

Access to Library Resources and Services for Public Health Units in Ontario

Environmental Scan Report
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Executive Summary

Access to library professionals, information and scientific resources is a key support to evidence-based public health practice. In January 2011, Public Health Ontario (PHO)—the new operating name for the Ontario Agency for Health Protection and Promotion (OAHP)—introduced a new program model to support applied research and program evaluation, education and professional development, and knowledge exchange for public health. Library services are a key area of focus under this program, which will provide funding to support equitable access to library services for health units that do not have this service included in their business model.

At present, 15 Ontario public health units have libraries staffed by a full- or part-time information professional (librarian or library technician). This means that 21 health units lack proprietary in-house library services. Since 2007, all 36 health units have access to the Virtual Library, an online resource of databases and full text journal packages currently funded by the Ministry of Health and Long-Term Care (MOHLTC) Public Health Division. Since 2008, health units also have access to resources under the Knowledge Ontario initiative of the Government of Ontario. As well, all resources created by the Ontario Public Health Libraries Association (OPHLA) are available to health units.

In order to design appropriate and effective library services, PHO conducted an environmental scan of public health units in Ontario to assess provincial capacity in library resources and services, assess the needs of health units without libraries in greater detail and identify service and resources gaps. The environmental scan consisted of two online surveys, one of health units with existing libraries and the other of health units without libraries. Both surveys were conducted in March and April 2011.

ENVIRONMENTAL SCAN OF HEALTH UNITS WITH LIBRARIES

All fifteen health units in Ontario that currently have a library within their organization were invited to participate in an online survey to assess the provincial capacity in public health library services. The response rate was 100%.

The survey results indicated that public health unit libraries were well resourced as a group, but differences exist between the individual respondents in terms of staff capacity, access to scientific sources and scope of library services. As examples:

- The number of library staff FTEs in health units ranged from 0.5 to 4 FTEs, with an average of 1.44 FTEs per library. Positions included were librarian, library technician, clerk or a combination of these positions.
- The number of literature searches undertaken each year by libraries ranged from less than 100 to more than 500.
- The volume of documents delivered by libraries to staff each year ranged from 100 to 1000.
- Most health unit libraries have subscriptions to journals outside of the Virtual Library. This ranged from less than 25 subscriptions to more than 75, with the average being 40.

Having a library includes other benefits for health unit staff, such as having librarians fill the gaps in their own collections and maintaining catalogues that ensure staff access to all health unit resources, inventory control and fast retrieval.

Most health unit libraries have their own page on their health unit's intranet, which has an impact on accessibility of library resources and services to staff and facilitates information dissemination. Another

value-added service is training on library-related issues such as literature searching, copyright and reference/bibliographic management.

ENVIRONMENTAL SCAN OF HEALTH UNITS WITHOUT LIBRARIES

Twenty-one health units in Ontario do not have a library or library staff within their organization. These health units were invited to participate in an online survey to assess their level of access to scientific resources and library services. Eighteen surveys were completed, for a response rate of 86%.

Responses to the survey indicated that health units without libraries vary in their capacity to provide sufficient information resources and services for their staff, especially compared to those health units with libraries.

Not having a central library space or a catalogue that listed and classified resources, or a staff person dedicated to maintaining them, can be a barrier for staff in being able to access or find appropriate resources. The issue of awareness about resources extended to the Virtual Library, indicating a serious gap in staff members' ability to access scientific information. To address that gap, a number of health units without libraries borrow services and/or resources from other organizations that include other health units, hospitals or universities.

Training on library- and information management-related topics was another notable gap for health units without libraries, especially when compared to health units with libraries. As a result, staff of some health units may not have the current knowledge required to efficiently conduct research nor on-site assistance through a librarian. This may have a negative impact on evidence-based decision making, public health practice and program planning.

CONCLUSION

The survey of health units without libraries provided a glimpse of how these units operate research and knowledge exchange functions within their organization with limited resources (staff and budget) dedicated to library services. Based on the data it is clear that these health units may have a more difficult time than health units with libraries to provide staff with the resources and support they need to perform proper research. The lack of access to library services and resources may have a negative impact on the abilities of these health units to make evidence-informed public health program and planning decisions, and to achieve full compliance with the Foundational Standard of the Ontario Public Health Standards.

On the other hand, data from the survey of existing public health unit libraries indicated that, collectively, these libraries have robust scientific public health collections and a highly functioning community of practice which fosters a culture of information and resource sharing, fiscal responsibility and knowledge exchange.

1.0 Introduction

Applied research and program evaluation, education and professional development, and knowledge exchange are critical functions that support public health practice. Since January 2011, Public Health Ontario (PHO)—the new operating name for the Ontario Agency for Health Protection and Promotion (OAHPP)—is playing a greater role in supporting public health units to address these functions. This role arises from the transfer of the provincial share of funding for the former Public Health Research, Education and Development (PHRED) program to PHO.

Throughout 2010, PHO consulted extensively with partners in order to inform the renewal and redesign of the PHRED program into a new program model.

Access to library professionals emerged as a cornerstone of the new model, based on the recognition that access to information and scientific resources is a key support to evidence-based public health practice. It is also essential to fulfilling the requirements of not only the Foundational Standard but the other Ontario Public Health Standards as well. Therefore, it is not surprising that the majority of health units identified the availability of library services as one of the functions of the PHRED program they value highly. Access to skilled professionals was deemed as important as access to tools such as databases, journals or monographs (among others), since it was recognized that library services play a central role in advancing knowledge transfer.

Under the new program model, funding is available to support equitable access to library services for health units that do not have this service included in their business model. The new service is not intended to replace, but rather to complement the existing library infrastructure across the public health system.

1.1 HISTORY OF LIBRARY SERVICES IN HEALTH UNITS

In the early 1980s, public health units in Ontario did not have access to library services. This information landscape was subsequently changed with the creation of the Teaching Health Units (THU), which were later transformed into the PHRED program. Since one of the primary roles of the PHRED program was to conduct systematic reviews in the domain of public health, access to information resources became paramount and funding for libraries was provided to the PHRED site health units of Hamilton, London, Toronto, Ottawa and Sudbury.

A 1998 survey of health units showed a correlation between health unit staff use of research in their decision-making process and having a library professional on staff, and/or participating in a regional library network.¹ In light of this survey, the Public Health Research Education and Development Advisory Committee allocated one time funding of \$50,000 to improve access to information services for all health units, with the objectives of reducing the time spent by health unit staff to locate needed information and increasing access to library services, such as an up-to-date collection, reference services, interlibrary loans (see glossary) and skills development.

Access to library services was offered to interested health units that were within the respective regions of the PHRED health units. This was a time limited pilot project. When it ended, Hamilton and London continued to support their regional partners, who paid an annual service fee to institutions providing the service. These services were delivered until 2009 by the Middlesex-London Health Unit, and until 2010 by the City of Hamilton Public Health Services.

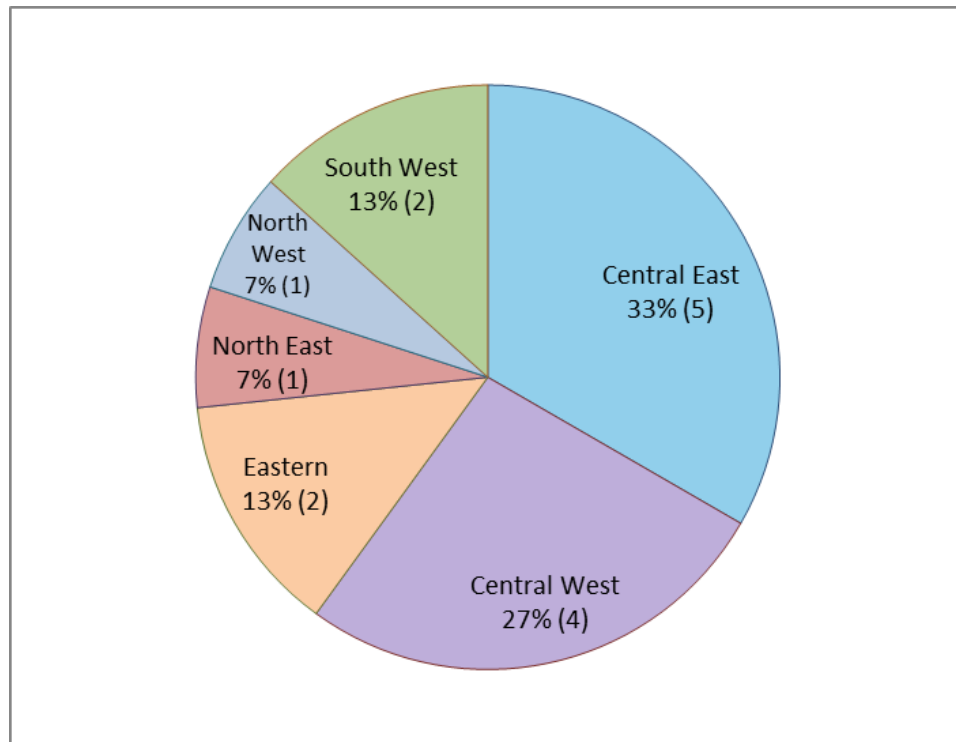
¹ Campbell Consulting. Proposal for funding of more equitable access to information/library services for public health units in Ontario: draft for discussion at Provincial PHRED Advisory Committee June 23, 1998. [DRAFT]; 1998.

After Hamilton and London discontinued sharing library services with other health units, the Simcoe Muskoka District Health Unit library took on a similar role in 2009 to provide limited library services (literature searching and purchase of articles) to two other health units.

As a result of the early THU and then PHRED activities, several other health units invested in the creation of their own libraries with professional staff managing them. Seven additional in-house libraries were established in the 1990s, and three more health units acquired their libraries in the early 2000s.

At present, 15 out of 36 Ontario public health units have libraries staffed by a full- or part-time information professional (librarian or library technician). Figure 1 illustrates the geographic distribution of libraries within health units by region. The majority of health unit libraries (9 out of 15 or 60%) are concentrated in the central east and central west regions of the province.

FIGURE 1. LOCATION OF HEALTH UNITS WITH LIBRARIES BY REGION, ONTARIO, 2011 (N=15)



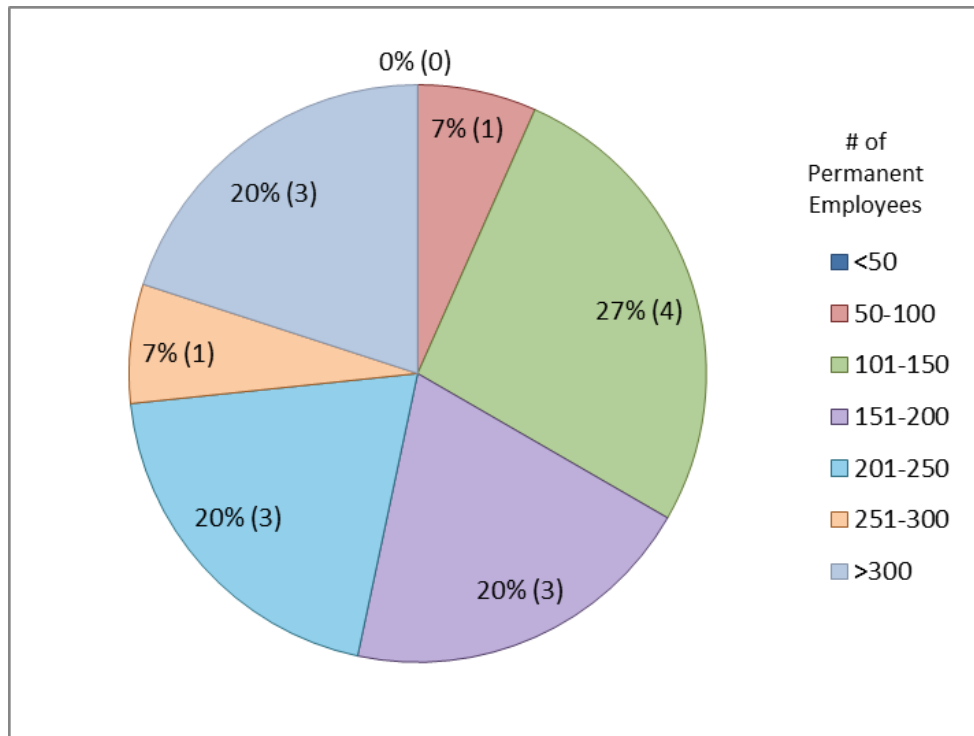
As shown in Figure 2, the majority of health units with libraries (12 out of 15 or 80%) are located in health units with less than 300 permanent staff.

