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Introduction

The purpose of this report is to summarize the data that has been collected via Brainstorming Sessions and Focus Groups during the first two years of the Healthy People 2010 Library Initiative. These activities were conducted to obtain feedback and collect data from the target audiences: minority populations with health disparities, i.e., African-Americans, Hispanic Americans, Asian Americans, and Native Americans; and the librarians who help these individuals access health information in public libraries.

The first phase of the initial needs assessment was an extensive review of the literature. The key findings were published in *Issues and Challenges in Providing Health Information Services in Public Libraries*, authored by Mary C. Chobot, PhD, and published by the American Association for the Advancement of Science (AAAS), in June 2002. This publication is available by e-mail request to Chickona Royster at AAAS: croyster@aaas.org.

This report includes the data from two Brainstorming Sessions with librarians and three focus groups with members of the targeted minority populations.

Brainstorming Sessions

Two Brainstorming Sessions were conducted with the librarians. The first was held on **May 7, 2001**, with twelve librarians from public libraries representing eleven library systems in Maryland, Virginia and the District of Columbia. The ideas generated at that session were reported in the presentation and written summary made to the Project Advisory Board a week later on May 14, 2001. The ideas and feedback obtained from the librarians during that first session are summarized in this document to set a context.

The second Brainstorming Session was held on **October 9, 2002**. Nine librarians participated: six from public libraries and three from the National Library of Medicine (NLM).

Methodology

Each of the two Brainstorming Sessions was held on a weekday afternoon, from noon to 3 p.m. We began with lunch at noon, and the actual session lasted approximated two hours. For each session, a written **handout** was prepared for the participants. Copies of these two documents are included in **Appendices D** and **E**. The author facilitated each of these sessions and recorded comments on a flip chart. At the second session, participants also provided written feedback.

The First Brainstorming Session: Understanding the Target Audience

At the first session, the participants provided feedback on the characteristics of the various user populations that they serve, affirming that among library users there exist a large number of minority populations with a wide range of special needs. In jurisdictions such as Arlington County, more than 180 different languages are spoken. Among these minority groups, many are potential, rather than current, library users. English is often their second language. Although they may be quite literate in their native language, their level of literacy in English is often low. The librarians affirmed that health materials written in plain English, formatted and written with the needs of such users in mind are sorely needed. They concurred that the formatting and look of these materials is as important as the reading level.

The participants pointed out that these current and potential minority library users must be made to feel welcome in the library. Moreover, it is important to remember that for some cultures, such as Latinos, the concept of a free public library, with free services, is an unfamiliar one. The fact that some of these individuals have illegal status in this country, presents a further barrier to accessing the health information they need. It was also suggested that in some families, where the children are better able to read English than their parents, children may be reading these materials to their parents.

Outreach

The librarians offered many ideas on possible outreach to the targeted populations. Some of the suggestions of opportunities to provide outreach and of existing outreach programs discussed were:

- Ask the Expert
- Business Community
(e.g., handling food safely; occupational safety; health of employees)
- Community festivals
- Day Care Providers (Information on immunizations)
- Genealogy Programs
- Homework Club (K-12)
- Home Visitor Program (Health Dept., Visiting Nurses)
- How to Keep Personal Medical Records and Histories
- Laundromats
- Linkages to Learning Program
- Outreach Centers (e.g., Arlington County Public Library)
- Programs for Parents

Partnerships

“Community partnerships, particularly when they reach out to nontraditional partners, can be among the most effective tools for improving health in communities.” (*Healthy People 2010: Understanding and Improving Health*, p. 4).

Libraries have long realized the importance of outreach and partnerships to reach and better serve potential users. Quite a bit of time was spent discussing potential partners for public libraries, especially community-based organizations (CBOs). Among the potential partnerships discussed were:

- Community-Based Organizations (CBOs)
 - Clinics
 - Churches
 - Grocery stores (e.g., Giant Foods’ Diabetes programs)
 - Health and fitness clubs
 - Hospitals
 - Literacy Tutors
 - Other types of libraries (school, hospital, academic, special)
 - Pharmacies
 - Courts and Judicial System
 - Schools
 - Support Groups

- Potential Corporate/Association Partners or Sponsors:
 - Giant Food (e.g., Diabetes/Nutrition)
 - Blue Cross/Blue Shield (Immunizations)
 - American Heart Association (Operation Stroke)
 - Associations and Groups that Represent Minorities
 - Other Associations, such as:
 - American Mothers, Inc. (AMI)
 - American Association of University Women (AAUW)
 - American Association of Retired Persons (AARP)
 - General Federation of Women’s Clubs (GFWC)
 - Literacy Volunteers of America (LVA)

Along with this discussion, suggestions were made of places where publicity materials might be displayed or placed to reach potential users and make them aware of the health materials and services that the public library can provide. Among the suggestions were:

- Beauty and Barber Shops

- Buses and Subway Trains/Stations
- Churches
- Grocery stores
- Hospitals
- Laundromats
- Pharmacies

Other Comments and Suggestions

During the session, the librarians offered other ideas, especially of unmet needs that they had observed. These included information on how to talk to your doctor; how to deal with insurance issues; and a form or instrument to help individuals keep family health histories. Also discussed were the importance of complementary materials and supplemental health sources to meet user needs. The importance to libraries and users of updating and keeping the health information current was stressed.

Librarians also indicated that small booklets would not lend themselves to being cataloged and circulated like books in libraries. Therefore, since printing enough copies of the booklets to give to users would be expensive, a mechanism to allow printing pages from or copies of the booklets, such as from PDF files available on the Web site, or from a CD-ROM, will be needed.

The Second Brainstorming Session: Ideas for the Tool Kit, Web Site, Outreach and Partnerships

At the second Brainstorming Session, held on **October 9, 2003**, there were nine librarians who contributed their ideas and feedback. Three of the public librarians had also participated in the first Brainstorming Session. The other three public librarians were asked by their directors to attend because of their expertise or positions. Three participants were from the National Library of Medicine (NLM). Maria Sosa, Project Director and Co-Principal Investigator; Lisa Boesen, Program Manager; Tracy Kelly, AAAS Multimedia/Web Developer; and Amy Stern, Potomac Communications, also attended the Brainstorming Session.

In addition to the oral contributions that they made during the Brainstorming Session, each of the nine participants also recorded written comments in the booklets which were prepared for the session. At intervals, participants were asked to record their written responses to one of the questions posed in the booklet, and then the group discussed the topic. The summary below integrates the written responses with the feedback from the discussion.

