University of South Carolina
Scholar Commons

Faculty Publications | Information Science, School of

12-26-2023

"What Is a Wave But 1000 Drops Working Together?": The Role of Public Libraries in Addressing LGBTQIA+ Health Information Disparities

Vanessa Lynn Kitzie
University of South Carolina - Columbia, vkitzie@email.sc.edu

A. Nick Vera
University of South Carolina - Columbia, veraan@email.sc.edu

Valerie Lookingbill
University of South Carolina - Columbia, lookingv@email.sc.edu

Travis L. Wagner

Follow this and additional works at: https://scholarcommons.sc.edu/libsci_facpub

Part of the Library and Information Science Commons

Publication Info
Postprint version. Published in *Journal of Documentation*, 2023.

This Article is brought to you by the Information Science, School of at Scholar Commons. It has been accepted for inclusion in Faculty Publications by an authorized administrator of Scholar Commons. For more information, please contact digres@mailbox.sc.edu.

"What Is a Wave But 1000 Drops Working Together?": The Role of Public Libraries in Addressing LGBTQIA+ Health Information Disparities

Journal:	*Journal of Documentation*
Manuscript ID	JD-06-2023-0122.R1
Manuscript Type:	Article
Keywords:	Health, Public Libraries, Communities, Health services, Information Science, Information services, Information studies, Librarians

SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

"What Is a Wave But 1000 Drops Working Together?": The Role of Public Libraries in Addressing LGBTQIA+ Health Information Disparities

Abstract

Purpose. This paper presents results from a participatory action research study with 46 LGBTQIA+ community leaders and 60 library workers who participated in four community forums at public libraries across the US. The forums identified barriers to LGBTQIA+ communities addressing their health questions and concerns and explored strategies for public libraries to tackle them.

Design/methodology/approach. Forums followed the World Café format to facilitate collaborative knowledge development and promote participant-led change. Data sources included collaborative notes taken by participants and observational researcher notes. Data analysis consisted of emic/etic qualitative coding.

Findings. Results revealed that barriers experienced by LGBTQIA+ communities are structurally and socially entrenched and require systematic changes. Public libraries must expand their strategies beyond collection development and one-off programming to meet these requirements. Suggested strategies include outreach and community engagement and mutual aid initiatives characterized by explicit advocacy for LGBTQIA+ communities and community organizing approaches.

Originality. This research used a unique methodology within the LIS field to engage LGBTQIA+ community leaders and library workers in conversations about how public libraries can contribute to LGBTQIA+ health promotion. Prior research has often captured these perspectives separately. Uniting the groups facilitated understanding of each other's strengths and challenges, identifying strategies more relevant than asking either group alone.

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Research limitations/implications. Limitations include our sample's lack of racial diversity and the gap in the data collection period between forums due to COVID-19. Public libraries can readily adopt strategies overviewed in this paper for LGBTQIA+ health promotion.

Keywords

LGBTQIA+ populations, health information, public libraries, community-based research, qualitative methods

Journal of Documentation

Introduction

Public libraries serve as contested sites for lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual (LGBTQIA+)[1] individuals due to larger socio-political forces that limit their ability to provide affirming resources and services. Examples include political figures attempting to ban and criminalize drag storytimes (redacted; Rojas *et al.*, 2023; Wexelbaum, 2016), backlash by conservative organizations against libraries engaging in explicitly pro-LGBTQIA+ events (Jaeger *et al.*, 2022; Ellis, 2022), and book bans that pathologize LGBTQIA+-themed books and materials as obscene (Pavenick and Martinez, 2022). Unfortunately, these forces can lead to exclusionary practices that create barriers to community engagement within library walls. Such practices range from implicit technical biases, such as outdated metadata describing queer communities (Adler, 2015), to anti-queer sentiments deployed by information professionals (Austin, 2019). These practices produce feelings of alienation and hostility among LGBTQIA+ individuals when using library resources (redacted; Pierson, 2017; Robinson, 2106). Nevertheless, public libraries can play a crucial role in the lives

[1] LGBTQIA+ is an umbrella term representing the variety and multiplicity of ways people identify themselves. The plus sign encompasses diverse identities beyond these labels. Different groups may alter the order and letters, like LGBTQIA2S+, which includes intersex, asexual, and two-spirit identities. Note that this term may not fully encompass all cultural or intersectional identities, like autigender, which relates to gender-diverse autistic individuals.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

of LGBTQIA+ communities by addressing critical informational and resource gaps, especially in health and healthcare contexts (St. Jean *et al.*, 2020). This role can be vital for LGBTQIA+ communities, who often lack access to health-protective resources, including financial resources, affirming healthcare, and social safety (Bränström *et al.*, 2016; Diamond and Alley, 2022; Khan *et al.*, 2017; Link and Phelan, 2010). Social factors, or determinants, are at the root of these barriers, which suggests that to address them is to engage in political action to affect the distribution of rights, status, and goods across various social contexts (Marmot, 2005).

This paper translates public library research into actionable practice by reporting findings from a participatory action research study with 46 LGBTQIA+ community leaders and 60 library workers participating in four community forums at public libraries across the US (in SC, CO, PA, and KS). Forums followed the World Café format to facilitate collaborative knowledge development and promote participant-led change. They sought to answer two research questions: 1) What barriers do LGBTQIA+ communities face when addressing their health questions and concerns? 2) What strategies can public libraries and other stakeholders adopt to address these barriers? The study's findings provide actionable steps public libraries can take to promote LGBTQIA+ health and address current barriers to community engagement.

Literature Review

LGBTQIA+ Health and Health Information Inequities

Due to the social impacts of cis/heteronormativity, LGBTQIA+ populations face increased barriers to obtaining healthcare and health information. These norms presume that every person is cisgender and heterosexual, and, as such, the world reflects and prioritizes their needs (Serrano, 2016; Warner, 1993). These terms can be distinct. For instance, a doctor's office may have intake forms that challenge heteronormativity by asking if the respondent has a partner

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

rather than if they are married but reify cisnormativity by envisioning gender as binary. They can also interrelate, such as a healthcare professional assuming a person whose sex-assigned-at-birth is female is in a relationship with a man. In this paper, we address broader health issues experienced by LGBTQIA communities. Therefore, we combine cis and hetero when describing normativity while recognizing that in more specific, individual examples, these experiences can be unique. Within healthcare contexts, cis/heteronormativity ranges from chronic misgendering to presuming irrelevant healthcare interventions based on enforced heterosexuality (redacted). These biases result in understandable mistrust and avoidance of healthcare providers by LGBTQIA+ persons (Morris *et al.*, 2019). Social stigmas and oppressions informed by different lived experiences, including race, age, class, and ability, produce other barriers for LGBTQIA+ populations navigating health information contexts (redacted). The technologies associated with medical care often reproduce these normative ideologies, such as medical intake forms asking for one's gender but meaning sex-assigned-at-birth or offering binary gender options. These examples reveal broader concerns around LGBTQIA+-exclusionary sociotechnical system design (redacted).

In response to these exclusions, LGBTQIA+ communities engage in affirming, innovative, community-centered health information practices. These health information practices combat misperceptions about LGBTQIA+ populations as being information-poor or lacking in self-efficacy when seeking and utilizing health information resources (redacted). Examples of efficacious health information practices span seeking, sharing, use, and creation. For instance, LGBTQIA+ youth may gather their peers' questions and present them to their care provider when seeking health information, understanding that their peers may not have access to affirming providers (redacted). Individuals medically transitioning often utilize social media platforms and

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

blogs to share relevant information related to transition care, such as methods for taking testosterone or preparation for wound care following top surgery (Hawkins and Gieseking, 2017).

Further, LGBTQIA+ youth use information from social media platforms such as TikTok that often goes through linguistic alterations to navigate content moderation, helping content to resist algorithmic suppression of marginalized identities (Karizat *et al.*, 2021). Finally, in response to cisnormative and trans-exclusionary healthcare experiences, transgender and gender nonbinary individuals and their communities often utilize information and communication technologies to create digitally mediated, community-owned resources, such as lists of trans-affirming doctors (redacted). These findings indicate that public libraries should prioritize fostering growth and providing spaces and resources for LGBTQIA+ communities to engage in health information work rather than intervening or assuming a lack of resources without talking with them. Fortunately, there are increasing library-based initiatives focused on LGBTQIA+-centered health information work.

LGBTQIA+ Health Information Initiatives within Public Libraries

Libraries can institute health promotion interventions by engaging in community collaborations prioritizing lived experiences and embodied knowledge (Lenstra, 2020). As noted, LGBTQIA+ communities have rich experiences with community-organized health information work and make concerted efforts to prioritize information from the lived experiences of individuals within their community. Accordingly, successful public library initiatives focused on LGBTQIA+ health information require intentional design to expand assistance to needs far more diverse than information provision. Moreover, without community input, available materials can often drastically misrepresent the needs of LGBTQIA+ persons, health-related or otherwise (Betts-

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Green, 2020). Given broader sociotechnical challenges latent within the design and structure of libraries, providing health information alone may reinforce broader descriptive and access challenges that create hostile rather than inviting information spaces (Andarsik *et al.*, 2016). These ongoing realities mean that public libraries must let LGBTQIA+ communities take the lead in identifying affirming and relevant health information interventions. Examples of suggested interventions from the literature include librarians holding cultural humility training for healthcare providers administered by LGBTQIA+ people (Ma *et al.*, 2018) and alleviating sub-issues experienced by intersectional populations, such as providing resources for unhoused LGBTQIA+ youth (Winkelstein, 2019). Existing LGBTQIA+ health-based initiatives within public libraries include the Trans Accessible Libraries Initiative, a collaboration between the University of North Texas and partnering public libraries. This initiative seeks to remove institutional barriers to inviting transgender communities into historically cisnormative spaces like public libraries (Spencer *et al.*, 2017).

Additional health information interventions exist outside of public library contexts centered on raising awareness of health information needs, facilitating community creation of health information resources, and enhancing access to resources. The Association for Utah Community Health (AUCH) broadly engages with "patient-directed organizations that eliminate geographical and financial barriers and serve populations with limited access to care" (What We Do, 2022). AUCH's work includes community health events focused on LGBTQIA+ health information needs, including their Q Health Initiative and LGBTQIA+ affirming health summits. Another example entails a collaboration between (redacted) Information Science and Public Health schools, which combined the experiential knowledge of LGBTQIA+ community health workers with the information-gathering and organizing skills of health sciences librarians to

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

create community health information resources (redacted). Other institutional collaborations provide portal-based access to health information resources, helping alleviate paywalls and other financial barriers. Examples of these collaborations range from R1 institutions in historically queer-friendly spaces like the University of California, Los Angeles, to smaller state schools with historical ties to anti-queer legislation, such as Augusta University in Georgia (Stevens *et al.*, 2019).

These successful initiatives all identify and center the experiences and strengths of LGBTQIA+ communities rather than presume their needs. Our study adopted a participatory approach to further this work by facilitating collective conversation between LGBTQIA+ community leaders and library workers that exemplified engaged dialogue, strategy building, and organizing. Public libraries can apply the approach as a health information initiative, and results from its implementation reveal additional, actionable strategies for public libraries to support LGBTQIA+ health information work.

Methodology and Methods

A larger grant-funded project from September 2018 – March 2023 on which the lead author (queer/lesbian, white cisgender woman) was the PI informs this paper. She developed the research design and contributed to all the project's elements. The other three authors served as research assistants: the fourth (queer, white, genderqueer person) and second authors (white, cisgender male), co-facilitated forums and engaged in data analysis. The third author (white, cisgender woman) managed forum recruitment and contributed to data analysis.

World Café Methodology

The World Café (TWC) methodology informed the study design. TWC is a form of action research that develops collective knowledge among individuals and communities by facilitating

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

community conversations to foster participant-led collective change (Brown and Isaacs, 2005). The utilization of action research reflects the need for community-centered knowledge in resource building. It also espouses a tradition of participant-led research within public libraries (Mehra *et al.*, 2018) and has been used in various settings, including with LGBTQIA+ communities (Noonan *et al.*, 2017). We chose TWC as it counters deficit-based thinking that marginalized communities lack information by demonstrating how these communities function as experts within their information worlds (redacted). TWC is an appropriate methodology for understanding how to inform and improve library services, spaces, and collections for LGBTQIA+ communities. Particularly, TWC enables participants to generate actionable ideas and allows library workers to question deficit-based service frameworks when engaging with local LGBTQIA+ communities, thus fostering critical, social justice-centered praxis among library workers. For further discussion of TWC beyond the scope of this paper, including how it deviates from related methods like focus groups, its connections to action-oriented research, application, benefits, and tradeoffs, see (redacted).

Site Selection

The lead author selected four public library sites for forums. Sites were in each of the four US regions and were in states that serve diverse populations based on service sizes and demographic data informed by the IMLS Public Libraries Survey (2020) and US Census Bureau (2021). The first author sought library sites with a detailed record of serving LGBTQIA+ people and communities, as evidenced by their programming, outreach, and professional presence. She emailed state library administration to begin site recruitment, explaining her project and site selection criteria. The administration who returned her emails then recommended library sites, which the lead author assessed against her selection criteria before reaching out to the

Journal of Documentation

administration at the recommended site to determine their availability and support to host the forum. She identified four library sites through this process located in SC (Southern region, city mid-size service area), CO (Western region, city mid-size service area), PA (Northeastern region, suburban large service area), and KS (Midwest region, city small service area). Although not a selection criterion, the states where these libraries were located varied in their levels of LGBTQIA+ equality, measured using a policy tally of laws and policies that impact LGBTQIA+ persons' experiences and well-being (Movement Advancement Project, n.d.).

Recruitment

We used a combination of purposive and snowball sampling to develop networked relations with community contacts and recruit community leaders and library workers. First, we developed a list of LGBTQIA+ community contacts. In an initial email to them, we described the purpose of the study. We asked to schedule a time to talk so that we could provide more detailed information about the research and request help with recruitment by identifying leaders. Community contacts provided us with additional points of contact, disseminated information through their personal, trusted channels, and volunteered to participate in forums as leaders. Before emailing individual libraries, we contacted the public library hosting the forum to help disseminate information about the study, including posting to local listservs and directly contacting personal networks. Many librarians who registered for the forum had experience working with LGBTQIA+ populations or identified as LGBTQIA+. Both community leaders and librarians completed a pre-screening survey to determine eligibility for the study. The pre-screening survey captured self-reported demographics and allowed participants to write in their gender identities and sexuality to capture better their self-described identities (Table 1, Figures 1-2). Upon confirming eligibility, we asked participants to forward information about the study to

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

their contacts as a form of snowball sampling. Forty-six (n=8 CO, n=8 KS, n=14 PA, n=16 SC) community leaders and 60 (n=6 CO, n=24 KS, n=16, n=14 PA) library workers participated across the four community forums.

[Insert Table 1]

[Insert Figure 1]

[Insert Figure 2]

Data Collection

The first forum occurred in November 2019 in SC. We postponed the following three forums to January – March 2023 in response to the COVID-19 pandemic. Each forum lasted a half-day with food provided and occurred in public library meeting rooms. TWC adopts design principles establishing a "third place" (Oldenburg, 1989), where participants engage in small-table conversations to identify common interests and think about future steps. We decorated rooms per TWC guidelines – arranging round tables with four to five chairs each, covering the tables with butcher paper, and placing plants and cups with markers on each table. Participants received a folder containing printouts of TWC discussion questions and format, an informed consent form, a Brave Spaces (Arao and Clemens, 2013) handout, a feedback form, and the lead researcher's contact information. We selected a mixture of leaders and librarians to serve as table hosts, who volunteered beforehand, and we trained before the forum.

We opened the forum by introducing the critical situation – LGBTQIA+ communities experience barriers addressing their health questions and concerns, making introductions, and establishing forum etiquette. The forum then proceeded in three twenty-minute discussion rounds. Discussions responded to the following questions informed by TWC principles: 1) What question, if answered, could make a difference in the situation that brought us here today? 2)

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

What is the next level of thinking needed to answer the question your current table has posed? 3) If our success was guaranteed, what steps might we take next? (Brown and Isaacs, 2005). Participants collaboratively took notes on butcher paper covering the tables during the rounds, and table hosts took notes in notebooks we provided to them. Following each round, participants wrote down key ideas from their discussion on a Post-it that they would bring to their following table. In subsequent rounds, table hosts would welcome new participants and summarize their prior table conversation. Participants would then share their main ideas. These strategies facilitated TWC principles, ensuring everyone's participation and cross-pollination of ideas. Then, tables would discuss the next question, repeating the process for three conversational rounds.

Volunteers wrote questions generated during the first round on Flipboard paper. Following the last round, participants took their ideas written on Post-its and stuck them on Flipboard paper with the question corresponding to that idea, creating an idea cluster. They then took a "listening" tour: volunteers hung up the butcher paper, on which participants had jotted ideas, notes, and doodles, around the room alongside the Flipboard paper (Brown and Isaacs, 2005). Following the three rounds and listening tour, participants reconvened for a large-group discussion to summarize key findings and discuss the following action steps. Data sources were participant and table host notes taken on various mediums and observational notes taken by the researchers during large group discussions. We then transcribed all notes into text documents – one per forum.

