

Evidence Check

Are libraries effective settings for accessing health information?

An **Evidence Check** rapid review brokered by the Sax Institute for the NSW Ministry of Health.
June 2016.

This report was prepared by:

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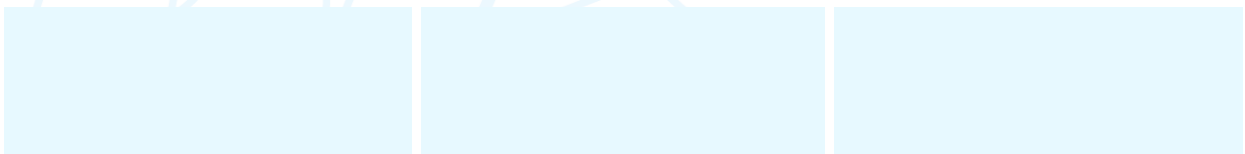
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1 Executive summary

This Evidence Check review aimed to examine current evidence on the effectiveness of using public libraries for accessing health information. A comprehensive search of available literature revealed relatively limited evidence concerning the effectiveness of using public libraries (or comparable community-based settings) for health education and health promotion programs. Five studies were identified as relevant to the review and provided overall support for using public libraries (three studies) and other community settings (two studies) for health promotion. In general, the identified studies provide contextual evidence that it is feasible to provide health education and health promotion programs within public libraries, and that these programs receive public approval. However, the study designs are not adequate for understanding the causal effect of these programs on health outcomes. Despite the limited number of published studies identified in the literature, emerging practice in other countries shows promising signs that public libraries can be used as health-promotion settings. Recommendations on implementing evaluations and assessment for long-term behavioural change are discussed.

2 Background and introduction

The Centre for Population Health within the NSW Ministry of Health commissioned this review with the Sax Institute to better understand the evidence for the use of public libraries as settings for the effective delivery of health promotion and health education to the community. Deakin University's Centre for Social and Early Development (SEED) completed the review.

The NSW Ministry of Health was specifically interested in identifying evaluations of health promotion projects that had similarities to the Drug info @ your library (DI@YL) program. DI@YL was initiated as part of the NSW Community Drug Information Strategy and in response to the NSW Government's 1999 Drug Summit. The program, a partnership between the NSW Ministry of Health and the State Library of NSW, commenced in March 2002 with the objective of providing reliable and authoritative information on drugs and alcohol for the NSW community. The program particularly focuses on parents and carers of young people, and secondary and TAFE students.

Aims

This Evidence Check aimed to review current available evidence with a view to answering the following review questions:

Question 1: What is the evidence of the effectiveness of using public libraries (or comparable community-based settings) for health education and health promotion programs?

Question 2: Which health education and health promotion programs have been evaluated in a public library or comparable community-based settings?

Question 3: For those studies identified in Question 1, which features of library settings are key enablers and barriers to supporting health education and health promotion interventions (e.g. governance, physical space, staffing, technology, access)?

Method

The researchers conducted initial searches using two search engines: Google Scholar and World Catalogue. Their first step was to find out whether there were any previous published reviews of the effectiveness of the use of public libraries for health promotion. The researchers used the following sets of keywords for the search: "Health information outreach" AND "review" AND "public libraries" AND "Health promotion" OR "Health education". They set no limit for the databases, period for publication or the type of publication. The search generated a total of 67 articles. More searches were then conducted using a combination of these keywords: ("health information" OR "consumer health information" OR "health literacy") AND ("health promotion" OR "outreach" OR "health education") AND "community based" AND ("program" OR "intervention").

The research team circulated the initial results of the searches to the funding agency and a reviewer participated in a teleconference to discuss the findings. The reviewer was advised to focus on the studies that investigated and/or evaluated the effectiveness of the use of libraries as settings for health promotion. The exclusion criteria for the review were: studies conducted in libraries within hospitals or universities; school-based programs; and online programs for the elderly or adult education. Subsequent searches were then completed utilising additional search terms such as "setting's approach" and "health promoting settings". The academic reference group (Drs Rima Rudd and Mary Grace Flaherty) were also consulted and provided additional relevant studies through their current and previous work on library science and health literacy.

The researchers retrieved and reviewed 25 studies. Given the narrow research focus on libraries as health promoting settings, five studies were deemed relevant to Question 1 and two studies applicable to Question 2. The reviewers could not identify any alcohol- and drug-related programs through the literature searches. The list of excluded studies, along with the reasons for their exclusion, are documented in Appendix A. Appendix B contains a PRISMA flow diagram. Findings of the included studies are tabulated and presented in the section below entitled 'Results'.

