Library Engagement with Community-based Health and Wellness in Diverse Communities

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Library Engagement with Community-based Health and Wellness in Diverse Communities

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Nancy Kranich
Rutgers University School of Communication and Information

ALISE National Conference, Denver
February 8, 2018
We wish to acknowledge and express our gratitude for the funding support that made this project possible – the OCLC/ALISE Library & Information Science Research Grant Program (LISRGp)
Middlesex/Somerset County Community Health Improvement Plan (CHIP) prioritizes access to health care and health information.

The CHIP has turned to libraries for assistance.

One of the premier consumer health library programs in the country is in the region: East Brunswick Public Library: “Just for the Health of It.”

Certifying librarians as health information specialists in all libraries not viable.

Population in each of the regions’ communities varies significantly, so no one model fits all.
Purpose and Research Question

- **Purpose:** to investigate how libraries can improve their engagement with diverse communities concerning health and wellness.

- **RQ:** What are the current health-focused concerns of individuals living in three selected communities?
  - Are concerns aligned with current programs described in the public literature and academic journals?
  - How do libraries engage with communities to align with their aspirations and concerns?
  - What intervention approaches are effective, needed and practical to address health issues of common concern?
Racial Distribution:  
East Brunswick, New Brunswick, Somerset

<table>
<thead>
<tr>
<th></th>
<th>East Brunswick</th>
<th>New Brunswick</th>
<th>Somerset</th>
<th>New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>74.90%</td>
<td>20.20%</td>
<td>43.60%</td>
<td>57.30%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.20%</td>
<td>56.90%</td>
<td>9.20%</td>
<td>18.90%</td>
</tr>
<tr>
<td>Black</td>
<td>2.70%</td>
<td>14.40%</td>
<td>24.20%</td>
<td>12.80%</td>
</tr>
<tr>
<td>Asian</td>
<td>16.20%</td>
<td>8%</td>
<td>20.50%</td>
<td>9%</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>23.6% (12.7% Asian, 5.9% European)</td>
<td>38.8% (32.3% Latin American)</td>
<td>26.6% (5.8% Asian, 4.9% LA, 3.3% African)</td>
<td>21.60%</td>
</tr>
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</table>

Source:  
Median Household Income and Age: East Brunswick, New Brunswick, Somerset

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<th>East Brunswick</th>
<th>New Brunswick</th>
<th>Somerset</th>
<th>New Jersey*</th>
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<tr>
<td>White</td>
<td>$93,886</td>
<td>$32,970</td>
<td>$80,092</td>
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<tr>
<td>Hispanic</td>
<td>$71,878</td>
<td>$34,569</td>
<td>$126,088</td>
<td>$49,401</td>
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<tr>
<td>Black</td>
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<td>$36,874</td>
<td>$67,432</td>
<td>$47,714</td>
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<tr>
<td>Asian</td>
<td>$117,245</td>
<td>$41,609</td>
<td>$126,088</td>
<td>$102,138</td>
</tr>
<tr>
<td>% Below Poverty Line</td>
<td>12.70%</td>
<td>36.00%</td>
<td>6.20%</td>
<td>10.40%</td>
</tr>
<tr>
<td>Median Age</td>
<td>43</td>
<td>23.2</td>
<td>40.4</td>
<td>39</td>
</tr>
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</table>

*2013 http://www.njspotlight.com/stories/13/12/19/median-income/
*US Census Quick Facts, East Brunswick, NJ; New Brunswick, NJ; Franklin Township, NJ
What We Did

- Recruited community members in East Brunswick, New Brunswick, and Somerset
- Used Harwood Institute for Public Innovation Community Conversation Tools
- Started with people’s aspirations and concerns about health & wellness
- Conversations provided window into how people talk about what they hold valuable
- Created and shared “Public Knowledge” about the communities we selected
Sampling/Participant Recruitment

- **East Brunswick**: tabling at EBPL story time, movie; librarian contacts
- **New Brunswick** (focused primarily on Latinos): charla at Sacred Heart church (community health meeting) and ESL classes at library
- **Somerset** (focused specifically on African Americans): neighbors, table at African American Breast Cancer Event (Sisters Network).
In terms of health and wellness, what type of community do you want?
How is that different from the way things are now?
What needs to change to get the kind of healthy community you want?
Who do you trust to take action?
Theming Findings/Creating Public Knowledge

- Compiled & categorized responses by community:
  1) Aspirations
  2) Concerns
  3) Actions
  4) Who people trust to act

- Determined essence and shared concerns:
  - What people are trying to say
  - How the ideas and concepts fit together

- Created a community narrative telling story of what we heard

- Verified narratives with 2 librarians from East Brunswick, New Brunswick, and Somerset
Participant Demographics: Gender and Age

<table>
<thead>
<tr>
<th></th>
<th>All Locations</th>
<th>East Brunswick</th>
<th>New Brunswick</th>
<th>Somerset</th>
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<td>Participants</td>
<td>53</td>
<td>21</td>
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<td></td>
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<td>34</td>
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<td>5</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>7</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18-24</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>25-34</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
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<td>35-44</td>
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<td>45-54</td>
<td>5</td>
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<td>55-64</td>
<td>10</td>
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<td>0</td>
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<tr>
<td><strong>Race</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
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<tr>
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<td>7</td>
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<tr>
<td>Hispanic/Latino</td>
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<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
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</table>
Conversation Themes
East Brunswick

