IMPROVING ACCESS TO HEALTH INFORMATION: 
EMERGING ROLES FOR MEDICAL LIBRARIANS

UJU E. NWAFOR-ORIZU (PhD)

MEDICAL LIBRARY,
NNAMDI AZIKIWE UNIVERSITY,
AWKA, ANAMBRA STATE, NIGERIA, hovoa2001@yahoo.com

Abstract
Limited access to health information has remained a major barrier retarding effective healthcare delivery especially in developing countries. Morbidity and mortality rates can be reduced if access to health information within the health system is eased. Today, moving health information from the point of generation to where it is needed requires the Medical Librarians to be proactive. This paper examines the essence of health information; its generators and users; the problems to access and various steps the medical librarian can take in ensuring that all stakeholders are reached with their health information needs. Rising to these challenges even beyond the library walls will improve access to health information in different sectors with obvious positive impacts.

Keywords: Health Information; Medical Librarians; Health Information Dissemination

Introduction
Health is defined in the WHO Constitution of 1948 as “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity”. Again the Ottawa Charter for Health Promotion (WHO, Geneva, 1986) regards health as a fundamental human right and so a resource for everyday life, not the object of living. It considers health less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life.

In this paper, the word information will be used in a broad sense to include knowledge gained or given, facts, news, the communicating or receiving of knowledge (Robinson, 1996), information is an invaluable tool necessary for the attainment of personal goals and objectives. Health information therefore is that knowledge, facts and news generated from various sources, necessary for good physical and mental conditions of human beings.

Importance of health information today: global perspective.
Health information has been variously described as the “foundation” for better
health, as the “glue” holding the health system together, and as the “oil” keeping the health system running (lippeveld T, 2001). The part that health information can play in improving healthcare has been recognized for a number of years. It is generally known that knowledge is the enemy of disease. Writing on this as it concerns health information utilization Brice and Gray (2004) added a proviso thus: Knowledge is the enemy of disease only if it is put into action. According to them the utilization of available health information can prevent and reduce seven major healthcare problems observable in every system, namely: unknowing variations in policy and practice; waste; errors; poor quality clinical care; poor patient experience; the over-enthusiastic adoption of interventions of low value and the failure to implement interventions of high value. They also opined that to tackle the above global health problems, all three types of knowledge have to be mobilized and utilized namely:

- Knowledge derived from research sometimes called evidence;
- Knowledge derived from routinely collected or audit data, sometimes called statistics.
- Knowledge derived from experience.

The emphasis here is on the utilization of generated information for healthcare because the value of health information lies in its utilization at the point of need. Brice and Gray (2004) also demonstrate the idea of health information as a supply chain stretching from its source of production to the point of use. Using the health professionals as example here, the generation of the information that doctors need is the first step in the chain. This they say is necessary but not sufficient because information has to reach the point where it is needed and be available when it is needed. For doctors to save lives, it is imperative to ensure that their decisions are based on best current health information whenever and wherever those decisions are being made. This requires the supply chain to be organized from the producer to the consumer, ensuring that:

- The information that is needed in generated
- the information that is generated is organized
- The information that is organized is delivered to where decision makers need it before and during the process of decision-making.
- The organizations and individual within healthcare systems have the skills and resources to find, appraise and use the knowledge.

The access and use of health information by patients remain the overall most important need of health information for a healthy society. The patient/consumer is the epicenter of health information structure. According to world medical and health experts the world will get it right only when tens of thousands of people are stopped from dying daily by improving their direct access to health information. Patients, their care givers (domestic and professional) from the last level of care to the tertiary must be routinely equipped with adequate health information for everyday need. We live in the ‘information age’ but the reality is that most healthcare providers continue to lack the information they need to
deliver basic health care. Indeed, there is little evidence that the majority of caregivers and health professionals are any better than they were 10 year ago (Godlee F et.al 2004).

This lack of progress is directly attributable to ineffective coordination and communication among the many stakeholder groups involved at international, national and local levels, which results in duplication and waste of effort and resources. As a result, loss of life and suffering continue unabated, jeopardizing the achievement of the Millennium Development Goals. Therefore, improving access to relevant, reliable information will prevent death and suffering. It will improve the cost effectiveness of drug prescription as well as the use of diagnostic and other facilities, thereby increasing the efficiency of health systems and bringing social and economic benefits for communities and countries (Global Healthcare Information Network, 2008).

In fact the need for good quality health information is growing by the day and Pang T. et.al (2006) succinctly captured it as stated:

“Applying what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade. If disease is to be defeated, existing knowledge must be applied in ways that will improve health care, especially in developing countries...
The 15th challenge is to ensure that everyone in the world can have access to clean, clear knowledge- basic human right, and a public health need as important as access to clean clear water, and much more easily achievable. ”

Likening access to health information to water indicates its invaluable status to personal and public health. Therefore the global need for health information to be accessible, authoritative, accurate and timely must be met by health information managers across board.

**Sources of Health Information**

Health information is derived mainly from research. It can be generated from routinely collected or audit data sometimes called statistics and from knowledge derived from experience (Brice and Gray, 2004). The World Health Organization identifies the various sources, tools and methods through which health information can be generated to include:

- Clinical based data
  - Vital registration and census system
  - Administrative data
- Household and facility surveys
- Disease surveillance systems
- National health accounts
- Academic and research institution
- Communities and advocacy groups

**Users of Health Information**

At every level of healthcare system, users of health information need it in varying ways to meet their needs. The health information users include-

- Consumers/patients
- Caregivers/communities
- Service providers
- Researchers
- Program managers
- Policy makers
- Funders
- Global Agencies
- Government/non-governmental organizations.

