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Cooperation in the Commonwealth: Perceptions of Partnership Initiatives between Virginia's Academic Health Sciences Libraries and Select (Contiguous) Public Library Systems for the Provision of Consumer Health Information Services

Jessica Lynn Waugh
University of Tennessee - Knoxville

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To the Graduate Council:

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<div align="right">Suzanne Allard, Major Professor</div>

We have read this thesis and recommend its acceptance:

Martha Earl, Bharat Mehra

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Cooperation in the Commonwealth: Perceptions of Partnership Initiatives between Virginia's Academic Health Sciences Libraries and Select (Contiguous) Public Library Systems for the Provision of Consumer Health Information Services

A Thesis Presented for
the Masters of Science
Degree
The University of Tennessee, Knoxville

Jessica L. Waugh
December 2009

Dedication

This thesis is dedicated to my parents, Tom and Wally, who
– thanks to a dead car battery –
discovered each other in UT's library the fall semester of 1960.

Acknowledgments

Abstract

Increasing numbers of Americans are seeking information about health and medicine. The advent of the Internet has ushered in an explosion of resources, but no mediating device to help lay people discern between authoritative current data, opinion pieces or unsubstantiated anecdotes. The field of consumer health is ripe with programs and initiatives designed to address the issue of access and education, but those are often scattered, spottily coordinated, poorly advertised and, in some cases, needlessly duplicated. The formation of robust partnerships between two major entities attempting to provide consumer health information (public libraries and academic health sciences libraries) seems logical and timely, especially during this time of increased focus on all aspects of American healthcare. This thesis examines what, if any, partnership activities exist between the three academic health science libraries and three contiguous public library systems in the Commonwealth of Virginia to provide consumer health information services to the community. Partnership experiences with any entity are discussed as well as specific partnership initiatives to provide consumer health information. Brief electronic survey results and follow-up telephone interviews revealed that all six libraries embraced various partnerships with other entities to reach different audiences and experienced largely positive results; however, when consumer health partnerships were examined, the research indicated only one formalized program with tenuous partnership features that originated at an academic health sciences library. Based on these results, the recommendation to shift the coordination of consumer health information partnership activity to an overseeing state entity familiar with both types of libraries is discussed.

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Chapter 1
Introduction

According to the Pew Internet and American Life Project Online Health Search 2006, "eight million American adults look online for health information in a typical day," and "most Internet users start at a general search engine." In order to make reasoned informed choices, customers need the proper tools – that involves assistance in navigating the medical maze of online resources, print resources, and other sorts of information available to consumers. Knowing where to turn for additional information can be challenging, whether a person gets a diagnosis, receives a prescription, or wants to make a healthy lifestyle choice. A newly diagnosed breast cancer patient might turn to the American Cancer Society's website (www.cancer.org), which is updated at least monthly, or may choose a book from a local public library with a decades-old publication date if she is uncomfortable with computers. She might wonder about complementary therapies for her breast disease and select *Natural Cures "They" Don't Want You to Know About* by Kevin Trudeau, or she might be aware of the National Institutes of Health site, National Center for Complementary and Alternative Medicine (http://nccam.nih.gov/). How would our patient know which are the better resources? Self-diagnosis through a "Google" consult is commonplace; television and print drug promotions ubiquitous. Physicians are seeing more patients who demand particular treatments without an understanding of evidence-based medicine. Add to this mix that approximately 14% of the American population falls below basic health literacy levels.[1] Basic health literacy levels involve such skills as knowing how to read a medication's dosing directions and understanding physical activity restrictions. Negative health outcomes and added financial stress to the healthcare system are directly linked to this low healthcare literacy level.[2] A 2004 Institute of Medicine publication on health literacy states that

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two critical components are necessary in order for a person to make appropriate health decisions: 1) the ability to access accurate, current health information and 2) the ability to use that information constructively.[3]

Hospitals recognize the need for consumer health resources, but in the current economic climate have been unable to substantively respond. Central Virginia's local teaching hospital and medical university, Medical School Central has an on-site Consumer Health Information Library (CHIL). Although the CHIL offers a robust on-site collection of consumer health materials, including access to subscription evidence-based medical databases such as the Cochrane Library, First Consult and Up to Date (all of which have patient information components); it is only open Monday through Friday from 10:00 a.m. to 4:00 pm.[4] Central area citizens interested in its holdings and services must travel to the urban medical campus during those days and hours to access the materials. A January 2008 article in the *Journal of the Medical Library Association* indicates that traffic in this center is sparse. The article authors expressly state that "[an] alternative to increasing center traffic is *delivering information to places where consumers are located*."[5]

As information specialists, a critical part of our responsibility is helping the general public wade through the vast amount of health-related information to find that which is reliable. Indeed the Medical School Central Library's values statement identifies its library staff members as "stewards of the University's resources [who will] contribute to the world's repository of knowledge."[6] This value aligns itself perfectly with the goals of the NIH "Understanding and Promoting Health Literacy" program. This NIH program incorporates the themes of the Healthy People 2010 initiative in which innovative community collaborations are encouraged to further

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public knowledge, ultimately leading to responsible life choices and citizen-centered preventative health care.

The Commonwealth of Virginia is home to three medical universities with academic health sciences libraries (Medical School West; Medical School Central and Medical School East). Surrounding these three universities are mid-sized public library systems with multiple branches spanning hundreds of miles: in the western area (the Western Public Library with 8 branches), in the central area (Central Public Library with 9 branches), and in the eastern area (Eastern Public Library with 12 branches). According to the 2008 Census, the estimated population of these combined areas is 287,707.[7] At the time of this writing, only limited Consumer Health Outreach partnerships exist between the public systems and the academic health sciences libraries.

This thesis explores what, if any, Consumer Health information outreach projects exist in these geographic areas (Central, West, and East) whether offered by the public library system (PL) or the academic health sciences library (AHSL). In the case where such projects exist, an examination of program elements and program success – as determined by measures established by the hosting institution-- is discussed. Of particular interest are any consumer health efforts that involved partnership development between public library systems and academic health library systems. The author anticipated that few Consumer Health outreach projects are currently operational and those that are operational are functioning with little to no partnership with any entity outside the originating institution.

In addition, the directors of the three public library systems and the three health sciences libraries, and their corresponding outreach coordinators will be surveyed about their perceptions of and experiences with Consumer Health Outreach initiatives and actual or potential partnerships between PLs and AHSLs.

The following three questions informed the direction of this research:

i. What is the current status of partnerships between Virginia academic health sciences libraries (AHSL) and public libraries (PL) in the development and provision of Consumer Health information services to the community?

ii. What are the perceived barriers (from the university libraries' views and the public library systems' views) to developing and/or enriching such partnerships?

iii. What are possible strategies for overcoming these barriers?

1.1 Ramifications

In the third and fourth quarters of 2009, healthcare reform has risen to the top of business and political agendas since the twin events of serious economic downturn and the advent of a new presidential administration. Both the American voter and the American politician believe that the current medical system is in need of an overhaul, and many ideas have been floated to begin the process.[8] Given the cost of low health literacy,[2] programs to improve the lay public's ability to locate and understand authoritative medical information would be a cornerstone in building a stronger healthcare system – one that involved patients as partners in their own healthcare. As the literature review reveals, different efforts to address consumer health literacy have occurred or are on-going. Many of these programs initiated and are based in a single library system such as a public library or an academic health sciences library. A central tenet of this thesis is that just as patients need to partner with the medical system to achieve the best outcomes, different types of information-providing institutions should partner for the same optimal results. Public libraries and academic health sciences libraries have different assets to bring to the partnership table: public libraries are better able to address widely different literacy needs and have experience

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teaching the lay public, while academic health sciences libraries house robust medical resources generally too expensive or specialized to be accessible to the lay population.

By reviewing the state of partnerships in the provision of consumer health information services between the only three academic health sciences libraries in the Commonwealth and the three public library systems surrounding them this work could assist other information-providing entities that seek alliances to strengthen healthcare information outreach programs. Determining what makes a strong partnership, identifying barriers and learning from the experiences of the Virginia study participants would allow other information providers to build on what has already been learned, avoiding trouble spots and stream-lining their own efforts to form partnerships that enhance consumer health information services for all.

Chapter 2
Literature Review

2.1 Rationale for Focus

In addition to providing information about partnership theory, partnership activities and what constitutes partnership "success," the following review of the literature augments the author's experience with and observation of partnership efforts within a mid-sized public library system. Stymied attempts to form a partnership outside the confines of this system spurred the author to examine the existing business, information science and healthcare literature for the following:

- what defines a "partnership?"

- are there any blueprints or directions for how to form a partnership?

- what makes a good partnership and why do some fail?

- what are public libraries doing with partnerships and consumer health?

- what are academic health sciences libraries doing with partnerships and consumer health?

This review is selective, rather than exhaustive. The literature search process involved mining such diverse databases as ERIC, Agricola, ABI-Inform, PubMed, and Web of Science. Hundreds of articles have been written about partnerships (with as many different definitions of the term as there were articles). The business sector has a rich history of partnership research and it is in this arena that the literature examines theory as well as practice, partner relationships as well as outcomes. The healthcare and information science literature focuses more on partnership deliverables as opposed to the human element of the unions. Some of the literature about partnership actually turned out to be descriptive narrative about outcome. Interestingly,

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any library writing about its consumer health services seems to deem its efforts as a "partnership" in some way – even if that is just a partnership with library patrons.

For clarity, the following review is organized in four sections. First will be a discussion of literature concerning partnership dynamics and theory. This section will examine what researchers are saying about partnership definitions, how to form one and what factors determine success or failure. The second portion of this literature review will examine selected literature that discusses public libraries and partnerships, particularly those involving consumer health. What are public library systems doing in partnership with non-library entities such as schools or businesses? What are they doing with other public library systems? The third part of this literature review will examine academic health sciences libraries' reports of their consumer health partnership experiences – those with different types of entities such as government agencies or business, and those with other academic health sciences libraries. The final section of this review will focus on the literature discussing partnership efforts between public libraries and academic health sciences libraries in the provision of consumer health services.

The author's system vocally supports the concept of partnership and has recently ramped up grant-seeking efforts to obtain funding for early literacy programs, cultural diversity programs and one Outreach Express grant from the National Network of the Libraries of Medicine (NNLM). In each of these cases the library system received monies and either offered patron-specific programs (such as the *Dia de los Ninos* festival for Spanish-speaking citizens at a newly opened branch library) or staff-centered educational programs (early literacy tips for childrens' staff) or a combination (staff training on health databases, disease-specific information-seeking classes for the community, and a health packet service for patrons). The relationship between the library system and the grantor is deemed a "partnership" by library administration's

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standards; however, the activities undertaken were limited and involved the giving and accepting of funds and the development/implementation of programs during a specified time period. The goals appear to be increased cash flow to the library and increased visibility for the library. There is no library presence within the funding agencies. There is no library input in the activities of the funding agencies. There is no plan for self-sustaining initiatives geared toward mutual interests of the funders and the library. These observations lead the author to question what really constitutes a "partnership" and what other library systems are doing/have done.

