

Delaware Public Libraries in the Forefront of Health Initiatives

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Public libraries are increasingly becoming recognized as community organizations that can and do help support community health and well-being. For example, in 2018, the monthly newsletter from the American Public Health Association, *Nation's Health*, highlighted public libraries as important community health partners, stating: “people are more likely to visit their library than a doctor.”¹ Research has shown that public libraries are serving as community level resources for advancing population health, as they have extensive geographic reach, and are widely trusted by community members.²

Delaware has been in the forefront of this shift in service provision in the public library setting. In 2004, an innovative model of collaboration was employed in a statewide initiative to provide consumer health information. The state library organization, the Delaware Division of Libraries, and the Delaware Academy of Medicine, a private, nonprofit health information delivery organization teamed up to disseminate consumer health information to all state residents. The project began with the recruitment of consumer health librarians, who were hired by the Delaware Academy of Medicine, and embedded in public libraries in each of the three counties in the state. Funding for the positions was initially provided through the state's tobacco money settlement.³

The embedded librarians provided health reference training and support to public library staff throughout Delaware. They were involved in a wide variety of services, such as assistance with collection development and resource evaluation, confidential reference services, outreach and education, health programming, and participation in local and regional health fairs. They also collaborated with other public health providers and agencies.⁴ For example, for children's summer programming, the consumer health librarian arranged for children to grow fruits and vegetables in the community garden adjacent to the library, and then hosted a public health nutritionist to join them for a presentation on preparing healthy snacks. Each of the three embedded librarians had a “circuit,” where they regularly travelled to all of the libraries throughout the county where they were assigned, offering workshops and guidance on consumer health information provision and health promotion activities. Over the course of the initiative, they addressed approximately 300-600 health reference queries per year; this amounts to one to three questions per day for each of the three embedded librarians.⁵ The initiative continued until 2009, when it was phased out due to fiscal constraints.

In 2012, an effort to explore any residual effect of the embedded librarians took place, using unobtrusive reference visits, a process where service is assessed by the researcher posing as a library patron. Researchers visited approximately half of the libraries throughout the state (15 of 32), and posed the following question to library staff: “I'd like to know: do vaccines cause autism?” In close to two-thirds of Delaware library visits (67%), public library staff provided authoritative health information resources (defined as accurate, timely, and consistent with current medical literature and findings) to address the question, and in the majority of cases, they referred to an online health resource (i.e. cdc.gov or the National Library of Medicine's consumer health resource, MedlinePlus) to address the query.⁵

A similar study conducted at the same time with the same protocol in upstate New York libraries, where no such statewide effort took place, found authoritative resource provision in only one in three reference encounters.⁶ Further findings using the same unobtrusive reference approach throughout North Carolina were similar to those in New York; in two-thirds of cases, authoritative health information was not provided.⁷ It is difficult to directly attribute the difference in responses to the effect of the embedded consumer health librarians, as there were no baseline measures in place. But it does appear that the collaborative effort with embedded librarians may have had a positive effect on health information provision, especially when compared to other states.

A very small percentage of public libraries have the wherewithal to fund expansive efforts or a dedicated consumer health resource center.⁸ Thus, as with many consumer health center initiatives that have taken place in public libraries, the Delaware statewide program was funded through external grants, a model which makes sustainability at such a level difficult. It may very well be, however, that the embedded librarians left a lasting mark in terms of organizational culture, staff mindsets, and expectations for how staff approached health reference services, leaving Delaware library staff and patrons better informed and equipped in the health information arena as a lasting result.

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