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Qualitative Evaluation of MaineHealth Learning Resource Center's Perceived Value on Patient Empowerment and Health Literacy

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Qualitative Evaluation of MaineHealth Learning Resource Center's Perceived Value on Patient Empowerment and Health Literacy

FINAL CAPSTONE REPORT / 2017

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MUSKIE SCHOOL OF PUBLIC SERVICE | UNIVERSITY OF SOUTHERN MAINE

Evaluation of Health Promotion Programs and Health Literacy

Health literacy is most widely defined in the United States as an individual's ability to obtain, process, and understand basic health information and the resources needed to make appropriate health decisions (Selden, Zorn, Ratzan, & Parker, 2000). Health literacy is a shared responsibility between patient and provider where both parties communicate in ways that the other can understand and participate in shared decision-making (Osborne, 2013).

A systematic literature review of definitions and conceptual frameworks of health literacy from the public health and medical perspective was performed as well as content analysis of the definitions and conceptual frameworks. This identified the central dimensions of health literacy from a patient and population health perspective with the integrated model shown in Figure 1 (Sorenson, Van den Brouke, Doyle, Fullam, Pelikan, Slonska, & Brand, 2012).

Health literacy influences health behavior and the use of health services, which impacts health outcomes and health costs in society. At an individual level, ineffective communication due to poor health literacy will result in errors, poor quality, and risks to patient safety (Schyve, 2007). At a population level, health literate persons are able to participate in the ongoing public and private dialogues about health, medicine, scientific knowledge and cultural beliefs (Zarcoolas, Pleasant, & Greer, 2005). Advancing health literacy will allow for greater autonomy and personal empowerment. Consequently, low health literacy can be addressed by educating persons to become more resourceful (Sorenson et al., 2012).

Markers of Health Literacy

	Access/obtain information relevant to health	Understand information relevant to health	Process/appraise information relevant to health	Apply/use information relevant to health
Health care	Ability to access information on medical or clinical issues	Ability to understand medical information and derive meaning	Ability to interpret and evaluate medical information	Ability to make informed decisions on medical issues
Disease prevention	Ability to access information on risk factors for health	Ability to understand information on risk factors and derive meaning	Ability to interpret and evaluate information on risk factors for health	Ability to make informed decisions on risk factors for health
Health promotion	Ability to update oneself on determinants of health in the social and physical environment	Ability to understand information on determinants of health in the social and physical environment and derive meaning	Ability to interpret and evaluate information on health determinants in the social and physical environment	Ability to make informed decisions on health determinants in the social and physical environment

Figure 1

Mixed methods, in which quantitative and qualitative methods are combined, are increasingly recognized as valuable due to their ability to capitalize on the respective strengths of each approach (Jick, 1979). Pairing quantitative and qualitative components can aid in corroborating findings, generating more complete data, and using results from one method to enhance insights obtained with the complementary method. Approaches to mixed-methods studies differ on the basis of the sequence in which the components occur and the emphasis given to each (Morgan, 2006). While quantitative

methods produce data that can be aggregated and analyzed to describe and predict relationships, qualitative research can help to probe and explain those relationships as well as explain the contextual differences in the quality of those relationships (Curry, Nembhard, & Bradley, 2009).

According to the Agency for Healthcare Quality and Research, measures of health literacy must go beyond individual reading capability in order to capture what is being understood. Assessment of the following factors should be conducted:

- **Oral understanding**—how well individuals understand what they hear and what they have been told
- **Health knowledge**—whether individuals have adequate knowledge about prevention, medication, and self-care; and
- **Navigation skills**—whether individuals are competent to access needed services, handle transitions, and find relevant information.

The above factors are needed to measure the ability to use health information in order to attain and maintain good health (Clancy, 2009).

