

## **Health Literacy Skills and Partnership Working for Public and Health Librarians – an overview of the CILIP PMLG/ HLG joint conference, Oldham, 26 January 2018**

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### **Health Literacy – why attend a conference?**

The Public and Mobile Libraries Group and Health Libraries Group of CILIP had collaboratively presented a conference on health literacy and partnership working in August last year in Richmond, Surrey.

Organising [this conference in Oldham](#) presented an opportunity for more library staff to be involved in this learning exchange. Our NHS Support team at Imperial College has been exploring ways of working with public libraries and patient-facing bodies to support health literacy and promote quality health information. Additionally, as a health librarian I work with NHS staff who provide health information directly to patients. This conference was therefore relevant and timely. By attending I hoped to discover possible ways our library could help support health literacy and the promotion quality health information in the public sphere. Secondly, I

wanted to find out what public librarians might need from health librarians.

The government states that 'Health literacy refers to people having the appropriate skills, knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services'.<sup>1</sup> Evidence shows that high quality health information has a positive impact on public interactions and experiences with health services, and that providing access to that information is crucial.<sup>2</sup> This is not only important for individual wellbeing, but also has an impact on the ways of working of NHS staff, and the provision of health care services and resources. In England, 42% of working-age adults are unable to understand and make use of everyday health information, rising to 61% when numeracy skills are also required for comprehension.<sup>3</sup> People with limited health literacy are more likely to need the intervention of emergency services, and are less likely to engage with healthy lifestyle behaviours which in turn can mean poorer health and premature death. Conversely, improved health literacy can empower people and increase health knowledge and build resilience, encourage positive lifestyle changes, enable people to effectively manage long-term health conditions with fewer interventions and reduce the burden on health and social care services.<sup>4</sup> Yet producing information and providing access alone is often not sufficient - skills and

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<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480710/4b\\_Health\\_Literacy-Briefing.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480710/4b_Health_Literacy-Briefing.pdf)

<sup>2</sup><https://www.pifonline.org.uk/wp-content/uploads/2013/05/PiF-full-report-FINAL-new.pdf>

<sup>3</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480710/4b\\_Health\\_Literacy-Briefing.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480710/4b_Health_Literacy-Briefing.pdf)

<sup>4</sup> Ibid.

support are required to identify quality health information and how best to access such. Librarians are ideally equipped to facilitate these.

## Conference presentations

Deena Maggs from the King's Fund introduced the King's Fund free Enquiry Service and the resources they use to answer questions from patients and the public. I arrived towards the end of the presentation due to train times, but found several points Deena made interesting. Firstly she highlighted the [Ideas Bank](#) on the Knowledge for Healthcare website.<sup>5</sup> This gives case studies, examples of public/ patient interventions and training that health librarians can be involved in. For our particular service, which is not patient/ public facing, many of these ideas would not be relevant but I can see they would be extremely valuable with health librarians who are public/ patient facing. Our focus is supporting those who are public/ patient facing and we are looking at ways we can pass on these ideas and skills to public librarians as well as NHS staff. My learning from Deena's presentation included:

- Full Facts website. This was new to me, and has a wide range of information which both healthcare workers and the public can access on items in discussion in our society today including NHS pay, obesity related illness and A&E performance.<sup>6</sup>
- Terminology and synonyms different people might use to mean the same thing (eg. clinicians, the voluntary sector and patients). Also being aware of our own language – is it clear for the enquirer? What terms are best understood by specific kinds enquirers?

<sup>5</sup> <http://kfh.libraryservices.nhs.uk/patient-and-public-information/ideas-bank-2/>

<sup>6</sup> <https://fullfact.org/health/>

- Building relationships with potential enquirers/ enquirers to help answer enquiries but also to demonstrate that we have the skills and resources to answer future enquiries and engage in ongoing information dialogue.

Rachel Gledhill from Public Health England emphasised the need for cross-sector partnerships in order to cascade health literacy skills, knowledge and resources. Although many people will 'Google' a health question, as the internet has no quality standard, there is a danger of information on there being inaccurate and unreliable, and incorrect information leading to poor health related decisions. Librarians have the skills and knowledge to help people find and access quality, relevant health information, and also provide training so others can cascade health literacy. Rachel signposted a range of resources for librarians to use with the public, including:

- NHS Choices<sup>7</sup> and NHS Choices Toolkit with its range of apps including a blood pressure checker, myth buster, and drinks checker<sup>8</sup>
- Healthtalk<sup>9</sup> – providing reliable health information for a patient perspective. There are also a range of patient experience videos on a vast array of health issues which are can be useful for people who can find accessing text on health information challenging due

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<sup>7</sup> <https://www.nhs.uk/pages/home.aspx>

<sup>8</sup> <https://www.nhs.uk/tools/pages/toolslibrary.aspx>

<sup>9</sup> <http://www.healthtalk.org/>

to literacy or language issues, dyslexia or visual impairment for example.