As the author of the consumer health grant, this researcher envisioned establishing partnerships with the local academic health sciences library (for expanded information access), as well as community healthcare providers (to promote library services and reach underserved populations). The plan involved a continuing dialogue between the public library system and these entities – especially the university library – in order to fully realize the goals envisioned by the grant proposal. These goals included expanding access to consumer health information throughout the Central metropolitan area. Instead, public library administration permitted the drop-off of promotional brochures to these entities and requested that system librarians refer complex healthcare questions to the academic health sciences library. Suggestions about approaching the University library director to permit the public system to gain remote access to their more sophisticated databases and texts were discounted due to perceptions of encroaching on the public system's collections development manager's territory. Suggestions to appoint a liaison between the public system and the university system were denied using the rationale that it would be beyond the scope of the "librarian job description."

2.2 Partnerships in General: Establishment and Workings

The precise definition of "partnership" does not vary in great detail from one source to another. Wordnetweb from Princeton University, for example offers these descriptors:

"(n) partnership (the members of a business venture created by contract)

(n) partnership (a cooperative relationship between people or groups who agree to share responsibility for achieving some specific goal) "effective language learning is a partnership between school, teacher and student"; "the action teams worked in partnership with the government"

(n) partnership (a contract between two or more persons who agree to pool talent and money and share profits or losses)" [9]

A search of the online Merriam-Webster dictionary produced this result:

"a: a legal relation existing between two or more persons contractually associated as joint principals in a business b: the persons joined together in a partnership3: a relationship resembling a legal partnership and usually involving close cooperation between parties having specified and joint rights and responsibilities" [10]

The Online Dictionary of Library and Information Sciences (ODLIS) yields this result when defining partnership:

"A collaboration between a library and an organization of a different type, usually on a particular project, often forming the basis for a long-standing relationship with the potential for future partnerships. The Heritage Image Partnership is an online example. A 1998 study sponsored by the Institute of Museum and Library Services (IMLS) revealed that 77% of libraries had partnered with another organization in the past two years, 16% reporting partnership with a museum. The study also found that partnerships were most frequently established to

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attract and sustain underserved audience segments. Many partnership projects are small in scale, with budgets under $5,000."[11]

Repeating words across these three sources are "collaboration," "relationship," "contract," and "cooperative/cooperation." The ODLIS definition further specifies a collaborative relationship between organizations of a "different type."

In the December 2004 issue of the *Harvard Business Review*, Douglas Lambert and A. Michael Knemeyer wrote a spotlight article entitled "We're In This Together."[12] Focusing primarily on the nature of business partnerships – especially a seminal one between Wendy's International and Tyson Foods -- Lambert and Knemeyer outlined a partnership model developed under the direction of Ohio State University's Global Supply Chain Forum (http://www.fisher.osu.edu/centers/scm/about-the-forum). The Forum incorporated lessons learned from the most successful partnering experiences of its members. Although designed with the business and retail sectors in mind, the model – which includes a "Propensity-to-Partner Matrix" is easily applicable to institutions that are more service-oriented, such as healthcare entities and libraries.

Interestingly, Lambert and Knemeyer do not write as apologists for the partnership movement – in fact, they boldly state that "[i]n matters of the heart, it may be better to have loved and lost, but in business relationships, it's far better to have avoided the resource sink and lingering resentments of a failed partnership." Clear, intense and early communication between the potential partners about expectations and definitions is key to determining if a partnership is even warranted. The Partnership Model begins with an intense set of three sessions during which both potential partners meet to discuss four specific elements: 1) drivers, which involve the compelling reasons to partner; 2) facilitators, which are the supportive environment factors

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that will undergird the partnership's growth; 3) components, which are the mutual activities the partners will undertake to sustain and grow the partnership; and 4) outcomes, which measure the extent to which actual performance of both partners meets expectations. The drivers determine the expectations of the outcomes.[13] Drivers exist in four categories: 1) asset and cost efficiencies, customer service enhancements; marketing advantages, and profit growth or stability. The four most important facilitators are culture compatibility, management philosophy and technique similarity, a strong sense of mutuality, and symmetry between the two partners. Although similar cultures and styles are important, the authors hasten to add that sameness is not necessary; for example, two potential partners may have different management philosophies, but the key is to determine if those differences would create communication barriers.

Lambert and Knemeyer write that like a marriage, a partnership can fail on the basis of mismatched expectations and interpretation. Assumptions must be clearly articulated and questioned in order for partnerships to succeed. Communication between the potential partners is essential and that communication should occur not only with senior management, but with middle managers and "floor workers" too. Leaving the conversation to executives far removed from day-to-day operations is a recipe for disaster when the time comes to implement partnership initiatives. Classified or hourly workers offer a valuable perspective when considering partnerships between different entities. Top-level executives are more familiar with budget constraints and cultural difference issues. Interestingly, the authors note that even once a partnership is established and tasks undertaken, communication among and between all levels is essential. At some point during the Wendy's/Tyson partnership, communication was ongoing and effective among middle managers and lower level workers; however, upper level

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management's communications faltered and, as a result, the partnership effort became strained. Only by reinstating upper level management support, did the partnership strengthen.

Employing multi-layered consistent communication is an important lesson for potential partnership-seekers. All too often, the creators of a particular partnership concept will immediately seek high level executive approval (which is needed, especially if funding is an issue) and input without bringing in lower level workers. Once those lower level workers are approached (usually around the time that initiatives need to be implemented), they may find themselves tasked with duties that may be difficult if not impossible. These problems could have been avoided with earlier communication with lower level workers. Also, once the partnership initiatives are ongoing, those responsible for day-to-day workings may discover unforeseen issues that require executive involvement; should that executive level fade out of the picture, believing the partnership effort is self-sustaining, those mid- and lower level employees find themselves lacking the authority to alter the partnership parameters in order to resolve those unpredicted problems.

Lambert and Knemeyer developed a "Propensity-to-Partner" matrix that determined what sort of partnership would be best for different companies. This matrix assumed that the question partnership interest had already been answered in the affirmative and the remaining question was to what degree the partnership would exist. Scoring potential partners' driver points – or impetus to partner -- numerically (8-11, 12-15, 16-24) companies who scored in the 16-24 range were considered the "best partnership type." The authors define "best" as: "each company views the other as an extension of itself." Companies scoring in the 12-15 range may form successful partnerships in which "activities of multiple divisions are integrated." For companies who score

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in the lower bracket of 8-11, the authors suggest that limited coordination or even an "arms-length" relationship may be best.

Beyond the numerical scoring, different partnership components were examined and included planning style, joint operating controls, non-routing and day-to-day communication style, and risk/reward sharing. In addition to a strong sense of mutuality, successful partners such as the Tysons/Wendy's group had strong communication structures for both informal and formal situations. Furthermore, the focus was not solely on the outcomes produced by the partnership, but on the relationship itself. Both parties were willing to experience short-term losses if the ultimate outcome was a strong partnership. Another crucial element of a successful partnership was speaking the "same language." As both Tysons and Wendy's were retail and food-oriented, they defined success and failure with similar terms.

Fikret Berkes writing in 2009 for the *Journal of Environmental Management* echoed many of Lambert and Knemeyer's themes although Berkes was not specifically discussing retail partnerships, but rather co-management relationships between public, private and societal entities.[14] Berkes acknowledges that "many resources are too complex to be governed effectively by a single agency" and lists fisheries, forests and other protected park areas as examples. Partnerships between varied entities could address the shortcomings inherent in single-agency, top-down governance.[15,16] Lack of experience, however, can mean a difficult journey along the road to successful co-management. Berkes asks "can co-management develop in the absence of deliberate institution building?" The answer is "yes," and the process that takes place through social learning and the acknowledgement of six facets of partnership: Partnership as power-sharing; Partnership as institution-building; Partnership as trust and social capital; Partnership as Process; Partnership as problem-solving; Partnership as governance. A truly

successful partnership will rate highly in all six facets, transferring and sharing power easily among partners, creating a new and stronger institution through the merger of assets, establishing trust between partners, appreciating the process of building the relationship and recognizing its on-going nature, expanding all partners' knowledge base through problem resolution, and sharing the governance equally among partners.

As an example of how these theories about the workings of partnership efforts could apply to healthcare, a 2004 article in the *North Carolina Medical Journal* discussed partnerships to eliminate health disparities in North Carolina.[17] Authors Goldmon and Roberson focus heavily on churches, inter-disciplinary and/or inter-institutional players and how they cooperate to reach a common goal. Four principles form the basis of their matrix for successful partnerships: 1) identify and prioritize potential partner churches; 2) develop trusting relationships; 3) identify and respect each institution's traditions and boundaries; and 4) promote the transfer and local control of power. These principles mirror those discussed earlier in this section with the Tysons/Wendy's partnership as well as environmental management partnerships. It would seem that a pattern has emerged throughout the general partnership literature that stresses the common themes of partnership identification, trust and mutuality and shared power.

2.3 Partnerships in Public Libraries (PL)

Most users of a public library will observe that partnerships of some sort exist in order to bring the services they expect as patrons – and taxpayers. This author's system, for example, partners with the County Parks and Recreation department (at no charge to either party) to offer various educational programs throughout the year such as gardening tips and nature programs. The County police department offers safety programs for library patrons at various branches.

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Local schools rely on the branches to disseminate their yearly reading lists to students. Interestingly, these activities, while considered "partnerships" by the library system, are fairly one-way and "arms-length" as described earlier by Lambert and Knemeyer.[12] Although these non-library entities are involved with the library system and use its resources, the library system does not have a reciprocal relationship within those entities. No library personnel have a presence in the school system's administration, or the police department, or the Parks and Recreation department. Instead, the library is a passive physical structure in which activities occur.

In contrast to this example is the partnership experience in Kenya. Even in the absence of formalized institutions, partnership activities can make inroads in the most remote areas as noted by Irene Muthoni Kibandi of the Kenya National Library Service.[18] Robust relationships exist between librarians and various public and private entities to bring library services to areas previously untouched by them. Camel and donkey mobile book "mobiles," HIV/AIDS patient information services and in-house trainings through internships are just a few of the services offered by the Kenya National Library Service in partnership with village schools, a medical department and even a beer hall. Kibandi notes that "[t]he community library initiative is in line with the Board's long-term strategy to entrench partnerships in the development of library programs. These different institutions – clinics, schools and community gathering places – make room for a library presence within their walls. The library is an active participant in the day-to-day workings of these places, not just a physical building housing brochures about different services offered.

In California, the Los Angeles Free-Net was created with the goal of sharing medical information resources.[19] Working with the Los Angeles Public Library system, Free-Net set up

computers in branch libraries and library personnel worked with the public to assist them with their information needs for a small fee. Community members could use their branch libraries as portals to larger health information sources. Clinics and schools also participated in Free-Net and the partnership grew to include churches and other service organizations. This was not just about placing brochures in library branches that described the Free-Net service.

