

Health Information Service Activities for People at a Nursing College

Project Leader: Michiko Hishinuma

【Goals】

In Japan, numerous types of health information are found on TV, the internet, in books, and magazines. Therefore people can conveniently access health information, but they may not reach appropriate and useful health information that they need. In May 2004, the “Health Information Service Spot” for the public was opened on a nursing college campus with the following goal:

- 1) Provide information on how the public can obtain information about health required for building healthy lives, with the aim of building a community where the public in its entirety can maintain health as well as information on the uses of health information, so that the center can function as a place where people can feel confident and strong
- 2) Provide health information service activities to promote links between the public and an informed community
- 3) Function as a venue for educational activities for students
- 4) Function as a venue for research efforts

【Plan and Implementation Process】

Step 1: Preparations for launching a health information service center for the public that is linked to the community

In January 2004, we set up a people-centered health information service committee within the Research Center for Development of Nursing Practice, St. Luke’s College of Nursing, for the preparation of opening the information center. The committee members included the head of the Research Center’s Educational Department as the committee president, full-time professors and teaching staff of the Research Center, those from outside who have had experience as a volunteer coordinator at visiting nursing stations, and librarians who have had experience in patient library services. Preparations included reviewing the conditions for providing information service in limited spaces within our college, selecting the location for providing information to visitors from the public, selecting reliable libraries, and preparing the venue for this information service. We also closely reviewed methods for providing basic information clearly during the preparations. Committee members focused their efforts on building the venue and environment for providing community-based health information services to the public by paying courtesy calls to nearby shops, eateries, and medical facilities to promote and introduce the health information service center, placing flyers on upcoming events, as well as requesting others to place posters.

Step 2: Launch of public health information service activities linking citizens and community

The “St. Luke’s Health Navigation Spot ‘Luke-Navi’” service was launched in May 2004 on the first floor of Building 2, St. Luke’s College of Nursing, run by one coordinator and four nursing volunteers. Open to all, the service mainly provides one-on-one health consultations by nursing volunteers. Also available are the “health check service” where visitors can measure their blood pressure and height, and the “health information service” which has a collection of 150 books, more than 200 types of pamphlets, and provides an Internet browsing

service. The free service was available from 10:00 to 16:00 on Mondays through Fridays. Nurses and librarians managed the Spot, and some nurse volunteers and citizen volunteers joined the activities. Luke-Navi adopts an attractive character “Poluka,” a mix between the North Star, a navigator for travelers and the Little Dipper, to symbolize a place to navigate toward health.

Step 3: Reinforcing PR activities for the people and community

During the first four months since its launch in May 2004, Luke-Navi was visited by 428 persons. As it had no visitors on some days, there was first the need to inform the public about the service center and its activities, and promote visits and use. With the cooperation of neighboring store owners who did business with the College, we were able to put up posters at ten notice boards on the streets. We also asked local shops to display posters and put out name cards. We also added new events to the lists of services that would draw the public to the service corner; such as once-a-week complimentary herbal tea service, once-a-month 30-minute health seminar and concert during lunchtime, Lunchtime Open Lectures on Healthcare, and a tea ceremony event once per month. To spread the word of our activities, we also started to participate in remote, “out of college” activities from 2005, such as university events and festivals, as well as annual health and welfare festivals organized by municipalities. We installed a 1m tall rotating signboard displaying “Poluka” and services provided. An internet PR promoting the service corner was created by placing a link on the St. Luke’s College website so that the public could also obtain information from the Internet.

Step 4: Analysis of health information needs of users and enhancement of services based accordingly

We conduct a yearly analysis of consultation details from the service corner users from the paper records to clarify health problems faced by the public and review the services provided. An increasing number of users are drawn to the service corner because of the added enhancements. We have also added a new service open to all; “health check” that provides simple body fat and bone density measurements. In 2006, we received a contribution of 1,000 books on personal experience with illness from a project by a private research organization, were loaned equipment and software to search these records from the National Institute of Informatics, and set up a reading corner of books on personal experience with illness and disease. In addition, we were also asked by a municipality to cosponsor a social education program. We accepted any requests by external entities in accordance with our policy of “refusing nothing that comes to us.”

