PRELIMINARY RESEARCH INVESTIGATING HEALTH LITERACY NETWORKS WITHIN THE FLORIDA PANHANDLE

By

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Introduction:

In June 2009, research began on a grant from the Information Use Management and Policy Institute (Information Institute) of Florida State University, currently entitled *Preliminary Research Investigating Health Literacy Networks within the Florida Panhandle*. This report provides an overview of the project.

Initially, the goal of this project was to conduct a needs assessment of three rural Florida counties, beginning with each county's designated County Health Department (CHD). This assessment was to focus on the following general areas:

1. Identifying the current state (and ideal, as they envision it) of community health services generally within the CHDs' designated service provision area.
2. Identifying current traditional, as well as nontraditional, CHD community partners in the provision of health services; conduct appropriate follow-up interviews with known community partners.
3. Identifying the current Information Technology (IT) infrastructure, broadly defined (i.e. existing bandwidth, hardware, software, usability), specifically in its application towards the provision of community health services.

In addition, during this process potential opportunities were explored to use key informants and their partners as resources, either currently or in the future, for the National Institutes of Health (NIH) Health Literacy grant proposal resubmission.

Identifying and analyzing networks is an inductive, iterative process. As a result, the focus of this research, who would be interviewed, and the number of counties eventually involved, evolved as the research progressed. Based on the three initial CHD director interviews, it became apparent that a hub of partnership activity was, in fact, a local public library and for three of the four CHDs eventually interviewed, all roads concerning local health literacy efforts, as well as many other public health efforts, led back to this same local public library. Because of this development and a need to narrow the subject matter of the interviews out of respect for participant time and to provide a research focus, the project goals were shifted from the provision of health services *generally* to the provision of health *literacy* services. 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 (NIH Challenge Grants, Comparative Effectiveness Research, 05-MD-105 Health Literacy). In continued support of the initial third goal of the project, within each interview a specific question was asked concerning the participant's knowledge of his/her organization's Information Technology (IT) infrastructure. To summarize, the present goal of the project is to assess the current professional networks being utilized in several rural communities in the Florida Panhandle to address the health literacy needs of these communities.

Research Design:

The research design initially consisted of eleven interview questions [see Appendix A] to be discussed over a period of 45 minutes to an hour, as described to potential participants. In reality, almost every interview lasted at least an hour and 15 minutes, several for an hour and a half. As a result, twelve interviews resulted in over 15 hours of interview data. While conducting the interviews, it became apparent that several of the questions – especially questions 2 and 6, dedicated to summarizing what had just been discussed – were awkward and often interrupted the natural flow of the interview. The best time to ask follow-up questions appeared to be when the subject was introduced and not during a summary question. In addition, questions 3 and 4, addressing resources and training as well as the development of special aids respectively, were usually answered by participants at the same time. As a result, almost all interviews consisted of a total of 8 questions with the final question, "May we contact you again with follow up questions?" unanimously answered "Yes." Initially, the interviews were to be conducted face-to-face; for a variety of reasons the research format was shifted to phone interviews. The adjustment in format does not appear to have negatively affected the quality of the interview data obtained.

As stated previously, identifying and analyzing networks is an inductive, iterative process. As a result, it can be a time intensive process from the perspective of retrieving and analyzing the interview data, but also because each interview hopefully leads the researcher to a new set of potential participants with whom the researcher then needs to make contact and create enough of a relationship to allow for a fruitful interview. In such circumstances, research progress is very dependent upon the willingness and availability of interview participants. Once an individual agreed to participate in this research project, he/she was emailed a participant consent form [See Appendix B] prior to his/her interview, except in one case where the participant agreed to be interviewed at the moment first contact was made. In this case, the researcher explained the information contained within the consent form to the participant, over the phone, before the interview took place and then emailed it to him/her subsequently.

Community and Participant Demographics:

This research, which initially targeted a three county region in the Florida Panhandle, eventually included a total of six counties, based on the partnerships described in the initial interviews. Of the six counties, four are members of the Northwest RACEC. Florida's Rural Areas of Critical Economic Concern (RACECs) are three regions comprised of rural communities adversely affected by extraordinary economic events or natural disasters and which receive provisions for economic development initiatives (Enterprise Florida, 2009). The twelve individuals interviewed are employed by the following types of organizations, operating within the six counties:

Table 1: Participant Organization Type Associations

Type of Organization	Number of Participants Associated with each Type
County Health Departments	5
State and County Public Libraries	3*
State Literacy Programs	2*
County Hospitals	1
County School Districts	1
County Government	1

*One participant qualified for both categories.