Data Analysis

The first two paper authors created a list of provisional codes by hand, based on one transcript and focusing on two phenomena related to the research questions: 1) relationships and social

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

structures (RQ1), and 2) strategies (RQ2) (Bogdan and Biklen, 1992). The authors' observations and experiences from facilitating four forums informed the list. The authors then used etic and emic qualitative coding to refine the provisional codes, with etic codes reflecting general domains and emic codes informed by the transcripts (Miles and Huberman, 1994). They met to compare and discuss emergent codes and disagreements (Charmaz, 2014) and refined the codes and definitions to create a codebook. The third and fourth authors used this codebook to analyze all four transcripts. We all met to discuss and refine it further based on criteria such as data classification, coding category saturation, and coding regularities (Lincoln and Guba, 1985). The analysis resulted in three high-level categories aligned with the research questions: 1) barriers, 2) strategies, and 3) stakeholders. We organized 30 codes under these categories: five for barriers, 11 for stakeholders, and 14 for strategies.

Findings

We organize our findings according to our three etic codes, which correspond to our research questions: barriers (RQ1) and strategies and stakeholders (RQ2). Under each category, we discuss the emic themes that emerged from participant and researcher notes. To illustrate key ideas, we use direct quotes from these data sources and maintain participant emphasis using capitalization, underlining, symbols, and punctuation (e.g., exclamation points). We identify the state from which the quote originated and are explicit when the quote is from researcher notes.

Journal of Documentation

Barriers to Addressing LGBTQIA+ Health Questions and Concerns

Institutional. Institutional barriers constitute longstanding rules and norms governing a society. Participants identified the following institutions as producing barriers to addressing LGBTQIA+ health questions and concerns: healthcare, capitalism, government, patriarchy, education, bureaucracy, and public libraries. Participants questioned the accuracy of the name "healthcare," expressing that "healthcare doesn't care enough" (PA) and stating, "We don't have a healthcare system, we have a disease management system/model. Incentive is to keep treating people, not to heal people or prevent illness" (PA). As illustrated by the second quote, healthcare intersects with other institutions like capitalism in ways that reduce positive health outcomes. Participants also observed how governmental institutions and patriarchal ideologies contributed to this reduction through healthcare practitioners "masquerading for *[sic]* conversion therapy" (SC) and through a lack of inclusive training for healthcare practitioners because "med schools are patriarchal" (KS).

Healthcare barriers intersect with education, with participants expressing that providers lack an understanding of their needs. Participants exclaimed, "Doctors need to educate themselves more on transgender care!" (SC). One expressed, "I'm tired of being their ginny *[sic]* pig to start doing their research" (SC). This lack of education extends to other healthcare workers, including "nurses being improperly trained (the ones inputting the data)" (SC) and "office staff," whom participants "communicate with more than doctors" (SC). This lack of education may be rooted in anti-LGBTQIA+ discrimination: "The healthcare professionals who actively try to learn often are already accepting ... How do we reach those who don't want to learn?" (PA). Participants also identified bureaucratic red tape related to insurance, such as

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

"confusing billing/rules" (KS) and the law, including "the legal loops *[sic]* to jump through for name changes + gender affirming *[sic]* care" (PA) as another institutional barrier.

Participants also discussed the barriers that public libraries pose to LGBTQIA+ populations in general, not just related to their health outcomes. Like healthcare, public libraries intersect with other institutions in ways that prevent LGBTQIA+ people and other groups from entering library spaces. Participants exclaimed that for them to envision public libraries as spaces where they could address their health questions and concerns would require "radically changing how we think of what libraries are and shedding religious, police, etc *[sic]*, dogma!" (PA). Because libraries intersect with other discriminatory forces, participants questioned whether they could adopt neutrality as a guiding value: "Neutrality is no longer possible when morality is applied to facts and peoples *[sic]* existences" (KS). During the SC forum large group discussion, one library worker stated that in a reference role, they did not care who asked them for information and would give the same services to an LGBTQIA+ person that they would give to anyone else (see also redacted). Several leaders pushed back against this assertion, as noted by a project researcher: "When somebody says they 'don't care,' they do, but they are not being transparent."

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

Social Oppression. Institutional barriers against LGBTQIA+ persons produce various forms of social oppression in which social groups exercise power over others using dominance and submission. A dominant form of social oppression is anti-LGBTQIA+ "stigma and hate" (KS). Such oppression functions through the politicization of LGBTQIA+ identities, with participants stating, "My identity is not political. It is, but it shouldn't be" (CO). Powerful, anti-LGBTQIA+ legislatures crafting discriminatory legislation, such as a "bathroom bill" (SC) (i.e., legislation that restricts access to public bathrooms based on sex-assigned-at-birth), exemplify such politicization. This politicization extends to backlash, such as the "political risk involved with supporting *[sic]* queer community in very rural, conservative areas" (KS). Participants observed several forms of backlash against libraries when supporting LGBTQIA+ communities, including "burning/stealing pride flags" (KS), entities that "threaten libraries *[sic]* funding for offering services" (KS), library leadership that "fire *[sic]* folks for being LGBT" (SC researcher notes), and "school libraries removing books about LGBTQ+ identities" (PA). Participants also recounted instances of social oppression when meeting with healthcare providers, such as an LGBTQIA+ person being told by a doctor when introducing her wife, "No, this is your friend" (SC). Such oppression is also intersectional, as participants identified "racism, fat-phobia, etc." (PA) in healthcare settings.

Products of social oppression include fear and mistrust. Participants explained that "LGBT+ people already have trust issues (oppressed in other areas)" (SC), which can lead them to ask, "Is it safe for us (LGBTQIA+) to get healthcare?" (PA). Mistrust can also be produced by intersectional forms of oppression, as noted by a researcher during the SC forum closing discussion: "Understand intersectional identity 'that medical mistrust might not be because they are LGBT.'"

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

Resource-based. Institutional and social oppression barriers lead to critical resource gaps for LGBTQIA+ health promotion. These resources meet the "basic hierarchy of needs" (PA), including "food access!!!" (PA) and housing needs for various LGBTQIA+ subcommunities. "Housing for elder LGBTQ has longer waitlists," (PA) participants observed as one example. Participants discussed resource-based barriers to healthcare, identifying "health gaps across the state and the extra barrier of access with finding providers who can give quality healthcare for the LGBTQ+ population" (CO). Subpopulations experience heightened challenges, including those residing in "rural areas [where it is] hard to get to a doc[tor]" (CO) and trans populations, who lack access to "safe hormones" (KS). Healthcare costs are another barrier. "You shouldn't have to crowdfund necessary medical procedures," participants noted (SC).

Another resource-based health information barrier involved a lack of education about health issues. For example, participants asked: "Can any sex ed exist?" (CO), and those with sex education noted it is "outdated, toxic, and dangerous" (KS). Participants also observed that "information is a controversial thing - morality impacts info" (KS). Disinformation deliberately intended to deceive could pose a barrier for certain LGBTQIA+ groups, such as trans populations. "How do we amplify truthful, positive information for trans people?" participants asked (KS). Existing information resources, including online resources and peer-to-peer communication, also had limitations. For instance, LGBTQIA+ persons "can't google" the question "Who *[sic]* can I feel safe with?" (KS). Participants also identified peer networks as a needed resource as "some [LGBTQIA+ individuals] don't have peers" (KS).

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Community-based. Participants identified "pre-existing barriers in small communities" (KS), noting their pervasiveness: "Same struggles reaching community members. Same questions. Same lack of answers" (CO). Community gatekeeping attitudes, such as "You haven't paid your dues, you're an outsider" (KS), may exacerbate disconnections. Communities may also engage in intersectional oppression across social categories like age, including "marginalization of elder queers by society in general and the younger queer generation" (PA) or "youth not being heard" (KS). Further disconnections are present across different community organizations. Participants asked, "How do we more effectively communicate between organizations?" (KS) and emphasized the importance of "breaking down silos" between organizations (CO).

Participants identified additional community-based barriers when seeking help from information professionals. Making such inquiries could mean disclosing identity-based information regarding health-specific needs. This disclosure could compromise their safety. Participants asked, "Who has the right or needs the information to someone's identity or information?" (PA) and explained that "people we want to help may not tell you" (PA). Additionally, LGBTQIA+ persons could engage in emotional labor if asked to educate library workers and other stakeholders about their communities. Participants addressed this tension, asking, "How do we balance access to information and being a resource without LGBTQ folks having to speak or educate for their communities?" (PA).

Strategies to Address These Barriers

Outreach and Engagement. Participants described outreach and engagement as going "further than the collection (physical) to connect with the community and provide resources/support" (KS). They noted several activities that comprised successful outreach and engagement, including defining the community by asking, "Who are the individuals affected? Who comprises

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

'the' community?" (CO); identifying their needs, such as "Trans health care awareness" (KS); and "reaching beyond library walls" (PA). Suggested activities to accomplish the latter were to "listen to the voices of those affected – not just ALLIES" (SC), establish "library presence at community events – Pride" (SC), "have libraries go to hospitals to find people" (KS), and "start" by find[ing] the 'community organizers' or representatives" (CO). Before library workers engaged in these efforts, however, participants noted an additional step of "identifying the libraries *[sic]* place/role in solving/supporting community needs?" (KS). Another critical outreach and engagement component is bringing LGBTQIA+ people and communities into libraries: "True inclusivity – community members IN THE SPACE" (SC). Emic coding identified several outreach and engagement strategies: creating a safe space, visibility management, establishing partnerships and collaborations, programming, reference, and creating LGBTQIA+ health information resources.

Creating a safe space means ensuring the library's physical and social infrastructure is inclusive and affirming to LGBTQIA+ people. Participants identified challenges with creating safe spaces, including answering the question: "How do we determine safety?" (PA). Participants explained that "variations" of this definition existed "within the same groups of people" (PA). Further, visible institutional moves by libraries to create LGBTQIA+ safe spaces might threaten their workers' safety vis-a-vis negative backlash. Participants asked, "How do we control or prepare - Do staff feel safe?" (KS).

Visibility management was another outreach strategy discussed by participants and closely connected with creating a safe space. Visibility management involves regulating the exposure of LGBTQIA+ identities and issues to address community needs while considering social oppression and the resulting lack of social safety. In some cases, participants identified

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

heightened visibility as beneficial for LGBTQIA+ outreach. Visual signals like a "universal safe space sign" (CO) and "displays" (KS) coupled with "accessible information" that engenders "visibility of marg. comm. *[sic]*" (KS) provide examples of heightened visibility contributing to safe spaces. Participants stated that safe spaces must engage in "the best marketing campaign EVER" (CO) to let LGBTQIA+ communities know they exist. In other cases, mitigating visibility best supports the needs of LGBTQIA+ communities. Participants observed that heightened visibility of LGBTQIA+ identities could serve to Other this group: "Stop singling us out *[sic]* weave our stories into everyone else's" (PA). Participants addressed tradeoffs between heightened and mitigated visibility, cautioning to "expect assimilation" when "normaliz[ing] seeing LGBTQ+ stories + people" (PA).

Institutions can balance such visibility tradeoffs by giving LGBTQIA+ people options; such options address safety concerns stemming from social oppression barriers. Participants called this strategy "normalizing information autonomy" (PA). For example, participants advised: "Don't ask for gender identity when it is not relevant (on a library card application, for example)" (PA). Ways to promote information autonomy include promoting existing services, including "anonymous searches/resources" (KS) and policies such as "parents of kids 12+ can't be told what kid is checking out/looking for" (KS).

The following strategy was establishing collaborations. "'We all know something' → need to collaborate," participants observed (CO). Examples include "looking to other libraries for ideas" (KS) and identifying "state and regional library support" (KS). At the large group discussion concluding the CO forum, participating library workers detailed plans to develop "state-level librarianship presentations" based on forum findings and collectively "adopting *[sic]* a response" to barriers experienced by LGBTQIA+ communities (researcher notes). Participants

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

noted that collaborations should not just end at other libraries. Other collaborators included "public libraries working with schools" (KS) and healthcare professionals, such as "big city LGBTQ hospital clinics" (CO). Healthcare professionals could even train library workers: "Put health service professionals @ branches/train library staff" (SC).

Establishing collaborations also entails networking, where libraries initiate and develop stakeholder connections to support LGBTQIA+ communities. Networking ideas responded to community-based barriers related to inter-organizational communication and silo-ing as participants envisioned a "community (searchable) database" (CO) and "directory for [the] queer community" (KS). Participants imagined an opportunity for "bridging [the] gap between generations to create connection" (PA). They envisioned libraries as central to the networking process: "Utilizing whole community → connect different organizations → library as central location → collective unity! Working together to make a louder noise" (PA). Networking could also help public libraries by "'bring[ing] together other organizations' to aid libraries" (KS), including "allies in [the] medical profession" (KS) and "activists/allies/non-profits" (KS).

Another strategy was programming. During the CO forum large group discussion, participants identified strengths with TWC format structuring the community forums, noting that there was a "richness" in "coming together" to talk "about complicated things" (researcher notes). Participants referred to programs like the forum as "'human library' opportunities ... for people to connect and learn about different experiences" (PA). Participants suggested holding other forums with different stakeholders, including "healthcare providers and legislators" and "library management" (KS). Participants had ideas for programming explicitly geared toward LGBTQIA+ communities, including "library workshops [on] how to find care, how to self-

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

advocate, empowering patients like 'know your rights' workshops" (PA) and a "LGBTQ+ health fair" (SC).

Additionally, participants identified several opportunities for training, which focused on establishing cultural humility among stakeholders working with LGBTQIA+ communities. Such training does not stop at public libraries. It extends to other stakeholders, namely healthcare: "Diversity/inclusivity led training ALL the way down not just libraries/Drs but staff as well" (SC).

Reference represents the process of identifying "culturally relevant resources" and "connect[ing] resources to communit[ies]" (CO). Participants, for example, envisioned public libraries as a "resource navigator for LGBTQ+ support and inclusive…providers" (KS). To serve as this resource, participants suggested: "going to the LGBTQIA+ leaders for info to then pass along to patrons" (KS). Other library reference roles included "disseminating info about important laws/legislature" (KS), sharing "food distribution/homelessness resources" (PA), and serving as "a resource for changing legal" (SC). Participants envisioned another stakeholder, non-profits, adopting reference roles by establishing "a centralized council of non-profits that can disseminate info" (KS).

The final strategy was creating LGBTQIA+ health information resources, such as a "master LGBTQ+ resource list with community feedback to provide safe spaces with trusted institutions" (CO). Public libraries could facilitate this feedback by "develop[ing] a credibility scale" for resources "certified by trusted LGBTQ organizations" (SC). Other suggestions for health information resources included "little free queer libraries" that offer "self-standing, health information" (PA), "queer-friendly sex ed that actually answered the questions queer kids have" (KS), and "scripts for talking to insurance providers" (KS). Participants suggested additional

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

resources that, while not healthcare-specific, address institutional barriers that negatively impact LGBTQIA+ persons' quality of life. These ideas included a "one on one *[sic]* resource about legislation" (KS), "Yelp-type reviews for experience, business" (KS), and "an archive of pride" (PA).

Mutual Aid. Mutual aid consists of people and institutions taking responsibility for changing political conditions suppressing LGBTQIA+ communities. It is particularly relevant for LGBTQIA+ communities considering the barriers faced, and participants saw intersections between mutual aid for LGBTQIA+ persons and public library strategies. To address these barriers requires "systematic *[sic]* change," so if libraries genuinely wish to serve LGBTQIA+ communities, they need to "do more," including engaging in "mutual aid" (PA). Emic coding identified several mutual aid strategies: advocacy, providing quality-of-life resources, engaging in structural transformation, and community organizing.

Advocacy signifies working on behalf of LGBTQIA+ persons to support, promote, and defend ideas and issues of importance to them. Participants viewed "libraries as spaces to advocate" (SC) and suggested that advocacy entails "active, not passive acceptance and promotion," in which libraries must be "boldly public about values" (PA). Advocacy challenges library-specific barriers to LGBTQIA+ health information dissemination and health promotion, namely neutrality. Participants argued that library workers "cant *[sic]* be quiet on social issues even when you want to appear open/neutral" (KS). Instead, workers must actively engage in "fighting stigma and hate" (KS) by "promoting their values" and "call[ing] out those not expressing the views they claim to have" (PA). These activities need to be sustained and consistent. "Don't be performative," participants cautioned. Advocacy can also intersect with community engagement strategies, including a potential event or program "empowering patients

Journal of Documentation

to 'know your rights' and learn to self-advocate" (PA), and reference, such as librarians or other stakeholders "approach[ing] Drs" and asking them "are you trained in LGBTQ issues" (SC).

Providing quality-of-life resources differs from reference services and events, programs, and training, which focus on providing information. Examples of quality-of-life resources include "food access, clean water, and c. *[sic]* environmental" (CO), "universal healthcare" (KS), and "access to gender affirming *[sic]* clothing safe binders and hormones" (KS). Participants did not specify that libraries must provide these resources exclusively. It stands to reason, based on participant framing of public libraries as a "resource hub" (KS) and "community of care education space" (PA), that libraries could focus on identifying and connecting LGBTQIA+ communities to these resources, as well as advocating for those currently unavailable (e.g., universal healthcare).

This latter action of advocating for resources currently unavailable relates to the following mutual aid strategy, engaging in structural transformation. This strategy understands that to address LGBTQIA+ health information challenges, one needs to enact more extensive structural changes. During the large group discussion at the CO forum, a researcher observed that participants thought "breaking the system is a solution," that they "have to redo everything," and "burn it down." Participants recognized the enormity of this solution but contended that "problem-solving requires imagination." Their ideation from the forum shifted from initially identifying what, structurally, would need to change ("when we started, it was big picture"), then as the forum progressed, began "focusing on smaller goals." Examples of imaginative structural changes proposed by participants were creating a "board of people at every library - DEI dept" (KS), "fixing the laws that maintain a state of unsafety" (PA), and implementing "legislative incentive for healthcare professionals to see LGBT+ care as required by law" (PA).

