

University of Oklahoma, University of North Carolina-Greensboro, Wayne State University
Community Health and Wellness: Small and Rural Library Practices, Perspectives, and Programs

The University of Oklahoma (lead institution; Drs. Ellen Rubenstein and Susan K. Burke), University of North Carolina-Greensboro (Dr. Noah Lenstra), and Wayne State University (Dr. Christine D'Arpa) are applying for a *Research in Service to Practice* grant in the *Community Catalysts* category that will consist of an in-depth analysis of how small and rural public libraries support community health and wellness through public programs. This research will be used to develop and disseminate a model that will inform libraries about successful strategies and common obstacles associated with developing new health and wellness programs, as well as how to assess and build on existing programs. The project runs from July 1, 2019 to June 30, 2022.

We request \$498,860 to study small and rural libraries in Michigan, North Carolina, Oklahoma, and Vermont to answer the overarching research question “How do small and rural public libraries address health and wellness through public programs?” This study will gather data from librarians, their patrons, and outside partners with whom libraries develop and implement these programs. The research aims to understand current practices and to disseminate that information to assist other libraries become even more robust catalysts of community health.

Statement of National Need. Rural areas tend to rate the worst in national health rankings ([Rural Health Information Hub, 2017](#)) because rural residents are less likely to have easy access to health professionals. A [2017 ALA report](#) stated that 77.2% of rural counties in the U.S. are "health professional shortage areas" (p. 9), and rural hospital closings have been “accelerating since 2010” ([Health Resources & Services Administration, 2017](#)). Public libraries do not typically provide health care (with some exceptions, a topic beyond the scope of this study), but they do commonly act as “Partners for Health” ([Whiteman et al., 2018](#)) by assisting patrons in finding health information ([Rubenstein, 2018](#)). Research and program development by groups like [WebJunction](#) and the [National Network of Libraries of Medicine](#) have focused on how public libraries support health through reference, digital literacy support, and collection development, whereas other work on health in public libraries has focused on engagement with the formal healthcare sector (e.g., insurance, hospitals, and clinicians). The principal innovation in this study is a shift in perspective from consumer health information reference transactions to public programming on health and wellness.

Community Health and Wellness builds on existing work by focusing specifically on public programs in small and rural public libraries. As programming in public libraries increases while circulation and reference transactions decline ([ALA, 2018](#)), this shift necessitates a re-thinking of how public libraries support health literacy ([Luo, 2018](#)). Public libraries are developing innovative programs to support health and wellness, such as cooking/nutrition, gardening, exercise, and health fairs, but as the ongoing [IMLS-funded project National Impact of National Library Public Programs](#) shows, processes of program development and assessment continue to lack substantive analysis and documentation, in particular, in the areas of health and wellness, which are not covered by the Public Library Association’s [Project Outcome](#). This project fills this need by analyzing health and wellness programming in the vulnerable communities served by small and rural public libraries, and, as such, fits well within the IMLS *Research in Service to Practice* and the *Community Catalyst* categories.

Project Design: To answer this study’s overarching research question - “How do small and rural public libraries address health and wellness through public programs?” - this project will identify the following:

1. What programs and services do small and rural public libraries provide that they see as related to health and wellness, and how are these programs and services developed and implemented?
2. What factors contribute to or deter from libraries offering health and wellness programs and services?
3. How do public library patrons engage in these programs and services?
4. How do public libraries evaluate the success and impact of their health and wellness programs?

The project consists of case studies of library systems and individual libraries in four rural areas in the following states: Michigan (MI), North Carolina (NC), Oklahoma (OK), and Vermont (VT). The choices made for site selection were made strategically to recruit a diverse cross-section of American communities. According to the [United Health Foundation \(2017\)](#) one state has, overall, a high health rating (VT-3rd), two are in the middle (MI-35th/NC-33rd), and one is towards the bottom (OK-43rd).