Of the twelve individuals interviewed, three are male and nine are female. Based on information the researcher obtained during the interview, all but two of the participants live in the counties they serve and they have been in their current professional positions for three – thirty-five years.

Emergent Themes:

A number of significant themes emerged from the interviews, which can be divided into 2 main categories: *pressing issues* and *potential solutions*. In addition, several *noteworthy quotes* arose during the interviews around the emergent themes. The following 10 issues and their potential solutions with supporting quotes will be discussed:

1) There has been an ongoing lack of investment at the state government level in preparing, as well as improving, overall public administrative capacity, especially at the local level.

2) The state has instituted a rate cap on all CHD employee hiring, no matter the job description. As a result, CHDs are having an even more difficult time hiring medical professionals than before the rate cap was instituted.

3) A large percentage (and growing) of the rural population is currently uninsured when it comes to health insurance.

4) There are fewer stable (hard) funding streams for health prevention and outreach versus for health acute and chronic care.

5) State government funding for local public health and library initiatives is decreasing, in some areas drastically.

6) Transportation, including but not limited to transport to and from public services, is a systemic problem in rural communities.

7) Many working and non-working rural poor do not have the basic knowledge and skills necessary to make informed health decisions.

8) Few general literacy programs take advantage (or know how to) of opportunities to educate their students about basic health issues.

9) Currently, there is a lack of appropriate health literacy resources that specifically address the gap between consumer reading ability (low) and the reading level (high) required to comprehend most health literature.

10) State and local officials view public libraries consistently as financially "expendable."

From the perspective of those interviewed, Information Technology (IT) was not a pressing issue for any of the individuals interviewed. Every organization has some form of high-speed internet service (Cable or DSL). Most are receiving services (at least to their main offices) via a shared T1 line; for example, several CHDs and local public libraries share with the local school system. More and more rural public libraries seem to provide wireless for their patrons, a capability that appears to be associated, in part, with new building infrastructure projects. Almost everyone seems to think they have enough terminals (either desk or lap tops) and everyone seems to be using Microsoft Office software programs; several participants are particularly taken with Microsoft Outlook's email and calendar applications. Several long-standing directors mentioned how IT had greatly improved their ability to communicate and manage their satellite offices, be they branch libraries or outreach clinics. Most of the CHD employees interviewed use some form of electronic reporting to monitor their various programs; all agreed that, once you know how to use the applications available, IT makes monitoring and reporting program outcomes infinitely easier than doing so used to be. It appears that an overwhelming number of local public libraries are using free internet resources to help overcome diminishing financial resources for collection development. At the same time, both local public library directors interviewed expressed a desire for more training on how to locate valid resources on the internet. One concern for several of the various organization directors is their current inability to utilize many of the burgeoning social network sites to promote their programs, due to state security concerns. Several wondered why their federal counterparts, such as the CDC, are able to utilize these networks, but they (the local counterparts) are not.

1) *Pressing Issue:*

There has been an ongoing lack of investment at the state government level in preparing, as well as improving, overall public administrative capacity, especially at the local level.

Potential Solution:

It is time to begin rebuilding administrative capacity by both reinvesting in our existing employees through competitive salaries and training, as well as hiring new employees where appropriate.

Noteworthy Quote(s):
"When I took the CHD Director job, I thought I would initially be trained in Tallahassee. Instead, it was sink or swim – either you make it or you don't."

"The Department of Health did provide training (such as various management training), however this dried up with the budget cuts."

"Public libraries don't currently have monies for training, but from 1983 to approximately 2003 we received great training from the State Library. Now community colleges have gotten involved in training and they make it more difficult."

"State training was always interesting to me. I like to see what others are doing. Now, the only people going to conferences are those in the upper echelons, not the people in the trenches."

"I have had training in community mobilization, as well as in community health. When I began this job, I had a Bachelor Degree, but no health training. I needed statistics and training in measuring health outcomes."

