



**Chapter Council Presents
Sharing Roundtables
MLA Annual Meeting
San Antonio, TX
Monday, May 16, 2005**

Table 5A: Consumer Health

Facilitator: Judith Robinson

Recorder: Brenda Pfannenstiel

Additional Participants: Dee Perry, Sally Patrick, Molly Horio, Lori Gluckman, Paula Whannell, Cheyenne Bidart

Topics discussed and ideas shared:

After lengthy and detailed introductions in which participants described their work experience and consumer health interests there was relatively little time for free discussion.

Judith: reported her university's participation in CH outreach and K-12 health education in state of Virginia

Cheyenne: public librarian in Florida hopes to develop a CH collection and outreach for lower-income library branch clientele.

Dee: her library at the Mayo Clinic in Scottsdale AZ has a great collection, and the users are very sophisticated; they want to read what the doctors read.

Sally: from Eccles Health Sciences Library at the University of Utah, works with public libraries to provide CH service throughout Utah through a NLM three year grant entitled Utahealthnet.

This grant brings the only HSL in the state together with primary partners from the Utah State Library Division and community public libraries, public health departments and Utah Telehealth.

Brenda: manages a pediatric consumer health library in a children's hospital, and would like to figure out a way to effectively serve satellite locations, possibly using volunteers while maintaining appropriate quality of reference service.

Paula: former nurse manages two professional and two CH libraries in community teaching hospital/healthcare system, is interested in funding and in using volunteers to do more than keep the chair warm.

Lori: new MLS from health administration background, now works for Ziva Guide, a for profit company that provides health information to consumers, wants to reach out to public libraries.

Molly: lead librarian at a two-hospital facility in IL that doesn't have a CHL. Interested in a needs assessment or market research for providing CH services; could be a turf war or cooperative effort with hospital wellness department and patient educator.

Discussion turned to question of how to work the wellness/health professionals who want to give health advice; librarians do not give medical advice. There is a need to educate hospital

colleagues about the differences in our roles. Our respective training tends to determine our approach.

Cheyenne reported that a survey at her public library in Florida indicated that the clientele's first choice for classes was in basic computer use, second choice is for consumer health information. Few CH questions come to the reference desk.

Judith: how to navigate the healthcare system is very important to lower income clientele—give training in this, and use black nurses to teach in black communities because of trust issues.

Sally: Whenever possible, team teach with a community public librarian or health educator. A librarian paired with a health provider or community leader aids credibility.

Brenda: families with chronic illnesses/disabilities are at a disadvantage in our fragmented healthcare system; described a project to provide families with health history notebooks and classes to teach them how to manage information about providers, appointments, meds, bills, etc.

Judith: observed that research shows physicians' sources of info are:

- a) the patient
- b) hallway/colleague consult
- c) lit search

Judith remarked that her library sometimes fields questions based on long-ago health care, such as how to remove a patient from an old-fashioned iron lung.

Cheyenne: I hear a willingness of medical librarians to work with public librarians.

Lori: recommends an exchange program between libraries/librarians.

Sally: establish a relationship when doing community outreach, then bring in the content. The relationship is first. Also, 800 numbers are cheap! Be a backup to public librarians.

Judith: met with literacy volunteers and offered them health literacy training. Literacy Books for Training (Literacy Volunteers of America) has activities of daily living in its third book, including "how to read your health insurance."

General discussion of how to be visible and help people realize that they can ask us questions.

Discussed the power of stories of how we have actually helped someone—testimonials.

Judith: keep a file of advocates and cheerleaders who will help promote these stories.

Judith: discussed how NLM "discovered" CH

Judith: discussed triage of reference questions; we medical librarians can take on the more complicated questions for public librarians.

Sally: recommended to Molly that she provide resources to the public libraries with her hospitals' branded logo all over them. Her hospital will be thrilled and so will the public libraries.

Molly: doesn't know if she should be building a CH library or just offering training and referral for public libraries.

Sally: reported that Polycom or other brands of video reference conferencing can be offered among remote locations; it puts a human face on a reference interview. Eccles Library has also videoconferenced monthly meetings from around the state. Eccles Library is participating in

several pilot projects to add videoconferencing equipment in health centers and public libraries statewide.

Judith: reported on a program for Resource Mothers for poor teen mothers. The library trained these grandmothers in health information resources, who then taught the teen mothers. Use key people to get messages out!

Sally: our healthcare system is broken so we should empower people to take back control through reliable, easily accessible consumer health information.

Judith: would love to see a paper that compares and contrasts experiences of someone like Dee with her sophisticated clientele and someone who serves low literacy clients.

Sally: teaching kids how to be good CH information users will bring those skills into their homes.

Brenda: described a proposed health literacy project in Kansas City to produce a newspaper teaching health concepts to K-3 students. Children will be rewarded for taking the newspaper home and getting a parent to sign it; this will help to introduce these health concepts to family at home.

Judith: we use bilingual students to work with migrant workers' camps. When we get grants we include funding to add CE for health professionals.

Briefly discussed the challenges of working with demanding clientele—who think they know everything or can buy everything—unearned sense of entitlement.

Discussed having personal “groupies”—people who are convinced that a particular librarian can answer any question and are loyal advocates but resist using other librarians.

Time ran out.