

**Investigating Engagement of Public, Academic, and Medical
Libraries with Community-based Health and Wellness
Activities in Diverse Urban Communities
FINAL REPORT
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Introduction

Community residents conceive of their health and wellness priorities and concerns differently, often based on their cultural, socio-economic, ethnic, and racial characteristics. As public libraries and other information organizations seek to build healthier communities by improving access to information and health literacy, they are well-served by focusing first on engaging their communities so they can better align their programs and services to reflect their specific health-related aspirations and concerns.

In the Middlesex/Somerset County region of central New Jersey, area health care organizations have developed a Community Health Improvement Plan (CHIP); among their top priorities is access to health care and health information (Middlesex/Somerset County, 2016). The regional CHIP has turned to libraries for assistance, especially since one of the country's premier consumer health programs, *Just for the Health of It*, located at the East Brunswick Public Library, has demonstrated how certifying librarians as consumer health information specialists can help improve health literacy. Nevertheless, this model may not fit all libraries in the region, particularly in the adjacent communities of New Brunswick and Franklin Township/Somerset, where many immigrant and African American residents belong to demographics that experience persistent disparate health outcomes.

Our research investigated underlying reasons why the residents of these three communities differ in their approach to health and wellness. We used community engagement tools to listen to local citizens talk about their aspirations and concerns, then

themed these conversations, and created community narratives that represent great variation in approaches to health and wellness, and ways that health care and information organizations might respond. We then met with librarians from each of the three communities to review the narratives, considered their aspirations and concerns, and discussed ways to move forward in providing meaningful health information programs to their communities.

Background: Community Engagement

For the first two-thirds of the twentieth century a powerful tide bore Americans into ever deeper engagement in the life of their communities, but a few decades ago—silently, without warning—that tide reversed and we were overtaken by a treacherous rip current. Without at first noticing, we have been pulled apart from one another and from our communities over the last third of the century. (Putnam 2000, p. 27)

Political scientist Robert Putnam popularized the community revival movement through his book *Bowling Alone* (2000)—a movement that many of his colleagues began in the latter part of the 20th century (Barber, 1984; Mathews, 2002, 2006; Boyte, 2004; Yankelovich 1991, 2010; Fong, 2004; Kretzmann and McKnight 1997). Echoing political theorists was a cadre of librarians advocating a broader new “civic librarianship,” where libraries strengthen democracy by building communities and engaging citizens in public work (McCook 2000; McCabe 2001; Kranich 2001; Schull 2004). More recently, a wave of interest in renewing the role of libraries in building communities has taken root. Today’s public and academic libraries are moving from collection-focused to engagement-centered models of service to increase their impact and significance. Leaders across the profession now talk about the need to engage, embed, and integrate libraries into the life of their communities and universities. As Chrystie Hill, Community Services Director at WebJunction, suggests: “If we stay focused on our users, stakeholders, and their needs, and continually design to them, we’ll be better positioned to stay engaged with our communities no matter what’s taking place around us” (2009, p. 53). Like Hill, many others urge libraries to turn outward and engage their communities by building partnerships that deliver impact and results, realign their civic missions and embed their services in their communities (Durrance and Fisher, 2002; Putnam and Feldstein, 2003; DeRosa, 2010; Kretzmann and Rans, 2005; Hildreth, 2007; Willingham, 2008; Lankes, 2011; Scott, 2011a, 2011b; Becker, 2012; Kranich, 2012; Edwards, et al, 2013; Palfrey, 2015; The American Library Association, 2016; Urban Libraries Council, 2011, 2012; Working Together Project, 2008; Institute for Museum and Libraries Services, 2016; International City Management Association, 2011; and Garmer, 2014, 2016). Today, we can learn from many collaborative initiatives recently launched to advance community engagement through libraries. Most notably, the ALA Libraries Transform Communities in partnership with the Harwood Institute for Public Innovation (Harwood and ALA, 2015a) has trained thousands of librarians to turn outward. A cohort of ten public libraries completed an 18-month demonstration project that tested and refined Harwood tools that facilitate community engagement (ALA, 2016). Libraries throughout the U.S. and Canada now use these tools to increase their impact and become more relevant to their

communities (Seleb and Kolo, 2017; Ouligian, 2018; Kranich, Lotts and Spring, 2014; Kranich and Sears, 2012).

Background: Community Health and Wellness and Health Literacy

This transition toward deeper engagement by libraries poses significant challenges that require better understanding of communities, their changing information needs, and the tools that can help them move forward with greater effectiveness. This is particularly true in healthcare, as an estimated 90 million people have low health literacy¹ (Radick, 2015; National Network of Libraries of Medicine, n.d.; U.S. Department of Health and Human Services, 2018; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2010), which disproportionately impacts difficult-to-reach ethnic communities that experience barriers to full and equitable participation in the nation's healthcare system.

With passage of the Affordable Care Act in March, 2010, communities are charged with pulling together a Comprehensive Health Improvement Plan (CHIP) to describe how they will provide services to underrepresented populations. In their quest to improve access to information resources, particularly for underrepresented groups and populations with special needs such as those living with chronic illnesses, many library and information organizations seek to improve traditional means of providing health and wellness information to their constituents (Kaziunas, Ackerman and Veinot, 2013). Just as librarians have sought new tools to engage more deeply with their communities, so have healthcare professionals (Clinical and Translational, 2011). The convergence of these various initiatives offers an ideal opportunity to apply a community-based participatory research (CBPR) approach (Minkler, 2005; Horowitz, Robinson, & Seifer, 2009; Israel, et al., 2010) as a new way to connect libraries and their communities to promote health and wellness. In New Jersey, the State Health Department has recommended that communities build on past success while unifying efforts through the process of community engagement, an approach more preferable than starting over by building all new collaborations and alliances (NJ Dept. of Health 2012, p. 29).

Health information specialists around the country are also beginning to acknowledge the value of working more closely with their communities, focusing on partnerships that foster consumer health literacy (Flaherty and Grier, 2014; Engeszer, et al., 2016; Flaherty, 2016). A recent health information outreach project undertaken by the National Network of Libraries of Medicine (NNLM) has trained public librarians to use MedlinePlus (Radick, 2015), with "a goal...to equip members of a specific group or community to better address questions about their own health or the health of family, peers, patients, or clients" (Olney and Barnes, 2013, p. i) and the National Library of Medicine (NLM) has developed useful health literacy tools to assist these community outreach initiatives (Glassman, n.d.), which it is now extending to a partnership with the Public Library Association (Public Library Association, 2017; National Network of

¹ Health Literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Institute of Medicine, 2004, p.20).

Libraries of Medicine, n.d). Yet, Morales and Zhou (2015), corroborated by others (Burklow, 2009; Dulin, et al., 2011; Cortis, 2012; Jacquez, et al., 2015), have concluded in their study of health practices of Latino women in New Brunswick that: “Ensuring equitable access to health services and health information is a complex issue that goes beyond the *availability* of services.” They recommend that healthcare providers and outreach programs such as those offered by libraries “deepen [their] overall understanding of the complexity of providing and ensuring equitable access to health information and services for at-risk or marginalized communities” (Morales and Zhou 2015, p. 9).

The convergence of these various initiatives offered this study’s investigators an ideal opportunity to apply community-based engagement practices as a new and unique way to connect libraries and their communities to promote health and wellness. Engagement tools like those developed by the Harwood Institute for Public Innovation in conjunction with the American Library Association (2014) and the Clinical Transactional Awards Consortium (2011), which follow the ethical principles for public participation established by the International Association for Public Participation, the National Coalition for Dialogue and Deliberation, and other organizations (IAP2 n.d; NCDD 2009), reflect the common beliefs and understandings of those working in the fields of public engagement, conflict resolution, and collaboration and cover inclusion and demographic diversity; openness and learning; transparency and trust.