"My Master in Management and Leadership basically taught me how to control the madness. In other words, there are a lot of folks with a lot of needs out there and it can be overwhelming. You need to be able to determine pretty quickly what needs to be done and, just as important, can you actually do it. If the problem is above and beyond you, you are doomed to fail. If the problem is below you, you may be wasting precious resources."

"It is so important that we do network and go to conferences. It's the only real way to know if, relative to everyone else in the field, we are on our A game and doing what needs to be done or are we not doing enough."

2) *Pressing Issue:*
The state has instituted a rate cap on all CHD employee hiring, no matter the job description. As a result, CHDs are having an even more difficult time hiring medical professionals than before the rate cap was instituted.

Potential Solution:
Discontinue the rate cap on clinical employee hiring for all CHDs.

Noteworthy Quote(s):

"The following state regulation has had the greatest negative effect recently: the rate cap on physician and professional salaries. It also takes 3 months to hire someone even if you have a position. CHDs are entrepreneurial. The cap is damaging our ability to lure people to work for CHDs. The purpose of the cap is wanting to control physicians and the CHDs because, in fact, the state is not saving money; they weren't paying for the extra salary dollars to begin with. Only one third of our budget is state dollars. So you compensate by trying to provide benefits."

"In normal state organizations, you have a "rate" – you get this many employees and you can only pay them up to this amount. The state imposed "rate" on the CHDs, so that even if you get a grant to help support an employee's (doctor's) salary, you are still capped. Employees are budgeted under the FQHC, which is federally funded, and yet they still fall under the "rate" system."

"Since the state moved the CHDs to "rate," people are being hired that aren't up to speed and they aren't being properly trained."

"It is tough to staff in these areas, because you can make more money commuting to Tallahassee for work."

3) *Pressing Issue:*
A large percentage (and growing) of the rural population is currently uninsured when it comes to health insurance.

Potential Solution:
CHDs can provide a medical home and quality primary care for both the insured and uninsured of their communities.

Noteworthy Quote(s):
"We don't have a lot of people in our community with health insurance. As a result, we have a lot of people who are receiving health care too late. Dental Care – don't even think about it; our limited mental health services are overwhelmed. As a result, only the most severe cases are getting services. Chronic care – if you have health insurance, maybe; if you don't, give it up. Primary care – it's problematic. We employees of the CHD are no different from anyone else in our community; we call for an appointment and sometime have to wait 2 months to get in."

"Small CHDs have limited partners and limited employees; for example, I have 1½ staff members to work with. And yet, our public health problems are large; for example, our county is the 2nd worse county in Florida when it comes to most chronic diseases."

"If we held a health expo right now and we offered free screening, we would have between 2000 and 3000 people show up – that's exactly what happened in Holmes County recently."

"CHDs are the main people providing public health *care* (not just public health)."

"Community members need a medical home and, as a CHD director, I am a big proponent of this service provision model."

"Providing public health services is a real challenge, so be understanding before you criticize; to use a sports phrase, we don't have much of a bench unlike most private medical institutions. But I wouldn't swap with the CEO of a large private medical facility, because I get great satisfaction."

4) *Pressing Issue:*
There are fewer stable (hard) funding streams for health prevention and outreach versus for health acute and chronic care.
Note: This idea of "hard" funding for crisis/problem intervention versus "soft" funding for crisis/problem prevention was a reoccurring theme for all 3 types of services investigated in this research: public health services, public library services, and literacy services.

Potential Solution:
Allow public and non-profit organizations to engage in traditionally private sector services, when the private sector is not adequately providing these services for the community.

Noteworthy Quote(s):
"Without outside funding, public health would be in a shambles in the state of Florida."

"The lack of funding, and the limitations placed on existing funding as to how it is spent, is a problem. To repeat, a current barrier is the lack of funding and the ability to use what funds we do have as we need to. For example, we are having to use the stimulus money in places we don't need it."

"We need money! We need grants that aren't so difficult to write and that require realistic reporting."

"Most of what we do in CHD Social Services divisions is grant funded (like Closing the GAP) for prevention and dealing with at risk populations."

"You also need someone you can hold accountable; this is tough with volunteer organizations."

"Public Health is ultimately not about a building; it's about being there to provide services, education and information. You not only need to evaluate the needs of your community, but also address them. Many funders want us to determine the problem, create a logic model and plans, but we received no money to help with the implementation."

"If you want to be seen as providing value to the community, you need to provide primary care, as well as doing mosquito abatement and maintaining public records."

