Qualitative Research Study
on
HSR Information Central

Prepared for:

UNITED STATES
National Library of Medicine

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As part of an ongoing qualitative evaluation, the National Library of Medicine conducted four online focus groups on Health Services Research and Health Care Technology (**http://www.nlm.nih.gov/nichsr**) -- a site dedicated to improving the collection, storage, analysis, retrieval, and dissemination of health services research information.

The objectives of this qualitative study were to gain understanding about the strengths, weaknesses, and overall value of HSR Information Central to its potential primary user base (librarians, academicians, and health policy professionals/think tanks).

The online focus groups on HSR Information Central were conducted on January 28 and 29, 2008. *[A preliminary online focus group with NLM Associates was held earlier in the month, on January 9, 2008.]*

Study Objectives

The main objective of this qualitative study on the HSR Information Central site was to evaluate the strengths, weaknesses, and usefulness of HSR Information Central to potential users. Additional objectives included:

- Assessing the value of the content

- Determining what changes should be made to the site

- Understanding how users expect to use the information on HSR Information Central

- Gauging the clarity of the site's organization of information.

Target respondents. No formal screening was conducted for participants in this study. All were selected based on responses to listserv postings and included the following categories:

- ✓ NLM Associates (preliminary group)

- ✓ Academics

- ✓ Health policy / Think tanks

- ✓ Librarians

All were asked to spend at least 20 minutes navigating and using HSR Information Central (http://www.nlm.nih.gov/hsrinfo/) prior to the discussion.

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- Testing consisted of FOUR online focus groups -- one each with NLM Associates, Academics, Health policy professionals/Think tanks, and Librarians.

- Respondents were recruited via listserv postings.

- The session lasted approximately 90 minutes and was comprised of a total of 30 participants. (See Appendix.)

- The group was asked to visit HSR Information Central and given a user name and password prior to the session.

- All participants were offered an incentive payment of $75.

* *The online focus group represents a qualitative methodology used for the purposes of ideation, brainstorming, and evaluation. Qualitative methodologies are particularly useful for interpreting the observations of focus groups with small numbers of participants. The findings of such groups are intended to be reflective of the community at large but may not be generalizable statistically to a larger population.*

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Impressions, Strengths, and Areas for Improvement on HSR Information Central

- Respondents express mixed reactions to **HSR Information Central** overall. All agree that the information within the site is valuable but that accessing that information in a simple and clear way is challenging.

- The main **strengths** of HSR Information Central are its depth and breadth of content, its "one-stop" nature, and its position -- at least in current form -- as a starting point in the search for *health services research information.*

- HSR Information Central's **weaknesses** or **areas for improvement** center largely around the need for **restructuring** and **reorganizing** the site in such a way that makes finding information easier and navigating the site clearer.

- Some improvements can also be made in clarifying labels and terminology -- such as "Discussion and E-mail Lists."

- Overall, there is a need for more **specificity**, greater **structure**, more **subcategories**, shorter **lists** (which lead to subsequent pages), and clearer **indicators**.

- Adding pages will make the site **deeper** but each page **shorter**, reducing the need to scroll through lengthy lists on each screen.

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Impressions, Strengths, and Areas for Improvement (cont'd.)

- **Data Tools and Statistics** and **Literature and Guidelines** are the most relevant categories.

- Visually, a **design** replicating HSRPH is likely to be most well received. HSRPH (http://www.nlm.nih.gov/hsrph.html) gives the visual appearance of being easy to navigate, organized, clear, and relevant.

- A **search functionality** that operates exclusively within HSR Information Central is vitally important.

- Respondents need to see the **Alphabetic** and **Subject** Lists set apart, to distinguish them.

- A **Spotlight** feature receives enthusiastic reactions, given that it is consistently refreshed and up-to-date, in order to make it worth visiting HSR Information Central on a regular and frequent basis.

- **Training** on how to use the site is seen as a good idea but could be in the form of an online tutorial.

- In its current form, respondents anticipate using HSR Information Central as a starting point. Restructured and reorganized, however, it becomes a reliable one-stop source for health services research information.

Following are additional findings from the online focus group testing on HSR Information Central.

