your library who has training in health information resources?

Consider adding, "If yes, please describe who typically receives these referrals?"

Q.9: Did your State Library collaborate with your library's librarians regarding the Affordable Care Act?

Individual libraries may be unable to answer this question accurately. In cases where state libraries did collaborate with local libraries, library workers may be unaware of this collaboration or may not have utilized the resources. As a substitute, consider asking whether the library accessed or utilized resources from the state library regarding the ACA, such as webinars, face-to-face trainings, LibGuides, or reference resources. Note, again, that this question returns to the ACA after the preceding questions dealt with health information more generally. Please see Q.5 comments for suggestions about question grouping.

Q.11. Did your library collaborate with other local or state partners, such as health agencies and public health departments, on the Affordable Care Act effort?

Consider clarifying and expanding "collaboration" to include "outreach, education, or enrollment assistance" regarding enrollment in the health insurance marketplaces established as part of the ACA.

Q.12: Please share any comments you may have about collaborations pertaining to the Affordable Care Act.

This type of open-ended question will likely be difficult to analyze, and could use more guidance. This question could be improved by soliciting information more directly about challenges and barriers to collaboration, or about what has worked well in the collaboration process. In general, it seems that this survey would benefit from at least one question asking about past successes as well as challenges.

Q.14: Did your library use any resources from the National Library of Medicine to help answer questions about the Affordable Care Act?

Consider combining this question with the open-ended question in Q.15. This could be in the form of a check list question listing all NLM resources, with the option to respond with “never used,” “rarely used,” or “use regularly.” This change would allow the results to be presented quantitatively (e.g., by percentage)

Q.16: Did your library implement the “Health Happens in Libraries” Affordable Care Act information campaign sponsored by the American Library Association (ALA)?

This question contains an **inaccurate statement**. The “Health Happens in Libraries” campaign was not sponsored by the ALA, but was in fact an IMLS-supported program by OCLC and ZeroDivide. Also, the project was not positioned as a “campaign” to libraries or library staff. Libraries were not encouraged to implement anything, but were provided with examples of what was happening with colleagues around the country, and asked to consider what role the library can and should play to support community health needs.

Q.17: What challenges, if any, were presented by the implementation of the “Health Happens in Libraries” Affordable Care Act information campaign in your library?

Again, this is a misrepresentation of the “Health Happens in Libraries” project and activities. Libraries were not asked to implement a “campaign.” The question also seems overly narrow to be useful to NLM or other agencies. As stated in Q.12, a question (or questions) related to challenges and successes would seem more useful in improving information and services available.

Q.20: The Affordable Care Act enrollment period and Medicare are topics that directly involve the federal government. Do libraries and librarians have a role to play in helping people who need health information related to government programs?

Consider adding Medicaid and using “library staff” instead of “librarians.”

Q.21a & Q21b: Why do you think libraries and librarians (do not) have a role to play in helping people who need health information related to government programs?

These questions may require greater clarification in order to solicit meaningful input. Does it ask about federal government programs specifically, or state and local government programs, as well? Also, consider reframing the question to ask, “What roles do you think libraries and librarians should (should not) play in helping people who need health information related to government programs?” Also, because it is possible that staff classified as paraprofessional will be responding to the survey, it would be more inclusive to use “library staff” instead of “librarians.”

Q.22: Please use the space below to share anything else related to your library’s experience with the Affordable Care Act.

Rather than soliciting an open-ended response, this question could be refined to explore the demand for health information services in public libraries. For example, "What is your perception of patron demand for ACA enrollment information or support at your library?" and/or "What is your perception of patron demand for health information support more generally at your library?" More information is needed about staff perception of public demand for these services, and this survey could help address the issue.

Q.23: In what state is your library located?

This question could be avoided if libraries were previously identified through the use of IMLS datasets, available here: <https://www.imls.gov/research-evaluation/data-collection/public-libraries-united-states-survey>. See also Q.24.

Q.24: In what type of setting is your library located?

This question could also potentially be avoided through the use of existing IMLS datasets. Another potential complication with this question is related to the lack of definition for "highest impact libraries." For example, if this term includes central libraries as well as branches, it is possible that some branches in a given library system would be designated as urban/suburban while others may be designated as rural.

Q.25. How many paid staff, professional and paraprofessional, does your library have?

This information is available in IMLS datasets and is more likely to be accurate than in these survey responses.

Q.26. Do you have a Master's degree in Library Science?

It may be useful to expand this question to include other advanced degrees besides the MLS. Many libraries, for example, hire staff members with advanced degrees in public health, education, social work, and other areas. Consider including multiple degrees with instructions to "check all that apply."

Q.27-Q.28 (Demographic Questions)

The usefulness of collecting demographic information from the respondents is unclear. The ethnicity of the library worker may not be relevant to the services offered by that library.

Q.29: Would you like more information regarding the National Network of Libraries of Medicine (NN/LM) and/or the National Library of Medicine (NLM)?

The NN/LM has not been mentioned prior to this question, and it is not differentiated from NLM. The survey introduction might want to include more information about the NN/LM as well as information about the benefits of NLM services and resources.

Q.31-35 (Contact Information from Survey Instrument Screen Shot)

These questions may also be redundant if existing datasets are used.

Recommendations for Additional Questions

In addition to the suggestions to the existing questions provided above, we encourage you to consider adding multiple-choice response questions of the following nature:

1. How would you describe the current staffing level of your library (e.g., too many staff, adequate number of staff, inadequate number of staff, etc.) to meet patron demand related to consumer health information?

2. What role(s) do you currently play in your library (e.g., Management/Administration, Reference Services, Children’s Services, Adult Programming, Young Adult Programming, Children’s Programming, Circulation)? Check all that apply.

Related Studies and Datasets to Consider

We also encourage you to consider the following studies, which contain recent survey results on health and wellness programs in public libraries and patron use of public access technology for health information seeking:

- Digital Inclusion Survey of Public Libraries, 2013 – 2014: <http://digitalinclusion.umd.edu/>
- The U.S. IMPACT Study, 2013 – 2015, University of Washington Information School: <http://impact.ischool.washington.edu/index.html>

As we have indicated in our comments, we believe strongly in the value of public library research, especially as it relates to key service areas such as health and wellness. Libraries are indeed a “key resource” for public information about the Affordable Care Act, as the investigators have stated, and we encourage all efforts to understand the challenges and successes of information provision in public libraries since its implementation.

Thank you again for this opportunity to comment on this proposed survey. We look forward to your responses, and we also offer contact information for Dr. John Carlo Bertot and Kendra Morgan, as well:

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Sincerely,



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