

Leveraging National Library Partnerships to Develop a Community-Driven Online LGBTQIA+ Consumer Health Guide

The University of South Carolina (USC) School of Information Science requests \$249,980 for a three-year National Leadership Implementation Grant to apply resources and findings from the Project Director's (PD) previous IMLS-funded research (*Early Career*: [RE-07-18-0066-18](#), *National Leadership Grant*: [LG-246360-OLS-20](#)) to develop an online consumer health guide for LGBTQIA+ individuals. Appropriate consumer health information has not always been available for this population. Libraries can provide essential access to consumer health information, serving as welcoming spaces for LGBTQIA+ populations to explore their health information needs and as skilled information professionals who can provide helpful advice on navigating relevant and reliable health information. The project meets a national need to reduce LGBTQIA+ health disparities (Office of Disease Prevention and Health Promotion, n.d.) by enhancing access to health information (Goal 2, Objective 2.1) and fostering community engagement through collaboration among public library workers, health sciences librarians, and LGBTQIA+ communities in creating the guide (Goal 2, Objective 2.2). It also builds on the PD's previous IMLS work, using structured meetings and community forums to understand the health information landscape for LGBTQIA+ communities considering their social, economic, infrastructural, and geographic or cultural conditions (Goal 2, Objective 2.3). The PD will leverage established strategic partnerships, including a national network of LGBTQIA+ community leaders, public library workers, and health sciences librarians committed to LGBTQIA+ health promotion and a partnership with the Network of the National Library of Medicine (NNLM) Region 2 Regional Medical Library (R2 RML) to support the guide's sustainability.

Project Justification

LGBTQIA+ Health Disparities

Approximately 13.9 million LGBTQIA+ US adults, or 5.5% of the population, and nearly two million teens (9.5%) identify as LGBTQIA+ (Conron, 2020; Flores & Conron, 2023). These populations experience heightened health disparities compared to cisgender, heterosexual peers, including higher rates of substance misuse, mental health issues, suicide attempts, smoking, and binge drinking, along with lower access to preventative healthcare and higher prevalence of particular infectious diseases (Lund & Burgess, 2021; Medina-Martínez et al., 2021). Stigma, harassment, and discrimination produce these disparities, creating stress and reducing social safety for LGBTQIA+ individuals (Diamond & Alley, 2022; Meyer, 2021; Meyer, 2003).

LGBTQIA+ Health Information Barriers

Barriers to health information exacerbate LGBTQIA+ health disparities, with a lack of formal health information sources and discriminatory healthcare experiences being key issues (Brown & Veinot, 2021; Medina-Martínez et al., 2021). There is also a dearth of large-scale and long-term health-related studies of LGBTQIA+ people, which limits understanding of their healthcare needs (Arnold & Dhingra, 2020). When formal institutions provide health information to LGBTQIA+ people, it may be irrelevant to their life experiences or even consist of misinformation. Medical curricula cover little LGBTQIA+ content, with a 2011 study of undergraduate medical education finding that programs provided a median of 5 hours and a mean of 7 hours on LGBTQIA+ health (Obedin-Maliver et al., 2011). A third (33%) required zero clinical hours for LGBTQIA+ content. Recent studies indicate some improvement in educational gaps, yet discrimination, particularly against transgender individuals, undermines formal training benefits (Tanenbaum & Holden, 2023). Findings from the 2015 US Transgender Survey show that nearly a quarter (24%) of respondents had to teach their healthcare providers about transgender individuals to receive appropriate care.

LGBTQIA+ populations contend with an onslaught of health misinformation, including in mainstream media. One recent example is a debunked *New York Times* op-ed focusing on the rare phenomenon of detransition, which makes several erroneous claims ignoring the reality that most (94%) transgender adults who had begun socially and/or medically transitioning say that their lives had

improved (Factora, 2024). This misinformation has legal ramifications, and legal briefs attempting to restrict transgender healthcare have already cited the op-ed.

Even if relevant, accurate information is available from these formal sources, LGBTQIA+ people may not be able to access it due to economic and geographic barriers or fears of discrimination. Preliminary findings from the US 2022 Transgender Survey report that more than a quarter of transgender adult respondents (28%) did not see a doctor when they needed to in the last 12 months due to cost (James et al., 2024). Nearly a quarter (24%) did not see a doctor during this period due to fears of mistreatment. Due to a limited number of providers who can provide adequate transgender-related care, respondents to the 2015 US Transgender Survey were three times more likely to travel 50 miles or more for transgender-related care than routine care (James et al., 2016). Interviews with BIPOC and/or LGBTQIA+ people about their experiences with healthcare discrimination show that long-term consequences include delaying or avoiding care, self-prescribing, experiencing health complications, and mistrusting healthcare institutions (Apodaca et al., 2022).

