



Contents

- [Welcome Message](#)
- [Cancelled: 2020 IFLA WLIC congress](#)
- [Webinar: Combating digital health inequality in the time of coronavirus](#)
- [COVID-19 and digital inclusion: reviewing the evidence](#)
- [Disseminating reliable information in times of disaster](#)
- [Meeting health information needs in languages other than English](#)
- [E4GDH multilingual work: an update](#)
- [Featured Resource: Evidence Aid COVID-19 Collection](#)
- [More about our work](#)

Welcome Message

It is hard to put into words how much in our world has changed since we were in Athens for the IFLA Congress last August. While writing this the COVID-19 pandemic is still altering so much in our lives, the way we work; the ways in which we buy things, and try and lead healthy lives, but most of all in the ways that we spend time with our families, loved ones and friends. People all around the world have experienced many hardships, and we pass on our heartfelt condolences to anyone who has suffered illness, loss or hardship of any kind. However, we have also seen colleagues and friends coming together to respond to the crisis and none more so than within the library world!

IFLA WLIC 2020 was understandably cancelled but the theme and subthemes for our satellite meeting / open session are more relevant than ever, given the current global health crisis. Our third newsletter considers issues relating to health literacy, including equity of access to good quality health information; access to health information in multi-languages; and solutions to prevent digital health inequalities. These are all essential in order to prevent the dissemination of deliberate or unintentional misinformation, which can do so much harm.

We have been working over the last two years to promote and improve the roles that librarians play in times of disaster - some of these have been made more difficult during pandemic closures, but there are many examples emerging of innovative services which are supporting and leading communities in coping with the current crisis. We are reminded of a quote from one of our most long standing advocates, sent to us when we were first planning the SIG:

“When disaster occurs, there is often an appeal for money and money is often needed but what is always needed is knowledge.” Professor Sir Muir Gray

We hope to meet up again at the 2021 IFLA Congress in Rotterdam, where we plan to continue our core themes of advocacy and cross-sectoral collaboration. In the meantime our next webinar is 'Digital efforts to support humanitarian information needs: a look at OpenStreetMap and EvidenceAid'. This will be led by Bethany McGowan, again in partnership with IFLA Health and Biosciences Libraries section. [More information and registration.](#)

Thank you all for taking the time to read the newsletter, and please get in touch with us if you want to find out more, or have stories to share. There are many difficult times ahead but IFLA will provide the leadership and community we need to rise to the challenge!

Dr Anne Brice
Convenor, E4GDH SIG



Cancelled: 2020 IFLA WLIC congress

With the understandable need to cancel this year's annual conference, some of the abstracts we received will form part of a joint COVID-19 related webinar series with IFLA Health and Biosciences Libraries section.

Webinar: Combating digital health inequality in the time of coronavirus

"As information about health and illness is increasingly (and often exclusively) available in digital form, we face a new public health challenge – digital health inequality."

Gann B (2019) "[Transforming lives: Combating digital health inequality](#)" *IFLA Journal* 45(3).

Coronavirus has highlighted as never before how being online is crucial to our lives. As we lock down and self isolate, this is how we can keep in touch with family and friends, access reliable health information, manage our own health without depending on overstretched health services, carry on working, access financial support, pursue leisure interests to keep us occupied.

However those who most need support (including older and socially disadvantaged people) are least likely to be online.

In our latest webinar, Bob Gann described how community organisations including libraries have worked to support people who might otherwise be excluded. This has been achieved by providing access to technology and building digital skills, confidence and digital health literacy. He concluded with actions being taken now, during the global health crisis, to ensure those who most need information and support are not left behind in the digital age.

Featured resources included two practical guides on digital inclusion for England and Wales:

- [Digital inclusion guide for health and social care \(England\)](#)
- [Digital inclusion guide for health and care in Wales](#)

The complete resource list, including some suggestions from webinar participants, is available on the [webinar page](#) alongside Bob's written responses to questions and a summary of discussions pre-webinar which took place on the HIFA forum.

View the recording [50 minutes]

English subtitles are available - click on Settings then Subtitles/CC - and a full transcript.



