
Health Literacy in Diverse Communities: The Strength of Weak Ties—An Exploration between Academic Researchers and Public Libraries in Central New Jersey

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ABSTRACT

Community residents conceive of their health and wellness priorities and concerns differently based on cultural and socioeconomic characteristics. As public libraries adopt health literacy programs to facilitate better access to information, they also need to align their programs and services to reflect the aspirations and concerns of the more marginalized members of their communities. This article describes how a team of Rutgers University librarians, scholars, and students worked with public librarians in three adjacent communities to investigate underlying conditions that shape how different populations approach health and wellness. Over several years, the research team listened to local citizens talk about their aspirations and concerns. Using tools developed by the Harwood Institute for Public Innovation with the American Library Association and the Charles F. Kettering Foundation, the team set a goal to understand how libraries might strengthen their relationships and engagement with diverse communities concerning health and wellness. Their findings revealed that upper-middle-class residents in one town were more likely to use the local library to stay informed about health literacy, relying on the strength of “weak ties,” while tightly bonded African American residents in a bordering town, along with Latino immigrants in a third neighboring community, depended more on strong personal ties to inform their health and wellness decisions. They concluded that librarians will need to build trust and engage more deeply with these marginalized populations if they are to bolster the health and wellness of these members of their communities.

INTRODUCTION

People conceive of their health and wellness priorities and concerns differently, often based on their cultural and socioeconomic characteristics. As public libraries and other information organizations seek to support the growth of healthier communities, some may need to focus first on engaging their communities so they can better align their programs and services to reflect the specific health-related aspirations and concerns of resident populations. Between 2015 and 2018, Rutgers University librarians, scholars, and students worked with public librarians in three communities adjoining their flagship campus in New Brunswick, New Jersey, to investigate underlying conditions that shape how their different populations approach health and wellness. These communities in Middlesex and Somerset counties included New Brunswick, Franklin Township / Somerset, and East Brunswick.

New Brunswick, New Jersey, home of Rutgers University, is nicknamed the Health Care City because of the importance of health care to its economy. It is home to the world headquarters of Johnson & Johnson, along with several medical teaching and research institutions including Robert Wood Johnson University Hospital and the Rutgers—Robert Wood Johnson Medical School. The city hosts a public high school focused on health sciences.

Recent immigrants, particularly those from southern Mexico, who make up more than half the population are socially marginalized and face numerous health-related challenges including high incidences of chronic illness such as diabetes and obesity (Silberberg et al. 2004; Guarnaccia, D’Alonzo, and Echeverria 2016). Franklin Township / Somerset, which borders New Brunswick to the south, has a large middle-class, older African American population with high rates of chronic diseases including asthma, diabetes, heart disease, and stroke, high cancer mortality rates, high late-stage breast cancer diagnoses, and a high prevalence of smoking and obesity (New Jersey Department of Health 2012, 20). To the southeast, East Brunswick’s predominantly white population, which also includes recent immigrants from East and South Asia, are both older and wealthier than neighboring residents and experience better health outcomes.

In the Middlesex / Somerset County region of central New Jersey, area health care organizations developed a community health improvement plan (CHIP) as part of the requirements of the Affordable Care Act. Among their top priorities was access to health information (Health Resources in Action 2013; Robert Wood Johnson Foundation 2014; Middlesex / Somerset County, N.J. 2016). The regional CHIP turned to libraries for assistance based on the success of one of the country’s premier consumer health programs: “Just for the Health of It” at the East Brunswick Public Library. Regional health care professionals promoted wider adoption of this model but hesitated when they learned that it may not fit all

regional libraries equally well, particularly in the adjacent communities of New Brunswick and Franklin Township / Somerset, where many Latino immigrants and African American residents experience persistent disparate health outcomes.

In 2015, a team of Rutgers University librarians, scholars, and students launched a series of projects to investigate underlying reasons why the residents of these three communities differ in their approach to health and wellness. They used community engagement tools to listen to local citizens talk about their aspirations and concerns, then themed these conversations and created community narratives that varied in approaches to health and wellness. When they met with librarians from each of the three communities to review their findings, their colleagues confirmed the validity of the narratives that described the aspirations and concerns of their residents and discussed ways to move forward in providing meaningful health information programs to their communities.