How Libraries Address LGBTQIA+ Health Information Barriers

There are roles for libraries and library workers to address these issues. Historically, various library types have advanced health equity by providing access to high-quality health information, delivering health literacy training and resources, and connecting their users with community health services (Wilson et al., 2023). Two key library types are public and academic (health sciences).

Public Libraries

Public libraries are critical places to access information, community, and resources. They remain freely accessible and are more widespread geographically than other LGBTQIA+-affirming places for health information, including clinics and community centers (Robinson, 2016). LGBTQIA+ participants in the PD's prior research envisioned public libraries as "central location[s]" connecting LGBTQIA+ individuals and as "resource navigator[s]" for LGBTQ+ support and inclusive providers" (Kitzie et al., 2023, p. 543). These descriptions reflect public libraries as third places (Lawson, 2004) and community anchors (Moxley & Abbas, 2016). Many already provide health information and services to their communities, including telehealth and information about navigating health insurance (Vardell & Charbonneau, 2016). Some even partner with peer navigators and community health workers (CHWs) to support community engagement among underserved populations for health promotion (Chant, 2017; Rural Health Information Hub, 2023). Public librarians have also successfully partnered with health sciences librarians to provide LGBTQIA+ health information to researchers, healthcare providers, and the general public (Stevens et al., 2019).

Health Sciences Libraries

Health sciences libraries and librarians have served as activists and advocates for LGBTQIA+ health information and promotion through proactive information sharing and outreach (Hawkins et al., 2017; Stevens et al., 2019). Librarians have created LGBTQIA+ health research guides addressing consumer health information needs and provider questions with usage data indicating frequent consultations of consumer health information (Petrey, 2019). Guides include relevant databases, books, and websites; international, national, and local LGBTQIA+ organizations; LGBTQIA+-friendly providers and healthcare facilities; and legal information (Hawkins et al., 2017; Stevens & Fajardo, 2021; Stevens et al., 2023). Health sciences librarians collaborate on telehealth initiatives, such as serving as embedded information professionals during client consultations (Menard & Misquith, 2021).

Barriers to LGBTQIA+ Library Use

In the literature review, Pierson (2017) identified eight barriers to LGBTQIA+ library use across public, academic, and school settings: societal conditions (e.g., censorship of LGBTQIA+ materials), interpersonal barriers (e.g., negative interactions with staff), the digital divide, problematic cataloging practices, inadequate collections and services, geographic limitations (especially in rural areas), affective

barriers (e.g., fear of disclosing LGBTQIA+ identity), and institutional. The perception of these barriers can deter LGBTQIA+ individuals from utilizing libraries, even if the barriers are not present.

For health sciences libraries, significant barriers include inadequate collections and mediation services. Studies show that many libraries lack LGBTQIA+-specific guides (Ahip & Fajardo, 2021) and that existing guides are not maintained over time (Stevens & Fajardo, 2021). These guides may also need more health information addressing specific community needs. A content analysis of LGBTQIA+ health information guides found that just over a third provide consumer health information despite it being most utilized (Stevens & Fajardo, 2021). Guides tend to focus on LGBTQIA+ broadly, lacking resources targeted to subgroups, such as transgender populations.

Societal barriers also affect LGBTQIA+ individuals' use of public library spaces. Hostile environments, driven by adverse public and organizational reactions to programs like drag storytimes, can make libraries seem unwelcoming or unsafe (Stone, 2019). Historical inaction in creating safe, inclusive spaces (e.g., unlocked gender-neutral restrooms) and web filtering practices that limit access to LGBTQIA+ digital resources further contribute to these barriers (Drake & Bielefield, 2017; Robinson, 2016; Wagner & Crowley, 2020).