On the other side of North America, in Toronto, Canada, a study took place to determine how to meet the health information needs of people with HIV/AIDS.[20] Among the findings, author Laura O'Grady considered that a key implication for policy was that collaborating with others when seeking health information is critical to those with an illness. She uses the word "infomediary" and notes that the study (which involved focus groups and surveys) found that people overwhelmingly prefer to have the human touch when it comes to information navigation. Simply making the resources available in a building is not enough. Advertising about a new clinical trial is not enough. Printing thousands of flyers about a new computer database for AIDS patients is not enough. Clinicians and information professionals need to partner with patients and with each other in order to meet the patients' information needs. This is an interesting set of observations given public libraries' current love of producing information pathfinders and creating slicker websites. These are tangible products meant to be user-driven. In fact, once they're designed and in place, actual library personnel presence is minimal. If O'Grady's findings can be applied in this instance, we could assume that these products are not sufficient. Furthermore, simply having them available and alerting non-library professionals such as clinicians and hospitals hardly constitutes a "partnership effort." Clearly actual physical intermediaries are needed and clinicians and information professionals acting independently of each other is insufficient.

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For public libraries, partnerships may be more normative than descriptive; that is to say that in an ideal world with adequate funding and staffing, extensive networks beyond the library walls would be commonplace. The current state of partnership efforts in public libraries (the descriptive state) is more reflective of the realities of budget cuts and staffing shortages. With the exception of those public library systems that are part of a reciprocal network, the literature does not discuss partnerships between different public library systems.[21] Perhaps competing for the same small slice of the economic pie acts as a disincentive to cooperate in areas where library systems are individually funded as separate and distinct. In her 2005 *Library Trends* article discussing consumer health information provision in public libraries, Mary Gillaspy writes that "in too many communities, public libraries are struggling with slashed budgets, reduced staff, and competing priorities."[22] Little wonder that in this reality, library directors would leave the consumer health information education to healthcare providers and academic health sciences libraries.

2.4 Partnerships in Academic Health Sciences Libraries (AHSL)

An academic health sciences library is a library associated with a college or university that offers degree programs in medicine, nursing, veterinary medicine, dentistry, pharmacy and ancillary clinical sciences such as physical therapy and nutrition. The literature will frequently include hospital libraries under the catch-all term "medical libraries" and an exploration of the literature on partnership activities often mentions them in conjunction with academic health sciences libraries. A 2005 *Library Trends* article by Stephanie Weldon discussed the importance of collaboration and marketing in order to ensure viability.[23] She writes that medical librarians are duty-bound to inform directors and administrators that collaboration ensures greater access to resources (e.g. shared subscriptions to expensive on-line databases).

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An example of one unique collaborative partnership took place in North Carolina between the University of North Carolina system and campus student health centers.[24] In 2005, when the American College Health Association conducted its National College Health assessment, students reported that health issues frequently affected their success in school.[25] From stress to respiratory infections to sexually transmitted diseases, the student respondents ranked health concerns at the top of the list for factors that impede performance. Despite the fact that by 2005, the Internet had become an integral part of American college life, and despite early familiarity with the technology, students are not necessarily any better equipped to find authoritative health information than the average lay-person. As author Hallyburton points out in her discussion of the assessment: "data reveal potholes in the information highway between students and quality health information." She points out that academic librarians are "natural partners" with whom college health staff can work to connect students with authoritative, high-quality information.

In the provision of consumer health information, academic health sciences/medical librarians have taken the lead in partnering efforts. In a 1996 article for the *Bulletin of the Medical Library Association*, author Sue Hollander examined the state of health science libraries and multitype library systems in partnership to provide consumer health.[21] By "multitype" system, she refers to public libraries with multiple branches and multiple academic libraries throughout a particular geographic region (in the article's case, Illinois). Thirteen years ago, Hollander argued that "collaboration between the two types of libraries [public and academic] rapidly is becoming a necessity, as well as a reality."

2.5 Library Partnerships to Provide Consumer Health Information

In the late 1970s, the Library Services and Construction Act (LSCA) funded Title I grants encouraging institutions to partner with each other to provide consumer health information services. One of the first such efforts was the 1976 collaboration between Los Angeles County Harbor General Hospital Regional medical Library and the near-by public library system, Carson Regional Public Library.

In Virginia, in 1994, a collaborative effort took place between a university library and various community partners to provide quality health information to citizens in the state.[26] Initiated by the Western Health Sciences Library at the Medical School West, a task force was created to improve consumer health outreach in the western Virginia area. The task force members included representatives from local businesses, public schools, community hospitals, the housing commission and various university departments. The task force examined the leading diseases of the area and surveyed citizens about barriers to healthy lifestyles. The establishment of a Patient Education Center in the university hospital was the result – the location being considered optimal because it was equidistant between outpatient clinics and the inpatient facilities. The task force selected the online resource, Health Reference Center (HRC) as the primary consumer health information database due to its ease of use. Additional subscriptions to HRC allowed for a longer reach beyond the Patient Education Center and the main branch of the public library (the Western Public Library) was selected as another site. Additionally, a rehabilitation center (the Children's Rehabilitation Center) was given a subscription to HRC to offer consumer health information access at a remote location (approximately two miles from the hospital).

A unique example of academic health science library collaboration in consumer health outreach began in 1999, culminating with a stand-alone product in 2003.[27] A health sciences

librarian attended the annual conference of the Georgia Academy of Family Physicians as an exhibitor for her university library's outreach program. During the conference she was approached by a physician's assistant who was co-editing a book on preventive medicine that was designed to teach clinicians about their roles as patient educators. The book editors wanted to include a resource list that would be helpful to clinicians and patients alike. In her article "Librarians as contributing authors to *Patient Education and Preventive Medicine*: a collaborative project of the Consumer Health Committee of the Georgia Health Sciences Library Association" Jan LaBeause describes the interaction between herself (the librarian exhibiting at the conference) and the book editors. She writes that the editors thought librarians had the most experience at "separating the wheat from the chaff" in the information world and were an obvious solution to sorting through the varied, incomplete, out-of-date and duplicate resource lists offered by various clinicians. LaBeause brought this challenge to the Georgia Health Sciences Library Association and 15 members volunteered to work on the project (all four of Georgia's medical schools were represented, plus four community hospitals, and three Area Health Education Centers). These 15 librarians were assisted from members of the National Network of the Libraries of Medicine (NNLM) and the Centers for Disease Control (CDC). These disparate and geographically far-flung entities were able to cooperate and communicate to bring the final product – the textbook – to fruition in 2003. LaBeause writes that an unanticipated bonus side effect was the opportunity this partnership afforded smaller facilities to network with colleagues and "impress… upon their administrators the value of librarians and information services."

2.6 Lessons from the Literature

The literature on partnerships and cooperation is plentiful, but varied. Researchers interested in the dynamics of the partnership, rather than the outcomes of the partnership will find the results slimmer if the focus in on service industries rather than retail or government. Articles from business, environmental management and government organization journals discuss not only the outcomes of partnerships, but the partnership formulation and relationship cycle. Theories are offered as to what constitutes a successful partnership (e.g. mutuality, trust, transparency, and power-sharing) in the business world. The information sciences literature *and* the healthcare literature, on the other hand, focus almost exclusively on the goals of the partnership and how successfully they were achieved. When these articles address barriers and outcomes, factors related to the partnership itself are not discussed; rather impediments in the form of economic downturns and limitations in electronic resource utility are described.[20-23] Readers might assume that all public libraries work as one even when located in separate localities --- or states. After all, do they not serve the same public? Since "information" is the "product" wouldn't they all cooperate in its dissemination? If one public library system does something, why wouldn't another want to do so? In only one instance[26] (the article describing the 1994 Virginia partnerships) was any sort of inter-organizational conflict discussed: "Concerns were expressed regarding the division of responsibilities between the librarian and the patient education staff." The health sciences literature could encourage readers to assume that forming partnerships is a natural and easy extension to serving the community in its various healthcare needs. Because the different partners all have the "same service ethic" and serve the same people, they would naturally band together for a common goal (e.g. consumer health information outreach).

What this search had hoped to uncover in the information science and health sciences literature would be articles similar to those in the business literature (such as Lambert and Knemeyer's discussion of Tysons and Wendy's). Would the same predictors of success (e.g. trust, mutuality, power-sharing) appear in the information and medical literature just as they did in the business literature, or were other factors involved in the partnerships in these areas? For example, would the cultural differences between public librarians and medical librarians be a barrier to successful, sustainable partnering? Would the public librarians and the medical librarians band together cohesively to find a workable solution for their shared community desperately seeking quality health information? Would turf wars ensue? Would the partner who had the idea first be possessive of the plan, or permit it to be shaped by the other partners? How did the *people* factor into the workings of the partnership?

What this literature review uncovered is that in healthcare and information science, the outcome is apparently of greater interest to scholars than the process of getting to that outcome. Healthcare is outcome-driven, so the lack of focus on the "fuzzier" aspects of partnerships (e.g. psychosocial, inter-personal relationship factors) is not surprising. As for information science, the literature also resounds in outcomes-oriented articles rather than relationship-oriented descriptions. Is this because the dynamics of inter-personal relationships are difficult to quantify and walk a thin line between "research" and "opinion?" Bob Hudson at the Nuffield Institute for Health in the United Kingdom comes the closest to examining these issues in the service industry when he published his 2002 article "Interprofessionality in health and social care: the Achilles' heel of partnership" in the Journal of Interprofessional Care.[28] Hudson writes that partnership working is considered "a central plank of public policy in the UK, especially in the field of health…." He goes on to state that most of the theoretical literature is skeptical about success,

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however, concerning the effective joining of "separate but related professions." This skepticism, says Hudson, is called the "pessimistic tradition." In his article, he proposes a new model that he names the "optimistic hypothesis" and bases it upon a study of disparate health care workers (physicians, nurses, and social workers) in northern England.

The sharing of similar status within professions had an impact on how well they work together. Hudson notes that in healthcare, physicians are usually at the top of the status pyramid, with nurses and ancillary clinicians following. The cultural history, biases and resentments about labor division and education present themselves as barriers to collaboration. (Might this occur between academic information professionals and public information professionals?) Furthermore, persons engaging in higher-ranking professional duties are accustomed to autonomy and "professional discretion." Hudson offers "[t]ypically, this will cause some tensions as the rules governing individual and corporate behaviour may be at odds with each other." So persons engaging in a highly professional skilled service (e.g. physicians) may have more of a loyalty to the "ideal" than to the employer – the patient over the hospital. I would argue that in the information profession, this is more common to the academic librarian, than to the public librarian as academia is more tolerant of individualism.

Hudson goes on to discuss what he calls "protectiveness towards professional identity" and the subsequent "turf wars." Even *within* service professions, Hudson recorded separatist attitudes; for example, clinical nurses were considered to be in-house only, while practice nurses went out into the community. The two did not intermingle even though they have the same patients – just in different settings. Hudson notes that issues surrounding professional status became more prominent whenever the different professions were expected to work in teams.