Background

MaineHealth's Learning Resource Center (LRC) is a program that assists patients, community members and health professionals to acquire health information. Patrons of the LRC can find reliable information through the LRC's website, online library, health classes, or through the LRC's physical locations. Patrons can also contact the LRC's team of health educators for answers to specific health questions. Health educators offer resources that promote health living and prevent disease as well as connecting people to credible information and local help. The health educators also create, coordinate

and implement health education programs that improve the health of individuals and communities. The goal of the LRC is to assist patrons in finding reliable information so that they can be partners in their healthcare (www.mainehealthlearningresourcecenter.org, 2016).

The LRC was in need of evaluating their short-term outcomes in order to capture and deliver useful outcome data on-demand for LRC staff and the MaineHealth organization as well as creating a shared understanding and knowledge among the MaineHealth organization and its stakeholders of how the program has value for its clients. This information will aid in ensuring the continued support of the LRC among MaineHealth stakeholders as well as the importance of retaining the physical space of the LRC.

The objective of this project was to evaluate three of the LRC's short-term outcomes: 1) Patrons feel more confident discussing their health and communicating with providers, 2) Patrons have an increased understanding of their health and ability to make positive health choices, and 3) Patrons report increased engagement and empowerment in health management and decision making. The complete evaluation was designed using tools to give both a quantitative and a qualitative approach: three focus groups would be held with LRC patrons as well as the re-design and distribution of an online survey for patrons that used services between the months of November and April. The qualitative results were compiled in a summary report. The quantitative findings were the responsibility of the Learning resource Center to pursue and compile. As of this date it is unknown if The Learning Resource Center has completed this task.

Method

A mixed-methodologies approach was used to evaluate the LRC's three mid-term outcomes. In order to do so effectively the following process questions were used to guide the evaluation: 1) To what extent does the LRC impact clients' perceptions of health literacy?, 2) To what extent does the LRC

improve patrons' perceived ability to communicate with their healthcare providers, and 3) To what extent do LRC patrons feel empowered to manage their health?

To answer the above evaluation questions qualitative and quantitative data was gathered using a revised patron survey as well as conducting focus groups with LRC guests.

Quantitative data will be gathered by LRC staff through an online and in-person patron survey.

The survey will:

- measure patients' increased health literacy and health empowerment using agency standard measures,
- Assess the patients' comfort and confidence levels when discussing their health with a healthcare provider,
- Measure changes in patients' perceived ability to manage their health and make healthy decision since accessing the LRC, and
- Look at the importance and convenience of patients ability to have access to a physical location as opposed to utilizing all services online

The survey will be given to patrons online that have accessed the LRC between the months of November 2016 and April 2017.

Qualitative data, which is the focus of this project, was gathered through a series of three 90-minute focus group sessions. Sessions were held on both the Falmouth and Scarborough locations of the LRC and consisted of 5-8 patrons per session, June 28 – 30, 2017. The focus groups were guided by a set of 10-12 open-ended questions that were intended to encourage discussion among participants in regards to their experiences with the LRC and how that has affected their health literacy and perceived ability to manage their health. These groups were intended to produce narrative data that would enhance the findings of and complement the patron survey. Included in the process of conducting the

focus groups was the development of a moderator's guide as well as recruitment materials. Once the focus groups were completed and findings analyzed, a final report was produced for the Learning Resource Center that outlined common themes and facilitator observations that occurred during the focus groups as well as recommended next steps.

An Institutional Review Board (IRB) application was initially submitted on May 30, 2017. Comments and requests for additional information were received and returned over a four week period with approval being granted on June 22, 2017.

Data Analysis

After completing and submitting the initial set of focus group question for the LRC based on the above three short-term outcomes listed in their logic model LRC staff re-drafted the question set. Most questions stayed identical or has some minor wording changes to help with clarity for participants. However, all questions related to patient and physician communication were deleted and replaced with questions pertaining to how participants initially heard about the LRC, how the LRC might expand their community reach, and how the LRC can improve the services that they offer to their patrons.

Focus groups were completed on June 30, 2017. The sessions were audio-recorded as well as transcribed by a note taker. The transcriptions were analyzed by groups of similarly themed questions for common themes across groups. The moderator's guide, including the focus group questions, is attached in the following Appendix A.