The remaining 21 health units lack proprietary in-house library services.

All health unit libraries share resources and work collaboratively through membership in the Ontario Public Health Libraries Association (OPHLA), which was formed in 2002.

Since 2007, all 36 health units have access to the Virtual Library (see glossary), an online resource of databases and full text journal packages currently funded by the Ministry of Health and Long-Term Care (MOHLTC) Public Health Division. Since 2008, health units also have access to resources under the Knowledge Ontario initiative of the Government of Ontario. As well, all resources created by OPHLA are available to health units. It should be noted, however, that not all information needs are met through these subscriptions and tools. Health units without libraries do not have the benefits of proprietary collections such as those built by their counterparts or the expertise of professionally trained library personnel.

FIGURE 2. SIZE OF HEALTH UNITS WITH LIBRARIES BY NUMBER OF PERMANENT EMPLOYEES, ONTARIO, 2011 (N=15)



1.2 SHARED LIBRARY SERVICES MODEL

In January 2011, after extensive consultation with stakeholders in the field, PHO developed a new program model to meet the research, evaluation, knowledge exchange and professional development functions for public health units in Ontario. One of its core components is the development of a shared library services partnership that will provide all health units with access to skilled library professionals and resources. The partnership will be built on agreements between health units and PHO.

The concept of library networks is not new. Precedence has already been set for health units with existing library services to provide access and service to health units without libraries. There is also a well-functioning provincial public health unit library community of practice in place through OPHLA.

The first step in designing the shared library services partnership was to assess provincial capacity in library resources and services, assess the needs of health units without libraries in greater detail and identify service and resources gaps. An environmental scan was conducted by PHO in March and April 2011 in consultation with OPHLA and representatives from health units without libraries. The results of the environmental scan shed light on the existing infrastructure and its utilization, will help inform potential new acquisitions for the Virtual Library (VL), and will highlight training needs for public health professionals working in the health units.

2.0 Environmental Scan of Health Units with Libraries – Scope of Library Services

2.1 INTRODUCTION

This is the second comprehensive province-wide library survey in the history of Ontario public health units. In the 13 years since the first survey², major changes in the public health system and scientific publishing have taken place.

2.2 METHODOLOGY

In February 2011, PHO developed a data collection plan that outlined the following elements of an environmental scan of library resources and services in public health units in Ontario: purpose, objectives, data collection and analysis, limitations, protection of information, dissemination and required resources (see Appendix A). The purpose of the data collection was to assess the state of public health information services and resources in public health units in the province, understand how these services and resources were being accessed, and who was accessing them.

In order to conduct this environmental assessment, it was determined that two separate surveys were required: one of health units that have an existing library and the second of health units without library services of their own. The survey of health units with libraries was designed to assess the provincial capacity in public health library services. The questions in this survey were different than the questions asked of the representatives of health units without libraries since the latter was aimed at assessing the needs related to accessing scientific resources and library services. This section of the report refers only to the survey of health units with libraries.

The online survey was created in FluidSurveys and comprised of 32 questions. It was tested for length and clarity by a member of OPHLA who was not a health unit staff member. Revisions were made to the survey based on the feedback of the tester.

On March 2, 2011, an email was sent from PHO to 15 health unit librarians (key informants) and their respective medical officers of health (MOH) that contained notification of, and information about, the upcoming survey. Public Health Division of MOHLTC and PHO libraries were excluded from the survey. One health unit that had a library until recently, and while maintaining the collection currently has no professional library personnel in place, was included in the survey of health units without libraries. The pre-survey correspondence was followed by another email on March 7 that included the link to the survey with instructions about how to complete it. The survey closed on March 18, 2011 (see Appendix B for all survey questions). A reminder was sent to the respondents a week before the deadline for completion and again on the morning of the scheduled survey closing. Although the survey was not anonymous, the participants were assured about the confidentiality of their responses and consented to participation before commencing the survey.

² Campbell Consulting. Proposal for funding of more equitable access to information/library services for public health units in Ontario: draft for discussion at Provincial PHRED Advisory Committee June 23, 1998. [DRAFT]; 1998.

2.3 RESULTS

The response rate was 100%. All 15 respondents answered the complete set of questions and some provided comments which are included in Appendix C. The questions were grouped into three categories: resources, staff and services.

2.3.1 LIBRARY HUMAN RESOURCES

The number of library staff varied among health units and ranged from 0.5 to 4 FTEs, with an average of 1.44 FTEs per library. Table 1 shows the staff roles at each library, the FTE allocation for each role and the total FTE counts per library. One library (Library I) reported that while there is a library within this health unit the staffing is arranged via corporate regional service where the library FTE position belongs, thus it was recorded as 0 FTE.

TABLE 1. STAFF ROLES AND FTE ALLOCATIONS AT HEALTH UNIT LIBRARIES, ONTARIO, 2011

Health Unit Library	Librarian	Library Technician	Clerk	Total FTE per library
Library A	1	2	1 (0.5 to non-library)	4
Library B	1			1
Library C		1		1
Library D		1 (0.5 to non-library)		1
Library E	1			1
Library F	.5		1	1.5
Library G	1			1
Library H	1			1
Library I				0
Library J	2	.5		2.5
Library K		1	.5	1.5
Library L	1	1.5	1	3.5
Library M	1			1
Library N		.6		.6
Library O		1		1

Over one-third of libraries (6 out of 15 or 40%) reported that the library staff job descriptions included roles other than specific library-related duties. These roles were distributed among all categories of library personnel and took up to 50% of staff time.

To determine where libraries fit within the organizational structure of each health unit, key informants were asked about their direct reports: nine libraries reported to a manager, four reported to a director, one reported to a health promotion specialist (communications lead), and one reported directly to the MOH. In

general, libraries were situated in four groupings within the organizational structure of health units: corporate services, program areas, communications and the office of the MOH.

2.3.2 ACCESS TO RESOURCES

All health unit libraries had access to, and made extensive use of, seven bibliographic databases through the Virtual Library (Academic Search Premier; CINAHL with Full Text; MEDLINE; Library, Information Science & Technology Abstracts; Health Business Elite; Nursing & Allied Health Collection Comprehensive; Psychology and Behavioral Sciences Collection) and more than 40 databases through Knowledge Ontario, six of which are directly relevant to public health. Since these databases do not address the full scope of subject domains of public health, 10 libraries subscribed to additional bibliographic databases or publisher packages to expand their collection and provide more access to diverse public health literature. See Appendix D for a breakdown of these subscriptions.

Of the 10 libraries that reported acquisition of additional databases or publisher packages, four (40%) purchased their databases/publisher packages exclusively through consortia (see glossary). One library (10%) purchased databases/publisher packages both through consortia and independently, and the remaining five libraries (50%) purchased these resources independently.

The Virtual Library also allows users to access the full text of many public health journals but most of these titles carry embargoes ranging from three months to two years, subsequently denying users access to the most current content. Also, not all topics are equally represented in the VL collection. In order to provide access to the current science, libraries build journal collections to support health units' programs and services. All but one respondent (93%) reported acquisition of additional current journal subscriptions. The size of health unit libraries' current serials holdings ranged from six to 179 titles.

Approximately one-third (36%) of the 14 respondents whose libraries did purchase additional journal subscriptions indicated that all of their library's journal subscriptions were under institutional licences. Two of 14 respondents (14%) indicated that none of their journal subscriptions were under institutional licences, while seven respondents (50%) indicated that some of their journal subscriptions were under institutional licences. The status of a subscription licence impacts each library's ability to provide interlibrary loans to partner libraries and bears on copyright compliance. It also limits a library's ability to provide desktop access to certain titles.

The average number of current journal subscriptions in a health unit library was 40. As illustrated in Table 2, 72% of libraries had 50 or fewer subscriptions.

TABLE 2. NUMBER OF CURRENT JOURNAL SUBSCRIPTIONS OUTSIDE THE VIRTUAL LIBRARY BY HEALTH UNIT LIBRARIES, ONTARIO, 2011 (N=14)

# of current journal subscriptions	Health unit libraries	
	Number	Percent
<25	3	22
25-50	7	50
51-75	3	21
>75	1	7
TOTAL	14	100

2.3.2.1 Access to the Virtual Library

The Virtual Library was the exclusive source of access to databases and journals for one respondent while others supplemented VL resources with additional subscriptions. Health unit libraries provided access to the VL for health unit staff in a variety of ways. When asked to list the ways in which their health unit provided access to the VL, responses included: providing a link to the VL on their health unit's intranet; providing a link

to the Ontario Public Health Portal; creating shortcuts to the VL on the desktops of library computers; and awareness through staff training and staff orientation sessions.

2.3.2.2 Other resources

In addition to journal subscriptions and databases, individual libraries purchased books, e-books and electronic library products (see glossary). Of the 15 libraries, three (20%) purchased e-books. The number of e-book holdings per library ranged from two to five.

Four out of 15 respondents (27%) reported that their library purchased electronic library products. Of these four, three libraries had acquired all of their electronic products under institutional licences. One library had acquired most of their products under institutional licences while one product was acquired under an individual name.

2.3.2.3 Library cataloguing

All 15 respondents (100%) indicated they had a library catalogue. A variety of software packages were used to host these catalogues: five respondents (33%) used InMagic DBTextworks; five (33%) used InMagic Genie; and each of the other five (33%) used one of the following systems: an in-house designed web-based database, Liberty (Softlink), Microsoft Access, Resource Mate, or Ultra-Plus. It should be noted that although the majority of health unit libraries used InMagic products for their library catalogues, the different versions of InMagic (DBTextworks versions 3, 4.1, 8, and Genie) used by respondents may not be compatible with one another.

Responses also showed that health unit libraries used different classification systems (see glossary) to catalogue their materials. The most popular classification systems were Library of Congress (LC), which was used by five out of 15 libraries (33%), and National Library of Medicine (NLM), which is also used by five out of 15 libraries (33%). Two libraries (13%) used the Dewey Decimal System. “Other” responses were: NLM slowly being replaced by LC (one library), LC for non-medical and an in-house system for government documents (one library), and a custom-designed subject-based classification system (one library). All library catalogues were available to internal staff.

Of the 15 health unit libraries, four (27%) indicated they held a specialized collection related to a specific topic area of public health. The specified collections were: an audio-visual collection, food security, smoking and substance abuse, health promotion, SARS, and a collection of archival monographs and news clippings related to public health topics in a local context.

Almost three-quarters of health unit libraries (11 out of 15 or 73%) had fee-based bibliographic management software that was accessed and used by health unit staff to varying degrees.

Twelve of the 15 respondents (80%) indicated that their library had its own page on their health unit’s intranet.

2.3.3 SCOPE OF LIBRARY SERVICES

There was a wide range of services offered by health unit libraries. Their scope depended on library staffing, budget, IT infrastructure, governance and key program areas within their health units. For the purpose of this survey we focused on so-called “core library services”: literature searching (see glossary), document delivery, reference services, end-user training and current awareness services (see glossary).

2.3.3.1 Literature searches

Conducting literature searches for staff is a primary function of library services. Librarians and other information professionals are trained and highly proficient in performing extensive literature and database searches. Although each health unit library placed a strong emphasis on teaching end-users to conduct effective searches, librarians still performed a large number of literature searches for their clients. Table 3

indicates the approximate number of literature searches conducted by Ontario public health libraries each year.

TABLE 3. NUMBER OF LITERATURE SEARCHES PERFORMED ANNUALLY BY HEALTH UNIT LIBRARIES, ONTARIO, 2011 (N=15)

# of literature searches	Health unit libraries	
	Number	Percent
<10	1	7
11-50	2	13
51-100	3	20
101-500	6	40
>500	3	20
TOTAL	15	100

2.3.3.2 Document delivery

When asked about the number of documents (journal articles, reports etc.) provided by the library to health unit staff each year, almost half (6 or 40%) of respondents stated they provided staff with more than 1000 documents per year, while three libraries (20%) provided less than 1000 but more than 500 items. Two libraries (13%) provided staff with 301-500 documents per year and four (27%) delivered 101-300 documents per year to staff.

Not all articles retrieved by literature searches can be filled through internal health unit journal subscriptions or VL resources. Therefore library staff engaged in variety of methods to obtain required materials. When asked about the percentage of these documents that were acquired through external means (e.g. inter-library loan, publisher websites, universities, etc.), respondents gave answers ranging from approximately 17% to 98%. Table 4 illustrates this range.

