



University of Brighton

Informing Health: libraries and support for the development of healthy communities

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1. Introduction

Informing Health was a pilot project which took place in Brighton between April and December 2006. It was funded by the Community University Partnership Programme (CUPP)¹ and was conducted by the Social Informatics Research Unit (SIRU) at the University of Brighton. It was part of ongoing research into the role that information and communications technologies (ICTs) might play in enabling access to health information. The contextual relevance of the project relates to three main themes: the relationship between information and health, the role of libraries in health information provision and the need for participation, knowledge exchange and community partnerships to ensure a better fit between information, ICTs and improved health.

Since its election in 1997 the UK Labour government has issued a succession of health policies which have increasingly reinforced the importance of information as a pre-requisite for decision-making in health. In 2004, the government published a new public health White Paper, *Choosing Health* (Department of Health, 2004) which takes as its starting point “informed choice” about health and which emphasises that the key task of government is to provide access to “clear and credible information”. It acknowledges the wide range of sources people currently use to get information about health, including public libraries and the internet. However, in a scenario which sets out to explore what health might look like in future, the White Paper paints a picture of further integration. It describes a hypothetical situation featuring a middle-aged carer who worries about how her disabled son would cope if she herself were ill. She visits her local library, first of all to attend a basic IT and internet skills course, and then to attend an outreach health clinic held at the library, which she has found out about through her internet course. Through this, and further use of her IT skills, the carer is given support to have health checks and set personal health goals (Department of Health, 2004, p113).

Public libraries have a long history of providing access to health information (Ruffin *et al*, 2005) and the role of public librarians as intermediaries in a health context has also been well documented (Linnan *et al*, 2004). In the UK, there have been recent specific initiatives which have examined the role of the public library in the context of online health information developments. These include a study which explored public access to web-based quality assured health information (Beard and de Vekey, 2004) and a separate study which looked at access to the National Electronic Library for Health (NeLH) in public libraries (McNicol and Nankivell, 2002). In an assessment of US-based projects around access to electronic health information, Ruffin *et al* (2005) highlight the theme of community engagement, which is of particular interest in the context of *Informing Health*:

“Involving the target community in planning and designing activities increases each group’s investment in the project”.

(Ruffin *et al*, 2005, p444)

¹ CUPP aims to support partnership working between the University of Brighton and local communities: <http://www.brighton.ac.uk/cupp/>

However, a 2006 report on UK public libraries and community engagement found that while some library services were working closely with their communities, many were not and staff within the sector have fears about working in this way (MLA, 2006). The report goes on to make recommendations about how to build capacity and share good practice within the public library sector. Alongside the traditional provision of health information and the more recent move towards more inclusive working, public libraries are also expected to contribute to the wider health agendas of their local authorities. Supporting the health and well-being of communities is one of several new impact measures which public library services are being encouraged to use as evidence of their contribution to national and local government priorities (MLA, 2005).

Successive surveys have shown the emergence of the internet as an important source for health information (Gunter, 2005). There is evidence from the United States that 79 % nine percent of internet users have searched online for information on at least one major health topic (Fox, 2005) and while the accuracy of those figures can be contested there is no doubt that the internet is a valuable resource for many people looking for information on health. Existing research also suggests, however, that there is a close relationship between the so-called digital and health divides, with those groups most in need of support to improve and manage their health often finding it hardest to access and make effective use of information and ICT (Hughes *et al*, 2002). Many interventions that have been designed to address these inequalities have excluded from that design process the very groups they seek to support. This has resulted in the development of e-health initiatives and resources that do not match with users' needs and abilities and are therefore either not used or are under-used. The *Informing Health* project sought to close this circle by involving users at the outset and enabling them to participate in the design process.

Participative approaches have been used effectively as both a tool for health promotion and for involving citizens in ICT policy development. Rifkin *et al* (2000) review the literature on participative tools in health promotion and include illustrative case studies of how tools have been employed . In the 1990s Sclove (1995, 1997a, 1997b) pioneered the use of participative tools as a way to involve citizens in debates about new technology and his work paved the way for the community informatics movement, whose goal is to enable communities to work effectively with ICTs. Closely related to the concept of participation is the principle of knowledge exchange, which recognises that knowledge flows are not uni-directional and that partners in a project all have knowledge to contribute. In line with these principles, the *Informing Health* project was conceived as a process of 'co-design', in which the users were central to the development of the initiative and the knowledge of all partners was valuable and a resource to be shared.

