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Public Library Participation in a MedlinePlus® Go Local Project: Perceptions of Georgia Librarians and Staff

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Abstract

In an effort to promote public library involvement in Georgia Health – Go Local, a National Library of Medicine initiative to link consumers to health resources in their local areas, staff at a large public library system in south Georgia were trained to enter local records into the Go Local database. Results of two follow-up focus groups indicated that participants were enthusiastic about demonstrating Go Local and MedlinePlus to library users but were not comfortable creating or maintaining Go Local records due to concerns about the relevance of the project, unease with medical terminology, varied levels of computer expertise, and worries about possible liability.

Keywords

Consumer health information; Georgia Health – Go Local; Go Local program; MedlinePlus;
National Library of Medicine; database development; public libraries

INTRODUCTION

Georgia Health – Go Local was part of a wider initiative sponsored by the National Library of Medicine (NLM) to identify and link state health services and providers to MedlinePlus. (Note: NLM announced that it was phasing out support for the Go Local program on February 18, 2010).¹ With start-up funding provided by the National Library of Medicine and the Georgia Public Library Service, the project was intended to make it easier for Georgians to find health services and facilities in their local communities and encourage greater use of the National Library of Medicine's authoritative consumer health portal, MedlinePlus.gov.

BACKGROUND OF GEORGIA HEALTH – GO LOCAL

The libraries of Georgia's four medical schools (Emory University, Medical College of Georgia, Mercer University School of Medicine, and Morehouse School of Medicine), GALILEO (Georgia's state virtual library), Georgia 2-1-1, and a variety of other partners and supporters throughout the state helped implement Georgia's Go Local program. The live consumer Web site launched on June 2, 2008, after several years of planning, data gathering, and database development. With the launch of the Web site, consumers could link from MedlinePlus health topics to resources in their Georgia county or zip code, or go directly to the Georgia Health – Go Local Web site to access Georgia health resources by topic or location.

Georgia's Go Local project was implemented in various phases as existing sources of health resource records were identified and imported into the database for verification, subject

indexing, and review. As reported by other Go Local projects,² it became clear early on that a primary challenge of the project would be recruiting and retaining the consistent volunteer base that would be needed to verify, index, and maintain the thousands of records populating the database. Volunteer indexers from among the state's health sciences library community were utilized, as well as students who were completing MLIS fieldwork in health sciences librarianship at Valdosta State University. Initial NLM funding was used in part to pay a nominal fee to indexers for each record completed, but it became clear after these funds were expended that this was not a sustainable approach. Georgia's Go Local project in particular was in need of a large cadre of volunteers given the potential size of the database. The state is the nation's ninth most populous³; with 159 counties, it is the largest state in area east of the Mississippi River. In addition to indexers, there was also a great need for auditors to periodically verify existing records in the Go Local database, especially given NLM's suggestion that all Go Local records be audited every six months.

PUBLIC LIBRARY SUPPORT

Although the impetus for Georgia Health – Go Local originated from the state's health sciences library community, public libraries around the state were strong supporters from early on. The Georgia Public Library System contributed partial initial funding and assisted with publicity efforts to reach public libraries in every Georgia county with bookmarks, posters, pencils, and other items promoting the project. The Georgia Health – Go Local Advisory Board, created in 2005, had a permanent position held by the Georgia Public Library System Assistant Director; in addition, since its formation, one of the board's elected positions was held by a public librarian. During the launch week for the public Go Local Web site, several public libraries and library systems around the state held special events or exhibits to showcase Go Local, including consumer classes featuring MedlinePlus and Go Local.

With strong existing public library support as a backdrop, Georgia Health – Go Local coordinators wanted to evaluate the feasibility of using public library staff to serve as indexers and/auditors for the statewide database. Soon after the live database launch in June 2008, discussions about increasing public library involvement in the project were held with an Advisory Board member who served as director of a large public library system in south Georgia. The director was very enthusiastic about the initiative and offered an opportunity to train the system's staff members to assist with indexing and auditing duties.

In order to gain feedback on other states' efforts to train public library staff as indexers prior to developing the sessions, a query was posted to the NLM Go Local participants' discussion list in July 2008. Based on the responses gathered, it appeared that only a few states had attempted to train public librarians as Go Local indexers, and no states had partnered with a public library system to train designated staff members to contribute to the project. There are also a number of published articles detailing various Go Local programs⁴; however, none specifically address a training program for public library staff.

