

The Stony Brook Medicine Healthy Libraries Program: An Interprofessional Team-Based Experience Promoting Access to Care and Health Equity in Public Libraries

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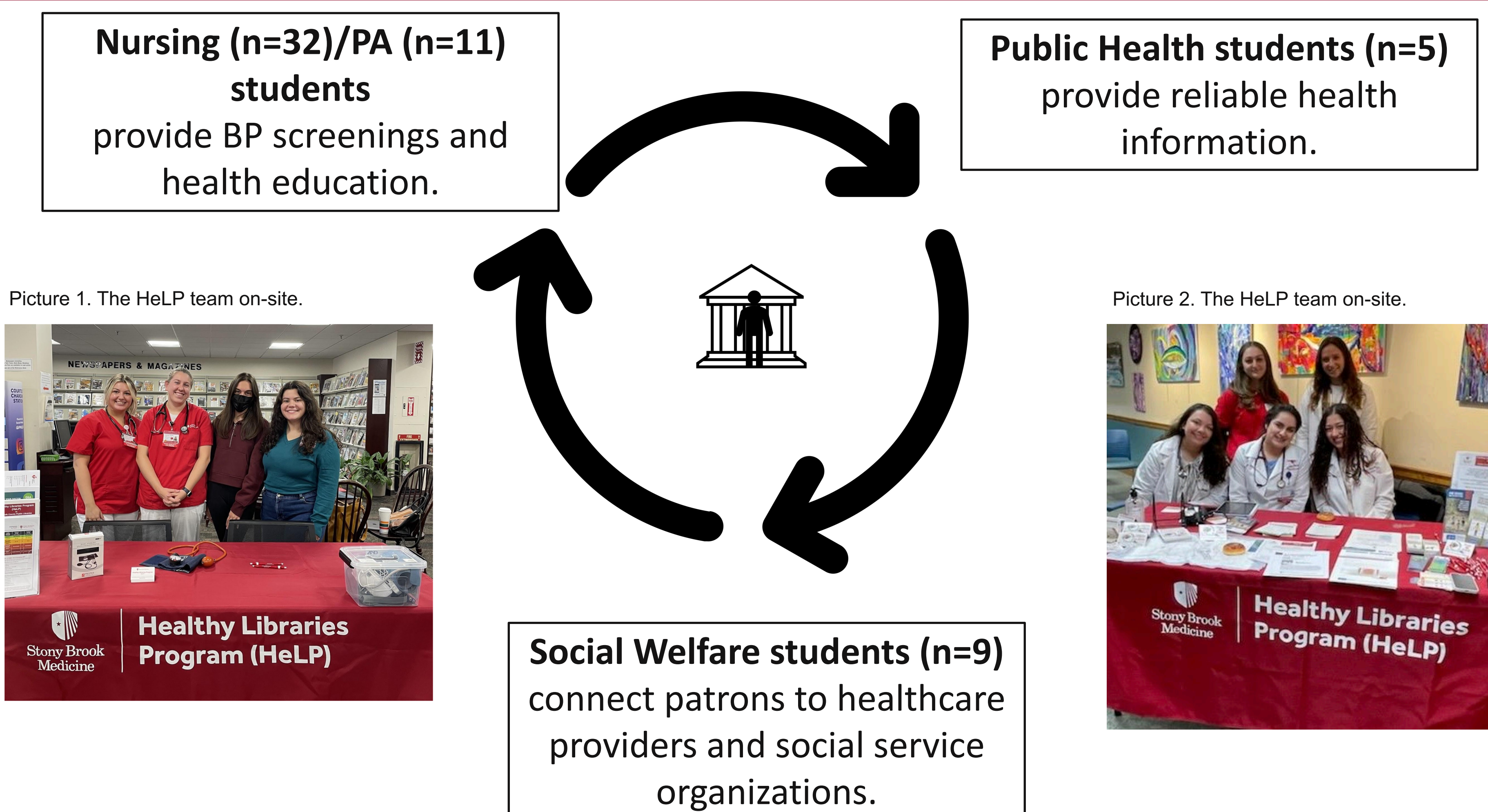
Background