The changing role of public libraries

The role of traditional public libraries has evolved over the years. Their original function was to provide the community with access to a repository for primarily textual information, such as books. Modern libraries have taken on a broader role and evolved to respond to a wider range of local community needs for shared space and programs. Libraries increasingly provide access to information in different formats such as electronic and web-based content. Public library staff are regularly called on to source data and answer questions on a wide range of issues. The library setting has been shown to be a resource for a number of individuals with health information queries. Past studies have shown that, in some cases, over half of respondents reported public libraries as one of their preferred sources for health information. Surveys of library staff estimated that between 10 per cent and 20 per cent of all reference questions annually were in the health subject domain.¹ A recent survey of 1010 respondents from 49 states throughout the US showed that health was reported as one of the top five perceived benefits of access to a public library out of 22 areas of life including education, work, business and leisure activities.²

In addition to providing health information, library spaces are diversifying to incorporate health, wellness and exercise programs into their services. For example, public libraries in Queens, New York partnered with the Albert Einstein College of Medicine and other health and community organisations to host an onsite health care program.³ Library users at Queens receive health screenings and assistance with making follow-ups to health care providers. Other libraries also hosted health-related activities, such as Zumba classes, in order to increase participation for their onsite program. While public libraries continue to provide a space for individuals and families to discover new knowledge, they are increasingly becoming a site for innovation in supporting the needs of their communities.

Libraries have the assets and infrastructure to support health promotion programs in a range of areas including access to information and also with resources such as public space and computer technology. In the area of family and community engagement, Lopez and colleagues noted that libraries are no longer just about building collections, but are also building staff capacity.⁴ Librarians often serve in the role of coaches, mentors, facilitators and teachers. They often have trusted relationships with library users who feel comfortable asking questions and discussing ideas.⁵ Librarians also act as information technology mentors and play a lead role in guiding families and library users in how to use technology and digital media to support and promote life-long learning.

Even though public libraries are often the first place that individuals go for health information, libraries are not without their challenges in providing consumer health information. Some of the challenges highlighted by Flaherty relating to library staff include: reluctance and unfavourable attitude towards health information provision; lack of knowledge and required skill sets; and lack of ability to participate in health education and training opportunities.¹ Recommendations to address these challenges include providing training programs and support for staff to ensure that they are comfortable and familiar with providing health information and can effectively incorporate these services into their work routine. Flexible staff training and education opportunities (such as webinars) that suit library resources and staffing schedules are also important.

As a major local community resource it is possible that libraries may be a potentially important contributor to health promotion.⁶ The Ottawa Charter for Health Promotion (WHO, 1986) stated that the key characteristics of a settings-based approach were its potential to contribute to social, cultural and

environmental influences on health. The social ecological framework (SEF) provides a useful heuristic that posits that individual health behaviours are influenced by resources at multiple levels: intrapersonal, interpersonal, organisational, community, and policy.⁷ Since these levels of influence are interactive and reinforcing, programs are most effective when key factors at these levels are targeted simultaneously to create sustainable health improvements.⁸ Intrapersonal level interventions aim to change individuals' knowledge beliefs and skills; interpersonal and organisational-level interventions are designed to create changes in social relationships, and organisational environments. Community-level interventions aim to increase partnerships with community groups such as churches, agencies and neighbourhoods, to increase health services or empower disadvantaged groups. The targets of interventions at the public policy level include implementing policies to influence health behaviour and facilitating citizen advocacy.⁸ While a multilevel focus for health promotion is optimal, past research has acknowledged that it may be impractical and unrealistic to influence all aspects of the environment and its individual characteristics. Indeed, Golden & Earp revealed that nearly two-thirds of the reviewed interventions (157 interventions in total) targeted only one or two of the SEF levels of influence.⁸ The authors suggested that the SEF may be most useful as a tool to understand health behaviour as determined by a set of interconnected individual and contextual factors. For the present findings, SEF is used as a guide to understand the social ecological placement of the interventions evaluated in the reviewed studies of public libraries (or other community settings) as health promoting settings.

3 Results

Question 1: What is the evidence of the effectiveness of using public libraries (or comparable community-based settings) for health education and health promotion programs?

There is relatively limited evidence relevant to the effectiveness of using public libraries (or comparable community-based settings) for health education and health promotion programs. Five studies were deemed to be relevant and provided overall support for using public libraries (three studies) and other community settings (two studies) for health promotion. In general, the identified studies provide contextual evidence to demonstrate that it is feasible to provide health education and health promotion programs within public libraries and that these programs receive public approval. However, the study designs are not adequate for understanding the causal effect of these programs on health outcomes.

