

Understanding how Library and Information Science Research and Medical Library Partnerships Can Inform LGBTQ+ Community Health Worker Training
University of South Carolina National Leadership Grant Proposal

The School of Library and Information Science (SLIS) at the University of South Carolina (USC) requests \$309,226 for a two-year National Leadership Grant to understand how Library and Information Science (LIS) research and medical library partnerships can inform LGBTQ+ Community Health Worker (CHW) training. This project meets a national need to enhance CHW program effectiveness (Scott et al., 2018), advances library outreach to a critical population, and contributes to research on the health information practices of CHWs. The USC Arnold School of Public Health Community Health Worker Institute (CHWI) serves as a community partner. The project addresses the following research questions: 1) How can LIS research on the information practices of LGBTQ+ communities inform specialized CHW training? 2) How can medical librarians effectively partner with LGBTQ+ CHWs to support their training and practice?

Statement of Broad Need: CHW describes “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served” (American Public Health Association, 2019). Their localized knowledge results in effective health promotion, particularly among underrepresented communities (Scott et al., 2018). CHWs have gained enhanced recognition and visibility in the US and are a vital part of the healthcare system (“The Patient Protection and Affordable Care Act of 2010,” 2010). While a critical role of CHWs is providing their communities with relevant and reliable health information, they may experience barriers to finding, accessing, understanding, assessing, and disseminating this information (Raj et al., 2015). Medical libraries have a unique opportunity to extend their provision of reliable health information and support (Horrigan, 2015) by partnering with CHWs during their training to understand and address these barriers. Through these partnerships, medical libraries can help address the needs of underrepresented communities who might not otherwise use the library (Westbrook & Gonzalez, 2011). LGBTQ+ communities experience health disparities produced by social and structural factors (Romanelli & Hudson, 2017). Information constitutes a formative barrier as communities experience difficulty learning about their health needs, navigating the healthcare system, and overcoming obstacles to care (Morris & Hawkins, 2016). These challenges may be enhanced for LGBTQ+ communities in the Southeast US since these regions have more conservative views of sexuality and gender identity on average (Matthews & Lee, 2014). SC is a predominantly rural Southern state with 2.9% of the population identifying as LGBTQ+ (Williams Institute, 2018). LGBTQ+ residents experience more health challenges compared to national averages, including heightened economic instability, unemployment, and lack of health insurance (Mallory & Sears, 2019). In light of these factors, national attention has focused on enhancing the effectiveness of CHW programs for both LGBTQ+ (Department of Health and Human Services, 2016) and rural populations (National Rural Health Association, 2016).

Research Design: The proposed project will 1) develop CHW training specific to SC LGBTQ+ communities based on empirical evidence and leader feedback; and 2) partner each leader with a medical librarian during the training to create an informational resource that supports their communities’ needs. Findings from PI Vanessa Kitzie’s (SLIS Assistant Professor) three-year IMLS Early Career Research grant (LB21 Recipient, RE-07-18-0066-18) examining public library services to LGBTQ+ populations for health promotion inform this project. This project adopts the information practices approach used in this previous work to highlight how people's information interactions are shaped by social and structural factors (Savolainen, 2008). This approach aligns with population health (Marmot & Wilkinson, 2005) and resilience approaches (Colpitts & Gahagan, 2016) addressing social and structural determinants of health. The research team consists of Kitzie, co-I Dom Francis (Training Coordinator, CHWI), and two graduate RAs with specializations in public health and LGBTQ+ studies. In Stage 1, the team will develop a specialized CHW training for SC LGBTQ+ leaders disseminated through project partner CHWI. The curriculum will focus on strategies for addressing the informational barriers their communities face when finding, accessing, understanding, assessing, and disseminating health information. Findings from Kitzie’s prior research with SC LGBTQ+ communities will inform initial curriculum development. The team will then identify and recruit a cohort of 10-15 SC LGBTQ+ leaders to revise the curriculum and participate in CHW training. Community contexts and program foci established in prior literature (e.g., World Health Organization, 2007) will inform recruitment and include leadership qualities, access to and strength of community networks, and communication skills. Kitzie’s leader contacts from her prior study can serve as a preliminary recruitment network. Leaders will receive an initial overview of the curriculum as well as two sample units. In-person focus groups will be conducted with leaders to collect their feedback on the relevance of the