TABLE 4. PERCENTAGE OF DOCUMENTS ACQUIRED ANNUALLY THROUGH EXTERNAL MEANS BY HEALTH UNIT LIBRARIES, ONTARIO, 2011 (N=15)

% of documents acquired	Health unit libraries	
	Number	Percent
0-25	3	20
26-50	1	7
51-75	6	40
76-100	5	33
TOTAL	15	100

In response to how they procured items that were not held by their library, key informants mentioned a variety of procurement methods: 15 libraries (100%) used interlibrary loan with 13 (87%) routing some of their requests to universities, 13 (87%) purchased items directly from publisher websites, six (40%) used downloads, and three (20%) made use of listserv inquiries. Other methods that were mentioned included: email inquiries, phone calls, local bookstore, and professional associations and organizations.

2.3.3.3 Reference inquiries

Health unit libraries were asked about the number of reference questions (see glossary) from staff to which they responded each year. Table 5 provides the number of reference questions answered by health unit libraries each year.

TABLE 5. NUMBER OF REFERENCE QUESTIONS ANSWERED ANNUALLY BY HEALTH UNIT LIBRARIES, ONTARIO, 2011 (N=15)

# of reference questions answered	Health unit libraries	
	Number	Percent
<50	1	7
51-100	3	20
101-200	2	13
>200	9	60
TOTAL	15	100

2.3.3.4 Current awareness

All Ontario health unit libraries (100%) provided current awareness services. The full list of current awareness/alerting services provided by key informants appears in Appendix E.

2.3.3.5 End user training

The majority of respondents (93%) indicated that their libraries held training sessions for health unit staff on topics related to library services. From the 14 health units who held training sessions, the following results were recorded.

- Fourteen libraries (100%) reported providing individual user training.
- Thirteen libraries (93%) reported providing in-person workshops.
- Four libraries (29%) reported providing online tutorials or modules.
- Seven (50%) libraries conducted 1-10 sessions per year, three (21%) held 11-20 sessions per year, two (14%) held 21-40 sessions per year, one (7%) held 41-80 sessions per year, and one (7%) held more than 80 sessions per year.
- Fourteen libraries (100%) held sessions on literature searching or databases.
- Fourteen (100%) libraries held staff orientation to library services sessions.
- Nine (64%) libraries held sessions on copyright.
- Six (43%) libraries held sessions on reference/bibliographic management.

Other modes of training were: journal club, direction to tutorials on the Internet, team meeting presentations, and sessions in the computer lab of the health unit's training centre. Additional topics of training sessions reported were: evidence-informed practice, staying current, health literacy, and website information management and consultation.

2.3.3.6 Other services

- Two of 15 respondents (13%) reported they provided library services to other health units at the time of the survey.
- Five of 15 respondents (33%) reported having provided library services to other health units in the past.
- Six of 15 respondents (40%) reported they provided library services to the public.

2.4 DISCUSSION

The survey results indicated that public health libraries are well resourced as a group, but significant differences exist between the individual respondents in terms of staff capacity, access to scientific resources and scope of library services.

Like all other health units, the libraries have access to close to 5000 full text journals via the Virtual Library resources; however, most of these titles carry embargoes on current full text content ranging from a couple of weeks to one year, and the majority of the journals are not public health focused. The periodicals included in the VL are supplemented by about 600 open access titles in the public health domain that are collected by OPHLA and made available on its website. On the other hand, through their memberships in OPHLA, the key informants **jointly** have access to a unique collection of over 200 public health journals, many of which are neither part of any full text database nor a journal package. The size and title selection of each individual library collection depends on the available budget, but is also influenced by the programs run by the host health unit.

Libraries are able to fill the gaps in their own collections by using the interlibrary loan process (ILL) to obtain articles from each other's collections on behalf of their staff clientele. All respondents reported using ILL mechanisms to secure items not available in their respective collections. This is a service established under the library service provisions section of the *Copyright Act*. It conforms to the restrictions of individual licensing agreements, therefore it can only take place between libraries. Obtaining articles via interlibrary loan is a form of access that is not currently available to health units without libraries even if 84% of them reported having acquired journals outside the VL content (see results of the environmental scan of health units without libraries, p. 20).

Health unit libraries requested articles from each other first before resorting to other sources, since by reciprocal agreement they do not charge their partners ILL fees. One-fifth (20%) of the respondents made use of OPHLA and other professional library listservs to obtain documents cost-effectively.

The health unit library system is also well resourced when it comes to availability of bibliographic databases. The core bibliographic databases are available through the VL, allowing 40% of key informants to use their funding more efficiently and acquire more technically advanced products/platforms or additional topic-focused databases.

Health units with libraries benefit by having trained library staff on site as well as a central space to store the resources. The survey showed that 94% of health unit libraries maintained catalogues. Library cataloguing is the most efficient tool to ensure staff access to all health unit resources, inventory control and fast retrieval. However, the cataloguing software used by respondents, as well as the classification systems applied, varied and may not be compatible with one another.

In addition to building their own monograph collections (see glossary), some health unit libraries facilitated book purchases for individual health unit departments. Departmental holdings are usually included in the library catalogues, thereby providing access to these items for all health unit staff, rather than just the purchasing departments. Inclusion of book records in the catalogue also avoids duplication of resources and ensures currency of the overall health unit collection.

Twelve respondents (80%) indicated that their library had its own page on their health unit's intranet, which has an impact on accessibility of library resources and services to staff and facilitates information dissemination.

By offering literature searching services to their clients or helping them to construct search strategies, library personnel are the major conduit in providing access to scientific literature. All survey respondents provided such services in their health units. One of the major factors contributing to the quality of research or program development in health units is the breadth, scope and quality of the underlying background

information. Library professionals are skilled in the selection of resources to search, possess advanced literature search techniques, and constantly update their knowledge of the latest research and issues in public health sector. Their professional activities adhere to the principles of evidence-based public health and as such they offer an important contribution to health unit activities. This ensures that the right information is delivered to the right users at the right time.

Another value-added service provided by 93% of respondents is training on library-related issues. The training focused on literature searching or effective use of databases, as well as copyright and reference/bibliographic management. Other topics of training sessions that were mentioned were: evidence-informed practice, staying current, health literacy, and website information management and consultation. Through the delivery of training to health unit staff, libraries promote and contribute to evidence informed decision-making.

One area of concern with regards to the library services capacity is the staffing level in participating libraries. More than half (53%) of health unit libraries are considered “solo libraries”; that is, libraries staffed by one person, usually a technician, and oftentimes that person accounts for only a percentage of an FTE. In addition, more than one-third of libraries (6 or 40%) reported that the library staff job descriptions included roles other than specific library-related duties. This may have implications for the services that can be provided at the current level of library staffing arrangements in these health units.

However, health unit library staff members not only support each other but work collaboratively to create tools that are also made available to health units without libraries free of charge in an organized manner. OPHLA produces lists of and facilitates access to:

- over 200 public health databases – indicating which ones do not require subscription,
- more than 600 open access public health journals (little crossover with the VL),
- evidence based literature sources,
- grey literature sources,
- public health indicators,
- sources of research funding.

2.5 LIMITATIONS

It is recognized that the survey has limitations related to the issue of data reliability due to the self-reporting nature of the survey.

3.0 Environmental Scan of Health Units without Libraries – Access to Library Resources and Services

3.1 INTRODUCTION

Ontario has 36 public health units, 21 of which do not have a formal library or library staff within their organization. In order to understand the challenges and needs faced by these 21 health units related to lack of library services, as well as to assess their level of access to scientific resources and library services, PHO conducted an environmental scan and needs assessment of these health units. Data gathered from this survey will help to shape future library services that PHO will offer to health units such that all health units in Ontario will have access to a basic level of library services and resources.

3.2 METHODOLOGY

In February 2011, PHO developed a data collection plan that outlined the following elements of an environmental scan of library resources and services in public health units in Ontario: purpose, objectives, data collection and analysis, limitations, protection of information, dissemination and required resources (see Appendix A). The purpose of the data collection was to assess the state of public health information services and resources in public health units in the province, how these services and resources were being accessed and who was accessing them. From this plan, two separate data collection activities were planned. The first was an environmental scan of health units with libraries (see the previous section) to determine the scope of existing library services and resources. The second was an environmental scan and needs assessment of health units without libraries to determine what the gaps in library services and resources were in these health units. This second survey is the focus of this section.

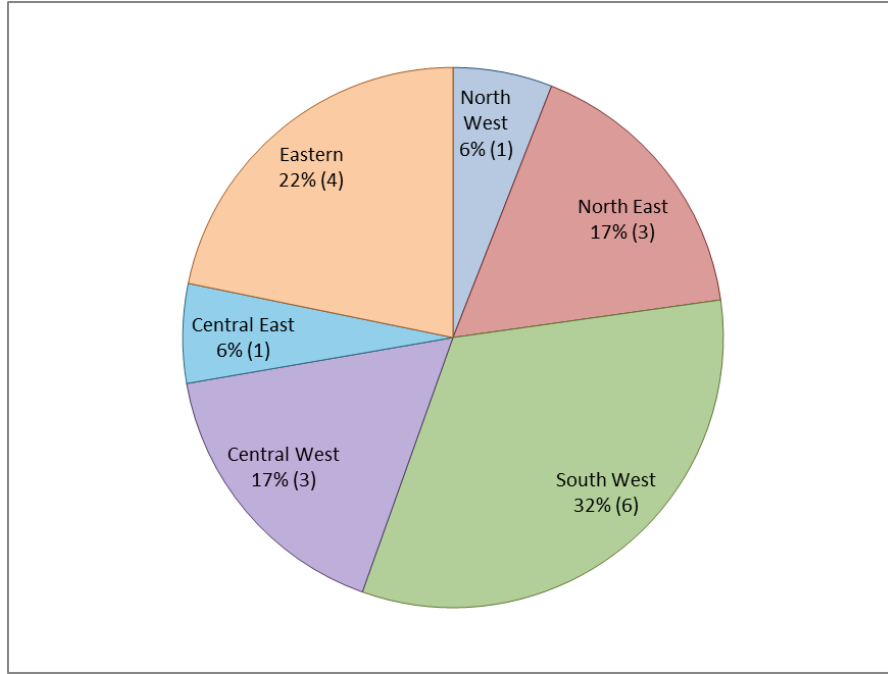
An online survey was developed through FluidSurveys for the 21 health units that do not have a library. The purpose of the survey was to assess the level of organizational access to library resources and services in public health units without libraries in Ontario. The survey consisted of 18 questions, including both open and closed ended, with an opportunity at the end of the survey to provide final comments or other information (see Appendix F). The survey was created and posted on FluidSurveys, and was tested by one member of the intended target group for length and clarity. The target group was the 21 Ontario health units that do not have a library.

In February 2011, PHO staff contacted each of the 21 health units to identify the most appropriate person to answer the survey on behalf of the unit. In many cases this person (the key informant) was the health unit's epidemiologist, but this differed for each health unit. On March 21, 2011, key informants and medical officers of health of the 21 public health units in Ontario that currently do not have a library were informed about the upcoming survey through an email a week before the link to the survey was available. The email provided details and awareness of the survey and encouraged health units to participate. On March 28th, a second email was sent to key informants with the survey link included and instructions on how to complete it. The survey was available for two weeks from March 28 to April 8, 2011. A reminder email was sent on April 5 and the deadline was extended until April 13. Participants were assured that all responses were anonymous and confidential and that no personal or identifying information was being collected. Participants were required to click a "Consent to participate" button before they could begin the survey.

