

HEALTH EDUCATION

in the Public Library

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THE PUBLIC LIBRARY, especially in urban areas, is rapidly becoming a center of community adult education. Health is a subject naturally adapted to a library adult education program. Its scope is universal; yet the problems it evokes can be brought home effectively to the participant in such a program. Although some libraries have full-blown, formalized adult education programs using the classroom approach, most offer activities of an informal nature: discussion groups, lectures, and forums. The well-publicized health program held in such a setting reaches a significant segment of the community; it attracts the unorganized members of the community, those who do not ordinarily attend meetings of formal groups, such as the PTA or the Rotary Club.

The Brooklyn Program

In 1956 a health education program was organized by the Brooklyn Office of the New York City Department of Health in cooperation with the Brooklyn Public Library. Sessions of the program were held monthly at local branch libraries from January through May. The library, with a central branch and 51 local branches throughout the borough, serves more than 2 million people. Independently administered, it is 1 of 3 library systems that cover the 5 boroughs of New York City.

Momentum for the program came from the Brooklyn office of the New York City Health Department, which approached the library's

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coordinator of work with adults in the fall of 1955 on the feasibility of health education for the public in the branch libraries. The suggestion was well received.

At an introductory meeting of interested branch head librarians, the health department's borough health education consultant and the library's coordinator of work with adults outlined the program and requested reactions from the librarians. Stressed at this meeting was the importance of local level planning by both agencies. The health education consultant also described the organization of the health department as being subdivided into district health centers, pointing out that each librarian in the program would be working with the public health educator at the local health center.

Those branch librarians who had shown interest in the program and district health educators of the health department were invited to a planning meeting at which definite duties were assigned. The health education staff agreed to recruit qualified speakers, discussion leaders, films, and appropriate literature, to obtain the cooperation of community groups, and to work closely with the branch librarian in organizing the particular neighborhood for the program. The branch librarian, in turn, accepted responsibility for reaching branch members and community groups, for physical arrangements of each meeting, and for acting as chairman of the program in his branch. The central branch of the library was responsible for overall publicity and the coordination of all branch programs. Publicity included a flyer, *Highways To Health*, distributed through the branches and the community, newspaper releases, radio spot announcements, and items in the monthly publication of the library, the *Brooklyn Public Library News Bulletin*. The borough health education consultant of the health department worked closely with the district health educators, assisting them with such problems as procuring speakers and techniques of organization.

Each district health educator met with his branch librarian to discuss the topics to be covered, based on the particular health needs of the district. The planning committees, including representatives of churches and PTA's, se-

lected topics for discussion in each area. Subjects included heart disease, cancer, nutrition, drug addiction, juvenile delinquency, emotional health of children, childhood diseases, alcoholism, adolescent problems, diabetes, poliomyelitis, and home safety.

Program speakers and discussion leaders were drawn from local and citywide sources. These included the local medical society, staff members of the health department, and voluntary agencies, such as the New York Heart Association and the Brooklyn Cancer Committee. Sixteen-millimeter films were obtained from the bureau of public health education of the New York City Department of Health. Staff nurses of the Visiting Nurse Association of Brooklyn distributed the flyers on their regular home visits.

For some programs, the library prepared book lists related to the topics under discussion. In addition, the branch librarian made book displays and spoke briefly on books pertinent to the program.

Community interest often went beyond district boundaries. The borough office of the New York City Department of Health, for example, received calls requesting information on the dates and places scheduled for discussion of specific topics. A voluntary agency cooperating in the program reported a request for information on specific local activities. To some meetings, daily newspapers sent reporters to cover the program, and in one instance, the news story that resulted was featured on the front page of the Brooklyn section of a leading metropolitan paper.

Fifty-five monthly programs were held in 13 branches, with a total attendance of 1,444. Approximately 1,000 more persons attended special programs for Spanish-speaking residents. These programs, held in areas with a high Spanish-speaking population, had the participation and support of the leaders of the Spanish-speaking community.

Agency Cooperation

As our program progressed, the advantages of cooperative planning between agencies became apparent. The complexity of organizing

55 health education programs during a 5-month period was reduced by using the staff skills and facilities of both agencies, that is, health education materials and resources of the health department and the effective publicity program of the library.