Challenges that Exist for Libraries in Attempting to Meet the Health Information Needs of the Target Audience(s):

- **Limited Resources**

In both the written responses and discussion, limited resources emerged as a significant barrier, especially in the current milieu. Public libraries are currently dealing with budget cuts and often lack sufficient funding, staff, technology and/or space to carry out the outreach activities that are necessary to reach the target population. Because of the current economic situation, other community needs may be given a higher priority.

- **Language and Cultural Barriers**

As English is often the second language of significant numbers of the target audience, their language and literacy skills in English are often low. Librarians face the challenges of communicating effectively with users who may have limited English language skills, and then finding material which they will be able to read and understand.

Participants stressed that it is important to recognize the cultural barriers that may exist. For example, in some cultures the concept that public libraries are open to all and offer free services may be foreign, since in their native countries libraries are not available to the general public. Additionally, there may be low comfort levels in new and unfamiliar situations. Programming must be non-judgmental and engaging enough to attract and hold the attention of diverse audiences -- varying approaches and channels of delivery may be necessary to reach various ethnic and cultural groups.

- **Lack of Appropriate Materials**

In attempting to serve the target audience effectively, librarians face the challenge of finding materials at appropriate reading and interest levels; and, sometimes, materials that are written in languages other than English (e.g. Spanish). This need was mentioned in the first Brainstorming Session also. The project materials will help to address this need.

- **Awareness**

Reinforcing what was learned in the first Brainstorming Session, the librarians reiterated that making these users aware of the public library and the services that are available to them is a challenge. Identifying the

targeted groups; getting the message to them via outreach activities; getting them into the library; and then making them feel welcome and comfortable are all challenges that must be met before their information needs can be met.

- **Outreach**

Some members of the targeted audiences are among the “hardest to reach customers.” Non-traditional methods of reaching out must be identified and employed. More than one message may be necessary. Since some members of the targeted audience are not currently library users, the initial message must be that the public library is a place to go for health information. Linkages and partnerships with other community-based organizations that these groups trust (e.g., churches) must be developed and maintained to assist in this effort.

- **Publicity**

The participants indicated that creativity is necessary to effectively develop and deliver the message to this audience. For example, it was suggested that local newspapers may not be the best way to reach these groups. When publicizing the library’s services and outreach programs, librarians need to consider where these individuals are most likely to see and trust the message. The list of places that the first Brainstorming group created should be helpful (see page 7). Some of the publicity may need to be delivered in Spanish or other languages.

- **Cooperation/Partnerships**

The participants stressed the importance of developing and sustaining linkages and partnerships with trusted groups and community-based organizations that have contact with the targeted groups. During the field test phase of the project we intend to encourage such cooperation and to then report on the models that these libraries use to reach out to the targeted groups.

- **Other Challenges**

Identifying Health Information Needs. Participants also mentioned that the information needs of the target audiences, as perceived by the target audiences, must be identified. We have attempted to do this for the project through the focus groups we have conducted. Librarians should be careful to keep this in mind during reference interviews.

Developing and Maintaining Health and Other Information Referral Files. The participants noted that referral information must be developed and kept current to meet the diverse needs of the targeted groups.

Serving Special Needs Users. It was noted that beyond the special needs of these users that have already been noted, some may be blind, or unable to use printed material for various reasons. Ideally, other media such as audio, Braille materials, and video would be available for these users.

Technology Skills and Issues. It should be kept in mind that the public library may be the only access to the Internet and other technologies that these individuals may have. Also, because of their lack of familiarity with the technology and equipment, they may require more training and assistance in accessing health information this way.

Toolkit for Public Libraries

One of the products of the Healthy People 2010 Library Initiative will be a Toolkit to help librarians utilize the project materials. Participants were asked to list at least five items that they would include in the Toolkit. Fifty-eight responses were recorded by the nine participants. These included:

- **Bookmarks.** Almost everyone agreed that bookmarks could be used effectively in various ways, including publicizing the project Web site – e.g., **Bookmark this Site:** www.healthlit.org. It was also suggested that a **template or PDF file** for the bookmarks could be provided so that libraries could produce quantities of the bookmarks locally.
- **Posters.** Posters were also mentioned by many of the participants. It was suggested that small (**8.5" x 14"**) size posters that can fit in small spaces should be included, since display space is limited in some libraries. Also suggested was having a small poster with a **tear away section** containing information such as the **Web site address**, or a phone number to call for further information.
- **Other Items.** Other items mentioned were:
 - Buttons
 - Mouse pads
 - Pens
 - Post-it-notes

It was also noted that having a logo or common tie-in for such items and for all the project and publicity materials, as well as ad campaigns, is a market smart idea. The current logo for the project is being redesigned and will be utilized in such a manner.

- **Materials in Other Formats**

Suggestions were made to include materials in other formats in the Toolkit. These included:

- CD-ROMs of the printed books
- Bilingual audio versions of the books, preferably read by famous or well-known Hispanics or African-Americans

- **Prepared Presentation about the Project in Various Formats**

The librarians felt that it would be helpful to include prepared presentations that could be used for various purposes such as introducing library staff to the project; training library staff to use the resources; speaking to community groups about the project; showing at community events; or for outreach to the targeted audience. For outreach purposes, it would be helpful to have a presentation in Spanish and other languages, if cost permitted.

Power Point Presentations. A preferred format appears to be Power Point presentations which could be provided on disk in the Toolkit or made available on the project Web site.

CD-ROM. For low-tech situations or festival-style events, it was suggested that a CD-ROM be provided.

Templates. Also suggested were templates with major project points which could be used by the libraries to create overhead transparencies.

Video. The suggestion was made to create a video introduction to the project, done by celebrities, preferably in English and Spanish versions, which would be appropriate for the librarians to use when making presentations, as suggested above. Another participant emphasized that whether it's a video or a CD-ROM, it should be a **brief** (probably no more than four or five minutes) introduction to the project.

- **Press Releases and PSAs**

Sample Press Release. It was suggested by several librarians that a Press Release Kit or a sample press release that the local public library could modify for newspapers, community group leaders, and community newsletters be included in the Toolkit. It was noted that this press release should be written in lay language. Also mentioned was advertising copy appropriate for a local newspaper.

PSAs. Sample public service announcements (PSAs) about the project that could be sent to local radio and television stations were suggested. It was noted that a recorded radio spot in English and Spanish would be useful to promote the project and use of the materials.