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- All respondents access the Internet for work-related information. Many mentioned using government Web sites such as PubMed, MedlinePlus, AHRQ (Agency for Healthcare Research and Quality), and CDC (Centers for Disease Control and Prevention), as well as searching Google and Google Scholar.

- Most respondents were previously **unfamiliar** with HSR Information Central. Each group, however, was peppered with respondents who were **very** familiar, and some who were **slightly** familiar, with the Web site.

- Respondents assert that attributes of an exceptionally useful online resource in the health services research arena are:

  o Ease of use / easy navigation

  o Clear organization of content

  o Affiliated with reputable organization

  o Sources of information cited

  o Up-to-date, fresh information

  o Links to other sites, including journal articles

- In seeking the information they need, respondents have encountered difficulties, such as:

  o Getting too many results from a search

  o Needing a subscription to access published content

  o Finding that the information is not up-to-date

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- **Initial reactions** to HSR Information Central were that it is a good resource with comprehensive information but has several specific problem areas, including that it can be "overwhelming," "inconsistent," and somewhat outdated in its design.

- As respondents elaborated on their initial impressions, more feedback around the **look and feel** of the site emerged, with comments such as "too much text" and "old fashioned" design.

> "… the site is an older design, and has many long lists … Too many words in some places … The three column, with a set of pictures, lists and news are the designs that are most old fashioned." (K., Librarians)

> "Overall, the HSR Information Central website exemplifies a 1990s (Web 1.0) design. It is text heavy, as is frequently typical of resource-rich sites … It is functional but not visually appealing." (C.1, Librarians)

> "It seems a little amateurish - I think the aesthetic value of the site could be improved by a more attractive interface. The white background and uniform text is boring. The best feature are the sites featured in the middle of the site due to their colorful icons." (E., Associates)

- In terms of **look and feel**, the site could benefit from more color, less text, and an updated interface, according to respondents.

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Respondents had many suggestions with regard to **site navigation**. The consensus was that the site needs more navigational aids, such as pull-down menus, tabs, and other graphical indicators, as well as a basic "About" section that explains the mission of the site.

"… it needs more subheadings or approaches to 'sorting' The quantity is overwhelming. Also, sometime, like in the case of HSTAT, the instructions don't link to the pages." (A., Health Policy)

"The first thing I notice: it is hard to get back to the homepage once you click on a link. But then once you look at one category, you have to back up on all the pages you went through to get back to the homepage!" (L.1, Academics)

"it doesn't really explain anywhere what it IS! the URL isn't transparent.' There's tons of good stuff on the site, but you really have to explore it yourself. Just the barest of roadsigns. it could do much more to orient the user and make its uses apparent." (J., Health Policy)

These navigational aids were all the more imperative due to the breadth of **content** on the site, which many respondents described as "overwhelming."

"it's too busy but at the same time it looks loaded with great info, and I get scared by the amount that is presented all at once." (J., Associates)

"I've looked at it a bit and it looks like it has a lot of good stuff, but there's so much, I'm probably missing something. Maybe it would be helpful to have an overview page at the beginning?" (D., Academics)

Ultimately, for most respondents the biggest improvements to HSR Information Central can be made on **site organization**.

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Detailed Findings: Site Organization

■ The critical areas that should be restructured include **separation of content**, provision of a **site map**, prioritizing and collapsing some content, and re-categorizing other content.

> "Make it easier to separate info related to public health ... There is a site map listed for the overall NLM but not for this specific site which is confusing." (L.2, Academics)

> "Headings should be given more emphasis vs. subheadings." (L.1, Academics)

> "I would do more prioritizing of links." (K., Associates)

■ Some respondents suggested a content-based restructuring of the site by shifting some content (e.g., subcategories) onto deeper pages within the site, allowing for a greater emphasis on the top-level categories. Others suggested a more functional approach to organizing the information.

> "I think I would break up the sub-categories into different pages to limit scrolling. The home page could be redesigned, I don't care for the center boxes and think that they could go along the bottom." (M.1, Librarians)

> "I think a functional approach might help...such as how to search the literature for...guidelines...for HSR studies....for information on HSR methods, Then examples of HSR studies, methods, etc. Perhaps Finding funding, finding published studies, finding data sets etc." (A., Health Policy)

> "I think it would be important to organize information in a way that is specific to the type of information--population, health care facilities, vital statistics, etc. I would only include sources in the public domain …" (L., Health Policy)

■ In some cases, the solution might lay in a simple labeling or re-naming of one of the category headings.