Given that the number of relevant studies identified was limited, no studies were excluded due to low quality of evidence. The study methods varied markedly across each making it difficult to provide a synthesis of evidence for specific approaches. Instead, study findings were evaluated for their quality and discussed with reference to their relevance to the research questions. Table 1 summarises the study characteristics of the four included studies.

Whitelaw and colleagues presented a case study of the Glasgow Macmillan Cancer Information and Support Service (MCISS) Library Project to illustrate the potential of libraries as settings for health promotion and for addressing health inequalities.⁹ The case study examined stakeholder perceptions employing a wide scope of data collection including semi-structured interviews and surveys that involved staff, volunteers, and library users and non-users at different levels of the project. Its findings demonstrated that libraries are an effective institution for producing better health outcomes for communities. According to the SEF, the study targeted four levels of influence: the intrapersonal level (high level of satisfaction and emotional support expressed by service users); stakeholder support provided at the interpersonal level (staff engagement, staff training, volunteers), organisational level (mode of delivery, creation of Macmillan space); and partnership with local government, cancer agencies and support groups, and at the community level.

Brewster conducted a relatively small qualitative study interviewing 16 library users with mental health problems to examine public libraries as therapeutic spaces.⁵ Despite the small sample size, the findings provided details on the user experience of the library as a therapeutic space. Three themes emerged from the qualitative data analysis revealing that: libraries are regarded as empowering; calming and comforting; and provide a welcoming space that is open for all.

Kelly explored the expectations of patrons and staff about the role of a public library in enabling citizens to take responsibility for their own health care by finding and using health information.⁶ Again the library settings were found to be trustworthy in the eyes of patrons suggesting that efforts to develop consumer health information in public libraries continue to be worthwhile. Findings from these two studies revealed that public libraries affected users at the intrapersonal and interpersonal level according to the SEF.

The reviewers evaluated literature on two alternate settings to public libraries for the dissemination of community health information. Martinez and colleagues evaluated the adoption of online health information in community health centres to identify enablers and barriers.¹⁰ Referring to the SEF, enablers were identified at the intrapersonal and interpersonal levels, while barriers were identified at the intrapersonal, interpersonal and organisational levels. Findings for this study will be discussed in more detail in response to Question 3.

Meganck and colleagues evaluated the potential of youth sports clubs as health-promoting settings.¹¹ This study is unique in that it employed a quantitative approach for data analysis (structured surveys with validated indices), being somewhat of an exception to studies conducted in library settings that often adopt mixed methods or qualitative approaches. This study examined enablers and barriers for clubs performing health promotion. Significant factors associated with the 'health-promoting level' of clubs were: the age of the clubs, the number of sports they offered, and whether they had a dual focus on both recreation and competition. To increase the level of health promotion, clubs were recommended to be supported by health promotion experts and to include health promotion as an integral part of their formal education for club officials and coaches. Interventions were recommended to target the interpersonal and organisational levels (provide staff training and hire health promotion experts), and community level (partnership with health education provider external to the club).

Table 1. Study characteristics and main findings of reviewed articles

Study (country)	Setting	Research aims	Methodology	Main findings relevant to setting characteristics
Whitelaw, Coburn, Lacey, & Hill, 2016 (UK) ⁹	Public libraries	Illustrate the potential of libraries as settings for health promotion and for addressing health inequalities — specifically to make cancer information and support more readily available.	<ul style="list-style-type: none"> • Case study of the Glasgow Macmillan Cancer Information and Support Service Library Project (MCISS) • Qualitative data — focus groups (n=3), semi-structured interviews with partners and stakeholders, service users and non-users, and volunteers (total no. of interviews = 145) • Quantitative data — surveys completed with libraries staff (n=93), volunteers (n=34), and partners (n=17). 	<ol style="list-style-type: none"> 1. Results showed that the attainment of a "conducive" physical environment encourages an efficacious health-promotion setting: <ul style="list-style-type: none"> • Informants and service users expressed high levels of satisfaction towards the creation of designated "Macmillan spaces" within libraries i.e. spaces for cancer information and support. 2. Some library staff pointed out barriers to use of the Macmillan spaces: <ul style="list-style-type: none"> • Limited visibility of the service with unclear signage • Access blocked by other library users • Openness and lack of private space might be perceived as intimidating by some. 3. Demonstrated ability to engage staff. The service was regarded as 'very positive' by 70% of survey respondents mainly due to: <ul style="list-style-type: none"> • Successful early consultation and engagement with library staff • Acceptance that there would be no extra workload • The service was regarded as an enhancement of the existing service • Cancer was a significant topic and positively aligned with the Macmillan brand • Training was provided to library staff to further strengthen their workforce readiness • Informants expressed a positive view of the engagement and utilisation of volunteers. 4. User feedback confirmed that libraries were seen as innovative and unique settings: <ul style="list-style-type: none"> • The service provided emotional support and met their genuine needs • Satisfactory mode of delivery • Significant contribution of volunteers through providing compassionate listening and active signposting and engagement with wider services.

