

New Directions in Health Sciences Libraries – the Canadian Perspective

Heather Ganshorn
Interim Head, Health Sciences Library
University of Calgary
Phone: 403-220-6858
E-mail: Heather.Ganshorn@ucalgary.ca

Dean Giustini, MLS, MEd
UBC Biomedical Branch Librarian
VGH Diamond Health Care Centre, UBC Library, flr 2
Liaison librarian: St. Paul's and Vancouver hospitals
2775 Laurel Street, Vancouver BC
t: 604.875.4505
E-mail: dean.giustini@ubc.ca

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Introduction

HILJ most recently examined trends in Canadian health librarianship in 2012 as part of its series entitled International Trends in Health Science Librarianship (1). The authors, Bayley and McKibbin, examined health libraries during the years 2000 to 2010. We pick up where they left off, looking at how health libraries in Canada are evolving to 2017, and where any new directions may take our organizations in the next few years.

To inform this discussion, we have gathered information by examining the last five years of the *Journal of the Canadian Health Libraries Association / Journal de l'Association des bibliothèques de la santé du Canada* as well as abstracts, papers and posters from recent annual CHLA / ABSC conferences, and selected other articles published elsewhere by Canadian health librarians. For more timely input from colleagues, we sent a query to the Canadian medical libraries listserv (CANMEDLIB) to request input

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from health librarians across the country. We hope this overview provides an opportunity to discuss major developments in our field, and insight into some of the major issues driving the Canadian health sciences library environment to 2020.

The Canadian Context

Health care in Canada is delivered within a specific socioeconomic, cultural and legal framework, which has a direct impact on library services and how Canadian health librarians operate. Canadian health care is not a single national public system, but rather 13 provincial and territorial systems, all of which must meet conditions laid out in the *Canada Health Act* to receive health transfer payments from the federal government (2). While most health services in Canada are delivered by these provincial and territorial systems, First Nations and Inuit peoples receive health care through a combination of funders and organizations such as Health Canada's First Nations and Inuit Health Branch and provincial and territorial health programs. In addition, some additional First-Nations or Inuit-administered health services may operate with federal funding (3).

Canadian health librarians work within a variety of research institutions and health facilities. Most work within academic and hospital libraries, but others have assumed roles as embedded librarians in clinical, academic and government research units. A smaller number of Canadian health librarians work for nonprofit agencies and health professional organizations. Still others, using their expertise in digital collections management and e-resources licensing, are taking on roles within academic and health library consortia.

Canada's national association for health librarians is the [Canadian Health Libraries Association/ Association des bibliothèques de la santé du Canada](#) (CHLA/ABSC), which hosts an annual conference and publishes a peer-reviewed, open-access journal, the [JCHLA/JABSC](#). CHLA/ABSC has a symbiotic

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relationship with the Medical Library Association in the United States, which goes back to 1898 and the founding of the Association by Margaret Ridley Charlton and Sir William Osler. Unlike the US, however, Canada has no flagship library of medicine and no national network of libraries of health. There is a National Science Library in Ottawa which is a member of the Federal Science Library (FSL), a partnership of seven science libraries that serves the National Research Council and operates PubMedCentral Canada. To be clear, Canada lacks a robust system of coordination for health library services across the country, which has been a longstanding challenge for health librarians. From 2009 to 2013, an initiative to establish the Canadian Virtual Health Library / Bibliothèque virtuelle canadienne de la santé (CVHL / BVCS) was undertaken but it was abandoned in 2014 after its federal funding ran out (4).

Trends

Evolving Regional Health Systems

Pressures to reform Canada's delivery of health care have had an impact on administrative processes in different parts of the country. In recent years, several Canadian provinces have reformed their health care service models, moving away from multiple regional health authorities towards a more unified centralized one. Between 2008 and 2017, for example, the provinces of Alberta, Nova Scotia, Quebec and Saskatchewan have moved towards more centralization of services (5-8). In Alberta and Nova Scotia, centralization of health care services and administration has led to centralization of health library services (9, 10). In provinces such as Saskatchewan and Quebec, this process of re-engineering of health care delivery is ongoing, and it may be too early to tell how these changes will affect health libraries.