Journal of Documentation

Participants also offered some "baby steps" (CO) that LGBTQIA+ communities, libraries, and other stakeholders could take to begin effecting structural change. One step entailed actively changing local leadership: "Queer organizations allies should seek the idea of members joining library boards" (KS). During the large group discussion ending the KS forum, researcher notes indicated a "call for more people to join [an already existing] queer policy network." Other ideas included "pre-emptively *[sic]* addressing threats to rights" by "getting in touch with state legislators" (PA). Libraries could support this effort through reference services and resource creation, such as "phone trees to call legislatures in your district" (KS). Another example of both a baby step promoting structural change and a library reference initiative was: "Vote!!! Registration in library --> make it easier" (SC).

Due to the sheer scale of interventions needed to address LGBTQIA+ health information barriers, it is impossible to identify a singular solution or stakeholder responsible for engaging in them. This impossibility is where the final mutual aid strategy comes into play: community organizing. Community organizing entails mobilizing key stakeholders, including LGBTQIA+ communities, to enact social change. Put another way, "It can't be some of us it has to be all of us" (PA). The researcher notes during the CO large group discussion stated, "'the fact that we're asking the same questions is good,'" as that exhibits "shared understanding of 'the root of the problem.'" An example of community organizing specific to public libraries suggested by participants was uniting "queer parents," "angry librarians," and "rich people" to work together to enact change for LGBTQIA+ communities (KS).

Shared understanding illustrates the concept of "collective liberation" (CO, PA). Such liberation concentrates on intersectional struggles and uniting those who might otherwise be divided by social and structural barriers. Collective liberation is present in participant questions,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

such as: "How can we help in the connection of queer liberation struggles to that of collective liberation and resistance? Queer liberation as disability justice. Queer liberation as fighting white supremacist violence. Queer liberation as resisting imperialism" (PA).

Discussion

Findings raise significant considerations for establishing partnerships between public libraries and LGBTQIA+ communities for health promotion. Regarding barriers faced, findings reinforce prior research establishing ties between libraries and broader anti-LGBTQIA+ social ideologies, even within libraries that support LGBTQIA+ communities (Wexelbaum, 2016; redacted). As participants highlighted, institutional forces, such as government and legislature, politicize LGBTQIA+ identities, and such politicization manifests in backlash to LGBTQIA+ library initiatives (Jaeger *et al.*, 2022; Ellis, 2022). Participants offered many insights and ideas about what public libraries can do to address barriers experienced by LGBTQIA+ communities when addressing health questions and concerns. But what would it mean for libraries to put these findings into practice?

First, libraries need to identify their specific roles in supporting LGBTQIA+ communities. Participants expressed that these roles were currently unclear when asking questions like "What is the role of libraries in helping LGBTQIA+ folks navigate resources? Are libraries the answer?" (PA). Future TWC forums could elicit these answers, or as participants stated, "a forum would help open that up," as the forum structure caused them to "discuss a lot of things we didn't think of" (PA). Further, forums do not need to be exclusively between library workers and LGBTQIA+ communities. Libraries can even bridge various LGBTQIA+ sub-communities that may experience gaps in communication, such as in PA, where LGBTQIA+ elders and young people expressed the desire for libraries to hold forums for "the [LGBTQIA+]

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

elders sharing with the younger [generations]." Library workers can also host forums between themselves and other stakeholders working with LGBTQIA+ communities, like affirming healthcare providers to exchange ideas. In our other research, we have seen a potential application of strengths-based interviewing strategies used by public health workers to reference interviews as one example (redacted).

The forum structure is budget friendly – at a minimum, requiring arts and crafts supplies the library likely has. Recruiting strategies for the forum can follow the purposive and snowball methods of this study; a bonus is that by developing community contact lists for recruiting, library workers have created an LGBTQIA+ information resource that they can circulate during the forum. If possible, forums should be recurring to capture changing sociopolitical shifts and deepen recruitment of LGBTQIA+ communities.

Next, if libraries wish to work with LGBTQIA+ communities, they must consider sustained activity "beyond collection development" (KS) and not just offer one-off programming or activities that LGBTQIA+ communities might construe as performative lip service. Exclusively focusing on collections assumes that LGBTQIA+ communities already use library spaces, when many community leader participants reported surprise at the resources and support libraries offered. "People don't understand what the library is," observed an SC table host. Libraries need to go to the communities proactively to get them to come to the space. This observation has an advocacy component since outreach-oriented suggestions made by leaders included activities like attending Pride events or even community organizing ones like developing a list of community leaders to invite into the library space with whom to network. These activities signal to LGBTQIA+ communities that libraries are committed to supporting

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

them: "Libraries need to connect w/ LGBTQ+ individuals to make inclusion + access real + not just abstract" (SC).

While it is all well and good to invite LGBTQIA+ communities into the library space, they will not stay if they find the spaces to be unsafe. "Feeling safe is the cornerstone of meaningful relationships and trust building," participants noted (KS). Creating a safe space relates to all library practices, not just having gender-neutral bathrooms (although we would be remiss not to mention that several libraries that we visited did not have them and, in some cases, had policies where participants needed to see the main desk to access a code to unlock the bathroom). Participants identified many elements fundamental to safe spaces, spanning library policies, practices, material arrangements, etc. Of course, some initiatives meant to create safe spaces, unfortunately, in the current sociopolitical climate, can lead to backlash and unwanted visibility, including harassment of library workers and burning of Pride flags. It might be helpful for libraries to consider providing information that helps LGBTQIA+ people navigate more hostile elements of library space. An example would be discussing some of the absences and limitations of health-related research on LGBTQIA+ persons during a reference interaction.

Visibility management should be a chief concern when engaging in these efforts. One idea would be for public libraries to offer services and programming that is LGBTQIA+ affirming but hidden in plain sight. Such visibility management would be helpful in socially conservative areas that many forum participants inhabit. Examples would be more generalized programming (e.g., how to register to vote and navigate health insurance barriers) that intentionally focuses on getting the word out to LGBTQIA+ communities. An additional example, with a far more complicated relationship to ethics of visibility occurred during the initial collection of data by the first and fourth authors, which involved providing LGBTQIA+

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

related health information within the bathrooms of a library. While this maneuver proved complicated and might be viewed as problematic by some, it offered a way of making visible information, without formally placing such information within the library stacks. This suggestion does not discount the importance of being visibly affirming of LGBTQIA+ communities but instead recognizes that visibility is nuanced and contextual, so a variety of strategies are needed. Interestingly, the library functions as a safe space in some cases *because* it facilitates visibility management. Participants noted that when they said things like "I'm going to the library," it could provide cover for addressing problems and concerns related to their LGBTQIA+ identities since "[the library] is not questioned or automatically associated with LGBTQ+" (SC).

When planning programs or events and developing resources and services, libraries must think about what they already do and how they can leverage these skills with the skills and knowledge of LGBTQIA+ communities. For example, one idea that kept popping up in forums was creating a list of LGBTQIA+-affirming health resources. This list would rely on library workers using their research skills to identify available resources and mobilizing community knowledge to develop a system to vet them. Here, context is essential. For instance, in SC, conversion therapy is legal and "so common in surrounding areas." LGBTQIA+ communities, therefore, may run into situations where they could identify a therapist who says on their website that they specialize in LGBTQIA+ issues, but the therapist is "masquerading for conversion therapy" (SC). This example allows libraries to leverage LGBTQIA+ leverage community knowledge to vet which resources are safe and for whom since LGBTQIA+ people are not monoliths.

Related, a critical function of public libraries is to serve as community anchors or, as participants labeled them, "a hub for resources without having to do it all" (KS). In other words,

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

libraries do not always have to own, be, or house the resources but rather be able to point to where people should go to get them. Libraries can act on this role in several ways, such as developing contact lists of various LGBTQIA+ organizations to facilitate community networking. Collaborations with stakeholders outside of the library also raise the point that library workers should consider what they can reasonably do to support LGBTQIA+ communities versus how they can connect these communities with resources and services that the library cannot provide (e.g., mutual aid organizations, electronic access to other library resources that offer materials that may have been removed from the home library's shelves). Further, public libraries can approach LGBTQIA+ organizations already engaged in health information work to counteract overburdening LGBTQIA+ people and communities. An example would be having LGBTQIA+ community health workers or health sciences librarians develop and deliver cultural humility training to healthcare providers.

Finally, to support LGBTQIA+ communities, public libraries should divest from neutrality as a guiding value. Discussions about neutrality in public librarianship are ongoing and complicated. However,, a growing body of conceptual and empirical work both within and outside the field contests neutrality as a construct. Key points include that neutrality is not an officially recognized or codified library value, neutrality as a construct is abstract and often applied in contradictory ways, and neutrality often bolsters an underlying status quo rife with political actors and arrangements (Chabot & Helkenberg, 2022; Gibson et al., 2017; Gibson et al., 2020; redacted; Unger, 1987). Participants echoed these arguments, contending that "information is not neutral" and "we can't afford to be neutral on a moving train" (PA).
In some cases, participants also illustrated how neutrality has contradictory applications as some viewed libraries as "a neutral space," in which they implied that neutrality signified being non-

Journal of Documentation

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

judgmental (SC). Therefore, a vital issue with neutrality among participants is that it means different things to different people and can potentially be used by those in power to uphold the status quo. Other recognized professional values, such as diversity, provide a less conceptually slippery means through which public libraries can signal their support for LGBTQIA+ communities.

A divestment from neutrality must be communicated and justified to the larger community, including administrators, politicians, and other decision-makers. Of course, this suggestion is easier said than done, particularly in hostile sociopolitical climates. Public libraries require supportive collaborators to enact such a divestment. Examples include library workers across different branches, systems, and states working together to share experiences and approaches that are effective for supporting LGBTQIA+ communities and their health information work and public libraries collaborating with invested stakeholders such as activists and non-profits, who can engage in community organizing and advocacy on the library's behalf.

Notable limitations of our work related to our sample's lack of racial diversity. We attribute this limitation to our recruitment strategy across states where we lacked pre-existing networks. This strategy rendered us outsiders to LGBTQIA+ communities, making it challenging to establish trust. Our own identities as white academics likely contributed to this mistrust. Further, our identities may have also attracted others with matching or similar identities to participate, thus introducing an involuntary recruitment bias. Also, the current sociopolitical landscape may have shaped recruitment. For instance, a few weeks before the CO community forum, a mass shooting occurred in an LGBTQIA+ nightclub in a neighboring town. This event may have deterred participation in the forum due to safety concerns. COVID-19 is another factor that may have limited the recruitment of disabled participants, as we could not require masks due

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

to having to follow the policy of the host library sites. Related, the differences between the periods of the SC (2019) and CO, KS, and PA forums (2023) because of COVID-19 may lead to less comparability between them, given the changing sociopolitical contexts of both periods.

Conclusion

Our study offers promising insights into community and institutional perspectives and experiences library workers and LGBTQIA+ community leaders hold. Community forums served in this study as a viable way to engage LGBTQIA+ communities and library workers in essential conversations about the institutional and social barriers that limit the communities' ability to address their health questions and concerns. Findings underscore the need for public libraries to take proactive steps towards better addressing the health needs of LGBTQIA+ communities through outreach, mutual aid efforts, and community engagement.

As suggested by forum participants, future directions include conducting additional community forums involving more diverse stakeholders, including politicians, healthcare providers, and library administration. Further, additional community forums may omit the presence of researchers completely, allowing communities to network and organize more locally.

Acknowledgments

Removed for peer review.

References

Some references removed for peer review.

Adler, M.A., 2015. "Let's Not Homosexualize the Library Stacks": Liberating Gays in the Library Catalog. *Journal of the History of Sexuality*, *24*(3), pp.478-507. https://doi.org/10.7560/jhs24306

Association for Utah Community Health (2022, March 7). "What We Do," available at: from https://www.auch.org/about-auch (accessed June 28, 2023)

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Arao, B. and Clemens, K., 2013. From Safe Spaces to Brave Spaces. In Landreman, L.M. (Ed.), *The Art of Effective Facilitation: Reflections from Social Justice Educators*, Stylus, Sterling, VA, pp. 135-150.

Austin, J., 2019. Lines of sight and knowledge: Possibilities and actualities of transgender and gender non-conforming youth in the library. In Mehra, B. (Ed.), *LGBTQ+ Librarianship in the 21st Century: Emerging Directions of Advocacy and Community Engagement in Diverse Information Environments* (Vol. 45, pp. 167-196). Bingley, UK: Emerald Publishing Limited.

Betts-Green, D., 2020. "We Could Do Better": Librarian Engagement in LGBTQ Collection Development in Small and Rural Public Libraries in the Southern US. *Public Library Quarterly*, *39*(6), pp.510-536. https://doi.org/10.1080/01616846.2020.1737493

Bogdan, R. C., and Biklen, S. K. 1992. Qualitative Research for Education: An Introduction to Theory and Methods. Boston, MA: Allyn and Bacon.

Bränström, R., Hatzenbuehler, M.L., Pachankis, J.E. and Link, B.G., 2016. Sexual orientation disparities in preventable disease: a fundamental cause perspective. *American Journal of Public Health*, *106*(6), pp.1109-1115. https://doi.org/10.2105/ajph.2016.303051

Brown, J., and Isaacs, D. 2005. *The World Café: Shaping our futures through conversations that matter.* San Francisco, CA: Berrett-Koehler Publishers.

Chabot, R., & Helkenberg, D. 2022. The discourse of drag queen story time challengers and supporters: A case study from the Okanagan Regional Library. In *Proceedings of the Annual Conference of CAIS/Actes du congrès annuel de l'ACSI*.

Charmaz, K. 2014. *Constructing Grounded Theory*. Thousand Oaks, CA: Sage.

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Diamond, L.M. and Alley, J., 2022. Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse population. *Neuroscience & Biobehavioral Reviews*, p.104720. https://doi.org/10.1016/j.neubiorev.2022.104720

Ellis, J.R., 2022. A fairy tale gone wrong: Social media, recursive hate and the politicisation of Drag Queen Storytime. *The Journal of Criminal Law*, *86*(2), pp.94-108. https://doi.org/10.1177/00220183221086455

Gibson, A.N., Chancellor, R.L., Cooke, N.A., Dahlen, S.P., Lee, S.A. and Shorish, Y.L., 2017. Libraries on the frontlines: Neutrality and social justice. *Equality, Diversity and Inclusion: An International Journal*, *36*(8), pp.751-766.

Gibson, A.N., Chancellor, R.L., Cooke, N.A., Dahlen, S.P., Patin, B. and Shorish, Y.L., 2020. Struggling to breathe: COVID-19, protest and the LIS response. *Equality, Diversity and Inclusion: An International Journal*, *40*(1), pp.74-82.

Hawkins, B., Costello, K., Veinot, T., Gibson, A. and Greyson, D., 2017. Health information behavior research with marginalized populations. *Proceedings of the Association for Information Science and Technology*, *54*(1), pp.562-565. https://doi.org/10.1002/pra2.2017.14505401073

Hawkins, B. and Gieseking, J.J., 2017. Seeking ways to our transgender bodies, by ourselves: Rationalizing transgender-specific health information behaviors. *Proceedings of the Association for Information Science and Technology*, *54*(1), pp.702-704. https://doi.org/10.1002/pra2.2017.14505401122

Institute of Library and Museum Services (2020). *Public libraries survey,* Washington, DC, available at: https://www.imls.gov/research-evaluation/data-collection/public-libraries-survey

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Jaeger, P.T., Kettnich, K., Oltmann, S.M., Taylor, N.G., Garner, J. and Sly, J.S., 2022. Exuberantly Exhuming McCarthy: Confronting the Widespread Attacks on Intellectual Freedom in the United States. *The Library Quarterly*, *92*(4), pp.321-328. https://doi.org/10.1086/721397

Karizat, N., Delmonaco, D., Eslami, M. and Andalibi, N., 2021. Algorithmic folk theories and identity: How TikTok users co-produce Knowledge of identity and engage in algorithmic resistance. *Proceedings of the ACM on human-computer interaction*, *5*(CSCW2), pp.1-44. https://doi.org/10.1145/3476046

Khan, M., Ilcisin, M. and Saxton, K., 2017. Multifactorial discrimination as a fundamental cause of mental health inequities. *International Journal for Equity in Health*, *16*, pp.1-12. https://doi.org/10.1186/s12939-017-0532-z

Lenstra, N. 2020. Healthy Living at the Library: Programs for All Ages. Santa Barbara, CA: ABC-CLIO.

Lincoln, Y. S., and Guba, E. G. 1985. *Naturalistic Inquiry*. Thousand Oaks, CA: Sage.