Step 5: Launch of people-participated health information service activities

We held five public health support volunteer service seminars between September 2006 and February 2007. These activities were joined by 32 participants, of whom 13 completers registered as volunteers of Luke-Navi. Motivated by this (as a result), since April 2007, citizen volunteers (Luke-Navi volunteers) have been forming partnerships with professionals to participate in activities providing health information service to the public. Luke-Navi is run by nine staff of the St Luke’s College of Nursing, 14 registered professional volunteers, and 15 registered citizen volunteers in March 2008.

Step 6: Evaluation of health information service activities

◇ Analysis of health consultation records

Every year, Luke-Navi committee members analyzed and evaluated the use and details of health consultations by users, response method, and user comments from health consultation records.

◇ Lunchtime mini-seminar and concert

We conducted questionnaire surveys on the use of lunchtime mini-seminars and the comments of users.

◇ Building a model of people-centered health consultation (Figure 1)

A navigation model of one of the services provided by Luke-Navi--the people-centered health consultation--was built as a hypothesis based on reviews by committee members. Currently, a survey is being conducted to verify the model.

◇ Public initiation as seen from Luke-Navi

Based on the reflections and reviews of members, we have realized that the public and professionals can join hands and mutually understand each other despite the respective walls between themselves. For this, we are searching for a means to realize this mutual understanding smoothly across respective barriers.

【Goal Attainment】

1. Research activities

1) Provided advice on how to obtain required health information and methods of using health information to the public, creating an environment for citizens to feel confident and empowered

◇ Health consultation service activities

- Users of this service increased to 237 in 2004, 577 in 2005, 946 in 2006, and to 987 in 2007. The percentage of repeated users jumped from 12% in 2005, 26% in 2006 to 31% in 2007.
- Most of the consultations were regarding illness and health, and maintaining health. Other consultation topics included medical systems, interpersonal relations, life, living, and activities of Luke-Navi. Response methods consisted mainly of physical measurements and advice, explanation, and attentive hearing to the party receiving consultation. More than 90% of the users came back with positive comments, which included “want to come again” as the top comment, followed by “glad I came,” “satisfied I came,” “thank you” indicating appreciation of the service, and “will rethink my diet” indicating change in attitude.

◇ Lunchtime mini health seminar and concert activities

- The Lunchtime Open Lectures on Healthcare were held for a total of 31 times between November 2004 and March 2008. These were attended by a total of 931 participants, about 14 to 53 participants per seminar, 30 participants on average per seminar. The number of participants by monthly average was 18.3 in 2004, 31.2 in 2005, 31.9 in 2006, and 32.2 in 2007, indicating a yearly increase. 70% of the lecturers were staff from our nursing college. Questionnaire surveys distributed to users between the months of November 2006 to February 2007 revealed that 60% were residents of the Chuo Ward, in which our college is located, and 60% had attended seminars twice or more. Regarding the content of the seminar, participants gave such comments as “useful health information,” “realistic and familiar themes,” and “easy to understand” and 99% expressed a desire to participate again.

2) Provided health information services linking the public and community

- We completely created and then launched the Luke-Navi service center in 2003 and next began introducing our activities to the public and community as extensively as we could to gather visitors and spread our service. In 2007, as word got around and users introduced our service to their friends, the number of users increased; the community started to know of our activities, and as a result an increasing number of establishments in the community were advertising for us with posters and name cards. Through the last five years, we have been gradually building up a rapport with the community and the public, such as neighboring shops, eateries, health and welfare facilities, banks, elementary schools, offices, churches, libraries, etc. (Figures 2 and 3).
- In 2006, we again participated in annual health and welfare festivals sponsored by a municipality as well as accepted an offer by a municipality to cosponsor a social education program. We also successfully formed a partnership with a municipality by starting talks about a partnership with the Chuo Ward Library.
- Of the graduates of the Health Support Volunteer Seminar held in 2006, 13 registered as civilian volunteers, actively participating in the activities of Luke-Navi to deepen relations with the public.