3.3 RESULTS

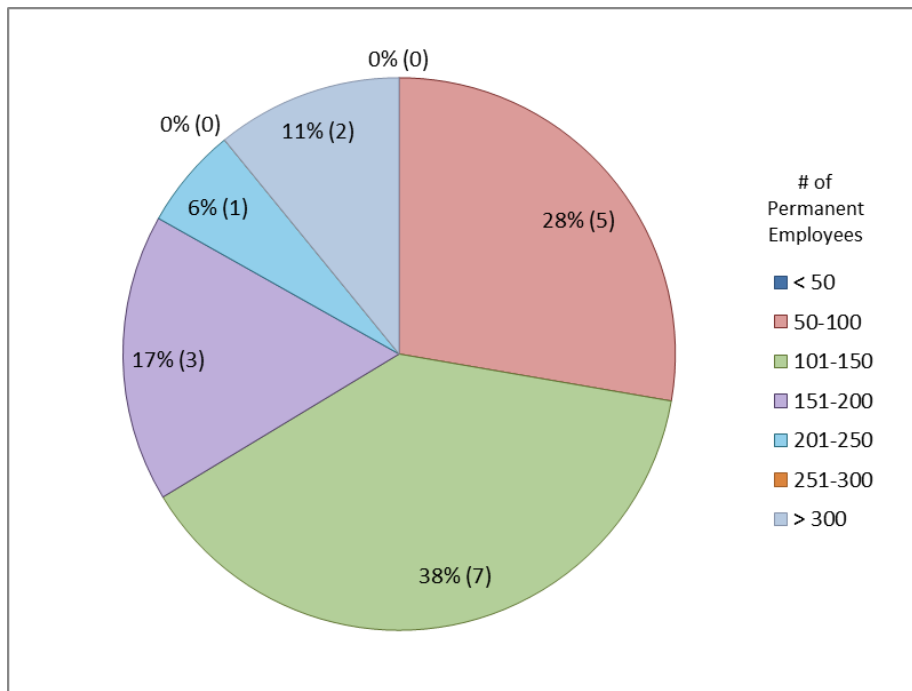
Eighteen of 21 invited participants completed surveys for a response rate of 86%. Figure 3 illustrates the geographical location of respondents' health units.

FIGURE 3. LOCATION OF PARTICIPATING HEALTH UNITS WITHOUT LIBRARIES BY REGION, ONTARIO, 2011 (N=18)



Respondents also indicated the approximate size of their health unit based on the number of permanent employees (Figure 4).

FIGURE 4. SIZE OF PARTICIPATING HEALTH UNITS WITHOUT LIBRARIES BY NUMBER OF PERMANENT EMPLOYEES, ONTARIO, 2011 (N=18)



3.3.1 ACCESS TO RESOURCES

To identify the level of access that health units without libraries currently have to research and scientific resources, key informants were asked several questions regarding access to journal subscriptions and databases. Fifteen out of 18 (84%) of respondents indicated they had some electronic or hard copy journal subscriptions other than those from the Virtual Library that were accessible to all staff. Three respondents (16%) stated they did not have access to electronic or hard copy journals subscriptions. Of the 15 that indicated they had subscriptions, three (20%) reported these subscriptions were available under the health unit's name, while another three (20%) reported they were available under an individual's name within the health unit. Eight (53%) reported they were available under both the health unit's and an individual's name. One (7%) respondent was unsure about how these subscriptions were available.

When asked about access to databases other than those from the VL, five of 18 (28%) key informants stated they had access to databases, 12 (67%) indicated they did not have access and one (6%) was unsure. Of the six respondents who provided further details regarding access to databases, half (3 or 50%) reported access to be under an individual's name, one (17%) was under the health unit's name and one (17%) reported access was under a purchased service agreement with another health unit.

Respondents were asked if their health unit purchased books (hard copies or e-books) as general resources for staff. The majority of respondents (14 out of 18 or 78%) indicated they did purchase books.

3.3.1.1 Internal availability and maintenance of resources

Participants were asked questions relating to how resources were stored and catalogued, how staff was made aware of resources, and how resources were made available to staff. Asked where their health unit physically located its general resources (journals, books, etc.), more than half (10 of 18 or 56%) stated that some resources were stored in one central location while others were spread throughout health unit departments. Five (28%) reported that each department held its own resources, while two (11%) stated there was one central location for all resources. One (6%) respondent said resources were catalogued centrally and then disseminated.

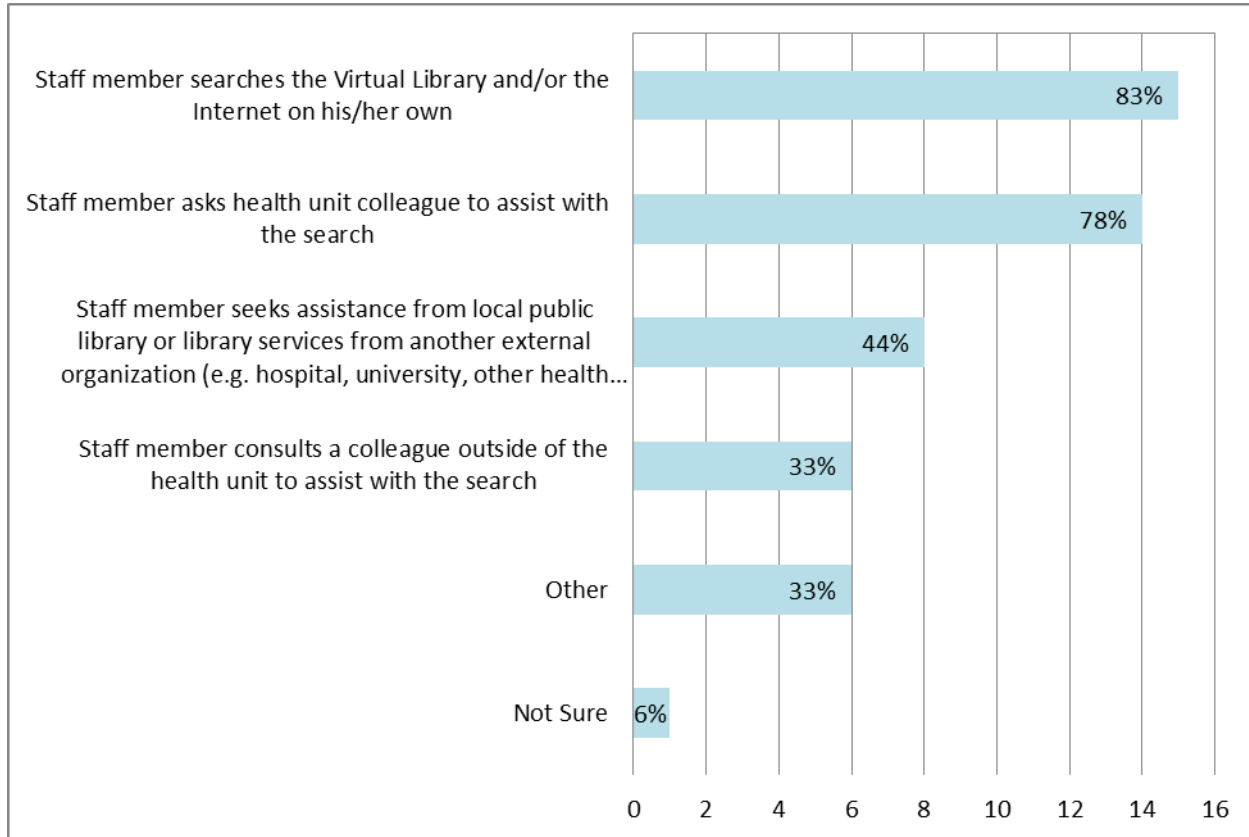
Key informants were asked if there was one person responsible for updating and/or maintaining resources at their health unit. Two-thirds of respondents (12 of 18 or 67%) indicated they did not have anybody in this position. Of the six units who did have a staff person doing this work, four were administrative assistants, one was a resource clerk and one was a program manager. Two-thirds (67%) of these positions had this responsibility included in their job description and most spent less than 10% of their time doing this job.

Half of respondents (9 of 18 or 50%) reported that they catalogued their resources. The systems of cataloguing differed for each health unit and ranged from the development of their own database to purchasing an external library service to catalogue and maintain their resources (see all responses in Appendix G). When asked if a listing of resources was available to staff, six of 10 respondents (60%) indicated yes. Staff was made aware of the list through different means, including: circulated to all departments; available on a database or resource catalogue on staff intranet; through a designated staff person on request; and informed about the list during orientation. For newly purchased resources, nine (50%) of 18 respondents indicated that staff members were informed of new acquisitions. Each unit had a different way of informing their staff, but generally most used an informal process of announcing the resource to staff at team meetings or having the resource circulated through the department.

3.3.2 CONDUCTING RESEARCH

Several questions were asked about how staff members conducted research and how they went about procuring required resources. Figure 5 indicates how staff generally conducted research.

FIGURE 5. STAFF APPROACHES TO CONDUCTING RESEARCH IN HEALTH UNITS WITHOUT LIBRARIES, ONTARIO, 2011 (N=18)



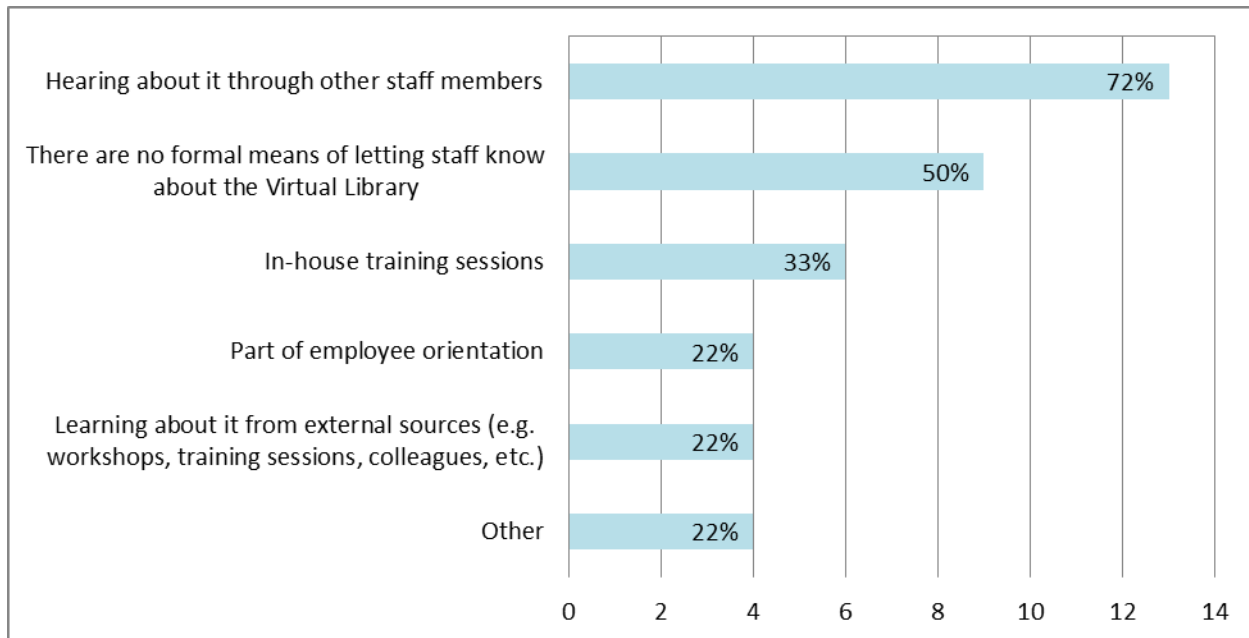
“Other” responses included using the Northern Ontario Virtual Library (see glossary) and using university student database access. If a particular resource could not be found internally or through existing internal channels, procuring the required resource happened by:

- requesting the purchase of the resource through program managers, MOH office or epidemiologist,
- accessing the resource through the local public library, university databases or another public health unit.

3.3.3 AWARENESS OF THE VIRTUAL LIBRARY

When asked about the general level of awareness of the Virtual Library in their health unit, 13 of 18 respondents (72%) described staff as being somewhat aware. Four (22%) felt staff members were not aware, and one (6%) felt staff was very aware of the VL. In terms of how staff was made aware of the VL, half of key informants (9 or 50%) stated there were no formal means of letting staff know about the Virtual Library in their health unit. Other ways that staff became aware of the VL are illustrated in Figure 6.

FIGURE 6. WAYS IN WHICH STAFF ARE MADE AWARE OF THE VIRTUAL LIBRARY IN HEALTH UNITS WITHOUT LIBRARIES, ONTARIO, 2011 (N=18)



“Other” responses included: communicated by manager; one-time training; a list of online resources related to evidence-informed decision making saved on a central drive; and active promotion through internal communications.

Participants were also asked how access to Virtual Library resources was made available to staff at health units. Respondents reported access was provided through the following means: password given either to all staff or to staff who request it; the health unit intranet; program areas; Northern Ontario Virtual Library; or the Public Health Portal. One respondent stated that access was not provided at his/her health unit.

3.3.4 LIBRARY SERVICES TRAINING

Respondents were asked if their health unit provided staff training on information-related topics. Two-thirds (12 of 18 or 67%) of key informants reported their health unit provided some type of library-related training for staff. Of these, six (33%) health units offered training on copyright, five (28%) provided training on intellectual property and 11 (61%) provided training on research methods (including the Virtual Library). In addition, seven reported providing training on the following other information-related topics:

- using Real-Time Outbreak & Disease Surveillance (RODS) system,
- process mapping & logic models,
- literature searches,
- ethics,
- media training,
- evaluation,
- statistical analysis,
- report writing.