> "Under Grants and Funding, I thought I saw Fellowships. If that's the case, then maybe it should also say Fellowships in the header." (D., Academics)

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■ The nature of HSR Information Central as a **one-stop** health services research resource was a highly appealing attribute.

> "I think the One-stop idea is great - especially for students who only focus on a site or two." (E.1, Academics)

> "… I do like the 'all in one place' organization esp for searching for information of things I don't frequently use. It is a time saver to get started with." (L.2, Academics)

■ Most respondents qualified their enthusiasm, however, with the caveat that the site still needs to be restructured.

> "… I do think the great compendium of information is useful, could be expanded as noted. But how to efficiently navigate it is the issue." (G.1, Health Policy)

> "One-Stop is fine, if the links are organized more logically and have better descriptions." (P., Health Policy)

> "Since this is meant to be a one-stop shop, it is by necessity large. Of course it can be better organized. More topic organization would be good, then list topics as page headnote." (S., Librarians)

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Respondents acknowledged the breadth and depth of information on HSR Information Central, but they also pointed out other **content** to include.

"I didn't see links to established grey literature projects, like the database and newsletter from the New York Academy of Medicine … Also, there is stuff on the higher level page like the HSR queries that you can't get to from the HSR Info." (A., Health Policy)

"A 'welcome' section that would describe what HSR info central is and how it could be helpful to me as a user would be nice." (J., Associates)

"What about HSR job opportunities?" (L.2, Academics)

Additionally, **links** can be added that were not apparent.

"… links to policy research firms like urban institute, university policy centers." (J., Health Policy)

"I would like to see links to federal register, and other key agencies." (L.2, Academics)

Again, for some, simply **expanding the headings** could make a difference in the navigational experience and ability to locate relevant content.

"A bit more information w/ each heading, explaining it. For example, 'Legislation.' Does one assume it's only HSR-related legislation? Hence, if the society for interventional radiology is doing something on the Hill, would that be included?   Also, an explanation of how things were selected for the site. perhaps that could be listed in an 'about' section. Explanation of what the 'discussion' is under Discussion and Email Lists." (G.2, Health Policy)

Across the board, the **most relevant categories** of HSR Information Central were **Data Tools and Statistics** and **Literature and Guidelines**.

"The Data Tools and Statistics and Literature and Guidelines contains what I am usually looking for now as I am trying to conduct large reviews of current and emerging knowledge."
(A., Health Policy)

"Areas of health care such as urban, rural, primary care, etc. split into easy to find sections would be helpful in my work. The tools and literature sources are relevant."
(L.1, Academics)

"Both the Data Tools section and the Literature are most relevant to me, but the others would still be valuable." (K., Librarians)

"The literature and tools section would be very good for doing research."
(M., Associates)

The section on **Grants and Funding** was particularly useful to certain respondents as well.

"The information of sources of grant funding is a very valuable resource …" (G., Associates)

"Funding is a great link to provide information. But the options are too numerous. could a search function screening for key words be developed? Also, how about listing non-government sources?" (G.1, Health Policy)

■ Regarding the categories, there were calls for adding brief, easily-accessible **explanations** or **definitions** for each one as well as providing a **search functionality** that would operate within the category listings.

"There should [be] definitions of these - is 'literature' search engines or actual published information?" (P., Health Policy)

"The listserv section is not very clear. I also agree that the legislation might not be as useful. There are better resources for that information." (M., Associates)

"From legislation down is fine, but I think the top categories are too general and it is hard to guess which you would want." (A., Health Policy)

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■ Other comments on the Category Listings included a suggestion to **expand content** to include other conditions and clarifying the selection of subcategories within each larger category.