Our sense of this trend is that the streamlining of health library services leads to new ways of providing online library services across institutions, sometimes at the expense of physical libraries and collections. However, the net effect for health-care providers appears to be an increase in access to collections and

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services, as tools such as Springshare's LibGuides and Blackboard Learn are used to create an online presence and services are extended to previously underserved groups of practitioners.

Technology Driving the Evolution of New Services

In 2013, CHLA/ABSC conducted a survey of its members to inform its strategic planning for the years 2014 to 2018 (11). This survey of Canadian health librarians included an evaluation of trends that affect health librarians and their parent organizations. Several of the identified trends revolve around newer information technologies and the demands associated with digital access to health library collections and services via the Internet. For example, Canadian health librarians identified the need to support mobile devices and related applications, as well as the pressures librarians face in providing research support of varying kinds in new areas such as data management, while still fulfilling traditional expectations such as supporting systematic reviews and clinical information provision.

CHLA/ABSC members also mentioned issues related to scholarly publishing and content creation within their organizations. In 2008, the Canadian Institutes of Health Research instituted an open-access (OA) policy that required all grant recipients to make their publications available in an OA journal or repository within 12 months of publication (12). Health libraries have thus seen a corresponding increase in requests for information and assistance to meet these requirements. University libraries have set up their own institutional repositories, making it possible for health and medical researchers in Canada to deposit their publications in a timely way.

More generally, health libraries' support of open access initiatives has extended into related new areas such as data management. In 2015, the Canadian Association of Research Libraries launched its PORTAGE network, which is dedicated to building a common infrastructure for research data services right across Canada (13). The following year, Canada's major research funding agencies issued a

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statement of principles on digital data management (14). Canada's health librarians are building their awareness of research data management and how best to support their researchers in meeting the requirements set out by the Tri-Agency Statement of Principles on Digital Data Management (14).

Evidence Synthesis and Embeddedness Are Growth Areas

While Canadian librarians have been actively supporting evidence-based medicine (EBM) and systematic reviews for many years, demand seems to be growing exponentially (15, 16). Recent articles and conference presentations suggest that Canadian health libraries are exploring and experimenting with new service models to meet the increased demands for support around systematic reviews and other forms of evidence synthesis (17). A recent article provides the first wide-ranging scan of Canadian academic health sciences librarians' involvement in systematic reviews, and serves as a benchmark for growth and evolution in the area (15).

In terms of search expertise, Canadian health librarians are active in advancing search methodologies to support systematic and other related reviews, particularly in academic health and medical libraries, and within organizations such as the Canadian Agency for Drugs and Technologies in Health (CADTH) and Cochrane Canada where information specialists work extensively on search techniques. Two concrete examples of this involvement in Canada are the development of the Peer Review of Electronic Search Strategies (PRESS) guideline, which provides a rubric for peer-reviewing electronic searches (18); and the development of search filters to identify literature related to Canadian Indigenous populations (19).

In health care facilities, librarians are increasingly taking on more roles that involve embeddedness in teams or other forms of research support. A 2015 survey of Canadian health facility libraries designed to assess the extent to which they were meeting the 2006 CHLA/ABSC Standards for Library and

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Information Services in Healthcare Facilities asked about library services not covered by the 2006 standard. Respondents indicated that they provide a range of services, including clinical or embedded librarian services, teaching, and involvement in research teams. The authors noted: “The provision of what formerly may have been enhanced services is increasingly the new normal for health facility libraries” (20).

Demonstrating Value in a Challenging Fiscal Environment

In the 2013 CHLA/ABSC survey, respondents identified library funding and the ability to demonstrate value as two key issues facing their organizations (11). The 2015 benchmarking survey of Canadian health facility libraries found that most are using some form of service evaluation, ranging from formal user consultation to key performance indicators (20). However, the authors note that there is room for improvement given organizations’ increasing emphasis on accountability.

While demonstrating value is good practice in the current fiscal environment, Canadian health libraries seem to be facing increasing financial pressures. When the authors sent a message to the CANMEDLIB listserv in May 2017 asking members to identify current trends for this article, budgetary and funding challenges were mentioned most often. In several instances, hospital librarians cited budget cuts and underfunding of hospital libraries as issues of some concern, with budgetary cuts affecting both collections and staffing. Publisher price increases and a low Canadian dollar have put additional pressures on collections budgets in recent years; as a response, several academic libraries have cancelled or unbundled major journal packages (21). To better understand journal usage by researchers, the 28 member institutions of the Canadian Research Knowledge Network (CRKN) have embarked on a Journal Usage Project that will inform future collections and cancellation decisions (22).