COVID-19 and digital inclusion: reviewing the evidence

Michael Cook, Public Health Evidence and Knowledge Specialist for Bolton Council, UK

In May 2020, an evidence summary (available in [full](#)) was undertaken examining the relationship between COVID-19 and digital inclusion. Whilst the evidence retrieved was poor both in terms of scale and quality, it did highlight interesting points that matched local understanding. This includes the reciprocal relationship between COVID-19 and digital inclusion, and a growing recognition of COVID-19 as an infodemic - especially for those with low levels of health literacy.

Must read: Beaunoyer, E., Dupéré, S., & Guitton, M. J. (2020). [COVID-19 and digital inequalities: Reciprocal impacts and mitigation strategies](#). *Computers in Human Behavior*, 106424. This provides a singular overview of the issues associated around COVID-19 and digital (lack of) inclusion. The article discusses digital inequalities as a determinant of health, how COVID-19 may increase likelihood of digital inequalities occurring, and how digital inequalities increase vulnerability to COVID-19 (both the virus and the secondary impacts).

Digital exclusion impacting COVID-19

There is some evidence on the risk of low health literacy levels in certain 'COVID at-risk groups' – such as older people and adults with existing comorbidities. These editorials argue that low health literacy could lead to worse COVID-19 outcomes through individual actions [Wolf 2020] and how COVID-19 could engender digital exclusion – especially as social participation is becoming more digitally minded [Seifert 2020].

COVID-19 impacting digital inclusion

A negative impact collaboration between COVID-19 and digital exclusion is examined by Ramsetty & Adams (2020) through the prism of health care service accessibility in the USA. They and others find that digital exclusion is both a result and a driver of widening social inequalities – often worsening outcomes for those most at risk – a danger exacerbated during the COVID-19 crisis which can be seen following an emergent pattern across the relationship between COVID-19 (and particularly the system responses to) and the wider social determinants that drive social inequality and social exclusion.

Misinformation

This challenge of misinformation during COVID-19 is labelled an ‘infodemic’ in several places and it highlights the impact poor health literacy levels can have during a pandemic. Paakkari & Okan (2020) argue that health literacy aids the prevention of communicable diseases (as it already does for non-communicable diseases) – and on an individual level it develops resilience and the preparedness and skills for solving complex real-life problems. The danger is, claims Cuan-Baltazar et al (2020), exacerbated by poor digital and/or poor health literacy skills.

Meeting the Challenge

The challenges of providing accurate and effective public health messages during COVID is discussed across the resources linking to the need for good health literacy and in particular ‘critical health literacy’ [Abel 2020] (an individual's understanding of the social determinants of health combined with the skills to take action at both the individual and the community level [Mogford 2020]).

However, all hope is not lost – to refer once again to Beaunoyer et al (2020), the authors highlight strategies targeting the individual and their use of digital technology and strategies for targeting the messages.

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Disseminating reliable information in times of disaster

Feili Tu-Keefner, Associate LIS Professor, University of South Carolina Columbia, USA

Public health experts suggest that a critical component of source credibility is the use of multiple channels, including social media platforms, to disseminate reliable information before, during, and after disasters.

In times of crisis, libraries may aid in disaster preparedness, response, and recovery. Librarian first responders need to provide situation-specific and community-first information services to their communities when they are particularly vulnerable.

Since 2015, three situation-specific studies examining disaster information dissemination and services provided by public libraries have been conducted by Feili and fellow researchers affiliated with the School of Information Science at the University of South Carolina and the South Carolina State Library.

The results showed how well public libraries provided these essential services using health risk communication strategies recommended by public health experts. However, although the public libraries and librarians rose to the occasion, they were not well prepared to identify, gather, distribute, and promote the use of disaster and health information to adults, especially in multiple languages and through online venues.

Highlights of these three situation-specific studies:

1. Establish partnerships with multiple organizations and government agencies, maintaining solid, long-term relationships to facilitate emergency response and recovery.
2. Apply multiple channels (including social media platforms) and technology for information distribution and services.
3. Prepare reliable, easy-to-understand resources in multiple languages to provide information services on site and remotely.

4. Develop user-friendly training materials on how to use online information related to disasters and health.
5. Better educate librarians for community engagement with the required knowledge and skills to recognize the importance of public libraries as community catalysts that can vitally aid in disaster preparedness, response, and recovery.
6. Team up health sciences librarians and public librarians to deliver real-time health information services via multiple channels.



Meeting health information needs in languages other than English

Neil Pakenham-Walsh, Coordinator of Healthcare Information For All

English dominates the internet and the information space for global and disaster health. And yet 92% of the world's population has limited or no English.