Findings

The attached appendix contains the summary report that was submitted to the Learning Resource center. It includes common themes that were found for each group of questions that pertained to the different sub-topics of the focus groups.

Initial Exposure to the Learning Resource Center

All but one participant found both the Falmouth and Scarborough locations *by chance*. They were coming to that MaineHealth location for other practitioners or resources and happened to notice the LRC as they walked by. One participant was a Maine Medical Center employee and did not realize that the two locations existed until much later. Even after learning of the Learning Resource Center she did not realize that they were open to the public. One participant stated that she was referred to the LRC by her cardiologist for books to check out and classes to take.

All participants agreed that the community would benefit greatly from the Learning Resource Center had they simply *known that it exists*. Most agreed that there is a lack of signage that stands out so people who may not necessarily be looking for it will notice sign. Many participants also agreed that taking out some ad space in the forecaster or other local public messaging would help get the word out about what the LRC had to offer as well as letting people know that it is open to the public and anyone can attend a class or check out materials, not just MMC patients.

Most participants had *taken one or more classes* from the LRC. These classes ranged from disease specific care classes to exercise classes. A few participants had checked out materials and contacted the health educators with specific health questions. One participant stated that she worked at the library and was referring people with help questions to the LRC on a regular basis. The cooking classes were by far the most popular resource utilized by the participants.

Every participant agreed that they had *trust* in the materials that they received from the LRC because they were a part of MaineHealth. This fact led to an assumption that the information given not only during classes, but as well as materials that are available for check out were reliable and of quality.

Health Literacy and Health Management

Most participants shared stories that showed an increased *confidence* in healthy decision making and understanding of their health condition. Participants stated that after taking a course they felt like a “mini-authority” on the topic and were comfortable sharing what they learned with their family members. The cooking classes, especially the handouts and recipes given during the class, were a resource that many individuals went back to later on for reference. One participant explained that she had taken an acupressure course and some months later her husband was diagnosed with arthritis. She felt confident sharing the information with him and showed him the pressure points herself.

It was agreed upon by all participants that having a class setting to receive health information was less intimidating than receiving it at a doctor’s office, even when it was a physician that was teaching the class because it created a *sense of community*. Participants felt that learning with people that had the same health issues made them feel less alone and more comfortable sharing their story and asking questions.

Having this community forum for initial information had led a number of participants to having more in depth conversations with their doctor and made them feel better prepared to ask questions. The information at the LRC has given a number of patients the feeling of having control over their health and that they could better *advocate* for their health care.

Expanding the Learning Resource Center's Community Reach

Advertising was the most common topic among all participants. All participants were very enthusiastic about brainstorming different ways that the LRC could get their name out in the community, increase usage of services as well as promote physician referrals.

In order to get their name out in the community there were many participants that encouraged the LRC to develop more community partnerships. The library was the most popular potential partner among the groups. Using the library's community board and information center as a place to leave literature as well as speaking with the librarians so that they are aware of the existence of the LRC and can refer people to materials. It was also mentioned that setting up information booths at wellness and geriatric conventions as well as senior centers. Putting an ad in the forecaster was mentioned by multiple participants. It may be useful to note that participants in the third focus group indicated that more e-mails would be helpful in reminding people of events and services. They specifically stated that increased e-mails would not bother them or encourage them to remove themselves from the LRC's listserv. They stated that if the e-mail was about something they were not interested in they would simply delete it.

In order to increase usage of services it was also noted that having pamphlets and brochures in other waiting areas of hospital, not just near the LRC, would promote reading of this literature by patients waiting for their appointment or medication. It was also noted that having pamphlets focused on specific illness and leaving that literature in waiting areas for that specialty. An example given was creating a brochure about heart health noting the resources the LRC has on this topic and leaving it in the cardiac waiting room. Many participants also discussed having more diversity in the types of classes offered as well as days and times that they are being held. Specifically, 5:30 classes during the week can be difficult to get to during traffic. It was recommended to have classes that are not only targeted at

specific illnesses, but to also hold classes that would appeal to people that were not sick. It was also suggested that the LRC could make their webpage more accessible through the Maine Medical Center website. This would increase knowledge about services among the Maine Medical Center community.