These initiatives began through participation in a multibranch learning exchange with the Charles F. Kettering Foundation titled "Libraries and the Public: Returning to Democratic Roots" that focused on exploring ways that libraries can work *with* ordinary citizens and communities to address issues of common concern. Rutgers participants asked how libraries can deepen engagement with their communities by working with citizens to address challenges related to healthy living. The learning exchange applied the Kettering Foundation's (n.d.) six democratic practices to help libraries engage with citizens from marginalized populations. The Rutgers project team strove to enhance library-community relationships through community conversations or "forums" that uncovered issues of common concern around health and well-being, with a special emphasis on engaging Latino immigrants that reside in New Brunswick. Each forum offered an opportunity for people to talk about a matter of public interest in a safe, moderated space. The research team considered implications of this study for how public libraries serving diverse populations can grow and sustain meaningful connections with the public and foster community engagement. A second initiative supported through an ALISE/OCLC award grew out of the Kettering learning exchange; it worked with regional libraries to help them improve health literacy by using 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 Franklin Township / Somerset.

LITERATURE REVIEW

Social Networks, Social Capital, and Community Engagement

"The core idea of social capital is that social networks have a value . . . social contacts affect the productivity of individuals and groups" (Putnam 2000,

18–19). Community has emerged as an essential focal point for identifying and evaluating individual and group information needs in the digital age. For a century, scholars have developed a variety of theories and analytic tools to understand the social fabric of community groups and its implications for engaging populations in civic life. Such frameworks and methodologies as social network and social capital analyses help envision the relationships of institutions with their communities by exploring ties and relationships among and between groups of residents. Although library and information science scholars, led by sociologist Barry Wellman (1988; Wellman and Wortley 1990; Wellman et al., 2001; Hampton and Wellman 2001), have embraced social network analysis to examine how people use online networks to form and maintain social connections (Haythornthwaite 1996, 2019), scholars have made only limited use of these tools to examine how public libraries build these communal relationships (Hicks, Cavanagh, and VanScoy 2020). Another sociologist, Mark Granovetter (1983), explored how people's ties within networks inform them about job opportunities. He found that those who rely more on strong ties, particularly those who are poor and uneducated, depended more on each other (strong ties) and on reciprocal exchange among neighbors, with only limited connections with other groups that could expand their access to a broader array of information. In contrast, those with weak ties had stronger linkages to those outside their immediate networks, with far more information choices that are indispensable to job and learning opportunities and the integration into broader communities. This analysis demonstrates the value of weak ties to community vigor.

Embedded in social networks is the concept of social capital (Lin 2008)—the networks, norms, and trust that enable people to act together in pursuit of common goals. Political scientist Robert Putnam popularized this frame when he discussed its importance to reviving communities in his book *Bowling Alone* (2000), a detailed account of declining civic participation and a call for rebuilding social capital. Putnam elaborated on this concept by distinguishing between bonding (exclusive) and bridging (inclusive) social capital, building upon Granovetter's idea that weak ties are more likely to bridge into different circles and offer advantages for information diffusion (2000, 22–23). Putnam's concerns were part of a broader movement started by scholars in the latter part of the twentieth century (Barber 1984; Yankelovich 1991; Yankelovich and Friedman 2010; Kretzmann and McKnight 1997; Mathews 1999, 2006; Boyte 2004; Fong 2004). Echoing these early concerns 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, 2020; Schull 2004). More recently, library practitioners have demonstrated a growing proclivity toward promoting the role of libraries in building communities.

Leaders across the profession 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, has suggested, “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, 53). Many libraries turn outward and engage their communities by building partnerships that deliver impact and results, realigning their civic missions and embedding services in their communities (Durrance and Fisher 2002; Putnam, Feldstein, and Cohen 2003; Kretzmann and Rans 2005; Hildreth 2007; Working Together Project 2008; Willingham 2008; Lankes 2011; International City Management Association 2011; Scott 2011a, 2011b; Urban Libraries Council 2011, 2012; Becker 2012; Kranich 2012; Edwards, Robinson, and Unger 2013; Palfrey 2015; American Library Association 2016; Institute for Museum and Library Services 2016; Garmer 2014, 2017; Harwood 2019). Recently, a number of collaborative efforts have advanced community engagement through libraries, most notably, the ALA Libraries Transform Communities initiative involving hundreds of libraries that now use newly developed tools designed to increase their relevance to their communities (Kranich and Sears 2012; Kranich, Lotts, and Spring 2014; American Library Association 2016; Seleb and Kolo 2017; Ouligian 2018; Riggs 2020; Fournier and Ostman 2020). Among these tools are the Harwood Institute’s (2015b) community rhythms that facilitate understanding of the stages of community life and the strategic implications for moving communities forward by assessing community conditions like the depth and breadth of local leadership, norms, social networks, links, and social capital.