3) Venue for educational activities for students

- Luke-Navi served as an opportunity for practicing “Human Development Nursing II”, a second year nursing course and for practicing “Nursing Support Theory I”. The Luke-Navi service center also accepted graduate students as a training and research field. We furthermore loaned out books on personal experience with illness and disease as research materials for a fourth year course, “Nursing Research II” to students.
- We placed free public health information pamphlets that students made during class at the Luke-Navi service center for users (the public) to take home.
- We opened our service center in 2005 for junior high school students so that they could experience the workplace environment.

4) Venue for research efforts

As displayed on the separate sheet, we have reported activities and evaluation results of Luke-Navi at nursing and information related conferences. Currently, we are also in the midst of evaluating Luke-Navi activities.

- ⇒Despite certain tasks that need to be overcome, we think that Luke-Navi is steadily approaching the type of health information service that meets the needs of users, given the retention/increase in the number of people seeking consultations, satisfaction of the public, change in the public’s attitude towards health, increased liveliness of the public with the availability of information, etc. We believe that we are also gradually approaching our goal of providing a health information service linked to the community, looking at the results of having realized every-growing link with the community, link with the public, link with municipalities, and cooperation with the public. Though we still need to review certain issues, we think we have approached the goal of functioning as a venue for educational activities and for research efforts.

5) Other achievements

Other than the initial goals, through the five-year span of Luke-Navi activities, our services have become increasingly well known, and we have also received unexpected

requests and offers, resulting in the enhancement of services we provide.

- (1) Received contribution of books on personal experience with illness and disease from the project run by the People's Research Project.

In June 2006, we received 1,000 books on personal experience with illness and disease books on personal experience with illness and disease from a project run by a private organization, which served as an opportunity to increase in the corner of books on personal experience with illness and disease.

- (2) Venue for finding future direction

Luke-Navi provided professional volunteers with the chance to find new careers by participating in the activities of the center. Citizen volunteers were also able to reaffirm their skills and interests through center activities, participating in the activities energetically with a sense of challenge and satisfaction.

- (3) Mobile site health information

In response to a request to place health information on a mobile site for women in their 20's and 30's who rarely use the service center, we started this site in August 2007 (Karada Ni Iikoto---Being Fit).

- (4) Media publications and lectures

- i) Postings in newspapers and magazines

◇ The Asahi Shimbun: books on personal experience with illness and disease: Linking Patients. December 5, 2006.

◇ Nippon TV: books on personal experience with illness and disease and 24-Hour TV Charity Report February broadcast

◇ Heart Net Times Luke-Navi: University Support Service Opened to the Community: Attempts of St. Luke's College of Nursing. 4, June 2007.

◇ Michiko Ishikawa: Providing Health Information: Attempts of the Luke-Navi. Library Journal, 101(4), 243, April 2007.

- ii) Invited lectures

◇ Michiko Ishikawa: Health Information Service Corner Run by Nursing College. Practical attempts in providing health information to citizens: library handling medical information. 32nd Medical Information Service Research Conference Workshop, July 2006.

◇ Keiko Takahashi: Health Problems Faced by Citizens and Accessible Health Information Service. A Series of Workshops for Enhancing Practical Skills: "References for Health Information." Japan Library Association, December 2006.

◇ Michiko Ishikawa: Attempts of Nursing Library (Librarian) to Review Nursing Library Functions in Health Information Services: Focus on St. Luke's Health Navigation Service Spot, Luke-Navi. The Japan Nursing Library Association 26th Workshop, Sendai, August 2007.

