Activist Librarian II

Engaging in LGBTQ Cultural Competencies

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Outside of traditional academic, research, and public library spaces, we can find many opportunities to share with avid information seekers experiences and endless knowledge of available resources; ranging from databases, to websites, to journals, to a community resource, to a chapter in a book. Since my beginnings in alcohol and tobacco control and prevention work in 2001, I have submerged myself in trying to understand LGBTQ cultural competencies to properly serve LGBTQ community members looking to quit smoking and/or how to support the frontline workers looking to serve LGBTQ communities. This paper will explore: 1) the librarian’s role as health activist and “real information” facilitator; 2) current LGBTQ health disparities and realities affecting ATOD consumption; 3) cultural competencies to work in LGBTQ communities; and 4) non-traditional health resources available to work with LGBTQ communities.

Keywords
LGBTQ, Tobacco control, Health disparities, Cultural competency, Intersectionality

Introduction

Librarians and information specialists are trained to search databases, identify sources of information, and support the research needs of their clients. In this uncertain moment, when people are questioning what is “real information,” we realize librarians have been finding real information already for centuries. What is a reliable source? Who has
authority or subject expertise? Is the author or his/her publications cited frequently by others? Many of us go to traditional sources of information, others go online, while others rely on their personal/professional experiences in the field to identify the resources to answer the user’s questions.

As a librarian and information specialist, can you identify a moment when you provided a library user or information seeker with a reference to a resource that you know because you are a member of a community, because you think it is “real information,” or because of your own knowledge? Can you identify a community-based organization in your city/county or a leader in a specific community that can be a reference for your patron? Perhaps a spokesperson or champion in a cause that can provide knowledge beyond the graphs and statistics found in journal articles? Do you know your communities’ “key informants?”

Back in 2010, during the SALIS 32nd Annual Conference, I provided a broader overview of how librarians can work in their communities and contribute to the national and local public health debate by presenting, Activist Librarian: Experiences/Observations from an Independent Information Consultant Navigating the Public Health Field. Seven years later, the call for us to consider how our current work continues to address the health information needs of the substance use and mental health fields allowed me to insert the reduction of health disparities among LGBTQ communities in this year's conversation.

About LGBTQ Communities

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities use a wide range of terminology to identify themselves. Depending on the geographic location, LGBTQ communities use a variety of acronyms and terminology that changes as new generations of LGBTQ individuals empower themselves to fight homophobia and heterosexist environments. However, most funded research on LGBTQ communities usually does not go beyond LGBT. For the purpose of this paper, the Q signifies queer or questioning and it was included in recognition of all those individuals that do not identify with the LGBT acronym, but are members of the community, such as intersex and gender fluid. It is important to note that most sources cited here do not include the Q in its findings, data collection efforts, or reports.

But how do LGBTQ communities in your city or state identify themselves? To better understand that, public health advocates and service providers need to insert themselves in the LGBTQ community to identify sexual orientation (lesbian, gay, bisexual), gender roles (masculine, feminine), gender identifier (transgender, transsexual, queer), and other terminology representative of the racial/ethnic, social, and economic variables present in each location. Each of these categories and descriptors vary within each LGBTQ community across the country. National standards only provide a general overview.

Intersectionality is a term coined by civil rights advocates and scholars who recognize that an individual has multiple layers or identities that create the whole. Every individual carries different identities. These identities include race, gender, sexual orientation, age, religion, mental and physical disabilities, among other forms of identity. Recognizing these differences allows for better understanding of the individuals and communities we are trying to serve. LGBTQ communities are diverse and represent more than one single community.

Throughout the world, LGBTQ people face isolation, violence, overt discrimination, and inequitable benefits and policies, affecting
access to health and social services. LGBTQ communities carry a heavy burden of a history that even criminalizes homosexuality, yet strong grassroots structures exist to offer social support, legal assistance, health services, and provide an organized platform to advocate for what LGBTQ communities need. Even with the lack of trust LGBTQ communities feel regarding institutions and the government, partnership with LGBTQ communities continues to be an untapped resource to make changes. Private companies and governments are recognizing the importance of LGBTQ communities by establishing policies that are inclusive. However, the struggle to achieve equality continues to be a barrier, as presented by the nondiscrimination policies showcased in Image 1.