LGBTQIA+ Communities Address Health Information Barriers

Despite health information barriers, LGBTQIA+ communities engage in sophisticated information-related activities and skills (i.e., information practices) for health promotion. These include creating and seeking health information to bridge existing gaps, evaluating health resources, and disseminating these resources and insights within their community (Brown & Veinot, 2021; Kitzie et al., 2022). Information exists in various formats, including word-of-mouth sharing of experiences with local healthcare professionals, collaborative documents detailing what to expect regarding different facets of LGBTQIA+ healthcare (e.g., gender-affirming care), and events with trusted healthcare professionals discussing various health topics (Kitzie et al., 2022). Additionally, national LGBTQIA+ organizations offer digital resources, including [health insurance guides and plan information](#), [healthcare provider directories](#), and [contact information for local support groups](#).

Barriers to LGBTQIA+ Community Health Information

Although LGBTQIA+ communities serve as critical sources of health information, bridging the gaps left by formal institutions, individuals within these communities still face challenges accessing information, resources, and support. One significant hurdle is community gatekeeping, where community members employ techniques to vet newcomers for genuine intentions, sometimes inadvertently excluding those with legitimate health information needs (Kitzie et al., 2023; Kitzie, Wagner, & Vera, 2020; Vera et al., 2023). Lack of awareness is another issue. One must know how to access health information within LGBTQIA+ communities since people often share it via word of mouth (Brown & Veinot, 2021; de la Cruz et al., 2022; Jia et al., 2021). Further, there is no centralized point of access for this information; instead, there are a variety of LGBTQIA+ people, communities, and organizations that have different types of information – a phenomenon LGBTQIA+ participants from the PD's prior research referred to as "information silo-ing" (Kitzie et al., 2023). Related, those with relevant health information often lack the time or resources to centralize and share it beyond their immediate community.

Solution: Bringing Libraries and LGBTQIA+ Populations Together to Co-create an Online Consumer Health Guide

This project will address institutional, library, and LGBTQIA+ community barriers to health information by forming a national network that includes LGBTQIA+ community leaders, LGBTQIA+ individuals, public library staff, health sciences librarians, LGBTQIA+ CHWs, and healthcare providers. They will collaborate to create a visible, accessible, and centralized guide of local, regional, and national consumer health information sources for LGBTQIA+ communities. The initiative capitalizes on the strengths of public libraries as third places and community anchors, librarians as skilled health resource navigators, and LGBTQIA+ communities as experts in identifying their members' health-related information needs

and addressing the gaps in what is currently available and accessible. It incorporates key aspects of successful LGBTQIA+ consumer health information guides, such as emphasizing local and regional information, recognizing the overlap of health information with other information, including law and support systems, and the importance of community partnerships when creating the guide (Hawkins et al., 2017; Stevens & Fajardo, 2021; Stevens et al., 2023).

First, the PD will create a group of health sciences librarians and LGBTQIA+ CHWs who will engage in structured meetings to compile national LGBTQIA+ consumer health information resources collaboratively. The PD used this approach in a past [National Leadership project](#). It identified and formally certified a network of LGBTQIA+ CHWs and partnered them with health sciences librarians to co-create a health information resource for the CHWs' community. A CHW serves as "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, 2009)—their localized knowledge results in effective health promotion among underrepresented communities (Scott et al., 2018).

Next, the PD will organize community forums between LGBTQIA+ communities and individuals, public library workers, health sciences librarians, and healthcare professionals in twelve nationally representative US public libraries (three per region) to compile regional and local LGBTQIA+ consumer health resources. The PD used this approach in a past [Early Career project](#), which engaged LGBTQIA+ community leaders and public library workers in dialogue about LGBTQIA+ communities' health questions and concerns, barriers to addressing these, and areas where public libraries could collaborate to address the barriers. The PD will work with a web designer based on the national, regional, and local resources the network compiles to create the online consumer health guide. NNLM Region 2 will discuss support sustaining the guide after the grant period, such as by funding Region 2 Masters of Library and Information Science (MLIS) students to update it for practicum experience. Region 2's involvement in this segment of the grant depends on the Regional Medical Library (RML) securing a cooperative agreement from the National Institutes of Health (NIH) for the five-year grant cycle spanning 2026 to 2031.

Project Beneficiaries

The proposed guide will benefit the target group – LGBTQIA+ communities and individuals – by addressing issues like resource duplication and lack of awareness about available health resources. The PD seeks to recruit LGBTQIA+ community leaders and individuals to attend community forums to create networking opportunities for individuals lacking community connections and between various LGBTQIA+ communities. Leaders can use the forum structure as a model for future outreach. Including healthcare providers in forums, based on previous feedback, will further enrich these community connections and resource sharing (Kitzie et al., 2023).