There were a couple of ideas on how to target physician referrals. The first idea that many agreed with was to inform not only the physicians about the services that the LRC has to offer, but other medical staff as well that are spending more time with the patients. Nurses and medical assistants were specific examples given by participants. Another avenue that was explored during the focus groups was the idea of spinning how the LRC asks physicians for help. It was suggested that the LRC approach specialists and ask them about emerging issues and topics coming up for their patients. Then state that you would like to hold a class discussing this topic/s in order to alleviate some of the burden on their office if they would be willing to refer their patients to it.

Maintaining a Physical Location

Every participant that took an in-person class through the LRC was adamant that having the face to face made the experience far more beneficial, again it gave a *sense of community*. Participants agreed that having in person classes gave them a sense of community with people who either had the same illness, knew someone that did or was a specialist in that area. It was largely agreed upon that individuals taking an in person class were far more likely to ask questions and feel more comfortable sharing information. It was also beneficial to hear others talk about the same experiences. It helped people to feel less alone and be less fearful of their illness. Receiving the information in a group setting made it less intimidating than receiving in their physician's office.

Another common theme among the groups was *accountability*. It was largely agreed upon that members of the group enjoyed having the physical library to find materials as opposed to reading the information online. Along with that it was also largely agreed upon that the physical act of finding and

checking out a book made people feel more obligated to read it thoroughly, rather than skimming through information online. Having in person classes that are interactive also made members of all three groups feel that they had more control over their health through lifestyle choices than they realized previously. Knowing that they had the power to affect some aspects of their health made them feel more accountable for making those healthy choices day to day. Having a setting aimed at group learning also made most participants feel more comfortable asking questions to each other as well as the physicians giving the class.

Recommendations

A thorough detail of recommended next steps can be found in the final report submitted to MaineHealth, which is attached as Appendix B. The basic next steps that were recommended were to create more diverse community partnerships, promote more advertisements in the MaineHealth community and the community at large, expand class offerings, and repeat messaging to patrons regarding resources and upcoming events.

Limitations

The presented findings should be viewed with caution and can not be generalizable to other populations. All opinions and experiences analyzed were retrospective. There was no baseline data taken prior to the participants' experiences with the LRC. While three focus groups were conducted there were fewer participants in each group than best practices recommends due to a lack of permission from MaineHealth to recruit for patron participation. Best practices recommends 5-8 participants per group for focus groups of this nature, our focus groups had a turnout of three participants per group.

It should also be taken into consideration that the primary investigator was not allowed to bring in a third party note taker. Instead an employee of MaineHealth that works for the Learning Resource Center acted as note taker and was recognized as an LRC employee by many participants.

The participants themselves were also all female and in the same 50-75 age group and therefore findings can not be representative of the general population.

Conclusion

The Learning Resource Center is seen as a valuable asset to its users. The information and resources given by the LRC are trusted by the community. The information given during LRC classes is referenced by its patrons in making future health choices, not only for themselves, but for family members as well. Patrons view the Learning resource center as a less intimidating safe place where they can build a health community and share information and stories in order to support one another through their health journey.

Patrons of the LRC were excited to offer solutions and ideas in order to get the word out to the community that the LRC exists and to make the offerings and resources given by the LRC more known by the general population. It was made very clear by all participants that they did not want to see the LRC disappear and that the resources they were given from the LRC were important and helpful.

Significance

This capstone project will provide The Learning Resource Center with patron-directed ideas on how their clientele may be better served as well as how to enhance their community presence. It will also give them personal accounts of how their services have improved the health literacy and health choices of their patrons, which includes patients of MaineHealth, to show their value to stakeholders as part of the MaineHealth system.

