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School and Public Youth Librarians as Health Information Gatekeepers: Research from the Lower Rio Grande Valley of Texas

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This study investigated how school and public librarians can become better disseminators of health information and improve health information literacy in small and rural communities in a selected research area. We used the Lower Rio Grande Valley of Texas as our study area, composed of the economically depressed Cameron, Hidalgo, Starr, and Willacy counties, populated largely by people of Mexican descent. We used a Delphi method in which an expert panel of school and public librarians (N = 19) responded to three rounds of questions regarding how school and public librarians might become active as disseminators of health information in their communities for K-12 youth and their caregivers. Generally the panel held that (1) health information is lacking in their communities; (2) school and public librarians can play important roles in making health information available; (3) school and public librarians can network with other agencies in promoting and disseminating health information for K-12 youth; (4) resource availability will limit how much librarians can become involved in the dissemination of health information; (5) participants are not willing to assume a health information "gatekeeper" role; and (6) library staffs needed training in health information resources. We included recommendations for future research in health literacy.

Introduction

Reliable health information sources are among the most valuable assets available in all communities (CDC 2007). Over the years, governments have devoted vast amounts of time and money to efforts to improve health (Allensworth et al. 1997; UNESCO 2008; U.S. Department of Health and Human Services 2000). As government agencies, public libraries and public schools have often played roles in their communities by offering health information. According to AASL and AECT, community resources are necessary for supporting information-based learning. By extension, that can easily include health information for communities (AASL AECT 1998, 124). The AASL AECT Information Power standards, but in other major professional documents, including Standards for the 21st-Century Learner in Action (AASL 2009) and the National Health Education Standards (Joint Committee on Health Education Standards 2007). These documents all insist on the need to help youth develop critical thinking skills so that they can lead healthy and productive lives. The school-based health center concept is another means of uniting learning, good health care information, and community (Brown and Bolen 2008; Geierstanger et al. 2004; Oros, Perry, and Heller 2000; Terwilliger 1994).

Schools and Health Information

Our study builds much of its framework on health information provided by school libraries. Liu

care information, and the responses provide the basis for the findings and discussion in this study.

Research Questions

The researchers posed six questions:

1. Based on current practices and literature, what are the major health delivery models that might prove useful to south Texas public and school librarians in their roles as health information gatekeepers?
2. What is the level of awareness that these librarians have regarding general health information needs in their communities?
3. How do they see their role as a community gatekeeper of health information for their communities? How do they perceive benefits to their primary client group as a community health gatekeeper?
4. How did they see their networking role in developing and maintaining contact with other health providers in their communities?
5. What conflicts do they perceive to either hinder or advance their role as community health gatekeepers?
6. Questions as suggested by the panel of experts not specifically identified in the above were included in the questionnaire for round 2.

Limitations

The study does not consider the information needs of medical practitioners or staff. The study does not extend beyond the four counties making up the Lower Rio Grande Valley of Texas. Nevertheless, the study assumes that many of its findings are applicable across geographic boundaries.

Major definitions

The following definitions apply in this study:

- Consumer health information: Consumer health information is health information that is not technical. It is written or created to be readily understood by the lay public, and does not rely on technical interpretation by authorities before the lay person can use it for his or her own needs.
- Information gatekeeper: An information gatekeeper is generally considered someone in a position of authority who controls access to or has some manner of influence on how resources and information are dispersed to others.
- Health Information Services: How a librarian would provide access to health information resources (e.g., cataloging and reference services, programs).
- School Library: Refers to the personnel and activities of libraries serving schools.
- Public Library: Refers to the personnel and activities of public libraries in general, not a particular library.
- Delphi Method

The major disagreement between the investigator coder and the three other coders centered on the gatekeeper role of librarians in providing health information. This is important because the ambiguity of this concept is reflected elsewhere in the data and will be discussed in more detail later. Table 1 gives the open-ended responses from round 1.

