



From Google to MedlinePlus: The wide range of authoritative health information provision in public libraries



Mary Grace Flaherty

204 Manning Hall, 216 Lenoir Drive, School of Information & Library Science, University of North Carolina, Chapel Hill, NC 27599-3360, USA

ARTICLE INFO

Article history:

Received 14 February 2015
Received in revised form 31 August 2015
Accepted 8 April 2016
Available online 29 April 2016

ABSTRACT

Public library staff throughout the United States are providing assistance on a variety of health topics. To better understand health information provision in this setting, unobtrusive visits were completed in a total of 73 randomly selected sites in three different states. The query, “Do vaccines cause autism?” was posed to library staff. In 59% of encounters, material provided did not answer the question. In more than half of visits, public library staff referred to the libraries' print collections, and 69% of the time when print was provided it did not answer the question or it addressed the question with information contradictory to prevailing medical evidence. Referral was made to electronic resources in a quarter of visits, with answers ranging from “Just Google it” to “MedlinePlus is my favorite go-to”. When staff referred to or used electronic resources, authoritative medical information on the topic was supplied 79% of the time. It appears that there was no standardization on handling health queries in most libraries that were visited. Given public libraries are trusted institutions providing community access to health information, it is imperative that staff are using appropriate health information tools which are readily and freely available.

© 2016 Elsevier Inc. All rights reserved.

1. Introduction

It is no exaggeration to state that health information access has changed exponentially. As trusted information providers, public libraries are in a unique position to aid community members in sifting through and evaluating the quality of the ever increasing amount of health information available. While many studies have identified public libraries as settings for health information provision (Becker et al., 2010; Calvano & Needham, 1996; Guard et al., 2000; Martin & Lanier, 1996; Spatz, 2000), there is a paucity of information regarding the actual information patrons receive when they visit a public library with health questions.

To assess health information provision in public libraries, a series of studies were completed, each building upon the previous results. In 2010, an initial study in upstate New York uncovered great disparities in health information provision (Flaherty & Luther, 2011). This led to a subsequent study that examined two public library systems, one with a dedicated health information center and one without. Utilization of and referrals to the dedicated center were uneven (Flaherty, 2013). Next, a statewide consumer health initiative, which took place in Delaware, was examined in 2012 (Flaherty & Grier, 2014). All of the studies outlined above included an assessment of health information provision by using visits where a health question was posed to library staff. In 2013–14, the process was repeated in 30 randomly selected libraries

in North Carolina. This report compiles the results of these efforts to better understand health information resource use by public library staff.

2. Problem statement

At a time when health care consumers are increasingly encouraged to become active health care partners, there is also unprecedented access to extensive amounts of health information of varying quality and authority. While there are excellent online consumer health resources available (e.g., MedlinePlus.gov, MayoClinic.org, cdc.gov), health information seekers require familiarity with or at least knowledge of these resources to utilize them.

Patrons have identified public libraries as trusted resources for health information and have stated they found valuable information there that affected their health care decisions (Baker, Spang, & Gogolowski, 1998; Chobot, 2003; Harris, Henwood, Marshall, & Burdett, 2010). Public libraries have also been identified as important community partners for health information provision (Becker et al., 2010). Yet, public library staff are often not trained to answer health questions (Gillaspy, 2000), and there is very little information available as to information practices and actual resources public library staff are using to field health questions (Flaherty & Luther, 2011; Smith, 2011). Given the range of information quality available, it is imperative to have a better understanding of the information exchanges that are taking place and the actual resources public library patrons receive when they present a health query.

With this in mind, the following research questions framed this investigation

E-mail address: mgflaher@email.unc.edu.

- RQ1: In the public library setting, what resources are staff using to answer a widely debated health question?
- RQ2: When public library staff are asked a seemingly ambiguous but specific health query, are they addressing the query with authoritative health information resources?

3. Literature review

Health care consumers now have unprecedented, unlimited access to health information. Resources that were available only through intermediaries (e.g., librarians) just a short time ago are now readily accessible. This has opened up a vast world of information to anyone with a computing device and Internet connection. One in three adults in the United States has gone online to diagnose a condition and of those, about half consulted a health care provider about their findings (Fox & Duggan, 2013). Yet not everyone has direct access; some individuals turn to their local public libraries and use these facilities for all types of information seeking, including health (Becker et al., 2010).

Beyond access, for many health care consumers, information seeking can be a daunting and confusing process. Many turn to the Internet, described as the “de facto second opinion” for health information seekers (Fox & Duggan, 2013); and some are encouraging individuals to use the Internet as their de facto first opinion (Julavits, 2014). Not everyone is adept at finding accurate information. Many consumers are not able to evaluate the online information they do find for veracity, authoritative-ness, or timeliness (Eysenbach & Kohler, 2002). Seventy-seven per cent of health information seekers start with a search engine and do not check the date and source of information they encounter (Fox & Duggan, 2013; Pew Internet and American Life Project, 2008). Individuals can have consequential misconceptions regarding health issues after they have found inaccurate information online (Kortum, Edwards, & Richards-Kortum, 2008), and information on specific conditions can propagate myths and misinformation (Lewis, Mahdy, Michal, & Arbuthnott, 2014). Levels of information quality vary significantly for different health topics. In one study, searches for terms related to social health and preventive issues produced lower quality results than searches for terms related to injury treatment or physical disease and diagnosis (Kitchens, Harle, & Li, 2014).