This project ties in competencies that were taught to me through my coursework on many levels. I have to demonstrate the effectiveness of my written and oral skills in the form of creating a moderator's guide for focus groups that includes clear and easy to answer questions as well as presenting them to and encouraging participation by individuals in the focus groups. I was also able to research and attempt to use the best practices that were taught to me in research and evaluation, even if I was not allowed to use these practices by other stakeholders involved in the project.

Real world experience was gained as well. I was responsible for creating a qualitative evaluation within the parameters that were defined by other stakeholders that had differing agendas and priorities from mine. I worked and compromised with a group that had differing outcome agendas from my own as well as limitations that were put on my ability to recruit for participants and use best practices while planning and conducting these three focus groups. While this project did not turn out the way that I intended or end the way I envisioned it, it was a great learning experience and parallels what happens in real world situations as opposed to the classroom.

Appendix A

MaineHealth Learning Resource Center

Focus Group Moderator's Guide

Section 1: Background/Introductions (10 minutes)

Moderator's introduction and praise for patron participation in focus group. Explain the purpose of the focus group, set ground rules, explain the process and schedule, and address confidentiality.

- I would like to start by thanking all of you for your time this evening. My name is Amy Danehower. I am here today to learn about your experience with the Learning Resource Center so that they can better serve their patrons. I will be moderating our discussion this evening and taking notes on what is said during our conversation, but will not be recording names. We will also be taping this session so that we can be sure to get your words right.
- My job this evening is to guide you through a series of questions about your experience with the Learning resource Center, so the majority of conversation should take place between you, the group participants, with myself as an active listener. I will be writing a summary report of our discussion and sharing your thoughts and experiences with the Learning Resource Center Staff. The LRC staff welcomes and wants your thoughts and suggestions so please be honest during our time here today.
- This session is scheduled to take 90 minutes. In order for us to respect everyone's time we may have to cut conversation short. If this happens I don't mean to be rude or disrespectful, I just want to make sure that we can get through all of our questions.
- Before we move on, does anyone have any questions for me?

Participant icebreaker.

- Before we get started lets go around the room and say your first name and one thing that you love about living in Maine.

Section 2: Awareness of and exposure to MaineHealth’s Learning Resource Center (40 minutes)

- Objective: Gain knowledge of participant’s experience with the components of The Learning Resource Center.
 1. To begin our discussion, can everyone give me some examples of useful health information that you have gotten through the Learning Resource Center? (5 min.)
 2. Think back to the first time that you used the Learning Resource Center. Think about what prompted this initial visit. What would have helped you know about the LRC earlier? (5 min.)
 3. Now let’s take another few seconds to think about what the word “healthy” means to you. Can you give some examples of how the LRC has helped you better manage your health or how it has helped you feel more confident in managing your health? (*Probes if needed/appropriate: Could you explain why that was helpful? Can you give an example? Did anyone have a different experience?*) [10 min.]

4. What are some of the benefits that you have noticed in yourself or in your family members since making these changes? Can you give some examples? (*Probes if needed/appropriate: Can you talk about that more?*) [10 min]

5. One thing that the LRC needs help with is letting doctors know more about their services and they can help patients. What would you tell your doctor about your experience with the Learning resource Center? (*Probes if necessary/appropriate: Can you explain why you would say that?*) [10 min.]

Section 3: Perspectives on the benefits of having the Learning Resource Center and how they can better serve their patrons (25 minutes)

- Objective: Gain participant's perspective of the benefits of having the Learning Resource Center as a physical location and what ways they can better accommodate the needs of their patron population.
6. Let's pretend that you were in charge of the Learning Resource Center. What changes would you make? (*Probes if necessary/appropriate: Would you explain why you think that? Can you give an example?*) [5 min.]

 7. What would you like to see more of and what would you like to see less of? (5 min)

8. Think back to all of the different experiences that you may have had with the Learning Resource Center. In what ways has it been beneficial to have a physical location to access these services as opposed to having everything be online? (*Probes if necessary/appropriate: Can you tell me more about why you think that?*) [10 min.]