"The Centers for Disease Control *and Prevention* (CDC) and the Florida Association of County Health Officers (FACHO) has come up with 10 Essential Public Health Services that CHDs need to do as part of what we do, however these services do not make the CHD any money."

"Our biggest barrier is financial; we need adequate reimbursement."

"The CHD puts out a great effort to serve the public; I am impressed with their caring. Things have greatly improved over the years. The facility and staffing has grown and improved. Once upon a time, I had no idea where the CHD was; in the last few years I know where they are. For example, I did not now I could get a tetanus shot at the CHD. I didn't know that just anyone could go there and when I got there, I didn't mind being there."

"Our community has basic primary care, which is pretty good for a community our size. We have ambulance service, hospital service, in-patient care, diagnostic testing, and excellent long term care. However, we have a gap in specialty treatment and care. We know our limitations; we evaluate and stabilize the patient, and then we refer or we ship them to another medical facility."

"CHD providing top notch health care – they want to not be the second place people go, but the first. "

5) *Pressing Issue:*
State government funding for local public health and library initiatives is decreasing, in some areas drastically.

Potential Solution:
Engage in joint program and infrastructure projects.

Noteworthy Quote(s):
"We need a bigger budget. We need more partner organizations willing to step up to the plate. It all gets down to money."

"Rural counties need to pull together. Our county needs healthcare and education; otherwise we will always be one of the top 5 poorest counties in the state. Our neighboring counties are the same way. We are considered Florida Critical Counties, in other words, we are counties with critical economic need."

"I would want others to see that local public health partnerships can work. If it's not currently happening, people often think it can't due to fear [about change] coming from key individuals.

The outreach clinics happened because the local public library director and the local CHD director, with a little financial help from the county commission, were all on board to make it happen."

"We need to find a way that local organizations can contract with local organizations for the provision of services. In my many years of service, I have yet to see benefit from being lumped together with other counties. When this happens, they forget who they are supposed to be serving; they are not there to serve the CHD but the client. At the state level, there needs to be a healthy respect for the needs of rural counties. The counties that can stand on their own monetarily should; the rural counties simply do not have the tax base."

"We are working hard every day to provide Public Health and there may be ways other organizations can help us; for example, partnering with farms and food producers."

"Our public library director and I (a CHD employee) put together the health outreach clinics."

"When I first met the local public library director, we had received extra dollars at our CHD and wanted to tap into the Hispanic population. I never wanted to reinvent the wheel. I would rather tap into and enhance existing services. The local public library director really does depend on bit and pieces of money."

"I think we have come a long way and have done our best to reach out to people. We are certainly strapped for money, but if we have partners, like the local public library, we can go after funding."

"We help our programs with all their needs; as a regional organization, in our partnerships we leverage our strength at the state and federal levels."

"People just don't realize that, in a rural area, just a little bit will go a long way. Rural communities often sell themselves short; they do phenomenal services with almost nothing. Their desire is really to help those in need."

"Our local public library director can pull blood out of a turnip."

6) *Pressing Issue:*
Transportation, including but not limited to transport to and from public services, is a systemic problem in rural communities.

Potential Solution:
Create one-stop-shop public services facilities.

Noteworthy Quote(s):

"Transportation is a problem, as is education."

"I am seeing a disturbing trend. I have seen more and more services pulled back. The people of this community don't have the transportation or the time to be chasing services."

"The library provides a place and a space for health mobiles at the branches; as a result, 30-40 people receive services that could normally never get to them."

"As a citizen of the county, I can see a real advantage to the CHD services for older and younger individuals who don't have transportation. If a service benefits a member of the community, then I see it as a good thing, whether it benefits me or not."

7) *Pressing Issue:*

Many working and non-working rural poor do not have the basic knowledge and skills necessary to make informed health decisions.

Note: The last 4 quotes listed specifically deal with the needs of non-English speaking and migrant populations.

Potential Solution:

Take advantage of every opportunity to provide them with the knowledge and skills to make informed health decisions.

Noteworthy Quote(s):

"If you are disadvantaged, you do not have the same opportunity to learn about health. They need to understand their health needs and make good decisions about their health. It is a shame that the affluent have opportunities and know these things and the less affluent do not."

"Our clients have a poor record of making bad choices. We are fighting wives-tales passed down from their moms and grandmothers; they talk at their children, not to them. In this population, the grandmothers raise the children."

