Library services for people with disabilities: results of a survey

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The Americans with Disabilities Act (ADA), enacted in 1990, has had a significant impact on the way many institutions, including libraries, do business. The Association of Research Libraries surveyed its members in 1991 to determine the effect of this legislation, and the author conducted a similar survey in 1995 to learn what progress academic health sciences libraries have made in serving the needs of people with disabilities. A questionnaire was mailed to 131 members of the Association of Academic Health Sciences Library Directors. Nearly three-quarters of respondents reported elimination of physical barriers. The most common services provided are retrieval of materials from the stacks and photocopy assistance. Much less attention has been paid to the use of adaptive technology that allows disabled users to search a library's online catalog and databases; special technology is often provided by another unit on campus but there seems to be little coordination with library services. Few libraries have assigned responsibility for disability services to a specific staff member and even fewer have done a formal assessment of the need for special services. The issues identified by the survey should challenge academic health sciences libraries to examine their status regarding compliance with ADA legislation.

INTRODUCTION

The census report Americans with Disabilities: 1991–92 [1] provides detailed information on the status of Americans with disabilities who are not residing in institutions. Nearly forty-nine million people reported that they had a disability as defined by the Bureau of the Census. The Americans with Disabilities Act (ADA) of 1990 requires that public and private institutions provide access to their programs and services for persons with disabilities, and the demand for special services is increasing.

A 1995 study by Joan K. Magilvy [2] looked at policies and accommodations in undergraduate nursing programs. She concluded that nursing education has little experience dealing with disabled students. If her findings reflect the situation at other health professional schools, then the implication is that health profession institutions in general must become more aware than they are now of the need to accommodate disabled students.

As growing numbers of disabled students apply for admission to health professions programs and more and more persons with disabilities join the work force at health care facilities, it is important to consider the implications of these trends for health sciences libraries. Are steps being taken to comply with ADA requirements that access be provided to library programs and services? This issue must be addressed, or libraries and their parent institutions may face legal sanctions.

BACKGROUND

In 1991 the Association of Research Libraries (ARL) surveyed its members to determine the effects of the ADA. This author has found it interesting to speculate how academic health sciences libraries in particular might respond to such a survey, particularly now that ADA mandates have been in effect for several years. The January 1995 deadline for completing Title II physical facilities modifications has passed, and there

has been some improvement in physical access to buildings, but little is known about the nature and extent of library programs and services.

PURPOSE OF STUDY

To provide some answers, a survey was designed to determine what academic health sciences libraries are doing to provide access to their programs and services for persons with disabilities. The data gathered could serve as a baseline from which to measure improvements in accessibility over time, as more persons with disabilities apply for admission to professional programs, join the work force on health sciences campuses, and seek access to libraries as members of the public.

METHODOLOGY

For the new study, the 1991 ARL questionnaire was revised and updated with that association's permission. The modified questionnaire consisted of eighteen questions designed to determine what physical accommodations and services are provided and how health sciences libraries interact with other campus units and services. The survey (see Appendix) was sent to 131 members of the Association of Academic Health Sciences Library Directors (AAHSLD) in April 1995; labels provided by the association were used.

The questionnaire was accompanied by a cover letter explaining the purpose of the survey. After six weeks a follow-up letter was sent to encourage directors who had not responded to complete and return the questionnaire. Sixty-seven libraries responded to the original mailing and an additional twenty-seven replied after the second mailing, for an overall response rate of 71.8%. Responses from libraries in forty-one states and two Canadian provinces were analyzed. All sizes of academic health sciences libraries were represented. Some libraries sent brochures and additional information about the services they provide.

The survey data were analyzed with Epi Info (version 6.0), a software program developed by the Centers for Disease Control and Prevention, the Global Programme on AIDS, and the World Health Organization.

RESULTS

The data reveal a wide range of responses to ADA requirements. The extent of library compliance may reflect the general level of compliance of the institution the library serves. A summary of survey results follows.

Physical barriers

Physical barrier modifications were reported in 75.5% of the responding libraries, substantially more than the number reported in a July 1993 survey of libraries in the state of Virginia [3]. The most common modifications were those allowing access to computer workstations and restrooms. Modifications to entryways and elevators and improved signage were mentioned by approximately one-quarter of the respondents. The least common physical modifications were to stack aisle widths and water fountains. In some cases, respondents indicated that their library was new and required no additional modifications.

Special services

Most (87.2%) of the libraries responded that special services or adaptive equipment for the disabled was provided, with special services far more common than adaptive equipment.