Brewster, 2014 (UK) ⁵	Public libraries	Investigate the impact of the public library on mental health and how the closure of public libraries might affect this relationship.	<ul style="list-style-type: none"> • Qualitative interviews with 16 library users who had mild-to-moderate mental health problems • 10 libraries with different characteristics were discussed. 	<p>Three common themes emerged:</p> <ol style="list-style-type: none"> 1. The library as familiar, open, and welcoming <ul style="list-style-type: none"> • Participants commented that they were not pressured or judged when visiting libraries • Friendly staff attitudes were an integral part of library experiences for people with mental health problems • Libraries are non-commercial spaces that people could visit without having to justify their presence • Attending libraries was not stigmatising, compared to visiting a clinic or day centre • Libraries provided security in the anonymity of sitting reading or browsing with a lack of obligation to disclose information about the self. 2. The library as comforting and calming <ul style="list-style-type: none"> • Libraries were seen as calming and quiet environments that made participants feel secure • Visiting the libraries was an act of "self-care" — to avoid escalation of their symptoms of mental health problems. 3. The library as empowering <ul style="list-style-type: none"> • Libraries empower participants through provision of access to learning and education • Freedom to choose texts and access to materials that was not available via other means.
Kelly, 2012 (UK) ⁶	Public libraries	Explore the role and expectations of patrons and staff about the role of a public library in enabling citizens to take responsibility for their own health care by finding and using health information	<ul style="list-style-type: none"> • Case study using mixed quantitative and qualitative methods • 202 library users completed surveys • Semi-structured interviews were conducted with 15 randomly selected library users and 19 library staff. 	<p>Findings from the interviews revealed:</p> <ul style="list-style-type: none"> • Uncertainty about the role of librarians in health information provision • Invisibility of librarians and their work on the relationship between self-service and technology • Respondents were worried about the absence of health knowledge from front-line staff in public libraries • Efforts to develop consumer health information in public libraries continue to be worthwhile given the obvious trust users have in these settings.

Martinez, Kind, Pezo, & Pomerantz, 2008 (USA) ¹⁰	Community health centres	Evaluate the adoption of online health information in community health centres.	<ul style="list-style-type: none"> • Qualitative, non-experimental, post-test study design • Qualitative structured instrument was used to interview 12 key informants from participating community health centres. 	<p>Enablers of the adoption of online health information:</p> <ul style="list-style-type: none"> • Information can be quickly and easily retrieved for providers and patients • Patients have the option to search health information on their own for sensitive topics when they feel uncomfortable talking to someone • If individuals are able to access online information, it will enable them to have a more active role in their health care and to be confident in their abilities to promote their own health • Increasing skills and confidence levels among patients who use participating health centres. <p>Barriers to the adoption of online health information:</p> <ul style="list-style-type: none"> • Limited resources (time, money, training, and staff) • Low literacy levels and language barriers among patients • Poor understanding of the program among health centre staff • Difficulties with integration and collaboration • Non-supportive attitudes toward the program among health centre staff; e.g. physicians who are concerned about the unwanted challenges presented by more informed patients • Limited understanding of and demand for the program services among patients.
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<p>Meganck, Scheerder, Thibaut, & Seghers, 2015 (Belgium)¹¹</p>	<p>Youth sports clubs</p>	<p>Investigate the potential of youth sports club as health-promoting settings.</p>	<ul style="list-style-type: none"> • The board of 154 youth sports clubs completed a survey containing the Health Promoting Sports Club Index and items regarding the perceived motives and barriers of health promotion in clubs • Quantitative analysis of the survey data was completed using regression models. 	<p>Enablers of health promotion:</p> <ul style="list-style-type: none"> • 2 out of 5 clubs were classified as high health-promoting • 3 significant predictors were identified: sports clubs that were founded more recently, offered more than 1 sport, and had a dual focus on both recreation and competition scored higher as health-promoting clubs • Motives for health promotion were supported more strongly by moderate to high health promoting clubs with larger number of members and where multi sports were offered. <p>Barriers for health promotion:</p> <ul style="list-style-type: none"> • 3 out of 5 clubs were classified as low health-promoting • The most important barrier reported was that health promotion was not a priority in clubs; other barriers included lack of expertise and time, inadequate support from government, and lack of money • To increase the level of health promotion, clubs should be supported by health promotion experts and include health promotion as an integral part of formal education for club officials and coaches • Non-monetary recognition such as a "healthy sports club" quality label could be used to improve clubs' image in attracting new members • Collaborations with larger health promotion organisations to create and disseminate health promotion "packages" that are ready-made and free of charge.
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Question 2: Which health education and health promotion programs have been evaluated in public library or comparable community-based settings?