"50% of their clients are receptive to education in new ways of doing things, especially if they get the girls in 9th grade or even in middle school (and yet, to "get" the girls, the girls must be pregnant – it's a bit ironic)."

"Sometimes the population we serve doesn't have good communication skills and the girls don't know how to identify what they want and then ask for it. We need to teach the girls how to advocate for themselves and their children."

"Healthy Start provides Health Literacy with new mothers. Our clients are not at all aware of their health needs."

"It is vitally important to get information to the population that needs it and see that there is some kind of follow through. The biggest thing for us in the local county school system this year is making a link with the CHD."

"The public library provides tools to access, for example getting the parents age appropriate developmental tools for their babies."

"Our public library has a huge resource room and the parent educator pulls children books from the shelves and gives them to the girls so they can read them to their children. The Library also provides the girls with backpacks with games to play with their children."

"We have to get some healthcare here in America for the working people of America, because the "Working Joe" falls into the health insurance "grey" area. This is why CHD Social Services play such an important role; if I can convince you that you need health assistance, I can potentially save your life."

"English Speakers Of Other Languages (ESOOL) – for this population the public library is a huge resource. They receive poor or no health care. Public libraries can be a universal resource wherever they may be."

"Several CHDs have an employee who speaks Spanish."

"I think they are doing a good job promoting public health issues and providing information about services. A specific example is the local public library's program with the migrants. No matter what your opinion is, immigrants are here in the US and there are challenges reaching these people because of their fear of government. The CHD outreach is very good, but not necessarily in languages other than English."

"A local public library director describes one young woman who serves as an example for the success of a program for minor mothers. The young woman entered the program about 6 years ago; she was 16 years old, pregnant and spoke no English. She now owns a business baking cakes and cleaning homes."

8) *Pressing Issue:*

Few general literacy programs take advantage (or know how to) of opportunities to educate their students about basic health issues.

Potential Solution:

There are some general literacy programs that currently do and we need to learn from them.

Noteworthy Quote(s):

"Our Public Library has had a literacy program for 20-30 years; however there is no health component. They teach reading and ESL, and frankly they already have their hands full with teaching math, English and reading."

"One thing overall, that needs to be improved upon in the public library community is bringing along the reference section of the library. I think that many traditional reference folks see their jobs as providing information and not interpreting for, and/or reading it to, someone. It is not on their radar as to how they can make information more accessible to everyone. They need to understand that people learn in different ways. There needs to be a stronger connection/relationship between the library literacy program and the library reference staff. At an area public library, the literacy program tried to connect with the reference desk but it didn't happen. Ideally, the reference folks need to be information providers for the volunteer tutors, as well as the tutors need to be able to introduce their students to the reference folks. E-government is really putting it in reference's lap and forcing them to help people."

"People do not realize the wealth of information available to them at the library, specifically the wealth of health and medical information available. We used to get calls at the reference desk from people with health conditions looking for information. We certainly couldn't diagnose, but we could read them relevant information. We need to get individuals confronting health challenges to come in and read the appropriate books so that they can make informed decisions. "

"The Governor's Family Literacy Office teaches literacy skills to the needy and uses educational themes to do so, such as medical health, nutrition, and psychological health and well-being."

9) *Pressing Issue:*
Currently, there is a lack of appropriate health literacy resources that specifically address the gap between consumer reading ability (low) and the reading level (high) required to comprehend most health literature.

Potential Solution:
Several literacy and public health organizations are beginning to address this issue.

Noteworthy Quote(s):
"I am talking about talking with the individual at their educational level, or even just below it, so that they understand and, as a result, will change their behavior. She finds internet resources, but the reading level they require is too high – sometimes she needs pictures to communicate with her clients – and they often require an understanding of medical acronyms and jargon. It is so important to have resources within appropriate reading levels for our clients. We need a whole series of literature produced at the right reading levels."

"Thank goodness for IT because it has finally made information available that wasn't before. However, while information is available, it still is not accessible from a reading level perspective."

"There are some appropriate reading level materials out there but libraries get nervous about including workbooks in their collections, because people write in them. One problem is that literacy collections are not going into the automated catalogue."

"Sometimes it is difficult to get health materials at the right reading levels. So they have reference materials, such as dictionaries at an 8th grade reading level, that people can check out and bring home with them."