- **Promotional and Publicity Materials**

The following are items that the librarians felt would be useful in publicizing and promoting the project materials and Web site and that they would include in the Toolkit:

- Displays to set up next to computer terminals to advertise the Healthy People 2010 Library Initiative Web site
- Easily reproducible materials that are adaptable to small display areas
- Templates to make flyers, bookmarks, and signs – or the actual items

- **Guidelines/Tips and Ideas**

The librarians felt that it would be helpful to include in the Toolkit the following:

- List of ideas for promotional activities to use with the targeted audience
- Examples of successful outreach efforts
- Tips on communicating with adults with lower literacy levels or limited English proficiency
- Guidelines for contacting organizations in the community

- **Other Resources**

The participants also listed other resources which they felt would be helpful to librarians and would include in the Toolkit:

- Information to help librarians better understand minority health disparities
- A “How to Search the Site” handout to help librarians learn to navigate the project Web site quickly
- List of selected health Web sites to enhance the librarian’s knowledge
- Quick finding guide – Top Ten Sources for Health Information
- List of referral agencies
- Resource Manual with outreach, programming & training ideas
- A list of national/local librarian contacts (email/phone numbers) – so that librarians can talk to other librarians about the project
- Bibliographies
- Webliographies

- **Webliographies**

The author has discovered four webliographies that should be useful to include in the Toolkit. **February is African-American Heritage Month, May is Asian Pacific American Heritage Month, September is Hispanic Heritage Month, and November is Native American Heritage Month.** The Center for Instructional Materials and Computing (CIMC) at the School of Education, University of Wisconsin-Madison, has developed a webliography on each of these topics. These resources should be useful to librarians in planning activities and outreach targeted to these groups to promote the Healthy People 2010 Library Initiative materials during each of these months. The webliographies are available on the Internet at the CIMC Web site (www.cimc.education.wisc.edu). Listed below are the links to each webliography:

African-American Heritage Month (February):

http://cimc.education.wisc.edu/ref/resources/webliographies/african_american.html

Asian Pacific American Heritage Month (May):

http://cimc.education.wisc.edu/ref/resources/webliographies/asian_american.html

Hispanic Heritage Month (September):

<http://cimc.education.wisc.edu/ref/resources/webliographies/hispanic.html>

Native American Heritage Month (November):

http://cimc.education.wisc.edu/ref/resources/webliographies/native_american.html

Web Site

Web Site: Name

At the time that this Brainstorming Session was held, plans were being made for the redesign of the Web site and a name change was being considered. Participants were asked to indicate which name they preferred for the Web site: (1) www.healthlit.org or (2) www.circulate.org. There was consensus among the participants that the Web site name should remain: www.healthlit.org.

Among the reasons cited during the discussion were that “Healthlit” holds inherent meaning for librarians who often refer to bodies of literature and other materials as “Library Lit,” “Science Lit,” etc. Also, since this name has been in use during the first two years of the project, some librarians have already become familiar with it.

Web Site: Content

The librarians were asked to list at least three kinds of information/content that would be helpful to them to find on the Web site. Listed below are their responses, grouped into five categories.

- **Project Information**

The information about the **Healthy People 2010 Library Initiative** that the participants suggested should be included on the Web site can be grouped into three areas:

- A brief explanation of the Project and its goals
- A briefly stated summation of the Goals of the Web Site
- Information on minority health disparities

- **Project Materials**

The participants emphasized that **all project materials and resources** should be available on the Web site. These include:

- The content of the seven booklets on health topics – as .pdf files searchable by topic
- Other project materials, such as those included in the Toolkit
- Other .pdf files by topic
- Images that can be downloaded and used locally

- **Science Resources**

Recognizing that **science** is AAAS' forte, the participants suggested that this is what should be emphasized and unique about the project Web site. Since there are many health related Web sites on the Internet, the librarians felt that www.healthlit.org could make an important contribution by providing access to reputable science resources and information. These include:

- Science resources and publications
- Reviews of science resources and publications
- Sample science lessons
- Materials on the public understanding of science
- Synopses of recent health-related research

- **Links**

It is no surprise that the participants suggested several kinds of links to include as content on the project Web site. These included:

- Links to health information Web sites
- Links to public libraries that have a health information component – (e.g., NYPL Choices or Wheaton Health Information Center)
- Links to health information organizations
- Links to health newsletters
- Links to book reviews of titles about health issues
- Links to publications that can be downloaded
- A link to OCLC's Cooperative Online Resource Catalog (CORC) – which provides a list of Web sites for libraries
- Links to pre-formulated searches
- Links to other related sites, organizations and resources

During the discussion, the librarians stressed that any links on the project Web site must be to highly reputable Web sites, and that such links would be very useful to librarians attempting to answer health-related questions for their users.

- **Other Content**

The other suggestions for content that were listed by the participants or emerged during the discussion include:

- An annotated list of listservs [related to health topics] of interest to reference librarians
- Book reviews of health books
- Collection recommendations
- Descriptions of successful programs and their contact information
- Health publications
- Ideas to use to raise awareness
- Publicity materials
- Recent research – easy to download health-oriented newsflashes (in both English and Spanish) from recent research
- Templates and tips for Outreach and PR
- Tips for how to use the Toolkit
- What's new? Links and information on hot topics

During the discussion about Web site content, the librarians emphasized that the **most useful information** should be on the **pull-down menu** to make it easy to find quickly. It was also suggested that once the materials are in use, information about **how other libraries are using the materials** should be included on the Web site.

The participants suggested that whenever possible, resources on the Web site that are intended for use with the target audience should also be available in **Spanish**. The suggestion was made that a “**Top Ten List**” of **Health Web Sites**, which would be especially helpful to reference librarians in smaller public libraries, should be included prominently on the Web site. The librarians from the National Library of Medicine offered to help compile this list.

Redesigning the Web Site: Factors to Consider

As the project Web site is being redesigned, participants were asked to give their input as to which factors they felt it was most important to consider in redesigning the Web site. They were first asked to consider the needs of librarians as primary site users and to list at least three factors to consider. Then they were asked to consider the characteristics and needs of the target audience(s), and to list considerations related to their use of the Web site.

Considering the Needs of Librarians as Primary Site Users

The suggestions which the participants made with the needs of librarians in mind are found below:

Sponsorship/Purpose of the Site. The librarians made it clear from their comments that it is very important to clearly state the sponsoring and funding

organizations on the front page of the Web site. Knowing that the site is sponsored by the American Association for the Advancement of Science (AAAS), with funding from the National Institutes of Health (NIH) will help librarians to determine quickly that this is a reliable Web site for health, science and research information.

The participants also mentioned again that the purpose of the Web site should be briefly but clearly stated on the home page; and that the intended audience and purpose of the project should also be clearly stated upfront.