New Brunswick, New Jersey, is nicknamed "The Health Care City" because of the importance of healthcare to its economy; it is home to the world headquarters of Johnson & Johnson, along with several medical teaching and research institutions including Saint Peter's University Hospital, Robert Wood Johnson University Hospital, the Rutgers—Robert Wood Johnson Medical School, the Rutgers Cancer Institute of New Jersey, and The Bristol-Myers Squibb Children's Hospital. In addition, the city has a public high school focused on health sciences, the New Brunswick Health Sciences Technology High School. Researchers and clinicians from Rutgers and area hospitals have engaged with communities in the region to study and intervene in health care provision. Recent immigrants in New Brunswick, particularly those from southern Mexico, face numerous challenges ranging from high incidence of chronic illness such as diabetes and obesity, and social marginalization (Guarnaccia, et al., 2004; Silberberg, et al., 2004). Somerset borders New Brunswick to the south. It has a large middle class, older African American population that faces many of the challenges confronting racial minorities throughout the state, and the U.S.: high rates of chronic diseases including asthma, diabetes, heart disease and stroke, high cancer mortality rates, late-stage breast cancer diagnosis, and a high prevalence of smoking and obesity (NJ Dept. of Health, 2012, p. 20). To the southeast, East Brunswick’s predominantly White population includes recent immigrants from Asia and East/South Asians who are both older and wealthier than their New Brunswick neighbors; they also experience better health outcomes than communities with lower income than racial/ethnic minorities.

The Greater New Brunswick Health Care Collaborative, recently established with funds from the Robert Wood Johnson Foundation, is a local health initiative that strives to improve the culture of health in the region and increase the relevance and impact of

services offered through a partnership led by Rutgers University. One of the Collaborative's key initiatives is to improve health literacy by working with local public and academic medical libraries. In addition, the regional CHIP, which includes two hospitals in collaboration with over 65 partners, has identified "access to health care and health information" as its top priority for the region. Over the past few years, representatives from the CHIP have worked with the regional United Way to convene implementation teams that include public, academic and medical librarians, as well as researchers from the Rutgers Institute for Health, physicians from the Rutgers Robert Wood Johnson Medical School, and health informatics researchers from the Rutgers School of Communication and Information. Together, they endeavor to build upon the experience of the East Brunswick Public Library's nationally recognized "Just for the Health of It" project. Over the last year, the CHIP health literacy team has offered other Middlesex County libraries consumer health training through the National Network of Libraries of Medicine (NNLM). The National Library of Medicine (NLM) has also developed health literacy tools to assist these community outreach initiatives.

In September, 2017, the Robert Wood Johnson Foundation hosted a statewide conference in Princeton which showcased the movement to expand the role of local public libraries in promoting a culture of health and well-being in New Jersey – including dissemination of health information and special programs focused on the social, economic and environmental determinants of health and their influence on health inequity. Attendees recognized that staff time is limited for training and certification, particularly for smaller, less well-resourced libraries that need creative approaches for using or drawing on existing low-cost or free resources including Medline Plus, health information tip sheets, magazines, brochures, and other items, many of which are translated into Spanish and other languages. In October, 2017, the Public Library Association (PLA—a division of the American Library Association) and the NNLM launched "Promoting Healthy Communities" (Public Library Association, 2017) to increase public library workers' knowledge and skills related to consumer health services, with online and conference programming planned over the next several years. In December, 2017, a conference brought together New Jersey librarians, NNLM representatives, and health care professionals to convene on the topic: *Improving Health & Mental Health Literacy in Diverse Communities*, with the overall goal of building partnerships to improve access to culturally and linguistically appropriate health information, resources and programs. Participation in all of these initiatives by project investigators and local librarians has helped them move forward together.

Hence, the timing of this OCLC/ALISE research project was ideal as it enabled us to leverage these parallel initiatives focused on improving access to health and wellness information. Undoubtedly, these efforts to help libraries improve health literacy accentuate the need for new community engagement models to connect harder-to-reach populations in the region, especially the Mexican community in New Brunswick and the African American community in Somerset. With the convergence of the community

engagement and health literacy movements, libraries have renewed opportunities to serve marginalized communities in new and meaningful ways.

Description of the Three Communities and Their Libraries

East Brunswick, New Jersey

East Brunswick is a township in Middlesex County with a population of 48,000, and a population density of 2,190 per square mile. The town is located southeast of New Brunswick, with many commuters. Cars are required to get between most locations, with no public transit beyond senior citizen vans. 23.6% of the residents are foreign born, with ½ of those of Asian descent and 6% European. 75% are White, 4.2 % Hispanic, 2.7% Black, and 16% Asian (see Table 1). The median age is 43, higher than neighboring communities and New Jersey as a whole. The average median income for Whites in East Brunswick is \$94,000/year, with Asians exceeding that amount at \$117,000/year, far ahead of median income in New Jersey. Close to 13% of the population lives below the poverty line, slightly above the state's average, but far below New Brunswick (see Table 2).

The East Brunswick Public Library (EBPL) opened in 1944, and was not publicly funded until 1963. From humble beginnings in the basement of the township administration building, the current facility which was built in 1976, has grown to be one of the busiest and most prominent libraries in New Jersey, with a circulation of more than ½ million items annually. The library employs 15.5 professional librarians and 52.6 total staff (see Table 3). Its award-winning librarians and services have served as a model for the state, with a \$6.4 million total budget—close to half of it with support from grants and other non-tax sources—that supports a passport and business resource center and a maker space. East Brunswick TV (EBTV) is a library department that produces 200 annual shows each year which include Council meetings and East Brunswick High School events. Extensive multi-cultural programs serve a diverse upper-middle class population. The town senior center, which is located next door, coordinates many services that are attended by a growing elderly population. The EBPL brings the community together through numerous partnerships with such organizations as the East Brunswick Arts commission to host concerts and dance workshops, with the East Brunswick Human Relations Council for a documentary discussion series and with the Friends of the East Brunswick Environmental Commission for an Option Green Lecture Series that won the Association of New Jersey Environmental Commission's 2017 Environmental Achievement Award.

Just for the Health of It, the East Brunswick Public library's nationally acclaimed health and wellness information initiative, was launched in 2009, in part, to help support demographic changes resulting from the influx of immigrants from Egypt, Russia, China, India, Pakistan, and Korea. Recent residents were seeking doctors who spoke their language and understood their cultural/social nuance, and the aging population lacked computer skills necessary to find online medical information (Modlin, 2017). *Just for the*

Health of It was recently recognized with the New Jersey Hospital Association's Community Health Outreach Award, due to the library's partnership with Robert Wood Johnson University Hospital and Saint Peter's University Hospitals to increase community health literacy. Through this partnership, the library regularly offers health programs and various health screenings to the community. The library employs multiple trained health librarians with the consumer health information specialization (CHIS) certified by the Medical Library Association (MLA), through courses from the National Network of Medical Libraries (NNLM). The health librarians interact with over 1,300 users at the library and health outreach events throughout the region. The program fielded 750 health and wellness research questions in 2017 (East Brunswick Public Library, 2017).

New Brunswick, New Jersey

New Brunswick is a 300-year old city in the center of the state, with a population of 55,000, and a population density of 10,556 per square mile. The city is a walking city, with the largest share of households having either one or no cars. 44% of the population has an income below the poverty line (see Table 2). As of 2015, 69.5% of New Brunswick residents were U.S. citizens, which is considerably lower than the national average of 93%. Close to half of the residents are native Spanish speakers. 31,000 of the city's residents are Hispanic, compared with 11,758 White and 7,435 African American residents (see Table 1).