"The Florida Literacy Coalition uses health professionals to provide health literacy curriculum."

10) *Pressing Issue:*
State and local officials view public libraries consistently as financially "expendable."

Potential Solution:
Reinvigorate the public's perception of the public library as a necessary part of their community's well-being.

Noteworthy Quote(s):
"It is incumbent on every social agency to broaden the scope of what you do to make it relevant to your service population."

"We need to reeducate public librarians as community members; we can't behave like "turf holders." Public libraries will not cease to exist if we can change our service dynamic and how we see ourselves. We are not an end onto ourselves. Our education should give us a global view."

"For all I know, I may be the only local public library doing all this with the CHD. We partner with CHD employees, make space for nurses, and are willing to put ourselves out to have an influx of people seeking flu shots."

"Our service philosophy here at the public library, and what we try to do with our families, is when we lose help from one source, we get help from another source. We haven't yet cut our library hours below 40."

"If the local public library director did not have an extensive network and wasn't so willing to share and reciprocate, her community would have very little."

"Partnership has been a win/win from my perspective as a librarian. The local public library is a tremendous benefactor, as have been our mutual patrons."

"It has been a win/win for the library by demonstrating their value to the community. The CHD benefits by having a partner that is always there for us to work with."

"We have people just take their coffee to the public library and just hang out. Our public library director has provided a real communal environment."

"The key for public libraries is having partnerships that really work. We once had a county commissioner who couldn't read or write, but he/she never voted against us."

"Our average attendance at our local public library is 99-101 people an hour; in a 4 hour period for a recent Science Sunday we had 640 people walk through our doors. I made a point of mentioning this to a county commissioner I was speaking with on Saturday. When the new library was being built, a few commissioners were on the fence; that is until they saw the number of cars in the parking lot."

Summary of Current Research Findings:

Almost every community in the US is feeling the current economic downturn. For several local rural counties, the current economic situation is particularly challenging. Years of diminishing local capacity, even during relatively good economic times, has left these counties ill prepared to grapple with current and near term public problems. As one participant stated, "Poor rural areas are the first to go into recession and the last to come out." Another provided a very sobering fact: "In our county, we have people living in homes with dirt floors. People are struggling; many have dirt floors or live in converted buses." However, every participant interviewed, many of who are leaders within their respective communities, continue to do what they have always done – attempt to rise to the challenge by finding new ways to solve what they often view as old problems that are "just dressed up differently," as one participant aptly put it.

From the perspective of those interviewed, the overall pressing issue facing these communities is lack of funding. For most participants, the following statement says it all: "The barrier [to providing services] is always money. Other than money, I don't know if there are any barriers." The solution also continues to be the same, which is for small communities to pool resources when appropriate, making sure that they are not, according to one participant, "reinventing the wheel." At the state and federal government levels, one participant has observed that "there needs to be a healthy respect for the needs of rural counties"; this sentiment is shared by many interviewed for this research project. Finally, I offer the following as a fitting summation of the palpable attitude emanating from almost every participant interviewed: "We are not just the best; we are the very best at what we do. And we are the

very best because we don't take it all on ourselves; we understand partnership and we understand finding ways to share the load."

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Appendix A

ASSESSING THE ROLE OF PUBLIC LIBRARIES TO ASSIST IN LOCAL PUBLIC HEALTH EFFORTS

Interview Script

I have been awarded a research grant by the Information Use Management and Policy Institute to conduct an analysis of the current network of traditional, as well as potential non-traditional, organizations participating in the provision of local public health services in rural Florida communities. The purpose of this study is to work with local communities to improve the provision of public health services to Florida residents.

The basic strategy is to evaluate the existing networks between experienced rural public library and public health administrators, as well as government and community organization leaders, to determine what may be transferrable to the state's other rural communities. This is why you have been asked to participate in this interview.

The study team is particularly interested in your experience in the provision of public health services, broadly defined, within your local community.

1) Describe your organization's experience related the provision of public health services in your community? We are particularly interested in the roles your organization takes concerning public health initiatives, broadly defined; specifically the plans, services and activities your organization has engaged, and/or currently engages, in. What happened first?