Paralleling the movement toward deeper engagement with communities is the movement to elevate public scholarship—“the engagement of scholars with non-academic publics” (Waisbord 2020, 17)—within the academy. Although the public mission of state universities was shaped by the Morrill Land-Grant Act in 1862, higher education institutions have more recently embraced a more aggressive agenda of civic engagement and service learning that encourages greater involvement of students and scholars in the life of their communities. In 2000, higher education leaders affirmed, “We believe that our institutions serve not only as agents of this democracy, but also as its architects—providing bridges between the aims and aspirations of individuals and the public work of the larger world. To that end, we commit our institutions to wide-ranging examinations of our civic and democratic purposes through curricula and extracurricular activities, socially engaged scholarship, civic partnerships, and community-based learning and research” (Kellogg Commission 2000, 24). Since then, many academic health care providers and social scientists, including library and information science (LIS) and communication professionals,

have committed themselves to broadening their public work, positioning themselves more actively within their communities and building town/gown relationships that support applied research and student learning (Brzozowski, Homenda, and Roy 2012; Michener et al. 2012; Brown 2015; Stein and Daniels 2017; Caspe and Lopez 2018; Waisbord 2020).

Community Health and Wellness and Health Literacy

Deeper engagement by libraries and higher education institutions requires better understanding of communities and their changing information needs, along with the tools that can help them move forward with greater effectiveness. This is particularly true in health care, as an estimated ninety million people have low health literacy (National Network of Libraries of Medicine n.d.; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion 2010; Radick 2015; Alper 2016, 2017; U.S. Department of Health and Human Services 2018). 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, 20). Low health literacy disproportionately impacts difficult-to-reach ethnic communities that experience barriers to full and equitable participation in the nation’s health care system. With passage of the Affordable Care Act in March 2010, communities were charged with pulling together CHIPs to describe how they will provide services to underrepresented populations. LIS organizations concerned with improving health literacy, especially for marginalized groups and populations, have adopted new models for engaging their constituents in order to promote health and wellness (Kaziunas, Ackerman, and Veinot 2013). They have also begun to adopt innovative approaches to cultural competency in order to bridge gaps with communities with limited linkages to health care library and information professionals (Mi and Zhang 2017). Just as librarians have adopted new tools to engage more deeply with their communities, so have health care professionals (Clinical and Translational Science Awards Consortium 2011). The convergence of these various initiatives offers an ideal opportunity to apply a community-based participatory research (CBPR) approach (Minkler 2005; Horowitz, Robinson, and Seifer 2009; Israel et al. 2010) to connect libraries, colleges and universities, and their communities. In New Jersey, the State Health Department has reinforced this approach by recommending 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 (New Jersey Department of Health 2012).

Health information specialists recognize the value of working more closely with communities, focusing on partnerships that foster consumer health literacy (Huber and Gillaspay 2011; Flaherty 2013; Flaherty and

Grier 2014; Engeszer et al. 2016). Others have linked health literacy with bridging social capital (Putnam 2000), recognizing that those lacking knowledge but relying on the skills and resources of experts outside their social network—what Granovetter (1983) refers to as weak ties—are more likely to navigate the health information environment more effectively; typically, marginalized communities depend on strong ties of family and neighborhood contacts with less success (Morey 2007; Jensen et al. 2007; Ferlander 2007; Kim, Lim, and Park 2015).

In 2001, the Medical Library Association, with support of the National Network of Libraries of Medicine (NNLM), launched a health information outreach project undertaken to train public librarians to use MedlinePlus (Medical Library Association 2020; 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, i) and the National Library of Medicine (NLM) developed health literacy tools to assist these community outreach initiatives, which it is now extending to a partnership with the Public Library Association (PLA 2017; NNLM n.d.). Yet Morales and Zhou (2015) 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” (9). They recommended that health care 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, 9)—recommendations corroborated by many others (Burklow and Mills 2009; Dulin et al. 2011; Cortis 2012; Jacquez et al. 2015; Calvo 2016). Morales also concluded that those disproportionately affected by health disparities need health information materials that are “informative, relevant, useful, and easy to read” (Morales 2019, 1).

Just as libraries have started engaging more deeply with their communities, they have experienced increased demand for health information, particularly after connecting residents to insurance coverage under the Affordable Care Act in 2014 (Friedman et al. 2016; Bossaller 2016; Tanner et al. 2016). In response, they have stepped up their health-related reference services, built community partnerships, and expanded their offerings in consumer health information following staff certification through training programs offered through NLM/NNLM, PLA, and MLA (Luo and Park 2013; Luo 2015; Rubenstein 2016, 2018; Flaherty and Miller 2016; PLA 2017; Ottosen, Mani, and Fratta 2019; Medical Library Association 2020). One effort that has exemplified this model is the Free Library of Philadelphia’s Community Health and Literacy Center in South Philadelphia, which colocated health services and recreation facilities so that traditional library programming would enable community members to increase their

health literacy when they visit their neighborhood library (Morgan et al. 2016; Daingerfield-Fries et al. 2018). Libraries have also embraced opportunities to improve wellness through fitness and yoga classes, as described by Noah Lenstra (2017, 2018). Some also pay close attention to the social determinants of health and how they might raise awareness and take more professional responsibility for the disparities faced by minorities in achieving wellness through enhanced information access (Bonnici and Mab 2019). As community engagement and health literacy movements converge, libraries have renewed opportunities to work with marginalized communities in authentic, relevant and meaningful ways.