PUBLIC LIBRARY STAFF TRAINING

In August 2008, a pilot program was conceived which would train the public library system's employees to create and audit records in the Georgia Health – Go Local database. With funding from a National Network of Libraries/Southeastern Atlantic Region "Express Outreach Award," project coordinators hoped to describe "best practices" for training public library staff to augment or maintain Georgia's Go Local database. Findings could then be used as a prototype to develop a training program for staff in other library systems in the state, as well as shared with Go Local projects around the country.

The project coordinator and system director worked together to schedule training in November 2008 for librarians and staff representing a five-county public library system in rural southeast Georgia. Librarians from Mercer Medical Library in Macon, Georgia traveled to the main library branch location to conduct training for employees representing the five counties of the system. At least two attendees from each of the six libraries in the system were scheduled to attend, along with the system director. The project as originally conceived was to train MLS librarians only but, because of the relatively small number of MLS librarians in the system, the system director also invited other staff members to attend.

Due to difficulty in having staff gone from their respective libraries all day, there were fewer participants in the training than anticipated: 13 total (4 MLS-degreed librarians and 9 staff members). The group received three hours of hands-on training in the use of MedlinePlus, Georgia Health – Go Local, and PubMed. All attendees also took part in a two-hour session instructing them in the use of the Go Local input system to index and audit records in their counties. To encourage participation, employees traveling from branches in other counties were reimbursed for travel expenses. In addition, a \$100 stipend was provided to each library for participating in the training.

Most participants in the training demonstrated strong interest in MedlinePlus and the Go Local database as informational tools to point out to their users; however, trainers became aware of several issues during the sessions that seemed likely to affect success of the training project. Attendees demonstrated highly varied levels of computer skills; some were not comfortable navigating among multiple windows, which was an integral part of the Go Local input system. One supervisor contacted the project coordinator the following week and asked if she could redo her colleague's records, stating that the employee's computer skills were not sufficient to do a good job. One participant later reported to a supervisor that it was difficult to follow the training because she did not know how to "cut and paste." Familiarity with medical vocabulary was also an issue – when asked what types of health questions they normally received, one staff member was unfamiliar with the term "Alzheimer's."

A number of participants in the training seemed overwhelmed at the complexity of the Go Local input system and the number of screens to navigate. Interestingly, a recurrent theme was the hesitancy of the attendees to change or edit the information in the database: since it was already in the database (even in an incomplete stage), it was viewed as authoritative. Since verifying contact information for a health provider can require some "detective work" among various online sources, it was clear that some staff were not successful in finding additional information about a service or organization as they ended up on Web sites that were clearly not authoritative. Several were not familiar with the concept of one company owning multiple health care locations, such as a chain of nursing homes owned by a corporate parent.

Each participant at the training sessions completed an evaluation form. Both sessions scored above average on a 5-point Likert scale. Session one (MedlinePlus and PubMed) had overall scores of 4.7 on course design; 4.9 on instructors; and 4.7 on overall impact. The second session (the Go Local input system) scored slightly lower, with scores of 4.5 on course design; 4.9 on instructors, and 4.7 on overall impact. Comments indicated that participants found the knowledge gained about MedlinePlus, Go Local, and PubMed useful.

FIRST FOCUS GROUP RESULTS

A focus group drawn from participants in the Go Local input system training was conducted three weeks after the session in order to evaluate training methods and discern best practices for future training and participation in Go Local efforts among public library staff. The one-

hour session with eight attendees was conducted by a local university professor in the field of public health, who was not known to any of the participants. Focus group results reiterated some of the issues noted during the original training. Participants gave overall positive feedback about the Go Local project but were surprised by the need to verify the information in each record. They also reported some discomfort with the computer skills and familiarity with medical vocabulary required. Since records used for training purposes were not necessarily from their region, some participants reported a disconnect between Go Local indexing activities and the needs of their local users. Training participants expressed concerns about the relevance and applicability of the project to their duties in the public library, and also concerns about the time needed to find and index resources.

The following quotes from the focus group attendees illustrate the themes identified:

Just because somebody can work in our library and check people in and out doesn't mean they have the skills needed to do this.

It relied a little bit more on my library and searching skills on the Internet than I realized it was going to.

[The libraries' funding agencies] will want to know what the local payoff is, because, frankly, pretty much everyone at this table already has a full plate.

I think we don't feel a connection per se to the information...[it would be preferable]if we can see that it was actually going to have [a]direct connection to our patrons and their service needs...