One of the three main settings which the *Choosing Health* White Paper has established for supporting and promoting health is the local community, arguing that local communities and social networks can make a positive impact on personal health. It goes on to highlight the importance of strategic partnerships involving local communities: "We want to see an effective system for health delivered through close alignment between local community partners" (Department of Health, 2004, p197). Community-based health improvement programmes have been a key strand in UK government initiatives since the 1990s and, in Brighton & Hove, the neighbourhood

regeneration project known as EB4U adopted health as one of its strategic themes along with an approach which emphasises community ownership and control. In a similar vein, Brighton & Hove's Healthy City initiative is built on community engagement and strong partnership: "Work with local people and partners across all sectors is improving the conditions that enable everyone to live healthier lives" (Brighton & Hove City Council, 2006a, p21). Indeed, the idea of partnership working is embedded in public health, and is likely to be the mainstay for health policy in the future, as noted by El Ansari and Weiss (2006).

The *Informing Health* project was designed to build on a study which SIRU conducted from January to August 2006 and which involved a survey of health information seekers using the public library service in Brighton & Hove². That project produced useful information about individuals using the library service, their health information needs and their experiences of using different aspects of the service. It also explored the experiences of public library staff involved in supporting health information enquiries. *Informing Health* added two important new dimensions, namely an increased number of relevant partners and more direct engagement with local communities. The partnership included local organisations involved in different aspects of health information provision or health improvement along with local residents who were themselves involved with health improvement initiatives. The project adopted an approach based on participation and knowledge exchange, designed to encourage all partners to share knowledge and skills on an equal basis. The aim was to trial methods designed to improve access to online health information in local communities. This report outlines the nature of the partnership, the processes and findings and discusses some of the implications arising from the project.

2. Objectives

The key objectives of the project were:

- To form a partnership made up of some key providers and users of health information services in the city
- To run a series of meetings where partners engage in a process of 'co- design' to develop ideas for library service interventions to support online health information seeking and
- To pilot the design ideas through 2 workshops (one to be held in the health service library, one in the public library)
- To develop a model for good practice in community engagement in the health information field through a focus on the specific area of support for online health information seeking

3. The Partners

The *Informing Health* project sought to bring together partners with a range of knowledge and expertise in health promotion, online health information retrieval and healthy living interventions. The partnership included the local public library service,

² This project entitled 'Action for Health' is funded via an international project on ICTs and health care (funded by the Canadian Social Sciences and Humanities Research Council) on which Flis Henwood is a co-investigator.

the NHS Trust library, the local health promotion team and a community-based healthy living initiative. In their different ways, all partners had knowledge and skills to contribute.

The research was led by members of the Social Informatics Research Unit (SIRU) at the University of Brighton.

SIRU

The Social Informatics Research Unit (SIRU) conducts research and consultancy into the ways in which information is produced and used in contemporary organisations and society. The university researchers are particularly interested in the relationship between information, ICTs, health and well-being.

Brighton & Hove City Library Service

The role of public libraries in health information has been outlined in the introduction to this report and the Head of Service for Brighton & Hove Public Library Service was keen to be involved with the project. She delegated the key contact role to the Reader Development Librarian, who was already involved in the complementary research project looking at the health information seeking behaviour of public library users in Brighton & Hove's Jubilee Library.

Brighton and Sussex University Hospitals Trust Library

The Trust Library primarily supports the information needs of local healthcare professionals. However, the library staff are also involved in several initiatives around patient information. These include the Carer and Patient Information Group (CPIG), which is looking at supporting the development of more and better patient information, and a pilot project designed to support the information needs of specific groups of patients and carers. The Trust Library moved into a new purpose built Education Centre in April 2005 and since then it has housed the Health Promotion Library, which was formerly housed in the PCT building where the Health Promotion team is based. When the partnership for *Informing health* was being confirmed the post of Health Promotion Librarian was about to be filled. The Head of the Library Service decided that the new Health Promotion Librarian was the most appropriate person to be the key contact in *Informing Health*. She started work in July 06 and came to the first Partners' meeting with the Head of the Library Service. The Trust library was due to host the second workshop although this did not happen, as outlined in section 4.

