Libraries and their contribution to the health and wellbeing of the population
A Literature Review by NHS Lambeth Public Health Directorate

September, 2011

Aim: To review the evidence of the contribution of libraries to the health and wellbeing of a local population so as to contribute to the Lambeth Libraries Commission as it seeks to identify a future model of service provision for the Lambeth Library Service.

Methods: A search of medical and social sciences databases, the grey literature (ie reports and papers not published in peer reviewed journals) and relevant websites were searched using key terms. The search was confined to the English language publications from the year 2000 onwards. Literature was rapidly appraised rather than using systematic review methods. The focus was on the wider literature rather than local examples of good practice. This was mainly because it is presumed that the Libraries Commission would receive evidence from other sources on local activities.

1. Findings

The review focused on the extent to which libraries benefit health and wellbeing through their contribution to:

a) The underlying factors influencing population health and wellbeing (sometimes called ‘the wider determinants’ or the causes of the causes of health and ill health)
b) Addressing the causes of ill health and enabling access to health information
c) Enabling people to access to health and social care services

Overall the literature search identified a wealth of descriptive evidence of library initiatives and schemes (eg. reading groups, volunteering, arts and creative activities) that maybe assumed to contribute to health and wellbeing because of the underlying factors that they address such as social isolation and exclusion. Some activities reported on were also directly related to health in terms of providing health information or access points for health activities. The literature is supportive of what is probably a widely held view that libraries have a beneficial effect on health and wellbeing because of their position in the community, their accessibility and their role. There are also examples of where libraries have directly involved themselves in promoting information on health and health services and in health related activities. However, for the most part the literature available does not demonstrate in a rigorous way that the core function of libraries or individual initiatives achieved specific health outcomes.
This does not mean that libraries do not have an effect on health and the causes of health, just that there has been little focus on this in scientific research.

The one exception to this lack of focus on health outcomes is a 2010 report, *Public library activity in the areas of health and well-being*,¹ commissioned by the Museums Libraries and Archives Council (MLA) to provide an overview of library activity on health through reviewing existing literature and by consulting key opinion leaders and other stakeholders. In view of its comprehensive and recent findings we summarise their main findings here and discuss these in more detail throughout this report:

- Libraries offer a wide range of health and well-being activities.
- Libraries are relatively invisible in health, well-being and social care policy and strategy.
- Libraries provide services to ‘hard-to-reach” communities by providing a neutral, non-clinical and non-stigmatised environment.
- There is a lack of robust evidence to support the impact of libraries on health and well-being, thus diminishing their ability to build partnerships with the health sector.


2. The contribution of libraries to population health and wellbeing

It could be argued that the raison d’être of a library is to promote wellbeing of local populations and communities (for instance in contributing to the ‘five ways to wellbeing’ as specified in the Foresight Report on Mental Capital and Wellbeing²: Connect, Be Active, Take Notice, Keep Learning, Give). Indeed the Health and Disability Adviser to the Museums, Libraries and Archives (MLA) Council states that the backbone of libraries’ contribution to health is based on a holistic approach which aims to develop the community’s mental health in an emotional, creative, intellectual and spiritual manner.³

The literature does refer to three factors for increased wellbeing that libraries contribute to; connecting with others in a supportive environment, getting motivated and focusing on art.⁴ Examples include the ‘Get Into Reading’ initiative in Wirral Libraries and the Idea Store strategy in the London Borough of Tower Hamlets⁵. Libraries also have a role in assisting residents to exercise their democratic rights⁶ and finding out information to support this, which has been linked to an improved sense of wellbeing⁷. Libraries are well positioned to help people on the wrong side of the ‘digital divide’ making it easier for them to access information⁸. Libraries also provide a place for community engagement to take place eg. hosting local town centre forums and action groups and activities that encourage people to be active citizens⁹. A third of library projects evaluated by
the MLA\textsuperscript{9,1} adopted outcomes relating to health and wellbeing in their community engagement plan and a handful of projects worked to outcomes relating to reducing isolation among older people.

There is less published about how libraries contribute to other elements that are recognised as promoting wider health and wellbeing and such as facilitating social networks or enabling people to exercise democratic rights. There is little indication that the resource available in libraries is factored into local strategic health plans. Nonetheless what is available suggests that there is more libraries could do to develop their ‘core offer’ around health and wellbeing. For example, O’Neill\textsuperscript{10} suggests that a large scale project to promote cultural activities for the population’s wellbeing through libraries may be possible within existing resources. He argues that ‘cultural attendance’ (including library usage) should be part of public health policy.