Phelan, J.C., Link, B.G. and Tehranifar, P., 2010. Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. *Journal of Health and Social Behavior*, *51*(1_suppl), pp.S28-S40. https://doi.org/10.1177/0022146510383498

Ma, J., Stahl, L. and Knotts, E., 2018. Emerging roles of health information professionals for library and information science curriculum development: a scoping review. *Journal of the Medical Library Association: JMLA*, *106*(4), p.432. https://doi.org/10.5195/jmla.2018.354

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, *365*(9464), 1099-1104.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Mehra, B., Bishop, B.W. and Partee, R.P., 2018. A case methodology of action research to promote rural economic development: Implications for LIS education. *Journal of Education for Library and Information Science*, *59*(1-2), pp.48-65. https://doi.org/10.3138/jelis.59.1-2.06

Miles, M.B. and Huberman, A.M. 1994. *Qualitative data analysis: An expanded sourcebook.* Thousand Oaks, CA: Sage

Morris, M., Cooper, R.L., Ramesh, A., Tabatabai, M., Arcury, T.A., Shinn, M., Im, W., Juarez, P. and Matthews-Juarez, P., 2019. Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. *BMC medical education*, *19*, pp.1-13. https://doi.org/10.1186/s12909-019-1727-3

Movement Advancement Project. n.d. "Equality Maps Snapshot: LGBTQ Equality by State", available at: https://www.lgbtmap.org/equality-maps (accessed June 28, 2023)

Pavenick, A. and Martinez, G., 2022. Hearing and being heard: LGBTQIA+ cross-disciplinary collection development. *Collection and Curation*, *41*(4), pp.109-115. https://doi.org/10.1108/cc-07-2021-0021

Pierson, C.M., 2017. Barriers to Access and Information for the LGBTQ Community/Obstacles à l'accès et à l'information pour la communauté LGBTQ. *Canadian Journal of Information and Library Science*, *41*(4), pp.245-262.

Robinson, T., 2016. Overcoming social exclusion in public library services to LGBTQ and gender variant youth. *Public Library Quarterly*, *35*(3), pp.161-174. https://doi.org/10.1080/01616846.2016.1210439

Rojas, R., Cochrane, E., Sasani, A., and Paulson, M. 2023. "Tennessee law limiting 'cabaret' shows raises uncertainty about drag events", *The New York Times*, available at:

Journal of Documentation

https://www.nytimes.com/2023/03/05/us/tennessee-law-drag-shows.html (accessed June 28, 2023)

Serano, J. 2016. Whipping girl: A transsexual woman on sexism and the scapegoating of femininity. London, UK: Hachette UK.

Spencer, D.C., Leuzinger, J. and Rowe, J., 2017. Providing Inclusive Services to Transgender Customers. *Texas Library Journal*, *93*(3), pp.82-83.

Stevens, G. A., Morris, M., Nguyen, T., and Vardell, E. (2019). Health sciences librarians in the field: Pioneers for LGBTQ+ health. In Mehra, B. (Ed.), *LGBTQ+ Librarianship in the 21st Century: Emerging Directions of Advocacy and Community Engagement in Diverse Information Environments* (Vol. 45, pp. 65-87). Bingley, UK: Emerald Publishing Limited.

St. Jean, B., Jindal, G., Jaeger, P.T., Liao, Y. and Barnett, B., 2020. Libraries and librarians as agents of health information justice: concluding thoughts. In St. Jean, B., Jindal, G., Liao, Y., Jaeger, P.T., Ranger, K.L. (Eds.) *Roles and Responsibilities of Libraries in Increasing Consumer Health Literacy and Reducing Health Disparities* (Vol. 47, pp. 285-296). Bingley, UK: Emerald Publishing Limited.

Unger, R.M., 1987. False necessity: Anti-necessitarian social theory in the service of radical democracy. Cambridge University Press.

US Census Bureau. 2021. "2020 Census: Racial and Ethnic Diversity Index by State", available at: https://www.census.gov/library/visualizations/2021/dec/racial-and-ethnic-diversity-index.html (accessed June 28, 2023)

Warner, M. 1993. *Fear of a Queer Planet: Queer Politics and Social Theory*. Minnesota, MN: University of Minnesota Press.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Wexelbaum, R. (2016). The Library as Safe Space. In Hines, S.S., and Crowe, K.M. (Eds.) *The Future of Library Space* (Vol. 36, pp. 37-78). Bingley, UK: Emerald Group Publishing Limited.

Winkelstein, J. A. (2019). The role of public libraries in the lives of LGBTQ+ youth experiencing homelessness. In Mehra, B. (Ed.), *LGBTQ+ Librarianship in the 21st Century: Emerging Directions of Advocacy and Community Engagement in Diverse Information Environments* (Vol. 45, pp. 197-221). Bingley, UK: Emerald Publishing Limited.

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Table 1. Participant Demographics

Comm. Leaders		Library Workers		Comm. Leaders		Library Workers	
Age				Race/Ethnicity			
Categories	n	Categories	n	Labels	n	Labels	n
Under 18	1	18-25	10	Aboriginal	1	Black	2
18-25	7	26-34	16	Anglo-European	1	White	45
26-34	9	35-54	20	Black	6	NR	13
35-54	13	55-64	2	Latin American	2		
55-64	6	65+	2	White	31		
65+	3	NR	10	Black; White	1		
NR	7			Chinese; White	1		
				NR	3		
NR signifies "non-response." Participants provided race/ethnicity labels.							

Journal of Documentation

Figure 1. Community leaders' gender identities and sexual orientations

175x100mm (144 x 144 DPI)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

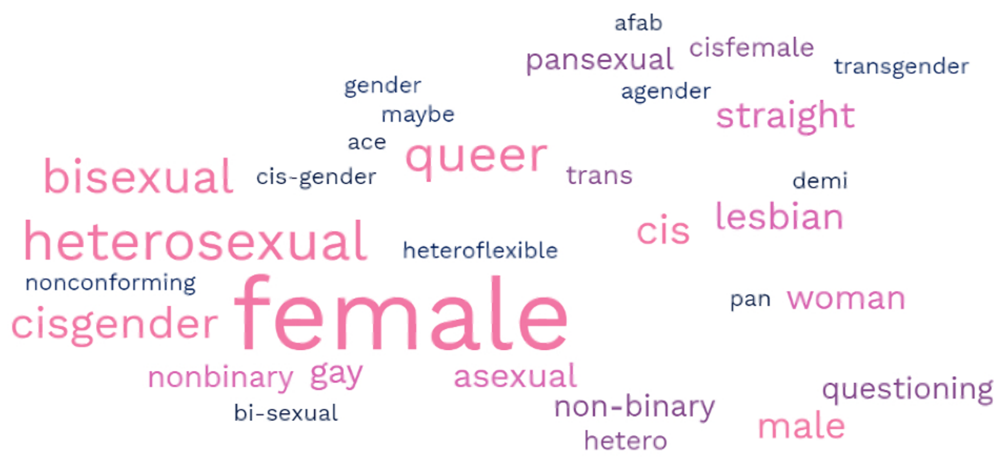


Figure 2. Library workers' gender identities and sexual orientations

167x78mm (144 x 144 DPI)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

"What Is a Wave But 1000 Drops Working Together?": The Role of Public Libraries in Addressing LGBTQIA+ Health Information Disparities

S yle Defini ion References: Space After: 0 pt, Line spacing: Double

Deleted: "

Deleted: "

Abstract

Purpose. This paper presents results from a participatory action research study with 46 LGBTQIA+ community leaders and 60 library workers who participated in four community forums at public libraries across the US. The forums identified barriers to LGBTQIA+ communities addressing their health questions and concerns and explored strategies for public libraries to tackle them.

Design/methodology/approach. Forums followed the World Café format to facilitate collaborative knowledge development and promote participant-led change. Data sources included collaborative notes taken by participants and observational researcher notes. Data analysis consisted of emic/etic qualitative coding.

Findings. Results revealed that barriers experienced by LGBTQIA+ communities are structurally and socially entrenched and require systematic changes. Public libraries must expand their strategies beyond collection development and one-off programming to meet these requirements. Suggested strategies include outreach and community engagement and mutual aid initiatives characterized by explicit advocacy for LGBTQIA+ communities and community organizing approaches.

Deleted: To meet these requirements, public

Originality. This research used a unique methodology within the LIS field to engage LGBTQIA+ community leaders and library workers in conversations about how public libraries can contribute to LGBTQIA+ health promotion. Prior research has often captured these perspectives separately. Uniting the groups facilitated understanding of each other's strengths and challenges, identifying strategies more relevant than asking either group alone.

Deleted: other's

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Research limitations/implications. Limitations include our sample's lack of racial diversity and the gap in the data collection period between forums due to COVID-19. Public libraries can readily adopt strategies overviewed in this paper for LGBTQIA+ health promotion.

Deleted: sample's

Keywords

LGBTQIA+ populations, health information, public libraries, community-based research, qualitative methods

Introduction

Public libraries serve as contested sites for lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual (LGBTQIA+)[1] individuals due to larger socio-political forces that limit their ability to provide affirming resources and services. Examples include political figures attempting to ban and criminalize drag storytimes (redacted; Rojas *et al.*, 2023; Wexelbaum, 2016), backlash by conservative organizations against libraries engaging in explicitly pro-LGBTQIA+ events (Jaeger *et al.*, 2022; Ellis, 2022), and book bans that pathologize LGBTQIA+-themed books and materials as obscene (Pavenick and Martinez, 2022). Unfortunately, these forces can lead to exclusionary practices that create barriers to community engagement within library walls. Such practices range from implicit technical biases, such as outdated metadata describing queer communities (Adler, 2015), to anti-queer sentiments deployed by information professionals (Austin, 2019). These practices produce feelings of alienation and hostility among LGBTQIA+ individuals when using library resources (redacted; Pierson, 2017; Robinson, 2106). Nevertheless, public libraries can play a crucial role in the lives

[1] LGBTQIA+ is an umbrella term representing the variety and multiplicity of ways people identify themselves. The plus sign encompasses diverse identities beyond these labels. Different groups may alter the order and letters, like LGBTQIA2S+, which includes intersex, asexual, and two-spirit identities. Note that this term may not fully encompass all cultural or intersectional identities, like autigender, which relates to gender-diverse autistic individuals.

1
2
3
4
5
6
7
8
9
10
11 of LGBTQIA+ communities by addressing critical informational and resource gaps, especially in
12
13 health and healthcare contexts (St. Jean *et al.*, 2020). This role can be vital for LGBTQIA+
14
15 communities, who often lack access to health-protective resources, including financial resources,
16 affirming healthcare, and social safety (Bränström *et al.*, 2016; Diamond and Alley, 2022; Khan
17
18 *et al.*, 2017; Link and Phelan, 2010). Social factors, or determinants, are at the root of these
19
20 barriers, which suggests that to address them is to engage in political action to affect the
21 distribution of rights, status, and goods across various social contexts (Marmot, 2005).
22
23 This paper translates public library research into actionable practice by reporting findings
24
25 from a participatory action research study with 46 LGBTQIA+ community leaders and 60 library
26 workers participating in four community forums at public libraries across the US (in SC, CO,
27
28 PA, and KS). Forums followed the World Café format to facilitate collaborative knowledge
29
30 development and promote participant-led change. They sought to answer two research questions:
31 1) What barriers do LGBTQIA+ communities face when addressing their health questions and
32
33 concerns? 2) What strategies can public libraries and other stakeholders adopt to address these
34 barriers? The study's findings provide actionable steps public libraries can take to promote
35
36 LGBTQIA+ health and address current barriers to community engagement.
37
38 **Literature Review**
39
40 *LGBTQIA+ Health and Health Information Inequities*
41 Due to the social impacts of cis/heteronormativity, LGBTQIA+ populations face increased
42
43 barriers to obtaining healthcare and health information. These norms presume that every person
44
45 is cisgender and heterosexual, and, as such, the world reflects and prioritizes their needs
46 (Serrano, 2016; Warner, 1993). These terms can be distinct. For instance, a doctor's office may
47
48 have intake forms that challenge heteronormativity by asking if the respondent has a partner
49
50
51
52
53
54
55
56
57
58
59
60

Deleted: study's

Deleted: doctor's

Deleted: ,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

rather than if they are married but reify cisnormativity by envisioning gender as binary. They can also interrelate, such as a healthcare professional assuming a person whose sex-assigned-at-birth is female is in a relationship with a man. In this paper, we address broader health issues experienced by LGBTQIA communities. Therefore, we combine cis and hetero when describing normativity while recognizing that in more specific, individual examples, these experiences can be unique. Within healthcare contexts, cis/heteronormativity ranges from chronic misgendering to presuming irrelevant healthcare interventions based on enforced heterosexuality (redacted). These biases result in understandable mistrust and avoidance of healthcare providers by LGBTQIA+ persons (Morris *et al.*, 2019). Social stigmas and oppressions informed by different lived experiences, including race, age, class, and ability, produce other barriers for LGBTQIA+ populations navigating health information contexts (redacted). The technologies associated with medical care often reproduce these normative ideologies, such as medical intake forms asking for one's gender but meaning sex-assigned-at-birth or offering binary gender options. These examples reveal broader concerns around LGBTQIA+-exclusionary sociotechnical system design (redacted).

In response to these exclusions, LGBTQIA+ communities engage in affirming, innovative, community-centered health information practices. These health information practices combat misperceptions about LGBTQIA+ populations as being information-poor or lacking in self-efficacy when seeking and utilizing health information resources (redacted). Examples of efficacious health information practices span seeking, sharing, use, and creation. For instance, LGBTQIA+ youth may gather their peers' questions and present them to their care provider when seeking health information, understanding that their peers may not have access to affirming providers (redacted). Individuals medically transitioning often utilize social media platforms and

Deleted: ,
Deleted: that
Deleted:
Deleted:
Deleted:
Deleted: one's
Deleted: information poor
Deleted: peers'

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

blogs to share relevant information related to transition care, such as methods for taking testosterone or preparation for wound care following top surgery (Hawkins and Gieseking, 2017).

Further, LGBTQIA+ youth use information from social media platforms such as TikTok that often goes through linguistic alterations to navigate content moderation, helping content to resist algorithmic suppression of marginalized identities (Karizat *et al.*, 2021). Finally, in response to cisnormative and trans-exclusionary healthcare experiences, transgender and gender nonbinary individuals and their communities often utilize information and communication technologies to create digitally mediated, community-owned resources, such as lists of trans-affirming doctors (redacted). These findings indicate that public libraries should prioritize fostering growth and providing spaces and resources for LGBTQIA+ communities to engage in health information work rather than intervening or assuming a lack of resources without talking with them. Fortunately, there are increasing library-based initiatives focused on LGBTQIA+-centered health information work.

Deleted: to

LGBTQIA+ Health Information Initiatives within Public Libraries

Libraries can institute health promotion interventions by engaging in community collaborations prioritizing lived experiences and embodied knowledge (Lenstra, 2020). As noted, LGBTQIA+ communities have rich experiences with community-organized health information work and make concerted efforts to prioritize information from the lived experiences of individuals within their community. Accordingly, successful public library initiatives focused on LGBTQIA+ health information require intentional design to expand assistance to needs far more diverse than information provision. Moreover, without community input, available materials can often drastically misrepresent the needs of LGBTQIA+ persons, health-related or otherwise (Betts-

Green, 2020). Given broader sociotechnical challenges latent within the design and structure of libraries, providing health information alone may reinforce broader descriptive and access challenges that create hostile rather than inviting information spaces (Andarsik *et al.*, 2016). These ongoing realities mean that public libraries must let LGBTQIA+ communities take the lead in identifying affirming and relevant health information interventions. Examples of suggested interventions from the literature include librarians holding cultural humility training for healthcare providers administered by LGBTQIA+ people (Ma *et al.*, 2018) and alleviating sub-issues experienced by intersectional populations, such as providing resources for unhoused LGBTQIA+ youth (Winkelstein, 2019). Existing LGBTQIA+ health-based initiatives within public libraries include the Trans Accessible Libraries Initiative, a collaboration between the University of North Texas and partnering public libraries. This initiative seeks to remove institutional barriers to inviting transgender communities into historically cisnormative spaces like public libraries (Spencer *et al.*, 2017).

Additional health information interventions exist outside of public library contexts centered on raising awareness of health information needs, facilitating community creation of health information resources, and enhancing access to resources. The Association for Utah Community Health (AUCH) broadly engages with "patient-directed organizations that eliminate geographical and financial barriers and serve populations with limited access to care" (What We Do, 2022). AUCH's work includes community health events focused on LGBTQIA+ health information needs, including their Q Health Initiative and LGBTQIA+ affirming health summits. Another example entails a collaboration between (redacted) Information Science and Public Health schools, which combined the experiential knowledge of LGBTQIA+ community health workers with the information-gathering and organizing skills of health sciences librarians to

Deleted: "

Deleted: "

Deleted: AUCH's

create community health information resources (redacted). Other institutional collaborations provide portal-based access to health information resources, helping alleviate paywalls and other financial barriers. Examples of these collaborations range from R1 institutions in historically queer-friendly spaces like the University of California, Los Angeles, to smaller state schools with historical ties to anti-queer legislation, such as Augusta University in Georgia (Stevens *et al.*, 2019).

These successful initiatives all identify and center the experiences and strengths of LGBTQIA+ communities rather than presume their needs. Our study adopted a participatory approach to further this work by facilitating collective conversation between LGBTQIA+ community leaders and library workers that exemplified engaged dialogue, strategy building, and organizing. Public libraries can apply the approach as a health information initiative, and results from its implementation reveal additional, actionable strategies for public libraries to support LGBTQIA+ health information work.

Methodology and Methods

A larger grant-funded project from September 2018 – March 2023 on which the lead author (queer/lesbian, white cisgender woman) was the PI informs this paper. She developed the research design and contributed to all the project's elements. The other three authors served as research assistants: the fourth (queer, white, genderqueer person) and second authors (white, cisgender male), co-facilitated forums and engaged in data analysis. The third author (white, cisgender woman) managed forum recruitment and contributed to data analysis.