Another advantage came from workers in different fields attempting to meet the same problems. It became obvious that each group could gain valuable experiences through the approaches and insights of the other. This process of learning from each other was greatly enhanced by cooperative planning.

Also, the division of responsibility brought about economy since each agency did not have to assume full responsibility for staff time or financing.

Such planning placed an example before the community as a whole. The public could observe that planning between two large municipal agencies resulted in community service. Other agencies also became aware of the growth inherent in reaching out from the narrow confines of their own fields into joint programming with agencies in different but related fields.

A short audience evaluation questionnaire was distributed after each program to gauge audience reaction. Eighty-five percent of the evaluation forms distributed were returned to the branch librarians. Ninety-eight percent indicated that the programs were worthwhile and that the people attending would be willing to attend more of them. Many commented that the meetings were not held frequently enough. Critical comments included "did not enter the subject deeply enough," "would like to have seen a more recent film," or "noise of projector a little disturbing."

Sixty percent stated that they held library cards, indicating a fairly large attendance from segments of the community that ordinarily do not use library facilities, and pointing up the potentialities of the local library as an adult education center.

There was lack of continuity of attendance: Each meeting in the series at a particular branch attracted, in the main, different persons. A small core of individuals attended most of the series in their neighborhood branches. The largest attendance occurred at programs that

highlighted pressing community problems, such as mental health and juvenile delinquency. This emphasizes the importance of a study of community needs and backgrounds even before planning gets under way.

Audience participation in discussion at each program also can be considered a yardstick of evaluation. Such discussion for the most part covered a considerable section of the audience.

A firm base of voluntary cooperation has been established in health education program-

ing between two large municipal agencies, a base that resulted from a fusion of concepts and techniques of a public health and an adult education agency. Through this program the public health workers who participated have tried to underscore the link between community health education and adult education.

Our prime conclusion is that the public library systems of our country offer an insufficiently explored but significant avenue of community health education.

publications

The Engineer in the U. S. Public Health Service

PHS Publication No. 455. Revised December 1956. 16 pages; illustrated.

This revised pamphlet, directed to college engineering students, stresses the opportunities and benefits of a career in the Public Health Service commissioned corps.

It describes in detail operations of the various programs and brings up to date the sections on research and development at the Robert A. Taft Sanitary Engineering Center, the Communicable Disease Center, the Arctic Health Research Center, the National Institutes of Health, the Occupational Health Program, and the work of sanitary engineers in civil defense and foreign service.

Health Manpower Chart Book

PHS Publication No. 511. 1957. By George St.J. Perrott and Maryland Y. Pennell. 59 pages; tables and charts. 25 cents.

Nearly 2 million persons are employed in occupations usually considered in the health field. This report presents in numerical and

graphic terms information on certain characteristics of the health professions, with special emphasis on medicine, dentistry, and nursing. Personnel employed in health service industries and health occupations are shown, along with their age, sex, income, and length of work year.

For physicians, dentists, and nurses the numbers of practitioners and graduates are illustrated for selected years. The current number in each profession and the changes that have occurred within the last 30 years are given for States and regions. Urban-rural differences in supply and types of practice are discussed, along with gains and losses to the profession.

Tools for Evaluation of Cancer Nursing

For nursing instructors

PHS Publication No. 528. 1957. 21 pages. 25 cents.

Three tests for evaluating nurse behavior and knowledge in the field of cancer nursing are introduced in this monograph. They were developed in the last 5 years under the direction of Rosalie I. Peterson, chief, Nursing Section, Field In-

vestigations and Demonstrations Branch, National Cancer Institute, and Dr. Louis Heil, director, office of testing and educational research, Brooklyn College.

The tests deal with cancer knowledge, nurse-patient relationships, and problem solving, respectively. The monograph also discusses the philosophy underlying the construction of the tests, reports the history of their development, briefly reviews the findings obtained in student and faculty testing programs, and comments on the validity and reliability findings.

The script of one "episode" from the nurse-patient relations test and six sample questions to familiarize the reader with the methodology employed in testing are contained in the appendix.

The complete data are published elsewhere.

This section carries announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal Government agencies.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications issued by other agencies.