Thus far the Evidence Check has only identified a limited range of programs that have been evaluated in public libraries or community-based settings. They primarily concerned online information programs.¹⁰ Question 2 concerns reviews of programs described as “health information outreach”.

Two reviews of existing programs were included as relevant studies to assist in responding to Question 2. Table 2 presents the included studies’ characteristics and their findings relevant to Question 2. Whitney and colleagues reviewed 33 studies assessing the effectiveness of health information outreach projects supported by the National Library of Medicine in the US.¹² A specific search for similar programs since the 2013 publication year did not identify any additional studies. The Whitney et al findings highlighted the poor quality of outreach evaluation studies. The reporting of results varied so widely across studies such that it was not possible to identify recommendations for best practice in successful outreach programs. The studies identified barriers and enablers to success but did not relate to the settings in which the projects were based (libraries, community centres, colleges, schools, hospitals) as much as to other factors. For example, enablers included collaborating with community-based organisations and conducting community assessments prior to the intervention while barriers included low attendance at intervention sessions and funding issues. Many projects showed some short-term success at variables such as improving computer or internet usage. Only one-third looked at long-term impacts on health information-seeking behaviour at the individual or institutional level.

Dancy and colleagues evaluated the AIDS Community Information Outreach Programs (ACIOP) funded by the National Library of Medicine in the US.¹³ A search for similar programs since the publication year did not identify additional studies. The ACIOP aimed to reduce barriers to accessing information about AIDS. Results showed that project objectives (i.e. improving access to electronic HIV/AIDS information, training and skills development, and developing educational materials) were mostly met (85 per cent) with minimal variation and most projects had overcome barriers experienced. The reviewed projects had reached high-risk populations and low resource organisations were funded. Reviewed projects demonstrated ability to build on pre-existing efforts and build significant community partnerships. The study identified enhanced evaluation capacity at the individual project level and increasing the amount of information available for evaluation by revising project reporting requirements as necessary modifications for the programs.

Table 2. Study characteristics and main findings of reviewed articles

Study (country)	Setting	Research aims	Methodology	Main findings
Whitney, Dutcher, & Keselman, 2013 (USA) ¹²	Public libraries, community centres, clinics	Assess the effectiveness of health information outreach projects supported by the National Library of Medicine in the US.	Reviewed 33 studies describing consumer health information outreach programs.	<ul style="list-style-type: none"> Quality of outreach evaluation and the reporting of results varied widely across studies, which made it impossible to synthesise recommendations for best practices for successful outreach Few studies are theory-based and few qualitative studies used systematic methods of analysis Few employed quantitative methods of evaluation that involved pre- and post-tests, test for statistical significance, and long-term measures of outcomes Mention of changes at the organisational or institutional level were usually not measured or included only as part of in-depth interviews and were only mentioned in brief statements during interviews by 11 studies Community organisations must carefully plan outcome evaluations grounded in theoretical frameworks and community needs assessments.
Dancy et al., 2014 (USA) ¹³	Community-based organisations including public libraries	Evaluate the AIDS Community Information Outreach Programs funded by the National Library of Medicine in the US.	<p>Mixed methods design involved:</p> <p>Data extraction and summaries of the 47 selected awardee final reports (from 44 organisations)</p> <p>Qualitative interviews with 17 principals from the selected projects</p> <p>Data collection and analysis were guided by the Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance framework</p>	<ul style="list-style-type: none"> Project objectives were mostly met (85%) with minimal variation most projects overcame barriers experienced Top 3 organisational barriers identified were: changes in partnering organisations and recruitment, staff change/turnover, and technology/infrastructure High-risk populations were reached Low resource organisations were funded Community partnerships were significant Projects built on existing efforts Information resources and training were tailored to local needs. <p>Necessary modifications for the program that were recommended included:</p> <ul style="list-style-type: none"> Enhanced evaluation capacity at the individual project level Increased amount of information available for evaluation by revising project reporting requirements.

Question 3: For those studies identified in Question 1, which features of library settings are key enablers and barriers to supporting health education and health promotion interventions (e.g. governance, physical space, staffing, technology, access)?