> "Expanding the journals and journal articles...although the category makes sense the info seems limited. Perhaps a section on chronic and acute conditions (key ones such as heart, diabetes, etc.) that can include cancer which lists key links for information." (L.1, Academics)

> "I was a little confused about the different subcategories - for example why isn't AHRQ a Data repository instead of a special instrument and tools?" (E.2, Academics)

> "'Journal Articles' seems skimpy and a combination of search engines and recommended readings. 'Reports and other pubs' has no order to it - this could be broken down into further groups … What is the difference between 'Search for Tools' and 'Specific Instruments and Tools'? Split Data Sources into those that are free and those that charge a fee." (P., Health Policy)

■ In addition to restructuring categorization and organization, attention should be given to **labeling** and **terminology**, to match the user's/researcher's needs.

> "If there is more specificity, I think it should be in the language researchers would use, not library-speak." (C.2, Librarians)

> "The layout is clear to me as well but the name 'finding funding' could be better I think!" (L.1, Academics)

■ While respondents liked the **Alphabetic** and **Subject Lists**, they felt that these two lists should be clarified with a text explanation (e.g., blurb). Some felt that these lists are most valuable only to those who already know what they are looking for on HSR Information Central.

"I think both are good to include and I like the alpha list if I happen to know what I'm looking for." (L.1, Academics)

"The alphabetic list is useless. The subject list is on the right track but again - they need to be organized better, possibly with more sub-categories." (P., Health Policy)

"The alpha list is useful if you know what you want. Wasn't sure who decided the categories for subjects, although it seems comprehensive (for my needs at least)." (E.1, Academics)

"I did notice and appreciated the subject and alpha listings. For a user who wants a resource that s/he knows by category (for ex, epidemiology) this fits the mental model better. It's good to have the options." (D.2, Librarians)

"I think the categorical pathways would be most useful; I'm not sure of the utility of these unless you wanted an expedited pathway (alphabetically) by name to an organization." (L., Health Policy)

■ Additionally, respondents felt these two categories should be visually set apart from the others as an indicator that they are different, at least in terms of comprehensiveness.

"Again, a great place to add a search function to find a topic, organization quickly. Search by subcategory (Data) and topic (quality measurement), for example. The longer the list of items, the less useful the information is." (G.1, Health Policy)

"I noticed the Subject List but because it's last on the table of contents, I did not pay any attention to it." (C.1, Librarians)

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All respondents noticed the search box but found it to be too general in the results.

Search NLM Web Site
[   ] [Go]
NLM Home | Contact NLM | Site Map | FAQs

"I noticed the Search box and did NOT like it. It doesn't just search this website but all of NLM correct? I mean if I'm looking for info from HSR then why do I want to see a Medlineplus link." (J., Librarians)

"… it gives too wide search outcomes! Maybe allow 'boolean' search type of thing."
(L.2, Academics)

"The problem with the search is it searches all of NLM, not the HSR site - this needs to be explained. why would I use this when I can get the same information in other ways? Again - I searched 'Disease Management' and came up with a list of 'Therapy' and 'Therapies' - 20+ pages and not one was DM related." (P., Health Policy)

"… it would be helpful to have a narrower search -- to HSR only."
(S., Academics)

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Detailed Findings: Three HSR sites

- Visually the three sites presented (HSRPH, NICHSR, and HSR Information Central) yielded responses that of the three, **HSRPH** was the most **visually pleasing** of the three.

"I like http://www.nlm.nih.gov/hsrph.html best because it has clear headings and the subcategories listed beneath them, so I can directly go to a section on the site. However, it does waste a lot of space on the right side. I tried it in Firefox and Explorer and it was the same situation on both so I don't think it's my browser." (M.2, Librarians)

"The HSRPH site has a more 'readable' home page." (L.2, Academics)

"HSR Information Central looks like sort of a compromise between the previous two types of layouts." (S., Health Policy)

"The three columns on HSRPH is nice, and very readable--it flows. The other sites have lots of white space … The NICHSR is too spread out for me." (G.2, Health Policy)

"Aesthetically, the HSRPH site looks best." (C., Academics)

Detailed Findings: Value of Adding a SPOTLIGHT Section?

- While the idea of a **Spotlight** section was very well received, respondents emphasized that it would need to be updated regularly and possibly allow for customized content in order to maintain appeal.