Perhaps the most fundamental role of a library however is its contribution to literacy and the very substantial population and societal impact of literacy. It is well known that poor literacy is an important risk factor in ill health and health inequalities\textsuperscript{11} leading to poorer health outcomes however it is measured (by a factor of 1.5 – 3), including knowledge, intermediate disease markers, measures of ill health, general health status, and use of health resources. This extends to the effects on children with low literacy and the impact of parents with low literacy on their children’s health\textsuperscript{12}. Literacy has also been shown to have a positive outcome on physical and mental health. An international review suggests that those who participate in leisure activities, such as reading, have lower risks of dementia and a greater life expectancy.\textsuperscript{13} One study found that men in their 70s who read for as little as 20 minutes a day lived longer than those who did not\textsuperscript{14}.

Literacy is wider than simply being able to read. It extends to the more cognitive and psychosocial skills associated with being able to read and learn (such as communicating well with others). This wider set of skills in turn contributes to wellbeing because they act as a door to educational and vocational opportunities, and to the ability to take decisions in life, to participate in and contribute to society at large. Some limited UK research has demonstrated mild therapeutic benefits from library participation by alleviating boredom and depression\textsuperscript{15} and it maybe assumed that other skills gained through literacy, such as self-esteem and self-confidence contribute to mental wellbeing and thereby also enable people to successfully take part in education, employment and community activities.

The benefits of literacy start at very young age and it is at this early stage that cognitive and social skills are developing. Dugdale and Clark state that “reading for pleasure has been revealed as the most important indicator of the future success of a child”\textsuperscript{16}. Research shows that a child who attends a library monthly between the ages of 3 and 5 is developmentally ahead by two and a half months when compared with a similar child who visits less frequently.\textsuperscript{17} A qualitative
study in California highlighted the importance of the library for deprived mothers living in a homeless shelter. In contrast children with poor literacy are more likely, when adults, to live on benefits in a non-working overcrowded household and are less likely to vote, have children and own their own home. Poor literacy is associated with higher rates of smoking and alcohol use leading to a significant public health impact in the future.

Studies demonstrate the effectiveness of various library projects and interventions to improve children’s literacy. One such study assessed book distribution programmes, childcare centres and home visit programmes and found that the rates of parents reading to their children daily increased by 71%. These multi-level community based interventions were seen as low-cost and effective in helping to acquire language and improve literacy. Schemes such as Bookstart have also aided partnerships between libraries and the health and social care sectors by signposting to services and provision of library space for health checks.

In terms of image libraries are viewed as neutral environments and public space belonging to everyone and maybe unique in their non-clinical and non-stigmatised nature. This allows libraries to act as portals for sectors of the community under-represented in health and social care services including unemployed, disabled, socially deprived, visually and hearing impaired, ethnic minorities and lesbian, gay and transgender communities. Libraries could be viewed as a means of communicating with ‘at-risk’ and disadvantaged communities and therefore help to address health inequalities and promote social inclusion.

A project in Toronto, Canada focused on providing services to immigrants' and newcomers’ needs. As a result of the library’s initiative, information regarding employment, education, recreation, health, childcare and finances was supplied to the immigrant community. Although the project has been marked a success, no formal evaluation of the outcomes was assessed in their report.

The 2010 MLA report into health and wellbeing related activity in English libraries found that there was well developed partnership working underway, although some of it was not as well supported by health and social care partners.

2.1 In Lambeth

In Lambeth, training was delivered by health promotion staff to librarians on wellbeing to assist them with running wellbeing activities for World Mental Health Day. For some ‘wellbeing’ seemed an intangible subject that was difficult to implement in a library setting. Librarians were expecting examples of how to work
with someone who expressed signs of emotional distress rather than practical ideas on how to promote the five ways to wellbeing\(^1\).

In 2010, a Mental Wellbeing Impact Assessment\(^2\) was carried out by health promotion and librarian staff on Clapham library’s one-to-one IT training sessions. The aim was to identify on how these sessions impacted on the mental wellbeing of clients and how to increase the potential. The sessions helped people to access the choice based lettings website to improve their housing options. Clients valued the contrast between their home environment which was sometimes isolating and the sociable environment of Clapham Common and the library. Students were using the sessions to create CVs, look for jobs and apply for work. Sessions facilitated interaction between younger and older people, helping to break down the age divide and foster cooperation and respect. Access to information has had an impact on healthy lifestyle behaviour. One client said, “Since starting the gym I feel healthier and am able to access menus from the BBC website”. Another said, “It [access to library resources] has given me confidence in myself and others – gets you out and makes you sociable”. Finally, libraries had a role in challenging discrimination as they often have displays about events such as International Day Against Homophobia.