I guess the question I have had all along [is] why us...I guess I am wondering how this became something that we are involved in as library employees...I am not sure how this became other duties on top of what we have.

To address the discomfort with the Go Local indexing process revealed in the first focus group, project investigators revised expectations and communicated with participants to reiterate the focus on local resources, preparing a list of approved Go Local records in their counties for review so that participants could easily see what "gaps" they might fill in. Since very few resources for the system's five counties existed in the database, participants were encouraged to use the Georgia Health – Go Local "Suggest a Resource" feature to suggest additional resources for their county or region. This was an easier and far simpler way to suggest resources than the more cumbersome and confusing Go Local input system, which requires individual user accounts to be set up. A short program written by Georgia Health – Go Local IT personnel allowed project administrators to easily transfer the local health resources suggested by public library staff to the input system. Participants were also given a prioritized list of health resources (e.g., Community Clinics, Disability Services, etc.) on which to focus their efforts. Despite the new streamlined method, very few resources (less than 5) were suggested during the six months following the training.

FOLLOW-UP FOCUS GROUP RESULTS

A second focus group was held with nine participants six months after the initial training to evaluate success of the initiative and suggest directions for future public library involvement in Georgia Health – Go Local. Results indicated that participants remained unsure of their role in the project, and had completed very few project activities, such as suggesting local sites for Go Local indexing. Participants felt that public library involvement in the project was dependent on each individual staff member's comfort with technology and time available to participate. It was clear that library staff continued to feel disconnected from the project and uncertain about what role they could play. They again expressed unease with the technology required to participate in the program and, interestingly, had concerns about their

liability in terms of recommending health resources for the database, possibly a carryover from the tension that may arise for public library staff when answering health-related reference questions.⁵ Part of the disconnect also may have originated from leadership changes: the system director, who was the driving force in the collaboration between the library system and Georgia Health – Go Local, retired halfway through the project and the new position went unfilled for many months.

The comments below are representative of the second focus group feedback:

I think a lot of it boils down to a manpower situation. With all the other things you have to do as a library you don't have someone to spend...even a couple hours here and a couple hours there putting things in the database or cleaning things up.

Are we putting our names behind this person [being added to the database]...and saying yes this is someone you can trust...That's not something I necessarily feel qualified to do... How much responsibility are we taking for the people that we put in that database?...

I think it's important for us to find out what our liabilities are as far as putting the information in.

I think a lot of it is going to depend on how comfortable the people working with it are with the technology.

I don't have [a] medical background and I don't know what some of these specialists are.

OUTCOMES

The original goals of the training project were to promote Georgia Health – Go Local and evaluate the feasibility of using public library partners to index or audit records in the system. The public library staff members who participated in the training were very receptive to learning more about Go Local and MedlinePlus and directing their patrons to them; however, attempts to train public library staff to assist in auditing and indexing Go Local records were not successful, due to a variety of obstacles. Buy-in for the project among rank-and-file library staff was not high, particularly given the workload many already experienced with their regular duties, and leadership turnover at the public library during the grant period was problematic. Lack of computer skills and worries about liability for vetting health resources for inclusion in the database were also barriers to success.

LESSONS LEARNED

The collaborative relationship was strong at the top level of the project (between the public library system director and Mercer Medical Library staff), yet there was considerably less buy-in from frontline library staff, who perceived that they were being asked to do work beyond their normal job descriptions. In future consumer health partnership efforts with public libraries, it will be helpful to concentrate on building buy-in and participation from all those involved. Demonstrating how participation in the project could ultimately benefit public libraries and their users should be a top priority, particularly when staff members are “volunteered” by a supervisor for a project. Success of future collaborations will depend on the leadership and strong commitment of individual public library directors and staff, not only that of the system director. Any future consumer health partnerships will also need to address the concerns of the public library regarding familiarity with medical terminology as well as computer skills. Finally, health sciences librarians who partner with public libraries should make a special effort to provide education and guidance regarding the provision of medical information to their users in order to alleviate any anxiety about liability.

Although the project was not successful in training Georgia public library staff as indexers or auditors in the Go Local system, it provided Georgia Health – Go Local administrators with additional contacts among public library staff and was valuable in gaining their perspective on the Go Local project. Although the Go Local project has now ended, the information gained and lessons learned from public librarians and staff should help pave the way for successful future consumer health partnerships between health science and public librarians in Georgia.

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