> "Spotlight would be great -- especially if there were some ability to customize the topic." (S., Academics)

> "Spotlight is good--might encourage people to look at the site more, as long as the spotlight is changed often." (K., Associates)

> "I like that idea, as it has always drawn my attention on medlineplus. I have found a lot of great sites using that feature." (D.1, Librarians)

> "I think this is a good idea. On a homepage, it leaves the reader coming back looking for more updated information. It also tells the reader that somebody's paying attention to content - its being updated periodically." (G.1, Health Policy)

- The only concerns about **Spotlight** were related to it being relevant mainly to very frequent visitors to the HSR site, and the risk of avoiding it so as not to go on a tangent while researching something else.

> "The spotlight section would probably only be used by frequent users of the website." (E., Associates)

> "It might be OK, the problem is that when I'm working on a project I'm pretty focused and not apt to go off on a tangent." (E.2, Academics)

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Reactions to the HSR databases were mixed: Some have used them frequently, while others had no familiarity at all. Those who have used the HSR databases have had little or no difficulty using them.

"I have used HSRProj in the past and I know it well. I have to admit that I'm not really sure what is in HSRR...my searches of it have not produced results lately." (A., Health Policy)

"I've been a contributor to HSRProj in the past (at MedPAC and CMS), but never really have used it   Luckily, a lot of the material we produce … is based on data we or our grantees generate." (S., Health Policy)

"I've used HSRProj when I was trying to research who had received grants from NLM to study health literacy issues in hospitals." (J., Librarians)

"I've used HSRPproj once before- was fairly straightforward." (E.1, Academics)

"I've used them mostly when teaching PH students how to find info." (D., Librarians)

New on HSR Info Central

What's New | RSS What is RSS?

HSRProj an NLM Sponsored Program | Health Services Research Projects in Progress

NQMC National Quality Measures Clearinghouse
http://www.qualitymeasures.ahrq.gov/

HSRR (Health Services/Sciences Research Resources)
Information about research datasets, instruments/indices, and software with links to PubMed

HCFO/SCI Cyber Seminar

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- Most respondents were strong proponents of training for users of HSR Information Central.

"Increased search capabilities on the site would eliminate a lot of training needs, but anyone in the field who is not using this site should have training available on how to use it." (K., Associates)

"Yes. To med librarians, to faculty teaching med/health subjects. And to those working in public health, such as of Dept of Health." (S., Librarians)

- Some of those respondents prefer an online approach to training, such as an online tutorial.

"I think that would be useful. Even an online tutorial might suffice. It might also be a good idea to distribute CDs with training information that would serve as both training and promotion to interested parties." (E., Associates)

"In general, I like online tutorials about what is available and how to work with a system." (M., Associates)

- On the other hand, a few respondents felt that HSR Information Central is straightforward and that training, online or otherwise, would be unnecessary.

"No training--just a marketing campaign to let people know what's there and how to simply navigate. It shouldn't be so complicated that it requires training; most people are Internet search literate." (L., Health Policy)

"Well, since it is essentially just a list of links, a brief description of how to use the resource might be enough to get someone started." (S., Associates)

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■ Respondents anticipate using HSR Information Central only occasionally in its current form -- mainly for answering reference questions and as a "starting point" for research.

> "I will definitely use the site when I serve as a reference librarian. I would say that my usage would likely be occasional." (S., Associates)

> "I will probably use it in the near future when answering reference questions but I am not sure how often I would use it." (B., Associates)

> "It will take me a bit of time to figure out where everything is, but I can see myself coming back to use the site in the future." (D., Academics)

> "I will use it likely several times a week as I do like having information in one place vs. 'fishing.' While we all did suggest ways to improve it, it is a good site for starting a project and finding resources." (L.1, Academics)

> "I'd envision myself checking HSR Information Central if I needed specific information, or just to see what's happening (in terms of some of the latest news snippets)." (E.1, Academics)

■ Very few, however, would NOT use the site.

> "I probably wouldn't use it as it is. It's too cumbersome." (P., Health Policy)

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■ The best ways to expose HSR Information Central to its ideal user base are through the conferences, information sessions, exhibits at industry meetings, and links on other relevant sites, such as AHRQ.

