Health Information and Health Literacy: Public Library Practices, Challenges and Opportunities

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ABSTRACT
This poster reports on a study of 18 libraries in two public library systems in central Oklahoma. The project sought to gain an in-depth understanding of how libraries are contributing to health information access and health literacy. The poster reports on preliminary results in regard to three aspects of the study: library personnel’s perspectives on the roles and responsibilities of libraries in reference to health information and literacy, how staff assisted patrons with health questions, and how they defined “health literacy.” This research highlights disparities in library staff’s understanding of health literacy, as well as some of the problems they encounter as they disseminate health information.

Keywords
Health literacy, public libraries, health information behavior

INTRODUCTION
The current medical climate in the United States offers multiple challenges to consumers. Because of less time allotted for patient appointments, it is common for individuals to leave feeling confused, unable to recall what was discussed, or simply missing information. After appointments, or when new issues occur, consumers may have difficulty in accessing their providers, finding them to be unapproachable or too busy (Borman & McKenzie, 2005). Patients often have to process health information independently without really knowing how to seek information or how to interpret the information they do find (Chobot, 2004; Kwon & Kim, 2009). In addition to the resulting gaps in patients’ knowledge about their conditions and potential treatments, patients with low health literacy skills are at an increased risk of not knowing how to cope with serious medical conditions.

The goal of this project was to gain an in-depth understanding of how two library systems in central Oklahoma are contributing to health information access and health literacy through their programs and resources. The motivation behind the study was that Oklahoma consistently rates among the least healthy states, and this study addresses this by considering the role of public libraries within the spectrum of health information and health literacy. The research explores libraries’ and librarians’ practices and perceptions about health literacy and access to health information, and how public libraries are currently implementing strategies that address the health information and health literacy needs of the constituencies.

RELATED LITERATURE
Health literacy is directly related to health outcomes (Koh et al., 2012). As a concept, health literacy comprises “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (U.S. Department of Health and Human Services, 2015, para. 1). Further, only 12% of the adult population possesses what the National Network of Libraries of Medicine (2014) designates as “proficient” health literacy, making “limited health literacy…a major public health problem” (Johnson, Baur, & Meissner, 2011, p. 22). Even highly educated individuals often lack health literacy and “14% of adults (30 million people) have Below Basic health literacy” (U.S. Dept. of Health and Human Services, 2015). Low levels of health literacy are particularly prevalent among older, minority, immigrant, and low-income populations (NN/LM, 2014).

Public libraries serve their constituent communities by providing information and services that help people navigate diverse areas of their lives; in addition to facilitating access to information, they offer computer training, children’s programs, book clubs, and a wide variety of community events. As entities that serve their communities, the goals of public libraries encompass ascertaining and addressing community needs, which includes understanding the health concerns of patrons (Borman & McKenzie, 2005; Kwon & Kim, 2009; Parker & Kreps, 2005).

Studies that have examined health information and health literacy in public libraries have identified several issues relating to health information, such as librarians are often unsure of how to answer health questions and have little knowledge of health information resources (Luo & Park, 2013), and library personnel seem to prefer print sources...
rather than online databases, even if the books are outdated (Flaherty, 2013; Flaherty & Luther, 2011). Librarians have also expressed variations in comfort levels and abilities when dealing with health questions (Flaherty & Luther, 2011; Linnan et al., 2004). Other research has described personal conflicts over provision of health information. Studies examining library staff’s responses to vaccination questions found that librarians were unable to reliably assist patrons, either due to lack of knowledge about resources or because personal views differed from standard medical practice (Flaherty, 2013; Keselman, Smith, 2011; Smith, & Hundal, 2014). Despite these potential barriers, it is important for librarians to be able to help patrons navigate the overwhelming array of medical information available online, informing patrons about how to distinguish among websites run by pharmaceutical companies and others that are suspect in various ways. Overall, there is consensus that public librarians need more training in answering health questions in order to provide appropriate information for patrons, as well as to contribute to the larger goal of a health-literate populace.

STUDY CONTEXT

Oklahoma consistently ranks between the 43rd-48th least healthy state, with that number currently at 46 (United Health Foundation, 2014). Factors contributing to Oklahoma’s low levels of health include diabetes, smoking, and obesity. In addition, Oklahoma is home to high levels of poverty, low public health funding, and limited availability of primary care physicians, with only 59% of children being immunized. The need for better health literacy within the state has drawn attention from several agencies. In 2012 and in 2014, the Oklahoma Department of Libraries, Oklahoma State Department of Health, OK Literacy Coalition, and the Oklahoma City Community Foundation sponsored a Summit on Health Literacy, bringing together healthcare professionals, educators, and other interested parties to discuss issues plaguing Oklahoma and how to work towards mitigating them.

