

## Health Program in the Library of Alexandria

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### Abstract:

*The presence of health programs in libraries is important to all, from the youngest to the oldest. School libraries should offer this kind of program because children and youth are the good seeds of any society, and so investing in this age is very important and will have major advantage in the future of any country. Elder people also need guidance in this subject. Health is the key of happiness for everyone, so health programs must be offered to them through many channels. One of the most common and effective channels is the library's instructional services. This is the case of the Library of Alexandria. Since the inauguration of the Educational Services Section in 2002, the librarians began to receive many demands related to health care. The information specialists did great work by offering needed information through the printed or electronic information resources available in the library. But, this was a one to one service: this means that all the effort of the information specialist served only one user, the one who asked the question(s). Therefore, it was clear for the instructional services team that efficient steps had to be taken in this regard. Information specialists with pharmaceutical and scientific backgrounds formed a team in order to prepare a comprehensive health program covering the main topics in question in the Egyptian society, such as diabetes, hypertension, nutrition, and cardiology. This program was offered for the first time in 2007, and had excellent echoes and lasts for many years after.*

*The success of this program continues to put a very high load on the information specialists team responsible of delivering this program. We received many requests with new topics to be treated in the program, which require deep researches to be able to answer all related questions. This situation pushed the team to think about updating the program by introducing health organizations to contribute in this program. We had many contributions from the Faculty of Medicine of the University of Alexandria, many doctors in several specialties delivered lectures in the program covering new topics. Also, we have contacts now with the High Institution for Health affiliated to the University of Alexandria, and the Alexandria Regional Centre For Women's Health and Development affiliated to the Ministry of Health. The health program in our library is responding now easily to our public demands, and covers our community needs. Several updates are in process.*

**Keywords:** health literacy, health education, health promotion, health programs, role of libraries

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## 1. Importance of Health Programs in Libraries

There is no doubt about the importance of the presence of a health program in libraries. School libraries are one of the most important categories that should offer this kind of programs. Children and youth are the good seeds of any society, so investing in this age is very important and will have major advantages in the future of any country. Offering varieties of health programs that affect children's mental growth is a very fruitful plan toward positive steps of the well-being of a society. At the same time, a successful health program in school libraries will enhance the relationship between children and libraries and encourage them to read about their own interests, to know better about their body organs and how to keep healthy and in good shape as well. School library health programs can motivate students to know more about health and to use the library to answer their own questions

Libraries in general have a big role in this regard. They have different types of users; this puts more responsibility on librarians to serve all users in the field of the health literacy. Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness (U.S. Office of Disease Prevention and Health Promotion [www.health.gov/communication/literacy/quickguide/factsbasic.htm](http://www.health.gov/communication/literacy/quickguide/factsbasic.htm)). This definition puts forward a clear vision about what a health program should contain. The term, health literacy, raises within its definition the meaning of health promotion. The two terms are similar: however, they are not synonyms but rather they are complementary terms.

Here are some definitions of health promotion:

"Health promotion is any combination of health education and related organizational, economic and political interventions designed to facilitate behavioral and environmental changes conducive to health." (Green, 1979)

"Health promotion is the process of helping people to take control over their lives so that they can choose options that are health giving rather than those that are health risky." (Vetter and Matthews, 1999)

The two above definitions illustrate the concept that health promotion is combining "choices" and "chances". Health promotion is the result of cooperative efforts of all factors/elements: organizations, communities, environment, and individuals' behavior.

The Lalonde report (1974) identified two main health-related objectives: the health care system, and prevention of health problems and promotion of good health. The Lalonde Report, published in Canada in 1974, has been characterized as the first governmental report that treated the health care services as just one of the health factors and not the only factor to measure the health situation in a country. Lalonde extended the health factors to include: lifestyle, environment, and health care organizations. The report suggested that improvements in health would result primarily from improvements in lifestyle, environment and our knowledge of human biology. There are different factors that determine how healthy a human-being will be. Some, such as genes inherited from parents, are a matter of chance. But there are many choices that the one can make that will help to determine whether one enjoys good or bad health.