The person providing the training was different for each health unit and included: media/communications officer; epidemiologist; business manager; research/policy analyst; evaluation specialist; project officer; and an external librarian.

3.3.5 ACCESS TO EXTERNAL LIBRARY RESOURCES AND/OR SERVICES

Key informants were asked if they requested and/or received library resources or services from any external organization (e.g. other health unit, university or hospital). Ten of 18 respondents (56%) indicated they did receive resources and/or services from external organizations. Of those 10, six (60%) reported services were requested and/or received from another health unit, five (50%) received service from a university, and three (30%) from a hospital.

Of the six health units requesting service from another health unit, one (17%) stated that this was a fee-based service. Of the five health units requesting service from a university, two (40%) reported this was done through a formal, fee-based agreement. And of the three requesting service from a hospital, one (33%) stated there was a formal agreement in place.

The majority of requests to these organizations were for the provision of resources (articles, reports, etc.) and literature searches (see Table 6).

TABLE 6. TYPES OF RESOURCES AND SERVICES REQUESTED FROM EXTERNAL ORGANIZATIONS BY HEALTH UNIT LIBRARIES, ONTARIO, 2011

EXTERNAL ORGANIZATION	Provision of articles, reports, etc.	Consultation with a librarian	Literature Search	Book Loans	Other	Not sure
Other Ontario Health Units	5 (83%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (17%)
Universities	3 (60%)	0 (0%)	2 (40%)	0 (0%)	0 (0%)	0 (0%)
Hospitals	1 (33%)	1 (33%)	0 (0%)	0 (0%)	1 (33%)	0 (0%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

The length of time it took for a health unit to receive requested resources or services differed between the organizations being asked. Results are presented in Table 7.

TABLE 7. LENGTH OF TIME TO RECEIVE REQUESTED RESOURCES AND SERVICES FROM EXTERNAL ORGANIZATIONS BY HEALTH UNIT LIBRARIES, ONTARIO, 2011

EXTERNAL ORGANIZATION	Within 24 hours	1-4 business days	After 5 business days	Other	Not sure
Other Ontario Health Units	0 (0%)	4 (67%)	1 (17%)	0 (0%)	1 (17%)
Universities	1 (20%)	0 (0%)	2 (40%)	1 (20%)	1 (20%)
Hospitals	1 (33%)	1 (33%)	1 (33%)	0 (0%)	0 (0%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Key informants were asked if any members of their health unit held cross-appointments (see glossary) with academic institutions. Almost half (8 of 18 or 44%) or respondents indicated that members of their health unit did hold cross-appointments, while 10 (56%) reported that no staff members held cross-appointments.

3.3.6 LIBRARY NEEDS

Key informants were asked to rank, in order of importance, the library resources and/or services their health unit most required at this time. Results are included in Table 8.

TABLE 8. RANKING OF LIBRARY RESOURCES AND SERVICES MOST REQUIRED BY HEALTH UNITS WITHOUT LIBRARIES, ONTARIO, 2011

HEALTH UNIT NEED	Ranked 1 st	Ranked 2 nd	Ranked 3 rd	Ranked 4 th	Total (n)
Access to additional resources (journals, databases, books, etc.)	10 (59%)	3 (18%)	3 (18%)	1 (6%)	17
Access to library research services (literature searches, environmental scans, etc.)	5 (28%)	10 (56%)	3 (17%)	0 (0%)	18
Training related to research techniques (database searching, critical appraisal, etc.)	2 (11%)	4 (22%)	7 (39%)	5 (28%)	18
Alerts on new research and publications	1 (6%)	1 (6%)	5 (28%)	11 (61%)	18

Other needs identified by respondents that were not listed directly in the question included:

- Access to clinical tools
- Knowledge translation products; evidence-informed reviews and previously synthesized information across various topics
- Information management - assistance with cataloguing and filing of resources and resource support to maintain a library system and provide services.

3.3.7 OTHER COMMENTS

Respondents had the opportunity to provide final comments or information at the end of the survey. Thirteen key informants provided additional comments (see Appendix H for all comments). Several respondents stated they were looking forward to support from PHO for the provision of library services.

- “This is a valuable service of (PHO). We cannot all afford a librarian, but need access to this service. It’s important that not only the Virtual Library be accessible and training be done, but also access to articles maybe not found in the databases available.”
- “We look forward to your support in this area.”
- “We are excited at the prospect of having better access to electronic journal articles and resources...”

Several respondents commented about the need for access to library services in order to ensure evidence-informed decision making and good public health practice is supported at their health unit.

- “Help us! We have been attempting to gain access to library holdings for the past 3 or 4 years and have been unsuccessful. We have approached multiple sources (primarily universities) and have come upon numerous barriers. It is difficult to do research and promote evidence-informed practice when you are unable to access the information required.”
- “We are in desperate need of library resources and services; such support is critical in carrying out several of the foundational standard activities.”

3.4 DISCUSSION

Responses to the survey indicated that health units without libraries varied in their capacity to provide sufficient information resources and services for their staff, especially compared to those health units with libraries. In terms of resources, health units without libraries did not fare as well as those with libraries with regard to access to electronic databases. Only 28% of the former reported they had access to databases other than those from the VL, while 67% of the latter stated that they subscribed to such databases. This difference in access highlights the disadvantage that health units without libraries have regarding access to full-text journals and other sources of scientific information for their staff.

Another area that indicates a lack of resources for health units is related to the purchase of books. In this survey, it was reported that one-fifth of responding health units (22%) did not purchase books as a general resource for staff. There may be several reasons why this is occurring, including: lack of budget to make such purchases, lack of awareness about new books being published, or health unit policies that make it difficult to purchase printed resources. Other factors may be at play here as well, but overall it illustrates a critical gap in these particular resources.

Not having a central physical space to store resources, or a catalogue that lists and classifies them, can be a barrier for staff to access or find appropriate resources. According to the survey findings, only half of health units reported that they listed or catalogued their resources in any way. This compares to 100% of health units with libraries that had a library catalogue. Further, of the 50% of health units without libraries that reported listing or cataloguing their resources, 40% indicated they did not make this list available to all staff. This means that these staff face a further barrier to accessing internal resources, since they are not made aware of what is available in their own health unit.

The theme of awareness about resources continues to show a gap between health units with libraries and health units without libraries. In regards to the Virtual Library, health units without libraries do not show an encouraging level of staff who are aware of this resource. Only 6% of respondents indicated staff were very aware, 72% were somewhat aware and 22% were not aware. Coupled with the fact that 50% of respondents stated that there were no formal means of making staff members aware of the VL at their health unit, this indicates another serious gap in staff members' ability to access scientific information.

Training on library-related topics (e.g. copyright, intellectual property, research methods including the Virtual Library) is another notable gap for health units without libraries, especially when compared to health units with libraries. With less than half of health units providing staff training on copyright (33%) and intellectual property (28%) and just over half (61%) providing training on research methods, staff of many health units may not have some of the current skills required to conduct research properly. This can have a negative impact on evidence-based decision making, public health practice and program planning. In comparison, 100% of health units with libraries provided training related to research methods (literature searching and databases) and 64% provided training related to copyright.

Health units without libraries are disadvantaged by not having trained library staff on site. Although six of these health units (33%) had a staff person who spends a small portion of their time looking after the ordering and cataloging of resources, no one was dedicated to this job full time. Requests for help with literature searches or other research will often come to the health unit's epidemiologist or other staff, which has an impact on that person's workload. Other times, staff seek assistance from colleagues outside of their health unit or from local organizations. This not only impacts other people's workload, but it also decreases the capacity of staff to do their own research and does little to build their skill sets and familiarity with research methodology. The fact that many health units without libraries depend on partnerships with outside organizations (other health units, universities, hospitals) to provide library support and resources is a good illustration of the dependency that exists and the limited opportunity for building the research capacity of professionals within the public health system.

This data corroborates the ranking of library needs that health units without libraries reported in the final question of the survey. Of four choices available, 59% of respondents ranked access to additional resources (journals, databases, books, etc.) as being the primary need. This was followed by 56% who indicated the second most important need was access to library research services (literature searches, environmental scans, etc.). Training related to research techniques (database searching, critical appraisal, etc.) was ranked third by 39% of respondents, while alerts on new research and publications was ranked fourth by 61% of respondents.

Based on the comments provided at the end of the survey (see Appendix H), it is apparent that health units without libraries require additional supports to provide research and evidence-based practice support to their staff to carry out Foundational Standard activities in the Ontario Public Health Standards. Many indicated that they require greater access to evidence through full-text journal articles. Others suggested that support and assistance with conducting literature searches is needed. Another mentioned the need for training on the Virtual Library.

3.5 LIMITATIONS

Some limitations of this survey were identified, including:

- data reliability issues due to the self-reporting nature of the survey,
- technological issues for respondents with the survey tool,
- workload issues that may make it difficult for intended participants to complete the questionnaire,
- different levels of support amongst the management of targeted health units that may have impact on participation rates.

4.0 Conclusion

The two environmental scan surveys conducted by PHO have provided a picture of the overall capacity, resources, services and needs of health units in relation to library services and information resources.

The survey of health units without libraries provided a glimpse of how these units operate research and knowledge exchange functions within their organization with very limited resources (staff and budget) dedicated to library services. Based on the results of the data collected by this survey it is clear that these health units may have more difficulty than health units with libraries providing their staff with the resources and support they need to perform proper research. This lack of access to library services and resources may have a negative impact on the abilities of these health units to make evidence-informed public health program and planning decisions, and to achieve full compliance with the Foundational Standard of the Ontario Public Health Standards.

On the other hand, data from the survey of existing public health unit libraries indicated that, collectively, these libraries have robust scientific public health collections and a highly functioning community of practice which fosters a culture of information and resource sharing, fiscal responsibility and knowledge exchange.

The results of both surveys will help to inform PHO work as it moves forward to develop the new shared library services partnership.

Glossary

Classification System – A list of categories arranged according to a set of pre-established principles for the purpose of organizing items in a collection, or entries in an index, bibliography, or catalogue, into groups based on their similarities and differences, to facilitate access and retrieval. Examples include the Dewey Decimal System, Library of Congress Classification, and National Library of Medicine Classification.³

Consortium – An association of independent libraries and/or library systems established by formal agreement, usually for the purpose of resource sharing. Membership may be restricted to a specific geographic region, type of library (public, academic, special), or subject specialization.³

Cross-Appointments – A cross-appointment reflects the active and substantial involvement of a health unit employee in the teaching, research, development of academic programs, or supervision of undergraduate or graduate students in academic institution.

Current Awareness Services – A service or publication designed to alert scholars, researchers, readers, customers, or employees to recently published literature in their field(s) of specialization, usually available in special libraries serving companies, organizations, and institutions in which access to current information is essential. Such services can be tailored to fit the interest profile of a specific individual or group.³

Electronic Library Products – Electronic tools and/or resources, other than the bibliographic databases, electronic journals and books, which may require subscription. Examples include learning modules, electronic repositories, and software.

Interlibrary loan (ILL) – Interlibrary loan services are part of document delivery services. Reciprocal borrowing of full text journal articles (and other materials) between libraries is permissible under the Libraries, Archives, and Museums exception (s. 30.1) to the *Copyright Act*.

Literature Search – An exhaustive search for published information on a subject conducted systematically using all available bibliographic finding tools, aimed at locating as much existing material on the topic as possible, which is an important initial step in any serious research project.³

Monograph Collection – A collection of non-serial publications, including books. Monographs are complete in one volume or intended to be completed in a finite number of parts issued at regular or irregular intervals, containing a single work or collection of works.³

Northern Ontario Virtual Library (NOVL) – The Northern Ontario Virtual Library (NOVL) was launched by the Northern Ontario School of Medicine's (NOSM) Health Sciences Library in 2002 based on the annual funding by the Underserved Areas Program of the Ministry of Health and Long Term Care and operated until March 2011.

NOVL provided online access to a selected suite of biomedical databases, full text journals and textbooks for all Northern Ontario regulated health care professionals. Additionally, the library services were extended to all Northern Ontario health care professionals who did not have access to health information services locally (i.e. hospital, university) to promote efficient and equitable access to quality information at the point of need.

