

Title

Twilight Talks: engaging health consumers with public lectures

Abstract

Introduction. The “Twilight Talks” initiative was borne out of the Toowoomba Hospital library’s use of public lecture podcasts made available by numerous academic institutions from around the world. This interest led to speculation that the Darling Downs community would greatly benefit from lectures on general health topics delivered by local clinicians. Climbing rates of chronic disease allied with rising demand for public health services highlight a present need for honest conversations and information sharing around health behaviour. Health information delivered concisely and with authority is undoubtedly an important intervention in reducing disease burden and enhancing patients’ abilities to act as partners in their healthcare. Such lectures would also contribute to achieving Hospital and Health Service strategic goals and national standards around engaging health care consumers.

Methods. A pilot lecture was held in October 2014. The success of this lecture in attendance and feedback led to 4 public lectures scheduled for 2015, branded under the collective banner of “Twilight Talks”. These lectures focused on themes of interest to a broad public audience, addressing preventative measures for diabetes and stroke and cancer as well as the challenge of dying at home. The library initiated the idea for this lecture series and then gave the program impetus and direction. It played a central coordinating role in garnering executive support; encouraging speakers; arranging multimodal promotion, free carparking, venue availability, catering; event management and preparation; and feedback analysis.

Results. Numbers of attendees was an important initial metric for this project. Generating community interest in something so novel was more hope than expectation. Results have exceeded even optimistic predictions, with an average of 46 attendees and a range of 25 to 75. Audience reception and knowledge transfer has been an equally important measure of success. The qualitative feedback received has been exceedingly positive, with the only negative comment in 70 being a request for milo. The following comment captures many sentiments expressed: “Excellent lecture providing awareness and simple and reachable goals for change”. Such has been the enthusiasm emanating from “Twilight Talks” that this project received a DDHHS employee award in 2015. This award was given significant coverage throughout the hospital resulting in a very visible profile for the project. The receipt of this award, together with the more general success these “Twilight Talks” have achieved, has ensured this has moved from a speculative pilot project to a consistently scheduled program of lectures which will form part of the Toowoomba Hospital’s customer engagement for the foreseeable future.

Conclusion. A series of public lectures is an imperfect and incomplete answer to public health priorities, but it is a worthwhile contribution nonetheless, and a novel initiative for the Darling Downs. More than 200 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. The end result is the local public health service 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.

Background

The Darling Downs Hospital and Health Service (DDHHS) provides a comprehensive range of hospital, mental health, and primary care services to a resident population of 280000 people spread across 90000 square kilometres of southern Queensland. In its current strategic plan the DDHHS has identified a commitment to ‘collaborate with primary health care and other service providers’ and to ‘engage the community and health care consumers’⁽¹⁾. Standard 2 of the National Safety and Quality Health Service Standards also requires evidence of ‘partnering with consumers’⁽²⁾. Though many avenues are available to achieve these goals, one little-used option with potential benefit is that of public lectures on general health topics delivered by local clinicians.

In 2014 the DDHHS library embarked on a project to coordinate an ongoing series of public health lectures. In part this was in keeping with a wide-ranging effort to better align the library with, and have an impact on, the strategic direction of the Hospital and Health Service. As well, 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. The library also had some experience delivering a lecture program through its responsibilities for coordinating “Grand Rounds”, a monthly multidisciplinary education session delivered in a case-review and lecture format.

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. The London School of

Economics runs a world-renowned events series where ‘the emphasis is on the benefits to be experienced by an audience looking for intellectual stimulation’ but where also ‘the sense of a “virtuous circle” exists between the institution’s public presence and the way in which this enables individuals to get their own voices heard’⁽³⁾. In 2012 the Medical School of the University of Sydney inaugurated a weekly lecture series (held over three months) titled “21st Century Medicine: Today’s Research, Tomorrow’s Healthcare”. The 2012 series proved so popular a number of the 2013 talks were held in the Sydney CBD, with Dean Professor Bruce Robinson praising the lecture series by saying ‘The beauty of these talks is that they are targeted for an interested audience without specialised medical knowledge. Here is an opportunity for everyone to get up to speed on some of the most exciting things happening in health’⁽⁴⁾. As well, a comprehensive education stroke protocol, which included public lectures and distribution of instructive material for the community and its medical staff, was recently trialled in Beijing. The study reported (i) pre-hospital delay decreased from 180 to 79 minutes, (ii) the proportion of patients arriving within three hours of stroke onset increased from 55.8% to 80.4%, (iii) the proportion of patients calling for EMS increased from 50.4% to 60.7%⁽⁵⁾.