Brighton & Hove Primary Teaching Care Trust: Health Promotion

The Health Promotion team work extensively in communities on neighbourhood renewal and healthy living initiatives. They are involved in initiatives such as the Brighton & Hove Healthy City Partnership and produce resources for use by those working in health promotion and the general public e.g. the Active for Life website (Brighton & Hove City Council, 2006b). The Acting Health Promotion Manager suggested that the most appropriate member of her team to act as key contact would be the Health Development Adviser involved in Neighbourhood Renewal.

Health4all Team at EB4U

EB4U is the organisation responsible for the management and delivery of the New Deal for Communities regeneration programme covering several communities in East

Brighton. The Health4all team acts as a focus for health issues in EB4U and team members co-ordinate local health-related initiatives, promote health in an innovative way and provide an information resource for local people and service providers. *Informing Health* involved a member of the Health4all team, the Fresh Ideas Worker, as well as community participants who were already actively engaged in some of the health initiatives. The role of the Fresh Ideas Worker within Health4all is to give support and development advice to resident groups, schools and businesses in setting up community-based food initiatives, particularly around increasing access to fresh fruit and vegetables. The Fresh Ideas Worker was key to the *Informing Health* project. She acted as a gateway into the communities and facilitated access to community groups such as the local Food Co-ops and weight management groups.

The community participants were an integral part of the project and were also recruited through the Health4all initiative. They were contacted through visits by the university researcher to their group activities and meetings.



Local resident and community activist at the Whitehawk Food Co-op

Initially thirteen people indicated that they would be interested in participating and we began a telephone follow-up. At this stage several people indicated that they were no longer interested or that their circumstances had changed and in the event five community participants attended the first meeting. There were four women and one man, from both Moulsecoomb and Whitehawk and ranging in age from a young mother to retired people. They were involved in several of the community health initiatives, including:

- The Food Interest Group - a semi-formal group including residents, voluntary groups and statutory service which meets on a regular basis to talk about food and health and organise activities.
- Bulge Beaters - an informal weight management group which meets regularly in Whitehawk Community Centre.
- Food Co-ops – volunteer-run initiatives to buy and sell fruit and vegetables at cost price. There are co-ops in both Whitehawk and Moulsecoomb. The Whitehawk Co-op operates from the EB4U shop and the Moulsecoomb Co-op from St George's Hall Community Centre.
- Babies Early Support Team (BEST) - a group for young mothers which meets in a community centre in Whitehawk and focuses on breast feeding.

Four out of the original five community participants were involved with more than one initiative and it was assumed by the university partner that they would all have good knowledge of local health initiatives. There was, furthermore, an expectation that this knowledge would be central to the co-design aspect of the project. Only one of the group, a retired railway worker, was an experienced computer user and familiar with the Internet as an information source. Only one, the young mother, used the library regularly. Three of the group used the library intermittently and the retired man said he used to use it when his children were younger but no longer did. At the second meeting the original five reduced to three, two women and one man, all from the Whitehawk area of East Brighton and all over 60.

4. The process

The process was essentially a series of meetings and workshops which took place over the period of the project. The aim of the meetings and workshops was to encourage the development of library service interventions to support online health information seeking. The nature of those interventions was deliberately left open but it was envisaged that there would be some sort of training element.

The university partners began by organising a series of bi-lateral meetings with the potential partners in order to confirm participation. Meetings were held in the partners' places of work and, in the case of the community participants, in centres of activity within the community.

Three events bringing all the partners together were planned at the outset: an introductory meeting and two hands-on workshops. The first all-partner meeting and the first workshop worked well. Unfortunately, the second workshop had to be abandoned at the last minute because the community partners were unable to attend. However, this allowed final informal evaluation meetings, one of which was held with the community participants at the Whitehawk Food Co-op on Wednesday 13th December 2006 and the other with the service provider partners on Friday 15th December 2006 at the University of Brighton.

