

HEALTH INFO: CONSUMER HEALTH INFORMATION CENTER

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Today the American public's interest in fitness and health goes far beyond requests for the latest running, exercise, or diet books. Basic questions of living in a healthy manner, of attitudes toward responsibility for one's own health, of preventing illness and of how to treat disease when it is present are leading to more sophisticated requests for consumer oriented health information. Providing a library collection and back-up services that would answer these and similar questions for a rural population has been the primary objective of a Library Services and Construction Act grant in rural Washington State called the Health Info project.

A search of library literature indicated that successful projects have been undertaken in numerous urban areas.¹ Little mention was made of rural areas, of projects undertaken there, or of the problems one was likely to encounter. When planning for this project, a quick survey of our own area soon revealed a paucity of resources: a modest and heavily used collection of

health materials at the public library, but insufficient resources to answer the in-depth medical question which surfaced on a weekly basis; a sparse, disorganized and dated local hospital library collection of books and periodicals for their staff and patient education; a good pamphlet collection at the county health department; an inadequate collection of materials to support nursing and health education curricula at the regional university located in our community.

On the plus side, there was a history of cooperation between the public library and the hospital for co-sponsored popular and well attended public health programs. Information services and public programs fit the hospital administration's newly established hospital goals which included promoting a healthy lifestyle. Individual health care professionals spoke of the great need for current, reliable consumer health information. Since rural organizations tend to have small staffs, coordination of services seemed to be less complex than it often is in urban areas. The library patron is also dealt with more directly in a small library, thus mitigating his fear that his request will become lost in a bureaucratic maze. Because the patron often feels a personal attachment to the library staff members, his apprehension over making

health queries tends to lessen. Most important was the encouragement of the hospital librarian at Heminger Health Sciences Library, located seventy miles away, who is a leader of rural library consortium activities and most enthusiastic about helping a public library bring health information resources to a rural area.

Our setting for this project is Ellensburg, a community of 11,000 people located in a high mountain valley in the center of the state of Washington. The county seat and the site of a regional university, Ellensburg is also the trade center for an additional 12,000 people. Seattle is a hundred miles to the west; the nearest larger towns are an hour away. Local health care facilities include two medical clinics, numerous dentists, a mental health center, the county health department, a student health clinic at the university, and Kittitas Valley Community Hospital, a fifty bed facility with seventeen physicians on the staff.

Our planning committee, initiated by the public library director, included the director, the local hospital administrator, and the librarian of the health sciences library. The group was committed to constructing a grant project that would use local resources to the highest possible degree, encourage close cooperation among local health agencies, and

provide a highly professional back-up reference service for our rural population. Since the project was conceived as a model project that might be duplicated in other rural areas, a variety of activities were planned to test the most effective delivery of services. The project was named Health Info.

Delivery of authoritative, reliable health/medical information was the major goal of this project. Development of the collection at the public library was the first step toward this goal. The library's reference collection was augmented with basic medical/health textbooks, dictionaries and directories, indexes to periodicals, and drug education resources. The circulating collection included basic clinical information, but was oriented toward authoritative information written for lay audiences. Basic health related journals and health education newsletters were added. A large pamphlet collection was assembled and coordinated with other similar collections in the community. Cassettes and slide/tape presentations for possible non-readers were included. Consumer needs were projected through a pre-survey of health professionals; their suggestions for collection development and public programs were included whenever feasible. A core collection of reference books was developed for the public library and also for the local hospital library. Health Info

resources were entered into the Washington Library Network (WLN) data base as a step toward sharing with other libraries in the state.

A part time staff person was hired to promote the use of the Health Info collection and to provide liason between the local hospital, the public library and other agencies. She was responsible for handling all reference questions, organizing public relations activities, planning and executing the public programs, and working with the hospital staff, and visiting patients. She provided reports and feedback to the advisory committee which, in addition to the planners, included a physician, a health educator, and a hospital quality review professional.

Evaluation of these activities was a high priority; the services of a sociologist were retained for designing survey instruments and evaluating the data collected. Pre- and post-surveys of all health care professionals (including physicians, nurses, dentists, pharmacists, optometrists, and physical therapists, as well as counselors, psychologists, social workers and ministers dealing with clients' health problems) were made. Evaluations of the reference service by patrons, of service provided to hospital patients, of public programs by those in attendance, and of collection usage would give an indication of

the best delivery methods.