Ultimately, Hudson's empirical study did find additional support for the "pessimistic tradition," but he maintains that "[e]ven though harmonious relationships may be only patchy and partial, the fact that they *do* exist suggests that it is time to move on from an unduly pessimistic view." He lists three main reasons for this: normative reasons, policy reasons, and academic reasons. The normative reason is quite simple: interprofessionality is a "good thing" and cooperation among professions can only lead to better service for their communities. The policy reason he offers is specific to the United Kingdom in that the National Health Service plan heavily promotes the "one stop health and social care" service – this would obviously require interprofessional partnerships. His academic reason for shifting to a more optimistic view of interprofessional partnerships leads quite smoothly into justification for this thesis and others like it in the face of sweeping health care reform debate in the United States. The academic disciplines, writes Hudson, must make a more "constructive contribution to policy debates." Accepting the pessimistic tradition allows for avoidance of collaboration and a skepticism that ultimately shuts the academic disciplines out of the debate. Ultimately, "effective interprofessional working can lead to more effective service delivery and user outcomes." Given that the American health care dialogue focuses largely on better service delivery and improved outcomes, interprofessional partnerships that succeed could provide a blueprint for reform.

To determine if preliminary steps toward drawing a blueprint are occurring in Virginia, this thesis researches partnership activities in and between three academic health sciences libraries and their region's three contiguous public library systems.

Chapter 3
Methodology

This thesis research consists of both quantitative and qualitative data. The quantitative data were gathered via electronic survey (see Appendix C) in the form of a brief questionnaire sent to the study participants (three public library system directors and three academic health sciences library directors and any corresponding outreach coordinators). At most, twelve individuals were to participate in this research (two people per institution); however, the final study population was different than original expectations. In one case the library director did not employ a staff member to perform outreach and he was the overseer for partnership activities. In another case, repeated attempts to contact the outreach coordinator were unsuccessful, despite that system director's suggestion that she be interviewed. One academic health sciences library director indicated that she prefer her two outreach directors handle all interview questions (though she did respond to the electronic survey). The corresponding public library systems were chosen for their geographic contiguous proximity to the academic health sciences libraries. The three directors of the public systems comprise the entire studied population of their group; if the systems employed outreach coordinators or equivalent staff, those individuals were also contacted for inclusion in this study. Respondents' answers to the yes/no questions yielded quantifiable data concerning which systems have experience with partnerships and the nature of those partnerships. Further qualitative data were gathered post-electronic survey. After reviewing the electronic survey responses, telephone interviews were attempted with the library directors and outreach coordinators, asking more open-ended questions about their partnership experiences (see Appendix D). All respondents received transcripts from the telephone interviews and given three business days to reply with any changes. Furthermore, in the

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introduction to the interviews, all respondents were told that possible quotable comments may be included in the thesis narrative.

3.1 Study Populations: The Academic Health Sciences Libraries

Six library directors in Virginia were contacted and asked to participate in this thesis research (see Appendix A). After contacting the library directors, outreach coordinators (if existent within the library personnel) were sent identical requests to participate in this research. All participants were surveyed and interviewed about their partnership experiences. Three of the six directors oversee academic health sciences libraries at medical universities; the remaining three directors oversee public health library systems comprised of multiple regional branches (see Appendix B). All three AHSLs employ outreach coordinators; however, parallel positions within the public systems varied. One public system (Western Public Library) did not have any sort of outreach coordinator on staff.

The Medical School East health sciences library is known as the Eastern Health Sciences Library and is located in East Virginia, a seaport city with a large transient population (due to multiple military installations). This library's user guide indicates holdings of 25,000 books and 2,000 journal subscriptions with 1,800 audiovisual titles and 90 computer programs.[29] This library also holds a cultural awareness collection and historical collection. Though the library's home page does not contain a mission, vision or values statement, the medical school's mission is prominent and states that the institution was: "founded [in the 1970s] by the community to add to the community through education, research and patient care."[30] The contact for this library referred to as {UL-A} throughout this document.

The Medical School Central Health Sciences Medical Center is located in Central Virginia. This urban campus houses the Central Health Sciences Library (CHSL) for the Health

Sciences. Established in 1897, CHSL is one of the oldest medical libraries in the country. This library's web site offers the following detail about its collection: CHSL houses 357,655 print volumes, 3,999 electronic books, 3,688 total journals – of which 2,161 are electronic, and 128 databases. [31]

Located in Western Virginia, the Medical School West's Western Health Sciences Library has existed since the University's founding in the early 1800s. Of the three campuses, this is the most rural; the town grew up around the university rather than the school sprouting through an already-existing urban infrastructure. The medical collection was unified in one building when the medical school opened in 1929. The contact for this library is known as {UL-C}throughout this document.

3.2 Study Populations: The Public Library Systems

Virginia's public library systems function independently rather than under a regional network umbrella. Because of this structure, resource-sharing is limited and programming activities diverse. Also because of this "separate-ness" the library systems are not as familiar with each others' initiatives – those that have succeeded and those that have failed. Duplication of efforts is not uncommon.

According to its website, in 1904, the Eastern Public Library became Virginia's first public library.[32] Eleven branches and a bookmobile serve this urban population.of 233,147.[33] The Central Public Library serves approximately 195, 966 citizens, opening its first branch in 1925).[34] Nine branches comprise the system.

The first public library to serve the western Virginia area opened in the 1920s.[35] Today, the library is known as the Western Public Library and serves the citizens in surrounding areas – a

population of approximately 179,601. According to its Five-Year Plan, Western Public Library is the most heavily used library of its size in the United States.[36]

3.3 The Partnership Propensity Scale

The following framework has been created – the Partnership Propensity Scale-- within which to judge the dimensions of partnership activity amongst the three academic health sciences libraries and three public library systems. Partnership activity includes but is not limited to alliances with entities other than libraries. Each of the libraries studied would fall into one and only one category: Currently Partnership-Seeking (CPS Level 1, 2, 3, or 4). Explanations for category acronyms and inclusion in a particular category are detailed in Appendix F. Quantitative data from the electronic surveys and detailed qualitative data gleaned from the telephone interviews expand on the CPS Level to determine if the library is currently partnership-averse (CPA) or partnership-naïve (PN).

Currently Partnership-Averse (CPA) is defined as no partnerships with any outside entity AND no partnerships with similar library systems AND no partnerships with different library systems (AHSL if PL respondent; PL if AHSL respondent). Furthermore, the qualitative interview data would indicate no interest in partnership activities; however, the data may not reflect previous experience. A Partnership-Averse rating is specific to those directors/outreach coordinators who comment negatively on their experiences with and prospects for partnerships outside their systems.

If a respondent indicates no partnership experience at all, the institution would be placed into the Partnership-Naïve category (PN). This PN category applies to directors who indicate via electronic survey no partnership activity and confirm this situation via interview. The Partnership Naive category applies to those directors who indicated zero current partnership activity within their systems and who report no prior experience with such efforts. Directors who answered in the

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affirmative to no experience with outside entities and no experience with other libraries would receive the Partnership-Naïve rating. The qualitative data gleaned from the telephone interviews informed speculation as to why the system(s) did not engage in any partnership activity (e.g. perceived economic loss; political strife, etc.) Furthermore, individual respondents falling into this category may report prior partnership experience in another employment setting other than the current position with negative consequences that informed future decisions concerning partnership efforts.

After reviewing the electronic survey and the telephone interview transcripts, the systems were placed into a particular category (see Appendix F).

The AHSL directors and the PL directors were contacted via letter (sent through electronic mail) that explained the purpose of this study (see Appendices A and B). The researcher also requested the opportunity to speak with each director for 30 minutes via telephone. Prior to the telephone meeting, a 10-question yes/no survey was e-mailed to the directors about the current state of affairs concerning exterior partnerships in general, Consumer Health outreach, and partnerships in the provision of Consumer Health information outreach (see Appendix C). The 30- minute interview presented the opportunity to ask descriptive questions based on the survey responses (see Appendix D). For example, if a particular director chose "no" to answer the question "Does your library partner with the local health sciences library?" the interview question delved deeper into the situation, asking about the director's familiarity with the AHSL and perceptions of the importance or desirability of providing consumer health outreach. At the conclusion of the director interviews, the researcher asked if any outreach coordinator was employed at the particular system and who that person would be. That outreach coordinator was then contacted via electronic mail with the same letter and electronic survey

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prior to being interviewed with the same interview guidelines used with their directors. The rationale for surveying and interviewing outreach coordinators in addition to directors was to check for any differences in perceptions of partnerships as well as the obvious point that outreach coordinators might be more familiar with the day-to-day details of programs. As noted earlier, all resondents – outreach coordinators and directors – were given the opportunity to review the transcript notes and make edits per their discretion.

Assessment and evaluation of the actual programs produced by these study participants is beyond the scope of this thesis. The respondents' perceptions and the researcher's interpretation about their partnership activities is the focus of this study.

Chapter 4
Results

The tabulated results of the library directors' responses to the brief electronic survey may be found in Appendix G. Of the six directors, all but one responded. The tabulated results of the library outreach coordinators' responses to the brief electronic survey may be found in Appendix H. Not every director or outreach coordinator took part in both research formats. Some completed the electronic survey and the telephone interview; others did either the survey or the interview. Two individuals did not participate in either.

In one case no outreach coordinator was employed. In another case multiple requests of the outreach coordinator to participate in this research went unanswered. In the case of one academic health sciences library (EHSL at Medical School East), the outreach coordinator declined to participate; however, her institution's director agreed to be interviewed and completed the electronic survey. Finally, the Western Health Sciences Library at the Medical School West employs two outreach coordinators, one on-site in Western Virginia and one off-site at a satellite location in W. County,Virginia. Although she completed the electronic survey, the director of this academic health sciences library indicated her preference that all interviews take place with those two outreach coordinators rather than her as they are more familiar with partnership initiatives. The table below captures response type by institution and job title.

Table 1. Survey Responses by Institution and Respondent Title

Institution & Title of Respondent	Electronic Survey Completed?	Telephone Interview Conducted?
Eastern Public Library Director	NO	YES
Eastern Public Library Outreach Coordinator	NO	NO
Central Public Library Director	YES	YES
Central Public Library Outreach Coordinator	YES	YES
Western Public Library Director	YES	YES
Western Public Library Outreach Coordinator	NO	NO NOTE: No such position
Eastern Health Sciences Library Director	YES	YES
Eastern Health Sciences Library Outreach Coordinator	NO	NO
Central Health Sciences Library Director	YES	YES
Central Health Sciences Library Outreach Coordinator	YES	YES
Western Health Sciences Library Director	YES	NO
Western Health Sciences Library Outreach Coordinator(s)	YES (x1)	YES (x2)

The following pages provide a break-down of interview responses by library type and specific institution. The interview guide used by the researcher may be found in Appendix D. In the preamble to the interview process, participants were given the opportunity to ask questions or opt out of the interview. In addition, they were assured that all notes taken would be destroyed upon completion of the study. For this reason, the notes are not included as an appendix in this thesis. Participants were informed that certain quotes, however, would be used in the narrative and those may be found in the sections below.