4.1 Partners' Meeting. Moulsecoomb Leisure Centre. Wednesday 22nd July 2006

The first all-partner meeting had three main aims: to provide an opportunity for the partners to get to know one another; to initiate a discussion of the key themes; to start to explore whether a partnership project of this nature was possible. The discussion was key to the whole project, since it was the main opportunity to explore the perspectives of the partners and to start to identify where and how assumptions were shared or differed. The university researchers and the community worker from EB4U held a pre-meeting to plan the event and shape the discussion points. At the meeting itself, an ice-breaker was used to encourage participants to talk to someone they did not already know and to introduce each other to the group. The key themes were then outlined by the university partner:

- The importance of positive approaches to health e.g. the Health4All initiative
- The role of information

- Access to information in communities where people live and work
- The role of the internet
- The role of libraries
- Learning from each other

The group then split into two – community participants and service partners, to discuss some key questions also devised at the pre-meeting:

What do you already know?
What knowledge do you have?
What do you already do?

The themes were summarised and put on the tables and adjacent walls to act as reminders (Appendix 1).

4.1.1 Issues arising from the group discussions

Health

Health was understood differently by the different partners. For the service providers in health, it is their bread and butter, although the focus for the NHS Trust library is the service they provide for healthcare professionals employed by the local Trusts. The Health Promotion partner, in contrast, works at community and strategic level, with a focus on healthy living and community development. The public library service partner has a general remit, but giving access to health information for the public is important. The community participants expressed views about health in different ways. For the young mother, children’s health – including food and diet – is important. The other community participants talked about health in terms of problems with local health services, for example, hospital catering and parking problems.

Health information

The public library gives access to a wide range of health information sources but it does not currently offer specific training on finding health information to either its own staff or the public. The Hospital Trust library offers a 24/7 service for their core users – health care professionals - as well as training courses on finding health information and assessing information quality on the internet. The training courses are currently being piloted with groups of patients and carers, for example, on renal health. The Health Promotion library service advises health promotion staff about health information websites, preparing lists of ‘vetted’ sites. The service itself produces and promotes websites on healthy living.

For the community participants, in contrast, the predominant ways to access health information are from other people: word of mouth and in community groups, with leaflets and newsletters also seen as useful. The young mother said she preferred to receive information related to childcare from groups rather than go to the library because she enjoyed the contact with other group members. She also commented that not everyone has access to computers. Another community participant said that although she had a computer she did not have the skills to use it. Yet another community participant, however, spoke about using the internet to look up recipes to share with the Bulge Beaters group.

Libraries

The public library partner emphasised its role in local communities, with a total of fifteen community libraries. The library service runs computer training courses for the over-50s which cover using the internet. Extension courses are run by the Youth and Community Service in community centres. The hospital library partner supports health in the community primarily by supporting health professionals. She offered to support the public library partner by offering training in health information skills, to be run by the hospital library team for public library staff. The young mother said that she would like more mobile library services as the local community library was too far away. The community participants agreed that library opening hours were problematic e.g. lunch-time closing; not fitting with local playgroup times. Another community participant felt that school libraries could offer courses to parents and the local community. Other community participants aired grievances about the libraries, which ranged from opening hours and locations to uneven paths and a lack of newspaper provision. While it was pointed out that the public library has computers which are free for public use it was felt that there were too few of them and there was very little training or support available.

One of the community participants suggested that libraries should publicise themselves and their services more in the community. The health promotion partner suggested that the key issue is how to bring information to the community and that community centres are a possible alternative to libraries for offering access to information and training. Some local community centres have wireless access to the Internet and are generally more accessible to community members than libraries.

It was suggested that the public library, hospital library and health promotion services could work together better to provide links to health information websites.

There was also a suggestion that community networks be used to distribute information on courses relating to health information and ICT training.

The next stage of the project was discussed and while some of the community participants were concerned that they were “workshopped out” all partners agreed to come to a workshop in one of the local public libraries, where they would be given the opportunity to explore online health information resources and discuss the experience. They agreed to come prepared with a health-related enquiry.

4.2 Workshop. Whitehawk Library. 27 September 2006.

The workshop took place in Whitehawk Library, the local library for several of the community participants, on a day when it was closed to the public.



Whitehawk library

The main aims of the workshop were to recap on the first meeting, do some exploratory searching of health information websites and to plan for the next stage. There were eight people at the workshop: two university researchers; the public library representative; the Health Promotion librarian; the Fresh Ideas worker and three community participants.