The New Brunswick Free Public Library (NBFPL), incorporated in 1890, has served the community for over a century from its Carnegie building (completed in 1903) on Livingston Avenue. Its \$2.6 million annual budget (\$2 million from local taxes) to serve 55,000 residents is far below the \$6.5 million EBPL budget, for the 47,500 East Brunswick residents (see Table 3). The library employs 8 professional librarians and 20 total staff. More than ½ of the library's circulation is to children, and 2/3 of the programming audience is children. The library offers a number of award-winning language classes, including an ESL Conversation Groups run by volunteers, and Conversation Cafes in cooperation with Rutgers Graduate School of Education and The Collaborative Center for Community-Based Research and Service. It also sponsors citizenship classes in collaboration with Jewish Family Services. The library also includes Spanish-language materials in its collections, including books for children, and it hosted *Latino Americans: 500 Years of History* program with Rutgers University, funded by the American Library Association and the National Endowment for the Humanities. The NBFPL has established trusted links to the many Latino organizations and community members. The children's and young adult librarians reach out to various local organizations including pediatric residents, where they weave literacy conversations into discussions and conduct early childhood intervention with the Chandler Health Clinic. The library conducts pre-school read and play events and bilingual story hours, at the library and at local childcare centers. Although parents accompany their children and are highly invested in their learning and success, their library use is primarily driven by children's activities. The library takes a lead role in staging two important annual Latino

celebrations: Day of the Dead (*Dia De Los Muertos*) with participation of approximately 1,000 and *Cinco de Mayo* with participation close to 5,000. Although these commemorative events have created strong ties to the local Latino community, they have not resulted in substantial library use, particularly by adult Latinos. Furthermore, librarians indicate they do not receive questions about health-related issues, nor have local residents made full use of the *Healthy New Jersey* website, which is produced by Rutgers medical librarians and linked on the NBFPL website. Due to low staffing levels and low community involvement, NBFPL has not participated in the regional consumer health-training program coordinated by Healthier Middlesex with the National Network of Medical Libraries Mid-Atlantic Region and led by the East Brunswick Public Library.

Somerset, New Jersey

Somerset is unincorporated community within Franklin Township in Somerset County, NJ, southwest of New Brunswick. Its population of over 22,000 is spread out over 6.4 square miles with a density of 3,414 per square mile. This sprawling community has no traditional ‘downtown,’ and cars are used primarily for transport. Less than half of the population is White, and the second largest group is African American, most of whom live in one section of the township. Just over ¼ of the population is foreign born, with the largest group coming from Asia, followed by Latinos and Africans (see Table 1). Median income is just below the state average, but far above neighboring New Brunswick (see Table 2). Only 6.2% of the population lives below the poverty line, and average age is 40.4 years, slightly above the state average and close to double the average age of the population in New Brunswick. Residents live in enclaves. Churches are vital to the African American community in this township, as they are the source of various programming for health/wellness, financial literacy, and music and arts.

The Franklin Township Public Library (FTPL) includes a main recently renovated building and a small branch in Franklin Park, the part of the township where most African Americans reside. Like East Brunswick, the FTPL offers extensive programming, particularly for children (i.e. story time). The library receives about \$3.1 million in support annually—almost all of which is from local taxes—and circulates over 500,000 items at its two locations (see Table 3). FTPL librarians indicated that residents make few requests for health and wellness information, but they have a very well-attended yoga class that meets in the main building. The library employs 14 2/3 FTE librarians and has a total FTE staff of 37 3/4. Among the library’s challenges is communicating with residents who live in enclaves, in a town split between two counties with a large tract of state-owned land in the center. No newspapers serve the region. Although the Somerset County Library system has participated in consumer health training from the National Network of Libraries of Medicine, FTPL does not belong and has not joined the regional health literacy initiative led by the East Brunswick Public Library.

Table 1: Racial Distribution

	East Brunswick	New Brunswick	Somerset	New Jersey

White	74.9%	35,004	20.2%	11,321	43.6%	10,481	57.3%	5,091
Hispanic	4.2%	1,957	56.9%	31,866	9.2%	2,216	18.9%	1,684
Black	2.7%	1,282	14.4%	8,066	24.2%	5,818	12.8%	1,135
Asian	16.2%	7,584	8%	4,485	20.5%	4,926	9%	796
Foreign Born Resident	23.6% (12.7% Asian, 5.9% European)		38.8% (32.3% Latin American)		26.6% (5.8% Asian, 4.9% LA, 3.3% African)		21.6%	

All data for 2013 except East Brunswick (2000). Population data in 000s.

Source: <http://www.city-data.com/races/races-East-Brunswick-New-Jersey.html>; <http://www.city-data.com/races/races-New-Brunswick-New-Jersey.html>; <http://www.city-data.com/races/races-Somerset-New-Jersey.html>

Table 2: Median Household Income (2013)

	East Brunswick	New Brunswick	Somerset	New Jersey
White	93,886	32,970	80,092	80,565
Hispanic	71,878	34,569	126,088	49,401
Black	90,476	36,874	67,432	47,714
Asian	117,245	41,609	126,088	102,138

Source: American Community Survey, US Census, 2013 <http://www.njspolight.com/stories/13/12/19/median-income/>

Table 3: Library Budgets, Professional and Total Staff

Library	Total Funds	Tax Funds	Professional Staff	All staff
East Brunswick	\$6,467,362	\$3,623,040	15.5	52.6
Somerset	\$3,144,064	\$3,008,680	14.7	37.7
New Brunswick	\$2,670,179	\$2,028,819	8.1	20.0

Source: (New Jersey State Library, 2017)

Methods

Engagement tools like those developed by the Harwood Institute (2015a) and the Clinical Transactional Awards Consortium (2011) help librarians and community-based participatory researchers develop strategies that take action, achieve results, and build a stronger sense of community identity. By focusing on aspirations rather than lengthy lists

of problems or lofty promises, the investigators can identify what people really care about, then act intentionally on specific changes aligned to local context—changes that ripple out over time. Engagement tools also help stakeholders build capacity as well as determine “who to run with” as trusted partners, developing the type of networks essential for innovation and learning. Through listening to and sharing community members’ stories, stakeholders elevate their readiness to recalibrate their efforts jointly, uncover a sense of common purpose, and set realistic goals. The approach helps increase relevance, significance, and impact while deepening engagement with the community. As participants in an OCLC meeting on the Library in the Life of the User concluded: “Although there is no one-size-fits-all solution ... finding ways to establish communities of practice—and to share tools, techniques and findings—will make libraries more successful in embedding libraries in the lives of their users.” (Proffitt, Michalko and Renspie, 2015, p. 12).

The Rutgers University Office of Research and Regulatory Affairs Institutional Review Board approved the study protocol on March 3, 2017 (IRB #: 17-459M).

Sampling Approach for Residents in the Three Communities

The OCLC/ALISE research team purposively sampled from these three towns in New Jersey: (1) East Brunswick, (2) New Brunswick, and (3) Somerset, because of their proximity to each other and their racial demographics and economic distributions (i.e. median household income) that tend to track according to health disparities across urban areas of the U.S. For this investigation, we conducted a qualitative study that applied proven techniques of developing and sustaining community engagement. We recruited participants in collaboration with local librarians in New Brunswick and East Brunswick, using flyers (see Appendix A), tabling, and networking. In East Brunswick, we targeted library users by staffing a table following story time and movie showings; librarians also helped recruit through their extensive contacts. In New Brunswick, we targeted Latinos, recruiting them through their involvement with two ESL classes held at the library and also observed a group of women and children at a *charla* (community health meeting) led by *promotoras* at a local church. In Somerset, we targeted African Americans, recruiting them through neighbors (snowballing) and tabling at an African American breast cancer event.

Using the tools developed by the Harwood Institute for Public Innovation in concert with the American Library Association (Harwood, 2015a), we conducted a series of seven community conversations with residents of East Brunswick, New Brunswick and Somerset in September and October 2017 that focused on aspirations and concerns related to health and wellness. The questions we used to help guide the discussions focused on the following four topics (see Appendix B for the complete discussion guide and Appendix C for the note taking tool):

1. In terms of health and wellness, what type of community do you want?
2. How is that different from the way things are now?
3. What needs to change to get the kind of healthy community you want?