- PubMed Health<sup>10</sup> – a free resource but I, and the two librarians sitting by me, felt that this would need more support for many users to access and understand, compared to NHS Choices for example.

The second part of Rachel's presentation was on quality tools and techniques. Since Rachel's signposting I have found out more about the Information Standard<sup>11</sup>. I also came away thinking about how to encapsulate and reword both the questions used by Discern quality criteria<sup>12</sup> and the work by Silberg et al on assessing quality in health information<sup>13</sup> to make it more user friendly for our library users and for training others.

Starting off the afternoon's presentations was Dan Livesey from Greater Manchester Mental Health NHS Foundation Trust. He gave a fascinating presentation on innovative work his library service and the public library service have worked together and supported health information provision. This included the resources created as part the Recovery Academy course for patients and a new suite of patient information leaflets which could be used in public libraries as well as health libraries, all produced to the Information Standard, with patient involvement and

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pubmedhealth/>

<sup>11</sup> <https://www.england.nhs.uk/tis/>

<sup>12</sup> <http://www.discern.org.uk/>

<sup>13</sup> W.M.Silberg, G.D.Lundberg and R.A. Mustachio, 'Assessing, controlling and assuring the quality of medical information on the internet: Caveant lector et viewor – Let the reader and viewer beware', JAMA, no.15 (1997), pp.1244 – 5.

feedback. The level of patient usage of the library services was notable and for services which are patient facing there was much to learn. For our service there was less we could use but then again as we are supporting those who are patient facing there are suggestions for building relationships and opportunities to improve patient understanding and interaction with health information. Our service is currently working on a leaflet to be produced by our library service on health information for patients which could potentially be used by public librarians and patient-facing bodies.

The Society of Chief Librarians Universal Health Offer was then described.<sup>14</sup> Now is an excellent time to look at health information and health literacy collaboration between public and health librarians, with the Universal Health Offer being embedded into public library practice, the opportunities provided through agendas from Health Education England, the Reading Agency and others, as well as evidence of real need in society to impact positively on people's health through health literacy provision. Knowledge for Healthcare has a suite of resources for developing local partnerships regarding public and patient information.<sup>15</sup>

Finally there was a showcase of initiatives created by libraries under the Engaging Libraries programme<sup>16</sup> This programme was new to me. The programme is a partnership between the Wellcome Trust and Carnegie UK Trust, and was created as a result of work done between the Wellcome Trust and the Society of Chief Librarians. The programme offers support and guidance as well as funding for health and wellbeing

<sup>14</sup> <http://goscl.com/universal-offers/health-offer/>

<sup>15</sup> <http://kfh.libraryservices.nhs.uk/patient-and-public-information/resources-ppi/>

<sup>16</sup> <https://www.carnegieuktrust.org.uk/project/engaging-libraries/>



themed projects in public libraries, with an ongoing commitment to share the outcomes and the experience more widely. I particularly wished I could have attended Comics and Cosplay event at Oldham Libraries! The examples showcased inspired me to consider potential for health libraries to engage with public libraries more on similar projects, to support the training and information needs of public librarians creating health and wellbeing events if required, even if their own services are not public-facing.

### Learning and conclusions

Overall this conference furthered my knowledge of the health literacy landscape, and about how health libraries and public libraries have and can work in together with regard to this. I discovered new information about ways other health libraries work which expanded my understanding. I was able to find out about resources and initiatives which I could bring back to my service. I encountered and appreciated public libraries' role in health information anew, and found out about projects I had not heard of in health and wellbeing in that sector. I have thought about health literacy in a much broader and creative way since the conference. Finding out what public librarians might need from health librarians was not obviously answered during the conference. Some inference was gained from the afternoon presentations but if there was one thing I would have liked to have done would have been a chance to ask public librarians what they wanted from health librarians – although I chatted in the breaks to other librarians only one was from a public library service.

Unlike most of the participants, the library service I work for is not public-facing so some of the initiatives discussed, and also signposted to, are not directly comparable to our work. However, that does not mean to say that we cannot be involved in supporting services and staff who are public-facing. Our role would be different, and ideas and learning can be reworked to be useful to our library users, and the relationships we could develop with public-facing staff and organisations, including public libraries. Since the conference we have reached out to local public libraries and also to the Patient Advice and Liaison Service, to find out how they are working with health information and health literacy, and to see how we could support this work.

There has never been a time where there has been such a real need for health literacy and health information support. Whatever kind of health library we work in, I think there is the potential to work to support public and patient information needs and health literacy. Thank you CILIP PMLG and HLG for arranging the conference. I hope as services, skills and resources develop there will be more events on this important subject.