![Image 1. The National Gay and Lesbian Task Force State NonDiscrimination Laws in the US map shows in purple the states banning discrimination based on sexual orientation and gender identity. The states in pink shows the states with laws banning discrimination based on sexual orientation.](image)

Hospital and healthcare facilities receiving federal funding are mandated by Obama-era policies that expanded protection for LGBTQ communities. However, current federal government policies seem to be dramatically changing this landscape.

### LGBTQ Health Disparities

Research suggests that LGBTQ people face barriers to health care that profoundly affect their overall well-being. Fear of stigma and discrimination because of their sexual orientation or gender identity from healthcare providers and institutions makes it harder for LGBTQ individuals to access care, much less culturally competent healthcare (Institute of Medicine, 2011).

Additionally, national health reports are showing tendencies for higher use of alcohol, tobacco, and drug use as well as higher risk of depression, anxiety, and suicide among LGBTQ communities, especially among youth, trans, and communities of color (US Dept. of Health and Human Services, 2012; Fenway, 2016).

Much is needed to reduce LGBTQ health disparities. The few research studies looking to understand LGBTQ health are limited in scope and many are compromised by the national and state policies that rule the funding. These realities are even more present for LGBTQ youth, who are often left out of the limited current research agenda making their health realities less visible to the public health agenda. Issues like cancer, diabetes, and other chronic conditions, especially among LGBTQ elders, should be studied to maintain a health profile of LGBTQ communities and understand the most appropriate strategies to approach the issues. Due to the lack of research available, libraries and information centers have limited content to share regarding LGBTQ health disparities and need to be creative to satisfy user needs.

### LGBTQ Tobacco-Related Disparities

The Centers for Disease Control and Prevention Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities supports eight national networks that are working to advance the prevention of commercial tobacco use and cancer in populations experiencing tobacco-related and
cancer health disparities. Among network findings, tobacco use is 71% higher among adults with mental illness while African Americans smoke menthol cigarette at nearly three times the rate of Whites (LGBT HealthLink, 2016).

According to the 2009-2010 National Adult Tobacco Survey, LGBT tobacco use is over 50% higher than in the general population. Issues like stigma and youth coming out process are triggers associated with initiation. Bars and clubs have always been a place where LGBTQ individuals gather safely. Yet, these are “safe” spaces with high alcohol, tobacco and drug consumption.

Decades of oppressive policies and institutions make other issues more relevant among LGBTQ communities. Fighting for basic rights like adoption, marriage, hospital visitation, inheritance, bathroom rights, prison treatment of trans individuals, and serving in the military make tobacco control and prevention a secondary issue.

Although the HIV/AIDS epidemic has stabilized for the general population, certain sectors are still experiencing higher rates of HIV infection than others (Gay and Lesbian Medical Association, 2001). The same happens with smoking. While the general population has decreased its cigarette smoking prevalence, LGBTQ communities continue to smoke at alarming rates (LGBT HealthLink, 2016). Unlike other pressing policy issues, smoking is not a priority for LGBTQ communities nor for the government. According to CDC-funded LGBT HealthLink (2014), it took fifty years since the first US Surgeon’s General Report on smoking to clearly delineate LGBTQ communities as a population experiencing disparities.

Industry Targeting

For decades, the tobacco industry has been targeting different populations to attract new smokers. They lure LGBTQ individuals to smoke by appealing to the communities with high quality campaigns. Like the alcohol industry, they adorn their campaigns with fight for equality messages and rainbow flag images. Magazine advertisings in LGBTQ publications and financial support to LGBTQ organizations have been some of the tactics used to showcase support to LGBTQ communities. But in reality, these are campaigns to lure new smokers and drinkers. Today, the tobacco industry shows up to LGBTQ Pride events and bars to distribute cigarettes in exchange for contact information to send coupons to purchase cigarettes at a discount.