The assessment drew out some key recommendations including that sessions should be part of the core library service rather than an additional project. Negative impacts to wellbeing were related to lack of staffing and resources; waiting lists, lesson interruptions and lack of advanced/continued support. The assessment helped staff to see the impact of their work in a broader sense. One tutor said, “I didn’t realise that the work I do can have such an impact on people’s lives”.

3. The contribution of libraries to addressing the causes of ill health and enabling access to health information

Providing people with the information they need to make informed decisions about their health is a priority of the Government’s national health agenda. With Librarians answering more than 10 health-related questions per week\(^2\), libraries are well placed to facilitate achievement of this aim. Indeed, the MLA survey uncovered that 111 public libraries had offered 1,109 health and wellbeing related activities between February and March 2010.\(^1\)

One of the main barriers to accessing health related information is illiteracy. Surveys show that 16% of the UK population lack basic literacy skills and 47% lack basic numeracy skills.\(^2\) This problem is potentiated by the fact that most health information sources assumes a higher than average reading age. The comprehensibility of information can be improved via a number of strategies

\(^1\) Mental Health First Aid training would be appropriate for this training need and is available to public sector and voluntary sector staff in Lambeth.
including the utilisation of interactive media such as audiovisual information, digital TV, touch screen kiosks and web-based information. As well as their contribution to literacy in general libraries also have the potential to provide information in these different formats.

And people do use the library to find out about health issues. A large scale US study revealed that one third of the population over 14 years of age used library computers, with 37% of these individuals using them to access information regarding health and wellbeing. A Gateshead case study revealed that 48% of respondents had used the library for health information, with 38% of these stating that the library had contributed to their health.

The fastest growing internet-using group are individuals aged 55 years and over. Libraries can provide free internet access and training to help bridge this “digital divide”, an increasing issue with the increasing age of the population. One such scheme involved a library in a small town in Ontario, Canada providing individuals aged 50 to 75 with a workshop on internet skills and, specifically, training them on searching for cancer information. A quantitative analysis provided positive results, with 80% of individuals feeling comfortable with such searches post-workshop and 70% indicating that they would use the Internet in future to access health information.

Another similar library-based 5 week training course aimed to improve older people’s ability to search for health information using the Internet. Their objectives were to examine changes in participants’ perceptions of health, health seeking behaviours, interaction with healthcare providers and their self-care activities. Although they appeared more willing to use the internet for general health information no statistically significant before-after effect was elicited and they maintained a physician-centred model of care when making health-based decisions.

‘Bibliotherapy’, ‘Books on Prescription’ and ‘Information Prescription’ is ‘the guided use of reading, always with a therapeutic outcome in mind’. The approach is well established in the library sector. Systematic reviews confirm a wealth of evidence to support the use of Bibliotherapy in the treatment of mental disorders, specifically anxiety and depression especially where people participate fully. The review also analysed several local ‘Books on Prescription’ schemes and found interventions were cost-effective, elicited positive responses from patients, improved patient self-management and resulted in better doctor-patient relationship. Similar schemes include computerised cognitive behavioural therapy (cCBT) and reminiscing activities for older people.

Libraries have been used as settings for anti-stigma work around mental ill health. For example, a campaign developed in Nottinghamshire involved

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1 Books on Prescription is available in Lambeth via GPs. See http://lambeth.coop/Services/LeisureCulture/Libraries/Books+on+prescription.htm
service users being 'borrowed' for 30 minutes so others could hear their story, thus promoting understanding between people with mental health issues and the general public.

Libraries also have a role in promoting good health and providing advice and information on health prevention and healthier responses to illness. The Department of Health funded Health Link Libraries project that surveyed 89 of 150 English library authorities found that 70% of participating libraries supply information on treatment and conditions, whilst 43% offer information on long term conditions.

The MLA Council piloted and assessed the effectiveness of ‘Skilled for Health’, a Government initiated scheme whose goals were “to reduce health inequalities in disadvantaged communities and to encourage people back into learning and work by focusing on improvement of health literacy and skills for life.” The pilot included five London boroughs (Ealing, Islington, Newham, Haringey and Barking and Dagenham) and included multi-ethnic participation. Results showed that learners gained confidence in accessing health care, felt better equipped to keep themselves and their families healthy, improved life skills, and were inspired to continue learning. Libraries were regarded as a safe, welcoming and accessible environment for the initiatives. Despite the success of the programme, central funding was not continued.

4. The contribution of libraries to enabling access to health and social care services

As mentioned, libraries are seen as neutral environments and are accessible to more excluded members of the community. As one case study health sector partner reported, library space is “like gold dust.” At present up to 58% of primary care trusts are commissioning health check activities. Bringing these health prevention strategies into the community (e.g. through libraries) could be a valuable public health initiative.