4. Who do you trust to take action?

The conversations took 1½ to 2 hours, and were led by the co-principal investigators of the project, with note taking and review of the recordings conducted by the principal investigator and graduate assistant. Following the sessions, we categorized the findings into four areas: 1) Aspirations; 2) Concerns; 3) Actions; and 4) Who people trust to act. We then themed the data to highlight shared aspirations and concerns, based on the process recommended by the Harwood Institute (2015c) that determines the essence and shared concerns, based on what people said and how the ideas and concepts fit together.

Our theming informed a 1-page narrative we generated for each community (see Appendix D) that was then shared with the local librarians at meetings in December 2017, January 2018, and February 2018. The librarians from each of the three communities confirmed the validity of our findings, recommending only slight modifications. We followed our narrative dialogues with conversations about the aspirations for the three participating libraries that helped them determine next steps for developing programs and partnerships to advance health and well-being in their respective communities. These community conversations provided a window into how local residents talk about their concerns and lives, and opened up new channels to develop and deepen partnerships with non-traditional groups. They also offer “*Public Knowledge*” – first-hand knowledge about what matters most to community members – so that organizations can be more effective, more relevant and have greater impact in our communities (Harwood, 2015a).

Results

We recruited a total of 53 participants for 7 community conversations across the 3 communities: 21 participants in East Brunswick, 24 in New Brunswick, and 8 in Somerset. Our samples paralleled the populations of those communities in both age and racial/ethnic distribution. A summary of the demographics of our participants is included below (see Table 4).

Table 4: Participants

	All Locations Total	East Brunswick Total	New Brunswick Total	Somerset Total
Participants	53 ²	21	24	8
Gender				
Female	34	14	15	5
Male	19	7	9	3
Age				

² Six participants (three who joined conversations in East Brunswick and three who joined conversations in New Brunswick) did not reside in East Brunswick, New Brunswick, or Somerset

18-24	4	0	4	0
25-34	3	0	3	0
35-44	10	2	8	0
45-54	5	1	4	0
55-64	10	6	1	3
65-74	10	4	2	4
75+	10	8	1	1
Unknown	1	0	1	0
Race				
African American	7	0	2	5
Caucasian	22	14	7	1
Asian	14	7	7	0
Hispanic/Latino	9	0	8	1
Other	1	0	0	1
Highest Level of Education Completed				
High School or Less	14	3	9	2
Technical School	1	0	1	0
Nursing School	1	1	0	0
Associates Degree	1	0	1	0
Bachelors/Undergraduate Degree	18	8	8	2
Masters/Graduate Degree	12	7	3	2
Doctorate/Postgraduate	4	2	0	2
Unknown	2	0	2	0

In East Brunswick, participants were older and mostly White, although several Asians were also included in the sample. Participants expressed satisfaction with their access to healthcare, particularly physicians, and were eager to advocate for themselves in their interactions with healthcare providers. They demonstrated a keen interest in holistic treatments and recognized the importance of access to health information and education. They also indicated deep trust in the EBPL—particularly its health literacy program *Just for the Health of It*—healthcare professionals and their own personal networks for information. East Brunswick resident participants articulated great pride in their status as well-informed consumers of health care and health information, for which they rely heavily on weak ties, some of which they have cultivated through the public library and the adjacent senior center.

In New Brunswick participants in the community conversations were younger and quite diverse; they included mainly Latinos, and almost as many African Americans, Asians and Whites. Participants said they wanted the city to truly fulfill its moniker as a "Health Care City" through institutions doing more to help support and educate local citizens. This group's health concerns were tied to overall family lifestyle issues. Overall, they distrust health care professionals, instead they rely on strong ties—friends, family and elders—for reliable information. They expressed concerns about not being heard by community leaders, but they also desire more engagement like the conversations used for this research project. Local residents, particularly Latinos, tend to rely on the public library for children's learning and celebrating festivals, but not for health information.

In Somerset, participants in the community conversations were older, middle-class and purposively skewed toward African American. They shared that they rely heavily on extended families, neighbors, and ministry for health-related programs; they seek and find health information online, and through relatives or social networks tied to church groups. They indicated that they rarely participate in library programs, as churches are the primary social institution. They tend to assume that it is their personal responsibility to get and stay healthy, although they shared that they are concerned about high cost of care which results in uncertainty about the affordability of health care. Overall, they trust physicians, but are skeptical of the pharmaceutical industry due to financial incentives. These residents make limited use of the public library, perceiving it based upon childhood memories and as an "analog" place—a *refuge from* technology—not a health information source. In fact, some indicated that they come to the library to get away from technology and rarely ask for assistance.

All three communities share a concern for health and wellness; residents consider health a priority for themselves, their families and their communities. The generally higher income, older residents of East Brunswick are more satisfied with their health care and tend to trust providers and institutions, including libraries. In contrast, lower income, younger residents of New Brunswick feel disconnected from local health care institutions and rely more on strong ties to family; they do not use the NBFPL for health and wellness information. Middle class older African Americans in Somerset stay informed through the strong ties of their family and faith networks, but are uncertain about trusting health care providers because of the influence of financial incentives from the pharmaceutical industry. Given their strong sense of privacy about health-related concerns, they do not seek health information from their public libraries.

When librarians from the three communities met with us following the community conversations, they confirmed the validity of the three narratives. What also surfaced in that discussion were differences between the three libraries in addressing health and wellness in their communities.

In East Brunswick, health and wellness have become the hallmark of the library. Since its inception in 2009, *Just for the Health of It* has grown a large following, with hearty endorsements from the mayor and other local officials, as well as residents. The library's strong and extensive network of partnerships with organizations across the township is particularly notable. Key partners in the region include Healthier Middlesex

and the Robert Wood Johnson University Hospital and St. Peters University Hospital in New Brunswick. These hospitals received the 2017 Health Research and Educational Trust of New Jersey Community Outreach Award for Enhancing Access and Quality of Care to Reduce Healthcare Disparities for their project titled, “Outside the Box: Partnering with Local Libraries to Increase Community Health Literacy” (Modlin, 2017). Leadership of the program, although based at the public library, is distributed across the partners, as are services that the library regularly provides at various community locations. The collective action that EBPL has taken in partnership with many local organizations has resulted in recognition and results. Nevertheless, Karen Parry, the EBPL program founder and director, recognizes that her library is not nearly as successful reaching new immigrants and needs to work harder to connect with these groups, their organizations, leaders and networks (March 6, 2018).

In contrast, the New Brunswick Free Public Library has more limited involvement with health-related community organizations. Although it has succeeded in connecting with the local Latino community to promote literacy and ethnic festivals, it has only weak links to the kinds of health and wellness organizations that can advance health and wellness among its immigrant residents. Even though NBFPL librarians are involved with several youth initiatives outside the library, their work with health care-related organizations like a nearby clinic is limited to distribution of information.

In Somerset, librarians indicated that their ties to local organizations were even more limited. Given that the township is spread out geographically and residents tend to rely mainly on health care institutions outside the township, the library is less prone to build upon local networks to promote health and wellness. Indeed, librarians who participated in this study indicated that general use is below what they would like. According to Renae Barger, the head of the Mid-Atlantic Region of the National Network of Libraries of Medicine, “Public libraries are trusted places within the community. It is encouraging to work with organizations like Healthier Middlesex who recognize the value of elevating public libraries to be seen as hubs for health information, empowering consumers to be healthy and make informed decisions regarding their health” (Modlin, 2017). Yet, not all libraries in the region are prepared to serve as hubs for health information and assume a leadership role empowering citizens to make more informed decisions about their health. Nor are their citizens encouraging them to assume such a role.