Collaborating with LGBTQIA+ communities, public library workers, and health sciences librarians will not only raise awareness about the role of libraries in promoting LGBTQIA+ health but also engage in a best practice regarding LGBTQIA+ community engagement and outreach when creating consumer health guides (Kitzie et al., 2023; Stevens et al., 2019; Stevens et al., 2023; Vardell & Wang, 2020). These interactions will improve their understanding of the health needs of LGBTQIA+ communities, leading to enhanced library services, collections, and programs and fostering cultural humility among librarians (Hawkins et al., 2017; Kitzie et al., 2023). Librarians can use the forum model for future outreach, facilitating connections with other underserved communities. Collaborations between health sciences librarians and LGBTQIA+ CHWs may lead to new partnership opportunities. Health sciences librarians will benefit further by applying their expertise to meet the needs of underserved groups – a key outcome highlighted from the PD's previous work.

Healthcare providers and LGBTQIA+ CHWs, as participants in the forums, will build trust and enhance the visibility of health resources. A centralized online consumer health guide will benefit providers and CHWs, allowing them to share crucial health information with clients. CHWs will be able to use their training to support LGBTQIA+ individuals beyond their immediate communities.

Project Work Plan

In **Year 1 (August 2024 – July 2025)**, the focus will be recruiting, training, gathering initial national health resources, and determining their representation and organization. In the **first half of Year 1 (August 2024 – January 2025)**, the PD and graduate assistant (GA) will recruit a health sciences librarian from each of the seven NNLM regions, pairing them with seven LGBTQIA+ CHWs to jointly gather and organize national LGBTQIA+ health resources, including grey literature, reports, and articles. The GA will also review existing LGBTQIA+ consumer health guides and community resources to identify critical topics and characteristics. Recruitment of health sciences librarians will occur through an announcement on the Medical Library Association Listserv, the PD's network of librarians from previous projects, and other channels as suggested by NNLM Region 2. CHW recruitment will follow a similar process, utilizing the National Association of CHWs listserv and the PD's network of LGBTQIA+ CHWs, with additional recruitment avenues suggested by CHWs. Interested candidates will be invited to virtual meetings to learn about the project and ask questions, organized, and presented by the PD and GA. Post-meeting, attendees will fill out a form indicating their interest and providing demographic and background information. Selection criteria will focus on shared LGBTQIA+ identities, experience with LGBTQIA+ communities, and professional development in related areas, such as cultural humility training (see *Diversity Plan* for additional criteria). Participating health sciences librarians and LGBTQIA+ CHWs will each receive a \$1,000 stipend for their contributions.

In this **first half of Year 1**, the PD, with assistance from the GA, will leverage an existing network of public and state library contacts to select twelve public library sites, allocating three per US region (Northeast, Midwest, South, West) to host community forums. Libraries will be chosen based on their reputation as welcoming and accessible to the LGBTQIA+ community, evidenced by their history of LGBTQIA+ inclusive collections, spaces, programming, and outreach (see *Diversity Plan* for additional criteria). The GA will conduct this research and report the findings to the PD, who will then contact the selected library directors to confirm their willingness to host the forums. This outreach will leverage pre-existing connections, including the USC iSchool's national alum network and contacts from previous IMLS projects. The GA will identify multiple potential sites within each state to ensure alternatives if the first-choice libraries decline. Once sites are confirmed, the GA will research and compile a list of local, visible LGBTQIA+ organizations and community groups within the state.

In the **second half of Year 1 (February 2025 – July 2025)**, the PD and GA will convene a virtual kick-off meeting with the selected health sciences librarians and CHWs. The GA will present findings from analyzing existing consumer health guides and community resources, highlighting key topics, areas, and features. Attendees will discuss these findings and suggest additional content or features for the project's guide. Before this meeting, the PD will pair librarians with CHWs based on shared identities and experiences to enhance trust and collaboration (Dreeszen Bowman & Kitzie, 2023), and the PD will announce these pairings during the meeting. The PD will task each librarian-CHW pair with focusing on a specific guide section, informed by the GA's research and meeting feedback, including how to organize (e.g., by topic, alphabetically) and present the information (e.g., tags, search options). The pairs will meet monthly for five meetings to work collaboratively using structured worksheets provided by the PD and GA. These worksheets, consistent in format but varying in topics, will guide the pairs through different aspects needed to complete their work (see *Table 1*). The final worksheet will ask each pair to submit their completed section of national LGBTQIA+ health resources and their suggestions for organizing and displaying them.