³ Reitz JM. ODLIS Online Dictionary for Library and Information Science. Santa Barbara, CA:ABC-CLIO; 2004-2010 [cited 2011 May 30]. Available from: http://www.abc-clio.com/ODLIS/odlis_A.aspx.

Reference Question – A request from a library user for assistance in locating specific information or in using library resources in general, made in person, by telephone, or electronically. A reference interview may be required to determine the precise nature of the information need.³

Virtual Library – The Virtual Library is a suite of bibliographic databases that index thousands of peer-reviewed scientific journals, many of which offer access to full text articles. This resource is available through the public health portal at www.publichealthontario.ca. The following databases are available in the Virtual Library: Academic Search Premier, MEDLINE, CINAHL with Full Text, Health Business FullTEXT Elite, Nursing & Allied Health Collection: Comprehensive (full text), and Psychology & Behavioral Sciences Collection (full text). The Virtual Library is available to staff in all public health units in Ontario and the Public Health Division of the Ministry of Health and Long-Term Care which is funding the resource. PHO is assuming responsibility for the Virtual Library in November 2011.

Appendices

APPENDIX A: DATA COLLECTION PLAN

Section A General Information				
Title of data Collection Initiative Environmental Scan of Health Units to Identify Existing Public Health Library Services and Resources and Level of Access to these Services and Resources for Health Units in Ontario			Date Submitted (2011/02/23)	
OAHPP Role in Initiative (check one) <input checked="" type="checkbox"/> Internal Project – proposed, authored and implemented by OAHPP alone <input type="checkbox"/> External Project – proposed, authored and implemented by an external party with no OAHPP funding, leadership, staffing or responsibility other than providing access to information/data or opportunities for data collection <input type="checkbox"/> Partnership Project – proposed and/or implemented by OAHPP and at least one other external party				
Section B Primary Contact				
Last Name Pach		First Name Beata		Position Title Knowledge Manager
Internal Contact: X		External Contact:		
Service Area Knowledge Services		Address: (Street/Apt No./P.O. Box No./RR No.) 480 University Ave, Suite 300		
Program Library Services		City: Toronto	Province: ON	Postal Code: M5G1V2
Extension 7242		Fax: (647) 260-7600		Email: Beata.pach@oahpp.ca
Section C Proposal Contributors				
Name: Megan Williams	Program or Agency Affiliation External Relations	Title Senior Planner	Telephone: (647) 260-7340	Email: Megan.williams@oahpp.ca
Name: Teresa Rodak	Program or Agency Affiliation	Title Library Technician	Telephone: (647)260- 7437	Email: Teresa.rodak@oahpp.ca

Section D	Initiative Purpose and Objectives
	<p>What intervention, service, product, activity or policy will be influenced by the proposed data collection initiative?</p> <p>The Library Services (LS) element of the new program model to support applied research, program evaluation, education, professional development and knowledge exchange functions in public health will be influenced by this data collection initiative. The data will help LS to develop the resources, training and shared library partnership model required such that all health units in Ontario will have access to a minimum standard of library services and resources.</p>
	<p>Briefly describe the intervention, product, activity or policy. Attach a logic model if available.</p> <p>Access to scientific resources and the best available evidence is essential for health units to guide evidence-based decision-making and interventions and to fulfill the requirements of the Foundational Standard. Library services play a key role in advancing knowledge transfer. Health information professionals are the bridge among people, information, and technology. Access to tools such as bibliographic databases and academic journals is equally important in advancing knowledge transfer.</p> <p>In building on and complementing the existing public health library infrastructure present across the system, a library services partnership will be developed to provide all health units with access to both skilled library professionals and supplemented resources. A single point of access to full-text journals will be available for all health units as well as access to additional electronic journals through the expansion of the Virtual Library contents. Awareness building and training will be offered to health unit staff to learn more about the resources available and how to access them. PHRED documents will be catalogued for easy access and to preserve the legacy of the program.</p>
	<p>What question(s) are you trying to answer with the data you are collecting? What are your research question(s)?</p> <p>This data collection will help us to assess the state of public health information services and resources in public health units in the province, how these services and resources are being accessed and who is accessing them.</p> <p>What is the capacity of health units with existing libraries in terms of delivering library services?</p> <p>How do health units with existing libraries access resources?</p> <p>What are the gaps in library services and resources in health units without libraries?</p>
	<p>What is already known about this issue from the literature, existing data sources, experience?</p> <p>We already know many of the existing resources and services from the following sources: Virtual Library stats; health unit libraries' annual reports; Ontario Public Health Libraries Association (OPHLA) meeting minutes; listing of library holdings and resources gathered by OPHLA.</p>
	<p>Why is this information needed now?</p> <p>This information is needed to help inform the development of a shared library partnership service delivery model. This model will give all health units equitable access to a standard level of library services and resources. The information will also help to create minimum service standards for those libraries that will become node libraries.</p>
	<p>Who will be using the results of the data collection initiative?</p> <p>OAHPP</p> <p>OPHLA</p> <p>COMOH</p>

How will the answers to these questions be used? (attach Results Utility Framework if developed)

The answers to these questions will identify strengths, assets and gaps in the library system across the province. Answers will be used in the development of the shared partnership model and for determining what library resources and services need to be provided and/or augmented to ensure a minimum standard of library service for health units in Ontario.

Section E Data Collection and Analysis (repeat section E for each strategy or method)

What data collection method will be used (e.g. Internet survey, key informant interviews, focus groups)? Attach questionnaires, surveys etc.

Online survey (Survey 1) for librarians/library staff of health units with libraries in Ontario (please refer to attached questionnaire)

Follow-up key informant interviews with some library staff of some health units

Online survey (Survey 2) for key informants at health units without libraries in Ontario

Will you be taking data from existing OAHPP records or files?

X No

Yes – please explain

What are the information objectives of the data collection method identified above?

Survey 1 – to assess the level of library resources and services in public health units in Ontario

Key Informant Interviews – To gather more detailed information about existing library resources and services in public health units in Ontario

Survey 2 – to assess what the level of access to library services and resources is for health units without libraries and to identify the gaps in library services and resources for public health in Ontario.

From what populations or groups will the data be collected? Include details of total population or group size, sample size, how the sample size was determined etc.

Survey 1 - Data will be collected from librarians and/or library staff of the 16 public health units in Ontario that currently have library services.

Sample size: 16

Survey 2 – Data will be collected from key informant staff at the 20 public health units that currently don't have library services

Sample size: 20

How will data collection sites be selected and recruited? Attach letters or other materials used to solicit participation of sites or groups.

All health units will be a data collection site. An email will be sent to all health unit librarians and/or key informants a week before the survey opens to inform them of the upcoming survey, its purpose and to ask them to participate (see email correspondence attached). Concurrently, a letter will go out to all MOHs in Ontario informing them of the upcoming consultations and requests for their support for staff to participate, as appropriate, in activities that will help to shape the overall program. Information about library services activities, including the environmental scan, will be included in this letter.

<p>How will participants be recruited and selected? Attach letters or other materials used to promote and solicit participation from targeted populations or information sources.</p> <p>An email will be sent to all health unit librarians and/or key informants a week before the survey starts to inform them of the upcoming survey, its purpose and to ask them to participate (see email correspondence attached). Concurrently, a letter will be going out to all MOHs in Ontario informing them of the upcoming consultations and requests for their support for staff to participate, as appropriate, in activities that will help to shape the program.</p>	
<p>Who will collect and/or record the data? How will they do it including any orientation or training provided?</p> <p>The Library Technician will collect the data using Fluid Survey as the data collection tool. Staff will be self-trained using Fluid Survey tutorials and getting assistance from other staff familiar with the program.</p>	
<p>Who will own the data collected?</p> <p>OAHPP will own the data.</p>	
<p>Anticipated Start Date for Data Collection</p> <p>Survey 1 - 7 March 2011</p> <p>Survey 2 – 28 March 2011</p>	<p>Anticipated End Date for Data Collection</p> <p>Survey 1 - 18 March 2011</p> <p>Survey 2 – 8 April 2011</p>
<p>Who will conduct the data analysis?</p> <p>The Library Technician, Knowledge Manager and Senior Planner will conduct the data analysis with assistance from OAHPP epidemiologists and data analysts.</p>	
<p>Describe the data analysis methods and procedures? (e.g. Calculations of rates, proportions, descriptive statistics, qualitative analysis of themes)</p> <p>Data will be analyzed quantitatively for calculation of rates and/or proportions. Qualitative analysis of themes will also occur.</p>	
<p>What results or indicators will be calculated, cross tabulations (comparisons) made, sub categorization of the populations (by age or sex etc) required?</p> <p>Some results may be sub-categorized by geography and/or size of health unit. Cross tabulation may be done for comparison purposes (e.g. resources against services, etc.)</p>	
<p>How will your analysis address the purpose and objectives of the initiative (link back to results utility framework)?</p> <p>Our analysis will give us a picture of what library resources and services exist and what are missing from public health units in Ontario. It will also help us to understand the range of library services in public health units and which people have access to those services.</p>	
<p>Anticipated Start Date for Data Analysis</p> <p>2011/03/21</p>	<p>Anticipated End Date for Data Analysis</p> <p>2011/04/29</p>

<p>Section F Limitations</p>
<p>What are the limitations of the data collection initiative?</p> <p>There may be some data reliability issues due to the self-reporting nature of the survey.</p> <p>There may be some technological issues for respondents with the survey tool.</p> <p>Workload issues may make it difficult for intended participants to complete the questionnaire.</p> <p>There may be different levels of support amongst the management of targeted health units that may impact on the participation rate in the survey.</p>
<p>Section G Protection of Persons, Partners and Information</p>
<p>Will information that could be used to identify the individuals participating in the initiative be collected or linked to the data collected in any way? (names, addresses, phone numbers, Health Card numbers, video taped interactions, photos, audio taped interactions etc.)</p> <p>No</p> <p><input checked="" type="checkbox"/> Yes – please explain</p> <p>Respondent’s name, title and health unit will be collected. However, no identifying information (of person or health unit) will be included in the report.</p>
<p>Will the initiative access or use information from client records or databases that has been collected for other purposes?</p> <p>No</p> <p><input checked="" type="checkbox"/> Yes – please explain</p> <p>Names of participants will be accessed from the OPHLA database.</p>
<p>Please explain how the data will be handled (consider requirements for confidentiality, security etc)</p> <p>When collected – The data will be collected through Fluid Survey, which will be password protected at OAHPP</p> <p>When transported – N/A</p> <p>When analyzed – Data will be analyzed in-house. Data will be extracted from Fluid Survey, analyzed and written as a report</p> <p>When reported – The data collection methodology and its findings will be written up as a report. This report will be disseminated to pertinent staff in OAHPP, as well as pertinent stakeholders, partners and survey respondents.</p> <p>When stored – Data will be stored for 7 years on a password protected computer at OAHPP.</p>
<p>Will the data collection initiative involve information that could be perceived as harmful, sensitive or offensive?</p> <p>No</p> <p><input checked="" type="checkbox"/> Yes – please explain</p> <p>A few of the questions related to health unit library staffing (job descriptions) could be considered sensitive, although none of the data collected will be reported in such a way that any staff or health unit could be identified.</p>

<p>Will the data collection initiative involve youth under 18 years of age or other vulnerable groups (eg. Institutionalized individuals, marginalized populations) as participants or subjects?</p> <p>X No</p> <p>Yes – please explain</p>	
<p>How will you obtain informed voluntary consent from your participants?</p> <p>Verbal Consent – Please attach script</p> <p>Written Consent – Please attach form</p> <p>X Other – Please explain</p> <p>There will be an “I consent to participate” button at the beginning of the survey that the respondent will need to check in order to continue with the survey.</p>	
<p>Will other institutions (schools, hospitals) be involved as partners or sites for data collection?</p> <p>X No</p> <p>Yes – please explain</p>	
<p>Section H Dissemination Plan</p>	
<p>How will the results be shared?</p> <p>The results will be written up in a report. Internally, the report will be shared and presented to appropriate OAHPP staff and will be posted to the intranet. Externally, the report will be shared with key stakeholders, partners and survey respondents through email. The report, or its summary, will also be available on the OAHPP website.</p>	
<p>How will you ensure the results will be used for action?</p> <p>The purpose of this data collection initiative is to assess the level of and access to library services and resources currently existing within public health units. This assessment will directly inform the development of the library services shared partnership model, which is a key component of the new program model.</p>	
<p>What is the target date for distribution of the final report or other communication products?</p> <p>It is expected that the final report will be ready for distribution by the end of May 2011.</p>	
<p>Section I Required Resources</p>	
<p>Contracted Services</p>	<p>\$</p>
<p>Human Resources (includes in kind resources)</p> <p>X Planning – Senior Planner (ER), Knowledge Manager, Library Technician, Director (ER)</p> <p>Data Collection – Library Technician</p> <p>Data Input – Library Technician</p>	<p>\$</p>

Data Analysis – Knowledge Manager, Library Technician, Senior Planner Data Dissemination - Senior Planner (ER), Knowledge Manager,	
Materials and Supplies (consider print materials, web licenses, incentives) Purchase of Fluid Survey Account	\$
Other	\$
Total	\$

Section J Signatures

In the above study description we have set out the full intent of our data collection plan.