Public Health Provision Summary Form					
Initiating Incident	**Role (Plans, Services, Activities)**	**Resources &Training Needed**	**Aids Developed**	**Information Technology**	**Comments**

2) So to summarize your experience, the key roles (plans, services offered to the public, activities and initiating incidents) your organization has experienced, and/or currently participates in, are [read list developed during the response to question one]?

3) What special resources or training were needed to perform the roles your organization performed?

4) Did you develop any special aids (e.g., policies, procedures reference aids, rules, checklists)?

5) What are your current Information Technology (IT) resources (i.e. existing bandwidth, hardware, software, usability), specifically in their application towards the provision of public health services?

6) Summarizing your experience, the key government, non-profit, and private organizations you have worked with, and/or are currently working with, in the provision of public health services are; and the activities you engaged in with them are? Would you consider any of these organizations to be "non-traditional" partners in the provision of public health services?

Public Health Partners Summary

Organization	Activities	How Relationship Started	Non-traditional?	Comment

7) Can you summarize the key elements for success, as well as challenges, when working with other government, non-profit, and private organization partners?

8) What is the current state of public health services within your community? Can you envision an obtainable ideal state of public health services for your community and, if so, what would it look like and how would you get there?

9) What would you want other organizations to know and do regarding participation in local public health efforts?

10) What are the current issues and/or solutions that would enable your organization to better participate in local public health efforts?

Action Summary	
Issue/Solution	**Action Needed**

11) May we contact you again for follow up questions? [Check name, address, phone, e-mail]

*It should be noted that this interview script serves as a starting point for the interview process and, depending on participant responses, additional topics may be discussed.

** Depending on the breadth of the participant's responses, the phrase "community health information services" may be substituted for the phrase "public health services".

Appendix B

Consent to participate in "Assessing the Role of Public Libraries to Assist in Local Public Health Efforts" study interviews

I am Lynne Hinnant from the Information Institute of the College of Communication and Information at Florida State University. We are conducting an analysis of the current network of traditional, as well as potential non-traditional, organizations participating in the provision of local public health services in rural Florida communities. The purpose of this study is to work with local communities to improve the provision of public health services to Florida residents. If you choose to participate, this interview will take about an hour to complete, depending on the depth of your responses. Please contribute as many comments as possible during this process. Your feedback is vital to this effort

Your participation in this study indicates your consent, given voluntarily and without element of force or coercion, to participate in this research project. Only persons 18 or older may participate in this study. Your participation in this study indicates that you are 18 years of age or older.

Your contribution will involve participation in this interview and perhaps follow up interviews, either verbally or via email. Your participation in this study is completely voluntary. You may browse through the interview questions before deciding to participate and may withdraw from the study at any time without penalty to you. If you choose not to participate there will be no penalty. You may withdraw from the study at any time. Your answers to interview questions will remain confidential to the full extent allowed by law. The results of this research study will be published, but your name and/or contact information will not be used in any form. Only research personnel involved in this project will have access to the data and encoded data will be kept on secure servers at the College of Communication and Information for a period of one year after the project ends.

There are no foreseeable risks or discomforts to you if you agree to participate in this study. Although there may be no direct benefit to you, the possible benefit of your participation is the report resulting from these efforts, as well as a better understanding of how traditional, as well as non-traditional, local organizations may better assist their communities in the provision of public health services. The results of this study may be published, however your name and/or contact information will not be revealed.

Sessions will be audio recorded. The sole purpose of recording is to aid researchers in gathering data from the sessions. Audio recordings from interviews will be listened to only by members of the research team for analysis. The results of these interviews will be kept in a locked filing cabinet, Rm. 236, Louis Shores Building, Florida State University. Only members of the research team will have access to these interviews and they will be destroyed by December 31, 2010. Your name will not be associated with the data collected. Information obtained during the course of this study will remain confidential to the full extent allowed by law.

If you have any questions concerning this research study after the session has concluded, please contact me, Dr. Lynne Hinnant, by email at lhinnant@fsu.edu. You may also contact the Information Institute Director, Dr. Charles R. McClure, Francis Eppes Professor by email at cmclure@lis.fsu.edu.

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Office of the Vice President for Research at (850) 644-8633. Additional information

on human subjects can be found at the Office of Research Human Subjects Committee home page located at http://www.research.fsu.edu/humansubjects/index.html.

If you choose not to participate, you may do so at this time or at any time during the session. If you have any questions during this session, please ask them at any time.
Thank you.