Deleted: project's

World Café Methodology

The World Café (TWC) methodology informed the study design. TWC is a form of action research that develops collective knowledge among individuals and communities by facilitating

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

community conversations to foster participant-led collective change (Brown and Isaacs, 2005). The utilization of action research reflects the need for community-centered knowledge in resource building. It also espouses a tradition of participant-led research within public libraries (Mehra *et al.*, 2018) and has been used in various settings, including with LGBTQIA+ communities (Noonan *et al.*, 2017). We chose TWC as it counters deficit-based thinking that marginalized communities lack information by demonstrating how these communities function as experts within their information worlds (redacted). TWC is an appropriate methodology for understanding how to inform and improve library services, spaces, and collections for LGBTQIA+ communities. Particularly, TWC enables participants to generate actionable ideas and allows library workers to question deficit-based service frameworks when engaging with local LGBTQIA+ communities, thus fostering critical, social justice-centered praxis among library workers. For further discussion of TWC beyond the scope of this paper, including how it deviates from related methods like focus groups, its connections to action-oriented research, application, benefits, and tradeoffs, see (redacted).

Deleted: its application

Site Selection

The lead author selected four public library sites for forums. Sites were in each of the four US regions and were in states that serve diverse populations based on service sizes and demographic data informed by the IMLS Public Libraries Survey (2020) and US Census Bureau (2021). The first author sought library sites with a detailed record of serving LGBTQIA+ people and communities, as evidenced by their programming, outreach, and professional presence. She emailed state library administration to begin site recruitment, explaining her project and site selection criteria. The administration who returned her emails then recommended library sites, which the lead author assessed against her selection criteria before reaching out to the

administration at the recommended site to determine their availability and support to host the forum. She identified four library sites through this process located in SC (Southern region, city mid-size service area), CO (Western region, city mid-size service area), PA (Northeastern region, suburban large service area), and KS (Midwest region, city small service area). Although not a selection criterion, the states where these libraries were located varied in their levels of LGBTQIA+ equality, measured using a policy tally of laws and policies that impact LGBTQIA+ persons' experiences and well-being (Movement Advancement Project, n.d.).

Recruitment

We used a combination of purposive and snowball sampling to develop networked relations with community contacts and recruit community leaders and library workers. First, we developed a list of LGBTQIA+ community contacts. In an initial email to them, we described the purpose of the study. We asked to schedule a time to talk so that we could provide more detailed information about the research and request help with recruitment by identifying leaders. Community contacts provided us with additional points of contact, disseminated information through their personal, trusted channels, and volunteered to participate in forums as leaders. Before emailing individual libraries, we contacted the public library hosting the forum to help disseminate information about the study, including posting to local listservs and directly contacting personal networks. Many librarians who registered for the forum had experience working with LGBTQIA+ populations or identified as LGBTQIA+. Both community leaders and librarians completed a pre-screening survey to determine eligibility for the study. The pre-screening survey captured self-reported demographics and allowed participants to write in their gender identities and sexuality to capture better their self-described identities (Table 1, Figures 1-2). Upon confirming eligibility, we asked participants to forward information about the study to

Deleted: persons'

Deleted: to better capture

their contacts as a form of snowball sampling. Forty-six (n=8 CO, n=8 KS, n=14 PA, n=16 SC) community leaders and 60 (n=6 CO, n=24 KS, n=16, n=14 PA) library workers participated across the four community forums.

[Insert Table 1]

[Insert Figure 1]

[Insert Figure 2]

Data Collection

The first forum occurred in November 2019 in SC. We postponed the following three forums to January – March 2023 in response to the COVID-19 pandemic. Each forum lasted a half-day with food provided and occurred in public library meeting rooms. TWC adopts design principles establishing a "third place" (Oldenburg, 1989), where participants engage in small-table conversations to identify common interests and think about future steps. We decorated rooms per TWC guidelines – arranging round tables with four to five chairs each, covering the tables with butcher paper, and placing plants and cups with markers on each table. Participants received a folder containing printouts of TWC discussion questions and format, an informed consent form, a Brave Spaces (Arao and Clemens, 2013) handout, a feedback form, and the lead researcher's contact information. We selected a mixture of leaders and librarians to serve as table hosts, who volunteered beforehand, and we trained before the forum.

We opened the forum by introducing the critical situation – LGBTQIA+ communities experience barriers addressing their health questions and concerns, making introductions, and establishing forum etiquette. The forum then proceeded in three twenty-minute discussion rounds. Discussions responded to the following questions informed by TWC principles: 1) What question, if answered, could make a difference in the situation that brought us here today? 2)

Deleted: "

Deleted: "

Deleted: researcher's

Deleted: ;

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

What is the next level of thinking needed to answer the question your current table has posed? 3) If our success was guaranteed, what steps might we take next? (Brown and Isaacs, 2005). Participants collaboratively took notes on butcher paper covering the tables during the rounds, and table hosts took notes in notebooks we provided to them. Following each round, participants wrote down key ideas from their discussion on a Post-it that they would bring to their following table. In subsequent rounds, table hosts would welcome new participants and summarize their prior table conversation. Participants would then share their main ideas. These strategies facilitated TWC principles, ensuring everyone's participation and cross-pollination of ideas. Then, tables would discuss the next question, repeating the process for three conversational rounds.

Deleted: ;

Deleted: idea

Deleted: everyone's

Volunteers wrote questions generated during the first round on Flipboard paper. Following the last round, participants took their ideas written on Post-its and stuck them on Flipboard paper with the question corresponding to that idea, creating an idea cluster. They then took a "listening" tour: volunteers hung up the butcher paper, on which participants had jotted ideas, notes, and doodles, around the room alongside the Flipboard paper (Brown and Isaacs, 2005). Following the three rounds and listening tour, participants reconvened for a large-group discussion to summarize key findings and discuss the following action steps. Data sources were participant and table host notes taken on various mediums and observational notes taken by the researchers during large group discussions. We then transcribed all notes into text documents – one per forum.

Deleted: "

Deleted: "

Data Analysis

The first two paper authors created a list of provisional codes by hand, based on one transcript and focusing on two phenomena related to the research questions: 1) relationships and social

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

structures (RQ1), and 2) strategies (RQ2) (Bogdan and Biklen, 1992). The authors' observations and experiences from facilitating four forums informed the list. The authors then used etic and emic qualitative coding to refine the provisional codes, with etic codes reflecting general domains and emic codes informed by the transcripts (Miles and Huberman, 1994). They met to compare and discuss emergent codes and disagreements (Charmaz, 2014) and refined the codes and definitions to create a codebook. The third and fourth authors used this codebook to analyze all four transcripts. We all met to discuss and refine it further based on criteria such as data classification, coding category saturation, and coding regularities (Lincoln and Guba, 1985). The analysis resulted in three high-level categories aligned with the research questions: 1) barriers, 2) strategies, and 3) stakeholders. We organized 30 codes under these categories: five for barriers, 11 for stakeholders, and 14 for strategies.

Deleted: authors'

Findings

We organize our findings according to our three etic codes, which correspond to our research questions: barriers (RQ1) and strategies and stakeholders (RQ2). Under each category, we discuss the emic themes that emerged from participant and researcher notes. To illustrate key ideas, we use direct quotes from these data sources and maintain participant emphasis using capitalization, underlining, symbols, and punctuation (e.g., exclamation points). We identify the state from which the quote originated and are explicit when the quote is from researcher notes.

1
2
3
4
5
6
7
8
9
10
11 *Barriers to Addressing LGBTQIA+ Health Questions and Concerns*
12
13 ***Institutional.*** Institutional barriers constitute longstanding rules and norms governing a society.
14
15 Participants identified the following institutions as producing barriers to addressing LGBTQIA+
16 health questions and concerns: healthcare, capitalism, government, patriarchy, education,
17
18 bureaucracy, and public libraries. Participants questioned the accuracy of the name "healthcare,"
19
20 expressing that "healthcare doesn't care enough" (PA) and stating, "We don't have a healthcare
21 system, we have a disease management system/model. Incentive is to keep treating people, not to
22
23 heal people or prevent illness" (PA). As illustrated by the second quote, healthcare intersects
24 with other institutions like capitalism in ways that reduce positive health outcomes. Participants
25
26 also observed how governmental institutions and patriarchal ideologies contributed to this
27
28 reduction through healthcare practitioners "masquerading for *[sic]* conversion therapy" (SC) and
29
30 through a lack of inclusive training for healthcare practitioners because "med schools are
31 patriarchal" (KS).
32
33 Healthcare barriers intersect with education, with participants expressing that providers
34 lack an understanding of their needs. Participants exclaimed, "Doctors need to educate
35
36 themselves more on transgender care!" (SC). One expressed, "I'm tired of being their ginny *[sic]*
37
38 pig to start doing their research" (SC). This lack of education extends to other healthcare
39
40 workers, including "nurses being improperly trained (the ones inputting the data)" (SC) and
41 "office staff," whom participants "communicate with more than doctors" (SC). This lack of
42
43 education may be rooted in anti-LGBTQIA+ discrimination: "The healthcare professionals who
44 actively try to learn often are already accepting ... How do we reach those who don't want to
45
46 learn?" (PA). Participants also identified bureaucratic red tape related to insurance, such as
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Deleted: "
Deleted: "
Deleted: "
Deleted: doesn't
Deleted: "
Deleted: "
Deleted: don't
Deleted: "
Deleted: "
Deleted: "
Formatted: Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "I'm
Formatted: Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: don't
Deleted: "

"confusing billing/rules" (KS) and the law, including "the legal loops *[sic]* to jump through for name changes + gender affirming *[sic]* care" (PA) as another institutional barrier.

Participants also discussed the barriers that public libraries pose to LGBTQIA+ populations in general, not just related to their health outcomes. Like healthcare, public libraries intersect with other institutions in ways that prevent LGBTQIA+ people and other groups from entering library spaces. Participants exclaimed that for them to envision public libraries as spaces where they could address their health questions and concerns would require "radically changing how we think of what libraries are and shedding religious, police, etc *[sic]*, dogma!" (PA). Because libraries intersect with other discriminatory forces, participants questioned whether they could adopt neutrality as a guiding value: "Neutrality is no longer possible when morality is applied to facts and peoples *[sic]* existences" (KS). During the SC forum large group discussion, one library worker stated that in a reference role, they did not care who asked them for information and would give the same services to an LGBTQIA+ person that they would give to anyone else (see also redacted). Several leaders pushed back against this assertion, as noted by a project researcher: "When somebody says they 'don't care,' they do, but they are not being transparent."

1
2
3
4
5
6
7
8
9
10
11 *Social Oppression.* Institutional barriers against LGBTQIA+ persons produce various forms of
12
13 social oppression in which social groups exercise power over others using dominance and
14 submission. A dominant form of social oppression is anti-LGBTQIA+ "stigma and hate" (KS).
15
16 Such oppression functions through the politicization of LGBTQIA+ identities, with participants
17
18 stating, "My identity is not political. It is, but it shouldn't be" (CO). Powerful, anti-LGBTQIA+
19
20 legislatures crafting discriminatory legislation, such as a "bathroom bill" (SC) (i.e., legislation
21 that restricts access to public bathrooms based on sex-assigned-at-birth), exemplify such
22
23 politicization. This politicization extends to backlash, such as the "political risk involved with
24
25 supporting *[sic]* queer community in very rural, conservative areas" (KS). Participants observed
26 several forms of backlash against libraries when supporting LGBTQIA+ communities, including
27
28 "burning/stealing pride flags" (KS), entities that "threaten libraries *[sic]* funding for offering
29
30 services" (KS), library leadership that "fire *[sic]* folks for being LGBT" (SC researcher notes),
31 and "school libraries removing books about LGBTQ+ identities" (PA). Participants also
32
33 recounted instances of social oppression when meeting with healthcare providers, such as an
34
35 LGBTQIA+ person being told by a doctor when introducing her wife, "No, this is your friend"
36 (SC). Such oppression is also intersectional, as participants identified "racism, fat-phobia, etc."
37
38 (PA) in healthcare settings.
39
40 Products of social oppression include fear and mistrust. Participants explained that
41 "LGBT+ people already have trust issues (oppressed in other areas)" (SC), which can lead them
42
43 to ask, "Is it safe for us (LGBTQIA+) to get healthcare?" (PA). Mistrust can also be produced by
44
45 intersectional forms of oppression, as noted by a researcher during the SC forum closing
46 discussion: "Understand intersectional identity 'that medical mistrust might not be because they
47
48 are LGBT.'"
49
50
51
52
53
54
55
56
57
58
59
60

Deleted: "
Deleted: "
Deleted: "
Deleted: shouldn't
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Formatted: Font: Italic
Deleted: "
Deleted: "
Deleted: "
Formatted: Font: Italic
Deleted: "
Deleted: "
Deleted: "
Formatted: Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: '
Deleted: '"

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Resource-based. Institutional and social oppression barriers lead to critical resource gaps for LGBTQIA+ health promotion. These resources meet the "basic hierarchy of needs" (PA), including "food access!!!" (PA) and housing needs for various LGBTQIA+ subcommunities. "Housing for elder LGBTQ has longer waitlists," (PA) participants observed as one example. Participants discussed resource-based barriers to healthcare, identifying "health gaps across the state and the extra barrier of access with finding providers who can give quality healthcare for the LGBTQ+ population" (CO). Subpopulations experience heightened challenges, including those residing in "rural areas [where it is] hard to get to a doc[tor]" (CO) and trans populations, who lack access to "safe hormones" (KS). Healthcare costs are another barrier. "You shouldn't have to crowdfund necessary medical procedures," participants noted (SC).

Another resource-based health information barrier involved a lack of education about health issues. For example, participants asked: "Can any sex ed exist?" (CO), and those with sex education noted it is "outdated, toxic, and dangerous" (KS). Participants also observed that "information is a controversial thing - morality impacts info" (KS). Disinformation deliberately intended to deceive could pose a barrier for certain LGBTQIA+ groups, such as trans populations. "How do we amplify truthful, positive information for trans people?" participants asked (KS). Existing information resources, including online resources and peer-to-peer communication, also had limitations. For instance, LGBTQIA+ persons "can't google" the question "Who *[sic]* can I feel safe with?" (KS). Participants also identified peer networks as a needed resource as "some [LGBTQIA+ individuals] don't have peers" (KS).

Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: shouldn't
Deleted: "
Deleted: lacking
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "can't
Deleted: "
Deleted: "
Deleted: "
Formatted: Font: Italic
Deleted: "
Deleted: don't
Deleted: "

1
2
3
4
5
6
7
8
9
10
11 *Community-based.* Participants identified "pre-existing barriers in small communities" (KS),
12
13 noting their pervasiveness: "Same struggles reaching community members. Same questions.
14 Same lack of answers" (CO). Community gatekeeping attitudes, such as "You haven't paid your
15
16 dues, you're an outsider" (KS), may exacerbate disconnections. Communities may also engage in
17
18 intersectional oppression across social categories like age, including "marginalization of elder
19 queers by society in general and the younger queer generation" (PA) or "youth not being heard"
20
21 (KS). Further disconnections are present across different community organizations. Participants
22
23 asked, "How do we more effectively communicate between organizations?" (KS) and
24 emphasized the importance of "breaking down silos" between organizations (CO).
25
26 Participants identified additional community-based barriers when seeking help from
27
28 information professionals. Making such inquiries could mean disclosing identity-based
29 information regarding health-specific needs. This disclosure could compromise their safety.
30
31 Participants asked, "Who has the right or needs the information to someone's identity or
32
33 information?" (PA) and explained that "people we want to help may not tell you" (PA).
34 Additionally, LGBTQIA+ persons could engage in emotional labor if asked to educate library
35
36 workers and other stakeholders about their communities. Participants addressed this tension,
37
38 asking, "How do we balance access to information and being a resource without LGBTQ folks
39 having to speak or educate for their communities?" (PA).
40
41 *Strategies to Address These Barriers*
42
43 *Outreach and Engagement.* Participants described outreach and engagement as going "further
44 than the collection (physical) to connect with the community and provide resources/support"
45
46 (KS). They noted several activities that comprised successful outreach and engagement,
47
48 including defining the community by asking, "Who are the individuals affected? Who comprises
49
50
51
52
53
54
55
56
57
58
59
60

Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: haven't
Deleted: you're
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: someone's
Deleted: "
Deleted: "
Deleted: "
Deleted: additional
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "

1
2
3
4
5
6
7
8
9
10
11 'the' community?" (CO); identifying their needs, such as "Trans health care awareness" (KS); and
12
13 "reaching beyond library walls" (PA). Suggested activities to accomplish the latter were to
14 "listen to the voices of those affected – not just ALLIES" (SC), establish "library presence at
15
16 community events – Pride" (SC), "have libraries go to hospitals to find people" (KS), and "start"
17
18 by find[ing] the 'community organizers' or representatives" (CO). Before library workers
19
20 engaged in these efforts, however, participants noted an additional step of "identifying the
21 libraries *[sic]* place/role in solving/supporting community needs?" (KS). Another critical
22
23 outreach and engagement component is bringing LGBTQIA+ people and communities into
24 libraries: "True inclusivity – community members IN THE SPACE" (SC). Emic coding
25
26 identified several outreach and engagement strategies: creating a safe space, visibility
27
28 management, establishing partnerships and collaborations, programming, reference, and creating
29 LGBTQIA+ health information resources.
30
31 Creating a safe space means ensuring the library's physical and social infrastructure is
32
33 inclusive and affirming to LGBTQIA+ people. Participants identified challenges with creating
34 safe spaces, including answering the question: "How do we determine safety?" (PA). Participants
35
36 explained that "variations" of this definition existed "within the same groups of people" (PA).
37
38 Further, visible institutional moves by libraries to create LGBTQIA+ safe spaces might threaten
39 their workers' safety vis-a-vis negative backlash. Participants asked, "How do we control or
40
41 prepare - Do staff feel safe?" (KS).
42
43 Visibility management was another outreach strategy discussed by participants and
44 closely connected with creating a safe space. Visibility management involves regulating the
45
46 exposure of LGBTQIA+ identities and issues to address community needs while considering
47
48 social oppression and the resulting lack of social safety. In some cases, participants identified
49
50
51
52
53
54
55
56
57
58
59
60

Deleted: '
Deleted: '
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: '
Deleted: organizers'
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: library's
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: workers'
Deleted: "
Deleted: "

heightened visibility as beneficial for LGBTQIA+ outreach. Visual signals like a "universal safe space sign" (CO) and "displays" (KS) coupled with "accessible information" that engenders "visibility of marg. comm. *[sic]*" (KS) provide examples of heightened visibility contributing to safe spaces. Participants stated that safe spaces must engage in "the best marketing campaign EVER" (CO) to let LGBTQIA+ communities know they exist. In other cases, mitigating visibility best supports the needs of LGBTQIA+ communities. Participants observed that heightened visibility of LGBTQIA+ identities could serve to Other this group: "Stop singling us out *[sic]* weave our stories into everyone else's" (PA). Participants addressed tradeoffs between heightened and mitigated visibility, cautioning to "expect assimilation" when "normaliz[ing] seeing LGBTQ+ stories + people" (PA).