9. What makes you feel confident about the health information that you get from the Learning Resource Center? (Probes if necessary/appropriate: Can you give an example?) [5 min.]

Section 3: Closing Questions/Wrap-up (15 minutes)

10. Reflecting on our discussion this evening, what is the most important thing for the Learning Resource Center to know about your experience with them? (5 min.)

 11. What I heard from you this evening, as a group, is (insert most important points from the discussion). Is that an accurate summary of what we discussed this evening? (10 min.)
- Thank you for taking the time to participate in this discussion. Your input is extremely valuable to the Learning Resource Center and to MaineHealth.
 - If anyone has any additional comments or questions that you think of in the future please do not hesitate to contact me. I would be happy to hear from you. Thank you.

Appendix B

MaineHealth's
Learning Resource Center

Program Evaluation Focus Groups Report

Amy Danehower, Facilitator

In June 2017, three focus groups were conducted with individuals that had used one or more resources provided by The Learning Resource Center within the last 12 months. The purpose of these focus groups was to learn more about: 1) to what extent the LRC influences their patrons' perceived ability to manage their health; 2) to what extent the LRC improves patrons' perceived ability to communicate with their healthcare provider; and 3) how the LRC can increase their reach in the community and their patron population.

All participants were patrons of The Learning Resource Center. There was a range of different resources that were used by the participants including different types of in-person classes to material check-outs and questions e-mailed to health educators. Participants included women all of whom were middle-aged or older. The focus groups were conducted at both the Falmouth and Scarborough Learning Resource Center locations. Each focus group lasted approximately 90 minutes.

Participants were recruited through an e-mail blast that was sent to all patrons on the LRC listserv. There was also a section in the monthly newsletter that was dedicated to try and recruit participants. Those that were interested were able to sign up for one of the three focus groups online and the Learning Resource Center's website. In appreciation for their participation, all participants received a \$15 Hannaford gift card as well as refreshments.

All participants were ensured that the facilitator was in no way associated with The Learning Resource Center or MaineHealth and had no investment in the information that the participants shared during the focus group. The facilitator encouraged honest and open feedback from all participants. Each group was given a brief introduction as to why they had been asked to participate in the discussion group as well as a brief overview of what the

participants could expect to be asked during the session. Participants were then led through a series of 10 questions.

Below is a summary of the three focus groups, including major themes, facilitator observations and recommended next steps.

Initial Experience with the Learning Resource Center

Participants were asked to think back to the first time that they used a resource from the LRC and what prompted that visit. Participants were asked “How did they first hear about the Learning Resource Center?” and “What may have helped them to hear about the Learning Resource Center sooner?” From these questions one common theme emerged with two components.

Unintentional Discovery

All but one participant found both the Falmouth and Scarborough locations by chance. They were coming to that MaineHealth location for other practitioners or resources and happened to notice the LRC as they walked by. One participant was a Maine Medical Center employee and did not realize that the two locations existed until much later. Even after learning of the Learning Resource Center she did not realize that they were open to the public. One participant stated that she was referred to the LRC by her cardiologist for books to check out and classes to take.

Lack of Signage/Advertising

All participants agreed that the community would benefit greatly from the Learning Resource Center had they simply known that it exists. Most agreed that there is a lack of signage that stands out so people who may not necessarily be looking for it will notice sign. Many participants also agreed that taking out some ad space in the forecaster or other local public messaging would help get the word out about what the LRC had to offer as well as letting people know that it is open to the public and anyone can attend a class or check out materials, not just MMC patients.

Health Information from the LRC

Participants were asked about the types of resources that they received from the LRC and why they feel confident about that information.

Classes

Most participants had taken one or more classes from the LRC. These classes ranged from disease specific care classes to exercise classes. A few participants had checked out materials and contacted the health educators with specific health questions. One participant stated that

she worked at the library and was referring people with help questions to the LRC on a regular basis. The cooking classes were by far the most popular resource utilized by the participants.