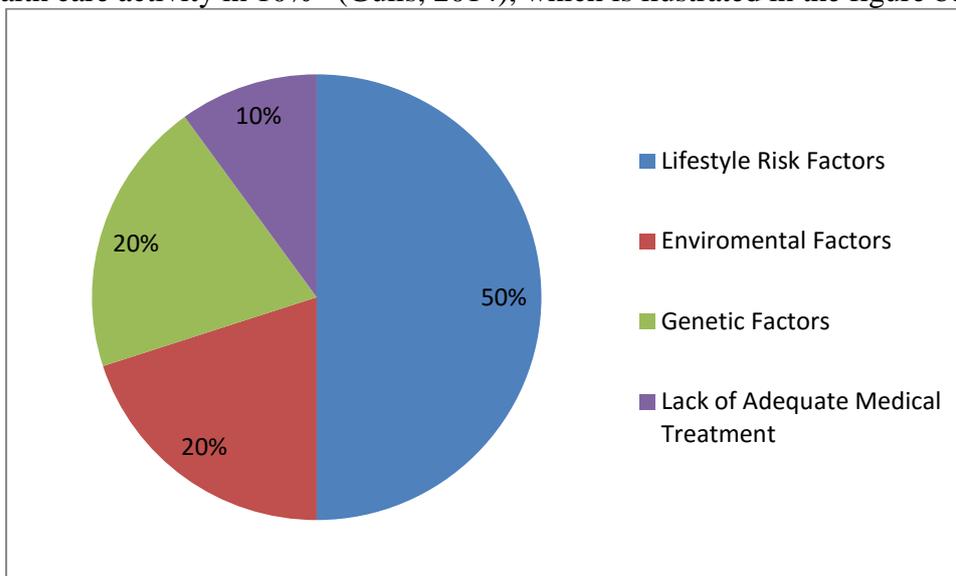
The World Health Organization defines the concept of health as:

“The extent to which an individual or group is able to realize aspirations and to satisfy needs, and to change or cope with the environment. This is a dynamic model, in which health is seen not only as a state, but as a resource for everyday life. It is positive concept emphasizing social and personal resources as well as physical capacities”. (World Health Organization, 1984)

This definition visualizes the dynamic facet of health; there is a strong relation between health and everyday life. This explains the close link between health and productivity. The term of health in this concern will include the individual’s behavior and lifestyle and to have an appropriate workplace. All work environments must be friendly to good health. And on the other hand, companies should offer their employees more wellness programs.

With reference to the relation between health and productivity (Goetzel et al., 2014), it was noticed that “workers who ate healthful meals and exercised on a regular basis had better job performance and lower absenteeism. Employees who eat healthy all day long were 25 percent more likely to have higher job performance, the study found, while those who eat five or more servings of fruit and vegetables at least four times a week were 20 percent more likely to be more productive. In addition, employees who exercise for at least 30 minutes, three times a week, were 15 percent more likely to have higher job performance. Overall, absenteeism was 27 percent lower for those workers who ate healthy and regularly exercised and that their job performance was 11 percent higher than their peers who were obese, the study found.”. This study was based on data from three geographically dispersed U.S. companies, representing 20,114 employees who completed a work-related survey each year from 2008 through 2010. The study explains positively the relation between health and productivity.

Well-being is represented through business measures, which can be said in other way, that well-being can be calculated. It is more than the concern of individuals, it is taking wider approach, and it is contributing to all social and economic aspects. Well-being is defined through performance and productivity. The Lalonde report “describes human life and health as related with lifestyle in 50%, genetics in 20%, and environmental factors in 20% and health care activity in 10%” (Gulis, 2014), which is illustrated in the figure below.



With reference to the above chart, libraries must have a special role regarding every factor of the four health factors defined in Lalonde report. The beginning of this program should take place in schools libraries. However, health is the key of happiness for everyone, so health programs must be offered through many channels. Health awareness can take place in libraries, to help people acquire more information about their health. This is the case of the Library of Alexandria.