Activity	Description
Pre-meeting tasks	Pairs independently complete a worksheet section to update on progress and note questions or concerns for discussion.
Working meeting tasks	Pairs complete a designated activity during the meeting.
Strengths, challenges, and needs	Pairs identify strengths used, challenges faced, and any informational or resource needs for the next meeting.

Activity	Description
Action items	Pairs outline steps to take before the next meeting.

Table 1. Worksheet format

During **the second half of Year 1**, the PD will meet with the web developer to share national resources identified by the librarians and CHWs and their proposed organizational and representational schemas. The web developer will begin working on the guide based on this information. The web developer will create the guide using HTML, CSS, and MySQL, which will allow guide resources to be searchable by various criteria, including assigned metadata. The web developer will build a front-end content management system (CMS) using a programming language like Python or PHP so that the PD and other stakeholders maintaining the guide's sustainability can add content after the funding period concludes.

The PD will identify two representatives from each of the twelve selected public library sites: a public library worker (ideally from the hosting library) and an LGBTQIA+ community leader tasked with organizing the forum. The PD will recruit public library workers through the host library's networks and announcements to state and public library associations. The PD will identify LGBTQIA+ community leaders through library networks and lists of local LGBTQIA+ organizations compiled by the GA. Interested candidates will participate in virtual interest meetings before submitting a form to confirm their interest and provide demographic and background information. The selection criteria for public library workers mirror those for health sciences librarians. For LGBTQIA+ community leaders, a key criterion is the leader's perceived connections to local LGBTQIA+ communities since they will be responsible for recruiting forum participants (see *Diversity Plan* for additional criteria). Site representatives will receive virtual training from the PD based on the community forum toolkit (see *Supportingdoc4.pdf* and [this report](#) for additional materials) developed in the prior [Early Career project](#) and cultural humility training the PD and LGBTQIA+ CHWs developed in the prior [National Leadership project](#). The PD and GA will lead these trainings. After the forum training, they will ask site representatives to provide feedback on the structure and questions, incorporating this feedback into a revised toolkit. Each site representative will be compensated with a \$1,000 stipend for their contributions. The PD and GA will also coordinate with site representatives and library directors to schedule **Year 2's** forums.

In **Year 2 (August 2025 – July 2026)**, project activities will focus on gathering regional and local information for the guide and seeking input on design and dissemination from stakeholders. In the **first half of Year 2 (August – January 2026)**, the web developer will share draft versions of the guide for review. The PD and GA will send these drafts to the health sciences librarians and CHWs for feedback, which they will give via a form created by the GA. The PD will consolidate this feedback and present it to the web developer for revisions.

The PD will work with the GA and site representatives to recruit attendees for the twelve community forums. Recruitment efforts will utilize the representatives' networks and the contact methods for site representatives developed in **Year 1**. The PD will disseminate forum recruitment messages through additional networks to identify health sciences librarians (e.g., NNLM, Medical Library Association), public librarians (e.g., American Library Association, Public Library Association), and healthcare providers. The GA will work on a list of providers to contact based on criteria such as being identified as LGBTQIA+ affirming in [community directories](#). Interested participants will complete a form identifying some demographic information, their prior knowledge and experience of the topics, and their motivation to attend (Hafford-Letchfield et al., 2021). All applicants will be accepted if sign-ups fall within the expected 30-60 attendees per forum and cover the targeted stakeholder groups. Should applications exceed this range, the PD will ensure equal representation across stakeholder categories in the selection process (see *Diversity Plan* for additional criteria).

The World Café methodology will organize the community forums. A recent literature review addressing the application of this methodology to health prevention and promotion research indicated a range of participants from 12 to 143 individuals (Recchia et al., 2022). In the PD's prior forums, participants ranged from 20 to 50. Considering the additional stakeholder groups for this project, the PD

anticipates a participant range of 30-60 people per forum. A critical role at the forum is of table host. At the forum, table hosts facilitate and participate in small-table conversations and take notes. Those signing up to participate in the forum via the interest form will have the opportunity to indicate their interest in serving as forum table hosts. The PD will select the hosts with consultation from the site representatives, aiming for a mix of stakeholder types in table host roles (see *Diversity Plan* for additional criteria). Table hosts will receive brief training from the site representatives on the day of the forum before it begins. Although forum participants and table hosts will not receive compensation for their participation, they will be entered into a drawing for \$1,500 for travel, registration, and lodging to an in-state conference of their choosing. The PD and GA will coordinate the drawing and administration of the funds. Attendees will receive breakfast and lunch during the forum.