Site Architecture/Functioning of the Site. The librarians emphasized that the site must be easy to use. Others factors to consider:

- **The Web site should be easy to navigate.** Provide a good site map and a navigation bar which is easy to use. The site architecture should be flexible.
- **The Web site must download quickly.** Therefore, it may be necessary to limit the number of graphics to ensure this. Include more text than graphics.
- **Limit the number of layers or clicks required to access information.** It was suggested that, ideally, information should be no more than three clicks away. The most important information should be on the pull down menu or no more than one or two clicks down.
- **Limit the loading time needed for any images on the Web site.**
- **Limit or avoid the use of plug-ins and limit extra features.** Note that plug-ins sometimes present a problem in the library setting.
- **Provide a feedback button to take suggestions on improving the site.**

Other Comments.

- Presentation of the site is important. Graphics should be attractive, but should load quickly. Consider using “Flash” or other techniques to get and hold the attention of the user.
- Keep it simple.
- The site should be as comprehensive as possible without being overwhelming.

- Use plain English and be concise.
- Ensure that the information provided is accurate, current and unbiased.
- Make clear which information is for the targeted users and which is for librarians.
- Consider including a **consumer link** – for example: consumer.healthlit.org.
- Possibly integrate the Web site with the OCLC's CORC system – the Cooperative Online Resource Catalog – so that the Web pages can be easily integrated into the catalog. (See www.oclc.org)
- The Web site should be ADA (American Disabilities Act) compliant.
- Remember that there will be varying skill levels among the librarians using the Web site.
- Test the Web site with librarians. [Author's note: We plan to do this during the field testing.]
- Provide **continual updates** to keep the information current.

Considering the Needs and Characteristics of the Target Audience

Comments. Many of the factors that were listed here were similar to those listed above. They will not be repeated here. However, for the targeted users, the librarians felt that the Web site must be:

- Easy to use and navigate
- Easy to read
- Eye-appealing. Attract and hold the user's attention with attractive graphics that load quickly.
- Organized as simply as possible. Have "shallow" links, so that the information can be found easily and quickly.

- Organized in such a way that information intended for the target audience is separated from information for librarians, and can be found easily by these users.
- Written in language appropriate for low levels of literacy, and non-judgmental. This is especially important to keep in mind in writing directions for using the Web site or health resources.

Outreach: Ideas and Models

The participants also listed and discussed ideas and models for outreach to the targeted minority groups. Some of the ideas generated were:

- Partner with local groups that “take it to the community” – for example, the Department of Housing and Urban Development (HUD) Neighborhood Network Centers, the technology centers that are found in some assisted housing communities, and the Community Technology Centers in the CTC Network.
- Work with community health centers to provide information at the clinics where people come for care. Librarians could help train the clinic staff to assist clients and direct them to the library for further information or assistance.
- Work with a local hospital, or hospital library, which often has community outreach programs already in place.
- Partner with groups and agencies that already serve the minority groups the library is trying to reach to do cooperative programming and outreach. For example, the Wheaton (MD) Health Information Center works with the African-American Health Alliance, the Spanish American Health Alliance, and the Spanish Catholic Center.
- The Office of Minority Health in the US Department of Health and Human Services (HHS) and the National Center for Minority Health and Health Disparities at NLM may be able to help you identify appropriate groups in your community.
- Enlist the help of volunteer health professionals, such as nurses and pharmacists, to serve as “health advocates” in the library. Their expertise could be used in a number of ways in outreach programs. Just one idea: take the pharmacist or nurse with you to the mall to answer questions and

- disseminate information about the library's health information services or outreach program.
- Communicate with the major community-based organizations (CBOs) in your community to publicize the library outreach project. Be sure to include both government agencies and non-profit organizations.
 - To disseminate information about a library outreach project, put flyers and other information where these users might be found. For example:
 - Health fairs – where health screenings are done
 - Churches
 - Ethnic festivals
 - Daycare centers
 - Public schools
 - ESL programs
 - Workforce development programs
 - Remember that community-based organizations (CBOs) may be willing to partner with the public library in many ways, but that these partnerships and linkages must be nurtured and sustained.
 - On the National Library of Medicine (NLM) Web site <www.nlm.nih.gov>, you will find many resources. Of interest may be information about the National Network of Libraries of Medicine (NN/LM), which has been working with public libraries, and descriptions of funded outreach projects. Click on Library Services, then Training and Outreach. If you look far enough, you'll also find information on a new pilot project: Consumer Health Information Outreach for Minority Organizations, which funded local outreach projects in 2002 that are designed to improve information access for minorities and underserved communities.
 - The participants suggested that successful outreach efforts and models that are generated by the public library field test sites during this project be described on the AAAS Healthy People 2010 Library Initiative Web site <www.healthlit.org>.

The librarians in the two Brainstorming Sessions generated many helpful ideas and suggestions that have, and will continue to, inform the Healthy People 2010 Library Initiative. These ideas will be shared with other librarians through the project Web site and the Toolkit that will be disseminated to public libraries.

The next section of the report summarizes what was learned from the three focus groups.

Focus Groups

To collect data from potential typical users of the Healthy People materials, three focus groups were held in 2002, as detailed in the Acknowledgements at the beginning of this report. The focus group sites were two adult learning and literacy centers, The Learning Bank in Baltimore, MD, and the Carlos Rosario Center in Washington, DC.

This section of the report presents the data from each of the three focus groups. Trends and commonalities from the data are summarized at the end of the section. The questionnaire and review materials used with each focus group are appended to this report.

Focus Group Process

Focus group participants first completed a brief questionnaire. They then were given pages from a draft of **Diabetes: A Controllable Disease**. This is the first booklet in the Healthy People 2010 Library Initiative series. A set of probes was then initiated, resulting in a question and answer exchange between the participants and the facilitator. Each focus group was approximately 90 minutes.

Each site was paid a \$500 stipend to defray expenses in organizing the focus group. The second site chose to use the stipend to give \$50 to each student who participated. This incentive increased participation for the second and third sessions. Several students who had agreed to participate in the first focus group did not appear, and we had only six participants; however, there were ten and eight participants for the latter two sessions, and all but one individual who agreed to participate, did so. The three focus groups were facilitated by Mary C. Chobot, PhD. In addition to the facilitator, there was another person to take notes at each session.

Focus Group 1: The Learning Bank, Baltimore, MD

The Learning Bank (TLB) serves adult learners seeking to acquire or improve basic skills. A significant number of TLB clients are African-American. Six such individuals participated in this focus group. The **draft materials** used with this group, which came from an earlier draft of the booklet, are found in **Appendix B**. **Questionnaires** used with the three focus groups are included in **Appendix A**.