## **2. Health Program in the Library of Alexandria**

Since the Library's inauguration in 2002, the librarians began to receive many demands related to health care. The information specialists did great work by offering needed information through the printed or electronic information resources available in the library. But, this was a one-to-one service; this meant that all the effort done by the information specialist served only one user, the one who asked the question(s). Therefore, it was clear for the instructional services team that efficient steps must be taken in this regard. The team mentioned the importance of beginning an action plan toward creating a health education program.

Actually, the health program in the Library of Alexandria took place through two main phases to cover the period from 2007 till 2015.

### **2.1. First Phase (2007-2011)**

The health program team identified by the Instructional Services Unit, decided to maintain a preliminary phase of the program to cover the required topics by the library patrons. This phase consisted of two main steps: task analysis and program design and development.

#### **2.1.1. Task Analysis**

The team began the task analysis stage by defining the target population. The identified team prepared a survey to know more about the interested categories of the Library users, and what they already know and what they need to be covered to develop their knowledge.

Through the collected information, the team set the main objectives of the health program.

The results of the surveys clarified that the main category that will be targeted by this program is the population aged from 35 to 60 years old; the younger age of this category is presented by females and the elder age is presented more by males. This means that health program must go through the main topics to be covered to know who needs what.

The investigations done through the surveys concluded that there are 4 main topics to serve the above categories: diabetes and nutrition required by the younger one and the blood pressure disease and cardiology required by the elder one.

At this point, the objectives of the program became clearer. The team decided that there are two main objectives for this program; the first one is how to increase the knowledge of the interested people, in health topics, in order to build efficient information base through the attended course. The second one is how to help them to perform new skills in order to respond to their own needs in a professional way.

#### **2.1.2. Program Design and Development**

After identifying the main objectives, comes the second step which is designing and developing the program. Based on the first step, the health program team determined to prepare four lectures illustrated by Powerpoint presentations and bibliographies serving the

four covered topics. This step took a lot of time in the aim of cover all questions that can take place within the lectures' delivery. The team consisted of the information professionals with medical background, and the ones who serve in the medical science level in the Library. They set many work appointments to be able to determine the main questions to cover in each topic.

And on the other hand, the team prepared the information literacy exercises that fit with the health program in order to improve the participants' search skills. This way the health program will be presented as a combination of a one way lecture for the first half of the session and an interactive lecture in the second half of the session.

### **2.1.3. Delivery and Assessment**

In June 2007, the Library launched its first version of the health program. It included 4 sessions about diabetes, blood pressure disease, nutrition and cardiology, delivered by the nominated team through PowerPoint presentations in the library learning center. Equipped with 20 computers, connected to network, the learning center was a perfect place to do searches and hands-on after each session. The hands-on helped the participants to formulate their queries to answer their own questions after having a global overview about the topic approached in the presentation. At the same time, the searches and hands-on illustrated the information literacy approach encouraged by the educational services team.

The health education program served people of different ages, to meet the goal of "health literacy". Health Literacy has been defined as:

*the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health Literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.* (Global Conference on Health Promotion  
[www.who.int/healthpromotion/conferences/7gchp/track2/en](http://www.who.int/healthpromotion/conferences/7gchp/track2/en))

This phase continued through 4 years and served 288 patrons. The program consisted of 4 sessions, and was delivered 4 times per year. Pre-surveys and post-surveys surveys were distributed and collected by the health program team for each round to measure the efficiency of the program and to learn how the program content was assimilated by the participants. And, as global result, the program received positive indications.

The success of this program put a very high load on the information specialists' team responsible of delivering this program. When discussing the second phase of the program, the health program team found that it was very challenging to go through new topics, especially for chronic diseases such as hepatitis and cancer; and there was discomfort with the idea of answering all the questions during the sessions. They were used to initiating the participants to adopt the information literacy strategy, offered by the educational team through the information for all program and to answer their own questions through the printed and electronic resources available in the Library. For extra information, participants could send e-mails after the sessions.