Discussion

The themes reflected in the narratives derived from the community conversations in three neighboring but distinctively different central New Jersey communities reflect the disparate views of health and wellness by their respective residents. The conversations resulted in a deep understanding of the attitudes and cultural practices of their communities; those wishing to advance health and wellness are well equipped to take the next step by calibrating the capacity of their community to move forward. The stage of a community’s life has implications for determining best strategies for taking action according to research by the Harwood Institute for Public Innovation. Various factors such

as relationships, networks and norms along with conditions and characteristics reflect the readiness and capacity of a community to move forward (Harwood, et. al., 1999). The librarians should consider applying the Harwood Institute's *Community Rhythms* and *Calibrating Community Conditions* tools (Harwood, 2015b; Harwood, 2014) to understand why their neighboring communities diverge in their capacity to address health and wellness concerns.

Based on the stages described by the Harwood Institute, the three selected communities are at different starting points. The EBPL has built strong relationships with community members and organizations involved with health and wellness, with leadership capacity distributed across them. The EBPL has sufficient staff and resources to dedicate to these efforts, as a result of a strong history of fund raising for initiatives like *Just for the Health of It* along with catalytic leadership. Discussions with the staff in February 2018 led by the OCLC/ALISE research team indicated that they are pleased with their success in offering health literacy services, but cognizant of the cultural challenges associated with reaching new immigrants. One librarian stated, "We reach people who are already aware of their health. We need to go to grocery stores, Asian markets, transit centers—places where you don't normally see a librarian providing health information or that are not already associated with health." Participants in the February 2018 discussions also recognized that many seniors have limited mobility, and are consequently isolated from services available at both the senior center and the library. Concerns about language limitations were raised as well as the need to connect more with ethnic organizations and institutions like the Korean church near the library.

The NBFPL has developed solid relationships with its Latino community focused on teaching English language skills and celebrating cultural festivals. But it has yet to catalyze partnerships with local health organizations that can position it to initiate or foster health literacy programs. The NBFPL staff attending a January 2018 dialogue hosted by the OCLC/ALISE research team were unsure how to collaborate more effectively with health care organizations, citing various events that were poorly attended. They are also frustrated by language challenges. Reaching immigrants, many of whom live in the shadows, is problematic not only because of marketing shortcomings, but also due to the social conditions for residents who lack transportation and child care options, as well as familiarity with ways the library can benefit them. One of the NBFPL librarians commented that "we're not setting the agenda, patrons are. If they need health and wellness information, then, yes, we should step up to the plate." But how they might do that is unclear. They acknowledge that they build community trust. But a lack of resources and staff translates into prioritizing immediate demands, not partnering with other organizations. Nevertheless, they aspire to do more and indicate an eagerness to get more involved, particularly because local residents face so many persistent health problems, including mental health conditions and social conditions that impact health, like poverty and homelessness.

The Franklin Township Public Library (FTPL) in Somerset has even fewer ties with health-related community organizations, particularly those that are faith-based and well connected to the local African American population. When we initially contacted a staff member to discuss our research project and recruit participants, our request was not

necessarily as well supported as our efforts at the NBFPL or the EBPL, so we booked a conference room for all three conversations with local residents without the kind of collaborative support from librarians in the other two communities. Two FTPL librarians did attend our convening with area librarians in December 2017, and they expressed interest in future collaboration possibilities. One had just begun working in Somerset; she recognized the need for that library to recast its offerings and re-brand what the library does to attract more community participants. Although the FTPL is quite successful at attracting attendees to celebrations and children to story times, we are not clear on its track record of winning grants and launching new programs. We were unsuccessful in scheduling a follow-up meeting and sustaining the discussions with these librarians, indicating limited interest in pursuing further options.

The conditions of each of these communities and their libraries differ greatly, as do the stages of community life. That does not mean they are not each capable of assuming a more active role in promoting health literacy, either individually or collectively. But each library needs to start at a different place. Applying the Harwood Community Rhythms (2014; 2015b) staging could enable a calibration of best options about what to do and considerations before moving forward. This may include: creating additional forums for conversation and interaction—a step that residents of all three communities welcomed—taking small steps that are relevant to local resident’s lives, and demonstrating signs of progress. Given the limited capacity of the New Brunswick and Franklin Township libraries to engage with their communities, it is probably premature for librarians to become certified as consumer health specialists. Residents in these two racially and ethnically diverse communities are tightly bonded, and appear to follow well-documented patterns of reliance on strong ties to people with whom they have close personal relationships for health related information—information that is often inadequate (Caidi, Allard and Quirck, 2010; Fisher, Durrance, Bouch, 2004; Courtright, 2005). They lack the weak ties that lead to greater opportunities for individuals as information and knowledge seekers (Granovetter, 1983).

Following the conversations with these libraries, East Brunswick applied for grants to support a mobile consumer health van that would service marginalized populations in the region, and the New Brunswick Free Public Library requested funding for a maternal wellness project. This grant has begun to work across the three communities. Participating libraries are engaging more actively with their communities, focusing on building trust and strengthening relationships/weak ties with community members and organizations. They are also identifying the breadth and depth of community social capital: networks, norms, and linkages. What is now more possible are: mobile services, collaboration, and more involvement with local groups.

Conclusion and Future Research

“The promise of health literacy is the promise of improved health. For that promise to be realized, the field of health literacy needs to understand much more about

the many possible pathways to informed health actions” (Pleasant, et.al., 2016, p. 5). For the libraries in central New Jersey studied by this research team, this quote rings true. Healthcare providers and outreach programs such as those offered by libraries 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” (Morales and Zhou, 2015, p.9f; Caidi, Allard, & Quirke, 2010).

Through this study, we have reinforced that equitable access to health information goes beyond just the *availability* of services. Librarians must deepen their understanding of the complexity of equitable access for marginalized communities. Enhanced engagement starts with “public knowledge” of community aspirations and concerns, particularly for marginalized communities that are not pre-disposed to health information seeking from public sources like libraries to bolster health and wellness. This means that librarians must work *with* the community, rooting their work and decisions in what matters to people so that work is more relevant and has greater impact. They can start by setting realistic goals, and shift their thinking to turn outward. By gathering and incorporating “public knowledge” along with expert knowledge, they can know what value they bring to their community, uncover where they fit in a complex network of local health and wellness program and services, and address challenges. Going beyond the delivery of information services means they need to deepen relationships and take collective rather than singular action. Ultimately, such engagement will build trust and a following in towns like New Brunswick and Somerset that have not yet connected their residents to a library health literacy program.

This study squarely addresses an issue of continuing concern to librarians and other information professionals: increasing the impact of programs and services for community members by seeking to understand their aspirations and concerns. Our approach demonstrates the value of applying community engagement techniques that deepen relationships, build trust, and increase impact in various settings. Further, community health and wellness is a topic of concern for *all* communities. Given increased national attention on improving health and wellness—and the spotlight on persistent health disparities for racial and ethnic minorities and low income groups—our study results are relevant to libraries and other organizations as they embrace both health literacy and community engagement initiatives, and to scholarship across and beyond library and information science disciplines.

Finally, public libraries cannot undertake these efforts alone. As the East Brunswick Public Library has convincingly demonstrated, it takes strong relationships, catalytic action and collective leadership to make a real difference in the health and wellness of their community members.

This project opened up numerous opportunities for future research. Although it incorporated only a small sample of residents in three different communities, its findings can benefit libraries considering participation in the Public Library Association/National Network of Libraries of Medicine healthy communities initiative. These libraries are prime candidates for future analysis of their experience both in engaging their communities as well as in implementing health literacy programs. Libraries in central

New Jersey are increasingly interested in pursuing health and wellness initiatives, with Rutgers researchers shaping their efforts as well as evaluating results. This research project opened doors to work with these libraries to help them build partnerships and trust, before embarking upon new programs with marginalized populations. Partnerships with the Rutgers Institute for Health offers opportunities for extending health-related research already underway in the state to include libraries—one of which is already underway with the Kettering Foundation that is conducting a learning exchange on Citizens Creating Healthy Communities that will include both an Institute researcher and the co-principal investigator from this project.