Change is always unsettling for the people involved. Although the health care professionals recognized the need for consumer health education and were supportive of the Health Info project, they also expressed a number of concerns. The first was that the collection contain authoritative, reliable information. The library staff gave them a quick lesson in library acquisition policies, especially use of bibliographies and reviews by recognized authorities, and also spoke of the traditional library policy of including all sides of controversial issues in the collection. This last point was especially hard for the health professionals to grasp. The issue was defused by assuring them that Health Info funds would be used to purchase only those materials based on the traditional medical model. Alternative views of medicine were represented in the regular library collection.²

Another concern expressed was that librarians would be "practicing medicine". Careful discussions of the difference between medical information resources and medical advice, defined as diagnosis and treatment, clarified the issue for all.³ Staff training on how to conduct a reference interview for medical information emphasized this difference; to remind patrons of this difference, a question on the patron evaluation form asked whether the patron intended to talk over the

information with a health professional.

Questions relating to these concerns were included in the surveys of health professionals; in this way the Ellensburg Public Library acknowledged the validity of their concerns, and they in turn expressed how they felt about the issues. The Health Info staff person often attended hospital staff meetings to be visible, to discuss plans for public programs and invite participation, and to discuss concerns as they arose.

The Health Info Project was set up for sixteen months. The first three months were "start up time" when acquisitions work was in full gear, staff was hired, public relations activities were planned, evaluation instruments were created and the first survey made. The regular library staff was trained to conduct medical reference interviews and to handle reference questions through the protocols established in conjunction with the health sciences library. Initial contacts were made with key health professionals in the community.

Since acceptance of a new service by the public is normally a slow process, major efforts were made to tailor publicity to those specific groups most likely to be using health services: hospital in- and out-patients and their

support groups, the elderly, patients of physicians and dentists, attendees at health department clinics, and health care professionals. A preview of the grant activities and the enlarged library collection was presented to health professionals in an early morning open house at the hospital and later that day at the library. This provided an opportunity to explain the services available and to familiarize this group with the resources available for borrowing. Health professionals were encouraged to make requests for resources that would help them in dealing with their patients or clients.

Now began the year of Health Info services. The major activity of the project was filling requests for information. Health/medical reference questions tripled over previous levels; requests were especially high at the beginning of the project period, but tapered off somewhat as more patrons became aware of the library collection and the ease of using it on their own. Twenty percent of the requests were forwarded to the health sciences library where most of them were filled with journal articles within three or four days. On the whole, patrons found the service highly satisfactory, indicating on evaluations that the materials were valuable, useful and understandable to them.

The Health Info collection was displayed in a prominent location in the library. It contained 300 new titles, twenty-one journal subscriptions, and twenty-five cassette and slide presentations. The audiovisual materials were seldom used; by contrast, circulation of books was brisk. In-library use of the collection was high. Booklists and topical lists of periodical articles were especially helpful for eliminating long searches through indexes.

Hospital staff and physicians used both the library collection and their core reference collection that was loaned to the local hospital library. At the end of the grant period, some physicians strongly expressed their feeling that all the clinically oriented materials should become part of their hospital library's collection so that they could have unlimited and immediate access to them. This suggests the value of the collection, but the staff was discouraged that they failed to comprehend the value of these materials to library patrons. The return of the core collection to the public library has awakened the hospital staff to their library needs.

At the project's end, a month was allowed for report writing, evaluation, and planning for the continuation of appropriate activities. The year's activities confirmed

some theories and designs, punched holes in others, and gave us knowledge on which to base on-going activities.

The project period was characterized by a strong public relations effort. Newspaper coverage was extensive for special activities; a weekly column highlighting books from the collection proved popular. Ads and public service announcements were also used on radio and TV. Since word of mouth is still the most valuable publicity in rural areas, appearances by public library staff members at meetings of local organizations to explain the project were frequent.

Health professionals were kept abreast of grant activities through newsletters and encouraged to suggest use of the service to their clients. The Health Info staff worked closely with local cancer, Alzheimer's disease and hospice support groups.