curriculum and content to the everyday lives of their communities. The feedback will guide subsequent revision of these materials. In Stage 2, the team will pair each leader with a health sciences librarian recruited in partnership with medical libraries (e.g., USC School of Medicine). Each librarian and leader will meet in-person to discuss a) the information practices of the leader's community, b) barriers to engaging in desired practices; and c) required support to facilitate and address points a) and b). Information worlds mapping, a participatory visual elicitation method that captures social and structural factors shaping information practices, will guide the discussion. Leaders will put their community on a piece of paper and draw the people, places, and things that help or do not help their community address health questions and concerns (Greyson, 2017). They will then describe their map to librarians. The librarian will ask the leader follow-up critical incident technique (CIT) questions (Flanagan, 1954) to elicit memorable moments that illustrate map components. Leaders and librarians will then brainstorm an information resource that addresses one of the challenges identified during the mapping exercise (e.g., a database of trusted medical practitioners). The team will train librarians on mapping and CIT methods before the meeting. In Stage 3, leaders will undergo baseline training provided to all CHWs, followed by the specialized training. All training is online and can be done at the leader's pace (est. duration 10-14 weeks). During training, leaders will continue to work with librarians to create their information resource. The leader will guide this work, with the librarian acting as a facilitator. At the end of the training, leaders, librarians, and health stakeholders (e.g., professionals, policymakers) will participate in a half-day community forum where leaders (now CHWs) will present their information resources. This forum gives newly minted CHWs the opportunity to have a voice in health policy and information provision at the state-wide level. It also provides them with networking opportunities for those who desire employment as CHWs. The team will conduct separate focus groups with leaders and librarians to gather feedback on the training and partnerships. The team will attend, and audio-record all focus groups and initial leader-librarian discussions. They will take detailed observational notes during the community forum. Data sources include researcher field notes, verbatim transcripts, and leader information worlds maps. Textual data will be analyzed using a combination of emic/etic coding wherein inductive codes informed by participant accounts are nested under higher-level deductive codes informed by an information practices approach (Miles & Huberman, 1994). Information worlds maps will be analyzed using secondary visual analysis, such as comparing them to popular information behavior/practices models (Greyson, O'Brien, & Shankar, 2019). With guidance from the SC State Library, the team will use findings to inform a toolkit to assist medical librarians in partnering with CHWs across varied community contexts.

Diversity Plan: "Community" is a fraught concept since there exists no collective authority on what it means to identify as LGBTQ+. However, the concept proves useful to envision how LGBTQ+ people engage in shared health information practices based on everyday experiences of stigma and discrimination (Morris & Hawkins, 2016). This project respects the diversity of experiences within LGBTQ+ communities by recruiting leaders with a variety of social identities, locations, and experiences. The team will select librarians based on their history and outreach to LGBTQ+ communities, and give preference to those who share identities, social locations, and/or experiences with leaders. By collecting data in SC, this project captures perspectives of LGBTQ+ rural communities, whose health information needs and practices may differ from their urban counterparts.

Broad Impact: The project aligns with the lifelong learning (objectives 1, 3), build capacity (objective 4), and increase access (objective 3) goals identified in the IMLS 2018-2022 strategic plan (IMLS, 2018). The team will publicize research outcomes in LIS conference presentations (e.g., ASIS&T, iConference, ALA, ALISE) and scholarly publications (e.g., JASIS&T, Journal of Documentation, Library Quarterly). The team will work with CHWI partners to disseminate relevant findings in health-related venues including local hospitals, clinics and departments, as well as state and national-level organizations (e.g., SC Office of Rural Health, National Association of Community Health Workers). An open-access version of the research findings, data collection and analysis materials, and the toolkit will be made available on a public website hosted by USC. The project's approach to research and practice has applicability to other marginalized groups. Findings from data collection and analysis will inform future research as to how medical libraries can serve as community catalysts for these groups.

Budget: The estimated budget for this project is \$309,226. This includes \$57,523 for two years of PI summer support (plus fringe); \$99,240 for two years of RA (2) support (plus fringe); \$31,312 for travel to present research findings (includes RA travel); \$24,200 for participant training costs; \$3,000 for training supplies; \$2,138 for transcription costs; \$8,366 for participant incentives and travel stipends; and \$1,050 for focus group (3) and community forum food costs. Total project costs are \$309,226. Indirect costs are assessed at a rate of 49.5% for a total of \$82,398.