The workshop began with a resume of the first meeting, noting some of the key discussion points.



Group discussion in Whitehawk Library

The group then worked in self-selected pairs at the library computers, looking at health information sites. They were given a leaflet produced by the Trust library: *Finding reliable health information online* and it was suggested that they start with some of the sites on the leaflet. They worked at the computers for about an hour. The pairing-up worked well and those who were used to using computers helped those who were less confident. Two of the community participants had no experience of using the Internet but they began to navigate their way around fairly quickly. One of the university partners worked with the public library partner, both used to Internet searching. As well as looking for information they also assessed the sites they accessed and the leaflet provided by the Trust library.



Working in pairs at the library workshop

There were some problems identified fairly early on with the leaflet. For example one of the sites, the Patient Information Bank is only accessible to NHS organisations and another, Prodigy, uses language which is oriented towards health professionals. There was also a typo in one of the URLs. This led to some discussion in the feedback session about the appropriateness of some of the sites and the problems of language and tone in health-related sites for the public.

At the feedback session, all three community participants spoke about the potential the Internet offers for access to information and for widening horizons. Typical comments from the community participants were:

Very interesting

Once you get into it you do open up a whole new world

You can find out a lot more than reading in ordinary books

They spoke about the information they found, which tended to be about health conditions or treatments and on subjects they were personally familiar with. They also talked about the language used on sites, in particular the medical jargon and some of the physical aspects of Internet searching: “It wears your eyes out after a while”. It proved more problematic to get the participants to think about the processes involved in using the Internet to look for information and how they might translate what they had been doing into workshops which they themselves might facilitate or host. The next stage was therefore envisaged by the university partner as a means to try to tease more of this out using a 2-step process: 1) to look up sites, including local sites, and reflect on the content and searching processes and 2) to encourage all the partners to think about how they might design some training to fit their needs. As a step towards this, the community participants agreed to bring along a friend each to a second workshop, to be hosted in the Hospital Trust Library. The Hospital Trust partner agreed to invite the member of staff involved in training patients and carers in online health information to attend.

Unfortunately this second workshop did not take place as planned. The date had been chosen to coincide with a meeting of the Health4All Food Interest Group, in which the Fresh Ideas Worker and all three community participants were involved. The Fresh Ideas Worker, however, was off sick and despite her having made travel and other arrangements for the community participants, they did not arrive at the workshop. It subsequently transpired that they had also planned to attend a community fair on the same afternoon as the workshop and decided that they could

not do both. Furthermore, they had learned that morning about the death of a friend. The university, public library, health promotion and hospital trust partners used the time to explore some of the ideas around information training for patients, carers and the public. Subsequent discussions with the community participants led the university partner to believe that if the Fresh Ideas Worker had not been off sick the community participants would have attended, even with the upsetting news of their friend's death. Their non-attendance at the workshop obviously impacted on the project in a practical way which affected the outcomes. The more general implications for participation and partnership working will be explored in the discussion section.

4.3 Evaluation process

The project was formally evaluated at two meetings in December. Because of the problems with the second workshop it was decided to have a separate evaluation session with the community participants at their Food Co-op, with the Fresh Ideas Worker. Prior to the meetings the university partner distributed copies of the CUPP evaluation document to the service provider partners, inviting them to respond to the questions or to use them as a prompt for the meeting. All the service provider partners responded in some form. The evaluation document was not distributed to the community participants beforehand, as it was felt that addressing the questions through conversation at the meeting would be more effective.

The first set of questions in the evaluation document asked partners about the extent to which the project had achieved its objectives. There was general agreement amongst the service partners that the project had gone some way to establishing an effective partnership, albeit on a small scale, and that the partnership working had enabled some tangible benefits. The knowledge exchange aspect of the process, particularly the discussions at the first all-partner meeting, helped to underpin the partnership although, as will be noted in the discussion section, equitable knowledge exchange is not easy to put into practice. Specific outcomes were noted by the partners. For example, the comment from the community resident about how public libraries needed to promote themselves more in the community was followed up by the public library partner. She in turn worked with the health promotion partner who supplied details of local community centres and community contacts. A separate outcome is that staff in the Hospital Trust library have begun to work with their public library colleagues to plan and run training courses in online health information skills for public library staff. The community residents reported that they had gained new skills in using computers and searching for health information. In general, the benefits were summarised:

- An increased understanding of how each of the partners worked
- An increased understanding of where perceptions and assumptions were shared and where they differed
- Ways of working more closely together.