Name	Signature	Date (dd/mm/yr)
Main contact: Beata Pach		
Other members of the data collection project team:		
Megan Williams		
Teresa Rodak		

APPENDIX B: ENVIRONMENTAL SCAN OF HEALTH UNITS WITH LIBRARIES – SCOPE OF LIBRARY SERVICES

Introduction

The Ontario Agency for Health Protection and Promotion (OAHPP) is surveying health units in Ontario that have libraries in order to capture the current status of library resources and services within the public health system. The resulting data will be used to plan the new shared library services model that is being developed as part of the new program to support applied research, program evaluation, education, professional development, and knowledge exchange for Ontario's public health system. All data collected is confidential and no identifying information will be included in the final report. There is no risk to you or your organization by taking part in this survey. The survey will take approximately 60 minutes to complete and will close at midnight on Friday, March 18, 2011.

For more information about this survey please contact:

Beata Pach, Knowledge Manager, (647) 260-7242, beata.pach@oahpp.ca

To begin this survey, please check the "I consent to participate" button below.

I consent to participate.

Instructions

The survey contains 32 questions and will take approximately one hour to complete.

Every time you click the "Next" button, your responses to all completed questions are automatically saved and you can go back to review or change your answers at any time.

We ask that you respond to every question however you may temporarily skip over any question and return to it later.

When you click "Save and continue later", the system will generate a custom URL which will bring you back to the last question you answered. Please record or bookmark this URL for your convenience.

You may notice that some question numbers seem to be missing. This is because a "No" response to certain questions will automatically skip over subsequent questions that would be relevant only had you answered "Yes".

Please answer each question to the best of your ability. If you need any clarification, please feel free to contact Beata Pach at (647) 260-7242 or beata.pach@oahpp.ca

Context (This information will not be included in the final report.)

Name of health unit

Your name and title

In what year did your library begin operation?

Library Resources

1. Does your library have a library catalogue?

- Yes
- No

2. Please specify the product used for your library catalogue:

3. What classification system does your library use?

- NLM
- LC
- Dewey
- Other, please specify: _____

4. Does your library subscribe to any bibliographic databases or publisher packages outside of the Virtual Library holdings?

- Yes
- No

4a. If yes, please list which ones you subscribe to:

5. Does your library purchase these databases independently or through consortia?

- Independently
- Consortia
- Both

5a. If through consortia, please provide details:

6. Does your library partner with any other libraries (e.g. universities, hospitals, networks) for the purpose of sharing resources and/or library services?

- Yes
- No

7. Does your library have any current journal subscriptions outside of the Virtual Library holdings?

- Yes
- No

8. How many current journal subscriptions does your library have outside of the Virtual Library holdings?

9. How many of these journal subscriptions are under institutional licence agreements?

- All
- Some
- None

10. Does your library carry e-books?

- Yes
- No

10a. If yes, how many?

11. Does your library hold a specialized collection related to a specific topic area of public health?

- Yes
- No

11a. If yes, please state the topic area and type of collection.

12. Does your library have fee-based bibliographic management software?

- Yes
- No

12a. If yes, please specify the type and licence.

13. Does your library have any other electronic library-related products? (e.g. Webber Training, Conference Board Library, Webcasts, etc.)

- Yes
- No

14. Please list the electronic library-related products that your library has purchased and indicate the license type for each.

	Product Name	Licence Type
1.	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Institutional
2.	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Institutional
3.	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Institutional
4.	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Institutional
5.	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Institutional

15. Does your library have its own page on your health unit's intranet?

- Yes
- No

16. Do any of your health unit's staff members hold cross-appointments with academic institutions?

- Yes
- No
- Not Sure

Library Staff

17. How many library staff (FTE) does your health unit have?

17a. For each, please specify his/her role and indicate FTE allotment in the adjacent box.

- Librarian _____
- Library Technician _____
- Clerk _____
- Other, please specify: _____

18. Do library staff job descriptions include roles other than specific library-related duties?

- Yes
- No

18a. If yes, please describe these other roles for each staff member and indicate what percentage of time is spent on these responsibilities in an average year.

	Other roles:	Percentage of time spent on these responsibilities:
Librarian	<input type="text"/>	<input type="text"/>
Library Technician	<input type="text"/>	<input type="text"/>
Clerk	<input type="text"/>	<input type="text"/>
Other, please specify:	<input type="text"/>	<input type="text"/>

19. To whom in your health unit does your library report? Please name their position only.

20. Under which department does the library sit within your health unit’s organizational structure?

Library Services

Please use 2010 statistics or an average.

21. How does your library provide access to Virtual Library resources for health unit staff? Please describe:

22. Does your library hold training sessions for health unit staff related to library services?

- Yes
- No

23. How are these library-related training sessions delivered? Check all that apply.

- In-person workshop
- Individual user training
- Online tutorial or module
- Webinar
- Other, please specify: _____

24. Please specify what topics the library-related training sessions cover. Check all that apply.

- Reference/Bibliographic Management
- Copyright
- Literature Searching/Databases
- Staff Orientation to Library Services
- Other, please specify: _____

24a. Approximately how many library-related training sessions does your library give per year?

25. How does your library acquire resources that are not in-house? Check all that apply.

- Interlibrary loan
- Publisher websites
- Universities
- Other, please specify: _____

26. Approximately how many documents (excluding books) does your library provide to staff per year?

- less than 100
- 101-300
- 301-500
- 501-1000
- more than 1000

26b. Approximately what percentage of these documents were acquired through external means (e.g. interlibrary loan, publisher websites, universities, etc.)?

27. Approximately how many reference questions from staff does your library answer per year?

- less than 50
- 51-100
- 101-200
- more than 200

28. Approximately how many literature searches for staff does your library perform per year?

- less than 10
- 11-50
- 51-100
- 101-500
- more than 500

29. Does your library provide current awareness services?

- Yes
- No

29a. If yes, please describe each kind of current awareness service you provide:

30. Does your library currently provide services to other health units?

- Yes
- No

31. Has your library provided services to other health units in the past?

- Yes
- No

32. Does your library provide library services to the public?

- Yes
- No

Please provide any other comments or information you would like to share at this time:

APPENDIX C: COMMENTS ON ONTARIO PUBLIC HEALTH LIBRARIES RESOURCES SURVEY*

- In addition to my "library duties" I am also the copyright person at my organization so tend to deal with possible copyright infractions at my organization (rectifying), organizing permission to reproduce requests from others organizations regarding duplication of documents produced by our organization and I also spend a good deal of time tracking down copyright holders in order to request to use their materials, images, photos, etc. (which is usually not simple and tends to involve trying to track down a person/organization for whom I have no contact information). As well I have been involved in creating organizational policies at my organization such as the copyright and plagiarism policy.
- Re: Question 6: The Library is partnered with [REDACTED] for [REDACTED]'s library services. Re: Question 17: Library services are a corporate service which is provided to the Health Unit. There is a cost for this service in the form of a municipal chargeback. Re: Question 32: The Library provides searching assistance to community organizations and groups searching for funding (using the Canadian Directory to Foundations and Grants database)
- Thank you for giving me the opportunity to provide first-hand feedback of our library's increasing activity and viability in the organization. Our health unit is strategically positioned and has existing library infrastructure (staff, tools, collections) in place to be a potential library node. Geographically, it is ideally situated in [REDACTED] making it accessible to [REDACTED] health units. To date, neither aforementioned health unit has an OPHLA (Ontario Public Health Libraries Association) representative. I would be pleased to put my name forward to participate in the newly forming "working group" to help shape the shared library services partnership. Thank you!
- The questions about literature searches I assume refers to library staff doing the searches. Staff at [REDACTED] did 22,564 searches themselves and retrieved 7,065 articles themselves. As well, [REDACTED] orders all books for the organization which amounts to 1,186 books totalling \$56,173.00. Comment on Survey: I think this survey could have covered more topics. The areas covered gave limited choices and the questions were not clearly defined. I would employ a survey design person the next time you do an online survey.
- The general public are allowed to use the collection in-house, but the library is considered a staff library. I provided library services to 7 other health units in southwestern Ontario from 1998 to 2007. I would be happy to share my experiences and statistics if that would be helpful...
- We are currently in the planning stages of revising library Intranet pages. Changes expected in fall 2011.
- The staff at this health unit are under strict budgets and if I the Librarian can not find the requested resource at little or no cost, the staff goes without the most current information.
- We provide reference service and lend resources to the general public (teaching kits, DVDs, posters, books). We place future bookings on resources required by both the public and staff. We are open 5 days a week to the public and staff. Some of our journals go directly to programs and are not available for document delivery. Some of our journal publishers do not have institutional licenses available (e.g. JOGC)

*All comments reproduced verbatim.

APPENDIX D: BREAKDOWN OF BIBLIOGRAPHIC DATABASES OR PUBLISHER PACKAGES PURCHASED BY HEALTH UNIT LIBRARIES (OUTSIDE OF THE VIRTUAL LIBRARY HOLDINGS) AS REPORTED BY RESPONDENTS

1. Proquest Public Health
2. e-cps; travax; IABC Discovery
3. SocINDEX with Fulltext; PsycINFO; Family Studies Abstracts; Proquest Public Health
4. Ovid Medline; Cochrane Suite of Databases; Psychinfo; Global Health
5. Cochrane Database of Systematic Reviews
6. Ovid Medline; OvidHealthStar; EBM Cochrane Reviews; Proquest Public Health; Ebsco Environmental Health Complete
7. Medline
8. OVID (EBM Reviews, including ACP Journal Club, Cochrane Central Register of Controlled Trials, CDSR, Cochrane Methodology Register, DARE, HTA, NHS Economic Evaluation Database; Ovid Healthstar; PsycINFO; Ovid MEDLINE)
9. Cochrane
10. Proquest Nursing, OVID Medline, OVID Healthstar, OVID EBR, and all 64 Knowledge Ontario Databases including Teen Wellness Database, Canadian Directory to Foundations and Corporations, Subsidy Directory Online, e-CPS, Open Access Journals, Pubmed Central Canada.

APPENDIX E: CURRENT AWARENESS SERVICES OFFERED BY HEALTH UNIT LIBRARIES

- Table of contents service; I have numerous sites I check on a daily basis and send links to any new documents or reports- this includes newspapers and government sources
- E-News clippings forwarded from the Ministry, Table of Contents of Journals
- Via email forward links to table of contents of journals staff have expressed interest in and don't subscribe to or subject area that applies to their position, also forward via email links table of contents to journals we subscribe to, ebsco alerts on specific journals/and or topic areas of interest, also forward emails/urls to other resources such as books, conferences, webinars, etc. Via print forward resource lists from publishers, video/dvd distributors that may be of interest, also forward print copies of journals to staff which contain articles which may be of interest
- Email links to table of contents (plus a very few in hard copy where electronic table of contents are not available) and applicable reports. We are encouraging staff to sign up for their own e-alerts and provide training related to current awareness.
- Journal Table of Contents are posted on our Intranet; Hyperlinks to reports/articles are emailed to relevant staff
- Current awareness to systematic reviews in public health; alerts in relation to various topics
- E-Table of Contents posted on the Health Intranet; Electronic Distribution of E-Table of Contents to staff (16 titles to over 200 staff); Environmental scans daily of current journals, daily media and new reports issued and sent to appropriate staff and teams; and a monthly report on reports to council, issued by other Health Units
- Currently only newspaper clipping service
- Daily media clippings using Toronto Star, Globe, CBC News; etocs, table of content browsing and forwarding article title suggestions to managers and directors who in turn forward to their staff
- Monitor key websites for reports/documents and send via distribution lists
- Librarian scans various Health related news websites and TOC of Health related journals. Pick articles etc. with relevant Public Health topics and circulates FYI topics to corresponding departments and staff.
- Table of Contents; Alerts related to new reports, articles
- Journal Table of contents (print and electronic), news wires, RSS feeds, literature search strategies alerts, email dissemination
- Current Contents; share content from RSS fees, blogs, etc.; Public Health +, BMC Public Health notifications.; online newsletters from health related organizations.
- eTOC
- New Book lists and 24 journals are formally sent out along with information from various listservs that come into the library.

