Librarians as Catalysts for Healthy Communities

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Proposal Summary: The anticipated IMLS request is $514,525 with $268,520 in cost share match over three years. MU-SISLT, MU-HSL, and NNLM-MCR propose a three year project grant to jointly develop an interdisciplinary community health information curriculum, create information and curricular resources for the program and wide distribution, develop health information outreach and programming skills, and train a student cohort to lead community health information networks. Working with MU's School of Health Professions (SHP) and the Department of Health Management & Informatics (DHMI), this three-year Project Grant will engage 12 Master of Library and Information Science (MLIS) students in experiential and field-based learning to become **community catalysts** for healthy communities through information partnerships in underserved communities.

PI areas of expertise: Bossaller has expertise in community information needs, service learning, public libraries, and curriculum development. Adkins has expertise in information needs of ethnic populations and libraries serving rural mental health needs. Both have previous grant management experience. Ward provides connections with the health sciences community, and has also developed a digital library for healthcare providers in the state of Missouri. Pryor has extensive experience in training, communications, and marketing of health information and has connections with NNLM in 50 states. The PIs have relationships with HSP and DHMI, departments that will participate in building the health information curriculum.

Statement of Broad Need: Residents of underserved rural and urban areas across the Midwest experience health disparities (AHRQ, 2016; Gilmour, 2007), which are exacerbated by a lack of access to accurate health information. Rural residents have less access to medical professionals, insurance, and high speed internet, reducing access to health information (NRHA 2018). People of lower socio-economic status and ethnic minorities receive less health care than middle-class people (AHRQ, 2016). **Such studies demonstrate a clear need for health support in these communities.** Librarians can support health literacy efforts, though many lack training and expertise (Luo & Park, 2013; Rubinstein, 2017). Resources do exist for librarians who want to expand their health information knowledge (e.g., Medical Library Association Specialization in Consumer Health). Our program improves upon previous efforts by providing extensive interdisciplinary training, development of community partnerships, and information outreach to people in community health settings.

Project Design: The three-year grant period will include 1) developing a cross-disciplinary curriculum for LIS students that focuses on community health issues and information 2) building local networks for information services that includes both libraries and community health settings (e.g., health clinics, public health departments, senior centers, nursing homes, Boys and Girls Clubs, rural hospitals, and school-based programs), and 3) preparing students to assess, develop, and provide public programs using open-access health information resources, including traditional and alternative resources. A cohort of twelve students will attend online classes in LIS, DHMI, and SHP, then work together to develop services and information portals that enhance community health information through outreach in their communities. This project capitalizes on MU's strengths in personalized medicine, nursing, and health informatics, and extends that strength to underserved communities. Students will be recruited to work in their own communities, with support from NNLM, to be a catalyst for healthy communities.

Work Plan. This two phase project will take place over three years. **Phase 1 (Year 1): Curriculum Development and recruitment.** PIs will work with SHP, DHMI, and NNLM Coordinators to develop learning outcomes and interdisciplinary curriculum for community health information professionals. PIs will advertise the program widely to recruit students, focusing on students in rural and underserved areas, and establish relationships with community health partners to create practicum opportunities. **Phase II (Years 2 - 3): Student Training.** Twelve students will take classes, complete practicum experiences, and create plans for outreach and programming in their communities. Year 1: students complete 6 required LIS courses, and summer semester take *Consumer Health Information* co-developed by SISLT and MU-HSL while beginning work with NNLM-directed practical experience (5 hrs/wk). Year 2: Students complete 18 additional hours of coursework, including *Health Promotion and Policy* (SHP), *Health Information Organization and Management*, among

other courses in this highly structured cohort program. Students will attend regular online meetings with program facilitators to discuss their progress, interests, problems, and questions as they develop expertise. They will also attend webinars and online conferences that will deepen their understanding of health information and healthy communities.

Specific Performance Goals and Outcomes. The desired outcomes for this project are 1) a fully developed, online community health information leadership curriculum, 2) community networks that advance the work of LIS in promoting healthy communities, and 3) development of a certificate in Health Information and Community Partnerships. The program will use existing infrastructures to support health information needs for vulnerable or underserved populations, which will be accomplished through the following goals: 1) development of health information coursework, 2) working within existing public health infrastructure (NNLM, community health facilities), and 3) development of a model for outreach and programming for community health information partnerships in a variety of settings. Regular meetings between participants and PIs, as well as regular attendance at virtual national and regional meetings and webinars, will facilitate program development, giving PIs insight into community health needs. PIs will present program results and curricular materials at the 2021 meeting of the Medical Library Association and place them in appropriate open document repositories at MU and the NNLM the web sites.

Diversity Plan: We will follow the IES' (2014A) "What Works Clearinghouse" model for recruiting for diversity and community involvement for this program. Recruitment will be directed towards traditionally underserved groups by going through both established networks (e.g., listservs in LIS and our partners' healthcare association listservs) and through advising offices of minority-serving and rural institutions (e.g., Haskell Indian Nations University, Lincoln University). Success will be found by targeting students who want to remain in and serve their home community as they complete this online program. Advanced communication technologies will provide both academic and social integration as students become part of an active learning community that has "intentional integration of the themes and concepts that they are learning…[and uses] active learning in a community based setting [to] improve academic outcomes." (IES 2014B).

Broad Impact: This program grant will directly benefit the communities where the students are located, which might be anywhere in the United States (MU-SISLT is online and currently approximately 1/3 of the students are outside of Missouri). However, we will also create an online, interdisciplinary, modular, replicable health librarianship curriculum. These curricular modules will provide other LIS programs and practicing librarians ideas about how to connect LIS programs and libraries with healthcare and community health workers, making libraries catalysts for healthy communities. It will provide models of programming for evidence-based consumer health information (including traditional and alternative information), linking public libraries with clinics, social work, and community settings.

Budget Summary: The anticipated IMLS request is $514,525 with $268,520 in cost share match over three years. Request includes a 3% cost of living increase in Yrs 2 & 3. Three year IMLS costs are estimated as: Senior Personnel Salary ($115,971); Fringe Benefits at 36.93% in Yr 1 ($44,143); Travel ($23,640); Participant Support Costs ($246,022, includes 39 credit hours of tuition/participant); Other Direct Costs ($1,420); Total Direct Costs ($431,197); MTDC ($185,174); Indirect Costs at 45% ($83,328). Total Anticipated Project Costs ($783,045). The 1:1 required cost share match is estimated at $268,503 ($514,525 - $246,022).

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