4.1 Central Public Library (CPL) – Partnership Propensity Scale Rating = CPS 4

"[A partnership] is a project that improves all partners." – {PL-C}, Director

The Central Public Library director and the outreach coordinator selected examples of partnerships relating to children and youth services (Early Literacy Initiatives and Homework Help), citing strong relationships with school systems and literacy coalitions. These partnerships have been ongoing for more than three years. Reasons for success were "mutual goals," "similar missions," and "mutual benefit." Questions about unsuccessful partnership experiences and possible reasons for the lack of success yielded global rather than specific answers on the part of the CPL director. She offered that sometimes limitations exist for one partner that may not be fully understood – even by the staff within that partnering entity. She cited an attempt to form a partnership based upon a grant wherein the person at the PL responsible for that project did not understand the ramifications of certain promises made to the outside entity. No further details were offered other than mentioning that staff member was no longer with the system. The CPL outreach coordinator also provided a more global answer to the question about unsuccessful partnership experience by saying that her biggest frustration with some attempts at partnering was the sheer amount of detail, such as setting up initial meetings, choosing acceptable locations/times for all meetings, and ensuring that anyone who may come to the partnership table has the necessary information to engage in talks. She also said that coordinating with all parties can be difficult given busy schedules.

One specific partnership cited by the outreach coordinator was the relationship forged with the Department of Economic Development and Americorps. Through this partnership, volunteers from Americorps – provided through the Department of Economic Development were available to assist CPL patrons with computer work in job-seeking activities. The partners applied for grant funding from the International City Managers Association and despite failing to secure the funds, the partners continue their relationship and have even purchased additional

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computers for the CPL locations and Americorps has provided more volunteers. So even in the absence of additional monies, the partners consider their activities and their relationship successful enough to continue.

When asked about how partnerships were developed and who was the "face of the library," the director and outreach coordinator indicated that anyone could bring a partnership idea forward and while the outreach coordinator would be the primary contact, appropriate staff would be identified as players in the endeavor. The exception to this was in the case of Early Literacy partnerships since CPL employs an Early Literacy specialist. That person is responsible for partnership efforts relating to that topic. The CPL director went so far as to suggest that the library director should not necessarily be the "face" of the library in all partnership dealings.

Interview questions about consumer health information outreach yielded similar results from both the director and her outreach coordinator. Neither one was familiar with the resources at the local academic health sciences library, although the CPL director said that she thought something was available to patients through the Cancer Center at the Medical School Central academic teaching hospital. Both the director and the outreach coordinator were unaware that the academic health sciences library (CHSL) has a large suite in the lobby of the main entrance designed just for consumer health resources (CHIL - the Consumer Health Information Library). The main branch of CPL, where the director and outreach coordinator are stationed, is less than three miles from CHIL.

Although unsure of the time frame, the outreach coordinator believed that at some point in the past, CHSL librarians offered training to the CPL librarians on consumer health information provision. When asked where she thought a consumer might go with a health information question, this director responded "probably a public library." At present, CPL employs no

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individual with consumer health expertise. Prior to building renovation in 2004, CPL maintained two reference desks with one devoted to the science and business collection and the other to general reference. Both desks were consolidated after renovation, but one librarian with experience in business/science reference is still employed with CPL and come closest to being a health reference resource. As for the educational make-up of her system's reference staff, the director stated the following: "Central Public has a mix of MLS, other masters/doctorates and paraprofessionals for reference work. The Main Library has both MLS and Bachelors degree staff who staff the reference function. Branch libraries don't have a separate 'reference desk.' Branch libraries have the branch manager, who has either a MLS or a masters/doctorate in another field, with at least one more bachelors level employee for reference assistance." Consumer health information queries would be handled the in the same way as any general reference question: the patron would be steered toward the health print materials and shown consumer health databases. Reference desk statistics do not capture the nature of questions asked, so the system has no way of determining consumer health interest or need based on reference queries.

4.2 Eastern Public Library (EPL) -- Partnership Propensity Scale Rating = CPS 4

> "The biggest failure in a lot of library activities is not holding our successes up to the community." -- {PL-A}, Director

The Eastern Public Library (EPL) director chose his system's partnership with the American Association of Retired Persons (AARP) as an example of a successful relationship. The union began two years ago and has been growing stronger, according to the director. Together, AARP and EPL arrange monthly programs for patrons aged 50+. One major benefit of the partnership is increased knowledge about older Americans and what they desire in

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educational programming. The director learned that the programs developed through the partnership would only work if the topics were of interest to the participants – not necessarily of interest to the partners. For example, the library thought that seniors would be very interested in an author talk on public school desegregation; the reality proved otherwise and that particular program was poorly attended. Successful programs developed by the partners also depended upon proper advertising. Ultimately, the partnership has been successful because of overlapping core values: both partners have a strong desire to serve the senior community. The EPL director believes that successful partnerships should have honest, scheduled meetings wherein all partners can reassess the relationship and go back to any written contracts if necessary. A willingness to exchange power with individuals and partners is key. Like a marriage, said the director, partners need to ask "do you still love me?" He believes that libraries need to increase partnerships, both formal and informal. When asked about his experiences with unsuccessful partnerships, the director stated that he couldn't remember any in recent memory and that his system did not have time to waste with "non-starters." He did state, however, that the biggest failing in public libraries and their partnerships is in not publicizing successes and letting constituents (e.g. the general public) see the fruits of the collaborations. Those constituents are responsible for funding via bond referenda and taxes and they should be aware the positive partnerships and programs created on their behalf.

When asked about how partnerships develop and who is the "face of the library," the director stated that it really depended upon the nature of the project. Anyone in the library was free to bring a partnership idea forward to him and depending upon the focus, appropriate staff would be identified to develop the relationship.

In discussing consumer health, the EPL director mentioned his prior tenure in Detroit, Michigan where he experienced consumer health information initiatives; however, in East Virginia, he has no programs or partnerships specific to consumer health. Furthermore, he indicated no relationship with the Medical School East health sciences library (EHSL), although he thought that reference staff had, at one time, toured the health sciences library. When asked about where he thought a consumer might go with a health information question, the director answered "a public library." He stated that public libraries "used to get" a lot of consumer health questions, but with the advent of the Internet and more people owning personal computers, demand has slackened. His belief is that public libraries should stock significant print material related to consumer health in easy-to-read language with pictures. These print items would be especially helpful for students working on reports. When asked about any staff members with consumer health expertise, initially the director said no such person was employed at EPL, but then he remembered one individual (the main branch manager) with prior experience in health information. Consumer health information queries would be handled the in the same way as any general reference question: the patron would be steered toward the health print materials and shown consumer health databases. Patrons, he said, are receptive to classes on health information searching on the Internet "such as WebMD." Reference desk statistics do not capture the nature of questions asked, so the system has no way of determining consumer health interest or need based on reference queries. Librarians, said this director, help the public "narrow" the vast informational field in health care; but public libraries struggle with understaffing and don't have the time to "break things down for the public." The educational backgrounds of EPL's reference staff are varied. There is no formalized requirement of the MLS degree; however, no staff person may have the title of "Librarian" without such a degree.

4.3 Western Public Library (WPL) -- Partnership Propensity Scale Rating = CPS 4

"[A partnership] may be unsuccessful because of incompatible goals and objectives; local organizations may want to go in a different direction than what the PL has in mind." -- {PL-B}, Director

The WPL director selected as an example of a successful partnership the collaboration between his system and the Jetson Area Board on Aging (JABA). Through the combined efforts of these two entities, a building was constructed that is part public library, part senior center. Within the building programs are created that are inter-generational, such as basic computer classes taught by area teens to area seniors. The reasons for the partnership's success, stated the director, are "common goals and common needs." This partnership is ongoing and expanding; the next endeavor will be inter-generational gaming.

When asked about any unsuccessful partnership(s), the director affirmed he experienced such partnerships and said that "incompatible goals and objectives" may be responsible. Sometimes, he stated, the other entity may want to go in a direction that is not necessarily compatible with the library's mission. The library's partnerships and programming must be in line with its mission statement. The director defines partnership as "two or more organizations working cooperatively to meet a common goal."

The longest partnership mentioned by the director is between WPL and the local jail. The library provides the jail with materials and helps catalog the holdings. This partnership has been ongoing for 10 years.

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When discussing how partnerships are formed between WPL and other entities, the director stated that there is no outreach coordinator on staff. His five-year plan includes hiring such a person, but at present, he handles initial partnership events and may bring in a branch head when necessary. The director is the "face of the library" in partnership-building.

Regarding consumer health, WPL's director indicated that a library's role was to provide basic information on all health-related issues including databases, handouts, displays. He was aware that the Medical School West "does a lot of consumer health – making information available and getting it out into the community;" but he did not know that the University's Patient Education Center was the victim of budget cuts in the summer of 2009. He has no contact person within the University's health sciences library and he has no one on his own staff specializing in consumer health. He is not aware of any consumer health outreach programs at any academic health sciences library in Virginia.

As for how consumer health questions are handled at the WPL branches, the director said that they are answered in the same was as any general reference question. The WPL does not have a formal MLS degree requirement for reference staff, although "most of the time" reference staff do have those degrees. Bachelors degrees are mandatory for working the reference desk. In three of his branches, professional librarians are on staff who might handle the more complex questions and they would refer patrons to the library's print materials and appropriate online databases. Reference desk statistics are not specific as to the nature of queries so no records are kept as to numbers of consumer health information requests.

All public library respondents were enthusiastic in their discussions of partnership activities in general. According to the Partnership Propensity Scale, all three public systems *currently* fall into the CPS 4 category which is defined as partnering with non-libraries only, not

similar or different library systems. This category is appropriate even for public library systems who mentioned historical contact with another library system because at the time of this research no such partnerships exist. Even those systems with prior experience of contact with another library system did not define that event as a "partnership" but rather as an event such as staff training or a touring of another library system's facility.

4.4. Central Health Sciences Library at Medical School Central (CHSL) – Partnership
Propensity Scale Rating = CPS 4

"We're lucky if they choose to go to any library" – {UL-B}, Director

At the Medical School Central, the Central Health Sciences Library (CHSL) Director has been in her position since March of 2009, so some of her answers to the interview questions were a blend of experience with CHSL and former places of employment. Her outreach coordinator was also interviewed (both director and outreach coordinator completed the electronic survey). The director's example of a successful partnership was an internal one between CHSL and the university hospital's emergency medicine department. Both entities worked closely and intensely together in a very short period of time to create a grant proposal for stimulus funds through a National Institutes of Health "Challenge Grant." During the process, both parties developed a "deep appreciation of what the other brought to the table." Even though the grant was not funded, the short-term partnership developed into a long-term relationship and the two entities are now going after more grants together. "Each side," said the director "must see something in it. Sometimes the people involved help make the partnership." Each partner, she stated, wants the other to succeed.

The outreach coordinator also pointed to an internal partnership as an example of success. She described the Technology Fair that is hosted via a partnership between CHSL and the University Technology Services Group. This two-day fair hosts different technology vendors who bring their products and allow hands-on experimentation and demonstration. The fair is open to the public, not just university staff and students. The partnership allows the library and the Technology Services group to pool their resources and avoid duplication of efforts. The partnership "makes the most efficient use of combined resources and reaches broader audiences [than if either party had attempted the event alone]." The fourth fair is now in the planning stages, so the partnership thrives.