Reputation and Trust

Every participant agreed that they had trust in the materials that they received from the LRC because they were a part of MaineHealth. This fact led to an assumption that the information given not only during classes, but as well as materials that are available for check out were reliable and of quality.

Health Management

Participants were asked to silently think about what the word “healthy” means to them. When asked how the LRC had helped them feel more confident in managing their health as well as the benefits they have noticed in themselves and their families there were three themes that emerged. It is important to note that these two questions were usually initially met with little response. After prompting from the facilitator participation grew.

Confidence

Most participants shared stories that showed an increased confidence in healthy decision making and understanding of their health condition. Participants stated that after taking a course they felt like a “mini-authority” on the topic and were comfortable sharing what they learned with their family members. The cooking classes, especially the handouts and recipes given during the class, were a resource that many individuals went back to later on for reference. One participant explained that she had taken an acupressure course and some months later her husband was diagnosed with arthritis. She felt confident sharing the information with him and showed him the pressure points herself.

Sense of Community

It was agreed upon by all participants that having a class setting to receive health information was less intimidating than receiving it at a doctor’s office, even when it was a physician that was teaching the class. Participants felt that learning with people that had the same health issues made them feel less alone and more comfortable sharing their story and asking questions.

Self-Advocacy

Having this community forum for initial information had led a number of participants to having more in depth conversations with their doctor and made them feel better prepared to ask questions. The information at the LRC has given a number of patients the feeling of having control over their health.

Expanding the LRC’s Community Reach

When asked how the LRC could get more doctors to refer their patients to them as well as what changes could be made to make the LRC better one major theme came up across all participant groups with several sub-topics associated with that theme.

Advertising!!!

Advertising was the most common topic among all participants. All participants were very enthusiastic about brainstorming different ways that the LRC could get their name out in the community, increase usage of services as well as promote physician referrals.

In order to get their name out in the community there were many participants that encouraged the LRC to develop more community partnerships. The library was the most popular potential partner among the groups. Using the library's community board and information center as a place to leave literature as well as speaking with the librarians so that they are aware of the existence of the LRC and can refer people to materials. It was also mentioned that setting up information booths at wellness and geriatric conventions as well as senior centers. Putting an ad in the forecaster was mentioned by multiple participants. It may be useful to note that participants in the third focus group indicated that more e-mails would be helpful in reminding people of events and services. They specifically stated that increased e-mails would not bother them or encourage them to remove themselves from the LRC's listserv. They stated that if the e-mail was about something they were not interested in they would simply delete it.

In order to increase usage of services it was also noted that having pamphlets and brochures in other waiting areas of hospital, not just near the LRC, would promote reading of this literature by patients waiting for their appointment or medication. It was also noted that having pamphlets focused on specific illness and leaving that literature in waiting areas for that specialty. An example given was creating a brochure about heart health noting the resources the LRC has on this topic and leaving it in the cardiac waiting room. Many participants also discussed having more diversity in the types of classes offered as well as days and times that they are being held. Specifically, 5:30 classes during the week can be difficult to get to during traffic. It was recommended to have classes that are not only targeted at specific illnesses, but to also hold classes that would appeal to people that were not sick. It was also suggested that the LRC could make their webpage more accessible through the Maine Medical Center website. This would increase knowledge about services among the Maine Medical Center community.

There were a couple of ideas on how to target physician referrals. The first idea that many agreed with was to inform not only the physicians about the services that the LRC has to offer, but other medical staff as well that are spending more time with the patients. Nurses and medical assistants were specific examples given by participants. Another avenue that was explored during the focus groups was the idea of spinning how the LRC asks physicians for help.

It was suggested that the LRC approach specialists and ask them about emerging issues and topics coming up for their patients. Then state that you would like to hold a class discussing this topic/s in order to alleviate some of the burden on their office if they would be willing to refer their patients to it.