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 was successful, a program of four lectures a year would be established from 2015 onwards. Each event would be free to attend (including complimentary parking). Each event would be held in the conference centre located on the Toowoomba Hospital campus. Each event would be sixty minutes long (6:00pm to 7:00pm), with time made available for audience questions. Each event

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 (Table 1).

Table 1

Risk	Mitigation
Presenters will speak on topics that are exceedingly controversial or will have potential to generate negative publicity for the DDHHS.	The public education purpose of these talks will be clearly outlined to potential speakers. Each speaker’s topic will be vetted beforehand by the Director of

	Clinical Training.
Audience members will ask questions that are awkward or difficult for the speaker to answer.	Speakers who are experts in their field and who are comfortable speaking in public will be sought, thus ensuring some level of confidence and competence in responding to questions from the audience. As well, a speaker's guide based on extant advisory documents ^(6, 7) will be shared with speakers prior to events. A DDHHS staff member will also act as chair of each event, and will be instructed to intervene if they believe questions need deferring or abandoning.
Audience members will misconstrue or misuse the information they have heard.	A disclaimer in advertising material and at the event will notify audience members the information presented in the lecture is designed for general education and should not supersede or replace consultation with an appropriate health care practitioner. As well, lectures will be audio-recorded and archived if any post-event clarification is required.
Public lecture events are poorly managed or unexpectedly cancelled.	A single point of contact (the librarian) will be responsible for these events. A checklist (Appendix 1) will be used to ensure events are prepared as professionally as possible. In the event of a cancellation, where possible the same media used to promote the event will be used to notify of its cancellation.

Executive approval was granted in June 2014 and a pilot event was planned for October 2014. In order to give the public lectures their own branded identity, and to emphasise their conviviality and continuity, the program was given the general title "Twilight Talks".

Results

The pilot lecture was delivered by endocrinologist Dr Sheila Cook 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 thirty 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 a year was implemented from 2015 onwards. Pleasingly, this success as measured by attendance has continued to exceed expectations, as shown in Table 2.

Table 2

Date	Topic	Attendance
1 Oct 14	Healthy living tips to avoid diabetes	30
1 Apr 15	Prevention of strokes & heart attacks – what we all need to know	75
2 July 15	Dying at home	60
3 Sep 15	How to avoid diabetes	45
3 Dec 15	What can I do to try and avoid the big C? – preventive measures you can take to minimise your risk of developing cancers	25
13 Apr 16	Your child with fever – when to call the doctor & how to manage	30

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 seventy 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
- This was excellent tonight
- Really enjoyed – thank you! Excellent content and very entertaining delivery too!
- Thanks so much, this was great! Very informative and I liked that it was interactive
- The lecture was really informative and the presenter really knowledgeable and really great
- The lecture was extremely well presented and I learnt so much!
- Very good lecture! Like the fact non-bias! Science based!
- Great initiative
- Excellent presentation and inspirational as well
- Thoroughly enjoyed the lecture and lots of info – thank you
- Very appreciative of the community service! Well organised
- Please continue having them
- Excellent lecture providing awareness and simple and reachable goals for change
- Very enlightening. Keep it up – so good!

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. The receipt of this award, together with the more general success these "Twilight Talks" have achieved thus far, has ensured this has moved from a speculative pilot project to a consistently scheduled program of lectures which will form part of the Toowoomba Hospital's consumer engagement for the foreseeable future.

Discussion

Evidence abounds and is unequivocal that improving health literacy leads to improvement in general health outcomes and disease prevention measures. An efficient and modern public health service must engage patients, families, carers, and the wider public with clear and authoritative health information alongside the acute episodes of care it delivers. An overview⁽⁸⁾ into the state of consumer health information in the UK observed that 'Health literacy is not just about reading, writing

and numeracy ability or applying literacy skills to a healthcare setting. Health has its own specific language, environment and processes; so, an understanding of everyday information is not necessarily enough to enable an individual to make sense of their health needs, treatment and choices. It is important to also remember that even literate people may have trouble understanding or interpreting some aspects of modern health care.’ This overview concluded that ‘Communication between health professionals and patients, and between health educators and the public, is key in order for consumer health information to have the ability to improve health outcomes. Further, especially local, investment into the production, distribution and delivery of consumer health information is recommended’. As well, an important review by Lord Darzi stressed in its first sentence that ‘An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart’⁽⁹⁾.