Library staff play an important role in helping people to decide whether to access health and wellbeing schemes and events. Studies reviewed find they are valued by the public, have good links with local organisations and have the potential to be far more effective in reaching people who would benefit from health and wellbeing early intervention/prevention services. Case study evidence suggests the development of ‘health zones’ in libraries might be a good way to build health sector partnership working.

The Department of Health states that “people want to be able to make their own decisions about choices that impact on their health”. Although health professionals are traditionally the providers of local health service information, they are not always equipped to fulfil this signposting role.
organisation Health Link was commissioned by DH to assess the extent to which public libraries have “a major role to play in supporting patients to access information about their choice of hospital”\(^34\). Patients referred by their GP received three websites, a reference number and details of their local library, to help them make a more informed decision on their healthcare provider before booking an appointment. Over six months, only 52 patients attended libraries across ten participating authorities. It appeared the main reasons for low participation rates included confidentiality issues and a view that this health advice should be provided by GPs and not by libraries. As a result of this poor uptake, robust conclusions could not be drawn regarding the effectiveness of this scheme. However, they still concluded that, despite poor uptake, the pilot should be extended nationally so that those members of the community without internet access at home have an opportunity to participate in ‘Choose and Book’ initiatives.

Another approach used to increase decision making amongst the poor literacy population is face-to-face interventions.\(^24\) A voluntary organisation in Tower Hamlets called Social Action for Health was established to train local people to act as ‘health guides’ within their communities\(^35\). Over several years it has trained and supported over 70 individuals from different marginalised communities to deliver sessions to groups of 10-20 local residents. The ‘health guides’ provide information regarding local health services and, in return, receive feedback from the local residents about their experiences with these services. Those who attend such sessions report it as a valued resource\(^36\). Libraries can be utilised as valuable spaces in which to provide community based schemes such as this one.

O’Neill\(^10\) talks about the need for a referral system between the NHS and cultural organisations such as libraries. This could be part of a ‘social prescribing’ model\(^37\) to direct patients to non medical interventions that could enhance their health and wellbeing.

4.1 Co-location of libraries with health care and other services

A former Health Minister\(^38\) urged GP practices to be co-located with libraries and leisure facilities; although this appeared to be driven by cost savings rather than health benefits. However, efficiency savings could be a good local lever for partnership working.

Evidence suggests co-location can assist partnership working by blurring the boundaries between agencies, navigating organisational structures, aiding understanding of jargon, each other’s organisations and understanding each other’s agendas. There are numerous examples of co-location including with health centres (Liverpool Childwall\(^39\), Maghull\(^40\), Cambourne\(^41\)), Children’s Centres (Hampshire)\(^42\), secondary schools (Gairloch, Ullapool and Fortrose),
elderly day care homes (Lochcarron)\textsuperscript{43} and retail centres\textsuperscript{44} where they benefit from increased footfall from the latter. Stoke Local Service Centre\textsuperscript{45} was built 500 metres from the old library and included computers, self service terminal and a one stop shop including housing, environment, council tax and benefits enquiries. When the new library opened usage figures were up 64\% on the previous year. 1218 new members joined the library and half the computers in the ICT suite had been in use every hour.

5. Conclusion

It is widely appreciated that libraries have a beneficial effect on health and wellbeing. Their existence as neutral, non-clinical and non-judgemental environments makes them accessible to a wide spectrum of the population. The existing role of libraries is substantial in providing health information to people who are under represented in health and social services and yet have more need. Libraries have also been directly involved in successful schemes for people to improve their own health such as reading for health programmes. The potential for libraries to be more effective in actively promoting health and wellbeing, access to information on health and access to services has not yet been fully utilised.

Because of their core role in promoting literacy in its widest sense, providing access to information and offering opportunities for community activities and social interaction it may be inferred that libraries also have the potential to address the wider causes of health and wellbeing (such as being able to get a good job, complete education and access decent housing) and reduce health inequalities. However this aspect has not been systematically investigated. This inability to articulate the health and wellbeing contribution of libraries has led to this potential not being used by the health and social care sector.

This does not mean that libraries do not have an effect on health and the causes of health and wellbeing, just that there has been little focus on this in scientific research. Hicks et al concluded that collaboration between libraries and the health sector would address the government’s health agenda with potential monetary savings. As one interviewee in the MLA study described aptly, “libraries are best kept secrets” This suggests that there is great potential for libraries and some of this potential is being realised but it might help the library cause if it was possible to evidence more clearly how they are delivering health and wellbeing benefits and cost savings not only to the health and social care sector but to wider society.

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