When types of disabilities were considered, mobility impairments were taken into account most often in terms of special services provided.

Persons with learning disabilities seldom have required special services in health sciences libraries.

While 55% of reporting libraries indicated that they serve the blind and visually impaired, only 27% reported serving the deaf or hearing impaired. A relatively small number of libraries reported having a Telecommunications Device for the Deaf (TDD) or TeleTYpewriter (TTY), and only three libraries indicated that they provide sign language assistance for the hearing impaired.

Adaptive technology

Less than half (42%) of the libraries reported having any adaptive technology. The most common adaptation was text enlargement.

Only 18% of libraries indicated that their online catalog was accessible to persons with visual disabilities. When either a screen reader or text enlargement was present, the system in use was most often NOTIS or INNOPAC, and, in one instance, VTLS, perhaps because these library system providers had worked with adaptive technology vendors to make their product accessible. While seven libraries reported that they could reformat print to another medium for disabled clients, no one provided Braille translation.

Staff and training

Less that one-third of the responding libraries had a staff member who was assigned responsibility for services to the disabled.

Only 39.8% of responding libraries indicated that the staff was trained to serve the needs of disabled clients.

Training in the use of special equipment was most often provided by someone outside the library.

Program administration and funding

Surprisingly, only 33% of respondents said they had prepared or were preparing a written policy describing special services.

Planning of accommodations for disabled students was seldom the responsibility of the library. It was usually handled by the office for disabled students or student affairs.

Approximately one-half of the libraries said they coordinated services for disabled clients with other units. Some directors seemed vaguely aware that there were other offices on campus that provided services but appeared unsure how the library should or could coordinate with these units.

A little over half of the libraries reported having an emergency evacuation plan for persons with disabilities.

Most (75%) of the responses indicated that no formal needs assessment had been done. Needs were most often assessed on a case-by-case or on-demand basis. Funding for special services was most often provided by the library; in some instances it was provided by the institution's office for disabled students.

DISCUSSION

The question of possible study bias was considered, because several AAHSLD libraries were omitted from the survey. However, responses were received from libraries of all sizes and they represented a wide geographic area, so the sample was judged to be representative of American academic health sciences libraries. The omission of several Canadian libraries is unlikely to affect results, given that they are not bound by compliance with the ADA.

Was confidentiality an issue? It is possible that some libraries were concerned about repercussions for noncompliance with the legislation or with the possibility of affirmative action or equal opportunity grievances. While some libraries may have been reluctant to respond or to answer certain questions, the high response rate suggests that confidentiality was not a significant issue. Many respondents were very straightforward in admitting that they had a long way to go to improve services and accessibility and they were interested in the survey results. Even so, the promise of confidentiality should have been stressed in the cover letter.

The survey response rate was higher than anticipated, apparently indicating substantial interest in the subject of disabled clients. While some of the results were fairly predictable, there were some surprises. It is interesting that less than half of the re-

sponding directors felt that the demand for special services for persons with disabilities had increased. It may be that the increase in demand now taking place in higher education has not yet reached the level of professional education in some institutions. The demands of educational programs in the health professions are intense, and the additional challenge of a disability is a formidable barrier, perhaps discouraging some students from pursuing these careers. It is also possible that the need for special services is being met by other units on campus and the impact has not yet affected libraries.

There seems to be much confusion over what the library's role should be in providing special services. This issue may be related to lack of understanding or agreement concerning who must provide accommodation for persons with disabilities and how the library should interact with other campus units, particularly the offices of disabled students, student affairs, or affirmative action and equal opportunity. Health sciences libraries have a variety of physical and administrative relationships to their parent institution; in some cases libraries are part of the main campus, and in others they are on a separate campus and function as a semi-autonomous unit. Location may have a major impact if responsibility for services to the disabled is shared by a main library or other campus unit.

A surprisingly low percentage of libraries provide access to their online catalog for disabled clients. Such a service would seem the first step in providing equal access to library collections. Few data are available on the use of adaptive technology to access electronic databases, audiovisual or media products, or instructional software. Particularly challenging is the increased use of graphical user interface (GUI) software, which is very difficult for persons with visual disabilities to use. Planners of new library systems would do well to be aware of the problems posed by the introduction of GUIs and take steps to retain some terminals that are purely character-based.

