

RAC Subcommittees

Consumer Health Advisory Committee

Members

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- Lorna Jones, ljones@cve.org, Community Vocational Enterprises (CVE), San Francisco, CA
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Minutes

Consumer Health Advisory Group Notes, August 8, 2008

Flip Chart

For additional consideration...

- Finding “champions”
- Partnering is NOT easy
- How does the CA State Library position a CH initiative
- Librarians “hang around” other librarians (insular?)
- Funding approaches
- Spanish-speaking patrons, needs of
- How can we determine literacy levels?
- We focus on answers, not questions (communication skills)
- Public vs. medical librarian roles
- Role of technology and “in person”
- Model needed for community “outreach”

9:20 AM – Meeting underway

- Objectives for the day
- Round robin

Robbie

- K-5 school librarian in Spring Creek (Elko area); rural area in large county; Wisconsin native, married, w/ 3 step-children; husband a librarian at Great Basin College

- School library mission:
 - See that information gets to students, school personnel and parents
 - School has wellness policy
 - Robbie has a real concern re: the welfare of children; states “No Child Left Behind” puts a lot of pressure on the school day, so time to exercise gets cut back; nutrition starting to be addresses by offering healthier food choices on campus

Cathy Jacobus

- Consumer health reference librarian; took position 3 years ago which initially focused on collection development and inservices for staff on consumer health
- Library has access to “Reference University”
- Library transitioned from a city to a county jurisdiction
- Chair of Board of Supervisors is very concerned about health and champions related initiatives within the library
- The Library has partnered with the Public Health Department (NOT easy)
- AHSL has been supportive
- Pima County Health Task Force – involves representatives from PL, health department, etc.
- Library is very committed to outreach
- Has worked with the Community Council on Aging, with coordinators of youth and adult services
- Received a “Fit for Life” grant through Met Life; formed a related work group [? Grant details]
- September 2008 – planning a “Get Fit” festival; also addressing “nature deficit disorder” as part of this

Kelli Ham

- Relayed professional background; moved from corporate setting to brief PL position to CH position in NN/LM PSR program, where she gets best of both worlds in working with health information intermediaries and the public they serve

Suzanne Flint

- Not a librarian
- Health educator, child life specialist; started at Packard pediatric library, Stanford
- Child life – you need to consider developmental level of child and child’s parent with educational intervention
- “Reach Out and Read” – pediatric literature – started @ Stanford in partnership with public libraries
- On task force on “Youth and Workplace Wellness”
- Mentioned that CA schools have policies [health curriculum?]
- Now a library program consultant with the CA State Library
- Feels that to maintain democracy and equity, public libraries are KEY!!!
- Concerned with early childhood and baby boomers, and looking for a way to position a CH initiative at the CSL
- Sees divided perspectives among public libraries
- Survey revealed that library patrons want “the person” to talk to, more than just “information” [resources]

- Sees that prevention is KEY; libraries can serve a role in providing nutrition information, for example
- Mentioned Roybal-Allard, August 7 introduction [?] of 1381 – health prevention funding

Kelli Ham – mentioned information alone will not do it, consumer needs to act on information

Suzanne - Whole series of health coaches

Public libraries – recede into distance; “get out” of library milieu

By the time students get to high school, they lose ties with the library

Librarians hang around other librarians

LSTA funding in California

Lorna

- “set of skills” of librarians is phenomenal
- Was in Boston until 1.5 years ago
- CVE – social enterprise; provides...mental health clientele; gets county referrals; has health, behavioral background; her twin has PhD in health literacy; has consulting business with her as well; mentioned Dr. Patricia Brevik of the National Forum on Health Literacy
- Small business, health, etc., gov
- International standards in ILL
- San Francisco – mission – economic self-sufficiency; need “skill set”
- Bureau of Primary Health – disparities
- Population – average age is 38; have diabetes and chronic disease; a lot of fear and denial around these diagnoses
- With “wellness in the workplace” you need specific skills to make this happen
- You can sit and get information, but you need to know what to do with it
- [Like emergency preparedness on a personal level]
- Forum (see above) experience – sophisticated participants with health concerns that “stump” even them
- [We need to help people approach concerns and teach them how to think, problem solve, etc.]
- “You have your health, you have your wealth.”
- Sees a disconnect with moving agendas forward, within libraries and between various organizations

Sol

- A librarian for 3.5 years
- Works at branch library
- Provides training
- Working with board chairman on health issues; trying to figure out “how”
- Did webinar for Spanish-speaking patrons

Cathy J – sees cultural competency at the “core”

What motivates behavior change?