In the **second half of Year 2 (February 2026 – July 2026)**, community forums will gather insights on the health information resources used by LGBTQIA+ communities at regional and local levels. These forums will employ the World Café methodology, a proven approach in various contexts including LGBTQIA+, libraries, and health, where the methodology has been shown to facilitate community participation, trust-building, and a deeper understanding of diverse viewpoints (Etowa et al., 2022; Fallon & Connaughton, 2016; Hafford-Letchfield et al., 2021; Kitzie, Pettigrew, et al., 2020; Kitzie et al., 2023; Löhr et al., 2020; MacFarlane et al., 2017; Nussbaumer, 2008; Ochôa et al., 2021; Recchia et al., 2022; Thompson et al., 2022). This methodology, aligning with community-based participatory approaches and strengths-based health promotion, encourages open dialogue and can reduce participant fatigue compared to other methods. The World Café Community Foundation (2024) outlines seven guiding principles for forums: a) set the context, b) create a hospitable space, c) explore questions that matter, d) encourage everyone's contributions, e) connect diverse perspectives, f) listen together for patterns and insights, and g) share collective discoveries. The PD created a toolkit (see [Supportingdoc4.pdf](#) and [this report](#) for additional materials) based on applying these principles in LGBTQIA+ health information contexts to guide forum execution, which site representatives were trained on in **Year 1**.

Site representatives will handle forum setup and facilitation, with the PD and GA providing logistical support and answering questions. The PD and GA will manage the ordering and delivery of forum materials to the library sites and arrange breakfast and lunch for the half-day forums. Though absent physically, the PD and GA will be available remotely during the forums. The World Café setup involves small tables seating 4-6 participants, with butcher paper and markers for collective notetaking. The forums consist of several 15-20-minute conversational rounds guided by thought-provoking questions designed to generate energy, focus inquiry, and open new possibilities (Brown & Isaacs, 2005). Questions for discussion might include:

- Based on your experiences, what local, regional, and national resources would you want to see included in a comprehensive LGBTQIA+ health resource web resource? What additional information would be most useful to include alongside each of these resources, such as how they serve or how you access them?
- If you could design the perfect online resource for LGBTQIA+ health information, what features and content would it include?
- What initiatives or programs have you observed or participated in that you think address LGBTQIA+ health concerns well? How could these be incorporated into a digital resource?
- Could you describe the specific services your organization offers that cater to the health needs of LGBTQIA+ individuals? (*For librarians and healthcare professionals*)? What do they look like? How often are they being used, if at all?
- In what ways are you contributing to the creation or dissemination of health information within the LGBTQIA+ community, such as sharing information on social media or organizing health talks?

- Imagine you had a magic wand that you could wave to make sure every LGBTQIA+ person had access to the health resources and healthcare they need. What would that look like? What small, actionable steps can we take to move closer to that vision?

After each discussion round, participants write a key "seed" idea from their conversation on an index card, then move to a different table, with only the table host staying put to ensure cross-pollination of ideas. The table host starts the next round by summarizing the previous discussion, followed by participants sharing their "seed" ideas. Once the discussion rounds conclude, table hosts display the butcher paper on the walls for a "gallery tour," allowing everyone to review the session's collective insights. The forum ends with a large group discussion led by site representatives, summarizing key themes and considering the next steps. Conversations will be documented through various means, including the notes on the tablecloth and "seed" ideas and additional notes by table hosts and site representatives. Post-forum, site representatives will photograph all notes and upload them to a secure cloud server for the PD and send all physical forum materials to the PD. By the end of **Year 2**, the web developer will have also made changes to the guide based on stakeholder feedback.

In **Year 3 (August 2026 – July 2027)**, the focus shifts to finalizing and disseminating the digital LGBTQIA+ health guide. In the **first half of Year 3 (August 2026 – January 2027)**, the PD and GA will analyze the community forum notes using methods developed in prior work (Kitzie et al., 2023). They will create an executive summary of findings, which will be shared with site representatives and forum participants for informal feedback on how well the summary conveyed their discussion and any missing topics or themes. They will also compile a list of regional and local resources identified during the forums for inclusion in the guide. The PD will share the finalized list of sources with the web developer to incorporate into the guide. The PD will also work with NNLM Region 2 project partners to create a sustainability plan to keep the guide active and updated after the funding period. A preliminary idea the PD and NNLM Region 2 have discussed is funding Region 2 MLIS students to maintain and update the guide as part of a practicum. This option depends on the RML securing a cooperative agreement from the NIH for the five-year grant cycle spanning 2026 to 2031. To promote sustainability, the web designer will train the PD and GA on the guide CMS for future changes and additions by non-technical users.