2. Education of Novice Researchers

- In 2006, one graduate school student used Luke-Navi as a training venue, and in 2007, the student used it as a research field to write her doctorate paper.
- Two graduate school students participated in health information service activities as research collaborators.
- Eight graduate school students registered as professional volunteers, and to date, two graduate school students are providing health consultations.
- Two professional volunteers have proceeded on to graduate school, jump-started by their

participation in center activities.

- COE researcher participated in this research from 2006 to 2007. In these two years, she received one lecture invitation, gave four conference presentations, and completed two papers.

3. Future directions

1) Continuation of activities

We are planning to promote the retention of users, enhance services, and increase staff members in continuation of services.

2) Continuation of evaluation and research of activities

Based on current research, there is a need to carry out further evaluation and research of activities.

3) Providing services from the public standpoint

Given the participation of citizen volunteers, we are planning to apply new ideas and energy from them to review and explore services from the public standpoint.

4) Partnerships with municipalities

Currently, we are cosponsoring social educational programs and working with the Chuo Ward Library. Despite the lack of personnel, we need to review partnerships with municipalities as much as possible, aiming at health information service activities that are built into the community.

Figure 1. Establishing a People-Centered Health Consultation Model Navigator Model (hypothesis)

■ If destination is known (Destination = Subject of consultation)

◇ Pattern 1: People drive their cars solely themselves to the destination

- (1) People drive and the care-giver serves as a navigator who indicates several possible routes, and they are able to reach their destination despite errors along the way
- (2) People drive ignoring the navigation of the care-giver but reach their destination despite difficulties and problems along the way

◇ Pattern 2 : The care-giver sometimes drives

◇ Pattern 3 : The care-giver dominates the driver' s seat

■ If destination is unknown

- ◇ Find the destination together with the person in question
- ◇ The care-giver specifies the destination
- ◇ Ultimately unable to find the destination

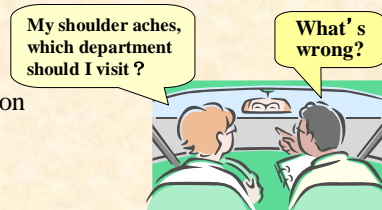


Figure 2. Link with Local Community in FY2003

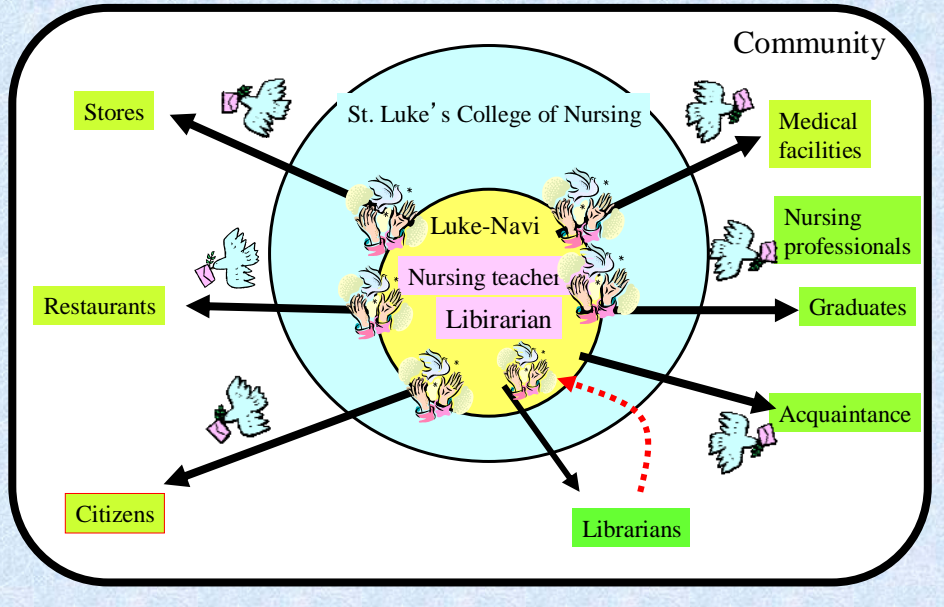


Figure 3. Link with Local Community in FY2007