Description of the Three Communities and Their Libraries

New Brunswick, New Jersey, a three-hundred-year-old city in the center of the state, with a population of 55,600, has a population that is 38.4 percent foreign born, of which 32.6 percent are from Latin America. Close to half of the residents are native Spanish speakers (see Table 1).

New Brunswick is a walking city, with the majority of households having either one or no cars. The median annual income is \$82,545, with 36 percent of the population (41.8 percent children) living below the poverty line (see Table 2).

The New Brunswick Free Public Library (NBFPL) has served the community for over a century from its 1903 Carnegie building. Its \$2.2 million annual budget (\$2.1 million from local taxes) that serves 55,600 residents is far below the \$4.1 million budget for East Brunswick's library, which serves 47,600 residents (see Table 3).

The library employs 13.3 professional librarians and 27.4 total staff (New Jersey State Library 2019). More than half of the library's circulation is to children, and two-thirds of the programming audience is children. The library offers a number of award-winning language classes, including English as a second language conversation groups and cafes, as well as citizenship classes. The library includes some Spanish-language materials in its collections, mostly for children.

The NBFPL works closely with the city's many Latino organizations and community members. Children's and young adult librarians reach out to various local organizations including pediatric specialists at the Chandler Health Clinic, the region's primary care provider, where they weave literacy conversations into early childhood intervention programs. They conduct preschool read and play events and bilingual story hours, both in the library and at local child care centers. Parents interviewed by the research team claim they are highly invested in their children's learning and success; they accompany their children to the library but rarely take advantage of adult services for their own benefit.

The library takes a lead role in staging two important annual Latino celebrations: Day of the Dead (Día de los Muertos), with participation of ap-

Table 1. Racial/ethnic distribution: New Jersey communities, 2019.

	East Brunswick	New Brunswick	Franklin Township	New Jersey
White, not Hispanic	59.5%	26.7%	33.8%	54.6%
Hispanic	9.6%	46.8%	14.5%	20.9%
Black	3.4%	16.2%	29.9%	15.1%
Asian	25.7%	9.9%	20.9%	10.0%
Total population	47,611	55,676	65,642	8,882,190
Foreign-born resident	23.5% (12.7% Asian, 5.9% European)	38.4% (32.6% Latin American)	26.4% (6.0% Asian, 5.8% Latin American, 3.3% European)	22.16%
% below poverty line	13.0%	36.0%	6.2%	10.7%

Source: U.S. Census Bureau (2019b).

Table 2. Median household income, 2019.

	East Brunswick	New Brunswick	Franklin Township	New Jersey
Overall	\$115,445	\$82,545	\$88,601	\$85,751
White	\$107,864	\$88,810	\$82,594	\$91,764
Hispanic	\$128,029	\$57,068	\$92,974	\$61,624
Black	\$98,425	\$53,247	\$77,031	\$56,301
Asian	\$136,632	\$121,111	\$117,764	\$126,278

Source: U.S. Census Bureau (2019a).

Table 3. Library budgets and professional and total staff, 2019.

Library	Total funds	Local funds	Professional staff	All staff
East Brunswick	\$4,127,098	\$3,537,496	15.4	48.5
Franklin Township	\$3,056,043	\$3,518,885	14.6	33.7
New Brunswick	\$2,250,743	\$2,117,343	13.3	27.4

Source: New Jersey State Library (2019).

proximately 1,000, and Cinco de Mayo, with participation close to 5,000. Although these commemorative events have strengthened relationships with the local Latino community, the staff claim they have not resulted in substantial library use. Furthermore, librarians indicate they do not receive questions about health-related issues, nor do local residents use the Healthy New Jersey website linked through the NBFPL website. Due to low staffing levels and limited community interest, 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.

East Brunswick, New Jersey, with a population of 47,600 and a population density of 2,190 per square mile, is located southeast of New Brunswick; many of its residents commute to work elsewhere. Cars are required to get between most locations, with no public transit beyond senior citizen vans. Close to a quarter of the residents are foreign born, with half of those of Asian descent and 6 percent European; 60 percent are white, 9.6

percent Hispanic, 3.4 percent Black, and 25.7 percent 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 \$115,545/year, with Asians exceeding that amount at \$136,000/year, far ahead of median income in New Jersey. Close to 13 percent of the population lives below the poverty line, slightly above the state's average, but far below New Brunswick (see Table 1).