Outcome of this Research

Presentations and discussions about these results were made to staff from participating libraries in December 2017, and January and February 2018. At the February 2018 ALISE national conference in Denver, Charles Senteio and Nancy Kranich presented a paper entitled, “Library Engagement with Community-based Health and Wellness in Diverse Communities,” (Kranich and Senteio, 2018). That presentation was submitted for posting on the OCLC research grants web site, and is accessible through the Rutgers Digital Repository: RU Core. At the Kettering Foundation workshop on Citizens Creating Healthy Communities in Dayton, OH, on May 23-24, 2018, Nancy Kranich shared findings from this research project. The principal investigators are now working on several manuscripts to submit to scholarly journals for publication. They have also submitted various follow-up grant proposals.

References

- American Library Association. (2016). Libraries Transform Communities (LTC) Innovators Cohort. Chicago, IL: American Library Association.
<http://www.ala.org/transforminglibraries/libraries-transforming-communities/cohort>
- Barber, Benjamin. (1984). *Strong Democracy*. Berkeley, CA: University of California Press.
- Becker, Christine. (2012). "Engaged Libraries Leading the Way," *National Civic Review*. 101 (4) Winter 2012: 21-23.
- Boyte, Harry. (2004). *Everyday Politics: The Power of Public Work*. Philadelphia: University of Pennsylvania.
- Caidi, Nadia, Allard, Danielle, & Quirke, Lisa. (2010). "Information Practices of Immigrants," *Annual Review of Information Science and Technology* 44 (1): 493-531.
- Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the Principles of Community Engagement. (2011). *Principles of Community Engagement*, 2nd ed. Bethesda, MD: National Institute of Health.
https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf
- Courtright, Christina. (2005). "Health Information-seeking among Latino Newcomers: An Exploratory Study," *Information Research* 10 (2) January: 1-17.
- DeRosa, Kathy, et. al. (2010). *Perceptions of Libraries, 2010 Context and Community*. Dublin, OH: OCLC.
http://www.oclc.org/content/dam/oclc/reports/2010perceptions/2010perceptions_all.pdf
- Durrance, Joan and Karen Fisher. (2002). *Outcomes Toolkit 2.0-- IBEC: Information Behavior in Everyday Contexts Helping Maximize the Impact of Information in Communities*. Seattle, WA: University of Michigan and University of Washington.
<http://ibec.ischool.washington.edu/toolkit/>
- East Brunswick Public Library. (2017). *Annual Report*. East Brunswick, NJ: East Brunswick Public Library. <https://www.ebpl.org/pdf/2017-Annual-Report.pdf>
- East Brunswick Public Library. (n.d.). *Just for the Health of It*. <http://www.wellinks.org/>.
- Edwards, Julie Biando, Melissa Robinson, and Kelley Sue Unger. (2013). *Transforming Libraries Building Communities The Community Centered Library*. Lanham, MD: Scarecrow Press.
- Fisher, Karen, Joan Durrance, and Joan, Karen Fisher, & Marian Bouch Hinton. (2004). "Information Grounds and the Use of Needs-based Services by Immigrants in Queens,

New York: A Context-based Outcome Evaluation Approach,” *Journal of the American Society for Information Science and Technology* 55 (8) August: 754-766.

Fong, Archon. (2004). *Empowered Participation: Reinventing Urban Democracy*. Princeton, NJ: Princeton University Press.

Garmer, Amy. (2016). *Action Guide for Reinvisioning Your Public Library*. Washington, DC: Aspen Institute. http://www.libraryvision.org/download_action_guide

Garmer, Amy. (2014). *Rising to the Challenge: Reinvisioning Public Libraries*. Washington, DC: Aspen Institute.
<http://csreports.aspeninstitute.org/documents/AspenLibrariesReport.pdf>

Granovetter, Mark S. (1983). “The Strength of Weak Ties: A Network Theory Revisited.” *Sociological Theory*, 1: 201–233.

Harwood Institute for Public Innovation. (2014). *Calibrating Community Conditions: “For a Better Community.”* Chicago, IL: American Library Association.
http://www.ala.org/tools/sites/ala.org.tools/files/content/LTC_CalibratingCommunityCond4.pdf

Harwood Institute for Public Innovation. (2015a). *Communities Have Challenges: Libraries Can Help—Step-by-Step Guide to “Turning Outward Toward Your Community*. Chicago, IL: American Library Association.
http://www.ala.org/tools/sites/ala.org.tools/files/content/LTCGettingStarted_DigitalWorkbook_final010915.pdf

Harwood Institute for Public Innovation. (2015b). *Community Rhythms*. Chicago, IL: American Library Association.
<http://www.ala.org/tools/sites/ala.org.tools/files/content/Community%20Rhythms%20Tool.pdf>

Harwood Institute for Public Innovation. (2015b). *Theming and Using Public Knowledge Workbook*. . Chicago, IL: American Library Association.
http://www.ala.org/tools/sites/ala.org.tools/files/content/LTC_Theming-Workbook-final072114_0.pdf

Harwood, Richard, Kathleen Fitzgerald, D. Neil Richardson, and Jeff McCrehan. (1999). *Community Rhythms: Five Stages of Community Life*. Bethesda, MD: Harwood Institute for Public Innovation. <https://theharwoodinstitute.org/news/1999/12/1/community-rhythms-the-five-stages-of-community-life>

Hildreth, Susan. (2007). “Engaging Your Community: A Strategy for Relevance in the Twenty-First Century.” *Public Libraries* 46 (3): 7-9.

Hill, Chrystie. (2009). *Inside, Outside, and Online: Building Your Library Community*. Chicago, IL: American Library Association.

Horowitz, Carol R., Mimsie Robinson, & Sarena Seifer. (2009). "Community-based Participatory Research from the Margin to the Mainstream: Are Researchers Prepared?" *Circulation* 119 (19): 2633-2642.

Institute for Museum and Library Services. (2016). "IMLS Launches Community Catalyst Initiative," Washington, DC: Institute for Museum and Library Services.
<https://www.imls.gov/news-events/news-releases/imls-launches-community-catalyst-initiative>

Institute of Medicine. (2004). *Health Literacy: A Prescription to End Confusion*. Washington, DC: The National Academies Press.
<https://www.nap.edu/catalog/10883/health-literacy-a-prescription-to-end-confusion>.

International Association for Public Participation. (n.d.). "IAP2 Code of Ethics," Scottsdale, AZ: IAP2 USA.
<https://iap2usa.org/resources/Documents/Core%20Values%20Awards/IAP2%20-%20Code%20of%20Ethics%20-%20stand%20alone%20document.pdf>

International City Management Association (ICMA). (2011). *Maximizing the Potential of Your Public Library: A Report on the Way Public Libraries Are Addressing Community Priorities*. Washington, DC: ICMA.
http://icma.org/en/icma/knowledge_network/documents/kn/Document/302161/Maximize_the_Potential_of_Your_Public_Library

Israel, Barbara A., Chris M. Coombe, Rebecca R. Cheezum, Amy J. Schulz, Robert J. McGranaghan, Richard Lichtenstein, et al. (2010). "Community-based Participatory Research: A Capacity-building Approach for Policy Advocacy Aimed at Eliminating Health Disparities," *American Journal of Public Health* 100 (11): 2094-2102.

Kaziunas, E., Ackerman, M. S., & Veinot, T. C. (2013). "Localizing Chronic Disease Management: Information Work and Health Translations." *Proceedings of the American Society for Information Science and Technology*, 50(1): 1-10.