- Lots of denial, fear, resignation around health issues

Trejo Institute conference – “Salud se Puede”

- Speaker on cultural beliefs - Plenary session, Dr. Antonio Estrada (His presentation slides and the audio of his talk are available at the link, including many of the other presenters) <http://www.sir.arizona.edu/trejo/proceedings.html>
- Book geared to health care professionals "What Language Does Your Patient Hurt In?" Author/Name: [Salimbene, Suzanne](#). Title: What language does your patient hurt in? : a practical guide to culturally competent patient care / St. Paul, MN : EMCParadigm, c2000.

Suzanne – has background as a cognitive behavioral therapist; states when it comes to a chronic disease like diabetes, people state, "I can manage it." How we use language determines perceptions, approaches; much language "catastrophizes"

Lorna – stated the importance of being aware of learning styles [client]

PBS special – "Unnatural Causes" – on Wide Angle about world health systems

"Where everyone knows your name" is the library (Cheers reference)

Suzanne talked about having genius bars at the library.

Kathy Biagi

- Talked about health literacy survey

Kelli Ham – presentation

- Access – Internet, "people you trust," popular media
- Where do consumers get health information, how do they receive, understand, use
- What about those we're not reaching?
- Challenge – what are our action steps?
- Fall 2007 – health literacy centers (S. Flint to follow-up w/ info about these)
- Baker article on health literacy (Dr. Baker has published numerous articles; this one discussed findings that only smoking was a higher predictor of death than health literacy in a study of ~3,500 Medicare patients.) *Citation: Baker, David et al. "Health literacy and mortality among elderly persons." Archives of Internal Medicine, 2007 Jul 23;167(14):1503-9 PMID: 17646604*
- MLA CE class that Kelli took; Dr. Baker on panel and mentioned seeing non-compliance in congestive heart failure patients; he is writing easy-to-understand educational materials for patients
- Lorna – mentioned AMA videos ama-assn.org/ama/pub/category/8035.html
- Resources
 - Multi-modal health information delivery is KEY
 - NIH Senior Health – National Institutes on Aging developed an excellent toolkit for trainers, 9 modules - <http://nihseniorhealth.gov/toolkit/toolkit.html>

Question – How can we determine literacy levels when working with patron?

Suzanne Flint – "Model" interactions; we focus on answers, not questions or question negotiation

Health literacy response – treat everyone the same

"Patients have the answers."

We're not a "team" with health professionals – partnerships KEY

Cathy J – biggest challenge is "format"; her system has 26 branches/communities; taskforce has a liaison at each branch

Kelli – ask the public what they need and want

Suzanne – look at serving demographic; ID a representative in the community who is a conduit for health; this empowers the community; pull patients into discussion at the beginning; “letting go” is important; services need to go out of library walls; leave arrogance at door; note that wholism, prevention are prevalent in other cultures

Lorna – “front line” health care workers are a good group to reach

Kathy B – sending out a request for bids; want to provide tool and service with tool; Nevada has poor literacy rates; hope to learn from this initiative: what do people know about how to ask questions

Suzanne – every human being needs health information; “emotional charge” with health information (hypnotic trance); teach back concept is important

Maybe librarians could use some additional training in communication skills, as is being done with health professionals (ref to AskMe3).

Public vs. medical librarian roles (Cathy Jacobus)

Robbie – in education, students who have many challenges are being “educated” to pass tests vs. being helped to acquire life skills

Kelli – mentioned and circulated a heart health book (The one created by Dr. Baker, Suzanne noted that some of the information might be confusing, even though written at an easy level with pictures... What does “check yourself each day” mean?)

LUNCH

Suzanne – talked about 2nd Life presence; creating a training space (mentioned Pew study) [Heidi and Kelli - follow-up w/ Josephine Tan]

Cathy J – with new librarians she is seeing good technology skills, but poor social interaction skills; mentioned Edmond Osmos – Communicating with Difficult People (?)

2nd Life – huge learning curve, technology requirements, possible blocking by institutions

Cathy J – has reservations about using technology to increase social interaction skills; boundary issues with difficult patrons

Kelli – example – “What do you do when a patron starts crying?” – one response during webinar: “Call security.”

Suzanne – “marriage” example; teaching module in conjunction with mentor groups

Lorna – “coaching”

Cathy J – takes courage

Sol – people skills; he greets everyone that comes in, but doesn’t see this happening throughout the library system

Technology – you need to first build trust

Chip Heath – “making it stick”

Rules and regulations, lectures

Center for the Book – water issues in California

We have to overcome the image of the library; Suzanne thinks they should be like “Cheers,” a café model for the library

Suzanne – mentioned focus groups results; low literacy groups wanted indication of this on library card; “literacy” disability is hidden

[librarian communication issues]

CA Endowment – “Healthy Cities” initiative – 6 cities funded

(<http://www.calendow.org/healthycommunities/>)

Lorna – Sol’s comment – take to streets vs. more research, reinvention

Robbie – Cathy J’s community health task force; model like this needed

Cathy J – tension – health department vs. community priorities; need consumers to be involved; our “audiences” have answers

Lorna – Kaiser – Ysabel, Peter met with Lorna and her staff; increment projects in small steps and feed people

AFTER LUNCH

Suzanne – asked the question that was the topic of her Masters thesis: “How to people feel cared for?”