As for unsuccessful partnerships, the director admitted to experience with them. She recalled a time in a former location where the partnership was "one-sided." She explained that a partnership cannot be simply one entity telling another "this is what we need and here is how you're going to do it." The CHSL outreach coordinator did not recall any experience with an unsuccessful partnership, saying that all of them in her experience had some degree of success.

As for how partnerships evolve at CHSL, anyone on staff could bring a partnership idea to the table and depending upon the focus of the relationship, appropriate professionals would represent the library. For example, the longest partnership that the director was aware of was one between the Historical Collections department and the alumni association. The curator of the Historical Collections department is the "face" of CHSL in that union.

The director and the outreach coordinator had similar definitions of "partnership" explaining it as "two or more entities agreeing to work toward a common goal" and "two or more parties coming together around a shared vision, goals and objectives." Furthermore, said

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the outreach coordinator, both parties benefit as a partnership more than if they worked as individuals.

As for consumer health information outreach, perhaps by virtue of this director's predecessor, CHSL is the only health sciences library in Virginia to invest in a separate physical structure (CHIL, the Consumer Health Information Library) apart from the academic health sciences library to house consumer health materials and its own consumer health information librarian. The current director, when asked where a consumer would turn for health information, believed it unlikely he/she would go to any sort of library at all. Indeed, she referred back to the successful partnership with the Emergency Medicine Department saying that the department chair was unaware of CHIL which is one block from his door. The current director's previous experience was in an institution that provided extensive consumer health outreach to professionals to enable them to speak to their patients. The outreach coordinator's view of consumer health outreach is that it is a library's role to provide the tools to health professionals to enable them to educate their patients. She saw the library as part of the patient education team.

As for consumer health questions at the CHSL service desk, both the director and outreach coordinator said there were very few. When those questions did come to the desk, the patient/consumer was either referred to the CHIL library one block over, or to a public terminal with bookmarked consumer health resources, or to a degreed librarian by appointment. Staff who work the service desk are not required to have library science degrees; in fact, the degreed librarians at CHSL do not work the service desk, but are available for referral and consultation.

Neither the director nor outreach coordinator at CHSL were aware of any consumer health outreach programs at any Virginia academic health sciences library. The outreach

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coordinator mentioned that the Colonial Public Library used to have a consumer health collection, but she was unaware of what happened to it after CHSL hired its librarian to run CHIL.

4.5 Eastern Health Sciences Library at Medical School East (EHSL) – Partnership Propensity Scale Rating = CPS 2

"You can visit Pity City, but you can't live there." - {UL-A}, Director

Initial contact with this academic health sciences library was with the outreach coordinator. She did not complete the electronic survey, but did contact this researcher in response to an electronic mail request for assistance. Within two days of this contact, the director telephoned, agreeing to the interview and completing the electronic survey. This interview was the longest of all (65 minutes) and yielded six pages of notes. The Eastern Health Sciences Library (EHSL) of the Medical School East (MSE) boasted a hearty and ongoing outreach component – about which the director was eager to elaborate. Outreach was established in 2000 and since that time, over 6,000 citizens have been trained in the region which encompasses seven cities. Of the three Virginia medical universities, MSE is the only one still funded by the municipalities. In 2008, MSE was granted "public institution" status. Because of its community-based origins, MSE has always had a strong commitment to the public libraries according to the director. She stated that reference desk statistics at the Eastern Health Sciences Library indicated 45% of the questions asked came from non-MSE people – general citizens in surrounding areas. In 2000, "MSE Cares" was created by the EHSL to begin "team-teaching" with the public libraries in seven surrounding municipalities. A former public system librarian was hired to be the outreach coordinator – she is still in that position. After "saturating the

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[public library] market" and seeing program attendance drop off, the EHSL expanded consumer health programming exponentially: Homework Help for parents who assisted children with health assignments; partnering with the Department of Education to perform a GAP analysis on the state's Standards of Learning health component to see where holes existed; creating a teaching tool kit for the state's School Nurses' Association; teaching health information seeking seminars at Girl Scout Jamborees and the Physical Education and Dance Teachers Association; and developing a peers-teaching-peers program at the local health science magnet high schools where teens teach their classmates how to search MedlinePlus. A current partnership in development links the EHSL with the Veteran's Administration in a program called "Wounded Warriors" designed for returning soldiers and their families.

As for unsuccessful partnerships, the director stated that she experienced them "all the time;" but she added that learning and moving on was essential. She likened the experience of partnership failure to going through Elisabeth Kubler-Ross's stages of grief. Ultimately, she stated, "whatever is hot is where we should be – outreach is opportunistic." Sometimes, partnerships boil down to economics. She cited an example of a consumer health outreach program that would work equally well with area churches and with a high-end retirement community. The MSE development office is interested in which partnership would yield the biggest donations for the effort; ultimately, that would prove to be the high-end retirement community even if the audiences would be smaller. The director went on to say that understanding politics and nuances were critical in successful partnerships and that has proven to be challenging with the public libraries in the area. Each system functions differently and has a different hierarchy: some permit initiatives on the branch level, some are centralized.

The director's definition of partnership was "the right fit with the right individual" and said that it is a very personal experience. She believed in "outreach for success" saying that in 2000 when EHSL's outreach program started, the effort was "100% cold-calling" potential partners. Now, nine years later, she is having to curtail partnerships and actually stop programs that have become "too successful."

As for which sort of library a person might visit first when seeking health information, the director said she thought that it would be "whichever library the person is most comfortable with" and went on to add that EHSL's message to the community has been "we're your library, too." Through outreach, she explained, that message has expanded to say "and you don't have to come here; we'll come to you."

When asked about her knowledge of any public libraries in Virginia offering consumer health information services, the director inquired if her library's training of public librarians would count. That public librarian training was designed to reach consumers at point-of-need. Otherwise, she was not aware of any public library programs in Virginia. As for sister academic health sciences libraries, this director has worked for both Medical School Central's Central Health Sciences Library and the Medical School West's Western Health Sciences Library. She is aware that they have "some sort of consumer health service" but unclear about the specifics of their programs.

As for consumer health information programs in the EHSL, those questions are handled at the reference desk by degreed librarians. Statistics are captured in-house as well as in outreach programs and the consumer health service is tweaked accordingly. The consumer health specialist on staff is the outreach coordinator.

4.6 Western Health Sciences Library at the Medical School West (WHSL) – Partnership

Propensity Scale Rating= CPS 2

"Is there a Consumer Health Information Specialist [on staff]? No. Is there any interest? No." –
{OC-C}, Outreach Director

The director of the Western Health Sciences Library (WHSL) completed the electronic

survey, but declined to be interviewed, indicating that she preferred her two outreach

coordinators be contacted about the library's partnership experiences. The WHSL employs two

outreach coordinators, one for its main campus library in Western Virginia and the other at a

satellite university location (the Medical School West's College at W, Virginia – the Western

Health Sciences Library Southwest). W. County is in the far southwestern part of Virginia

approximately three hours driving distance to the main university campus. The college is an

undergraduate institution and the geographic area is extremely rural and isolated. In contrast, the

main university campus in Western Virginia has multiple graduate schools including a medical

school and other graduate health sciences programs. The two outreach coordinators were very

different in their approach to the interview questions. Both completed the electronic survey.

When asked to discuss a successful partnership experience, the outreach coordinator at

the Western Virginia location mentioned a former relationship with the local public library. The

WHSL provided local public library branches with monthly easy-to-read posters about specific

health topics. The posters were provided by a health partnership in Georgia. This, she said, was

a successful partnership because it provided a "way to touch base with the public libraries in the

area." This partnership is no longer in existence, said the outreach coordinator, because the

person in charge of the University's Health Resource Center was let go when the center was

closed during budget cuts. The longest partnership between WHSL and another entity is the one

with the local board of aging (since 2002). A class was developed for senior citizens that taught Internet searching skills for health information. Through a grant, additional laptop computers were purchased for senior centers in the area.

The outreach coordinator at the W. County location described a successful regional partnership involving training teens to work with Alzheimer's caregivers. The teens taught the caregivers basic computer skills and Internet searching techniques to find reliable health information. The partnership is between the Medical School West Health Sciences Library Southwest Virginia Outreach Program, the Mountain Area Agency on Aging, the public schools, Alzheimer's Association and Adult Education Program. This partnership is ongoing and has been replicated in various parts of the United States. What makes the partnership successful, said the outreach coordinator, is the end result: the bonding between partners and especially between teens and caregivers. As for the longest partnerships experience, the W. County outreach coordinator listed the relationship between her library and the local Cancer Coalition which began in 1998.

Both outreach coordinators confirmed experience with unsuccessful partnerships, with the Western Virginia coordinator being the most specific. She recounted an effort to partner with the local health department to provide informatics training on PubMed for staff. According to evaluations, the training was not useful to the targeted groups – no changes in practice occurred after the intervention. The reason, said this coordinator, was a "disconnect" from the types of questions being fielded at the health department and the resources that were being taught by the health sciences library. The W. County outreach coordinator expressed that she'd experienced "no dismal failures" with partnerships but only the difficulty in working with partners' schedules.

When asked to define "partnership," the Western Virginia outreach coordinator said that there is a "difference between a partnership and an optimal partnership. In an optimal partnership you both have the same agenda and the same goal." The work put in by each, she said, is equal. The W. County outreach coordinator defined partnership as "cooperative effort to meet defined goals."

When asked what where a consumer/patient might turn for health information, the Western Virginia outreach coordinator said she did not think a library would be visited at all. The W. County outreach coordinator believed that "people still go to their public libraries." In W. County, she said, even broadband Internet access is sparse, so those citizens – as opposed to their fellows in Western Virginia – cannot "Google" their diagnoses at home. A public library is the first place they would turn for information.

The Western Virginia outreach coordinator stated that a library's role in consumer health was to "be knowledgeable about highest quality information sources, make them available, recognize when to limit involvement and refer back to a provider. We shouldn't be afraid to open up any avenue of access. We should also help facilitate access." Her W. County counterpart elaborated that a library's role in consumer health was "to create and provide programs for identified consumer needs in a defined region."

As for awareness of other consumer health information programs, the Western Virginia outreach coordinator was not aware of any Virginia public system that offered such a service. She knew that Medical School Central has some sort of program, but she does not know the hours or contact person. The W. County outreach coordinator thought that the Roanoke County Public Library had some sort of consumer health outreach and was aware that Medical School Central had a "large consumer health library." There is no formalized consumer health

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information service at the either location although the Wise County outreach coordinator identifies herself as the main point person for consumer health inquiries. The closure of the Western Virginia campus Health Resource Center effectively closed the door on consumer health information outreach. When asked if any staff member specialized in consumer health in her library, the WHSL outreach coordinator answered that not only did no one specialize, no one was interested.

