Conducting Focused Outreach with Patient Populations

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AUTHOR STATEMENT

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INTRODUCTION

Hospital librarians working with patient populations will be encouraged by a recent publication that supports their involvement with the patient experience. The article, “Involvement of information professionals in patient- and family-centered care initiatives: a scoping review” published in the *Journal of Medical Librarianship*, states that burgeoning efforts in participatory care and the inclusion of patients in the decision-making process pose a unique opportunity for librarians and information professionals to offer more personalized information services. The authors collected data on patient- and family-centered care programs that included the direct participation of a consumer health librarian or other information professional (1). Librarians interested in increasing their services to patients will find Focused Outreach techniques useful. What follows is an explanation of Focused Outreach techniques developed by the National Network of Libraries of Medicine, New England Region. This includes a description of the techniques employed in community outreach projects, as well as suggestions as to the application of these techniques for hospital librarians interested in working with patient populations.

*Focused Outreach Model at the National Network of Libraries of Medicine, NER*

The National Network of Libraries of Medicine, New England Region (NER), through a Regional Medical Library Cooperative Agreement, represents the National Library of Medicine (NLM) in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Under this agreement, NER serves the mission of the National Institutes of Health (NIH) to improve the health of the Nation (2). NLM directs all Regional Medical Libraries to expand the reach of biomedical information services from NIH headquarters in Bethesda, Maryland to counties throughout the United States.

Under the current cooperative agreement, NER performs Focused Outreach. Focused Outreach targets two geographic areas each year, one rural and one urban. In 2018, NER selected Bangor, Maine for outreach efforts with a focus on supporting Maine librarians. The goal was to increase rates of participation in National Network of Libraries of Medicine training and funding opportunities among librarians in the Bangor region. Focus Outreach to Bangor launched on May 1, 2018 and concluded on April 30, 2019.

Likewise, hospital librarians could identify patient populations that they hope to engage. At the Hassenfeld Children’s Center for Cancer and Blood Disorders, librarians support pediatric cancer patients and their caregivers (1). NER recommends working with a specific population, such as pediatric cancer patients and their caregivers. Identify a specific goal, such as supporting shared decision-making with the healthcare team through personalized information services. As with Focused Outreach to Bangor, NER suggests creating a timeline to work within. This could range from one to five years.

PROJECT BACKGROUND

The United States Department of Health and Human Services (HHS) reminds us that community assessment starts with self-assessment. Assessing our motivations is an important first step before we introduce ourselves to communities that we hope to work with. Self-determination is the responsibility and right of the people within a community. We do not have the power to single-handedly impose change that will lead to improved health outcomes, or to improved usage of hospital library services. Partnership is necessary, as is understanding that diverse needs exist within the community that we seek to serve. No single effort will effectively reach the entire community. Lastly, time limitations will define the level of impact that we will make. True collaboration requires a long-term commitment, and improved outcomes is a slow, deliberate process (3).

In Focused Outreach to Bangor, NER was motivated to raise awareness of training and funding opportunities available from the National Network of Libraries of Medicine. NER approached Bangor-area librarians who serve various constituents: community college students; medical professionals; and the general public. The hope was to build capacity of local library staff to serve the health information needs of the Bangor community. NER acknowledged two concerns: 1) communicating intentions with clarity and 2) implementing activities in a timely manner. Miscommunication with stakeholders and scheduling conflicts were expected obstacles.

In performing self-assessments, hospital librarians will need to identify motivations, goals and potential barriers to success. NER recommends identifying a precise motivation. By supporting shared decision-making, does the librarian seek to build the capacity of patients and caregivers to search for health information on their own, or to build the capacity of the healthcare team to communicate with patients and caregivers? Does the librarian seek to accomplish both tasks? If so, NER recommends structuring each strategy with its own goal and timeline. NER finds that identifying motivations and communicating intentions with clarity is essential.

PRELIMINARY ACTIVITIES

*Conducting Key Informant Interviews*

Key informant interviews are qualitative, in-depth interviews with community leaders. The purpose of conducting these interviews is to collect information from those who have first-hand knowledge about the community (4).

After assessing motivations and concerns for Focused Outreach to Bangor, NER conducted thirteen interviews at various locations in Maine. NER visited two hospital libraries, two urban libraries, two rural libraries, a community college library and the state library. Nearly all interviews were performed at the workplace, giving NER the opportunity to tour Maine libraries and learn about local concerns. Several interviews took place at Bangor Public Library, pictured in Figure 1. One interview took place in downtown Bangor, providing a chance for a short tour of the city. The last interview was conducted over the phone.

NER distributed a follow-up survey to the interviewees to ask for additional community contacts and to gauge interest in specific health topics.



