

CASE STUDY: Twilight Talks: engaging health consumers with public lectures, Toowoomba Hospital
Refers to: NSQHS Standard 2 Partnering with Consumers

Keywords: Health Literacy, Consumer Health Information

Background

In 2014 the Toowoomba Hospital library embarked on a project to coordinate an ongoing series of public health lectures. Toowoomba Hospital is part of The Darling Downs Hospital and Health Service (DDHHS) which provides a comprehensive range of hospital, mental health, and primary care services to a resident population of 280,000 people spread across 90,000 square kilometres of southern Queensland.

The library's interest in the lecture format was piqued by its work harvesting podcasts from academic institutions world-wide and making them available to clinical and professional staff. Public lecture series have been used by numerous institutions in different contexts to good effect, enhancing brand awareness for the hosting organisation and improving the knowledge and connectedness of audience members.

Methods

In May 2014 the library sought executive approval for its public lecture project. The proposal was to conduct a pilot event later in 2014 to determine feasibility of the idea. If the pilot were successful, a program of four lectures per year would be established from 2015 onwards. Lectures in the program

- would be free to attend (including complimentary parking)
- would be held in the conference centre located on the Toowoomba Hospital campus
- would be sixty minutes long (6:00pm to 7:00pm), with time made available for audience questions
- would be heavily advertised internally in outpatient and visitor areas, and externally through various healthcare professional groups, patient representative groups, primary health networks, general practices and private hospitals, and through broadcast media. The publications and media unit of the DDHHS would be engaged to undertake much of this promotion.

Feedback from each event would also be sought to inform topic selection and effective promotion of future events.

Potential benefits of the public lecture series were highlighted in the proposal and included:

- Contribution towards achieving strategic and national goals around consumer and community engagement.
- Showcasing the excellence of local clinicians, thereby engendering greater levels of trust between the community and the public health service.
- Inviting the community and other healthcare providers to engage with the DDHHS on neutral terms, removed from the often fraught circumstances of clinical scenarios.
- Providing an avenue for authoritative yet personable delivery of health information, as opposed to many other forms of media.
- Providing an opportunity for positive media coverage of the DDHHS.
- Building a culture of open communication, of shared information, and of mutual obligation between the provider and the public.
- Creating a program of intellectual integrity and enquiry that is nationally respected while leaving a local legacy.

In addition to these potential benefits, potential risks were also identified together with mitigation strategies. Risks included:

- Presenters will speak on topics that are exceedingly controversial or will have potential to generate negative publicity for the DDHHS.
- Audience members will ask questions that are awkward or difficult for the speaker to answer.
- Audience members will misconstrue or misuse the information they have heard.

Results

The pilot lecture was delivered by an endocrinologist on the topic “Healthy Living Tips To Avoid Diabetes”. A simple headcount is a crude measure of success, but number of attendees was an important initial metric for this project. Despite extensive advertising efforts, generating community interest in this novel endeavour was a great uncertainty. If only a few hardy souls among the “worried well” attended it is likely this program would have been abandoned at the pilot stage. This did not occur, however, as this initial lecture had 30 audience members which exceeded the most hopeful of predictions. This level of genuine interest, coupled with the enthusiastic qualitative feedback received, and the delight of the inaugural speaker, ensured the full program of four

lectures per year was implemented from 2015 onwards. Pleasingly, this success as measured by attendance has continued to exceed expectations ranging from 25 – 105 attendees.

The number through the door is important not as an abstraction, but because each of these attendees have heard important health messages delivered in person by specialist physicians. Of equal significance, therefore, is to gauge impact in terms of audience reception and knowledge transfer. To this end attendees at each lecture were asked to fill in a one page evaluation. As with attendance this feedback has been exceedingly positive, with the only negative comment being a request for Milo. As well as lots of “very good” and “very informative”, the following verbatim selection is typical of the comments received:

- Excellent community service
- Excellent presentation, pitched at suitable level
- This was my first one. Just great! Wonderful being presented by an ‘expert’
- Any educational / awareness-raising sessions are of great value.

Such feedback is clearly very encouraging and validating, but it also lays the groundwork for more detailed qualitative analysis and longitudinal follow-up regarding the impact of receiving health information in this format.

Although interest and impact for customers were of prime importance in this project, engagement with this new initiative from clinicians and the health service was also essential. To help with this the public lecture project was nominated for, and won, a prestigious annual DDHHS employee award in the category of ‘Being Open and Transparent’. This award was given significant coverage throughout the hospital resulting in a very positive and visible profile for the “Twilight Talks”. This in turn has led to further interest from potential speakers, along with confidence from other clinicians to recommend the lectures to patients, families, carers, and even their colleagues and selves.

Discussion

The “Twilight Talks” program of public lectures is one small effort to achieve improvements in health literacy levels of the DDHHS population. The model adopted is certainly transferable to other public health services. Essentially it only needs experienced clinicians willing to speak, a coordinator willing to give the program impetus and direction, and a venue able to host all of the eager attendees. The costs incurred are zero to the attendees and minimal to the health service, amounting to small sums for catering and publicity and foregone car parking revenue. These costs will be dwarfed by the long-

term benefits of an increasingly health-literate population avoiding inpatient bed days and associated diagnostic and therapeutic interventions.

Though the focus of the lectures is rightly on consumers receiving information from clinicians in the context of the local hospital, the success of “Twilight Talks” also reflects positively on the library as the program’s originator and coordinator. A constant refrain in library literature and peer discussions is the need to innovate in service delivery. Libraries across all contexts are being challenged to demonstrate flexibility in role assumptions and agility in responding to organisational priorities. Establishing a public lecture program is not the traditional domain of a health science library whose quotidian activities are focused on collecting, accessing, and searching published biomedical research. Stretching into areas such as the oral delivery of consumer information is a role extension which displays the library’s continued and evolving relevance to the wider health service. However, it is a project that is also entirely in keeping with the library’s long-standing commitment to linking recipients of its services with authoritative, evidence-based sources of information. Indeed, managing the “Twilight Talks” program draws on skills and expertise familiar to library professionals, including marketing, subject selection, people engagement, and intra-organisational facilitation.

Conclusion

Delivering an ongoing series of public lectures is a modest but worthwhile contribution to the demands of consumer health information, and a novel initiative for the Darling Downs. More than 500 people have demonstrated a desire for health information received in this way. The lecture topics already delivered have focused on areas with significant disease burden and health service impact – heart attack, stroke, diabetes, cancer, futile deaths in hospital, childhood fever, dementia and anxiety.

The feedback received from participants also identifies desired topics for future talks which will be taken into consideration when assigning upcoming lectures. As well, within each lecture significant time has been devoted to audience questions and interaction, with audience members taking full advantage of the opportunity to ask meaningful questions and engage in important dialogue. The end result is the local public health service, via its library, providing a consistent schedule of occasions to a good number of customers to think seriously about aspects of their health and learn about practical ways of making positive change. This also clearly links to Standard 2 of the National Safety and Quality Health Service Standards by evidencing ‘partnering with consumers’.