Institutions can balance such visibility tradeoffs by giving LGBTQIA+ people options; such options address safety concerns stemming from social oppression barriers. Participants called this strategy "normalizing information autonomy" (PA). For example, participants advised: "Don't ask for gender identity when it is not relevant (on a library card application, for example)" (PA). Ways to promote information autonomy include promoting existing services, including "anonymous searches/resources" (KS) and policies such as "parents of kids 12+ can't be told what kid is checking out/looking for" (KS).

The following strategy was establishing collaborations. "'We all know something' → need to collaborate," participants observed (CO). Examples include "looking to other libraries for ideas" (KS) and identifying "state and regional library support" (KS). At the large group discussion concluding the CO forum, participating library workers detailed plans to develop "state-level librarianship presentations" based on forum findings and collectively "adopting *[sic]* a response" to barriers experienced by LGBTQIA+ communities (researcher notes). Participants

Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Forma ed Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: else's"
Forma ed Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "Don't
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: can't
Deleted: "
Deleted: '"
Deleted: '
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Forma ed Font: Italic
Deleted: "

noted that collaborations should not just end at other libraries. Other collaborators included "public libraries working with schools" (KS) and healthcare professionals, such as "big city LGBTQ hospital clinics" (CO). Healthcare professionals could even train library workers: "Put health service professionals @ branches/train library staff" (SC).

Establishing collaborations also entails networking, where libraries initiate and develop stakeholder connections to support LGBTQIA+ communities. Networking ideas responded to community-based barriers related to inter-organizational communication and silo-ing as participants envisioned a "community (searchable) database" (CO) and "directory for [the] queer community" (KS). Participants imagined an opportunity for "bridging [the] gap between generations to create connection" (PA). They envisioned libraries as central to the networking process: "Utilizing whole community → connect different organizations → library as central location → collective unity! Working together to make a louder noise" (PA). Networking could also help public libraries by "'bring[ing] together other organizations' to aid libraries" (KS), including "allies in [the] medical profession" (KS) and "activists/allies/non-profits" (KS).

Another strategy was programming. During the CO forum large group discussion, participants identified strengths with TWC format structuring the community forums, noting that there was a "richness" in "coming together" to talk "about complicated things" (researcher notes). Participants referred to programs like the forum as "'human library' opportunities ... for people to connect and learn about different experiences" (PA). Participants suggested holding other forums with different stakeholders, including "healthcare providers and legislators" and "library management" (KS). Participants had ideas for programming explicitly geared toward LGBTQIA+ communities, including "library workshops [on] how to find care, how to self-

advocate, empowering patients like ‘know your rights’ workshops” (PA) and a “LGBTQ+ health fair” (SC).

Additionally, participants identified several opportunities for training, which focused on establishing cultural humility among stakeholders working with LGBTQIA+ communities. Such training does not stop at public libraries. It extends to other stakeholders, namely healthcare: “Diversity/inclusivity led training ALL the way down not just libraries/Drs but staff as well” (SC).

Reference represents the process of identifying “culturally relevant resources” and “connect[ing] resources to communit[ies]” (CO). Participants, for example, envisioned public libraries as a “resource navigator for LGBTQ+ support and inclusive…providers” (KS). To serve as this resource, participants suggested: “going to the LGBTQIA+ leaders for info to then pass along to patrons” (KS). Other library reference roles included “disseminating info about important laws/legislature” (KS), sharing “food distribution/homelessness resources” (PA), and serving as “a resource for changing legal” (SC). Participants envisioned another stakeholder, non-profits, adopting reference roles by establishing “a centralized council of non-profits that can disseminate info” (KS).

The final strategy was creating LGBTQIA+ health information resources, such as a “master LGBTQ+ resource list with community feedback to provide safe spaces with trusted institutions” (CO). Public libraries could facilitate this feedback by “develop[ing] a credibility scale” for resources “certified by trusted LGBTQ organizations” (SC). Other suggestions for health information resources included “little free queer libraries” that offer “self-standing, health information” (PA), “queer-friendly sex ed that actually answered the questions queer kids have” (KS), and “scripts for talking to insurance providers” (KS). Participants suggested additional

resources that, while not healthcare-specific, address institutional barriers that negatively impact LGBTQIA+ persons' quality of life. These ideas included a "one on one *[sic]* resource about legislation" (KS), "Yelp-type reviews for experience, business" (KS), and "an archive of pride" (PA).

Mutual Aid. Mutual aid consists of people and institutions taking responsibility for changing political conditions suppressing LGBTQIA+ communities. It is particularly relevant for LGBTQIA+ communities considering the barriers faced, and participants saw intersections between mutual aid for LGBTQIA+ persons and public library strategies. To address these barriers requires "systematic *[sic]* change," so if libraries genuinely wish to serve LGBTQIA+ communities, they need to "do more," including engaging in "mutual aid" (PA). Emic coding identified several mutual aid strategies: advocacy, providing quality-of-life resources, engaging in structural transformation, and community organizing.

Advocacy signifies working on behalf of LGBTQIA+ persons to support, promote, and defend ideas and issues of importance to them. Participants viewed "libraries as spaces to advocate" (SC) and suggested that advocacy entails "active, not passive acceptance and promotion," in which libraries must be "boldly public about values" (PA). Advocacy challenges library-specific barriers to LGBTQIA+ health information dissemination and health promotion, namely neutrality. Participants argued that library workers "cant *[sic]* be quiet on social issues even when you want to appear open/neutral" (KS). Instead, workers must actively engage in "fighting stigma and hate" (KS) by "promoting their values" and "call[ing] out those not expressing the views they claim to have" (PA). These activities need to be sustained and consistent. "Don't be performative," participants cautioned. Advocacy can also intersect with community engagement strategies, including a potential event or program "empowering patients

Deleted: healthcare specific
Deleted: persons'
Deleted: "
Forma ed Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Forma ed Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Forma ed Font: Italic
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "
Deleted: "Don't
Deleted: "
Deleted: "

to 'know your rights' and learn to self-advocate" (PA), and reference, such as librarians or other stakeholders "approach[ing] Drs" and asking them "are you trained in LGBTQ issues" (SC).

Providing quality-of-life resources differs from reference services and events, programs, and training, which focus on providing information. Examples of quality-of-life resources include "food access, clean water, and c. *[sic]* environmental" (CO), "universal healthcare" (KS), and "access to gender affirming *[sic]* clothing safe binders and hormones" (KS). Participants did not specify that libraries must provide these resources exclusively. It stands to reason, based on participant framing of public libraries as a "resource hub" (KS) and "community of care education space" (PA), that libraries could focus on identifying and connecting LGBTQIA+ communities to these resources, as well as advocating for those currently unavailable (e.g., universal healthcare).

This latter action of advocating for resources currently unavailable relates to the following mutual aid strategy, engaging in structural transformation. This strategy understands that to address LGBTQIA+ health information challenges, one needs to enact more extensive structural changes. During the large group discussion at the CO forum, a researcher observed that participants thought "breaking the system is a solution," that they "have to redo everything," and "burn it down." Participants recognized the enormity of this solution but contended that "problem-solving requires imagination." Their ideation from the forum shifted from initially identifying what, structurally, would need to change ("when we started, it was big picture"), then as the forum progressed, began "focusing on smaller goals." Examples of imaginative structural changes proposed by participants were creating a "board of people at every library - DEI dept" (KS), "fixing the laws that maintain a state of unsafety" (PA), and implementing "legislative incentive for healthcare professionals to see LGBT+ care as required by law" (PA).

Participants also offered some "baby steps" (CO) that LGBTQIA+ communities, libraries, and other stakeholders could take to begin effecting structural change. One step entailed actively changing local leadership: "Queer organizations allies should seek the idea of members joining library boards" (KS). During the large group discussion ending the KS forum, researcher notes indicated a "call for more people to join [an already existing] queer policy network." Other ideas included "pre-emptively *[sic]* addressing threats to rights" by "getting in touch with state legislators" (PA). Libraries could support this effort through reference services and resource creation, such as "phone trees to call legislatures in your district" (KS). Another example of both a baby step promoting structural change and a library reference initiative was: "Vote!!! Registration in library --> make it easier" (SC).

Due to the sheer scale of interventions needed to address LGBTQIA+ health information barriers, it is impossible to identify a singular solution or stakeholder responsible for engaging in them. This impossibility is where the final mutual aid strategy comes into play: community organizing. Community organizing entails mobilizing key stakeholders, including LGBTQIA+ communities, to enact social change. Put another way, "It can't be some of us it has to be all of us" (PA). The researcher notes during the CO large group discussion stated, "the fact that we're asking the same questions is good," as that exhibits "shared understanding of 'the root of the problem.'" An example of community organizing specific to public libraries suggested by participants was uniting "queer parents," "angry librarians," and "rich people" to work together to enact change for LGBTQIA+ communities (KS).

Shared understanding illustrates the concept of "collective liberation" (CO, PA). Such liberation concentrates on intersectional struggles and uniting those who might otherwise be divided by social and structural barriers. Collective liberation is present in participant questions,

1
2
3
4
5
6
7
8
9
10
11 such as: "How can we help in the connection of queer liberation struggles to that of collective
12
13 liberation and resistance? Queer liberation as disability justice. Queer liberation as fighting white
14 supremacist violence. Queer liberation as resisting imperialism" (PA).
15
16

Discussion

17 Findings raise significant considerations for establishing partnerships between public libraries
18
19 and LGBTQIA+ communities for health promotion. Regarding barriers faced, findings reinforce
20
21 prior research establishing ties between libraries and broader anti-LGBTQIA+ social ideologies,
22
23 even within libraries that support LGBTQIA+ communities (Wexelbaum, 2016; redacted). As
24
25 participants highlighted, institutional forces, such as government and legislature, politicize
26 LGBTQIA+ identities, and such politicization manifests in backlash to LGBTQIA+ library
27
28 initiatives (Jaeger *et al.*, 2022; Ellis, 2022). Participants offered many insights and ideas about
29
30 what public libraries can do to address barriers experienced by LGBTQIA+ communities when
31
32 addressing health questions and concerns. But what would it mean for libraries to put these
33 findings into practice?
34
35 First, libraries need to identify their specific roles in supporting LGBTQIA+
36 communities. Participants expressed that these roles were currently unclear when asking
37
38 questions like "What is the role of libraries in helping LGBTQIA+ folks navigate resources? Are
39 libraries the answer?" (PA). Future TWC forums could elicit these answers, or as participants
40
41 stated, "a forum would help open that up," as the forum structure caused them to "discuss a lot of
42
43 things we didn't think of" (PA). Further, forums do not need to be exclusively between library
44
45 workers and LGBTQIA+ communities. Libraries can even bridge various LGBTQIA+ sub-
46 communities that may experience gaps in communication, such as in PA, where LGBTQIA+
47
48 elders and young people expressed the desire for libraries to hold forums for "the [LGBTQIA+]
49
50
51
52
53
54
55
56
57
58
59
60

Deleted: "
Deleted: "
Moved (insertion) [1]
Moved (insertion) [2]
Formatted: Indent: First line: 0.5
Deleted: “
Deleted: ”
Deleted: “
Deleted: ”
Deleted: “
Deleted: didn’t
Deleted: ”
Deleted: “

elders sharing with the younger [generations]." Library workers can also host forums between themselves and other stakeholders working with LGBTQIA+ communities, like affirming healthcare providers to exchange ideas. In our other research, we have seen a potential application of strengths-based interviewing strategies used by public health workers to reference interviews as one example (redacted).

The forum structure is budget friendly – at a minimum, requiring arts and crafts supplies the library likely has. Recruiting strategies for the forum can follow the purposive and snowball methods of this study; a bonus is that by developing community contact lists for recruiting, library workers have created an LGBTQIA+ information resource that they can circulate during the forum. If possible, forums should be recurring to capture changing sociopolitical shifts and deepen recruitment of LGBTQIA+ communities.

Next, if libraries wish to work with LGBTQIA+ communities, they must consider sustained activity "beyond collection development" (KS) and not just offer one-off programming or activities that LGBTQIA+ communities might construe as performative lip service. Exclusively focusing on collections assumes that LGBTQIA+ communities already use library spaces, when many community leader participants reported surprise at the resources and support libraries offered. "People don't understand what the library is," observed an SC table host. Libraries need to go to the communities proactively to get them to come to the space. This observation has an advocacy component since outreach-oriented suggestions made by leaders included activities like attending Pride events or even community organizing ones like developing a list of community leaders to invite into the library space with whom to network. These activities signal to LGBTQIA+ communities that libraries are committed to supporting

Deleted: "

Deleted: These roles should be defined by these communities and balanced against what the library can reasonably accomplish in the face of administrative opposition and political backlash, among other barriers. Hosting TWC forums is one way to elicit this feedback. The forum structure is budget friendly – at a minimum requiring arts and crafts supplies the library likely has. Recruiting strategies for the forum can follow the purposive and snowball methods of this study; a bonus is that by developing community contact lists for recruiting, library workers have created an LGBTQIA+ information resource that they can circulate during the forum. If possible, forums should be recurring to capture changing sociopolitical shifts and deepen recruitment of LGBTQIA+ communities

Deleted: Therefore,

Deleted: "

Deleted: "

Deleted: “

Deleted: don't

Deleted: ”

1
2
3
4
5
6
7
8
9
10
11 them: "Libraries need to connect w/ LGBTQ+ individuals to make inclusion + access real + not
12
13 just abstract" (SC).
14
15 While it is all well and good to invite LGBTQIA+ communities into the library space,
16
17 they will not stay if they find the spaces to be unsafe. "Feeling safe is the cornerstone of
18 meaningful relationships and trust building," participants noted (KS). Creating a safe space
19
20 relates to all library practices, not just having gender-neutral bathrooms (although we would be
21 remiss not to mention that several libraries that we visited did not have them and, in some cases,
22
23 had policies where participants needed to see the main desk to access a code to unlock the
24 bathroom). Participants identified many elements fundamental to safe spaces, spanning library
25
26 policies, practices, material arrangements, etc. Of course, some initiatives meant to create safe
27
28 spaces, unfortunately, in the current sociopolitical climate, can lead to backlash and unwanted
29 visibility, including harassment of library workers and burning of Pride flags. It might be helpful
30
31 for libraries to consider providing information that helps LGBTQIA+ people navigate more
32
33 hostile elements of library space. An example would be discussing some of the absences and
34 limitations of health-related research on LGBTQIA+ persons during a reference interaction.
35
36 Visibility management should be a chief concern when engaging in these efforts. One
37
38 idea would be for public libraries to offer services and programming that is LGBTQIA+
39 affirming but hidden in plain sight. Such visibility management would be helpful in socially
40
41 conservative areas that many forum participants inhabit. Examples would be more generalized
42
43 programming (e.g., how to register to vote and navigate health insurance barriers) that
44 intentionally focuses on getting the word out to LGBTQIA+ communities. An additional
45
46 example, with a far more complicated relationship to ethics of visibility occurred during the
47
48 initial collection of data by the first and fourth authors, which involved providing LGBTQIA+
49
50
51
52
53
54
55
56
57
58
59
60

Deleted: “
Deleted: ”
Deleted: “
Deleted: ”
Moved (insertion) [3]
Deleted: Third
Deleted: , v
Deleted: PI and Author X

1
2
3
4
5
6
7
8
9
10
11 related health information within the bathrooms of a library. While this maneuver proved
12
13 complicated and might be viewed as problematic by some, it offered a way of making visible
14
15 information, without formally placing such information within the library stacks. This suggestion
16 does not discount the importance of being visibly affirming of LGBTQIA+ communities but
17
18 instead recognizes that visibility is nuanced and contextual, so a variety of strategies are needed.
19
20 Interestingly, the library functions as a safe space in some cases *because* it facilitates visibility
21 management. Participants noted that when they said things like "I'm going to the library," it
22
23 could provide cover for addressing problems and concerns related to their LGBTQIA+ identities
24 since "[the library] is not questioned or automatically associated with LGBTQ+" (SC).
25
26 When planning programs or events and developing resources and services, libraries must
27
28 think about what they already do and how they can leverage these skills with the skills and
29 knowledge of LGBTQIA+ communities. For example, one idea that kept popping up in forums
30
31 was creating a list of LGBTQIA+-affirming health resources. This list would rely on library
32
33 workers using their research skills to identify available resources and mobilizing community
34 knowledge to develop a system to vet them. Here, context is essential. For instance, in SC,
35
36 conversion therapy is legal and "so common in surrounding areas." LGBTQIA+ communities,
37 therefore, may run into situations where they could identify a therapist who says on their website
38
39 that they specialize in LGBTQIA+ issues, but the therapist is "masquerading for conversion
40
41 therapy" (SC). This example allows libraries to leverage LGBTQIA+ leverage community
42 knowledge to vet which resources are safe and for whom since LGBTQIA+ people are not
43
44 monoliths.
45
46 Related, a critical function of public libraries is to serve as community anchors or, as
47 participants labeled them, "a hub for resources without having to do it all" (KS). In other words,
48
49
50
51
52
53
54
55
56
57
58
59
60

Deleted:

Deleted: "I'm

Deleted: "

Deleted: "

Deleted: "

Deleted:

Deleted: "

Deleted: "

Deleted: "

Deleted: "

Deleted: "

Deleted: "

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

libraries do not always have to own, be, or house the resources but rather be able to point to where people should go to get them. Libraries can act on this role in several ways, such as developing contact lists of various LGBTQIA+ organizations to facilitate community networking. Collaborations with stakeholders outside of the library also raise the point that library workers should consider what they can reasonably do to support LGBTQIA+ communities versus how they can connect these communities with resources and services that the library cannot provide (e.g., mutual aid organizations, electronic access to other library resources that offer materials that may have been removed from the home library's shelves). Further, public libraries can approach LGBTQIA+ organizations already engaged in health information work to counteract overburdening LGBTQIA+ people and communities. An example would be having LGBTQIA+ community health workers or health sciences librarians develop and deliver cultural humility training to healthcare providers.