Kranich, Nancy and Carlton Sears. (2012). "The Conversation Continues @ your library," *American Libraries*, March/April 43 (3/4): 22.
<https://americanlibrariesmagazine.org/2012/03/06/the-conversation-continues-your-library/>

Kranich, Nancy. (2012). "Libraries and Civic Engagement," *Library and Book Trade Almanac*. Medford, NJ: Information Today.
<http://mss3.libraries.rutgers.edu/dlr/showfed.php?pid=rutgers-lib:37218>

Kranich, Nancy. (2001). *Libraries and Democracy: Cornerstones of Liberty*. Chicago, IL: American Library Association.

Kranich, Nancy, Megan Lotts, and Gene Springs. (2014). "The Promise of Academic Libraries Transforming Campus Communities," *College and Research Libraries News* 75 (4) April: 182-186. <http://crln.acrl.org/content/75/4/182.full>

Kranich, Nancy & Charles Senteio. (2018). "Library Engagement with Community-based Health and Wellness in Diverse Communities," *ALISE Annual Conference*. <https://doi.org/doi:10.7282/T3V12842>

Kretzmann, John P. and McKnight, John L. (1997). *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community Assets*. London, UK: ACTA Publications.

Kretzmann, Jodi and Susan Rans. (2005). *The Engaged Library: Chicago Stories of Community Building*. Chicago, IL: Urban Libraries Council.
http://www.urbanlibraries.org/filebin/pdfs/Engaged_Library_Full_Report.pdf

Lankes, R. David. (2011). *The Atlas of New Librarianship*. Cambridge, MA: MIT Press.

Mathews, David. (2006). *Engaging Citizens: Meeting the Challenges of Community Life*. Dayton, OH: Kettering Foundation. <http://kettering.org/wp-content/uploads/EngagingCitizens.pdf>

Mathews, David. (1999). *Politics for People*, 2nd ed. Champaign, IL: University of Illinois Press.

McCabe, Ronald. (2001). *Civic Librarianship: Renewing the Social Mission of the Public Library*. Lanham, MD: Scarecrow Press.

McCook, Kathleen de la Pena. (2000). *A Place at the Table: Participating in Community Building*. Chicago: American Library Association.

Middlesex/Somerset County, NJ.(2016). *Community Health Improvement Plan*.
<https://www.saintpetershcs.com/SaintPeters/media/SaintPeters/About%20Us/CHIP-Final-9-15-16.pdf>

Minkler, Meriedith. (2005). Community-based Research Partnerships. *Journal of Urban Health* 82: ii3-ii12.

Modlin, Melanie. (2017). "Win. Win. Win. Win. Win. A Major Award for One Regional Medical Library's Partners, and No NLM Funds Spent!" *NLM in Focus*. March 21, 2017.
<https://infocus.nlm.nih.gov/2017/03/21/win-win-win-win-win-a-major-award-for-one-regional-medical-librariys-partners-and-no-nlm-funds-spent/>

Morales, Miraida and Xiaomu Zhou. (2015). "Health Practices of Immigrant Women: Indigenous Knowledge in an Urban Environment," *Proceedings of ASIST*, November 6-10.

National Coalition for Dialogue and Deliberation (NCDD), IAP2, and the Co-Intelligence Institute. (2009). *The Seven Core Principles for Public Engagement*. Boling Springs, PA: NCDD.
http://www.thataway.org/files/Expanded_Core_Principles_Public_Engagement.pdf

National Network of Libraries of Medicine. (n.d.). "Health Literacy." Bethesda, MD: National Library of Medicine/National Network of Libraries of Medicine.
<https://nnlm.gov/initiatives/topics/health-literacy>

New Jersey State Library. (2017). New Jersey Public Library Data and Analyses, 2016. Trenton, NJ: New Jersey State Library. <https://www.njstatelib.org/2016-library-data/>

Ouligian, John Andrew (2018): *A pillar of the Youngstown community: The Public Library of Youngstown and Mahoning County engages in the Harwood practice*, Public Library Quarterly, DOI: 10.1080/01616846.2018.1434741

Palfrey, John. (2015). *Bibliotech: Why Libraries Matter More than Ever in the Age of Google*. NY: Basic Books.

Pleasant, Andrew, Rima E. Rudd, Catina O'Leary, Michael K. Paasche-Orlow, Marin P. Allen, Wilma Alvarado-Little, Laurie Myers, Kim Parson, and Stacey Rosen.(2016). "Considerations for a New Definition of Health Literacy." Discussion Paper. *NAM Perspectives*. Washington, DC: National Academy of Medicine (April 4).
<http://nam.edu/wp-content/uploads/2016/04/Considerations-for-a-New-Definition-ofHealth-Literacy.pdf>

Proffitt, Merrilee, James Michalko, and Melissa Renspie. (2015). *Shaping the Library to the Life of the User: Adapting, Empowering, Partnering, Engaging*. Dublin, OH: OCLC.

Public Library Association. (2017). "Promoting Healthy Communities: A Health Information Initiative." Chicago, IL: American Library Association and Washington, DC: National Library of Medicine/National Network of Libraries of Medicine.

<http://www.ala.org/pla/initiatives/healthliteracy>

Putnam, Robert D., Lewis M. Feldstein, with Don Cohen. (2003). "Branch Libraries: The Heartbeat of the Community," *Better Together: Restoring the American Community*, New York: Simon and Schuster: 34-54.

Putnam, Robert D. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.

Radick, Lea. (2015). "Improving Health Literacy, One Public Library at a Time: Public Resources and Training Programs for Librarians," *American Libraries* October 30,
<http://americanlibrariesmagazine.org/authors/lea-radick/>

Scott, Rachel. (2011a). "The Role of Public Libraries in Community Building," *Public Library Quarterly*, 30 (3): 191-227.

Scott, Rachel. (2011b). "Strategies That Public Libraries Use to Build Communities," *Public Library Quarterly*, 30 (4): 307-346,

Schull, Diantha. (2004). "The Civic Library: A Model for 21st Century Participation." *Advances in Librarianship* 28: 55-82.

Seleb, David J. & Jodi Kolo (2017) *Our Path to Engagement, Learning, and Stewardship: The Oak Park Public Library, the American Library Association, and the Harwood Institute*, *Public Library Quarterly*, 36:2, 123-135.

U.S. Department of Health and Human Services. (2018). *Healthy People 2030 Framework*. Washington, DC: DHHS. <https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Draft-Framework>

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National Action Plan to Improve Health Literacy*. Washington, DC: U.S. Department of Health and Human Services. https://health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf

Urban Libraries Council. (2012). *Civic Engagement: Stepping Up to the Civic Engagement Challenge*. Chicago, IL: Urban Libraries Council. http://urbanlibraries.org/associations/9851/files/ULC_Civic_Engagement_Report_2012.pdf

Urban Libraries Council. (2011). *Library Priority: Community-Civic Engagement*. Chicago, IL: Urban Libraries Council. http://urbanlibraries.org/associations/9851/files/ULC_Leadership_Brief_II_Full_4Pages.pdf

Willingham, Taylor. (2008). "Libraries as Civic Agents," *Public Library Quarterly*. 27 (2) 2008: 97-110.

Working Together Project. (2008). *Community Led Libraries Toolkit*. Vancouver, BC: Working Together Project. http://www.librariesincommunities.ca/resources/Community-Led_Libraries_Toolkit.pdf

Yankelovich, Daniel. (1991). *Coming to Public Judgment: Making Democracy Work in a Complex World*. Syracuse, NY: Syracuse University Press..

Yankelovich, Daniel and Will Friedman. Eds. (2010). *Toward Wiser Public Judgment*. Nashville, TN: Vanderbilt University Press.

Appendices

Appendix A: Participant Recruitment Flyer (New Brunswick)



Community Conversations About Health

Tuesday, Oct. 17th, 7-8:30 pm

Join faculty from the Rutgers School of Communication & Information for a "community conversation" about health and wellness. Share your thoughts about what a healthy community means to you, where you find health information, and ways that libraries can address your health & wellness needs.

Snacks are provided, and each person who joins a discussion will receive a \$20 thank-you gift.