In Oklahoma, low levels of general literacy impact the ability to attain health literacy, thus contributing to Oklahoma’s low health ranking. The Oklahoma Health Equity Campaign (2014) has reported that 464,376 adults do not have high school diplomas, over one million people lack basic literacy skills, and 59% of students live in poverty; in Oklahoma’s largest two districts (Oklahoma City and Tulsa), 83% of Oklahoma students live in poverty. These statistics mean that those who are most at risk neglect obtaining basic health care for several reasons: lack of funds, lack of information on how and where to obtain low-cost or free health care, and lack of understanding of the importance of receiving proper health care. Not getting yearly preventive physicals that could identify chronic conditions such as high blood pressure and diabetes can cause serious long-term ramifications (Baker, Wolf, & Huang, 2007; Oklahoma Department of Libraries, 2012). In addition, even though general perceptions may be that health information can be easily obtained electronically, there is a gap for people of all socio-economic levels if they do not know how to use computers, particularly the elderly; if they are unable to afford computers; or if they simply do not understand medical information or how to gauge the validity of that information (Chobot, 2004; Kwon & Kim, 2009; Oelschlegel, Earl, Taylor, & Muenchen, 2009). A related issue is that people living in both metropolitan and rural areas may not know that their libraries are equipped to help them find health information.

The research questions were: 1) How are public libraries in central Oklahoma addressing health literacy and facilitating access to consumer health information? 2) How do aspects of the social and institutional contexts in which these libraries operate act to support or inhibit their contributions to their constituents’ health literacy? 3) What do the libraries’ practices and perceptions tell us about health literacy facilitation, supports, and barriers?

Research Design and Methods

This exploratory study examined the practices and programs of 18 public libraries in two library systems in Oklahoma. Twenty-three branch managers were contacted by email to participate in semi-structured, open-ended interviews (Charmaz, 2002; Kvale, 1996). Of the 23, 18 managers responded. The researcher also requested an interview with a public services librarian or library assistant (some smaller libraries did not employ public services staff with an MLIS) chosen by the manager at each branch. In total, 37 interviews with public library personnel took place (one library designated two staff in addition to the branch manager). In addition, to provide background on various practices from a larger perspective, the researcher interviewed an administrator in one of the systems, a librarian at the health sciences library, and an administrator and staff member at the Oklahoma Library Association. Overall, each interview took between 30 and 90 minutes. In addition, the researcher collected brochures and other promotional materials available to patrons at each library, and looked at library events calendars online.

The interviews were analyzed qualitatively using a grounded approach (Charmaz, 2006; Corbin & Strauss, 2008) to elicit themes based on the perspectives of library personnel on health literacy, dissemination of health information, and public library roles and responsibilities in relation to health information and literacy. In addition, librarian personnel were asked about the types of programs they offered and how they handled health information requests. This poster reports on preliminary results in regard to three aspects of the study: library personnel’s perspectives on the roles and responsibilities of libraries in reference to health information and literacy, how staff assisted patrons with health questions, and how they defined “health literacy.”

FINDINGS

Overview of the Libraries

The two library systems studied have multiple branches spread throughout their service areas. Library System 1
(LS1) is primarily urban; most of the libraries are located within city limits, with several located in suburbs directly adjacent to the city. Several branches in LS1 primarily serve Hispanic or non-White populations.

Library System 2 (LS2) comprises a mix of suburban and rural locations. Because LS2 serves a lot of rural areas, many of the people who frequent those libraries do so because internet access is slow or spotty in their homes. A Library Assistant also noted, “We tend to serve the ones more that are in need and I think that’s any public library, because we’re public and we have free resources.”

The primary users of both library systems were young families, and school-aged children who often came after school and stayed, unattended, until their families picked them up at the end of the day. Several library staff also mentioned frequent use by senior citizens, often to meet up with others, or to just get out of the house.

Roles and Responsibilities of Public Libraries
One of the objectives of this study was to elicit library personnel’s perspectives on the role of both their library and public libraries in general in relation to the dissemination of health information and health literacy. For the most part, interviewees commented specifically on their resources, such as discussing the books in their health collection, the importance of weeding medical collections because the information becomes out-of-date quickly, and that their libraries had access to medical databases. One manager said, “Well, I know in our collection we have, of course, the exercise DVD’s, the books on diet, cooking, the health, medical type books. We keep a fairly good collection there. We also have the databases, Medline.”