The East Brunswick Public Library (EBPL) has grown into one of the busiest and most prominent libraries in New Jersey, with a circulation of more than a half million items annually, a rate exceeding most libraries in the state and ten times the circulation in New Brunswick. The library employs 15.4 professional librarians and 48.5 total staff (see Table 3). Its award-winning librarians and programs have served as models for the state, with a \$4.1 million total budget (New Jersey State Library 2019)—close to one fourth supported by grants and other nontax sources—that funds a passport and business resource center and a maker space. As host to East Brunswick TV (EBTV), it produces 200 annual shows each year including council meetings and high school events. Extensive multicultural programs serve a diverse upper-middle-class population. The town senior center—located next door—coordinates many services that are attended by a growing elderly population. The EBPL brings the community together through numerous partnerships with organizations like the Arts Commission to host concerts and dance workshops, the Human Relations Council for a documentary discussion series, and the 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. Newly arriving residents sought doctors who spoke their language and understood their cultural/social nuance, while the aging population needed computer skills to find online medical information (Modlin 2017). Just for the Health of It—recently recognized with the New Jersey Hospital Association's Community Health Outreach Award for its partnership with local hospitals to increase community health literacy—regularly offers health programs and various health screenings to the community (EBPL n.d.). The library employs multiple trained librarians with the consumer health information specialization certified by the Medical Library Association through courses from the NNLM. The health librarians interact with over 7,000 users at library and health outreach events throughout the region and fielded 500 health and wellness research questions in 2019 (EBPL 2019, 2).

Franklin Township / Somerset, New Jersey—an unincorporated township southwest of New Brunswick—has a population of over 65,000 spread over 6.4 square miles with a density of 10,156 per square mile. This sprawling community has no traditional downtown; residents use cars as their primary transport. Less than half of the population is white; the second largest group is African American, most of whom live in one section of the township. Just over a quarter 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 above the state average, but far above neighboring New Brunswick (see Table 2). Only 6.2 percent of the population lives below the poverty line, and the average age is 40.4 years, slightly above the state average and close to double the average age of the population in New Brunswick. Churches are vital to the African American community in this township and are the source of various programming for health/wellness, financial literacy, and music and arts.

The Franklin Township Public Library (FTPL) includes a recently renovated main 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. The library receives about \$3.5 million in support annually—almost all of which comes from local taxes—and circulates approximately 400,000 items/year at its two locations—far less than EBPL, but far more than NBFPL (see Table 3). FTPL librarians indicated that residents make few requests for health and wellness information, although they do participate in a popular yoga class. The library employs 14.6 full-time equivalent (FTE) librarians and has a total FTE staff of 33.7. Among the library's challenges are communicating with residents who live in racially and culturally distinctive enclaves and traversing a township 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 NNLM, FTPL does not belong to the county system and has not joined the regional health literacy initiative led by the EBPL.

METHODOLOGY

The convergence of these various initiatives offered this study's investigators, with institutional review board approval, an ideal moment to apply community-based engagement practices as a new and unique way to connect libraries and their communities. Engagement tools like those developed by the Harwood Institute for Public Innovation in conjunction with the American Library Association (Harwood Institute 2015a) and the Clinical and Translational Science Awards Consortium (2011) 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; and transparency

and trust (International Association for Public Participation n.d.; National Coalition for Dialogue and Deliberation, IAP2, and the Co-Intelligence Institute 2009). These tools 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, investigators who use these tools can identify what people really care about, then act intentionally on specific changes aligned to local context—changes that ripple out over time. The approach helps increase relevance, significance, and impact while deepening engagement with the community. “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, 12).

SAMPLING APPROACH FOR RESIDENTS IN THE THREE COMMUNITIES

The Rutgers research team initially sampled one New Jersey community, New Brunswick, then added two neighboring towns to its inquiry: East Brunswick and Franklin Township / Somerset, close in proximity but with differing racial demographics and median household income. The investigators conducted a series of qualitative studies that applied proven techniques of developing and sustaining community engagement. Team members recruited participants in collaboration with local librarians in New Brunswick and East Brunswick using flyers, tabling, and networking. In East Brunswick, LIS students recruited library users following story time and movie showings; local librarians also helped potential participants through their extensive contacts. In New Brunswick, researchers recruited participants who attended ESL classes held at the library; they also observed a group of women and children at a *charla* (community health meeting) led by *promotoras* at a local church. In Franklin Township / Somerset, one of the researchers who lived in the community identified African Americans, recruiting them through neighbors (snowballing) and tabling at a local African American breast cancer event.