A Physical Location for Resources

Sense of Community

Every participant that took an in-person class through the LRC was adamant that having the face to face made the experience far more beneficial. Participants agreed that having in person classes gave them a sense of community with people who either had the same illness, knew someone that did or was a specialist in that area. It was largely agreed upon that individuals taking an in person class were far more likely to ask questions and feel more comfortable sharing information. It was also beneficial to hear others talk about the same experiences. It helped people to feel less alone and be less fearful of their illness. Receiving the information in a group setting made it less intimidating than receiving in their physician's office.

Accountability

Another common theme among the groups was accountability. It was largely agreed upon that members of the group enjoyed having the physical library to find materials as opposed to reading the information online. Along with that it was also largely agreed upon that the physical act of finding and checking out a book made people feel more obligated to read it thoroughly, rather than skimming through information online. Having in person classes that are interactive also made members of all three groups feel that they had more control over their health through lifestyle choices than they realized previously. Knowing that they had the power to affect some aspects of their health made them feel more accountable for making those healthy choices day to day. Having a setting aimed at group learning also made most participants feel more comfortable asking questions to each other as well as the physicians giving the class.

Observations

After conducting the three focus groups there were some observations made by the facilitator regarding patient awareness of lifestyle changes and attitude towards the Learning Resource Center.

Every participant, regardless of the type of resource they used, was very positive about their experience with the Learning Resource Center. There were frustrations mentioned about exercise classes not being offered anymore and the frequency of class cancelations, but even including those concerns there were nothing but positive things to say about the quality of the resources, classes and staff at the LRC. It was noted on several occasions that the staff was always nothing but positive, professional and helpful. It was very clear by body language and

the tone of the groups that the Learning Resource Center was of value to them and they did not want to see this resource taken away. This point was also made clear by the level of energy and excitement when brainstorming ways that the LRC can become more widely known and used in the community.

It was interesting to note that when asked specifically about how the LRC has influenced long-term lifestyle choices/change it was difficult to get people to answer. There was always probing by the facilitator in order to initiate deeper conversation. However, when answering other questions asked in the focus group session it was clear by personal examples given that the LRC had in fact influenced lifestyle choices of the patrons and, in some cases, their family members as well. This may have been due to the way the facilitator worded the question or it could be that the ways that the LRC has influenced lifestyle changes is gradual and every day, therefore may not jump to mind when asked about them on the spot.

Recommendations

The following recommendations are detailed in order of importance and incorporate suggestions made by focus group participants and the facilitator.

1. Create more community partnerships.

- Look into partnerships with local community organizations: libraries, senior centers
- Show them the resources the LRC has to offer so they can refer their patrons to materials and resources not available through their organization

2. Promote more advertisements at MaineHealth and in the community.

- Put out literature and brochures at local community messaging boards, library information kiosks, senior centers, etc.
- Hold informational tables at wellness and geriatric conventions
- Approach physicians and specialists by asking what trends they are noticing in their office and offer to hold a class if they can help refer patients. Get them excited!
- Ask to leave informational brochures showing what they LRC has to offer in specialist's waiting rooms

3. Expand the classes offered and the times available.

- The classes were by far the most heavily utilized resource; offer a range of classes aimed at specific medical conditions and illness, but also at disease prevention and information classes on fad diets, etc. This will retain and perhaps expand the already existing clientele as well as attract a new population of individuals that may not be sick and are not coming across the LRC while going to MaineHealth for other health issues.
- Offer a wider range of class times, the 5:30 – 6:30 time seemed to be a bit inconvenient for many participants, including classes on weekends if possible.
- Look into a community space to hold more exercise/yoga classes
- If a class is about to be canceled due to low attendance e-mail the people already signed up explaining the situation and see if they can recruit some friends to sign up.

4. Repeat messaging so that patrons are reminded of upcoming events and resources.

- Send reminder e-mails
- Advertise classes and events in multiple ways so that community members are exposed to the information multiple times.
- Incorporate the information marketing “Rule of Seven” into your event and class planning. The Rule of Seven is an old marketing adage that states a prospect needs to see or hear your marketing message at least seven times before they take action.

Resources

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