Demographics:

Four females and two males participated in this focus group on **March 27, 2002**. All six indicated that they were single; five of the six responded that they were

parents. The age of the group ranged from 31 to 62. Individuals had been students at the Learning Bank from six months to more than a year. All possessed basic literacy skills required to read and comprehend the sample materials provided.

Health Information:

Five of the six checked **No** to the following question: Have you had trouble finding answers to your health questions in the past? When asked as a group: “Where would you go if you were looking for health information?” the following responses were given:

- Public library – (To use medical books; ask librarian for help)
- Doctor
- Internet (Available at TLB; do not have Internet access at home)
- Books
- Classes, support groups
- Clinic
- Pharmacy
- Neighbor Care – (Available at Mercy Hospital – to print health information)
- Magazines, such as the *Reader’s Digest*
- TV

Participants were then asked: “What types of questions do you think you can find answers for in a public library?” Some examples were given by the facilitator before responses were solicited. Responses from the participants included:

- Definitions
- Information about medications, such as side effects
- “Signs” (symptoms) to look for
- Referrals to other organizations, such as the Poison Control Center
- Information on specific diseases
- Treatments – more than one option
- Information about medications you can use or not use if you are already taking a prescription (Interactions)
- Books that give the causes of different diseases
- Prevention of diabetes or other diseases
- Lists of doctors, insurance, and health care systems

As to specific health questions, participants were asked to list the top three questions for which they would most like to have answers. Topics included:

- Diabetes, perhaps prompted by the prior discussion of the session. A number of these questions focused on low/high blood sugar.
- Cervical cancer
- Signs of mental illness
- Medication used for children with ADHD
- Things to do to stay healthy
- Acid reflux
- How to help a person having a seizure
- Advanced medications for HIV
- Medications for Hepatitis C
- Best treatment and medications for bipolar disorder
- What does being tired and having headaches all the time mean?

Diabetes Materials:

Five of the six participants know either a relative or a friend with diabetes. When asked, "How much do you think you know about diabetes?" four of the participants responded "a little," while two replied, "very little." Their responses during the discussion indicated that they are very eager to know more about diabetes and other health topics.

Following introductions, questionnaire completion, and initial discussions, participants were sequentially given pages from the working draft of the Diabetes book. Each segment was accompanied by one or more questions, along with participant observation by the facilitator while the material was being read. Each of these activities is briefly described below.

Activity: Participants were given the **Introduction (two pages) and page 32** from the **Glossary**. The purpose was to see if individuals had any difficulty reading the materials.

Finding: Students were asked to read the material silently. Upon questioning it was found that material was read and understood with little difficulty by the participants. The main participant conclusion from the introductory material: diabetes can be prevented and controlled. This is consistent with the main points in the material provided. At least one student asked why definitions of bolded terms could not be embedded in the text, rather than having to be looked up in a separate glossary.

Activity: Participants were given **one page (p. 11)** from the draft booklet which included a **side bar**. The material emphasized the uneven impact of diabetes, and that the risk of diabetes was higher for African-Americans. Participants were asked three questions regarding this material: How do you feel about your

increased risk of becoming diabetic? Do you want to have the information (on the greater incidence of diabetes among minority groups) contained in the sidebar? Now that you know this, what might you do?

Finding: Again, no reading difficulty with the prose as presented was noted. Participants were interested in knowing that diabetes was an increased risk for them. They prefer to be aware of this fact. “It’s important to know....” “I didn’t know that there was more risk to African-Americans or Pacific Islanders.” One student asked about “**gestational diabetes**” mentioned in the reading. They did not understand this term.

The **side bar material** appeared to be difficult to read for some of the participants because of the **type size**. The text appeared to be too dense and the font size too small for them to read comfortably.

In terms of actions to be taken based on the information provided, more than one participant indicated that they felt being tested for diabetes was an appropriate next step.

Activity: The next section of the draft to be distributed was **Appendix I: Questions to Ask Your Doctor about Diabetes (p.45)**. The page contains two sets of questions, under the headings “If you **have not** been diagnosed with diabetes” and “If you **have** been diagnosed with diabetes.” After reading the material, participants were asked to respond to three questions: Are these questions important to you? Would you feel comfortable asking a doctor these questions? Are there other questions you would want answered?

Findings: Again, the participants appeared to have no difficulty in comprehending the printed materials. There was general consensus that the questions were important. “Very good questions... very important.” One participant indicated that s/he would be interested in getting a checkup based on the information made available in the material and related discussion. This individual thought the questions would be useful during the checkup in speaking with the doctor.

One participant suggested that a brief explanation with each question would be helpful. However, it should be noted that the participants were reading this material from the Appendix out of context, that is, without having read all of the material which will be included in the book.

There was some confusion over the meaning of the phrase “**clinical trial**.” It had to be explained by the facilitator. The relevant observation is that if a question requires any explanation, it is unlikely to be used in any interaction with a

physician. This question may need to include some explanation for this audience.

Other questions, not included in the list in the draft but suggested by the participants, are:

- What would be the best way to prevent diabetes?

It would appear that the question “**Do I need to make changes in my lifestyle to prevent diabetes?**” needs to be rephrased for this audience.

- What are my chances of surviving this disease?
- What are my chances of controlling this disease and getting better?
- What about persons with no insurance coverage?

The suggestion was made by one of the observers from The Learning Bank that information about Medicare and Medicaid should be included, as most people who are poor and without benefits will not get medical help unless they know about these programs.

Activity: Appendix II of the draft booklet is titled: **Taking Part in Research Studies – What Questions Should You Ask?** These four pages (pp. 47- 50) were distributed and read by participants.

Findings: The question format works well. The general consensus derived from the group’s comments is that the material contributed to understanding the nature of a research study. The group also agreed that the material gives a good idea of the questions to ask and what to expect in a research trial.

Activity: Participants were given one page (p. 7) that contained a boxed listing of the health problems relating to diabetes. The purpose was to determine whether they were comfortable with the lay-out and presentation of the material.

Finding: In general, comments revolved around the fact that the font size and text density made it “too hard to read.” There also was a comment that an **embedded pronunciation aid** would be useful to help with the correct pronunciation of unfamiliar terms. This comment also relates to the content sample and glossary samples discussed above.

