Peer Leader Navigators in Anchorage, AK: A Community-Based Model for Health Literacy

Sigrid Brudie, BA, MLIS
Medical Librarian
University of Alaska Anchorage

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Converging Paths to a Diverse City

Anchorage is a young city (1915) nestled on the coast of Cook Inlet in southcentral Alaska and surrounded by water and mountains--traditional fishing and hunting grounds of the indigenous Dena’ina people. Anchorage’s large port and central location make it the natural transportation hub for Alaska, a state that is more than twice the size of Texas.
Anchorage was originally a railroad company town ("tent city"). The city incorporated as a municipality in 1920, and the railroad remained the center of its economy for several decades.
Air Transportation Hub

By 1929, Anchorage’s “Park Strip” (now downtown) could no longer safely land airplanes, and a new aviation field was built.

Merrill Field opened in 1930, serving small aircraft. In the 1950s, air traffic exceeded that of Los Angeles and San Francisco. Merrill Field remains one of the busiest airports in the world.

Anchorage International Airport opened in 1951. Anchorage was the first American city with nonstop airline passenger service to both Europe and Asia—“air crossroads of the world.”
Military Port

Alaska’s military history is central to Anchorage’s diversity. In 1935, retired U.S. Army General Billy Mitchell called Alaska “the key point of the whole Pacific” and “the most important strategic place in the world.”

More than 300,000 soldiers arrived in Alaska during WWII, and Anchorage’s population more than tripled in the decade between 1940 and 1950, growing from 3,495 to 11,254.
Oil Boomtown

After oil was discovered on the state’s southern Kenai Peninsula in 1957, oil production companies began opening offices in Anchorage, and in 1960, a year after Alaska became the 49th state, the city’s population reached 44,397.

In 1968, a huge oil reserve was found in Prudhoe Bay on the north coast of Alaska, and the ensuing construction of the 800-mile trans-Alaska pipeline during the 1970s changed the state forever.
Alaska’s Urban Center

By 1980, with a population of 174,431, Anchorage was Alaska’s urban center. Young people from rural Alaska still pursue college and work opportunities in Anchorage, which has earned the city the nickname ‘Alaska’s largest village.’

For over a century, the fishing industry has brought people from all over the world to Alaska’s coastal towns. As one example, the influx of cannery workers from the Philippines has influenced Alaska demographics for generations, including the community of Anchorage.
Anchorage Today

Anchorage is currently home to approximately 300,000 residents, about 40 percent of Alaska’s population. In the past 30 years, minorities have grown from 15 percent to 36 percent of the city’s population. According to the 2010 U.S. Census, Anchorage’s Mountain View neighborhood is the most ethnically diverse in the United States, surpassing the borough of Queens, New York. Anchorage itself “ranks in the top 15th percentile for diversity in the nation” (Early 2017).
The Anchorage School District reports that 53 percent of its K-12 students are from minority ethnicities (ASD 2013). Of the more than 100 languages besides English that are spoken in students’ homes, Spanish is spoken the most, then Hmong, then Samoan and Tagalog, followed by Korean, Nuer, and Yup’ik (Hanlon 2018).
“Anchorage has five of the seven characteristics that are associated with great community diversity. We are a coastal border state. We have lots of renters. Military bases bring diversity, as does our youthful population. The only two we’re missing are large population size and the numbers to qualify us as an ‘immigrant gateway community.’ We’re the next closest thing, though—an ‘immigrant outpost’—meaning we have more immigrants than many other places.”

Refugees in Anchorage

Alaska’s Refugee Assistance & Immigration Services (RAIS) program was started by Catholic Social Services in 2003, placing in Anchorage about 120 refugees a year through the U.S. Office of Refugee Resettlement. Refugees’ home countries include Iraq, Bhutan, Somalia, Sudan, and Myanmar.
National Action Plan to Improve Health Literacy

The U.S. Department of Health and Human Services recognizes limited health literacy as a major public health issue and has laid out an action plan to improve health literacy, including increased access to online health information.

