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Preface

Health literacy is a vital component of consumer health. The publication of the Institute of Medicine’s report *Health Literacy: A Prescription to End Confusion* (2004), coupled with the 2003 *National Assessment of Adult Literacy* (NAAL), brought national attention to a serious problem: people with low literacy skills often cannot read or understand information about their diagnosis, medications, or appointments with their physician. They may be unable to understand the directions for preparing for a medical test, or use written information about staying healthy. These same individuals have a higher incidence of disease, risk higher use of the emergency room, have longer hospital stays with higher hospital admission rates, and suffer medication errors because they cannot read or understand a prescription label. Librarians in all types of libraries can play a major role in health literacy, helping consumers to access and better understand health information.

The idea for *The Medical Library Association Guide to Health Literacy* evolved from my own experience working in a hospital-based consumer health library providing health information to consumers, and from discussions with colleagues who work with customers, in all types of libraries, looking for understandable health information.

The Medical Library Association, the world’s preeminent educational organization for health information professionals, recognizing the important role that librarians play in providing health information, has partnered with other library organizations, on the state and national levels, to increase awareness of the seriousness of this issue and collaborate to create solutions for healthcare consumers.

In 2006, I invited two colleagues from Wayne State University, Detroit, Michigan—Lynda M. Baker (Library and Information Science Program) and Feleta L. Wilson (College of Nursing)—to work with me on this book about health literacy. Lynda and Feleta were the first to publish in LIS journals studies
of the literacy levels of consumer health materials. Because the importance of health literacy transcends any particular library boundary, we decided the book should be a forum for LIS professionals involved in the health literacy movement. To provide a comprehensive overview, we recruited practitioners from all types of libraries, as well as researchers in academia, to write about health literacy from their unique perspectives. After reading this guide, librarians should be better able to understand the issues that comprise health literacy, learning how to help others become health literate and how to become change agents within their organizations.

As editors, we have tried to ensure the use of gender-neutral language throughout the book. Because we find “he/she” to be clunky, we have chosen to use either “she” or “he” as equally as possible. This book is not meant to be read from cover to cover; rather, we believe readers will select chapters relevant to their situations and interests. Therefore, instead of having one definition of health literacy located in the Preface, we have allowed authors to define health literacy as it relates to and forms the basis of their work.

*The Medical Library Association Guide to Health Literacy* features 16 chapters, divided into four parts. The four parts:

- cover the essential issues surrounding health literacy;
- identify often overlooked implications of the influence of culture, ethnicity, special needs, and age in health;
- highlight the nation’s best practices for public and hospital library consumer health programs and services; and,
- suggest proven ways libraries can initiate their own and partner with other organizations’ health literacy programs.

In Chapter 1 the editors provide an introduction to the issues of health literacy. The different types of health literacy are defined in Chapter 2, along with a discussion on causes, effects, and solutions. A comprehensive list of readability formulae and literacy tests used in the healthcare setting is included with this chapter.

Chapter 3 looks at the role social bias plays in health encounters and how it affects health literacy. The author discusses theories of language and their contribution to health literacy, the health encounter as a literacy event, and social biases in relation to health literacy and their effects on provider and patient behavior and institutional practices. Health literacy within the context of culture, as well as the importance of cultural competency of librarians in relation to a client’s health literacy skills is the subject of Chapter 4. An outline and sequence of activities for a course titled “Cultural Competence for Health Information Professionals,” developed by the author, is presented in this chapter.
Chapter 5 covers the impact of low literacy on the patient and the family from a nursing perspective. The author discusses characteristics of patients with low literacy, the association between low literacy and health disparities, and the need for partnership between nurses and librarians. This disturbing divide is further explored in Chapter 6, which summarizes the literature on the relationship between low literacy levels and the effects on patient care and health outcomes. The authors also discuss the role librarians can take in helping to narrow the health literacy gap.

Raising awareness of the complexities of health literacy for people with disabilities is the focus of Chapter 7. The author addresses how librarians can partner with people with disabilities and the community. She includes some personal perspectives of people with various types of disabilities about health literacy and ways libraries and librarians can help them find information.

Chapter 8 posits a new model of health literacy. The author looks at health literacy within the context of senior citizens, provides some examples of health literacy interventions both inside and outside the library. Chapter 9 describes the authors’ efforts to build a foundation of health literacy among adolescents in Philadelphia. Useful information on what worked and what does not work in their collaboration with the teens is also presented.

The health reference interview is part of the individual’s ability to obtain or access health information. This initial step in the health literacy process is the focus of Chapter 10.

Public libraries should be the major provider of consumer health information. Chapter 11 features a particularly successful collaboration between a public library and a hospital library. The author also provides a list of sources of non-English language materials for a library’s collection.

Some of the health literacy initiatives by Canadian librarians and the difficulties in finding information on the activities of librarians in the area of health literacy are addressed in Chapter 12.

The results of a study on consumer health services provided by hospital librarians are provided in Chapter 13; this chapter also highlights what other hospital libraries have done to address health literacy. The partnering of hospital librarians with other hospital departments to provide consumer health services is described in Chapter 14, where the author also offers an in-depth look some of the health literacy initiatives that are taking place at one teaching hospital.

The numerous intervention programs for professionals engaged in health literacy efforts are presented in Chapter 15.

Examples of health literacy collaborations are provided in Chapter 16, including examples from New York City. The authors also discuss how to find funding support for health literacy initiatives.
I would like to thank my co-editors, Lynda and Feleta, and each of the authors who agreed to contribute to *The Medical Library Association Guide to Health Literacy*. We hope this guide will both inform and inspire our colleagues in all types of libraries to help their communities live longer and healthier lives.

Marge Kars

REFERENCES


Health literacy arises from a convergence of education, health services, and social and cultural factors. Although causal relationships between limited health literacy and health outcomes are not yet established, cumulative and consistent findings suggest such a causal connection. Approaches to health literacy bring together research and practice from diverse fields. The event, cosponsored by three regional chapters of the Medical Library Association, preceded their joint meeting in Sacramento, California. An advisory group of library and literacy professionals from the NN/LM Pacific Northwest and Pacific Southwest Regions, along with a second-year National Library of Medicine associate fellow, planned, implemented, and evaluated the symposium. 

The Medical Library Association Guide to Developing Consumer Health Collections guides both library graduate school students and seasoned librarians from academic, health sciences, and public libraries, to develop, maintain, nurture, and advertise consumer health collections. This authoritative guide from the respected Medical Library Association covers all that is involved in developing a new consumer health library including:

- Conducting community needs assessments and forging.
- Plenty more information on finding resources, taking into account the problems with health literacy, is provided, as well.

In this well-researched, comprehensive manual, Joseph (director, Medical Lib. at South Nassau Community Hosp.) describes the basic steps involved in creating a consumer health collection: conducting a community analysis, developing a collection, designing a space, and fostering community partnerships. The author covers customer service, inclusivity, privacy, outreach, apps and websites, and health-information literacy. The chapter on obtaining grants is particularly noteworthy.

While similar in scope to Mary Grace Flaherty’s Promoting Individual and Community Health at the Library, this guide is more readable and detailed. VERDICT A superb selection for anyone interested in creating or improving a consumer health collection and an excellent graduate-level text. Medical Library Association, Chicago. 6,847 likes · 30 talking about this · 55 were here.

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