In the **second half of Year 3 (February 2027 – August 2027)**, the web developer will create a second draft of the guide, including local and regional resources, which the PD will share with all project stakeholders with the sustainability plan for feedback. The GA will create a feedback form and analyze the results. Based on this feedback, the PD and web developer will meet to discuss revisions. While the guide's content, structure, and organization will be contingent on work done by all project stakeholders during prior phases, *Table 2* displays a preliminary structure based on the PD's initial analysis of existing LGBTQIA+ digital health information resources. The guide will be organized and guide elements searchable based on recommendations from health sciences librarians and CHWs in **Year 1**.

Guide Section	Description
Homepage	Brief overview of the guide, its creators, and its objectives.
About	Details and contact info of those responsible for the guide's creation and maintenance; links to partner organizations.
Find a Provider	List of national, regional, and local healthcare provider directories with descriptions, links, coverage areas, and features (e.g., user reviews, provider and practice tags like "trans competent," "gender-neutral bathrooms"). When possible, information should be provided regarding when each resource was last updated.
Find Community Resources	Compilation of LGBTQIA+ health information resources, organized by level (national, regional, local) and possibly by health topic or subgroup. Includes both formal (e.g., organizations) and informal (e.g., Google Docs, Discord channels) sources, with dates each resource was last updated when available.

Guide Section	Description
Find Consumer Health News	Updated feed of relevant health news, including surveys, data, legislation, etc.
Contact Us	Form for inquiries, feedback, or resource suggestions.

Table 2. Sample guide format

The PD will collaborate with the web developer to secure a domain and choose a web hosting provider for the guide. Opting for a public domain over USC's server enhances visibility and accessibility, aligning with the practices of other LGBTQIA+ organizations. The web developer will add search engine optimization (SEO) to the guide to enhance discoverability. The guide will also have a responsive design for web devices. Domain privacy will be added to protect against unwanted scrutiny or harassment. The guide is set to be live for at least three years post-project (starting May 2027), with hosting and domain renewals every three years. The web developer will design promotional materials directing people to the guide. These materials may include, but are not limited to, signs, pens, fans, keychains, and tissues. The PD, assisted by the GA, will distribute these materials to stakeholders for dissemination in various venues (e.g., libraries and doctor's offices) and during events like Pride Month in June 2027. These materials will use LGBTQIA+-friendly symbols (e.g., the Pride flag), which may also increase visits to the spaces where they hang since people will read them as the space being welcoming to LGBTQIA+ populations (Petrey, 2019). The PD will also ask all project participants to disseminate electronic images advertising the resource to their networks. In addition, the PD will email the image advertising the resource to a list of national LGBTQIA+ organizations compiled by the project GA. Based on forum feedback, the PD may explore further dissemination strategies. Each forum will include a draw for a participant to win conference travel, with the winner encouraged to promote the guide at the event.

Diversity Plan

LGBTQIA+ people are not a monolith, and when it comes to health, sub-groups experience heightened health disparities. For instance, gay men and transgender women have higher rates of HIV, and lesbian and bisexual women are more prone to obesity, osteoporosis, and certain cancers when compared to the general population (Lund & Burgess, 2021; Medina-Martínez et al., 2021). LGBTQIA+ is a cross-cutting identity and intersects with other marginalized identities in ways that exacerbate disparities. For example, Black sexual minority men are more likely to acquire HIV and experience more difficulties accessing pre-exposure prophylaxis compared to white sexual minority men (Lund & Burgess, 2021); Black and Latin American transgender women are more susceptible to experiencing physical and sexual assault, and murder (Medina-Martínez et al., 2021); and Black and Latina bisexual and questioning young women are more likely to report sexual health risk behaviors (Pollitt & Mallory, 2021). These findings underscore the need to include diverse perspectives in the project to address these essential variations.