Action Plan Goal #4: Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.
Partnerships

The Action Plan encourages partnerships between healthcare providers, social services agencies, and libraries to ensure that health education materials and health messages are accurate and easy to understand.
Promoting Health Literacy

To help Anchorage’s immigrant and refugee populations find health services and information, the Anchorage Health Literacy Collaborative (TAHLC) was formed in 2007 as a partnership between the Alaska Literacy Program (ALP) and the University of Alaska Graduate Program in Public Health. They developed the Peer Language Navigator (PLN) project in 2010, which hired bilingual people from ethnic communities to work with health and education providers.
Goals for PLNs

- Develop a relationship with those in need of health information.
- Provide useful health information found on the internet.
- Validate feelings and concerns about health conditions.
- Remain objective.
- Empower people to seek help in their community.
Health Screening and Care

At first, TAHLC partnered with YWCA and Providence Alaska to promote breast and cervical cancer screening among low-literacy adults. The program has expanded to connect individuals with followup care beyond screening. Peer language navigators help translate medical language for individuals with limited English proficiency.
Alaska Medical Library

In 2013, the Alaska Medical Library (AML) became a partner in the TAHLC collaborative. AML director Kathy Murray worked with the group to procure an outreach award from the National Network of Libraries of Medicine Pacific Northwest Region to pay for 4 training sessions and iPads for a cohort of four PLNs.
2013 PLN Cohort

Tuka (Nepal), Ngone (Senegal), Zabeeba (Ethiopia), Marisol (Mexico)
With each new cohort, PLNs have become leaders in their respective communities, successfully connecting Anchorage’s immigrants and refugees to health information and services. In 2017, in recognition of their growing leadership roles, PLNs became known as Peer Leader Navigators.
Program Design

Phase 1: Foundation—five 2-hour sessions developed and taught by a core instruction team consisting of a medical librarian from UAA, a community outreach coordinator from Providence Alaska, and staff from ALP.

Phase 2: Outreach—PLNs make contacts in their communities, and Providence outreach coordinator and ALP staff meet with PLNs once a month for six months to provide ongoing educational support and resources.
Foundation Course

Pre-Survey:
1. Do you use a smart phone (iPhone, etc.)?
2. Do you have a tablet/laptop/computer at home?
3. What devices do you use most often to look up information?
4. Have you used a computer before?
5. On a scale of 1 (not at all) to 5 (very), how comfortable are you using a computer?
6. Do you know how to open a wireless connection on your computer?
Post-survey after each session

1. How confident do you feel when looking for health information on the web/internet?
2. The class was too fast, just right, or too slow?
3. Do you have questions on how to use your computer?
4. What is one new thing you learned today?
5. How will you use what you learned in today’s session in your everyday life?
6. Do you have any questions?
Session 1

- Role of the PLN.
- Orientation to Alaska Literacy Program lab; laptops available for checkout.
- Computer basics: logging in, finding wi-fi, what’s a browser, what’s a search engine, finding images with Bing, finding YouTube health videos.
- Homework: (1) Find a picture of your favorite animal. (2) Find an interesting YouTube video on a health question. Share with group next week.
Session 2

- Evaluating websites—who, what, when, why, how.
- Librarian demonstrates Google search for a health topic, goes through reliability/authority checklist.
- PLNs search for a health topic on their own and fill out checklist.
- Homework: Find a website on a health topic and fill out website rating sheet.
Session 3

- Introduction to MedlinePlus
- “Health Information in Multiple Languages.”
- Librarian demonstrates search for health topic using (1) search box, (2) body location/system, (3) disorder/condition.
- PLNs search health topic on their own.
- Librarian demonstrates “Videos and Tools.”
- Homework: Find two videos on a health topic that interests you.
Session 4

- Drugs & Supplements in MedlinePlus.
- Librarian demonstrates lookup of a medicine and then for a supplement.
- Lots of discussion, with help from ALP volunteer nurse, on how to read drug label, dosage, side effects, etc.
- Homework: Find a medication or supplement you don't understand--at a drugstore or at home. Look it up. Tell us about what you learned.
Session 5

- Share findings on drugs/supplements.
- Add MedlinePlus website to iPhone.
- Review PLN’s role.
- Questions to ask the doctor.
- Role playing.
- Community contact log.
- Plan monthly meeting time during outreach phase.
2014 PLN reflection

“My son plays soccer and the Dr. told one of his teammates he had mono, people started asking: ‘What is mono?’ I checked the information on MedlinePlus and e-mailed information and the link about mono to all the parents who had children on the team” (Smith 2014).
PLN Marie Claire Mukambuguje (right) visits with the Nyirabashali family, who had arrived in Anchorage five months earlier from the Congo.
References

Alaska Department of Labor and Workforce Development, Research and Analysis Section, http://almis.labor.state.ak.us/


Anchorage School District. (2013). Expect the best: Annual report to the community


Thank you!

Sigrid Brudie, MLIS
Alaska Medical Library
University of Alaska Anchorage
sbrudie@alaska.edu