Chapter 5
Discussion and Recommendations

As anticipated, electronic survey results and telephone interviews confirmed the hypothesis that Consumer Health Information outreach in Virginia was limited and partnerships between the Academic Health Sciences Libraries and contiguous public libraries virtually non-existent. The library system with the most robust Consumer Health Outreach was the Eastern Health Sciences Library at the Medical School East – the youngest system in the Commonwealth. Despite vigorous outreach, however, the public library system closest to EPL (Eastern Public Library) was unaware of the programs and had no relationship with the AHSL. The library system exhibiting the least interest in Consumer Health Information – indeed any outside partnership – was the Western Health Sciences Library at the Medical School West on the Western Virginia campus. Its Patient Education Resource Center was the recent victim of budget cuts; its consumer health materials were relocated to the AHSL. No partnership activities with the contiguous public system (Western Public Library) were taking place. Interestingly, the Medical School West's satellite location in W. County, Virginia employed an Outreach Coordinator who, locally with libraries in the small rural counties surrounding the satellite AHSL formed several different partnerships to bring Consumer Health Information to the public.

The Medical School Central Health Sciences Library (CHSL) is the only AHSL to invest in a separate structure designed for Consumer Health – the Consumer Health Information Library (CHIL). This library is approximately 1 block south of the AHSL and located in the lobby of the main entrance to the health center's clinics and hospital. The CHIL is staffed by a degreed librarian specializing in Consumer Health Information; she oversees volunteers who

assist her in managing the information desk. Print materials and publicly accessible computers with bookmarked consumer health databases are available for anyone who walks in. Knowledge about these resources was limited; the EHSL director and the outreach coordinator at the Medical School West satellite campus in W.County were the only two study participants who mentioned it. No public library was aware of the resource other than believing that Medical School Central had some sort of patient education.

The three academic health sciences libraries employed one professional librarian specializing in consumer health information; however, only the CHSL site reserved that individual solely for consumers – not university staff and students. The other locations (WHSL and EHSL) who affirmed a consumer health librarian on staff also engaged that individual in standard medical librarianship activities assisting clinicians, faculty and health sciences students. In addition, the EHSL consumer health specialist was known as the outreach coordinator and her activities extended beyond providing consumer health information to the general public. Interest in expanding consumer health information was limited according to interview responses and the shrinking budgets of the universities were mentioned as a major factor. The general consensus is that there is very little money in consumer health information provision even though it is recognized as an important service.

As for consumer health resources in the three contiguous public library systems, results indicate little to no activity and minimal interest beyond carrying print material and insuring public access to consumer health databases. No professional librarian specializing in consumer health was identified in any of the three systems. Like the academic health sciences libraries, public libraries are also struggling with budget cuts, including hiring freezes and potential staff

reductions. Even though the poor economy has increased traffic in their buildings, according to the respondents, that traffic has been largely comprised of job-seekers. Since none of the public systems track reference queries by type, statistics on consumer health information needs are unavailable.

Despite this dearth of consumer health information provision in the public systems and the spotty nature of it in the academic health sciences libraries, all respondents were positive about partnership activities in general. Partnering was consistently praised (even if the partnership was in-house) and considered vital. Descriptions of "common goals and objectives" and "mutual benefit" occurred consistently throughout the interviews with directors and outreach coordinators when they described successful partnerships. No respondent expressed unwillingness to partner or spoke of any particularly negative experiences; no library fell into the Partnership-Averse category. All respondents were experienced with partnership activities; no library was Partnership-Naïve. Two of the academic health science library respondents did insist that the work between the partners had to be equal and that one partner should not be expected to carry the load without any benefit. The academic health sciences library respondents seemed more careful about ensuring mutuality and equal work load before forming relationships with other entities. The public library systems were more willing to try a novel relationship even if the details about workload were not delineated up front.

5.1 Challenges and Opportunities

This research yielded no major surprises for the author – with the exception of the amount of consumer health information outreach occurring through the Medical School East's

health sciences library (EHSL). A challenge for these study subjects is improving communication channels. Communication between systems – similar and different – needs strengthening. Creating publicity material about programs may not, in itself, be sufficient. The lack of awareness about who was doing what was an interesting find, particularly in the case of the Central Virginia and East Virginia public systems who expressed ignorance about consumer health information resources at the academic health sciences libraries located within a few miles of their main branches. The silo mentality between different library types is evident. One unanticipated and fascinating finding in this research is the fact that several academic health sciences library respondents did not believe that citizens go to libraries of any sort for health information. These respondents thought that most people simply use the Internet for research. This theory does not take into account those individuals who do not have access to the Internet, nor does it consider those people who are unfamiliar with computers. Finally, the assumption that most people do their own research on a computer fails to address the question of how those individuals wade through the vast amount of health information available and determine what is authoritative and current. Even if one believes that everyone uses the Internet these days, clearly a mediator or guide between the end-user and the information is needed.

One obvious opportunity for library systems to improve communication networks between systems is face-to-face contact. Libraries, like individuals, might respond better to the personal touch; identifying liaison individuals in each system would be the first step in the process. Establishing a working group comprised of librarians from different systems would give all parties the opportunity to educate. Public systems can use the "face time" with academic systems to educate academic librarians about today's public library patron – her

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needs, her information searching abilities, her technical skills. Academic systems can return that favor by educating their public library counterparts about the wealth of information available at institutions of higher learning and how much of it is open to the public. In growing familiar with each others' environments, both types of systems will be better able to refer patrons to appropriate resources. Also, all groups could learn about who offers what in terms of consumer health services. Upon hearing about each other's successes and challenges, perhaps new partnership initiatives could be discussed between the public and academic systems and even between similar entities.

Another benefit to establishing communications networks between systems is less obvious and somewhat subtle: relationships might be on-going rather than just project-specific since the parties would be seeing each other on a regular basis. At present, the libraries participating in this study spoke as if outreach *itself* constituted a partnership activity. In other words, by offering to teach PubMed searching to public librarians upon request, the Central Health Sciences Library (CHSL) considers itself to be in partnership with the public library systems. Furthermore, those libraries that indicate partnership activity in consumer health provision (e.g. Georgia) often consider one project sufficient to define the relationship as a "partnership." So even if that project was developed and implemented within a discrete time period that ended, the libraries describe themselves to be engaging in partnerships. Strictly speaking, this is accurate; however, the business literature discussed in Chapter 2, refers to partnerships as ongoing relationships – often with multiple and successive projects undertaken. This researcher considers those partnerships to be the ideal to which public and academic libraries should aspire when considering consumer health information services.

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5.2 What Now? A Strategic Roadmap for the Future

The ultimate question born of this research is how to bring these two different types of libraries together in order to pool their resources, broaden the reach for both and provide superior consumer health information to the populace. Clearly all parties have experience with partnerships – just not with each other. Clearly all parties are aware of consumer health information needs, although the value placed on those addressing those needs varies. Having a centralized and powerful agent that would act as an umbrella of sorts for these different systems could be the answer. Such an agent would have to be a forceful advocate for the general public as well as have a deep understanding of the different library systems. This agent would bring the systems together and steer them toward appropriate resource allocation in the public interest. Two examples of this strategy in action occurred in Tennessee: the National Network of the Libraries of Medicine (NNLM) funded two projects in 2008-2009 that involved robust partnerships between multiple public and academic libraries, the state library of Tennessee and the Tennessee Medical Association. The state library involvement was specific to consumer health. Medical librarians were connected with public libraries in three Tennessee regions where they coordinated, marketed and taught four consumer health education classes to the public librarians.[37]

In Virginia, the State Library of Virginia would be a logical and appropriate agent to bring the different library systems together for a focused initiative. In its service plan is the following statement: "§42.1-32.1 states it to be the Commonwealth's policy, as part of its provision for public education, to promote cooperation and networking among all public,

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academic, special, and school libraries and places authority in the Library Board [of the Library of Virginia] to assist in developing this cooperation among libraries."[38]

Virginia's public libraries have a liaison within the Library of Virginia. This individual knows the public systems and their directors and is actively involved in advocating on their behalf. Recent communication with this person indicates that she has no exact counterpart within the state library who works with the academic libraries; however, the service plan statement in the preceding paragraph specifically mentions academic libraries, too. If the authority is placed in the state library's Board, then that Board could designate a person or persons who would be charged with forming a state partnership between the three academic health sciences libraries and all Virginia public library systems to examine the feasibility of sharing resources to improve the provision of consumer health information in the Commonwealth. Subscription databases purchased by the AHSLs could be partially underwritten by the public systems and then those resources could be made available to designated public librarians specializing in consumer health. The state library could take EHSL's model of providing Medical Library Association (MLA)-approved training to designated public librarians throughout the state to ensure that every public library system employs at least one librarian who has the MLA Level I Certification in Consumer Health Information Specialization. The state library could apply for federal funding, bringing representatives from the three academic health sciences libraries and representatives from public systems in different parts of Virginia to write grant proposals.

As stated in the introduction of this thesis, healthcare in this country is now front and center in the minds of all Americans. Reforming the way we pay for healthcare is just one part of the picture. Educating the citizenry is a critical part of any reform. This is an excellent time

for information specialists – librarians – to get in on the action. Perhaps the next step to be taken by information professionals committed to consumer health is to hitch the wagon to the "star" of healthcare reform – in other words, make the provision of consumer health information a vital component of health literacy which, in turn, is a vital component of a successful healthcare system. Consumer health information specialists need strong allies and loud voices to insert this component of healthcare reform into the American agenda.

President Barack Obama signed a presidential proclamation declaring October 2009 to be "National Information Literacy Awareness Month."[39]   Within the proclamation is the following paragraph:

"An informed and educated citizenry is essential to the functioning of our modern democratic society and I encourage educational and community institutions across the country to help Americans find and evaluate the information they seek, in all its forms."

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* To protect the identities of respondents and institutions, actual names of persons and places have been altered. The pertinent associated references that might have permitted identification were also altered to accommodate this protective measure. The actual reference pages listing institution names are kept in a secure location with the School of Information Sciences at the University of Tennessee, Knoxville.

APPENDICES

Appendix A

Introduction letters to 3 Academic Health Sciences Library Directors (and outreach coordinators)

Date

Dear _____:

  I am writing to you as a graduate student in Information Sciences from the University of Tennessee. I am working on my master's thesis research and request your participation. I will also be contacting your health sciences library director peers in East Virginia and Western Virginia.

  The focus of my graduate thesis is to examine if there is a role for partnerships between public libraries and academic health sciences libraries to provide Consumer Health Information Outreach. Your participation involves completing a short electronic survey (10 yes-or-no questions) followed by a brief interview during a 30-minute telephone call. Some questions on both the survey and the interview refer to your experience with outside partnerships for consumer health information outreach.

  Please let me know when it is convenient for me to contact you. If I may answer any questions regarding my research, please do not hesitate to contact me.

  Thank you for your consideration.

Best Regards,

Jessica L. Waugh, M.A.
Masters Degree Candidate, Information Science
University of Tennessee, Knoxville
Email: jwaugh1@utk.edu

Telephone: 804.327.1868

Appendix B

Introduction letters to 3 Public Library Directors (and outreach coordinators)

Dear _____:

I am writing to you as a graduate student in Information Sciences from the University of Tennessee. I am working on my master's thesis research and request your participation. I will also be contacting your library director peers at Eastern Public Library and Western Virginia's Western Public Library.