"I would focus attention on students in particular -- perhaps by making an online tutorial available. Also, could make that tutorial available at conferences in the exhibit hall." (S., Academics)

"How about an information session at the NLM booth at MLA 2008? … Maybe see if you can get the RMLs to talk about this to their groups. Maybe have it featured in their blogs." (J., Librarians)

"Maybe 'advertise' on other commonly used websites such as AHRQ, etc." (E.2, Academics)

"I think I would put a blurb about it in MedlinePlus. Also, finding PI information off of HSRProj might be a good way to contact them and let them know the resource is available." (M.2, Librarians)

"E-mail training programs, Exhibit at AcademyHealth and other key meetings, word-of-mouth." (L., Health Policy)

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Recommendations

Actionable recommendations from this online focus group include the following:

- ✓ Provide clear and obvious link to get back to home page on every other page.

- ✓ Make the URL "transparent" (i.e., easy to determine its purpose based on its Web address).

- ✓ Add a sitemap.

- ✓ Separate public health issues from private.

- ✓ Expand headings of some of the categories to serve as better "directional indicators" of content.

- ✓ Include pull-down menus and other commonly-used navigational metaphors.

- ✓ Create a search on HSR Information Central that yields results from *within* the site as opposed to outside the site.

- ✓ Change headings and labels to terminology that is more intuitive to the target user: Rename category headings and include descriptions of each.

- ✓ Set Alpha and Subject lists apart from the others to aid distinctions between them.

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✓ Avoid lengthy lists that result in too much text within the page design.

✓ Add links to other content, such as established grey literature projects, other non-governmental organizations, policy research firms, non-US (e.g., UK and Canadian) evidence-based practice resources, and podcasts.

✓ Keep all content up to date and fresh.

✓ Provide an online tutorial for users who are new to the site.

✓ Promote awareness of HSR Information Central at conferences, exhibits, on listservs, and through relevant links.

Following is a respondent profile of participants in this online focus group.

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Appendix:
Participant Profiles

#	Name	City, State	Occupation
1	B.	Bethesda, MD	Librarian
2	E.	Bethesda, MD	Medical librarian
3	G.	Bethesda, MD	Librarian
4	J.	Bethesda, MD	Medical librarian
5	K.	Bethesda, MD	Librarian
6	M.	Bethesda, MD	Medical librarian
7	S.	Bethesda, MD	Medical librarian

#	Name	City, State	Occupation
1	C.	Evanston, IL	Director, Outcomes Education
2	D.	St. Louis, MO	Attorney and student working on an MPH in health policy
3	E.1	Tallahassee, FL	Associate Professor, Economic, Social & Administrative Pharmacy
4	E.2	Chapel Hill, NC	Doctoral student in Health Economics
5	L.1	Houston, TX	Health service and outcomes researcher; master's student in statistics
6	L.2	Albany, NY	Consultant with a health policy, management and research firm; distance learning educator at two universities
7	S.	Washington, DC	VP & Director, health policy research initiative

#	Name	City, State	Occupation
1	A.	New York, NY	Director, project on developing framework for geriatric home care practice
2	G.1	Des Moines, IA	Director of Operations, healthcare collaborative
3	G.2	Washington, DC	Program Manager of a cancer institute
4	J.	Washington, DC	Principal Policy Analyst on a Medicaid commission
5	L.	Salt Lake City, UT	Senior Scientist, healthcare delivery research organization
6	P.	Philadelphia, PA	Director, Health and Human Performance, pharmaceutical company
7	S.	Washington, DC	Senior Program Director of a health policy research foundation

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#	Name	City, State	Occupation
1	C.1	Toronto, Ontario, Canada	Teacher of Information Studies at a university
2	C.2	Washington, DC	Medical librarian
3	D.1	Seattle, WA	Research coordinator at a university public health center
4	D.2	Texarkana, AR	Library director at a university-affiliated library
5	J.	Shreveport, LA	Medical librarian
6	K.	San Antonio, TX	Medical librarian
7	M.1	Bend, OR	Librarian at a community college
8	M.2	Chapel Hill, NC	Graduate Student in Information Science
9	S.	Oklahoma City, OK	Government document librarian in a state library

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