The time limitations of the project, along with the problems encountered at the second workshop, meant that less progress was made than had been anticipated on developing a model of good practice for engaging the community in online health seeking. However, there were suggestions about how such a model could be initiated:

- Involving those already engaged in ‘healthy living’ initiatives in the local community in library service developments aimed at ‘the public’
- Involving community groups in the assessment and evaluation of online resources before finalising recommended list of websites etc.
- Developing mechanisms to help community representatives articulate their own skills and experience
- Encouraging community representatives to think of themselves as contributors to as well as recipients of knowledge and training.
- Using community residents’ expertise to train and support others

The second set of questions in the evaluation document asked partners to evaluate their own contribution in terms of knowledge and skills and also to assess the ways in which their understanding had increased.

The university partner brought to the table resources in the form of knowledge and skills which it shared with other partners. These were mainly related to research resources which gave the university partner:

- an understanding of health information seeking practices and the opportunities and challenges faced in accessing online resources
- an understanding of the potential role of information and communications technologies in developing ‘community capacity’
- an understanding about the role of libraries in support for health information seeking and the development of healthy communities more generally
- an understanding of the principles of knowledge exchange

The university partner used its knowledge in these areas to encourage critical thinking about knowledge in the health information area, to encourage all partners to identify and share their existing knowledge and skills and to engage in a process of co-design of online health information seeking workshops that built on and developed the collective knowledge base.

There is no doubt that the project has helped to build capacity in the university. As a result of engaging in this project, *the university partner* now has a much better understanding of the following issues:

- how members of local community groups who are engaged in healthy living initiatives currently use library services and might use library services in the future
- how members of these community groups seek health information and communicate about healthy living issues
- when and how members of such groups might interact with online resources in this field
- the kinds of support for online health information seeking these groups might be able to offer their communities if they worked more closely with the library services
- the services and support currently offered to the community by the two library service partners

- how the two library service partners might work together more effectively to support the needs of the local community in the 'healthy living' field

The public library partner brought an extensive knowledge of local public library services, the communities they serve and the City Council's priorities. They facilitated access to the community library in Whitehawk for the first workshop, where the partners had access to the computers at a time when the library was closed to the public. The Public Library partner stated that they had gained a better understanding of the information the local NHS Trust library can provide and the training opportunities the staff there offer. They also gained further understanding of community needs – not only in relation to health information but also with regards to general library provision. During the course of the project, the public library service underwent a staffing restructure and the public library partner indicated that any future work would come under the remit of the newly created post of Senior Development Manager for Community Engagement.

The NHS Trust library brought to the project knowledge and experience of health information sources and a willingness to share this knowledge. Their involvement with patient information initiatives gave them an understanding of the wider issues. As a result of the project they reported that they have a better understanding of the public library service and have been able to think through how they can work more effectively with public library staff in order to provide support to the wider public.

The Health Promotion partner brought an understanding of the nine neighbourhood renewal areas in Brighton & Hove and a knowledge of community partnerships and facilities. They have links to the local Neighbourhood Renewal Newsletter teams, who produce newsletters for neighbourhood residents and workers, and the partner offered to send out information related to the project. They also offered access to community centres for public library promotional material, which was taken up by the public library partner. The Health Promotion partner was only able to attend the first partners' meeting, which was unfortunate, and which other partners were disappointed about.

The Fresh Ideas Worker from Health4all at EB4U was key to the project. She linked into the Health4All team and acted as a gateway into the communities, opening up effective communication channels. She facilitated access to community groups and was willing to share her experience of working with such groups at the partner meetings and workshops. She reported that the project had opened her eyes to library and information services and provided an opportunity for other service providers to understand her work. She felt that the project had helped build capacity in the communities she works with.

The community participants brought with them a knowledge of their own communities along with experience of health-related community initiatives, as volunteer workers, users or both. They were all familiar with different health issues and conditions and – to varying degrees – with looking for health information in different ways. As a result of the project, the community participants who attended the workshop had enhanced their individual skills and confidence. One woman said:

Looking for information was good. I have a nursing background so I understood a lot. Someone has offered to build me a computer.