APPENDIX F: ENVIRONMENTAL SCAN OF HEALTH UNITS WITHOUT LIBRARIES - ACCESS TO LIBRARY SERVICES AND RESOURCES

Introduction

The Ontario Agency for Health Protection and Promotion (OAHPP) is surveying health units in Ontario that do not have libraries to capture the current status of information needs and access to scientific resources within the public health system. The resulting data will be used to plan the new library services model that is being developed as part of the new program to support applied research, program evaluation, education, professional development and knowledge exchange for Ontario's public health system. This survey is anonymous and all data collected is confidential. There is no risk to you or your organization by taking part in this survey. The survey will take approximately 20 minutes to complete.

For more information about this survey please contact:

Beata Pach
Phone: 647-260-7242
beata.pach@oahpp.ca

To begin this survey, please check the " I consent to participate" button below.

I consent to participate.

Instructions

The survey contains 18 questions and will take approximately 20 minutes to complete.

We ask that you take time to consult with appropriate staff in your health unit in order to complete the survey from an organizational perspective.

Every time you click the "Next" button, your responses to all completed questions are automatically saved and you can go back to review or change your answers at any time.

We ask that you respond to every question, however you may temporarily skip over any question and return to it later.

When you click "Review responses", the system will generate a pdf document of all survey questions with your completed responses for you to print or save.

When you click "Save and continue later", the system will generate a custom URL which will bring you back to the last question you answered. Please record or bookmark this URL for your convenience.

You may notice that some question numbers seem to be missing. This is because a "No" response to certain questions will automatically skip over subsequent questions that would be relevant only had you answered "Yes".

Please answer each question to the best of your ability. If you need any clarification, please feel free to contact Beata Pach at (647) 260-7242 or beata.pach@oahpp.ca.

Definition of Virtual Library

The Virtual Library is a suite of bibliographic databases which index thousands of peer-reviewed scientific journals, from many of which full text articles are available. This resource is available through the public health portal at www.publichealthontario.ca.

The following databases are available in the Virtual Library:

- Academic Search Premier©
- MEDLINE©
- CINAHL with Full Text ©
- Health Business FullTEXT Elite
- Nursing & Allied Health Collection: Comprehensive (full text)
- Psychology & Behavioral Sciences Collection (full text)

The Virtual Library is available to staff in all public health units in Ontario and the Public Health Division of the Ministry of Health and Long-Term Care which is funding the resource.

Access to Resources

1. Does your health unit have any electronic or hard copy journal subscriptions--other than those from Virtual Library--that are accessible to all staff?

- Yes
- No
- Not Sure

1a. Is your health unit's access to these electronic or hard copy journal subscriptions available under:

- The health unit's name
- An individual's name
- Both
- Not Sure
- Other, please specify: _____

2. Does your health unit have access to any databases other than those from the Virtual Library?

- Yes
- No
- Not Sure

2a. Is your health unit's access to these databases available under:

- The health unit's name
- An individual's name
- Both
- Not Sure
- Other, please specify: _____

3. Does your health unit purchase books (hard copies or e-books) that are used as general resources for all staff?

- Yes
- No
- Not Sure

4. Where does your health unit physically locate its general resources (journals, books, etc.)?

- There is one central location for all resources
- There is a combination of one central location for most resources with others spread throughout health unit departments
- There is no central location; each department holds its own resources
- Other, please specify: _____
- Not Sure

5. Does your health unit list or catalogue these resources in any way?

- Yes
- No
- Not Sure

5a. Please describe how these resources are listed or catalogued.

5b. Is a list of resources available to all staff?

- Yes
- No
- Not Sure

5c. If yes, please describe how staff is made aware of this list and how they can access these resources.

6. Are staff members informed of new resources that are acquired for common usage?

- Yes
- No
- Not Sure

6a. How is staff informed of new resources? Please describe.

7. Does your health unit have a staff member who is responsible for updating and/or maintaining these resources?

- Yes
- No
- Not Sure

7a. Please provide the position title of the person responsible for updating and/or maintaining your health unit's information resources (as indicated in question 7).

7b. Approximately what percentage of this person's time is spent maintaining these resources?

7c. Are these responsibilities included in this person's job description?

- Yes
- No
- Not Sure

Information Services

8. If health unit staff need access to a particular resource (e.g. article, report, book), please describe the process that is undertaken to procure the item:

9. When health unit staff conduct research on a particular topic, how is this achieved? Check all that apply.

- Staff member searches the Virtual Library and/or the Internet on his/her own
- Staff member asks health unit colleague to assist with the search
- Staff member consults a colleague outside of the health unit to assist with the search
- Staff member seeks assistance from local public library or library services from another external organization (e.g. hospital, university, other health unit)
- Not Sure
- Other, please specify: _____

10. In your opinion, what is the general level of awareness of the Virtual Library in your health unit?

- Very aware
- Somewhat aware
- Not aware
- Not sure

11. How are staff members made aware of the Virtual Library at your health unit? Check all that apply.

- Part of employee orientation
- In-house training sessions
- Hearing about it through other staff members
- Learning about it from external sources (e.g. workshops, training sessions, colleagues, etc.)
- There are no formal means of letting staff know about the Virtual Library
- Other, please specify: _____
- Not sure

12. How does your health unit provide access to Virtual Library resources for health unit staff? Please describe:

13. Please indicate if your health unit provides training and/or information for health unit staff related to any of the following topics, and who (position title only) delivers the training and/or information. Check all that apply:

	Yes	Who delivers the session? (position title only)
Copyright	<input type="checkbox"/>	<input type="text"/>
Intellectual property	<input type="checkbox"/>	<input type="text"/>
Research methods (including Virtual Library)	<input type="checkbox"/>	<input type="text"/>

13a. If your health unit provides training and/or information for health unit staff on any information-related topics that are not listed above, please provide a list of these topics and who (position title only) delivers the training and/or information.

14. Does your health unit currently request and/or receive library resources or services from any other organizations (e.g. other Ontario health units, universities, hospitals)?

- Yes
- No
- Not Sure

14a. Please indicate the organization type and provide the following details. Check all that apply.

	Yes	Is there a formal agreement in place?	Is this a fee-based service?	What resources or services do you most often request?	Generally how soon do you receive these resources or services?
Other Ontario Health Units	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Provision of articles, reports, etc. <input type="radio"/> Consultation with a librarian <input type="radio"/> Literature search <input type="radio"/> Book loans <input type="radio"/> Other <input type="radio"/> Not sure	<input type="radio"/> Within 24 hours <input type="radio"/> 1-4 business days <input type="radio"/> After 5 business days <input type="radio"/> Other <input type="radio"/> Not sure
Universities	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Provision of articles, reports, etc. <input type="radio"/> Consultation with a librarian <input type="radio"/> Literature search <input type="radio"/> Book loans <input type="radio"/> Other <input type="radio"/> Not sure	<input type="radio"/> Within 24 hours <input type="radio"/> 1-4 business days <input type="radio"/> After 5 business days <input type="radio"/> Other <input type="radio"/> Not sure
Hospitals	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Provision of articles, reports, etc. <input type="radio"/> Consultation with a librarian <input type="radio"/> Literature search <input type="radio"/> Book loans <input type="radio"/> Other <input type="radio"/> Not sure	<input type="radio"/> Within 24 hours <input type="radio"/> 1-4 business days <input type="radio"/> After 5 business days <input type="radio"/> Other <input type="radio"/> Not sure
Other	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	<input type="radio"/> Provision of articles, reports, etc. <input type="radio"/> Consultation with a librarian <input type="radio"/> Literature search <input type="radio"/> Book loans <input type="radio"/> Other <input type="radio"/> Not sure	<input type="radio"/> Within 24 hours <input type="radio"/> 1-4 business days <input type="radio"/> After 5 business days <input type="radio"/> Other <input type="radio"/> Not sure

14b. If your health unit requests and/or receives library resources or services from an organization not listed above, please specify the organization type and provide the details requested in the above chart.

15. Do any members of your health unit staff hold cross-appointments with academic institutions?

- Yes
- No
- Not Sure

Library Services Needs

16. Please rank, in order of importance, the library resources and/or services your health unit most requires at this time.

	1	2	3	4
Access to additional resources (journals, databases, books, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to library research services (literature searches, environmental scans, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training related to research techniques (database searching, critical appraisal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alerts on new research and publications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16a. If your health unit requires library resources and/or services that are not listed above, please specify.

Demographics

17. Please indicate the geographical location of your health unit:

- North West (Northwestern, Thunder Bay)
- North East (Algoma, North Bay Parry Sound, Porcupine, Sudbury, Timiskaming)
- South West (Chatham-Kent, Elgin-St. Thomas, Grey Bruce, Huron, Lambton, Middlesex-London, Oxford, Perth, Windsor-Essex)
- Central West (Brant, Haldimand-Norfolk, Halton, Hamilton, Niagara, Waterloo, Wellington-Dufferin Guelph)
- Central East (Durham, Haliburton-Kawartha-Pine Ridge, Peel, Peterborough, Simcoe Muskoka, Toronto, York Regional)
- Eastern (Eastern Ontario, Hastings-Prince Edward, Kingston, Leeds-Grenville, Ottawa, Renfrew)

18. Please indicate the approximate number of employees at your health unit (permanent staff only):

- Less than 50
- 50-100
- 101-150
- 151-200
- 201-250
- 251-300
- more than 300

Do you have any other comments or information you wish to share at this time?

APPENDIX G: CATALOGUING SYSTEMS USED BY HEALTH UNITS WITHOUT LIBRARIES

- Library catalogue available internally on an intranet page
- A searchable electronic directory of all Books and Journals, indicating the issue number, date and publisher
- National Library of Congress
- An access database is currently being used, but is out of date and difficult to use to keep managing resources
- Access database available to program areas
- Sharepoint
- Resources that are to be signed out when used are listed in a binder (one department)
- It varies by program. There is no standard procedure. Some programs use PDF catalogues.
- Resources are catalogued and maintained by a Library Service which is purchased by an external vendor

APPENDIX H: COMMENTS ON ONTARIO PUBLIC HEALTH UNITS SURVEY: ACCESS TO LIBRARY RESOURCES AND SERVICES*

- We would like some stability - over the past 12 years here we have had library service agreements with [REDACTED] then Ministry of Health then our local hospital then [REDACTED] then [REDACTED] all of which I have had to procure myself for this HU - it is exhausting and alarming esp since we are supposed to be doing evidence-based practice! I have gone many years without anything.
- We are looking forward to enhanced library services through the OAHPP. Our recent internal survey showed that almost half of our staff have used the virtual library.
- Help us! We have been attempting to gain access to library holdings for the past 3 or 4 years and have been unsuccessful. We have approached multiple sources (primarily universities) and have come upon numerous barriers. It is difficult to do research and promote evidence-informed practice when you are unable to access the information required.
- At this point in time we have an excellent contract with a university library that delivers great value and service. We are excited at the prospect of having better access to electronic journal articles and resources, and hope that this will complement our existing services.
- Support in literature searches is very important, especially since most HUs do not have access to good libraries. A survey or discussion asking what we would want to see in terms of moving forward with Library Services would be useful.
- This is a valuable service of the Agency. we cannot all afford a librarian, but need access to this service. It's important that not only the virtual library be accessible and training be done but also access to articles maybe not found in the databases available.
- Although informal, one of our [REDACTED] team members distributes any notices of new research or reports to appropriate health unit staff.
- We are in desperate need of library resources and services; such support is critical in carrying out several of the foundational standard activities.
- We look forward to your support in this area.
- We may need incentives to cultivate a culture that values evidence, allocates staff time for research, study and discussion of the application of evidence, has expectations of managers and staff regarding use of research and evidence to inform policies and programs.
- We really need some help with this one!
- Please note that our contracted library services have been suspending pending a review of alternative cost effective options for meeting our evidence needs
- At one time, we had access to library services through [REDACTED] [REDACTED] [REDACTED] [REDACTED]. Once this service was discontinued, we no longer had access to someone who could conduct literature searches for staff. This has become a major barrier for staff and has increased the workload of [REDACTED] Services.

*All comments reproduced verbatim.