The “Twilight Talks” program of public lectures is one small effort to achieve improvements in this broad aim. The model adopted is certainly transferable to other public health services in Queensland or nationwide. Essentially all that is required are 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 carparking 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.

Not only is such a program inexpensive and resource-light, there are several referred positive effects for the health service itself. Hospitals can have negative connotations

for patients and family members as places of fraught emotions and painful experiences. Often public health services are only represented in local media when something goes wrong. As well, interactions with clinicians are frequently in the context of specific therapies and immediate outcomes. Encountering the hospital in a public lecture context can substantially change this narrative. In this sense the hospital simply becomes a neutral venue where positive messages of generalised health behaviour change are received. The local clinicians delivering the messages can be recognised for their expertise which further enables confidence in the health system as a whole. In addition, the likelihood such messages are received well and acted upon is enhanced by a lecturer-audience relationship rather than the complex interactions of a doctor-patient interview.

Whatever benefits the hospital may receive, it is clear that the primary beneficiaries of a health-oriented public lecture program are members of the general public who attend. Climbing rates of chronic disease allied with rising demand for public health services highlight a present need in the Darling Downs community for honest conversations and information sharing around health behaviour. Information is an intervention for consumers every bit as powerful as the scalpel and the syringe. Health information delivered concisely and with authority and conviction is undoubtedly a priority in reducing disease burden and enhancing patients' abilities to act as partners in their healthcare.

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. As well, each of the lectures has been audio-recorded which the library has then made available on CD or online via soundcloud. In a limited way this has made the library a content producer as well as a facilitator, providing further value for the library as it expands its services and for consumers who can access and share an archive of favoured lectures or those they were unable to attend.

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 200 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. 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.

References

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Public Lectures – Organisation Checklist

The public lectures program seeks to invite the community and healthcare consumers to engage with the DDHHS on neutral terms by providing an avenue for authoritative yet personable delivery of health information. It is hoped the public lecture format will build a culture of open communication and shared information while also showcasing the excellence of local clinicians.

It is anticipated each lecture will be on a topic of interest to the presenting clinician and of broad educational applicability to a general audience. Each event will be hosted at Unara and will run for 60 minutes, with 30-40mins available to the speaker and 20mins available for audience interaction. Each event will be free, and will be heavily promoted through local media and healthcare providers.

As these will be public events the following checklist is provided to ensure comprehensive organisation and smooth delivery.

8-6 Weeks Out

Presenter

- Speaker
Name: _____
- Lecture Title: _____
- Precis of topic: _____
- Speaker Biography: _____
- Chair / Introducer: _____
- Speaker guide-sheet shared

Venue

- Date & Time: _____
- Unara booked
- Catering booked

Promotion

- DDHHS Publications notified for creation/printing of flyer and handouts
- DDHHS Media notified for advertising
- TH Foundation notified for further promotion and support, carparking

1 Week Out

Speaker

- Confirm speaker is prepared, any A/V requirements or audience materials

Promotion

- DDHHS powerpoint display for before and after event
- Direction and welcome signage printed
- Audience feedback forms printed
- DDHHS media invited to cover event

Venue

- Unara administrative staff notified
- Carpark notified
- Catering notified
- Security notified

At the event (at least 45 minutes beforehand)

Speaker

- Powerpoint loaded
- Water
- Ensure introducer covers housekeeping – emergency exits, format etc
- Ensure sound and lighting equipment working, including radio microphones for questions

Promotion

- Hand out feedback forms to audience
- DDHHS powerpoint loaded
- Record attendance numbers

Venue

- Affix directional / welcome signs
- Set up seating with aisles to allow for late-comers and emergency exits
- Make sure venue is clean and tidy
- Make sure catering is accessible

After the event

Speaker

- Send thank you to speaker

Promotion

- Assess feedback from audience forms and incorporate into future events