Table 1. Open-Ended Responses from Panel of Experts by Categories (Round 1)

Category 1. Librarians: x have responsibility to provide health information x provide assistance in finding information x help to refine information requests x need to know resources that are available x are authority figure, able to direct patrons to needed information x school librarians can be gatekeepers, providing quality health information with peer and librarian assistance x school librarians have a captive audience
Category 2. Libraries and library staffs: x make health information accessible to public in print, online x (libraries) are known for distributing information x (library staffs) are qualified to offer guidance x (libraries) make information available and accessible anonymously, safely in language of patron x (libraries) provide good information coming from reliable sources x (patrons) need to have good information to counter bad information, fads in the market place x highlight information x (patrons) can see what information is available x offer access to unlimited health resources x (libraries) have trained personnel available x (libraries) are warehouses of health information
Category 3. Negative themes: x librarians are in no position to offer health information, especially as related to symptoms, cures x librarians must be able to direct users to health professional for more in-depth needs x no negative aspects x lack of funds for resources x not too much of the general population visit the library x lack of funds for resources, space x school librarians must consider the appropriate nature of the information x not everyone goes to library x lack of funds x understaffed and under funded x added stress to take on another project x school libraries have limited hours x outreach requires resources that public libraries may not hav

Table 3. Gatekeeper Health Information Role (Round 2)
Scale: 5 = completely agree; 4 = somewhat agree; 3 = neutral; 2 = somewhat disagree;1 = completelydisagree
Concept scale: Agreement positions 3.5–5.0; Neutral position 3.4–2.5; Disagreement positions 2.4–1.0

Concept Perceptions (N = 15)	M	SD
Support for concepts:		
Public librarians would be comfortable in the role of gatekeeper of hea informationin their communities	3.90	1.31
Local community would willingly accept the public librarian as the gatekeeper of health information	3.70	1.11
Neutral on concepts:		
School librarians would be comfortable in the role of gatekeeper of hea information fortheir school communities (N = 13)	3.31	1.03
School community would willingly accept the school librarian as the gatekeeper of health information in the school community	3.00	1.06
Rejections of concepts		
Public librarians and their staffs are well trained to provide consumer heal information	2.40	0.91
School librarians and their staffs are well trained to provide consumer h information	2.00	1.13

Support for Health Information Programs

Respondents indicated wide support for health information programs in school and public libraries. These ranged from support for school librarians increasing efforts to reach their service communities to improve accessibility to consumer information (N = 15, M 4.60, SD .051) and public librarians increasing their efforts in promoting comprehensive health information programs in their communities (N = 15, M 4.60, SD 0.63) to concerns about increasing health information resources in both school and public libraries (e.g., public libraries N = 15, M 4.06, SD 0.96; school libraries M 3.50, SD 1.06). Responses for each question ranged from 15 to 13, with 15 being the most frequent response number. See table 4

Table 4. Support for Health Information Programs (Round 2)
Scale: 5 = completely agree; 4 = somewhat agree; 3 = neutral; 2 = somewhat disagree; 1 = completely disagree

Support for Concepts:	M	SD
Public libraries must significantly increase efforts to reach their service communities to improve health through providing consumer health information (N = 15)	4.60	0.51
Public libraries must significantly increase their involvement in promoti comprehensive health information education programs in their communities (N = 15)	4.60	0.63
Public libraries must significantly increase their role in prevention of dis through educational programs and mission (N = 15)	4.50	0.64

School libraries must increase their involvement in promoting comprehensive health education programs in schools (N = 15)	4.47	0.63
School libraries must significantly increase their role in prevention of disease through educational programs and mission (N = 15)	4.40	0.74
School libraries must significantly increase their role in promoting health information literacy in their communities (N = 15)	4.40	0.91
School libraries are in an excellent position network with public libraries (N = 13)	4.38	0.87
Public libraries must significantly increase their efforts as an advocate better community health by becoming involved in activities to bring about change based on accepted and broad		

Discussion

Social exchange and role theories can help explain some of these findings. Social exchange theory maintains that all social and entrepreneurial interactions are based on cost and perceived benefits in cooperative arrangements (Blau 1964; Gergen, 1980). It is clear that many responses from the panel were based on the perceived costs and benefits to offering consumer health information. Costs were reflected in availability of resources and staff time, while benefits were often expressed in terms of service to various community and client groups.

Role theory asserts that individuals as well as professional groups maintain certain concepts of their personal and corporative behaviors that are influenced by various circumstances at play in their environments (Biddle 1979). Role conflicts appear to be a factor in the ambivalence toward accepting tr to e(c)-6(e)4e a3-4(3-6(o)-10(l)-2(e)4(a)4(ndua)4(l)-2(s)-o3(t)-2(2(s)-oonm)-2(e) de a)-b

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