Using Harwood Institute tools (Harwood Institute 2015a), investigators conducted a series of seven community conversations with residents of East Brunswick, New Brunswick, and Somerset in September and October 2017. They focused on aspirations and concerns related to health and wellness. Questions were directed toward four topics: (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) Whom do you trust to take action? The conversations took one and a half to two hours and were led by a trained facilitator and recorded with note taking by graduate as-

sistants. Following the sessions, the findings were categorized and themed to highlight shared aspirations, concerns, and actions (Harwood Institute 2015c).

The theming informed a one-page narrative generated for each community that was shared with the local librarians at meetings in December 2017, January 2018, and February 2018. Librarians from each of the three communities reviewed and confirmed the validity of the findings, recommending only slight modifications. After considering the narratives, the meeting facilitator led further discussions about the aspirations for the three participating libraries to 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 nontraditional groups. They also offered “public knowledge”—firsthand intelligence about what matters most to community members—to help focus on more effective, relevant, and impactful strategies to align their efforts more closely with their community’s aspirations and concerns (Harwood Institute 2015a).

RESULTS

For the community conversations held in 2017 and 2018, the investigators recruited fifty-three participants for seven community conversations across the three communities: twenty-one participants in East Brunswick, twenty-four in New Brunswick, and eight in Somerset. The participant samples paralleled the populations of those communities in both age and racial/ethnic distribution. A summary of the demographics of participants is included in Table 4.

In East Brunswick, participants were older and mostly white, although several Asians were also included in the sample. They expressed satisfaction with their access to health care, particularly physicians, and were eager to advocate for themselves in their interactions with health care 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, health care professionals, and their own personal networks for information. East Brunswick participants articulated great pride 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; about half were Latinos, and the rest African American, Asian, and white. Participants said they wanted New Brunswick to fulfill its moniker as the Health Care City through institutions doing more to help support and educate local citizens. This group’s health con-

Table 4. Participants.

	All locations total	East Brunswick total	New Brunswick total	Franklin Township total
Participants	53 ^a	21	24	8
Gender				
Female	34	14	15	5
Male	19	7	9	3
Age				
18–24	4	0	4	0
25–34	3	0	3	0
35–44	10	2	8	0
45–54	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
Associate's degree	1	0	1	0
Bachelor's/undergraduate degree	18	8	8	2
Master's/graduate degree	12	7	3	2
Doctorate/postgraduate degree	4	2	0	2
Unknown	2	0	2	0

Note: 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 Franklin Township.

cerns were tied mainly to family lifestyle issues. Overall, they indicated their distrust of health care professionals, instead relying on strong ties—friends, family, and elders—for reliable information. They expressed concerns about community leaders not listening to them, but also desired more engagement resembling these conversations. Local residents, particularly Latinos, indicated they frequent the public library for children's learning and celebrating festivals, but not for health and other adult information.

In Franklin Township / Somerset, participants in the community conversations were older, middle class, and purposely skewed toward African American. They shared that they rely heavily on extended families, neighbors, and ministry (strong ties) for health-related information. Furthermore, they seek and find health resources online and through relatives

or social networks tied to church groups. They indicated that they rarely participate in library programs, as churches are their primary social institution. They assumed it was their personal responsibility to get and stay healthy, although they were concerned about the high cost of health care that provokes anxiety. Overall, they trusted physicians but were skeptical of the financial incentives driving the pharmaceutical industry. These residents made only limited use of the public library, perceiving it from their childhood memories as an “analog” place—a *refuge from technology*—not a health information source. In fact, a few indicated that they come to the library to get away from technology and rarely ask for assistance.

FINDINGS

All three communities share a concern for health and wellness; residents considered health a priority for themselves, their families, and their communities. Higher income, older residents of East Brunswick were more satisfied with their health care and tended to trust expert providers and institutions (weak ties), including libraries. In contrast, lower income, younger residents of New Brunswick felt disconnected from local health care institutions and relied more on strong ties to family; they did not use the NBFPL for health and wellness information. Middle-class older African Americans in Franklin Township / Somerset stayed informed through the strong ties of their family and faith networks but lacked trust in health care providers. Given their deep concern about privacy and health-related concerns, they did not seek health information from their public libraries. When librarians from the three communities met with the Rutgers investigators, they confirmed the validity of the three narratives constructed from the community conversations. They also shared their different approaches to addressing health and wellness in their communities.