General Impressions:

Based on the comments of the six participants relative to the sample materials they were given, the following impressions stand out:

- In general, from the perspective of readability and comprehension, the prose appears to be at an appropriate level.
- Except for pronunciation guides and text density (see below), the layout of the materials does not appear to present any barriers to usability or comprehension. While final materials will be produced in color, the use of black and white copies did not appear to affect the participants' use of the materials.
- Individuals exhibited interest in both the topic – diabetes – and health information in general, as exhibited by their ability to pose a variety of questions.
- Participants appeared to be aware of a variety of sources of health information, including but not limited to the library. Some of these other venues, which were also suggested by librarians in the Brainstorming Sessions, should be considered for outreach and publicity.
- Small type fonts and dense text presented readability problems for this group. This should be explored further in the remaining focus groups.
- Pronunciation aids are seen by this group as a useful addition to the materials.

Focus Group 2: Carlos Rosario International Career Center and Public Charter School, Washington, DC

The Carlos Rosario Center provides literacy programs, adult education and career preparation to a diverse population in Washington, DC. Two focus groups were conducted at their location in Adams Morgan. In the session described below, participants were of Hispanic/Latin American backgrounds. Approximately half were recent immigrants from Central and South America. All had basic fluency in written English.

The draft of the Diabetes Booklet used with this group was a later version (see **Appendix C**) which incorporated content and formatting changes. Materials were again provided as black and white copies.

Demographics:

Because the Carlos Rosario Center decided to pass the stipend on the focus group participants (\$50 per student), a higher participation rate was achieved. A total of ten students attended the session (four males and six females); nine provided demographic information. Three were parents, six were not. The age range of the group was 21 to 48. The nine students providing data were all Hispanic, from Central and South American countries, including Peru and El Salvador. Five of the students were attending 3A classes, and five were in 4A, which would indicate that they should possess the reading skills to comprehend this material.

Health Information:

In response to the question: "Have you had trouble finding answers to your health questions in the past?" seven participants answered **Yes** and three answered **No**.

In response to a question from the facilitator, participants listed the following sources that they might consult to secure health information:

- Doctor
- Clinic
- Hospital
- The Internet
- Newspapers
- Books
- Television
- Magazines

- A friend
- A relative

While the public library was not originally listed, when asked directly, participants answered that it was a good place to go for information “in general.” Everyone in the group had visited the public library on one or more occasions.

When asked what specific kinds of health related information they look for, the group provided the following examples:

- Insurance and information on the health insurance system in general. This was viewed as very important. One person from Peru described a system where only small payments had to be made for hospital care and medications. A recent immigrant to the US, he indicated that he would not know what to do if he got sick. Many newcomers to the States find the US healthcare system confusing and intimidating.
- Places to go for treatment
- Medications
- Information about health care providers

The top three health care questions for which participants would like answers include the following topics:

- Common ailments (e.g., sinusitis, appendicitis, allergies, blood pressure)
- Weight and Health
- Venereal disease
- Pollution (e.g., smoke)
- Diabetes (multiple questions)
- Importance of exercise
- Intestinal disorders (e.g., gastritis)
- Women’s health care
- Hepatitis B (vaccination)
- Seizure
- Stroke, paralysis
- Arthritis

Diabetes Materials:

Eight of the ten participants know either a relative or a friend with diabetes.

Nine of the ten believe that they know “a little” or “very little” about diabetes. One respondent felt that s/he knew “a lot” about the disease.

Following refreshments, introductions, questionnaire completion, and initial discussions, participants were sequentially given pages from the working draft of the Diabetes book. The materials used were from an updated draft of the book, as described above.

Each segment was accompanied by one or more questions, along with observation of participants by the facilitator while the material was being read. Each of these activities is briefly described below.

Activity: Participants were initially given the **Title page, Table of Contents, and pp. 1-2 and 34-35** (a total of **six pages** from the booklet). The purpose was to see if individuals had any difficulty reading the materials. It was pointed out that words appearing in **bold** were defined/explained in **the Glossary**.

Finding: Students were asked to read the material silently. A number of specific questions were asked when the participants had completed the task:

- Are you comfortable reading this material?
- Do you like the material?
- Is there something that could be done to help you read the material more easily?

Based on the observations of the facilitator and the comments made by the group, it appeared that the prose and the layout of the sample materials provided to the group presented no barriers to reading and, it appears, to comprehension. Participants appeared to be comfortable reading the materials, including the box on page 2, and their comments supported this observation.

One participant suggested that they were looking for a definition of diabetes. They were told that this could be found in the Glossary.

Another individual asked if there would be more illustrations and pictures in the text. Another supported this point and expressed the opinion that illustrations are important in order to make the material “more interesting,” especially for teenagers.

The facilitator then directed the participants back to the cover page. Participants were asked whether they preferred the **title** to be presented horizontally, or vertically as part of the title is found on the cover. Two individuals indicated that they would have preferred that all of the title be horizontal, saying that it was hard

to read the vertical text. The rest of the group appeared to agree when asked the question directly.

When asked about the **Glossary (pp. 35-36)**, participants indicated that they found it useful, and that having words bolded in the text was helpful in knowing when to use the Glossary.

Activity: Participants were given four pages (47-50), which included **Appendix 1: Questions to Ask Your Doctor (page 47)** and asked a series of questions on the content and appropriateness of the questions.

Findings: In general, for this group:

- The questions appeared to be easily read and comprehended.
- Eight of the ten participants indicated that they would be comfortable asking these questions of a doctor.
- It appears that the term “**lifestyle**” in question 5 had no meaning for this group, and should be changed or defined. This is consistent with the reaction from the participants in the first focus group.
- A question or set of questions on **symptoms of diabetes** should be added

Other questions suggested involved pregnancy and diabetes, prevention of diabetes, exercise and diabetes.

The participants were asked to look at **Appendix III, the Body Mass Index Table (p.50)**. Using the table, they were asked to find the BMI of a person 5’4” tall and weighing 151 pounds. Most were able to perform the task easily. However, a few had a bit of difficulty. One participant, a Peruvian, indicated that he did not know “**pounds, feet, and inches,**” but could have done the task if the chart had been presented in metric measurements. The suggestion was made that a metric look-up table may need to be added to the table; or that the Table may need to be presented in both **English and Metric versions**.

Activity: Appendix II of the draft booklet is titled: **Taking Part in Research Studies – What Questions Should You Ask?** Participants were asked to read these four pages.