According to Table 1, four studies reported enablers and barriers for health promotion in their respective settings. For public libraries, Whitelaw and colleagues reported that one barrier of the MCISS Project was the limited visibility of the service due to unclear signage, access blocked by other library users, and that its openness and lack of privacy might be perceived as intimidating to potential participants.⁹ The enablers of the program included engaging staff and volunteers, staff training to strengthen workforce readiness for the program, and successful early consultation and engagement with staff.

Kelly reported several barriers to health information provision: uncertainty about the role of librarians in providing health information; invisibility of librarians and their work on the relationship between self-service and technology; and the absence of health knowledge among front line staff in public libraries.⁶

For other settings, Martinez and colleagues identified multiple enablers in adopting online health information in community centres including, quick and easy retrieval of information for providers and patients, patients having the option to search health information on their own for sensitive topics when they felt uncomfortable talking to someone, capacity of individuals to be able to access online information enabling individuals to take a more active role in their health care and to be confident in their abilities to promote their own health, and increasing skills and confidence levels among patients who use participating health centres.¹⁰ Whereas the barriers identified included, limited resources (time, money, training, and staff), low literacy levels and language barriers among patients, poor understanding of the program among health centre staff, difficulties with integration and collaboration, non-supportive attitudes toward the program among health centre staff (e.g. physicians who are concerned about the unwanted challenges presented by more informed patients), and limited understanding of and demand for the program services among patients. For youth sports clubs, the largest barrier reported was that health promotion was not a priority in clubs. Other barriers included lack of staff expertise and time, inadequate support from government, and lack of money.

4 Promising practice in other countries

While current evidence regarding public libraries as health-promoting settings is limited, a variety of health-promotion programs have been implemented in public libraries around the world. Some examples of the use of public libraries for health promotion that have been described online are listed below.

Canada

The Library Pedometer Lending Program was founded on a social ecological approach that aimed to promote physical activity by targeting change at individual, organisational and community levels.¹⁴ At the individual level, library patrons were able to borrow a pedometer to self-monitor walking behaviour and potentially motivate them to increase walking. At the organisational level, public libraries increased the availability of pedometers to library patrons to initiate a change in walking behaviour. At the community level, the Library Pedometer Lending Program broadened the potential impact of this physical activity intervention through participation of multiple libraries within the community to reach a wide range of individuals. The study showed that library patrons were willing to borrow a pedometer from their local library and even renew their pedometer loan, suggesting interest in accessing this resource for walking. These results provided preliminary evidence that lending pedometers through local libraries may be an effective, low-cost, minimal contact approach to improve the health of community dwelling adults by increasing walking activity. This physical activity promotion intervention is easy to implement and places a low burden on librarians, which enhances its practical transferability and utility.

Norway

The Ikast-Brande Library implemented Guided community reading (<http://slq.nu/?article=volume-49-no-1-2-2016-6>) which aimed to increase the quality of life among mentally vulnerable citizens. The program involved a reading guide who brought a copy of texts for each member of the group, which usually consisted of a short story and a poem. The guide helped to mediate the text by asking questions. It provided participants new tools for reflecting on their own situations so that they could better manage their lives. Members of the group took turns reading the texts aloud with breaks in between. The breaks offered members a chance to discuss the text and for reflection. The plot and theme of the text were discussed and the members were free to share their expectations as to what would happen in the story. The method welcomed everybody to participate including people with reading disabilities, blind people, mentally vulnerable people and people with limited capacity for concentration. No preparation or special qualifications were needed for participation and everyone could join regardless of their background, age, gender and education. When the initiative was launched five years ago, the library contacted a social-psychiatric drop-in centre and provided 12 reading hours per week. Since its launch, the reading group has been extended to other target groups such as people with stress, anxiety and depression from the local authority's employment centre, people who require temporary care and treatment at the local authority's rehabilitation centre, young people under the age of 25 who are unable to complete a youth education programme, and elderly people with dementia.

Based on the available report, participants of different target groups have expressed great satisfaction with the reading group. They have also experienced a personal space in a safe atmosphere. The reading hours have helped increase their levels of self-esteem and self-understanding. Some reported that they found a haven where their thoughts and opinions were welcomed, and where everybody was seen and heard in an

appreciatory community with reciprocal empathy for one another's situation and life history. The reading group has also created a feeling of unity and may have helped participants to form new and thought-provoking perspectives on their own situation. Many also managed to form new social networks, which in the longer term can contribute toward increased mental, physical and social health.

United Kingdom

The Reading Well Books on Prescription program (<http://reading-well.org.uk>) was launched in June 2013 to enable people to manage their mental health and wellbeing by providing access to accredited self-help reading through public libraries. The program is part of the Society of Chief Librarians' Universal Health Offer, which "includes a commitment to provide a range of services including public health information and promotion" (<http://goscl.com/universal-offers/health-offer/>).