The other woman, initially very sceptical, had become an enthusiastic library user, borrowing and requesting books:

I go to the library regularly now. I've got out a book on computers and one on Nelson Mandela and two cookery books.

She had also enrolled on a computer course. Both women were keen to learn more.

The community participant who was the experienced computer user showed patience and skill in teaching one of the others and agreed that he had gained from this experience: *Oh yes. It's good to know you can help people.* This example prompted the public library service to explore the possibility of using community volunteers as ICT trainers in community libraries

5. Discussion

This discussion relates the findings from this project to the themes outlined in the introduction.

Health and health information

Health was understood differently by the different partners, as outlined in section 4.1.1. The focus of the project was explicitly on health in the sense of well-being and was the rationale for involving partners in healthy living initiatives. However, in both the discussion sessions and the workshop, the older community participants tended to interpret health in terms of health conditions and local service provision and they reflected this in the way they approached the online information session at the library workshop. This corresponds with findings from a 2003 survey, which found that the most common reason for visiting the Medline Plus³ website was to find information on a specific condition (Ruffin *et al*, 2005, p435).

In many respects this same emphasis is mirrored in the way that online health information sites present their own information. On NHS Direct Online⁴, for example, the home page guides users towards the Health Encyclopaedia which has “everything you need to know about conditions, tests, treatments, operations and services”. Information on healthy living is less obviously signposted. This has implications for public health in general and for *Choosing Health* in particular, with its emphasis on a “health-promoting NHS” and on informed choice for improved public health. It indicates perhaps the need for a more prominent approach to information and communication related to health and well-being. One potential way forward is to build on the type of partnership brought together by *Informing Health* and to adapt other existing initiatives. For example, the NHS Expert Patients Programme⁵ offers support to people with long-term medical conditions and gives them the opportunity to attend local courses and workshops. Workshops include

³ Medline Plus is a leading web-based source of health information. <http://medlineplus.gov>

⁴ NHS Direct Online is at <http://www.nhsdirect.nhs.uk>

⁵ The NHS Expert Patients Programme is a national initiative, with workshops and events also organised on a local basis: <http://www.expertpatients.nhs.uk>

sessions to develop online information skills around specific illnesses and conditions. They could be adapted to focus on healthy living information.

The role of libraries

It is recognised in government policy documents that public libraries have an important role to play in their communities. As the MLA report on public libraries and community engagement points out “libraries are located in communities and are often the only council presence in an area. They offer opportunities to support wide social policy agendas and to use their vantage point as a community resource” (MLA, 2006). Brighton & Hove’s library strategy echoes this in a visionary aim to “enrich people’s lives by providing a focus for community interaction, communication and engagement...” (Brighton & Hove City Council, 2006c, p2). As the MLA study reveals, community engagement is something which public libraries are doing less effectively than they might and *Informing Health* indicated that many local residents do not regard libraries as an obvious focus for community activity. At the early bi-lateral meetings in the community centres, few of the people we spoke to ever went to their local library or considered the library as somewhere to go for information. As a result of the project, one participant began to use the library regularly and she spoke enthusiastically about her visits to the library, borrowing and reserving books on cookery and computer use.

However, she said that she would be unlikely to use it to access the computers:

They [the users] all look so intense; all hunched over. And there isn't any help like on the computer course when you can shout 'help' over your shoulder to [the instructor]. It's intimidating because I'm such a learner. Maybe there should be cubicles where you could hide away...

Her statement is illuminating in that, as well as portraying a rather negative image of the typical library computer user, she also highlights issues around lack of confidence and the need for support. Using the internet as such did not prove to be problematic for the community participants in the library workshop but they needed a considerable amount of guidance, encouragement and support.

As was outlined in the introduction, public libraries feature prominently in current government policy as places where access to online information will be provided and supported. However, limited resources impact on the levels of support the service is able to offer.