- Public health initiatives that promote access to care and eliminate health disparities must include non-clinical settings, like public libraries, where underserved communities go for health-related information and support.
- In 2019, public libraries were visited 1.2 billion times;¹ more than healthcare providers.²
- Libraries are most visited by communities of color and the "working poor".³
- On Long Island, New York, public libraries have reported the top health and social needs of patrons to be:
 - mental health,
 - health insurance,
 - heart disease,
 - homelessness,
 - unemployment, and more.⁴
- Public libraries are a trusted place among vulnerable populations for accessing health information and resources³ yet are an underutilized setting for health interventions.
- The Stony Brook Medicine Healthy Libraries Program (HeLP) is an innovative intervention⁵ in public libraries in Suffolk County, NY which aims to:
 - improve interprofessional education (IPE) and collaborative practice competencies for students;⁶
 - promote access to healthcare and health equity;
 - address the social determinants of health; and
 - provide the following services at no cost to patrons of libraries:
 - BP screenings,
 - culturally appropriate health education,
 - social work case management to assist with accessing care and social services.

Methods

- Fifty-seven students were placed on interprofessional teams in 10 public libraries in Suffolk County, NY during the 2022 Fall semester.
- Students participated as part of course requirements:
 - Clinical rotations for Nursing (BS in Nursing)
 - Community health service-learning for PA
 - Practicum/internship for Public Health (MPH)
 - Field education for Social Welfare (BSW/MSW)
- Students were trained in the IPEC core competencies⁶ which aims to enhance team-based care and improve population health outcomes.
- Students documented patron encounters in Qualtrics.
- Descriptive statistics were used to summarize patron encounters with the HeLP team.

The HeLP Team Model



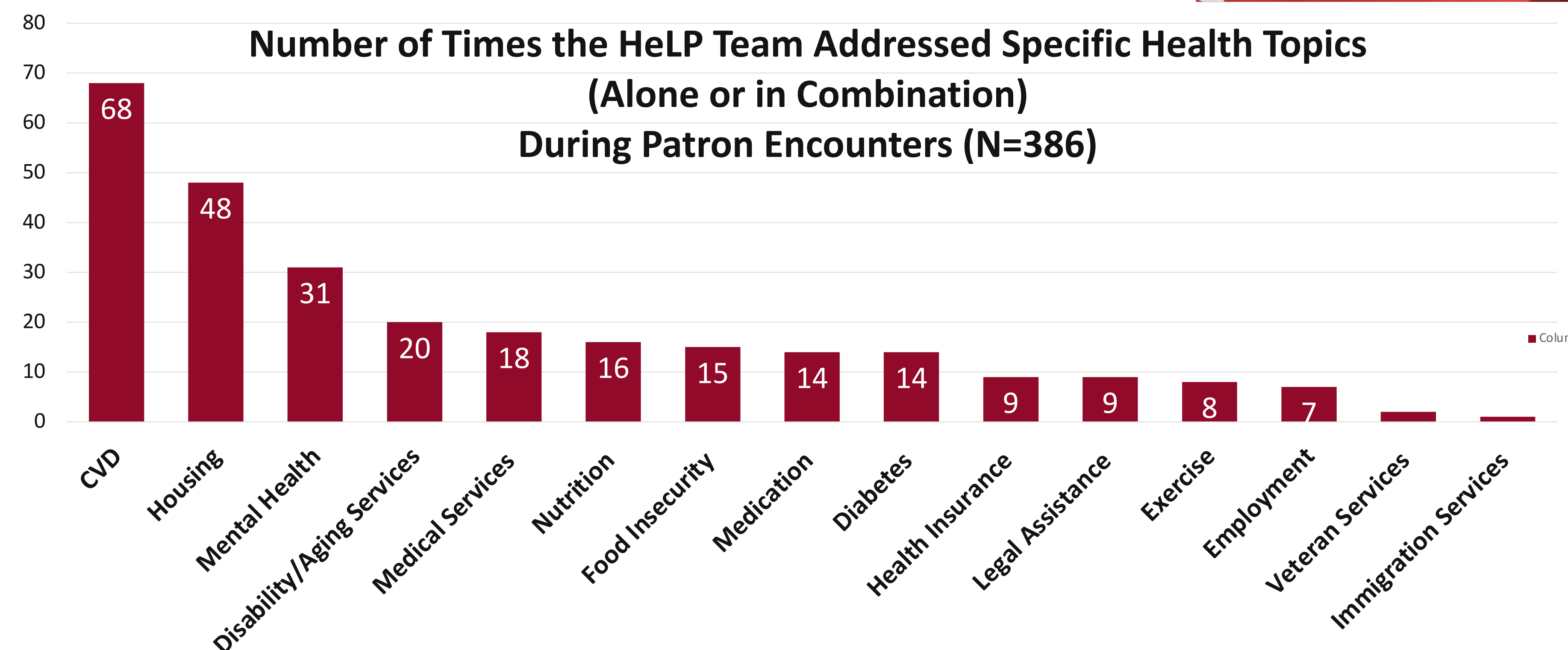
Results

There were a total of 386 patron encounters, 53.36% (n=206) were a first visit with the HeLP team. Of those encounters, patrons self-identified as:

- White (non-Hispanic) (n=205)
- Hispanic/Latino (n=57)
- African American (n=34)
- Race/ethnicity for all other encounters (n=90) were either not reported or "other."