Figure 1 Bangor Public Library, Bangor, Maine, June 2018

*Reviewing Publicly Available Data*

After conducting key informant interviews, NER scanned available data to identify health priorities for Bangor. NER located data from the United States Census Bureau, Annie E. Casey Foundation, Robert Wood Johnson Foundation, local newspapers and the local hospital Community Health Needs Assessment. These additional resources helped NER become more knowledgeable about the community’s culture, economic conditions and demographic trends. NER synthesized community observations of health information needs with the available data before identifying target populations and health information foci. NER selected three interviewees to help design health information outreach strategies: Deborah Clark, Library Management Specialist at the Maine State Library; Ben Treat, Director at Bangor Public Library and Janet Elvidge, Library Director at Eastern Maine Community College.

*Developing Outreach Strategies*

Bangor area librarians identified these community health priorities:

* Mental health
* Disability
* Substance misuse
* Sexual abuse
* Violence
* Trauma
* Poverty
* Suicide

Data supported these reports, and revealed concerns about child welfare, obesity, alcohol-impaired driving and sexually transmitted infections.

Upon recommendations of library personnel at the Maine State Library, Bangor Public Library and Eastern Maine Community College, NER identified four strategies:

* Database training for academic librarians
* Training on compassion fatigue for public library staff
* Technology funds for community college library
* Professional development funds for community college library staff

For each strategy, NER developed a logic model. Information from the interviews and local data is reflected in the Inputs, Activities and Outcomes, as demonstrated in Figure 2. The entire project would undergo process assessment. Additional strategies were developed over the course of the year, such as the chance to present at the Maine Library Association Annual Conference in October 2018. For purposes of assessment, NER noted increases in training attendance and funding applications from Bangor-area library staff.

A screenshot of a cell phone

Description automatically generated

Figure 2. Sample Logic Model from Focused Outreach to Bangor, ME

These preliminary activities are critical to the success of Focused Outreach. Hospital librarians will need to identify key informants from within the hospital system, as well as within the selected patient population. Choosing key informants may be dependent upon established relationships. For example, NER had an established relationship with Deborah Clark. She provided introductory emails and support throughout the preliminary activities. Similarly, hospital librarians may have good contacts with a cancer center or pediatric practice. Patient advisory councils are ideal sources of key informants to gain the patient perspective.

As stated earlier, data from the United States Census Bureau, Annie E. Casey Foundation, Robert Wood Johnson Foundation, local news sources and the hospital’s Community Health Needs Assessment are invaluable for learning more about the community’s culture, economic conditions and demographic trends. NER recommends performing key informant interviews before consulting data resources. This enables the hospital librarian to give adequate weight to the observations of interviewees. The support of interviewees is critical to the launching of Focused Outreach strategies. Ultimately, strategies should be rooted in the experiences of the population served.

FOCUSED OUTREACH STRATEGIES

*Strategy One: Database Training for Academic Librarians*

NER designed and delivered PubMed training for academic librarians via webinar. During the key informant interviews, NER learned that the Maine State Library was switching from a statewide EBSCO subscription to the Gale databases. The switch would mean that libraries would lose the EBSCO interface for searching MEDLINE. This was unnerving for many of the academic librarians. NER offered a webinar entitled *PubMed for Maine Librarians* in August 2108, just before the new school year started. Twenty librarians attended the live session. The webinar was recorded for those who could not attend. The recording link was sent out on Maine library listservs. In the evaluation, attendees commented that the webinar was very helpful. Many librarians had used PubMed before, but were unfamiliar with MyNCBI functions and the nursing journals filter.

*Strategy Two: Training on Compassion Fatigue for Public Library Staff*

NER provided funds for Bangor Public Library staff training on compassion fatigue. The goal was to examine how mental health, trauma, homelessness and substance misuse impacted the community, including the library staff. In fact, Library Director Ben Treat told NER that some of his staff had experienced, or were currently experiencing, some of these health concerns. He wanted to improve the library’s messaging about issues such as homelessness, mental illness, addiction, and poverty. The director closed the library for the day and arranged for local social services agencies to give a presentation with questions-and-answers, pictured in Figure 3. The entire staff was asked to participate. Eighty-five percent of library staff attended. A group of people standing around a table

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Figure 3. Photo from Staff Development Day, Bangor Public Library

#### Strategy Three: Technology Funds for Community College Library

NER reimbursed Eastern Maine Community College for the purchase of twelve tablets to be used in the promotion of health resources. The college offers a well-respected Nursing program, as well as programs in Emergency Medical Services, Healthcare Secretary, Medical Assistant, Medical Office Technology, Medical Radiography and Surgical Technology. Library Director Janet Elvidge explained that the college budget was limited with regards to providing technology in the library. After purchasing the tablets, staff from the Information Technology Department and the Library met to discuss best practices for lending out the equipment. They determined that a 7-day lending period would suffice, and students would be able to take the tablets off-campus. The Information Technology Department set up the tablets to abide by institutional security rules and added subscription-based library apps. Two tablets were reserved for librarian use.