New Brunswick Free Public Library

Appendix B: Community Conversations Discussion Guide

Rutgers University
Health and Wellness Community Conversations
Spring/Fall 2017
Discussion Guide

Set Expectations for the conversation:

- 1) We're here to **listen** and to **learn**.
- 2) We want to **better understand** how you see issues around health and wellness for **you, your family, and your community**.
- 3) We can't promise any programs will emerge from this, but we'll get back with you and share what we learned and how we're going to use it to move forward.

Note Taking:

We are going to have someone (point them out) take notes during the conversation. The notes won't include anyone's name or be made public. They are to make sure we're able to learn from this conversation.

Ground Rules:

Kick-off the conversation by reviewing the ground rules.

Ask people to introduce themselves – go around the table and ask people to tell everyone their "first name" and (brief thoughts) that concern them about health and wellness.

Questions:

1. **When it comes to health and wellness, what do you want for you, your family and your community?**
 - PROBE: 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?**
 - Why do you feel this way?
 - How do you think other people in your community feel about this?

- 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?

Appendix C: Community Conversation Note Taking Tool

Facilitator: _____ Notetaker: _____

Use this note-taking tool during conversations to capture the key points voiced. Take the time to do this carefully. It's critical to understanding and getting the most out of the conversation. After the conversation, take the time to talk with the Conversation Leader to compare insights - this will strengthen your notes.

After the conversation:

Immediately after the conversation talk with the Conversation Leader to compare notes.

Ask:

- “What did you make of the conversation?”
- “What ideas, actions or comments really seemed to resonate with the group?”
- “What did you notice in terms of the group’s energy and emotion?”
- “What quotes stood out for you? What do we need to write down while it’s fresh?”

KEY STEP: Be sure to organize your notes. After the conversation, the Note taker should organize their notes into 6 categories: *Aspirations, Main concerns, Specific issue concerns, Actions, Who people trust, Questions*. These categories will be critical for identifying themes and implications later in the process.

Categorize Your Notes into 6 Categories

1. **Aspirations**
2. **Main Concerns**
3. **Specific issue concerns**
4. **Actions that would make a difference**
5. **Whom do people trust to act**
6. **Questions people have**

Appendix D: Summary Community Narratives

Summary Community Narrative

New Brunswick Community Conversations, October 17 & 26, 2017

24 Total Participants

The New Brunswick residents who participated in community conversations—the majority of whom are Latino—want affordable and accessible healthcare, local recreational facilities, and nutritious food. They also want a healthier, safer environment for themselves and for their children, and readily available, relevant, reliable, understandable, and native language information about health and wellness. They are concerned about the deterioration of the city, including general safety, clean water and air, limited convenient spaces for family-friendly recreation, lack of access to healthy food, and quality education. As participants provided more context, they highlighted specific concerns such as a lack of connection between large institutions and the community, distrust of the healthcare profession, sedentary lifestyles, permissible parenting, and the need for education to start at home. Overall, they feel that no one is listening to them, and some expressed a sense of hopelessness.

Residents recommended more focus on educating the community (including practical, culturally appropriate information, such as how to prepare food) and more services available through New Brunswick institutions. While some trust physicians and want input from professional experts, others are suspicious of the financial or political motivations of healthcare professionals. Some residents rely on friends, family and elders within the community for reliable information. Although they consider the public library a safe and respectful asset in the community, they regard it more as a destination to celebrate festivals and a resource for their children than a place to seek information about health and wellness. Nevertheless, they recognized that they could benefit from navigational help in locating health care services (including mental and dental assistance). Although they would like to participate more in community activities, they want them to take place in comfortable and safe settings like churches and the public library, involve younger people with good ideas and more proficient English language skills, and offer convenient childcare. Overall, they want fairer and more equitable approaches to their needs and are eager to have their individual and collective voices heard by those with power to make changes that benefit all. They believe that the various institutions in their “Health Care City” can do more to help local citizens and that Rutgers and area hospitals can offer better educational opportunities. If community-based institutions like the library were to collaborate with health-related organizations to teach about healthier living, they would be more likely to trust participating in those efforts.

Summary Community Narrative

East Brunswick Community Conversations, October 12 & 14, 2017

21 Total Participants

The East Brunswick residents who participated in community conversations—the majority of whom are Caucasian—pride themselves as informed consumers of healthcare and health information. Generally, they are satisfied with their access to healthcare, particularly their own physicians, but they stress the need to be well prepared when they interact with healthcare providers. They are eager to learn more about holistic health treatments that involve their families, schools, and workplace, and include exercise, the environment, and nutrition—NOT just medications. In particular, they want an educated, two-way dialogue with physicians whom they trust. East Brunswick residents believe that universal healthcare should be a right for all citizens, with a more equitable system that offers quality general and mental health care, affordable/universal insurance coverage, and better access to nutritious food.

At the same time, East Brunswick residents are concerned that healthcare and government systems are broken in the United States, citing frustration with the lack of improvement over time. They not only distrust politicians and lobbyists, insurance companies, and industries, but also fear that physicians are no longer trained in a patient-centered approach. As residents discussed these concerns, the following specifics emerged: inadequate time spent with them during their medical visits, the high cost of healthcare, insurance and medications, lack of coverage for holistic remedies, and the isolation of seniors. They also expressed local environmental concerns such as excessive traffic and urban sprawl, lack of exercise options, climate change, the safety of drinking water, and air pollution. In addition, they cautioned against an overscheduled culture of busyness and the dangers of disreputable health resources.

Residents felt that focusing on information access and education was important, and praised the services provided by the well-trained consumer health librarians both within the East Brunswick Public Library (EBPL) and at other locations like the senior center adjacent to the EBPL. They particularly desire programming to bring various generations together at libraries, community centers, and schools. Some residents are already active in voicing their concerns at open community and council meetings, encouraging their peers to do the same. While they were eager to advocate for themselves, participants also trust the EBPL and senior center, local civic organizations, physicians and professional societies, as well as their personal networks for information and community change. Moreover, they believe that more recognition and promotion of the EBPL's Just for the Health of It would benefit more members of the community.

Summary Community Narrative

Franklin Township/Somerset Community Conversations

September 14 & 30; October 17 & 26, 2017

8 Total Participants

The Franklin Township/Somerset residents who participated in community conversations—the majority of whom are African American—want affordable and accessible healthcare, local recreational facilities, and nutritious food. They aspire to live a healthy life, and recognize that doing so requires a lifelong commitment to mental, physical, and spiritual health. Their perspectives on health and wellness are holistic, and they assume personal responsibility to stay healthy by educating themselves and their families about medications and nutrition, preventative care, exercise, and rest and relaxation. These residents want accessible, affordable and universal healthcare but are dubious of the financial incentives behind prescription drug recommendations and mistrust many healthcare providers. They are especially concerned about the health of their families, particularly young people. More specifically, they feel that the high cost of insurance premiums, medications, nutritious food, and health clubs, and uncertainty about the future of affordable care causes undue stress on them and their families.

In terms of health and wellness information, participants talked specifically about the need to educate family members about insurance and payment plans. They also had specific health concerns, such as the dangers of pesticides and end of life planning. They stressed the importance of access to trustworthy health and wellness information that they find online or through relatives or church groups. Physicians are trusted—particularly those affiliated with Rutgers University, educators, and health-related societies like the American Cancer Society. But these residents emphasize the importance of their own personal role in learning and teaching their children about healthy living, with reliance on their extended families and neighbors, as well as their ministry for health and wellness programs. While these residents indicated they have positive perceptions of the library primarily based upon childhood (fond) memories, they view it as an “analog” place—a refuge from technology, from their screens—and not a place to get health information. They agreed that increased engagement at various levels in their community would help address their information needs and support human connectivity, which they see as vital to health and wellness. Their specific recommendations for community-based programs could include libraries, but they prefer programs to come to them, where they live and worship, rather than having to go to a less convenient destination like the library.