The program offers two schemes: common mental health conditions, and a newer dementia scheme, which was launched in January 2015. The program is being delivered by The Reading Agency in partnership with the Society of Chief Librarians, with funding from Arts Council England. The evaluation of the second year of the program reveals that 90 per cent of users with common mental health conditions found the books helpful for understanding more about their condition, 85 per cent found that reading the books increased their level of confidence about managing their symptoms and 55 per cent reported that their symptoms had reduced as a result of reading the books. Carers or family members of someone with dementia were also interviewed and the majority of them found the scheme helpful in that 79 per cent found reading the books helpful for caring with someone with dementia, 73 per cent found it useful for understanding more about the condition, and 67 per cent found the books helpful for increasing their knowledge of other sources of help and support. Public libraries have been shown to play a key role in health promotion, and both libraries and prescribers have described the program as very effective and contributing to the growing need for effective mental health services in the community.

USA

Health Happens in Libraries (<http://publiclibrariesonline.org/2016/05/health-happens-in-libraries-part-ii-programs/>) aimed at increasing public library staff capacity to respond to patron information needs regarding the launch of the health insurance marketplace established under the US *Patient Protection and Affordable Care Act*. The program equipped the public library community with information on how to identify up-to-date, authoritative resources about the marketplace that could be shared with patrons. During the first year of the program (2013–2014), the program collaborators connected over ten thousand library professionals with relevant information by hosting several national webinars on this complex topic and also surfaced examples of unique library responses and partnerships. The program also produced local and state library case studies that were made freely available. Below are some of the success factors reported by participating public libraries in the program:

- The primary staff contact at Hampton Public Library received ongoing support from her library director to implement creative and inclusive programming as part of reference services
- Buffalo & Erie County Public Library recognised that health needs involved the full social safety net of the community and referenced local health assessments and community data to embrace an internal understanding of health needs and barriers
- Crandon Public Library focused on consistent outreach as part of their planning process to ensure community participation
- The St Charles Parish Library event targeted individuals who use food bank services. The aim of the event at a food bank was to allow direct promotion to participants, and an accessible, familiar, and safe space for participants to discuss their healthy eating priorities and learn about what the library has to offer

- The library and health department at Wilkes County Public Library provided participants with meaningful resources to encourage their ongoing involvement in a multi-week chronic disease self-management program. These resources included dinner during each of the evening workshops and daily door prizes (such as relaxation CDs and pedometers), in addition to participants' educational experience.

5 Recommendations

Recommendations regarding the use of NSW libraries as part of the NSW health information strategy

This Evidence Check identified a growing amount of literature evaluating libraries as settings for health promotion. A comprehensive search identified that there have been no previous studies of libraries being used as settings for health promotion about drug and alcohol issues in particular. Based on the findings the following recommendations are made:

- Base project activities on existing theories of behavioural change
- Conduct a community assessment prior to finalising program's objectives
- Develop an evaluation plan with measurable objectives and ensure that evaluation measures reflect those objectives
- Incorporate responses from multiple stakeholders in a project plan, for example by involving library staff and community members to determine criteria for project success and failure and provide details of success enablers and barriers
- Provide training programs and support for staff to ensure that they are comfortable and familiar with health information provision and can effectively incorporate these services into their work routine
- Consider partnering with researchers from academic institutions to implement a research component that aims to identify casual factors that contribute to long-term behavioural change within library settings.

6 Conclusion

Libraries are often considered a mainstay institution within a community in providing both physical and virtual space. The physical presence of the library continues to help strengthen social bonds, community identity and helps people get to know one another within the community. Libraries have collections of books, digital media resources, as well as desks and meeting spaces where community members can come together. Libraries are often regarded as welcoming, responsive and active community spaces that provide a safe and trusted location for families, children and youths.⁵

In sum, the Evidence Check identified relatively limited evidence relevant to the effectiveness of using public libraries (or comparable community-based settings) for health education and health promotion programs (Question 1). Five studies were found to be relevant and provided overall support for using public libraries and other community settings for health promotion. These studies provide contextual evidence that it is feasible to provide health education and health promotion programs within public libraries and that these programs receive public approval. Furthermore, this review identified a limited range of health education and health promotion programs have been evaluated in public library or comparable community-based settings (Question 2). While one of the reviews highlighted the low quality of outreach evaluation studies, enhanced evaluation capacity at the individual project level and increasing the amount of information available for evaluation by revising project reporting requirements were identified as necessary modifications for the programs. The review also identified four studies that reported enablers and barriers for health promotion public libraries, community health centres and youth sports clubs (Question 3). Some of the enablers reported for programs implemented in public libraries were engaging staff and volunteers, staff training to strengthen workforce readiness for the program, and successful early consultation and engagement with staff. Whereas barriers identified included uncertainty about the role of librarians in providing health information, the invisibility of librarians and their work on the relationship between self-service and technology, and the absence of health knowledgeable amongst front line staff in public libraries.