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Improving Health and Library Services to Diverse Populations and Health Consumers

In recent years, Canada's federal government has embarked on a process of dealing with the legacy of colonization and its impact on Indigenous peoples. To begin this process, the federal government established the Truth and Reconciliation Commission of Canada (TRC) in 2008 as a first step towards implementing the Indian Residential Schools Settlement Agreement (IRSSA). In 2015, the TRC released its report, which included calls to action and seven health related recommendations (23). Most of the seven specific health-related calls are directed towards governments at varying levels, but three of those (recommendations 22 to 24) are directed at the health care community. The recommendations are meant to introduce changes within the Canadian health care system to recognize the value of Indigenous healing practices and to use them in the treatment of Indigenous patients. Integral to the calls to action are to increase the number of Indigenous professionals working within health care, and to provide more cultural competency training for health workers, especially in the areas of conflict resolution, human rights, and anti-racism. Canadian universities, academic libraries and medical schools are developing programs and policies in response to the report's recommendations, with implications for the provision of consumer health information to Indigenous communities.

With their public library counterparts, Canadian health librarians, especially in the urban centres of the country, have played various roles in meeting the health information needs of LGBTQ people. In 2016, Morris and Hawkins studied the issues that affect the health information needs of LGBTQ people and make a number of recommendations; first, they urge medical librarians to work towards demonstrating cultural competence and more openness and comfort with questions around LGBTQ health. Secondly, they recommend better training of health librarians perhaps by modifying existing training within their organizations that is already available to clinical staff (24).

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Despite an increasing emphasis on evidence-based care, the benefits of medical research do not always reach patients. Addressing that shortcoming is the purpose of the patient-oriented research initiative led by the Canadian Institutes of Health Research (CIHR). Canada now has a vision and strategy to develop patient-oriented research in order to create a more collaborative, pan-Canadian process for identifying, establishing and addressing patient-oriented research priorities (25). Though it is still unclear what the impact of this new strategic direction will be for Canada's health librarians, some of the provincial initiatives in this area have recruited librarians to working groups and committees. Since much of the CIHR mandate is to improve research capacity, we anticipate that our roles in supporting this initiative will be similar to what we have experienced with systematic reviews.

For decades, health librarians in Canada have worked with government agencies, public library colleagues, and health care providers to provide better consumer health information and health literacy programming to patients and consumers. With the demise in the last decade of two organizations, the Canadian Health Network (CHN) and the Consumer Health Information Service (CHIS) at the Toronto Public Library, a void was created that was taken up by individual librarians across the country interested in consumer health, and special interest groups such as the CHLA/ABSC Consumer Health Information Providers Interest Group (CHIPIG). One respondent to our CANMEDLIB query about trends cited an increasingly outreach-oriented approach to consumer health information, focusing on reaching marginalized groups such as refugees and agricultural workers. Another respondent to our CANMEDLIB query indicated that the current state of consumer health provision is limited in many hospitals due to decreased resources and funding. Clearly, Canada lacks a comprehensive strategy to meet the information and literacy needs of health consumers, especially those facing chronic health problems and addictions. In an era of disinformation and fake news, health literacy is more important than ever, and Canadian health librarians have turned their attention to educating their user groups to identify health information on the Internet that is reliable and authoritative and developing subject guides and other

educational materials to support this effort (27, 28).

Conclusions

Our overview of current directions in Canadian health librarianship shows a profession that is diverse, strong, and flourishing – albeit facing a number of significant challenges related to health care reorganization and funding; providing enhanced services with fewer staff; and measuring our value to our organizations, which must choose between many competing priorities. New technologies and new models of knowledge dissemination have created new roles for health librarians, particularly in academic institutions. The evolution of evidence-based health care opens up many opportunities for health librarians to share their expertise on clinical teams. An evolving appreciation for diversity and equity in our country at large also presents opportunities for us to assist our organizations in meeting the health care and information needs of all Canadians. We believe our profession is in a strong position to meet the challenges of the next decade of Canadian health sciences education, research and practice.

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