Two crucial, underrepresented identities within the LGBTQIA+ umbrella are transgender and/or BIPOC. Transgender people, especially, are experiencing an onslaught of adverse legislation banning their medical care (Movement Advancement Project, 2023). Race/ethnicity is an essential cross-cutting identity with LGBTQIA+ in shaping health disparities, and prior research has shown that the intersection of race/ethnicity and LGBTQIA+ also impacts information access (Wagner & Kitzie, 2021). For these reasons, the PD will prioritize the recruitment of LGBTQIA+ participants who identify as transgender and/or BIPOC. The PD will use a combination of purposive (i.e., looking for respondents with specific characteristics) and snowball (i.e., asking participants to recommend others from their networks) sampling strategies. Snowball sampling will be essential in diversifying the pool of LGBTQIA+ forum attendees since if there is a diverse selection of site representatives, they will likely be able to recruit more diverse participants. The LGBTQIA+ CHWs the PD will initially recruit based on the cohort she identified in her prior project represent transgender and/or BIPOC identities and experiences. For recruiting public library workers, health sciences librarians, and healthcare providers, the PD will prioritize experience working with LGBTQIA+ populations and if these professionals personally identify as LGBTQIA+ and/or BIPOC.

The PD will enhance diversity in choosing public library locations for community forums by focusing on areas less welcoming to transgender individuals since it is likely that they also experience more challenges in addressing their health problems and concerns. Selection will be informed by the Movement Advancement Project (n.d.), which compiles states' legislation and assigns an overall policy tally (the PD will prioritize states that receive negative to low tallies), and the 2022 National Transgender Survey, highlighting the top ten states transgender people have left due to discriminatory laws (James et al., 2024). The PD will also use census data to assess the racial demographics of each state (United States Census Bureau, n.d.). In collaboration with the GA, the PD will evaluate libraries based on accessibility—public transport access, free parking, disability-friendly infrastructure—proximity to rural areas, and availability of gender-neutral bathrooms as additional selection criteria. The PD will collaborate closely with the NNLM R2 governance board – the Regional Advisory Board (RAB) and the Emergency Response and Preparedness Advisory Committee (ERPAC). Their governance roles include leveraging the diverse experiences and expertise of these board members—from various sectors such as public and academic libraries, public health, and community organizations—to enhance the diversity plan. Specifically, the PD will seek the boards' insights and perspectives to guide the execution of the diversity plan and to bolster engagement with public libraries.

Project Results

This project aligns with IMLS program goals by fostering collaborations between LGBTQIA+ communities and librarians to address health information barriers through an online consumer health guide. It offers librarians significant outreach opportunities to LGBTQIA+ communities, enhancing the guide's usage. LGBTQIA+ participants will benefit from networking to bridge information gaps and connect with previously unknown community resources. LGBTQIA+ CHWs will also provide valuable resource feedback, leveraging their dual role as information mediators and community advocates. All participants will contribute ideas, resources, and feedback throughout the project, ensuring the guide is developed with a "bottom-up" approach. This strategy aims to include diverse LGBTQIA+ voices, making the guide more relevant nationwide.

The PD will use a multi-faceted approach to ensure the target population of LGBTQIA+ individuals is aware of and can access the guide, opting for a public domain over a university server to enhance visibility. The guide will feature a memorable URL, be accessed via commercial web browsers and mobile devices, be indexed by Google, and have SEO data implemented into its back end. Through community forums, the PD expects to create a national network of hundreds of stakeholders dedicated to LGBTQIA+ health promotion, who will help distribute electronic images advertising the guide. Key stakeholders with extensive networks (e.g., LGBTQIA+ community leaders) will receive additional promotional items advertising the guide to disseminate at events like Pride month. Winners of the community forum drawings will be attending conferences in **Year 3**, and the PD will share with them images and promotional materials to advertise the resources at these conferences. The PD will also send the image advertising the guide to an email list of national LGBTQIA+ organization contacts (e.g., GLSEN, the Trevor Project) created by the GA.

Sustainability is critical. The PD will collaborate with NNLM Region 2 on a sustainability plan and initiatives. Using a CMS like WordPress ensures easy maintenance of the guide without technical expertise. A three-year hosting and domain package will secure the guide's availability until May 2030, with all web files (HTML, CSS, SQL) archived on [Open Science Framework \(OSF\)](#) for long-term access and PDF versions of key documents also hosted on OSF. The PD will explore additional ideas to maintain the sustainability of the resource after the funding period in consultation with all stakeholders throughout the project and incorporate their feedback into the final sustainability plan.