7 References

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8 Appendices

Appendix A: List of excluded studies

Reference	Reason for exclusion
Linnan, L. A., & Ferguson, Y. O. (2007). Beauty salons: a promising health promotion setting for reaching and promoting health among African American women. <i>Health Education & Behavior</i> , 34(3), 517–530.	Descriptive of the research that has been done in beauty salons; does not employ an explicit method of review to synthesise the findings.
Barry, M. M., Sixsmith, J., & D'Eath, M. (2012). A Rapid Evidence Review of Interventions for Improving Health Literacy.	Review focused on the intervention components, not the settings.
Manafa, E., & Wong, S. (2012). Health literacy programs for older adults: a systematic literature review. <i>Health Education Research</i> , 27(6), 947–960.	Online training course for seniors / adult education — excluded as out of scope.
Kaufman, D., & Rockoff, M. (2006). Increasing access to online information about health: A program for inner-city elders in community-based organizations. <i>Generations</i> , 30(2), 55–57.	Online training course for seniors / adult education — excluded as out of scope.
Cobus, L., MLIS, M. P. A. (2008). Integrating information literacy into the education of public health professionals: roles for librarians and the library. <i>Journal of the Medical Library Association</i> , 96(1), 28.	Capacity building for librarians, focus not on settings.
Shipman, J. P., Kurtz-Rossi, S., & Funk, C. J. (2009). The Health Information Literacy Research Project* fl. <i>J Med Libr Assoc</i> , 97, 4.	Hospital library.
Kwon, N., & Kim, K. (2009). Who goes to a library for cancer information in the e-health era? A secondary data analysis of the Health Information National Trends Survey (HINTS). <i>Library & Information Science Research</i> , 31(3), 192–200.	Study characteristics of library users, not settings.
Holst, R., M. S. L. S., & Lett, R. K. (2009). Vital pathways for hospital librarians: present and future roles. <i>Journal of the Medical Library Association</i> , 97(4), 285.	Hospital library.
Eriksson-Backa, K. (2010). Elderly people, health information, and libraries: A small-scale study on seniors in a language minority. <i>Libri</i> , 60(2), 181–194.	Senior education.
Sun, H. C., Chen, K. N., Tseng, C., & Tsai, W. H. (2011). Role changing for librarians in the new information technology era. <i>New Library World</i> , 112(7/8), 321–333.	The role of librarians, not settings.
Mchombu, K., & Cadbury, N. (2006). Libraries, literacy and poverty reduction: a key to African development.	Focus on social development; context not comparable to NSW.
Xie, B., and Bugg, J. M. (2009). Public library computer training for older adults to access high-quality Internet health information. <i>Library & information science research</i> 31.3, 155–162.	Online training course for seniors / adult education — excluded as out of scope.
Ogunsola, L. A. (2009). Health information literacy: a road map for poverty alleviation in the developing countries. <i>Journal of Hospital Librarianship</i> 9.1, 59-72.	Focus on social development; context not comparable to NSW.
Zionts, N. D., et al. (2010). Promoting consumer health literacy: Creation of a health information librarian fellowship. <i>Reference & User Services Quarterly</i> : 350-359.	Capacity building for librarians, focus not on settings.
Malachowski, M. (2011). Patient Activation: Public Libraries and Health Literacy. <i>Computers in Libraries</i> 31.10, 5-9.	Opinion piece.

Malachowski, M. (2014). Public libraries participating in community health initiatives. <i>Journal of Hospital Librarianship</i> , 14(3), 295-302.	Focus on the types of community initiatives, not setting.
Carlson, B. A., Neal, D., Magwood, G., Jenkins, C., King, M. G., & Hossler, C. L. (2006). A community-based participatory health information needs assessment to help eliminate diabetes information disparities. <i>Health promotion practice</i> , 7(3 suppl), 213S-222S.	No detailed analysis on the role of libraries as settings.
Dwyer-White, M., Choate, C., & Markel, D. S. (2015). Increasing health research literacy through outreach and networking: Why translational research should matter to communities. <i>Health Education Journal</i> , 74(2), 144-155.	No detailed analysis on the role of libraries as settings.

Appendix B: PRISMA flow diagram