In East Brunswick, health and wellness has 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 was particularly notable. Key partners in the region included Healthier Middlesex and the Robert Wood Johnson University Hospital and St. Peter's 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, “Outside the Box: Partnering with Local Libraries to Increase Community Health Literacy” (Modlin 2017). Leadership of the program, although based at the public library, was distributed across the partners, as were services that the library regularly provided at various community locations. The collective action that EBPL took in partnership with many local organizations resulted in recognition and results. Never-

theless, Karen Parry, the Just for the Health of It founder and director, told the investigators that her library was not nearly as successful reaching new immigrants and needed to work even harder to connect with these groups, their organizations, leaders, and networks.

In contrast, the NBFPL has more limited involvement with health-related community organizations. Although it has succeeded in connecting with local Latinos to promote literacy and ethnic cultural events, the library has only weak links to the kinds of organizations that could advance health and wellness among its immigrant residents such as Live Well–Vivir Bien New Brunswick (n.d.), a citywide campaign connecting people to programs and activities that help achieve better health and overall wellness in the city. NBFPL librarians are actively involved with several youth initiatives outside the library, yet their work with health-care-related organizations like a nearby clinic was limited to the distribution of information.

At the Franklin Township / Somerset Library, librarians indicated their ties to local organizations are even more limited. Given the township's wide geographic dispersion, residents tend to rely mainly on health care institutions beyond its borders, particularly the hospitals and clinics in New Brunswick. Local librarians are less prone to build upon local networks to promote health and wellness. Indeed, the FTPL librarians who participated in this study acknowledged that general use is below what they would like. Even though "public libraries are trusted places within the community . . . [and] 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), not all libraries in the region are prepared to serve as hubs for health information and empower citizens to make more informed decisions about their health. Nor are local citizens encouraging them to assume such a role.

The themes reflected in the narratives derived from community conversations in three adjacent but distinctively different central New Jersey communities reflect their citizens' disparate views of health and wellness. These conversations engendered deeper understanding of the attitudes and cultural practices of their communities; those wishing to advance health and wellness are now better equipped to calibrate the capacities of their communities to move forward. The stage of a community's life has implications for determining best strategies for taking action (Harwood et al. 1999). The investigators shared a set of Harwood tools, Community Rhythms and Calibrating Community Conditions (Harwood Institute 2014, 2015b), with the librarians, encouraging them to apply key factors such as relationships, networks, and norms along with conditions and characteristics to determine the readiness and capacity of each of their communities to address health and wellness concerns.

Based on the community rhythms described by the Harwood Institute and the findings of this study, the three communities are at different stages and therefore face different trajectories. The EBPL has built strong relationships with community members and organizations involved with health and wellness, with leadership capacity distributed across them. Moreover, that library 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 EBPL staff in February 2018 revealed their success in offering health literacy services, but also their cognizance 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.” EBPL librarians also recognized that many senior citizens have limited mobility and are consequently isolated from services available at the neighboring senior center and the library. In addition, they raised concerns about language limitations as well as the need to connect more with ethnic organizations and institutions like the Korean church near the library. In short, they acknowledged their strengths but also their shortcomings in making progress.

The NBFPL has developed solid relationships with its Latino community focused on teaching English language skills and celebrating cultural events. But it has yet to catalyze partnerships with local health organizations that could position it to initiate or foster health literacy programs. The NBFPL staff attending a January 2018 dialogue facilitated by Rutgers researchers explained that they are 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 these immigrants—many of whom live in the shadows—is problematic not only because of marketing shortcomings, but also due to the social conditions of residents who lack transportation and child care options as well as familiarity with ways the library could 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 was unclear. They acknowledged that they succeeded in building trust (bridging social capital) with community members. But a lack of resources and staff translated into prioritizing immediate demands, not partnering with other organizations. Nevertheless, they conceded that they aspire to do more and are eager to increase their engagement, particularly with so many local residents facing persistent health problems affected by underlying conditions like poverty and homelessness.

FTPL librarians indicated they have even fewer ties with health-related community organizations, particularly those that are faith based and well

connected to the local African American population. When initially contacted to discuss the Rutgers research project and recruit participants, staff did not agree to participate in the effort. As a result, Rutgers investigators booked a conference room for their conversations without the direct involvement of librarians. Nevertheless, two FTPL librarians did attend the post conversation convening led by Rutgers investigators and other area librarians in December 2017; they also expressed interest in future collaboration efforts. One librarian new to FTPL recognized the need for her library to recast its offerings and rebrand and promote health-related programs to attract more community participants, particularly given the popularity of their yoga classes. Although the FTPL attracts many local residents to celebrations and story times, it remains less oriented toward winning grants and initiating new programs. Regrettably, the two staff participants in the December convening never responded to requests to schedule a follow-up meeting to expand upon earlier discussions, reflecting what they reported as the limited demand and interest in expanding the library's health and wellness initiatives.