KH presentation

- Demographics of region – low income, minorities, seniors
- Focusing on a school-based project

Suzanne mentioned existing projects at CSL; CA nutrition standards; national program that addressed health components [dietitians as potential target group]; Suzanne involved with a task force that has a school wellness component. (North Bay Cooperative Library System worked with the Marin County Free Library Novato Branch and Lynne LoPresto, a Marin County based nutrition expert, to create the Children's Nutrition Collection (CNC). Pilot project developed in response to the growing rates of obesity and lifestyle related chronic diseases in children, funded by LSTA.)

- Kelli talked about her project, with fitness and diet component
- Robbie – link to curriculum; provide training materials
- Kelli asked, “What other things would be useful?” IDEAS:
 - iTunes, short training modules (i.e. 2-5 minute movie clips), monthly webinars
 - Sol mentioned TOFU (Training Online for You) – podcasts; developed by virtual library; requires headphone w/ computer; [Follow-up: PSR could provide headsets if necessary]
 - Cathy J – “Fit for Life” training a priority
 - Webinars are archived for later viewing
- Kathy B – need adult and basic education/ESL materials; 30-minute literacy component

Communication

PSR needs to create an “intro” for email messages that can be forwarded to other lists (i.e. NN/LM PSR introductory message for “outside” audiences) – put this on the PSR website

Kelli – “Trifolds...are these suitable for patrons?” (Some feedback indicates that they are too-text heavy)

- Suzanne – visuals important
- Kelli asked “What about business-card size?” and response is that bookmarks are a better size for public libraries, perhaps in hospital setting a wallet size card would work
- Cathy J – public libraries have no money to make printouts [PSR follow-up]
- Suzanne – theme: you will have more than one opportunity; “Here’s one thing. Do you want more?”; organizations want own logo on bookmarks, etc. – use NN/LM PSR “in partnership” (make the connection between organizations)

Kelli – Asked about podcasts – How are they used and how can we evaluate effectiveness? Kelli plans to produce segments with option to combine segments; chapterized enhancements – for viewing on computer screen

Kathy B – bookmarks with bulleted items are useful; PSR can also offer “pre-testing” assistance for surveys such as Kathy is developing

Suzanne – Asked about pre-surveys in advance of webinars; KH has done and it has encouraged greater numbers to attend the webinars; need to “model” Kelli’s approach to training – focus on questions vs. answers

Lorna – partners, collaborators depend on topic

Suzanne - Funding possibility – pilot “learning community”; CA endowment funding; CSL “boomer” example:

- Decide “outcome,” parameters
- 44 libraries; provided technical assistance and \$1,000
- 31 community assessments completed
- 26 applications received

Suzanne – you could “pick” a community for a pilot project; CSL can fund public libraries, PSR can fund partners

Cathy J – mentioned medical librarians “go by the book” whereas public librarians don’t probe during the reference interview out of concern for the patron’s privacy

Suzanne – we could fund “dialog” between the two; Michelle Spatz dialog (?); fund pilot communities, guide through the process

Kelli – what about having a “swap meet” (idea of how public librarians and hospital librarians could get together to collaborate on availability of services and resources of each setting, when it’s appropriate to send patron to other site) “point-counterpoint” discussion between the two; both represent different library cultures

SABL/CABL mentioned

Lorna – HIPAA concerns

CBO, PL, HS library, RML

Sol was asked about Spanish-language health information – he responded that the information is improving, but you still need to motivate folks to use it; not just language, but culture need to be addressed; it’s hard to measure culture, so you need to have “people” bridge the gap

Kelli – asked about value of Spanish materials for learners of English; demonstrated images in the medical encyclopedia resource of MedlinePlus, toggling between Spanish and English provides medical terms in both languages, good for learning the English medical terms

Suzanne – we need more drawings to enhance communication of health information

CA Go Local – needs more discussion

October – teleconference

Next steps:

Suzanne – partner on LSTA proposal (Need to start working on this in Sept-Oct; December deadline)

Robbie –LSTA in Nevada has fall deadline

Suzanne – mentioned that Susan Hildreth is looking to involve other states in “regional” collaborations

[END OF NOTES]