All these sectors from consumers/patients to government/non-governmental organizations need health information
on a range of health measurement areas. This may include mortality and morbidity rates; disease outbreaks; determinants of health (such as nutrition, environment, and socioeconomic status); access, coverage and quality of services; costs and expenditures; and equity (World Health Organization).

Factors impeding access to health information

According to World Health Organization supply and demand in the health information field are not currently in equilibrium, with an oversupply of data coexisting with large unmet needs for information. In many countries information on adult mortality and cause of death is not generally available. Morbidity is too poorly measured, while the coverage and costs of many interventions are not measured properly, and the information needed to monitor equity is inadequate. In addition, the quality of health information is often highly variable with little standardization across definitions and methodologies, and considerable overlap and duplication. Furthermore, information dissemination is inconsistent, and the use of information to inform decision-making is weak at all levels of healthcare system. However, different groups within the health system have peculiar impediments as listed below:

1. Health Professionals including doctors, nurses and allied health professionals in Nigeria may have their access to health information compromised by the following barriers:
   - Non availability of current and relevant sources of information.
   - High cost of acquiring the materials.
   - Lack of time and incentive to read and browse.
   - Incompetent computer and internet skills.
   - Low motivation associated with poor working condition.
   - Internet information overload.
   - Poor internet connectivity.
   - Poor attitude to acquiring IT skills.
   - Proximity to the library.
   - Inadequate library opening hours.
   - Non conducive library environment.

2. Patients/consumers of health information services in both cities and rural Nigeria may have their access limited by these constraints:
   - Low basic literacy rate
   - Ignorance of available health information and services.
   - Low health literacy levels.
   - Poverty.
   - Unemployment.
   - Superstitious beliefs and practices.
   - Compromised determinants of health.
   - Preference for crude traditional medical practices.
   - Proximity to health facilities and services.
   - Poor internet access.
   - Lack of computer and internet searching skills.

3. Researchers who are the major generators of health information
for clinical practices especially in this era of evidence-based care may encounter these barriers:

- Poor feedback from medical facilities in the country to inform future research
- Weak channel of communication within health systems in the country.
- Lack of coordination from Ministries of health.
- Unreliable survey reports from the academia and other sources.
- Unreliable administrative statistics from government agencies.
- Inadequate provision of research facilities.
- Poor government funding/commitment.
- Abuse of research grants.
- Incompetent human resources for state of the art research standards.

4. Government at the local, state and national levels are looked upon to ease access to health information for the citizenry using the state resources. It heavily needs reliable health information from all quarter for meaningful planning and execution. The government may also be restrained by:

- Weak health systems network.
- Ignorance of current international trends in health information management.
- Low execution level of health policies.
- Inadequate legislative backing for emerging health issues.
- Lack of will and commitment.
- Lack of adequate ICT facilities.

- Lack of computer/internet competencies.

5. Funder/donor agencies, non-governmental agencies/organisations at national and international levels are also faced with barriers that debar them from getting the health information needed for policies and actions including:

- Lack of reliable statistics in Nigeria.
- Low survey and research output.
- Poor counterpart funding responses.
- Slow level of development.
- Low basic and health literacy levels

**Strategies to improve access**

To break these barriers the medical librarian should:

1. Understand the health information needs of all sectors.
2. Develop the knowledge base for easy and consistent operations.
3. Develop appropriate health literacy programmes.
4. Undertake clinical and outreach programmes.
5. Develop easy-to read patient education materials.
6. Collaborate with other professionals to accelerate health promotion, education and communication activities.
7. Initiate advocacy plans to navigate the hurdles and get policy makers attention, understanding, cooperation and concrete commitment.
8. Embrace service delivery innovations using ICT and multimedia.
Specific action plan for the different segments:
According to Nelson Mandela (2006) “all of us—rich and poor, governments, companies and individuals share the responsibility of ensuring that everyone has access to information, means of prevention and treatment”.

On their part Medical librarians owe the entire sectors from the researchers at the top to the consumer along the chain of health care system the central role of trapping and supply of health information at the point of need. In summary they should:

**Give -Medical Doctors, Nurses and Midwives** access to current research information for evidence-based practice including searching and critical appraisal skills training;

**Give-Allied Health Professionals** current health information to help them stay abreast of new developments in their specialty areas and skills training;

**Give -Patients** authoritative health information to boost their knowledge and health literacy to enhance their capacity to access, understand and make informed decisions on matters affecting their health;

**Give -Researchers** health information to update their knowledge with new developments in their areas to inform future research;

**Give -Government** (Executive, Legislative, Judiciary) authoritative health information and statistics to boost their knowledge and on advocacy level to impact health policies;

**Give -Fundraisers** authoritative health information to boost their knowledge which will sensitize and inspire them to sponsor outreach programmes and health information dissemination as a whole.

**Measuring impact**
As health information managers monitoring and evaluation strategies should always be integrated in the programmes through feedback mechanisms. This is to inform modifications for future plans and measure progress.

Figure 1: Model of Medical Librarian's central role in health information dissemination.
Conclusion
As number one custodians of this invaluable health care information, medical librarians should track and repackage health information from library collection in appropriate formats and make this readily accessible to both healthcare providers and health service consumers. The information need and media required to satisfy each sector must be identified and meticulously provided for. Medical Librarians in developing countries like Nigeria should recognize the yawning inadequacies in health care systems resulting in high morbidity and mortality rates due to limited access to health information on the part of stakeholders. Innovative interventions around skills training, IEC reference materials compilation, direct outreach programmes, clinical librarianship, consumer websites and all levels of advocacy should be applied considering the multicultural nature of the country.

References