Partnership and knowledge exchange

As was noted in the evaluation section, there were positive outcomes created by the partnership working in *Informing Health*. However, even although the project was small in scale it experienced some of the problems associated with partnership working. The involvement of community partners tends to add further layers of complexity, as outlined by Mayo and Taylor (2001), much of it related to power imbalances. The university partner was the power broker in *Informing Health*. It was the lead partner and set the agenda and while this was made explicit from the beginning it nevertheless meant that the partnership was not equal in terms of power.

At the leisure centre meeting, the division of the partners into community participants as one discussion group and service providers as the other, was done deliberately to even out the power balance. As Coulson (2005) notes, community participants can be put into impossible situations because they “have little real power” and “do not find it easy to challenge professionals with many years training and experience”. It was felt by the university partner that the community participants would contribute more easily as a group with someone they knew and trusted as the facilitator, in this case the Fresh Ideas Worker. The group split was successful to the extent that it generated a wealth of ideas and discussion. However, one community participant was uncomfortable about it and did not continue with the project after the first meeting. She has been involved in many local strategic partnerships and may have felt that the split was unnecessary or unwelcome, mirroring as it did a user-provider divide. In her case, the attempt to even out the power may have backfired.

The literature on health information outreach programmes highlights the importance of developing relationships at the outset with “key community contacts” (Burroughs, 2004, p66). The individuals who volunteered for *Informing Health* were active in their communities and in projects such as the food co-ops, which have a collective benefit. The expectation from the university partner therefore was that those community participants would speak to that collective goal. However, the participants themselves tended to assume that they were participating as individuals. They were positive about the personal benefits they had gained from the project and could identify other individuals who they thought would also benefit, but there was little sense of how, at the food co-op, for example, they might contribute knowledge about health and well-being or how they might use libraries or online resources to support their work. In contrast, the service providers tended to speak in a collective way, representing their organisation’s rather than their individual interests. Those service provider partners who were involved in community development work likewise referred to the communities in which they worked in a collective way. This situation led to a mis-match of expectations within the partnership and led to some partners questioning if the project had the “right people”. In apparent contradiction, the onus for maintaining involvement with the project within the service provider partner organisations was very much left to the individuals who had been nominated by their managers. Likewise, the initiatives which were taken forward as a result of the project – such as the promotion of community library services in other community centres - were as much a result of individual drive as organisational impetus. The issue raises questions about the selection of participants in a project of this nature and the need to challenge the roles and assumptions around individual and collective participation.

The emphasis of the project was on participation through knowledge exchange. The project used facilitated discussion and participatory workshop techniques to encourage the partners to engage in a process of ‘co- design’ to develop ideas for library service interventions. The leisure centre meeting was successful in that all partners brought ideas to the table and shared in general discussion. The library workshop was also successful in encouraging partners to share knowledge, skills and experience. However, the progression towards ‘co-design’ proved to be trickier. This was partly due to lack of time and also to the issues around individual and collective participation already discussed. More interestingly, perhaps, the evaluation process showed that while the ‘service provider’ partners were clear about what they had

brought to the project the community participants were reluctant to recognise that they had contributed anything at all. *“I know what I learned...but what we brought?”* was a typical puzzled response. The community participant who had helped his colleague to navigate internet sites to find relevant health information only acknowledged his achievement after some prompting and then only modestly: *Oh, yes, well it’s good to know you can help people.* He remained bemused by the experience: *What was the thinking behind this then? Was it to get us to read more books?* His questions illustrate some of the difficulties inherent in moving away from the traditional top-down model towards a more equitable exchange of knowledge, as well as the problems for public libraries of moving away from the traditional book-focused image. The project attempted to encourage community representatives to articulate their own skills and experiences and think of themselves as contributors to as well as recipients of knowledge and training. The model proved to be elusive.

Conclusion

The project set out to build a partnership of key stakeholders in health information and to pilot participative approaches to improved access to online health information in the community. The project demonstrated some positive aspects of partnership working and community engagement, which can be used as a basis for further development and research work. It equally illustrated some of the difficulties inherent in partner relationships and the challenges of knowledge exchange.

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Key themes for Leisure Centre meeting

- Health in the community - important
- Information has an important role
- There is a need to encourage access to information in communities
- The Internet has a role to play in making information available
- It is not always easy for people to use the Internet effectively
- Libraries have a role to play in this process
- Maybe libraries could do some things better
- Ideas you have
- How can we learn from each other?