Findings: These participants, in the main, did not know the meaning of the term “**clinical trial.**” While individuals were able to read the words, their comprehension of many of the terms in this Appendix is doubtful. For example, one participant asked the meaning of the term “harmed” (question 1 in group 6). Another example: the facilitator asked whether any of the participants understood the phrase “**informed consent.**” While one participant nodded, no

one volunteered to explain the term. An individual in the group read the fourth question in group 2 aloud. She could not pronounce the word “**scientists**” and did not seem to know what the term meant.

Activity: Pages 10 through 12 of the Booklet – The Impact -- were distributed. The facilitator asked the participants to pay particular attention to the description of “**The Uneven Impact of Diabetes**” on page 12.

Findings:

As regards the **Graph on page 11, Proportion of the Population with Diabetes:**

- Individuals were generally able to interpret the graph.
- Participants asked about the use of the term **Mexican-American** in the Graph. The generic term they prefer appears to be “**Hispanic**” rather than the term “Mexican American” used in the graph. It was explained that the source of this data may have used this term, and it will have to be checked and verified to see if the data are for Mexican-Americans only, or can be generalized to all Hispanics. However, this suggests their sensitivity to terms used to describe ethnicity. We all need to be sensitive to this, and use the most appropriate terms consistently throughout the materials.

It appeared that the information that Hispanics are more likely to get diabetes in later years and that Hispanic Americans have rates of diabetes higher than White Americans came as a surprise to the participants. They were interested to learn this.

General Impressions:

- There was an enthusiasm for the material. Everyone in the group expressed an interest in learning more about diabetes and recognized the need to do so.
- Participants indicated – and this was confirmed through facilitator observation – that they were able to read and make sense of the text, graphic, and tabular material provided. However, it is apparent, based on the questions asked, that a few phrases (e.g., clinical trial, changes in lifestyle, etc.) need to be explained in more detail, or other words substituted.
- Some of the questions in Appendices I and II need to be more specific.

- Illustrations and examples are important to the comprehension of the materials.
- Specific suggestions of participants regarding changes to the materials include:

The title on the cover should be horizontal.

Additional questions need to be added to Appendix 1:

If I am **pregnant**, will diabetes affect my baby?

What kinds of **food** can I eat to prevent diabetes?

What kind of **exercises** can I do to prevent diabetes?

[Questions like the two preceding might help to clarify understanding of the phrase "**changes in lifestyle**".]

What are the **symptoms** of diabetes I need to be looking for in myself, in my children, in my friends?

In Appendix II, change the word "harm" to "hurt" or a synonym in question 1, group 6.

In Appendix II add the question: What drug companies are involved in clinical drug trials?

- There should be either a **conversion chart** from English to Metric for the BMI Table, or the Table should be included in both formats. By inference, this should be done for any other similar tables or charts in any of the books.
- Participants pointed out that the term Hispanic is more inclusive than Mexican American, and the participants are very sensitive to how these terms are used. This suggests that all terms indicating ethnicity need to be reviewed to ensure that the broadest, most inclusive terminology is being employed, and that all terms are used appropriately.

Focus Group 3: Carlos Rosario International Career Center and Public Charter School, Washington, DC

The second focus group held at the Carlos Rosario Center on November 21, 2002, included eight female students, most relatively recent Asian immigrants. Participants were quite shy, and had to be drawn out by the facilitator. Their spoken English was sometimes difficult to understand. However, they appeared to have little difficulty in comprehending the materials and interpreting the tables and graphs in the materials provided. The body language of the participants suggested that they were fully attentive to the review of the materials and to the facilitator.

It was interesting to note that most had hand-held translators that they used during the course of the session to translate written and spoken words with which they were not familiar.

The same draft version of the Diabetes Booklet materials were used with this group as were used with the October focus group at the Center. Materials were again provided as black and white copies.

Demographics:

As with the earlier focus group at the Center, participants received a \$50 stipend. A total of eight female students attended the session. All were parents. Six were married, one is single, and one arrived late, because her child was ill, and did not complete the initial questionnaire. The age range of the group was 31 to 47. The eight Asian students providing data were all Chinese or Vietnamese females.

Health Information:

In response to the question: "Have you had trouble finding answers to your health questions in the past?" six participants answered **Yes** and one answered **No**. As indicated above, a completed questionnaire was not received from the late-arriving participant. All but one of the participants indicated that they were "very interested" in health information.

Sources of health information listed by the participants included:

- Health insurance company
- Doctor
- Hospital
- Older adults
- Newspapers

- Books
- Internet
- Consulate
- Clinic
- Radio talk shows
- Health care providers

As with the previous focus group, the public library was not originally mentioned by the participants. The facilitator probed for the library as an information resource and received verbal and non-verbal (e.g., head nod) acknowledgement from the group. When asked whether they were comfortable going to the library, participants indicated yes, without elaboration. Likewise, verbal and non-verbal agreement was noted to the question: Do you feel welcome in the library?

The top three health care questions to which participants would like answers include the following topics:

- Infant care and feeding
- Sources to check out health problems
- Cancer (breast cancer, brain tumor)
- Allergies
- Skin Problems (age spots)
- Mental Health/Mental Illness
- Cause and Prevention of Diabetes
- Heart Disease
- Women's Health (menstrual problems, cancers)
- Diet, Weight, and Nutrition

Diabetes Materials:

Seven of the eight participants know either a relative or a friend with diabetes. Six of seven believe that they know "a little" or "very little" about diabetes. One respondent felt they know "a lot" about the disease.

Distribution, review, and discussion regarding segments of the materials were the basic format followed with this group, as it was with the preceding groups. Following refreshments, introductions, questionnaire completion, and initial discussions, participants were sequentially given pages from the working draft of the Diabetes book. The materials used were from the same updated draft of the booklet that was used in October (**see Appendix C**).

Each segment was accompanied by one or more questions, along with observation of participants by the facilitator while the material was being read. Each of these activities is briefly described below.

Activity: Participants were given the **Cover page, Table of Contents, Introduction, and two pages from the Glossary** (a total of **six pages** from the book). The purpose was to see if individuals had any difficulty reading the materials. Approximately thirteen (13) minutes were allowed for the review of the materials. All but one of the participants completed the review in the time allowed.

Findings: Participants were asked if the two directional text on the cover presented any problems. None indicated that it did.

Participants were asked if they were comfortable reading the materials. The consensus answer was “yes.” Observation by the facilitator and the note taker suggested that no one appeared to have difficulty with the materials. Subjects were levels 3B and 4A and had reading skills to approximately sixth-grade level. Some used pocket translators when faced with a word that they did not understand.

When asked, “Was the glossary helpful to you?” the consensus answer was “yes.” The facilitator used the definition of “complication” as an example. **[Note: the word “complication” appears in the glossary definition of the term. This needs to be changed.]** One student indicated that she had used the Glossary to look up the meaning of a word.