CONCLUSION

Responses to the survey questions show that some academic health sciences libraries are making a genuine effort to serve persons with disabilities, some are relying on services provided by other units on their campus, and some appear to be neglecting the issue. Librarians in the last group may feel that compliance is not an issue for them, either because it will be handled by their institution or because they do not have institutional support to make the changes required.

Ûnfortunately, the "let the other guy do it" philosophy may have very serious consequences. In June 1995, the Chronicle of Higher Education [4] offered a

sobering reminder of the legal and financial ramifications of failing to meet the mandates of the ADA. While the article focuses mainly on building modifications and physical access, it reminds the reader that the law strongly states that programs and services must be provided. Building modifications generally must be handled at the institutional level, but health sciences libraries must take responsibility for making their collections and services available to all clients.

Results of the survey suggest several areas in which improvements can be made at little or no cost to the library. Specifically, librarians can do the following:

- Undertake a needs assessment to identify potential use of special services and establish priorities for implementing improved service.
- Assign responsibility for disability services to a staff member who is concerned, interested, and trained for this task.
- Prepare a written policy and procedures for services to the disabled. This step forces library staff to discuss and reach agreement on the services to be provided. It also benefits library clients, who are provided with a clear idea of what they can expect from the library.
- Train staff to be sensitive to the needs of persons with disabilities. This step will allay staff fears about what is politically and legally correct, and will ensure a welcoming atmosphere for those who seek help.
- Gather information about the services provided by other units of the institution and plan special library services with inter-unit coordination in mind.

Other improvements will require dollars. It may be necessary to seek outside funding for adaptive technology to provide alternatives to print formats and to make the library catalog accessible [5].

Academic health sciences libraries generally enjoy a reputation for emphasizing good user services. To maintain this image, libraries should develop and implement plans to improve access to library programs and services for persons with disabilities.

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APPENDIX A

Library Services for Persons with Disabilities Questionnaire

Library/Institution: Contact person:

Title: Telephone:

- In your opinion, has the use of your library by persons with disabilities increased in the past five years?
 No ___ Yes
- 2. Have physical barriers been eliminated in order to provide access to library collections and services? Please indicate if changes have been made with regard to:

EntrywaysRestroomsWater fountainsElevatorsStack aisle widthsTelephonesSignageService counter heightsComputer workstationsRampsDoor hardwareOther (specify):

- 3. Does the library provide special services and/or adaptive equipment for persons with disabilities? ___ No ___ Yes
- 4. If no, are special services provided by another office or department on the health sciences campus? On the main campus? Please describe.

If sp	ecial services or equipmer	it ARE available in	the library, please com	nplete the following questions:
5.	Does the library have a written policy that describes services to persons with disabilities? No Yes			
6.	What disabilities are addressed through the specialized services provided?			
	Blind and visually i Deaf and hearing in Learning impaired			lly impaired specify):
7.	Which library services are provided?			
	Retrieval of materials from Photocopy assistance Specialized reference serv Delivery service	Spec rice Tele	ification of lending rule ialized orientation tours phone requests ount for online searching	s Braille translation Reformatting to another medium
8A.	. Is the library's online catalog equipped with Text enlargement Speech synthesis			Speech synthesis
8B.	What OPAC software is in use?			
9.	Does the library have a staff member who coordinates library services for persons with disabilities? What is thi person's position? What amount of time is devoted to this responsibility?			
10A.	Do library staff receive information and/or training on effective behavior and communication techniques for serving persons with disabilities? No Yes			
10B.	If yes, is this provided by:	the library	another campus uni	it (specify):
11.	What is the source of funding for special services and/or equipment?			
	Library budget Office for Disabled Students Office of Student Affairs Affirmative Action/Equal Oppor			Grants Gifts/endowments Other (specify):
12.	What adaptive equipment	-		y?
	Scanner/reader Hand-held scanner Screen enlargement Speech synthesis	B B T	raille printer raille typewriter TY/TDD CTV	Keyboard overlay Tape recorder Other (specify):
13.	Who provides training for library staff in the use of adaptive technology?			
14.	Is an area in the library designated for specialized library services and/or adaptive equipment? no yes (please describe):			
15.	Does the library have a plan for evacuating persons with disabilities in case of an emergency? no yes			
16.	What other units on campus does the library cooperate or coordinate with in providing specialized services? Pleas name.			
17.	What campus unit has primary responsibility for planning accommodation for disabled students?			
		or division f Student Affairs	Office for Disabled Str Affirmative Action/Ec Other (specify):	udents qual Opportunity Office
18.	What methods are used to assess the need for library service to persons with disabilities?			