Finally, to support LGBTQIA+ communities, public libraries should divest from neutrality as a guiding value. Discussions about neutrality in public librarianship are ongoing and complicated. However, a growing body of conceptual and empirical work both within and outside the field contests neutrality as a construct. Key points include that neutrality is not an officially recognized or codified library value, neutrality as a construct is abstract and often applied in contradictory ways, and neutrality often bolsters an underlying status quo rife with political actors and arrangements (Chabot & Helkenberg, 2022; Gibson et al., 2017; Gibson et al., 2020; redacted; Unger, 1987). Participants echoed these arguments, contending that "information is not neutral" and "we can't afford to be neutral on a moving train" (PA). In some cases, participants also illustrated how neutrality has contradictory applications as some viewed libraries as "a neutral space," in which they implied that neutrality signified being non-

Deleted: and disseminating them to communities or even holding more forums like the ones we did, but bringing together other types of stakeholders like healthcare providers, non-profits, activists, and allies This idea you can see was noted on a Post-It pictured on this slide

Moved up [1]: Participants offered many insights and ideas public libraries can do to address barriers experienced by LGBTQIA+ communities when addressing health questions and concerns But what would it mean for libraries to put these findings into practice? ¶

¶

First, libraries need to identify their specific roles in supporting LGBTQIA+ communities These roles should be defined by these communities and balanced against what the library can reasonably accomplish in the face of administrative opposition and political backlash, among other barriers Hosting TWC forums is one way to elicit this feedback The forum structure is budget friendly – at a minimum requiring arts and crafts supplies the library likely has Recruiting strategies for the forum can follow the purposive and snowball methods of this study; a bonus is that by developing community contact lists for recruiting, library workers have created an LGBTQIA+ information resource that they can circulate during the forum If possible, forums should be recurring to capture changing sociopolitical shifts and deepen recruitment of LGBTQIA+ communities ¶

→Second, public libraries should consider expanding their collections, programming, and services to support LGBTQIA+ health information practices beyond seeking For instance, libraries can facilitate LGBTQIA+ communities' personal information management in dealing with insurance and healthcare-related loopholes and red tape and their creation of health information resources Further, public libraries can extend their functions as community

Moved up [2]: First, libraries need to identify their specific supporting LGBTQIA+ communities These roles should be

Moved up [3]: Third, visibility management should be a chief concern when engaging in these efforts One idea

Deleted: ¶

Deleted: ¶ ... [1]

Deleted: value

Deleted: However

Deleted: , however

Deleted: there is

Deleted: of the field that

Deleted: contest

Deleted: ,

Deleted: that

Deleted: T

Deleted: were echoed by participants, who noted

Deleted:

Deleted: was implied to be

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

judgmental (SC). Therefore, a vital issue with neutrality among participants is that it means different things to different people and can potentially be used by those in power to uphold the status quo. Other recognized professional values, such as diversity, provide a less conceptually slippery means through which public libraries can signal their support for LGBTQIA+ communities.

A divestment from neutrality must be communicated and justified to the larger community, including administrators, politicians, and other decision-makers. Of course, this suggestion is easier said than done, particularly in hostile sociopolitical climates. Public libraries require supportive collaborators to enact such a divestment. Examples include library workers across different branches, systems, and states working together to share experiences and approaches that are effective for supporting LGBTQIA+ communities and their health information work and public libraries collaborating with invested stakeholders such as activists and non-profits, who can engage in community organizing and advocacy on the library's behalf.

Notable limitations of our work related to our sample's lack of racial diversity. We attribute this limitation to our recruitment strategy across states where we lacked pre-existing networks. This strategy rendered us outsiders to LGBTQIA+ communities, making it challenging to establish trust. Our own identities as white academics likely contributed to this mistrust. Further, our identities may have also attracted others with matching or similar identities to participate, thus introducing an involuntary recruitment bias. Also, the current sociopolitical landscape may have shaped recruitment. For instance, a few weeks before the CO community forum, a mass shooting occurred in an LGBTQIA+ nightclub in a neighboring town. This event may have deterred participation in the forum due to safety concerns. COVID-19 is another factor that may have limited the recruitment of disabled participants, as we could not require masks due

Deleted: key

Deleted: as means

Deleted: , therefore

Deleted:

Deleted: This

Formatted: Indent: First line: 0.5

Deleted: library's

Deleted: Collaborations with stakeholders outside of the library also raise the point that library workers should consider what they can reasonably do to support LGBTQIA+ communities versus how they can connect these communities with resources and services that the library cannot provide (e g , mutual aid organizations, electronic access to other library resources that offer materials that may have been removed from the home library's shelves) Further, public libraries can approach LGBTQIA+ organizations already engaged in health information work to counteract overburdening LGBTQIA+ people and communities An example would be having LGBTQIA+ community health workers or health sciences librarians develop and deliver cultural humility training to healthcare providers ...

Deleted: sample's

to having to follow the policy of the host library sites. Related, the differences between the periods of the SC (2019) and CO, KS, and PA forums (2023) because of COVID-19 may lead to less comparability between them, given the changing sociopolitical contexts of both periods.

Conclusion

Our study offers promising insights into community and institutional perspectives and experiences library workers and LGBTQIA+ community leaders hold. Community forums served in this study as a viable way to engage LGBTQIA+ communities and library workers in essential conversations about the institutional and social barriers that limit the communities' ability to address their health questions and concerns. Findings underscore the need for public libraries to take proactive steps towards better addressing the health needs of LGBTQIA+ communities through outreach, mutual aid efforts, and community engagement.

As suggested by forum participants, future directions include conducting additional community forums involving more diverse stakeholders, including politicians, healthcare providers, and library administration. Further, additional community forums may omit the presence of researchers completely, allowing communities to network and organize more locally.

Acknowledgments

Removed for peer review.

References

Some references removed for peer review

Adler, M.A., 2015. "Let's Not Homosexualize the Library Stacks": Liberating Gays in the Library Catalog. *Journal of the History of Sexuality*, *24*(3), pp.478-507. https://doi.org/10.7560/jhs24306

Association for Utah Community Health (2022, March 7). "What We Do." available at: from https://www.auch.org/about-auch (accessed June 28, 2023)

Arao, B. and Clemens, K., 2013. From Safe Spaces to Brave Spaces. In Landreman, L.M. (Ed.), *The Art of Effective Facilitation: Reflections from Social Justice Educators*, Stylus, Sterling, VA, pp. 135-150.

Austin, J., 2019. Lines of sight and knowledge: Possibilities and actualities of transgender and gender non-conforming youth in the library. In Mehra, B. (Ed.), *LGBTQ+ Librarianship in the 21st Century: Emerging Directions of Advocacy and Community Engagement in Diverse Information Environments* (Vol. 45, pp. 167-196). Bingley, UK: Emerald Publishing Limited.

Betts-Green, D., 2020. "We Could Do Better": Librarian Engagement in LGBTQ Collection Development in Small and Rural Public Libraries in the Southern US. *Public Library Quarterly*, *39*(6), pp.510-536. https://doi.org/10.1080/01616846.2020.1737493

Bogdan, R. C., and Biklen, S. K. 1992. Qualitative Research for Education: An Introduction to Theory and Methods. Boston, MA: Allyn and Bacon.

Bränström, R., Hatzenbuehler, M.L., Pachankis, J.E. and Link, B.G., 2016. Sexual orientation disparities in preventable disease: a fundamental cause perspective. *American Journal of Public Health*, *106*(6), pp.1109-1115. https://doi.org/10.2105/ajph.2016.303051

Brown, J., and Isaacs, D. 2005. *The World Café: Shaping our futures through conversations that matter.* San Francisco, CA: Berrett-Koehler Publishers.

Chabot, R., & Helkenberg, D. 2022. The discourse of drag queen story time challengers and supporters: A case study from the Okanagan Regional Library. In *Proceedings of the Annual Conference of CAIS/Actes du congrès annuel de l'ACSI.*

Charmaz, K. 2014. *Constructing Grounded Theory*. Thousand Oaks, CA: Sage.

Deleted: "
Deleted: "
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Diamond, L.M. and Alley, J., 2022. Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse population. *Neuroscience & Biobehavioral Reviews*, p.104720. https://doi.org/10.1016/j neubiorev.2022.104720

Ellis, J.R., 2022. A fairy tale gone wrong: Social media, recursive hate and the politicisation of Drag Queen Storytime. *The Journal of Criminal Law*, *86*(2), pp.94-108. https://doi.org/10.1177/00220183221086455

Gibson, A.N., Chancellor, R.L., Cooke, N.A., Dahlen, S.P., Lee, S.A. and Shorish, Y.L., 2017. Libraries on the frontlines: Neutrality and social justice. *Equality, Diversity and Inclusion: An International Journal*, *36*(8), pp.751-766.

Gibson, A.N., Chancellor, R.L., Cooke, N.A., Dahlen, S.P., Patin, B. and Shorish, Y.L., 2020. Struggling to breathe: COVID-19, protest and the LIS response. *Equality, Diversity and Inclusion: An International Journal*, *40*(1), pp.74-82.

Hawkins, B., Costello, K., Veinot, T., Gibson, A. and Greyson, D., 2017. Health information behavior research with marginalized populations. *Proceedings of the Association for Information Science and Technology*, *54*(1), pp.562-565. https://doi.org/10.1002/pra2.2017.14505401073

Hawkins, B. and Gieseking, J.J., 2017. Seeking ways to our transgender bodies, by ourselves: Rationalizing transgender-specific health information behaviors. *Proceedings of the Association for Information Science and Technology*, *54*(1), pp.702-704. https://doi.org/10.1002/pra2.2017.14505401122

Institute of Library and Museum Services (2020). *Public libraries survey*, Washington, DC, available at: https://www.imls.gov/research-evaluation/data-collection/public-libraries-survey

Formatted: Font: 12 pt

Deleted: R

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Jaeger, P.T., Kettnich, K., Oltmann, S.M., Taylor, N.G., Garner, J. and Sly, J.S., 2022. Exuberantly Exhuming McCarthy: Confronting the Widespread Attacks on Intellectual Freedom in the United States. *The Library Quarterly*, *92*(4), pp.321-328. https://doi.org/10.1086/721397

Karizat, N., Delmonaco, D., Eslami, M. and Andalibi, N., 2021. Algorithmic folk theories and identity: How TikTok users co-produce Knowledge of identity and engage in algorithmic resistance. *Proceedings of the ACM on human-computer interaction*, *5*(CSCW2), pp.1-44. https://doi.org/10.1145/3476046

Khan, M., Ilcisin, M. and Saxton, K., 2017. Multifactorial discrimination as a fundamental cause of mental health inequities. *International Journal for Equity in Health*, *16*, pp.1-12. https://doi.org/10.1186/s12939-017-0532-z

Lenstra, N. 2020. Healthy Living at the Library: Programs for All Ages. Santa Barbara, CA: ABC-CLIO.

Lincoln, Y. S., and Guba, E. G. 1985. *Naturalistic Inquiry*. Thousand Oaks, CA: Sage.

Phelan, J.C., Link, B.G. and Tehranifar, P., 2010. Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. *Journal of Health and Social Behavior*, *51*(1_suppl), pp.S28-S40. https://doi.org/10.1177/0022146510383498

Ma, J., Stahl, L. and Knotts, E., 2018. Emerging roles of health information professionals for library and information science curriculum development: a scoping review. *Journal of the Medical Library Association: JMLA*, *106*(4), p.432. https://doi.org/10.5195/jmla.2018.354

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet, 365*(9464), 1099-1104.

Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt

Mehra, B., Bishop, B.W. and Partee, R.P., 2018. A case methodology of action research to promote rural economic development: Implications for LIS education. *Journal of Education for Library and Information Science*, *59*(1-2), pp.48-65. https://doi.org/10.3138/jelis.59.1-2.06

Miles, M.B. and Huberman, A.M. 1994. *Qualitative data analysis: An expanded sourcebook.* Thousand Oaks, CA: Sage

Morris, M., Cooper, R.L., Ramesh, A., Tabatabai, M., Arcury, T.A., Shinn, M., Im, W., Juarez, P. and Matthews-Juarez, P., 2019. Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. *BMC medical education*, *19*, pp.1-13. https://doi.org/10.1186/s12909-019-1727-3

Movement Advancement Project. n.d. Equality Maps Snapshot: LGBTQ Equality by State. available at: https://www.lgbtmap.org/equality-maps (accessed June 28, 2023)

Pavenick, A. and Martinez, G., 2022. Hearing and being heard: LGBTQIA+ cross-disciplinary collection development. *Collection and Curation*, *41*(4), pp.109-115. https://doi.org/10.1108/cc-07-2021-0021

Pierson, C.M., 2017. Barriers to Access and Information for the LGBTQ Community/Obstacles à l'accès et à l'information pour la communauté LGBTQ. *Canadian Journal of Information and Library Science*, *41*(4), pp.245-262.

Robinson, T., 2016. Overcoming social exclusion in public library services to LGBTQ and gender variant youth. *Public Library Quarterly*, *35*(3), pp.161-174. https://doi.org/10.1080/01616846.2016.1210439

Rojas, R., Cochrane, E., Sasani, A., and Paulson, M. 2023. Tennessee law limiting cabaret shows raises uncertainty about drag events. *The New York Times*, available at:

https://www nytimes.com/2023/03/05/us/tennessee-law-drag-shows html (accessed June 28, 2023)

Serano, J. 2016. Whipping girl: A transsexual woman on sexism and the scapegoating of femininity. London, UK: Hachette UK.

Spencer, D.C., Leuzinger, J. and Rowe, J., 2017. Providing Inclusive Services to Transgender Customers. *Texas Library Journal*, *93*(3), pp.82-83.

Stevens, G. A., Morris, M., Nguyen, T., and Vardell, E. (2019). Health sciences librarians in the field: Pioneers for LGBTQ+ health. In Mehra, B. (Ed.), *LGBTQ+ Librarianship in the 21st Century: Emerging Directions of Advocacy and Community Engagement in Diverse Information Environments* (Vol. 45, pp. 65-87). Bingley, UK: Emerald Publishing Limited.

St. Jean, B., Jindal, G., Jaeger, P.T., Liao, Y. and Barnett, B., 2020. Libraries and librarians as agents of health information justice: concluding thoughts. In St. Jean, B., Jindal, G., Liao, Y., Jaeger, P.T., Ranger, K.L. (Eds.) *Roles and Responsibilities of Libraries in Increasing Consumer Health Literacy and Reducing Health Disparities* (Vol. 47, pp. 285-296). Bingley, UK: Emerald Publishing Limited.

Unger, R.M., 1987. False necessity: Anti-necessitarian social theory in the service of radical democracy. Cambridge University Press.