When patients take an active role in their health care, they can have lower medical costs (Hibbard, Greene, & Overton, 2013), and when they have taken the initiative to obtain their own information, patients have been shown to have improved outcomes (Roter, 2000). With an ever-increasing emphasis on self-care and patient/consumer responsibility for health and escalating information availability, some individuals need guidance when it comes to accessing and using health information resources effectively. Public library staff are already responding to health queries (Linnan et al., 2004), and with over 16,000 locations nationwide (De la Peña McCook, 2011), a logical setting for providing access and assistance with health information is the local public library.

Unobtrusive observation is an established practice for evaluating a variety of services; examples include the restaurant reviewer or secret shopper. Unobtrusive reference, a similar process in the library setting, can be used to assess services. An individual posing as a patron asks a question and responses to factual questions are evaluated (Hernon & McClure, 1987a). This type of testing can examine a number of parameters, including: a correct or incorrect response; internal or external referrals; question negotiation; and familiarity with library tools and resources (Hernon & McClure, 1987a).

The inherent advantages in using this approach include objectivity and lack of bias, as staff are unaware of being evaluated (Whitlatch, 1989). For this approach to be informative there should be an adequate sample with a uniform test applied across settings (Hubbertz, 2005). To evaluate health information provision in the public library setting with this method, optimal questions are likely to be about common

problems, and related to a topic in which there are opportunities for the librarian to find clearly credible and clearly not credible findings. Information gleaned through this approach can be used not only to evaluate resource provision, but can also be used to inform library policy-making and planning with empirical evidence (Hernon & McClure, 1987b).

4. Methods

4.1. Library visits

Four cumulative efforts to assess health information provision in public libraries in upstate New York, Delaware, and North Carolina were completed from 2010 to 2014. Libraries were randomly selected (using different criteria, described below) for unobtrusive visits, where the researcher posed as a patron and asked a health question. In New York State, two rounds of visits took place. The preliminary study focused on rural libraries, those in counties identified as non-metropolitan by the United States Department of Agriculture's Economic Research Service (U.S. Department of Agriculture, 2010). A random sample of 30 from all public libraries in the 10 most rural counties (three from each county) was identified. Ten libraries that were within a 100-mile radius of Syracuse were selected from the list of 30; an MSLS graduate student visited those ten libraries in 2010.

In the second round, two comparable public library systems (each with approximately 30 libraries and similar populations) were identified, one with a dedicated consumer health information center and one without. Ten libraries were randomly selected from each system for 20 total visits by the author. Hence, a total of 30 libraries in upstate New York were visited in 2010–2011. A Delaware statewide initiative was examined next. The State Library's website provided an alphabetical list of all public libraries; half of the 32 total were randomly selected for visits. One of those chosen was closed for renovations, so 15 of 32 libraries were successfully visited during 2012 by the author. For the research in New York and Delaware, the protocol was approved by the Syracuse University Institutional Review Board (6/15/10; 6/21/11; 7/11/12). This analysis and report builds on those endeavors.

In North Carolina, a two-step process for determining visits was employed. Using the *Directory of North Carolina Libraries* from the State Library's website, all libraries were numbered from one to 387. With Microsoft Excel's random number generator, 60 numbers were chosen and the libraries with the correlating numbers were selected. For a separate research project, health promotion efforts in those 60 libraries are being explored. To avoid contamination between studies, library selection for visits was taken from 30 comparable libraries, not included in those 60, using the following process. Comparator libraries were found for every second library on the list of 60. These were determined by exactly or closely matching libraries with the same or similar numbers of full-time equivalent employees (FTE), in the same county. The FTE parameter was chosen as a convenient proxy for library size and population, as numbers of FTE staff tend to be similar across libraries of similar sizes. If there was no likely comparator within the county, a comparable library was chosen from an adjacent county by applying the same method. Thirty libraries from across the state were visited during 2013–2014 by two MSLS graduate students; each visited 15 libraries. The research protocol was approved by the University of North Carolina-Chapel Hill Institutional Review Board (9/26/13).

4.2. The reference question

To create a question that would generate the most resolution for distinguishing credible from not credible medical information, a pediatrician and epidemiologist were consulted. Credibility of a resource was evaluated based on the degree to which national academies or boards responsible for the particular condition treatment guidelines endorsed a position, and the degree to which there were controlled trials

Download English Version:

<https://daneshyari.com/en/article/1099159>

Download Persian Version:

<https://daneshyari.com/article/1099159>

[Daneshyari.com](https://daneshyari.com)