Most people in the world are in fact marginalised and disadvantaged in terms of meeting their needs for reliable health information. The World Health Organization's [Linguistic Collaborations initiative](#) and Healthcare Information For All's [Multilingualism project](#) have been working together for more than 10 years to address this issue, which relates to at least three major audiences:

1. The general public: When people cannot access meaningful healthcare information this disempowers them from making informed health-related decisions and actions; it reduces their access to healthcare services; and it increases marginalization of vulnerable groups, especially those with low health literacy.

2. Health workers: Lack of access to reliable healthcare information restricts point-of-care reference information as well as continuing professional development, which may compromise quality of care and the communication between health workers and users of health services.

3. Global health professionals, researchers and policymakers: Those who have English as a second language, or who do not speak English, report that they are unable to access health research in a language they can understand, and impact dialogue at regional and global levels.

HIFA and WHO collaborate to provide three professional global health discussion forums in languages other than English: HIFA-Portuguese (2009-), -French (2010-), and -Spanish (2018-). We aim to launch other languages in the future, as well as to

provide auto-translation across all the forums. Please join our forums here (free):
www.hifa.org/join

One specific anomaly in the health literature is that research undertaken in a country where the majority do not speak English is often published only in English, thereby failing to benefit those who need the research most. Our advocacy, including an [article](#) in *The Lancet Global Health*, led to an official statement in January 2020 from the World Association of Medical Editors, calling on 'all medical journal editors to encourage authors to provide abstracts in the language of the location where the research took place'. <https://www.wame.org/news-details.php?nid=28>

We invite all with an interest in multilingualism, and especially health librarians, to join us as we start to address some of the broader and more complex issues: **What can be done to better meet the information needs of the general public, patients, health workers, policymakers in languages other than English?**

We are currently preparing a Roundtable on these issues at the Geneva Health Forum (16-18 November 2020) and we welcome your inputs.

Contact: neil@hifa.org

E4GDH multilingual work: an update

In his webinar, Bob Gann notes that “*English is overwhelmingly the language of the internet and most of the information around coronavirus is still in English...*”. This statement supports the importance of HIFA's multilingual advocacy campaign and the work of EvidenceAid below. Feili Tu-Keefner's research also highlights the need for libraries in times of crisis to provide resources in multiple languages.

Our multilingual work is a primary area of focus for E4GDH in 2019-20. Recent accomplishments and current projects include:

i. Our [Finding the Evidence guide](#) is now available in Spanish.

Thank you to committee members Eukene Ansuategi and Marimar Ubeda for their translation, and Amanda Burls for her peer review.

ii. New: [Multilanguage tools for evidence based practice](#)

This guide features a range of Multilanguage tools to support cross-working and overcome language barriers in global and disaster health.

iii. We are exploring two freely available online platforms to offer a more accessible approach for make our resource guides available, enabling comments and suggestions for additional resources, resources in different languages, and ease of updating.

iv. A Spanish transcript of Bob Gann's webinar will soon be available, thanks to the support of IFLA's translation team. This will be accompanied by discussions on HIFA-Spanish forum.

Featured Resource: Evidence Aid COVID-19 Collection

Evidence Aid aims to save lives and livelihoods in disasters by providing decision-makers with the best available evidence and by championing its use.



The current pandemic highlights the importance of this work. Since March, Evidence Aid's team of volunteers (including librarians) based in 15 different countries worldwide has been producing summaries of papers related to COVID-19 and providing translations.

Each review is translated into one or more of seven languages. Although many are useful across the world, they are intended particularly to benefit low- and middle-income countries (LMICs). Such nations often have healthcare systems more vulnerable to health disasters like COVID-19, while language barriers and resource issues hamper access to research largely produced in the United States and the UK and published in English.

As of 22nd July 2020, **356** [systematic review summaries](#) have been published online and translated into Arabic (340); Chinese (simplified - 339); Chinese (traditional - 340); French (339); 15 in Italian (42); Portuguese (339) and Spanish (337).

The collection had been viewed more than 100,000 times.

More about our work

For more information about our current plans and what we achieved in 2018-2019: [2019 - 2020 Action Plan](#) | [2018 - 2019 Annual Report](#)

Visit our [IFLA E4GDH](#) webpages for more information about the group and our activities.

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