US Census Bureau. 2021. "2020 Census: Racial and Ethnic Diversity Index by State", available at: https://www.census.gov/library/visualizations/2021/dec/racial-and-ethnic-diversity-index html (accessed June 28, 2023)

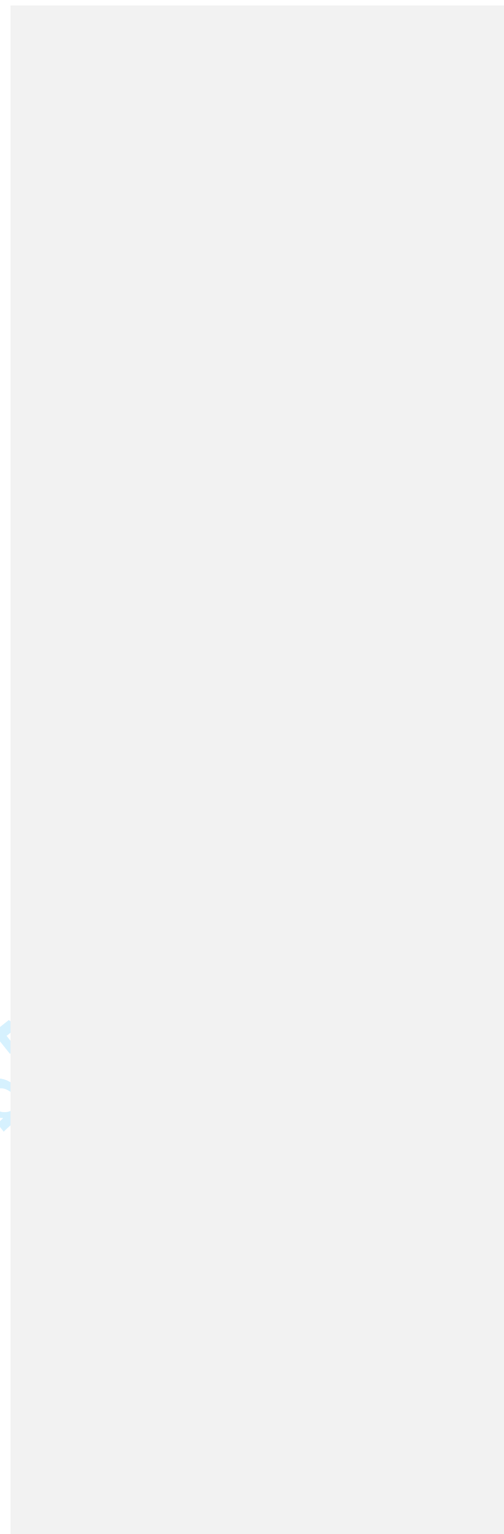
Warner, M. 1993. *Fear of a Queer Planet: Queer Politics and Social Theory*. Minnesota, MN: University of Minnesota Press.

Formatted: Font: 12 pt
Formatted: Font: 12 pt, Not Italic
Formatted: Font: 12 pt
Deleted: "
Deleted: "
Formatted: Font: 12 pt

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Wexelbaum, R. (2016). The Library as Safe Space. In Hines, S.S., and Crowe, K.M. (Eds.) *The Future of Library Space* (Vol. 36, pp. 37-78). Bingley, UK: Emerald Group Publishing Limited.

Winkelstein, J. A. (2019). The role of public libraries in the lives of LGBTQ+ youth experiencing homelessness. In Mehra, B. (Ed.), *LGBTQ+ Librarianship in the 21st Century: Emerging Directions of Advocacy and Community Engagement in Diverse Information Environments* (Vol. 45, pp. 197-221). Bingley, UK: Emerald Publishing Limited.



Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Page 29: [1] Deleted Kitzie, Vanessa 11/3/23 2:14:00 PM

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	***Comment Type***	***Section***	***Feedback***	***How Change was Addressed***
R1	Addition	Methods	I would, however, have welcomed reflections on how [the World Cafe] method deviates from established and related methods such as focus groups and why the chosen method is fruitful in an action oriented research project.	The paper cited in the last section of the methodology overview engages in this discussion, so we tried to make it clearer in our description of what his paper overviews that this is where readers can go to learn more of this information: "For further discussion of TWC beyond the scope of this paper, **including how it deviates from related methods like focus groups, its connections to action oriented research**, application, benefits, and tradeoffs, see (redacted)."
R2	Addition	Introduction	I suggest defining LGBTQIA+ for readers who may not be familiar with all of the terms represented by the acronym	Changed intro to: "Public libraries serve as contested sites for **lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual (LGBTQIA+) individuals** due to larger socio-political forces that limit their ability to provide affirming resources and services." Added footnote: "LGBTQIA+ is an umbrella term representing. The plus sign encompasses diverse identities beyond these labels. Different groups may alter the order and letters, like LGBTQIA2S+, which includes intersex, asexual, and two-spirit identities. Note that this term may not fully encompass all cultural or intersectional identities, like autigender, which relates to gender-diverse autistic individuals."

Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	***Comment Type***	***Section***	***Feedback***	***How Change was Addressed***
R2	Clarification/Addition	Literature Review	Page 3, line 33: By using the term cis/heteronormativity, there is an assumption of overlap between these two, although of course they are references to two different aspects of a person. I would suggest either separating the two, so it's obvious they are distinct from each other, or including a sentence or two that clearly defines each term and then making it clear how they intersect.	"Due to the social impacts of cis/heteronormativity, LGBTQIA+ populations face increased barriers to obtaining healthcare and health information. **These norms presume that every person is cisgender and heterosexual, and, as such, the world reflects and prioritizes their needs (Serrano, 2016; Warner, 1993). These terms can be distinct. For instance, a doctor's office may have intake forms that challenge heteronormativity by asking if the respondent has a partner, rather than if they are married, but reify cisnormativity by envisioning gender as binary. They can also interrelate, such as a healthcare professional assuming that a person whose sex assigned at birth is female is in a relationship with a man. Since in this paper we address broader health issues experienced by LGBTQIA communities, we combine cis and hetero when describing normativity, while recognizing that in more specific, individual examples these experiences can be unique.**"
R2	Addition	Introduction	It could have touched on the social determinants of health, as described by such researchers as Michael Marmot, and expanded the importance of providing the health	Added the following sentence and cited Marmot: "This role can be vital for LGBTQIA+ communities, who often lack access to health-protective resources, including financial

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

Reviewer	***Comment Type***	***Section***	***Feedback***	***How Change was Addressed***
			information but it wasn't necessary.	resources, affirming healthcare, and social safety (Bränström et al., 2016; Diamond and Alley, 2022; Khan et al., 2017; Link and Phelan, 2010). **Social factors, or determinants, are at the root of these barriers, which suggests that to address them is to engage in political action to affect the distribution of rights, status, and goods across various social contexts (Marmot, 2005)**."
R2	Revision	Literature Review	Bottom of page 4, top of page 5: Suggestion: change "talking to them" to "talking with them"	"These findings indicate that public libraries should prioritize fostering growth and providing spaces and resources for LGBTQIA+ communities to engage in health information work rather than intervening or assuming a lack of resources without talking **with** them."
R2	Revision	Findings	You mention "systematic" on line 33 of page 1. I think you must be quoting one of the participants and so maybe you do mean systematic but perhaps "systemic" would be a better term to use? Or use both?	It was a direct quote, so added [sic] after the descriptor: "To address these barriers requires "systematic **[sic]** change," so if libraries genuinely wish to serve LGBTQIA+ communities, they need to "do more," including engaging in "mutual aid" (PA)."
R2	Addition	Discussion	The discussion section is the weakest part of the paper and could have drawn more on the excellent and powerful quotes from the Findings section – definitely the strongest part of the paper.	We added to the discussion and also integrated participant quotes throughout. Full text of the revised portion is below: Findings raise significant considerations for establishing partnerships between public libraries and LGBTQIA+ communities for health

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	Comment Type	Section	Feedback	How Change was Addressed
				promotion. Regarding barriers faced, findings reinforce prior research establishing ties between libraries and broader anti-LGBTQIA+ social ideologies, even within libraries that support LGBTQIA+ communities (Wexelbaum, 2016; redacted). As participants highlighted, institutional forces, such as government and legislature, politicize LGBTQIA+ identities, and such politicization manifests in backlash to LGBTQIA+ library initiatives (Jaeger et al., 2022; Ellis, 2022). Participants offered many insights and ideas about what public libraries can do to address barriers experienced by LGBTQIA+ communities when addressing health questions and concerns. But what would it mean for libraries to put these findings into practice? First, libraries need to identify their specific roles in supporting LGBTQIA+ communities. Participants expressed that these roles were currently unclear when asking questions like "What is the role of libraries in helping LGBTQIA+ folks navigate resources? Are libraries the answer?" (PA). Future TWC forums could elicit these answers, or as participants stated, "a forum would help open that up," as the forum structure caused them to "discuss a lot of things

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	***Comment Type***	***Section***	***Feedback***	***How Change was Addressed***
				we didn't think of" (PA). Further, forums do not need to be exclusively between library workers and LGBTQIA+ communities. Libraries can even bridge various LGBTQIA+ sub-communities that may experience gaps in communication, such as in PA, where LGBTQIA+ elders and young people expressed the desire for libraries to hold forums for "the [LGBTQIA+] elders sharing with the younger [generations]." Library workers can also host forums between themselves and other stakeholders working with LGBTQIA+ communities, like affirming healthcare providers to exchange ideas. In our other research, we have seen a potential application of strengths-based interviewing strategies used by public health workers to reference interviews as one example (redacted). The forum structure is budget friendly – at a minimum, requiring arts and crafts supplies the library likely has. Recruiting strategies for the forum can follow the purposive and snowball methods of this study; a bonus is that by developing community contact lists for recruiting, library workers have created an LGBTQIA+ information resource that they can circulate during the forum. If possible, forums should be recurring to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	Comment Type	Section	Feedback	How Change was Addressed
				capture changing sociopolitical shifts and deepen recruitment of LGBTQIA+ communities. Next, if libraries wish to work with LGBTQIA+ communities, they must consider sustained activity "beyond collection development" (KS) and not just offer one-off programming or activities that LGBTQIA+ communities might construe as performative lip service. Exclusively focusing on collections assumes that LGBTQIA+ communities already use library spaces, when many community leader participants reported surprise at the resources and support libraries offered. "People don't understand what the library is," observed an SC table host. Libraries need to go to the communities proactively to get them to come to the space. This observation has an advocacy component since outreach-oriented suggestions made by leaders included activities like attending Pride events or even community organizing ones like developing a list of community leaders to invite into the library space with whom to network. These activities signal to LGBTQIA+ communities that libraries are committed to supporting them: "Libraries need to connect w/ LGBTQ+ individuals to make inclusion + access real + not just abstract" (SC).

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	*Comment Type*	*Section*	*Feedback*	*How Change was Addressed*
				While it is all well and good to invite LGBTQIA+ communities into the library space, they will not stay if they find the spaces to be unsafe. "Feeling safe is the cornerstone of meaningful relationships and trust building," participants noted (KS). Creating a safe space relates to all library practices, not just having gender-neutral bathrooms (although we would be remiss not to mention that several libraries that we visited did not have them and, in some cases, had policies where participants needed to see the main desk to access a code to unlock the bathroom). Participants identified many elements fundamental to safe spaces, spanning library policies, practices, material arrangements, etc. Of course, some initiatives meant to create safe spaces, unfortunately, in the current sociopolitical climate, can lead to backlash and unwanted visibility, including harassment of library workers and burning of Pride flags. It might be helpful for libraries to consider providing information that helps LGBTQIA+ people navigate more hostile elements of library space. An example would be discussing some of the absences and limitations of health-related research on LGBTQIA+ persons

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	*Comment Type*	*Section*	*Feedback*	*How Change was Addressed*
				during a reference interaction. Visibility management should be a chief concern when engaging in these efforts. One idea would be for public libraries to offer services and programming that is LGBTQIA+ affirming but hidden in plain sight. Such visibility management would be helpful in socially conservative areas that many forum participants inhabit. Examples would be more generalized programming (e.g., how to register to vote and navigate health insurance barriers) that intentionally focuses on getting the word out to LGBTQIA+ communities. This suggestion does not discount the importance of being visibly affirming of LGBTQIA+ communities but instead recognizes that visibility is nuanced and contextual, so a variety of strategies are needed. Interestingly, the library functions as a safe space in some cases because it facilitates visibility management. Participants noted that when they said things like "I'm going to the library," it could provide cover for addressing problems and concerns related to their LGBTQIA+ identities since "[the library] is not questioned or automatically associated with LGBTQ+" (SC). When planning programs or events and developing resources and services,

Reviewer	*Comment Type*	*Section*	*Feedback*	*How Change was Addressed*
				libraries must think about what they already do and how they can leverage these skills with the skills and knowledge of LGBTQIA+ communities. For example, one idea that kept popping up in forums was creating a list of LGBTQIA+-affirming health resources. This list would rely on library workers using their research skills to identify available resources and mobilizing community knowledge to develop a system to vet them. Here, context is essential. For instance, in SC, conversion therapy is legal and "so common in surrounding areas." LGBTQIA+ communities, therefore, may run into situations where they could identify a therapist who says on their website that they specialize in LGBTQIA+ issues, but the therapist is "masquerading for conversion therapy" (SC). This example allows libraries to leverage LGBTQIA+ leverage community knowledge to vet which resources are safe and for whom since LGBTQIA+ people are not monoliths. Related, a critical function of public libraries is to serve as community anchors or, as participants labeled them, "a hub for resources without having to do it all" (KS). In other words, libraries do not always have to own, be, or house the resources but rather be able to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	***Comment Type***	***Section***	***Feedback***	***How Change was Addressed***
				point to where people should go to get them. Libraries can act on this role in several ways, such as developing contact lists of various LGBTQIA+ organizations to facilitate community networking. Collaborations with stakeholders outside of the library also raise the point that library workers should consider what they can reasonably do to support LGBTQIA+ communities versus how they can connect these communities with resources and services that the library cannot provide (e.g., mutual aid organizations, electronic access to other library resources that offer materials that may have been removed from the home library's shelves). Further, public libraries can approach LGBTQIA+ organizations already engaged in health information work to counteract overburdening LGBTQIA+ people and communities. An example would be having LGBTQIA+ community health workers or health sciences librarians develop and deliver cultural humility training to healthcare providers. Finally, to support LGBTQIA+ communities, public libraries should divest from neutrality as a guiding value. Discussions about neutrality in public librarianship are ongoing and complicated. However, a growing body

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	***Comment Type***	***Section***	***Feedback***	***How Change was Addressed***
				of conceptual and empirical work both within and outside the field contests neutrality as a construct. Key points include that neutrality is not an officially recognized or codified library value, neutrality as a construct is abstract and often applied in contradictory ways, and neutrality often bolsters an underlying status quo rife with political actors and arrangements (Chabot & Helkenberg, 2022; Gibson et al., 2017; Gibson et al., 2020; redacted; Unger, 1987). Participants echoed these arguments, contending that "information is not neutral" and "we can't afford to be neutral on a moving train" (PA). In some cases, participants also illustrated how neutrality has contradictory applications as some viewed libraries as "a neutral space," in which they implied that neutrality signified being non-judgmental (SC). Therefore, a vital issue with neutrality among participants is that it means different things to different people and can potentially be used by those in power to uphold the status quo. Other recognized professional values, such as diversity, provide a less conceptually slippery means through which public libraries can signal their support for LGBTQIA+ communities.

Reviewer	*Comment Type*	*Section*	*Feedback*	*How Change was Addressed*
				A divestment from neutrality must be communicated and justified to the larger community, including administrators, politicians, and other decision-makers. Of course, this suggestion is easier said than done, particularly in hostile sociopolitical climates. Public libraries require supportive collaborators to enact such a divestment. Examples include library workers across different branches, systems, and states working together to share experiences and approaches that are effective for supporting LGBTQIA+ communities and their health information work and public libraries collaborating with invested stakeholders such as activists and non-profits, who can engage in community organizing and advocacy on the library's behalf.
R2	Addition	Discussion	The case for divesting in neutrality is a more nuanced topic than has been presented and the author might want to draw on literature related to library neutrality, since this is a topic that has been much discussed in the library world.	Added outside literature related to library neutrality and identified it as a contested and complicated issue: Finally, to support LGBTQIA+ communities, public libraries should divest from neutrality as a guiding value. Discussions about neutrality in public librarianship are ongoing and complicated. However, a growing body of conceptual and empirical work both within and outside the field contests neutrality

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	Comment Type	Section	Feedback	How Change was Addressed
				as a construct. Key points include that neutrality is not an officially recognized or codified library value, neutrality as a construct is abstract and often applied in contradictory ways, and neutrality often bolsters an underlying status quo rife with political actors and arrangements (Chabot & Helkenberg, 2022; Gibson et al., 2017; Gibson et al., 2020; redacted; Unger, 1987). Participants echoed these arguments, contending that "information is not neutral" and "we can't afford to be neutral on a moving train" (PA). In some cases, participants also illustrated how neutrality has contradictory applications as some viewed libraries as "a neutral space," in which they implied that neutrality signified being non-judgmental (SC). Therefore, a vital issue with neutrality among participants is that it means different things to different people and can potentially be used by those in power to uphold the status quo. Other recognized professional values, such as diversity, provide a less conceptually slippery means through which public libraries can signal their support for LGBTQIA+ communities. A divestment from neutrality must be communicated and justified to the larger

Journal of Documentation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Reviewer	***Comment Type***	***Section***	***Feedback***	***How Change was Addressed***
				community, including administrators, politicians, and other decision-makers. Of course, this suggestion is easier said than done, particularly in hostile sociopolitical climates. Public libraries require supportive collaborators to enact such a divestment. Examples include library workers across different branches, systems, and states working together to share experiences and approaches that are effective for supporting LGBTQIA+ communities and their health information work and public libraries collaborating with invested stakeholders such as activists and non-profits, who can engage in community organizing and advocacy on the library's behalf.
R2	Revision	Discussion	Page 16, line 36: “Additionally, LGBTQIA+ persons could engage in additional labor if asked to educate library workers and other stakeholders about their communities. Suggestion: change “additional labor” to “emotional labor”	"Additionally, LGBTQIA+ persons could engage in **emotional** labor if asked to educate library workers and other stakeholders about their communities."

Journal of Documentation