#### Strategy Four: Professional Development Funds for Community College Staff

To further support Eastern Maine Community College, NER covered the costs for one librarian to attend a national conference. The college offered no professional development funds for library staff. Librarian Cynthia Young selected the Association of College and Research Libraries Conference 2019 in Cleveland, Ohio. She hoped to find sessions relevant to her work with nursing students.

Eastern Maine Community College students have the highest NCLEX-RN pass rate in the state of Maine. To support this achievement, librarians provide instruction in research techniques. Young attended *Improving Ourselves and Improving Care: Mitigating bias in literature searching in health sciences,* presented by Rachel Stark, California State University, Sacramento and Molly Higgins, Library of Congress. This conference session illuminated the librarian’s need to be cognizant of broadening students’ minds concerning the biases that exist in healthcare research. During the search activity, Young learned about many relevant databases: Embase; EthnoMed; MedEdPORTAL and SPIRAL.

RELEVANCE TO HOSPITAL LIBRARY OUTREACH

Each of these scenarios are applicable to hospital librarians seeking to conduct outreach to patient populations. After performing the key informant interviews and looking at available data, NER suggests working with selected interviewees to identify the target population and health information focus. NER finds that workable strategies surface during this process. For example, NER discovered a need for PubMed training among Maine academic librarians through key informants. Prior to conducting the interviews, NER was unaware that Maine academic librarians were using EBSCO as an interface for searching MEDLINE.

Through key informant interviews, hospital librarians may learn about the information-seeking habits of a specific patient population, such as particular social media platforms. After understanding established habits, librarians may develop a goal to demonstrate new search options to patient populations. The strategy may include instruction in the critical assessment of health information resources.

Similarly, the need for compassion fatigue training at Bangor Public Library was identified in key informant interviews and supported by publicly available data. High incidences of mental health, trauma, homelessness and substance misuse in the community were making a significant impact on library staff. Equipped with key informant interviews and supporting data, hospital librarians may develop a strategy to address a specific need. This may include an activity that bridges the information gap existing between an identified patient population and their healthcare team.

One NER strategy included the purchase of technology to access health information resources. Hospital librarians may promote the use of technology in patient education. In 2017, the Lyman Maynard Stowe Library at UConn Health purchased tablets for the delivery of diabetes education. Librarians learned that patients were eager to use the tablets. Videos in Spanish were found to be particularly effective in teaching non-English speakers complicated tasks such as carbohydrate counting, meal planning, administering emergency insulin injections, and monitoring blood glucose levels. Diabetes educators reported that tablets made teaching difficult concepts easier and helped patients strengthen their self-care skills. The tablets gave educators more flexibility, enhanced their productivity, and helped them to meet new healthcare reporting requirements (5).

Lastly, NER recommends that hospital librarians investigate professional development opportunities to learn more about participatory care and shared decision-making. Check with local Regional Medical Libraries and professional organizations for scholarship opportunities.

CONCLUSION

The National Network of Libraries of Medicine, New England Region established a goal to increase rates of participation in training and funding opportunities among librarians in the Bangor region. Data from internal reports indicate that NER accomplished the goal of increasing participation in training. Sorting for ZIP codes 04401 and 04402, NER saw a jump from three training participants in 2016-2017 to twenty participants in 2018-2019. This data includes attendance at trainings not specifically geared toward Maine librarians, such as NER’s Substance Use Disorder webinar series, Graphic Medicine ComicCon and eScience Forum. Although funding applications did not increase for the 2019-2020 cycle, three Bangor-area librarians expressed interest in future funding.

Focused Outreach is one method for spreading the message that the National Library of Medicine provides free access to biomedical information. Through our *PubMed for Maine Librarians* webinar, we demonstrated that the statewide loss of EBSCO’s interface to MEDLINE was not an entire loss to the Maine academic community. PubMed is freely available and easy to use. NER supported efforts in addressing community health by funding staff training in understanding mental illness, trauma, substance use disorder and homelessness. Focus Outreach gave us the opportunity to increase access to biomedical information by providing the funds for a community college to purchase tablets. One community college librarian learned how to address bias when teaching nursing students how to conduct research.

NER encourages hospital librarians to incorporate Focused Outreach techniques when embarking on efforts to support participatory care and the inclusion of patients in the decision-making process. These techniques yield workable strategies for providing health information services to patient populations.

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