Public programs probably gave Health Info its best mass publicity. Five major speakers and a film series were well received. Topics treated were stress, child abuse, Alzheimer's disease, anorexia, sports medicine, and health promotion. These programs stimulated reference questions, and use of the collection and reading lists. They also were welcomed by health professionals as educational updates. Co-sponsorship

of some programs by the county health department provided publicity to a target clientele.

A user survey indicated that the majority of patrons were typical library users of our community: female, between the ages of 30 and 64, and college educated. Over half were new patrons without current library cards. Most patrons requested information for their own use or on behalf of a family member, and three quarters asked a library staff member for help in selecting the material. Sixty per cent of the requests had a medical orientation (i.e. information to understand or cope with a specific illness or health problem); the rest were consumer related (i.e. prevention or "wellness" orientation). Health professionals accounted for one fifth of the requests.

For ninety percent of the patrons, the information they received was well suited to their needs. Less than ten percent of the users found the language too technical or too elementary, or the material too detailed or superficial, too easy or too difficult to understand. Only seven percent said that reading the material increased their level of anxiety about their medical condition. Those few who were dissatisfied with the resources were more likely to be elderly or to have submitted a written or phone request. Half the users planned

to talk over their information with a health professional.

From this data one might conclude that the library is providing a valuable independent source of information that people can understand and refer back to when necessary. Patients themselves are initiating the search for health information, thus indicating a consumer awareness of the timeliness of becoming more informed users of health care. One might also conclude that Health Info is not a replacement for professional health care, but tends to enhance it. Since people who were referred by health professionals rated the materials highest in usefulness, the professionals can be assured that patrons were satisfied by the referral.

Return rates for pre- and post-surveys were over forty percent for all health professionals and twice that rate for physicians, thus indicating high interest in the project. At first, high levels of concern were expressed by the professionals over the materials to be made available to laymen. These concerns seem to have lessened substantially during the project, for those who actually reviewed the materials rated them as excellent or good with respect to clarity, accuracy, currency and balance. Fifty-nine percent of the sample referred patients or clients to the library during the project.

On the first survey, professionals expressed concerns such as that their professional responses to patients would be questioned, their patients would express more apprehension after reading resources, their patients would "shop around" or attempt to "do it themselves" for medical treatment. Yet the second survey indicated few of these problems actually occurred, and at a very low level of frequency.

When asked to what extent providing patients with appropriate health/medical information effectively increases the likelihood that the patient will better understand and be able to cope with a medical condition and be more satisfied with the patient-health professional relationship, those health professionals who referred patients to Health Info indicated strongly their belief in these positive outcomes.

From these surveys we concluded that libraries undertaking similar projects in rural areas should plan to work closely with health care professionals. Health professionals need to feel confident that libraries are meeting their resource needs as well as the resource needs of their patients; they suggest the health topics for which resources are needed most frequently. The back-up service for Interlibrary Loans should be thorough and timely. Opportunities for a preview of the collection are advisable so that the professionals can become

familiar with the resources. Then they will not only send their patients to the library but will refer them for specific resources. Public programs, aside from being educational updates for professionals, become a point of reference between professionals and their clients, enhancing communication between them.

A leading health educator has stated, "To be effective, health information must be transmitted at the grass-roots level where people's attitudes and values are embedded, where the sources and channels of information are more trusted, and where two-way communications can allow for local variation, clarification and adaptation."⁴ Our experiences with the Health Info project clearly indicates the need for these components of a successful project: a timely public library collection emphasizing both clinical and consumer related health/medical information; a liason with a health sciences library for in-depth reference requests for Inter-library Loans; a staff trained to do health related reference interviews, to relay this information to the back-up library, and to select appropriate materials for the collection; a vital public relations plan; and close cooperation with local health care professionals and agencies. Attention to these components will assure that reliable consumer health information can

become a vital and ongoing part of good library service
to the rural population.⁵

FOOTNOTES

¹Alan M. Rees, ed. Developing Consumer Health Information Services, R.R. Bowker Co., 1982.

²Ibid., p.134.

³Ibid., p.42-48.

⁴Lawrence W. Green, "Health Information and Health Education: There's a Big Difference Between Them." Bulletin of the American Society for Information Science (4:4 1978) p.16.

⁵Total cost of the project was \$21,000. Of this, \$9,000 was spent for library materials.