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To date, six libraries/library systems have expressed interest in participating. The VT Department of Libraries, the NC Library Association, and the MI State Library have offered to assist with our project; the OK Department of Libraries expressed support of health and wellness initiatives. We anticipate at least two case studies per state. The sites will be selected to reflect the diversity of U.S. small and rural communities, and will include a variety of models for rural and small-town library infrastructures. The researchers are highly qualified, having engaged in multiple studies of public libraries and published in research and practitioner venues such as *The Library Quarterly*, *Library Trends*, *Consumer Health on the Internet*, *Journal of Library Administration*, *RUSQ*, *Public Libraries*, etc. Two of the project researchers, Dr. Ellen Rubenstein and Dr. Noah Lenstra, have expertise in health and wellness in public libraries; Dr. Susan K. Burke's research concerns public libraries and their interactions with users; and Dr. Christine D'Arpa brings proficiency on the history of U.S. public libraries and food gardens. Lenstra and Rubenstein are currently collaborating on a study of movement programs in U.S. and Canadian public libraries. Lenstra and D'Arpa are working on issues of health and food justice.

This study will use diffusion of innovation theory ([Rogers, 2003](#)) to examine health and wellness programs in small and rural public library settings. Diffusion of innovation theory addresses the processes of organizations and individuals as they adopt new practices and ideas. It has been used to understand the spread of makerspaces in school libraries ([Collins, 2017](#)), and we believe it also has great utility in understanding the spread of health and wellness programs in public libraries. Analysis of the data will take a grounded theory approach, allowing themes and patterns to emerge that will coalesce into our evidence-based model of strategies, strengths, and challenges associated with developing and delivering health and wellness programs in small and rural public libraries. The research team has extensive experience in creating qualitative coding schema. In this study, semi-independent analysis will occur in each state initially, with researchers regularly convening for discussion. Later analysis will fuse the individual results into the overarching final model.

The project has three phases: Phase 1 (7/19-12/20) includes data collection and analysis from stakeholders (librarians, patrons, and partner institutions), specifically, a) observe health and wellness programs offered by partner libraries; b) conduct semi-structured interviews with stakeholders; and c) begin in-depth analysis of the data from interviews, onsite observations, and from websites and other media used by each library for marketing. Phase 2 (1-12/21) comprises further analysis and preparation of a draft report with preliminary research findings. The draft and findings will be shared with stakeholders who were the subjects of the study to solicit feedback that will inform the final report and model. We will also present preliminary findings at professional conferences, including the Association of Rural and Small Libraries, American Library Association, and Association of Library and Information Science Educators. Phase 3 (1-6/22) encompasses writing the final report/white paper and completing the model, including making these publicly available.

National Impact. The final report/whitepaper and a model will be made publicly available. The former will review and discuss the research project and include recommendations that inform policy development and funding decisions at local, regional, and federal levels. The model will serve as a resource for public libraries to use to better engage with their communities on health and wellness issues. It will be a roadmap for best practices, but flexible enough to allow room for local communities to adapt it to their needs and resources. We will present our findings in myriad venues including professional conferences, workshops, and publications to advance discussion of the role of public libraries as health and wellness resources in rural communities. The research will inform discussions of LIS curriculum development in courses like Community Engagement, Public Libraries, Health Information. This project ties into the [IMLS 2018-2022 strategic plan](#) to support health literacy as part of the commitment of public libraries to lifelong learning (p. 5).

Budget Summary. Proposed total project cost: \$498,860. Direct costs: \$66,000 in salaries/wages/fringe benefits (3 faculty summer salaries: 1 month for 2 summers each); \$29,376 faculty teaching releases; \$315,204 student support (4 G.A. 12-month positions for 3 years for research support. G.A.s receive wage/fringe, tuition waiver, and student health insurance); \$72,320 faculty and student travel to research sites and conferences; and \$15,960 supplies/equipment (laptops, qualitative analysis software, and interview equipment).