- Satisfied with access to healthcare, particularly physicians
- Eager to advocate for themselves in their interactions with healthcare providers
- Interested in holistic treatments
- Health information access and education important
- Trust library, healthcare professionals and personal networks for information
- Pride themselves as informed consumers of health care and health information
- Rely heavily on library for health information
Conversation Themes
New Brunswick

- "Health Care City" institutions can do more to help and educate local citizens
- Health concerns tied into overall family lifestyle issues
- **Distrust** health care professionals
- Rely on **strong ties** -- friends, family and elders for reliable information
- Not being **heard** but want more engagement
- Rely on library for **children's learning and celebrating festivals**, but not for health information
Conversation Themes
Somerset

- Rely on **extended families, neighbors, and ministry** for health programs
- Find health **information online, through relatives or church groups**
- Assume **personal responsibility** to stay healthy
- Stressed by **high cost and uncertainty** about affordable care
- **Trust** physicians, but skeptical about financial incentives
- Perceive library based upon childhood memories, as “analog” place—**refuge from technology**—not health information source
Comparison of 3 Communities

Common across 3 communities

- Concerned about health/wellness
- Health is a high priority for themselves, their family, and their community.

East Brunswick

- Satisfied with healthcare
- Trust providers and institutions
- Rely on EBPL for health/other info
- Informed information consumers

New Brunswick

- Disconnected from local healthcare institutions
- Rely on strong ties, not library for information
- Are not being heard

Somerset

- Rely on network (family, faith), not library for information
- Stressed about access & cost
- Trust physicians, but skeptical of financial incentives
Implications

- Need to determine the stage of community life and its capacity to move forward
- Build trust and strengthen relationships/weak ties with community members and organizations
- Identify breadth and depth of community social capital: networks, norms and linkages
Finding the sweet spot

- Main Concerns & Special Issues
- Public Capital (Community Conditions)

SWEET SPOT
Conclusions

- “Ensuring equitable access to health services and health information is a complex issue that goes beyond the availability of services.”

- Library outreach programs must “deepen [their] overall understanding of the complexity of providing and ensuring equitable access to health information and services for at-risk or marginalized communities.”

- Enhanced library engagement must begin with community aspirations and concerns when embarking upon health literacy programs as promoted through the Healthy People Framework 2030, National Action Plan to Improve Health Literacy, and ALA/NNLM initiatives.
Libraries Engaging Communities around Health and Wellness

- Work *with* the community
- Root work and decisions in *what matters* to people
- Set *realistic goals*
- Inform choices so work is more *relevant* and has *greater impact*
- Gather and incorporate *public knowledge*
- Shift thinking to *turn outward*
- *Know value* – uncover where fit and addressable challenges
- Deepen *relationships* and take *collective action*
We wish to acknowledge and express our gratitude for the funding support that made this project possible – the OCLC/ALISE Library & Information Science Research Grant Program (LISRGP)
Appendices

- Questions from Community Conversations (2 slides)
- Participant Demographics
  - Average Library Visits
  - Average Library Website Visits
  - Self-Reported Health
- Selected Sources
Community Conversation Questions

1. When it comes to health and wellness, what do you want for you, your family and your community?
   Why is that important?

2. How is that different from the way things are now?

3. What kinds of things are keeping us from having the kind of health and wellness that we want for ourselves, our families and our communities?
   (listen for barriers outside the university, in the community)
   Why do you feel this way?
   How do you think other people in your community feel about this?

(continued on next slide)
4. When you think about what we’ve talked about, what are the kinds of things that could be done that would make a difference?

(listen for what gives people hope, who they think could/should act)

• What do you think these things might accomplish?
• How about in terms of individuals: What are the kinds of things that people like us could do to make a difference?
• What’s important for us to keep in mind when we think about moving ahead?

5. Thinking back over the conversation what groups or individuals would you trust to take help you learn more about health and wellness?

• Why them and not others? How about libraries and online sources?

6. Now that we’ve talked about this issue a bit, what questions do you have about it?

• What kind of follow-up would you like out of this discussion?

Source: Harwood Institute for Public Innovation, COMMUNITY CONVERSATION GUIDE, www.harwoodonline.org
## Results

### Participant Library Use

<table>
<thead>
<tr>
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<th>All Locations</th>
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<th>New Brunswick</th>
<th>Somerset</th>
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<tbody>
<tr>
<td><strong>Average Visits to PL/mo</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>5</td>
<td>0</td>
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<tr>
<td>5-7</td>
<td>23</td>
<td>10</td>
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<td>3</td>
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<td>8-10</td>
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<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>11-15</td>
<td>3</td>
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<tr>
<td>16+</td>
<td>15</td>
<td>9</td>
<td>5</td>
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<tr>
<td>Other (1-4)</td>
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<table>
<thead>
<tr>
<th><strong>Average Visits to PL Website/mo</strong></th>
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<td>3</td>
<td>11</td>
</tr>
<tr>
<td>5-7</td>
<td>18</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>8-10</td>
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<td>11-15</td>
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<td>16+</td>
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<tr>
<td>Other (1-4)</td>
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### Participant Self-Reported Health

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<th>Somerset</th>
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<td>9</td>
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<td>Good</td>
<td>34</td>
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<td>19</td>
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Selected Sources (cont.)