However, the surveys indicated that participants would prefer to receive instant answers to their questions. This situation pushed the team to think about updating the program by

introducing health organizations to contribute in this program. The team approached the Faculty of Medicine of the University of Alexandria, and the Alexandria Regional Centre for Women's Health and Development affiliated to the ministry of health.

## **2.2. Second Phase (2011-2015)**

The second phase of the program was launched in 2011 and was delivered by doctors and professors which enabled instant answers after each session. And, as there was no more hands-on, the team dedicated a bigger hall in order to receive more attendees and take more advantage of the presence of specialized doctors.

The second phase included a well-being program that covered physical and mental sides, hepatitis, cancer, and dental care. Those new topics were required, based on the findings from the surveys of phase one.

### **2.2.1. Program Design**

To fulfil the participants' needs, the health program team approached the doctors who accepted to participate in the program, and set meeting dates. In these meetings, the team explained in details the history and the objectives of the health program, the target audience. Also, the delivery guidelines were discussed with doctors, in order to keep a coherent shape through the different lectures. Doctors are always asked to use simplified terms that suit the variety of the attendees.

Every lecture is delivered through 2 hours, the first 90 minutes is dedicated for a PowerPoint presentation and the last 30 minutes for questions.

Surveys are distributed at the end of every lecture.

### **2.2.2. Assessment of the Second Phase**

Currently, the team maintains the second phase shape of the program to deliver the health awareness program. We have many contributions from the Faculty of Medicine of the University of Alexandria; many doctors in several specialities deliver lectures in the program covering new topics such as first aid. Also, we have contacts now with the High Institution for Health affiliated to the University of Alexandria.

The program reached more than 400 participants through its second phase. It offered a big part of our patrons needs due to the variety of the lectures.

The health program in our library tries to respond effectively to our public demands, and covers our community needs. Several updates are in process now. A questionnaire was distributed to the Library patrons to know more about their current needs. Promotional materials helped patrons to know more about the program and invited them to interact through surveys, and declared on-site remarks and needs. We received many requests about including the mental health more in detail to cover the human being life from childhood to elder age which will form the third phase of the program.

## **2.3. Forecasting the Future of the Health Program**

The success of the health program reflects the importance of this program and assures the continuous process that leads to an enhancement of teaching and learning experiences. The enhancement of the program can take many shapes that will be built on qualitative and

quantitative approaches. For a successful forecasting, the program must reach more people easily.

The one that will be offered by the Library is the online one.

The availability of the health program online will help to reach a bigger number of participants. The program will be included to the Library E-learning platform, and will be delivered through webinars and a special blog can be dedicated to this program, so participants can share easily their experiences. Webinars demonstrated their powerful effect in the field of education. As a short term forecast, they will help effectively to fulfil the quantitative needs.

## **Conclusion**

The health education stands as the foreground, to maintain the development of knowledge in the health field. The main aim of health education is educating people in order to inform them about their needs to keep themselves healthy. Preventing disabilities and early death, because of faulty lifestyles and activities, represents an important component of the health education programs. Health education always has a scientific approach, and it is more related to an educational community such as that of schools or the classes given in libraries. This approach of the health education highlights the difference between “health education” and “health promotion”. While, the “health education” aims to increase the awareness of people about their health, and encourage them to improve their knowledge and skills to develop and maintain behaviours and attitudes that end up with better health and wellness, the term of “health promotion” is more about lifestyle awareness. It is the kind of global awareness where everyone is involved: organizations, government health and sanitation agencies, , and the public. For example, advertisements against smoking in public or against drunk driving or advertisements that encourage eating fresh fruits and vegetables, all represent health promotion and are complementary with health education. Health promotion does not target a specific kind of illness but it is about enhancing communities’ ability to improve individuals’ health. This encourages thinking about health in a global way which includes safe food, pure air and environment, and pure water.

Health is the key to happiness, and as information specialist we must direct all our efforts to serving our societies and to being one of the factors contributing to development. The health program in the Library of Alexandria is designed to contribute to the country’s standard of living. The standard of living is always measured through two main factors: health and education. It is important that all citizens receive education and health care to enhance homogeneity between citizens. Health is the corner stone of development: a healthy society will be more productive.

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