The focus of my graduate thesis is to examine if there is a role for partnerships between public libraries and academic health sciences libraries to provide Consumer Health Information Outreach. Your participation involves completing a short electronic survey (10 yes-or-no questions) followed by a brief interview during a 30-minute telephone call. Some questions on both the survey and the interview refer to your experience with outside partnerships for consumer health information outreach.

Please let me know when it is convenient for me to contact you. If I may answer any questions regarding my research, please do not hesitate to contact me.

Thank you for your consideration.

Best Regards,

Jessica L. Waugh, M.A.
Masters Degree Candidate, Information Science
University of Tennessee, Knoxville
Email: jwaugh1@utk.edu

Telephone: 804.327.1868

Appendix C Brief Electronic Survey questions (via Survey Monkey)

Thank you for choosing to participate in my research! The purpose of this project is to examine if there is a role for partnerships between public libraries and academic health sciences libraries to provide Consumer Health Information outreach.

This electronic survey asks you to answer ten brief yes/no questions about your library's activities in these areas and should take about 5 minutes to complete. The answers to this survey allow me to better understand your library's activities and will be used to help guide our conversation in a follow-up telephone call. After receiving this completed electronic survey, I will contact you via telephone to discuss your responses and ask additional questions regarding your partnership experiences.

Should you have any questions concerning this thesis research project, you may contact Ms. Waugh at 804.327.1868 or by email at jwaugh1@utk.edu. You may also contact the University of Tennessee's Institutional Review Board office:

Brenda Lawson
Compliance Officer and IRB Administrator
UT Knoxville Office of Research
1534 White Ave.
Knoxville, TN 37996-1529
Phone: (865) 974-7697
Email: blawson@utk.edu

By clicking on the appropriate button, please answer "yes" or "no" to the following questions:

1. Does your library partner with any entities outside of your own system to provide service(s)* to the public (or your students if an academic health sciences library)?
     If you answered "No" skip to Question 8
2. Do you partner with other public library systems?
3. Do you partner with the business community and/or local government (e.g. Parks&Rec)

4. Do you partner with K-12 school systems?
5. Do you partner with any colleges/universities?
6. Do you consider that/those partnership(s) beneficial to your library system?
7. Do you consider that/those partnership(s) to be a challenge or difficult to manage?
8. Does your library system engage in any type of Consumer Health information outreach?

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9. Do you have a contact person within your local academic health sciences library?
10. Do you now OR have you ever partnered with your local academic health sciences library to provide services to your patrons?

   * "services" may be considered activities of any kind designed for library patrons such as a lecture series, computer class training, reading clubs, entertainment programs, et cetera.

Appendix D Open-ended Telephone Interview Guide

 "Thank you for agreeing to speak with me about your experiences with partnership initiatives. I will not be audio-recording our conversation, but will be taking notes throughout, including writing down possible quotable comments from you. I will send you a transcript of our interview via e-mail within the next 2 business days. You may return it to me within 5 business days after receipt of the transcript with any additional comments you may wish to add. All transcripts will be destroyed upon the completion of this study. Your willingness to speak with me constitutes your informed consent to participate in this study. You may withdraw from this study at any point during the research process. Do you have any questions before we begin?"

1. Tell me about a successful partnership experience between your library and another entity….
   - what made it successful in your opinion?
   - Is it still ongoing? Why or why not?
2. Have you experienced an unsuccessful partnership between your library and another entity?
   - without providing explicit identifying details, could you briefly tell me why you consider the partnership "unsuccessful?"
3. How are partnerships formed between your library and another entity?
   - In other words, who comes up with the idea for partnering, who initiates contact and who is the "face" of your library in the partnership?
4. What's the longest partnership you've experienced while working in this library?
5. What is your definition of a "partnership?"
6. What is your definition of "consumer health?"
7. What is a library's role in consumer healthcare?
   - What kind of library do you think a consumer/patient is likely to visit should he/she have a healthcare question?
8. Are you aware of any established Consumer Health Information programs in any Virginia public library? Virginia academic health sciences library?
   - Please elaborate….
   - Do you know the hours/location/staff persons responsible for the program?
9. Does your library provide any formalized Consumer Health Information service to your patrons? (if no, what about informal service?)
10. Do you capture statistics on the usage of this service?

11. Are your reference staff colleagues required to have MLS degrees?
   - any other sort of graduate degree?
   - Bachelors degree?
12. Does anyone in your library specialize in Consumer Health Information?
13. How are Consumer Health questions handled at your library?

Appendix E

Table 2. Academic Health Sciences Libraries, Directors and Outreach Coordinators

Name of Library	Eastern Health Sciences Library	Central Health Sciences Library	Western Health Sciences Library	Eastern Public Library	Central Public Library	Western Public Library
Outreach Coordinator	{OC-A}	{OC-B}	{OC-C} {OC-D}	{OC-F}	{OC-E}	N/A
Director	{UL-A}	{UL-B}	{UL-C}	{PL-A}	{PL-C}	{PL-B}
Virginia Location	East Virginia – Medical School East	Central Virginia- Medical School Central	Western Virginia- Medical School West	East Virginia	Central Virginia	Western Virginia

Appendix F

Table 3. Partnership Propensity Scale Ratings

Institution Name	CPS1	CPS2	CPS3	CPS4	CPA	PN
Central Health Sciences Library				X		
Eastern Health Sciences Library		X				
Western Health Sciences Library		X				
Central Public Library				X		
Eastern Public Library				X		
Western Public Library				X		

KEY: *Currently Partnership-Seeking (CPS 1, 2, 3, or 4)*

CPS 1 = With any non-library entity AND With a similar library system (AHSL if AHSL respondent/ PL if PL respondent) AND With a different library system (PL if AHSL respondent; AHSL if PL respondent) In other words: Partnering with non-library entities and similar and different library systems.
OR
CPS 2 = With any non-library entity, AND a similar library system, NOT a different library system (PL if AHSL respondent; AHSL if PL respondent) OR With any outside non-library entity AND With a different library system, NOT A similar library system In other words: Partnering with non-library entities and one type of library (either similar or different)
OR
CPS 3 = Partnering with libraries (similar and/or different) BUT NOT non-library entities
OR
CPS 4 = Partnering with non-library entities only, NOT Similar or different library systems
CPA = Currently Partnership-Averse to partnering with any library or non-library entity
PN = Partnership Naïve

Appendix G
Electronic Survey Results – Library Directors

1. Does your library partner with any entities outside of your own system to provide service(s)** to the public (or your students if an academic health sciences library)? If you answered "No" skip to Question 8 ** "services" may be considered activities of any kind designed for library patrons such as a lecture series, computer class training, reading clubs, entertainment programs, et cetera.)
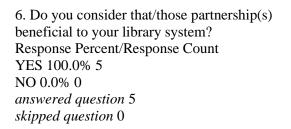
Response Percent/Response Count
YES 100.0% 5
NO 0.0% 0
answered question 5
skipped question 0

2. Do you partner with other public library systems?
Response Percent/Response Count
YES 60.0% 3
NO 40.0% 2
answered question 5
skipped question 0

3. Do you partner with the business community and/or local government (e.g. Parks&Rec)
Response Percent/Response Count
YES 80.0% 4
NO 20.0% 1
answered question 5
skipped question 0

4. Do you partner with K-12 school systems?
Response Percent/Response Count
YES 80.0% 4
NO 20.0% 1
answered question 5
skipped question 0

5. Do you partner with any colleges/universities?
Response Percent/Response Count
YES 80.0% 4
NO 20.0% 1
answered question 5
skipped question 0
Appendix H

6. Do you consider that/those partnership(s) beneficial to your library system?
Response Percent/Response Count
YES 100.0% 5
NO 0.0% 0
answered question 5
skipped question 0

7. Do you consider that/those partnership(s) to be a challenge or difficult to manage?
Response Percent/Response Count
YES 20.0% 1
NO 80.0% 4
answered question 5
skipped question 0

8. Does your library system engage in any type of Consumer Health information outreach?
Response Percent/Response Count
YES 80.0% 4
NO 20.0% 1
answered question 5
skipped question 0

9. Do you have a contact person within your local academic health sciences library (or local public library if health sciences library respondent)?
Response Percent/Response Count
YES 60.0% 3
NO 40.0% 2
answered question 5
skipped question 0

10. Do you now OR have you ever partnered with your local academic health sciences library (or local public library if academic health sciences library respondent) to provide services to your patrons?
Response Percent/Response Count
YES 100.0% 5
NO 0.0% 0
answered question 5
skipped question 0

Electronic Survey Results – Outreach Coordinators

1. Does your library partner with any entities outside of your own system to provide service(s)** to the public (or your students if an academic health sciences library)? If you answered "No" skip to Question 8 ** "services" may be considered activities of any kind designed for library patrons such as a lecture series, computer class training, reading clubs, entertainment programs, et cetera.
Response Percent/Response Count
YES 100.0% 4
NO 0.0% 0
answered question 4
skipped question 0

2. Do you partner with other public library systems?
Response Percent/Response Count
YES 100.0% 4
NO 0.0% 0
answered question 4
skipped question 0

3. Do you partner with the business community and/or local government (e.g. Parks&Rec)
Response Percent/Response Count
YES 50.0% 2
NO 50.0% 2
answered question 4
skipped question 0

4. Do you partner with K-12 school systems?
Response Percent/Response Count
YES 75.0% 3
NO 25.0% 1
answered question 4
skipped question 0

5. Do you partner with any colleges/universities?
Response Percent/Response Count
YES 75.0% 3
NO 25.0% 1
answered question 4
skipped question 0

6. Do you consider that/those partnership(s) beneficial to your library system?

Response Percent/Response Count
YES 100.0% 4
NO 0.0% 0
answered question 4
skipped question 0

7. Do you consider that/those partnership(s) to be a challenge or difficult to manage?
Response Percent/Response Count
YES 25.0% 1
NO 75.0% 3
answered question 4
skipped question 0

8. Does your library system engage in any type of Consumer Health information outreach?
Response Percent/Response Count
YES 75.0% 3
NO 25.0% 1
answered question 4
skipped question 0

9. Do you have a contact person within your local academic health sciences library (or local public library if health sciences library respondent)?
Response Percent/Response Count
YES 75.0% 3
NO 25.0% 1
answered question 4
skipped question 0

10. Do you now OR have you ever partnered with your local academic health sciences library (or local public library if academic health sciences library respondent) to provide services to your patrons?
Response Percent/Response Count
YES 75.0% 3
NO 25.0% 1
answered question 4
skipped question 0

VITA

Jessica Waugh is a public reference librarian in Central Virginia. She earned her first masters degree in bioethics from the University of Virginia in 1995. She has worked in public and academic libraries since that time, earning the Level I Designation of Consumer Health Information Specialist from the Medical Library Association. Author of a funded National Library of Medicine Outreach Express grant, Ms. Waugh is committed to enhancing consumer health information services to the public by seeking robust partnerships between public systems and health sciences libraries.