While it was rare for respondents to discuss public libraries’ roles and responsibilities on a larger scale, a few respondents did have some insights. Many of those interviewed immediately noted that public libraries exist to connect people to information, and that health information is part of that mission. For example, “The public library is there as a clearinghouse for information and…we need to do what we can to get to connect the customer with what they need.”

Handling Health Questions
A number of library staff discussed difficulties in providing health information, for example, saying that they had to “walk a fine line” when answering questions and were conflicted about when it was appropriate to probe for more information, describing it as “tricky” given the personal nature of these interactions. The majority of staff said they always started with bringing patrons to the stacks, rather than databases. They would only go to the databases if there were no books on a particular topic. They often reported that most patrons did not seem to want to use the databases even if the staff were to print something off for them; they wanted books to take home. LS1 had partnered with the university’s health sciences library to provide consumer health information certification to some of its librarians, but even so, one librarian noted, “[The classes are] almost purely online resources. So that’s interesting because while I’m learning so much about all the great things online, you get back to the library and people seem to want a book.”

Librarians were also clear as to their limits, that it was not their role to dispense medical information or opinions, and that if patrons were in need of information beyond the libraries’ abilities and resources, that they would refer them to other resources, such as the local health sciences library, or appropriate agencies.

Perspectives on Health Literacy
Library staff were asked to talk about how they would define “health literacy.” Their responses elicited widely variable descriptions, falling into several categories. Some respondents were somewhat unsure of how to answer the question. Health literacy seemed not to be a concept these public library staff had thought about overall. One librarian noted, “I think it means different things to different people. To me that means that I understand the difference between authoritative information…versus bad.” A library assistant offered, “To me it means, not just book forms of information - it means online information, it means magazines, it means video, non-print information.”

Others described health literacy as how staff might respond to health questions. One manager stated: “Well…for us it would be… just trying to help them answer their question or get a book……” Another manager said, “Well, as a professional, obviously I have very high expectations that…as a librarian you know what materials are available in our collection.”

Despite a lot of misunderstanding among many interviewees, several librarians and managers did exhibit a more comprehensive level of understanding, being aware of the necessity for consumers to be able to find health information, evaluate the sources of the information, and understand it, as in this comment: “I think the most important aspect of it is being able to look at health information and tell good health information from bad health information…being able to look at web pages, and…seeing which ones appear to have information that you can trust, and which ones are just putting up whatever they can find to drive page views.”

DISCUSSION AND CONCLUSION
This poster reports on preliminary results of a study examining how public libraries and library staff in central Oklahoma are contributing to health information access and health literacy. The poster focuses particularly on the library staff’s perspectives on the roles and responsibilities of public libraries, how they handle health questions, and what their understanding of health literacy is.

Interviews with branch managers and library staff who were either MLIS librarians or library assistants revealed disparities in understanding and knowledge about health information and health literacy. Most respondents viewed the public library’s role in local terms; they were more
likely to consider how their own library was contributing to health information and literacy within their communities. Overall, while this implies that they may not have taken a broad view about how public libraries could play a role in facilitating better health and health literacy, most staff did have an understanding that they could contribute on some level.

Affirming other research (Flaherty 2013; Flaherty & Luther, 2011), study participants primarily relied on books, saying that the majority of their patrons preferred them, either to bring them home or because they found using computers difficult. The library staff were also aware of the challenges in navigating health questions; a number of librarians in LS1 had received specialized training, and staff in LS2 had also participated in other training sessions.

Also, there were great disparities in how staff understood the term “health literacy.” Overall, there did not seem to be any strategic plans that could assist staff in better comprehending the intricacies of health literacy and how lack of it affected many of their communities. Because the health rankings in Oklahoma are consistently low, one recommendation would be for library systems to generate strategies that libraries could draw upon, including ideas for programs and partnerships based on their clientele. Further, although both systems do offer health information training for personnel who are interested, it would be helpful to devise ways for all public services staff to become better acquainted with the issues in Oklahoma and in delivering health information. As community organizations, public libraries have a lot to offer their customers, and understanding the health needs of their constituents and participating more fully in promoting the health of their communities would offer libraries to play a significant role in improving public health.

REFERENCES