Before brands and campaigns are released, the industry has performed a detailed marketing study to understand LGBTQ habits and preferences. Dating back to the 1990s, R. J. Reynolds’ intentions were to target alternative lifestyle consumers to boost cigarette sales by implementing Project SCUM. Standing for Sub Culture Urban Marketing, it targeted gay men and homeless individuals in San Francisco neighborhoods (Engardio, 2001).
Engaging in LGBTQ Cultural Competency

Any search in journal databases will yield results about what is cultural competency and its importance. Each of the layers of an individual’s identity could require a specific cultural competency needed to best deal with their health concerns. Beyond any recommendations provided by researchers, librarians and information specialists can be catalysts who bring competency to reduce health disparities. Traditionally, libraries and information centers have been safe spaces for LGBTQ communities, and beyond any available research on the stacks, our diligence can contribute to inclusiveness. Beyond adding more books with content on LGBTQ issues and bringing LGBTQ speakers to events and programs, institutional policies and administrative procedures can begin inserting data collection language inclusive of sexual orientation and gender identities. Websites, trainings, reports, and funding can be inclusive of LGBTQ needs. Internal hiring, promotion and personnel practices can also institutionalize competencies within an institution.

Departments of health across the country are integrating LGBTQ perspectives and realities into their work. These include the celebration of Pride month, LGBTQ targeted prevention campaigns, LGBTQ specific cessation programs like The Last Drag, and the development of promising practices to target LGBTQ communities. California, Idaho, New York, and Pennsylvania are leading the way in reaching out to LGBTQ communities. Even North Carolina, a state recently perceived as aggressive towards LGBTQ communities due to their restroom policies, is reaching out to LGBTQ smokers using smart phones.

LGBTQ Health Resources

Today’s journal databases provide a limited amount of research to understand health disparities as an intersection of various aspects of one individual. Even less information will be available to understand the needs of a geographically limited LGBTQ community unless you are from Chicago, New York, San Francisco or other urban centers. Yet, the best book or journal in the library many times does not come in that format. For librarians and information specialists in any setting, identifying your local resources can be the best sources of information. Following is some recommendations:

- Find out what programs or services your local department of health offers to LGBTQ communities.
- Identify support for you and your clients at the closest LGBTQ community center by searching CenterLink’s Directory of LGBT Community Centers at https://www.lgbtcenters.org/
- Find a healthcare professional in the Gay and Lesbian Medical Association Online Provider Directory at http://www.glma.org
- Contact LGBT HealthLink for tobacco and cancer related information at http://www.lgbthealthlink.org, including a Tobacco Free Queers educational campaign.
- Identify culturally competent resources in the Center of Excellence for Transgender Health at http://transhealth.ucsf.edu and the National LGBT Health Education Center at www.lgbthealtheducaiton.org
Conclusion

The current political and economic realities we face today have led me to explore various strategies for my career as a Librarian. Engaging in LGBTQ communities has been an essential part of my career as I strive to reduce health disparities. Identifying LGBTQ communities has not always been easy outside the bars, clubs, and Pride events I visit or find online. LGBTQ resilience to survive discrimination led to the establishment of social and support groups, open-door churches, as well as an extensive media network (print and digital) targeting LGBTQ communities, which today includes social media, LGBTQ health directories, online platforms, and mobile applications that can be accessed for health prevention efforts.

It is important to remember that LGBTQ health goes beyond testing for HIV/STDs or establishing support groups. LGBTQ communities need culturally competent preventive services for substance abuse, cancer, diabetes, and other health conditions, including mental health issues. Therefore, how can we commit as librarians to present “real information” to our users and communities? This paper looks to encourage librarians and information specialists working in ATOD, mental health, and public health to understand diverse perspectives when approaching the work and to learn of innovative public health development approaches, programs, and opportunities to support effective information access and dissemination.

Librarians and information specialists need to inform themselves about LGBTQ communities to ensure that the information they need for their users is readily available and accessible. They can also contribute to the national and local public health debate by supporting their local community based LGBTQ organizations, becoming allies, and by seeing themselves as social justice activists within the information highway.

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