261 BP screenings were performed.

- 53.63% (n=140) of patrons screened as "high" (BP \geq 120/80 mmHg).⁷
- 25 patrons reported not visiting a PCP in the last 12 months.
 - Some patrons reported not visiting a PCP because:
 - too expensive, no insurance, inconvenient.
 - 15 patrons reported not having a PCP.
 - 13 patrons were referred to Social Work to assist with finding a PCP.



IPE Model Implementation

- Model 1:** Teams of Nursing, Public Health, and/or Social Welfare students rotated between 8 HeLP partner libraries over 8 weeks per semester.
- Each library was visited four times per semester for 2 ½ hours for each visit (~ 80 hours).
- Model 2:** Teams of PA students, Public Health and/or Social Welfare students visited 2 public libraries for one-time visits (~10 hours).
- Model 3:** Social Welfare students offered additional hours outside of the HeLP team at the 8 HeLP partner libraries (~1000).
- Faculty supervisors on site with clinical students.

Discussion

- This study demonstrates that public libraries are a viable setting for promoting health equity and reaching vulnerable populations.
- The percent of patrons with a HBP reading was higher than the local percentage of adults with diagnosed HTN (31.8%)⁸ and national prevalence of HTN (45.4%) in adults.⁹
- The HeLP program can be replicated and expanded wherever public libraries and academic institutions exist.
- Limitations:
 - Documentation is not patron specific.
 - Student documentation may not be complete. Some patron interactions may be missing.
 - Although patrons are encouraged to meet with a provider, we do not have follow up data to confirm healthcare access/utilization.
- Further research is needed to understand how the HeLP team impacts community health indicators in collaboration with library staff and patrons.

Acknowledgements

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- the Public Library Directors for hosting the HeLP team;
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- the public library patrons for utilizing the HeLP team;
- the faculty from Stony Brook University; and,
- the HeLP student team members.

References

1. Pelczar, M., Frehill, L. M., Nielsen, E., Kaiser, A., Hudson, J., & Wan, T. (2021). Characteristics of Public Libraries in the United States: Results from the FY 2019 Public Libraries Survey. Institute of Museum and Library Services, Washington, D.C.
2. Santo, L., Kang, K. National Ambulatory Medical Care Survey: 2019 National Summary Tables. Available from: DOI: <https://dx.doi.org/10.15620/cdc.123251>.
3. Hangan, J. B. (2015, Sept 15). Libraries at the Crossroads. Pew Research Center. <https://www.pewresearch.org/Internet/2015/09/15/libraries-at-the-crossroads/>
4. Hammock, A., Pandolfelli, G., Samuel, T., Fils-Aimé, P., Granelo, M., D'Ambrosio, M., ... & Scott, L. B. (2023). Understanding how suburban public librarians respond to the health and social needs of communities. *Library & Information Science Research*, 45(1).
5. Pandolfelli G, Hammock A, Topek-Walker L, et al. An Interprofessional Team-Based Experiential Learning Experience in Public Libraries. *Pedagogy in Health Promotion*. 2021;0(0). doi:10.1177/23733799211048517
6. Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. Interprofessional Education Collaborative. <https://pec.memberclicks.net/assets/2016-Update.pdf>
7. Whetton, P. K., Carey, R. M., Aronow, W. S., et al. (2018). 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APHA/ASH/ASPC/NMAP/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension*, 71(6). <https://doi.org/10.1161/hyp.0000000000000095>
8. New York State Department of Health. (n.d.). *INFORMATION FOR ACTION REPORT 2018 - 08 Percentage of adults with diagnosed hypertension*, by county, New York State. *BRFSS 2016*. Division of Chronic Disease Prevention: Information for Action Reports. Retrieved February 27, 2023, from https://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/
9. Oshchega, Y., Fryar, C.D., Nwanikwo, T., Nguyen, D.T. (2020) *Hypertension prevalence among adults aged 18 and over: United States*