The investigators found that the conditions of each of these communities and their libraries differ greatly, as do the stages of their communities' lives. That does not mean they were not open to and capable of assuming a more active role in promoting health and wellness, either individually or collectively. But each community and library were at different stages in their readiness to act. After the gathering of public knowledge during this series of studies, these libraries are well suited to apply the Harwood Community Rhythms (Harwood Institute 2014, 2015b) staging methodology to calibrate best options for moving forward. These options might include creating additional forums for conversation and interaction—a step that conversation participants in all three communities welcomed; taking small steps relevant to local residents' lives; and demonstrating pockets of change toward progress that are likely to ripple out into more significant effects over time. Given the limited capacity of the New Brunswick and Franklin Township libraries to engage more deeply with their communities, their librarians rightfully determined it is premature for them to become certified as consumer health specialists. They also recognize that residents in their two racially and ethnically diverse communities are not ready for such a step. The Rutgers investigators attributed that reluctance, at least in part, to a lack of leadership and the reliance on strong ties to gather health-related information rather than depend on unknown experts—a pattern well documented by other scholars (Fisher, Durrance, and Bouch Hinton 2004; Courtright 2005; Caidi, Allard, and Quirck 2010). In short, these residents lack the kind of weak ties that expand their opportunities to seek information and knowledge (Granovetter 1983).

Following the conversations with these libraries, EBPL applied for grants to support a mobile consumer health van to service marginalized

populations in the region, and the NBFPL requested funding for a maternal wellness project that involved all three communities. Participating libraries sought to engage more actively with their communities, focusing on building trust and strengthening relationships and ties to community members and organizations. They also identified the breadth and depth of community social capital: networks, norms, and linkages. What became more possible were mobile services, collaboration, and broader involvement with local organizations. Whether these outcomes were precipitated by their involvement with Rutgers is unclear. But without sustained leadership and continued involvement of outside catalysts like the Rutgers investigators or commitment from their own staff, it is unlikely that either New Brunswick or Franklin Township will pursue other health and wellness initiatives further. And without new grant support, it is unlikely that the Rutgers investigators will sustain their involvement, given the energy and time required to maintain sufficient involvement. Hence, this dynamic research initiative lacks the momentum to continue to influence the health-related community engagement work of these three libraries without greater investment and deeper contributions by all the project's participants.

CONCLUSION

"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, 5). This statement rings true for the libraries in central New Jersey studied by Rutgers researchers. Findings uncovered through conversations in the three target communities underscore that health care 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, 9).

Through this study, the investigators learned that equitable access to health information goes beyond just the *availability* of services. Enhanced engagement starts with the gathering of "public knowledge" about community aspirations and concerns, particularly for marginalized communities that are not predisposed to health information seeking from public sources like libraries. This means that librarians must work *with* the community, rooting their work and decisions in what matters most to people so that their efforts are authentic and relevant. They can start by turning outward toward their community. By gathering and incorporating "public knowledge" along with expert knowledge, they can reveal the underlying value they bring to their communities, uncover where they fit in a complex network of local health and wellness program and services, and address challenges.

This study squarely addresses an issue of continuing concern to librarians and other information professionals: increasing the value, relevance, and impact of programs and services for community members. The Harwood approach that starts with a community's aspirations demonstrates the merits of authentic engagement practices that deepen relationships, build trust, and enhance impact in various settings. Without a doubt, health and wellness concerns *all* communities. With intense national attention on improving health and wellness and a spotlight on persistent health disparities for low income racial and ethnic minorities—particularly as these populations face high fatality rates from COVID-19—this study validates that libraries and other organizations can benefit from embracing not only health literacy initiatives but also community engagement techniques to advance health and wellness. It also demonstrates the benefits of more enlightened public scholarship across and beyond LIS disciplines. Finally, the findings reinforce that public libraries cannot undertake these efforts alone. As the EBPL has convincingly proven, it takes strong relationships, catalytic action, and collective leadership to make a real difference in the health and wellness of communities.

This initiative opens up numerous opportunities for future research. Although it involved only a small sample of residents in three adjacent but very different communities, its findings can benefit libraries participating in the PLA/NNLM Healthy Communities initiative—libraries that are prime candidates for future analysis of their experiences both in engaging their communities and in establishing effective health literacy programs. Libraries in central New Jersey are increasingly pursuing health and wellness initiatives. The Rutgers investigation has opened doors for the academy to help them build partnerships and trust before embarking upon new programs with marginalized populations. In addition, it has reinforced the merits of service learning and public scholarship toward bridging the divide between the academy and the community.

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