Activity: Participants were asked to read **Appendix 1: Questions to Ask Your Doctor (page 47)** and asked a series of questions on the content and appropriateness of the questions.

Findings: The questions appeared to be easily read and comprehended. Participants were asked what other questions they might want to ask their doctor regarding diabetes. Examples of responses:
If parents have diabetes will their children get it?
What can I do to control diabetes? (The author suggests substituting this for question 2 up from the bottom in set 1 (eliminate the word “lifestyle”).
Can a diabetic have a baby?
What are some of the symptoms/signs of diabetes?

Activity: Appendix II of the draft booklet is titled: **Taking Part in Research Studies – What Questions Should You Ask?** (pp. 47-50). These four pages were read by participants. The facilitator explained the concept of a clinical trial.

Findings: One student looked the term **clinical trial** up in the glossary without prompting. There may need to be more explanation of what a clinical trial is in the text.

Participants were asked if the questions on clinical trial made sense; and if so, were they helpful? The answer was “yes,” but no specific comments were made to support the answer, in spite of repeated attempts to draw out the information.

Question: Are questions a good way to provide this information? Participants answered “yes.” There was no discussion of this question. The facilitator used appropriate vocabulary and tried very hard to draw students out. She asked direct questions, used eye contact, and paused to encourage response. This was simply a group reluctant to voice opinions beyond “yes,” which might be attributed to limited language skills or cultural reticence.

Included in the materials as Appendix III on page 50 is a **Body Mass Index Table**. Participants were asked to look up the BMI of an individual with a height of 5’11” and a weight of 172 pounds. No problem was noted in finding the answer. One student (the oldest of the participants) got the answer immediately.

As to the English/Metric issue, some had no preference. Others said that they would be more comfortable with height in metric.

Activity: Pages **10-12 of the book** – The Impact – were distributed. Participants were asked to read page 10 of the materials.

Findings: When asked if there were any problems reading or comprehending this section of the draft, there were no specific observations offered. Questions asked by the facilitator regarding the content confirmed that the participants seemed to comprehend the text.

Regarding the **bar graph (p. 11)** showing the Proportion of the Population with Diabetes, **Asian Americans** was not included as a category on the graph, and this was noted by the participants. If it is possible, it would be good to add this data to the graph. The facilitator posed a number of questions regarding the Mexican-American data set. Responses indicated that participants were able to correctly interpret the data as presented.

The **text box** on the left side of **page 12** did present some problems in that the material was compressed, and the black and white copy was a bit difficult to read. While the participants appeared to be able to comprehend the prose, they indicated that the text is easier to read when it is more “spread out.”

The final questions dealt with participant reaction to the content of the three pages that had been distributed. When asked if they would like more information on diabetes, all participants responded “yes.” One individual said she “would like to know why Asian Americans are at increased risk for the disease.”

General Impressions:

- As with the earlier focus groups, there was an enthusiasm for the material. Everyone in the group expressed an interest in learning more about diabetes and recognized the need to do so.
- Participants indicated – and this was confirmed through facilitator observation – that they were able to read and make sense of the text, graphic, and tabular material provided.
- The graphic and table materials did not appear to present any major barriers to interpretation.

What Did We Learn About the Materials from the Three Focus Groups?

The focus groups were conducted using two versions of **Diabetes: A Controllable Disease**. This was the first book to be produced by the Healthy People 2010 Library Project. The project plan calls for the seven booklets to be printed in color and also to be made available as **Web-based .pdf documents**. Given the cost of preparing multiple color copies, only black and white copies of selected pages of the draft Diabetes Booklet were used.

The **objectives** of the three focus groups were:

- To identify how representatives of the project target populations locate and access health information.
- To ascertain whether interest exists among members of the target populations for the type of health information that the booklets will deliver.
- To see whether the materials were comprehensible by elements of the target populations for which they are intended.
- To determine whether the design/layout of the materials presented any barriers to comprehension of the materials.

Many of the participants in the three groups, especially the two at the Carlos Rosario Center, were not native English speakers. All participants possessed basic literacy in written English, at least to a sixth-grade level.

Based on facilitator observations and student comments, data gained from the three focus groups suggest that:

- The reading grade level (RGL) of the prose in the Diabetes Booklet was comprehensible to participants with little reported or observed problem.
- The **bolding** of technical or problematic terms in the text and their inclusion in the Glossary was helpful. However, there did appear to be some problems with the terminology used in the questions that appeared in Appendices I and II of the book.
- In general, layout did not appear to be a barrier to comprehension. However, the density, font size and legibility of text in boxed and sidebar text should be carefully considered given the reading skills of many of the target users. However, mitigating this is the fact that the final printed versions of the texts will be in color, which may ameliorate some of this problem.
- Only text versions of the materials were used. No data was developed on how the materials might be used, with or without assistance, as .pdf files accessed via the Web.
- Participants in the three groups appeared to have little problem interpreting table and graph data, as represented by the two samples. However, some users, particularly those from countries where the Metric System of weights and measures is used, will have some difficulty with the English units. The suggestion of a conversion table or including both versions of such tables/charts should be considered.
- Terminology relating to ethnicity needs to be carefully reviewed to ensure that the most inclusive terms are being used (e.g. Mexican-American is subsumed by Hispanic). However, if these terms are used relative to medical data, it must be confirmed that the terms are indeed generalizable to the larger group. The table on page 11 should be carefully checked; and the accuracy of the source(s) of the data verified.
- In offering sources where they would go for health information, a variety of venues and resources were cited. The library was confirmed as a familiar resource when prompted. However, there may be other venues where

outreach and dissemination of project materials might prove effective. This issue should be further explored in the site visit phase of the project.

- While the facilitator and the note takers were careful to correlate verbal comments with behavioral observations to the maximum degree practicable, it must be remembered that many of the participants come from cultures where candor is not necessarily part of their behavior, especially with strangers. This appeared to be especially true of the third group composed of Chinese and Vietnamese females. This factor must be considered in looking at the data.

Appendix A

Questionnaires

Used with

Focus Groups

Appendix B

Draft Pages from Diabetes Book

Used with First Focus Group: March 27, 2002

Appendix C

Draft Pages from Diabetes Book

Used with Second and Third Focus Groups:

October 2 and November 21, 2002

Appendix D

Handout Prepared for the First Brainstorming Session with Librarians

May 7, 2001

Appendix E

Handout Prepared for the Second Brainstorming Session with Librarians

October 9, 2002