Combatting Health Information Injustices for Community-based Health Promotion: A Curricular Outline

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ABSTRACT

This paper addresses limitations of LIS education at the intersection of consumer health, community engagement, and amplifying marginalized voices. The authors propose a curricular outline for an MLIS course on community-based health promotion taught by community health workers (CHWs) who are LGBTQIA+. Queer theory and participatory learning inform this outline, serving as lenses for understanding health information injustices and leveraging community-based strengths to address them. The proposed curriculum utilizes existing research, training, and partnerships between the authors, CHW training specialists, and LGBTQIA+ CHWs. The latter received training using elements of the proposed curriculum and substantiated its offerings with their embodied knowledge and lived experiences. We plan on implementing this curricular outline in Spring 2023.

ALISE RESEARCH TAXONOMY TOPICS

Pedagogy; curriculum; community-led services; community engagement; social justice

AUTHOR KEYWORDS

Community health worker; participatory learning; health information; LGBTQIA+; information barriers

INTRODUCTION

MLIS programs advance dominant interests via neutrality discourses (Gibson et al., 2017; 2021), adherence to "science-technology" and "business-management" models (Pawley, 2006),

and the absence of diverse voices within syllabi (Gibson et al., 2018) among other practices. Courses addressing working with diverse populations often advance deficit-based narratives envisioning people experiencing marginalization as "needing" or "lacking" expert intervention from librarians (Mehra & Gray, 2020). Calls for curricular changes center on critical and justice-oriented approaches providing students with practical, ethical, and theoretical foundations to confront oppression (Gibson & Hughes-Hassell, 2017; Mehra et al., 2018; Mehra, 2021).

Such approaches have relevance within consumer health contexts. Evidence shows that people experiencing marginalization lack equitable opportunities to remain healthy (St. Jean et al., 2021). These health injustices can be informational. Until 2020, our state had a "no promo homo law," making it illegal for public school teachers to discuss LGBTQIA+ health issues unless connected to STDs (Knox, 2020). These laws keep emerging, most recently in Florida's "don't say gay" rhetoric (Izaguirre, 2022). Librarians play critical roles in addressing these health information injustices by collaborating with local communities to provide inclusive access points for health information and support (Horrigan, 2015; St. Jean et al., 2021).

Our curricular outline addresses these gaps and opportunities by showing students how to recognize and elicit community strengths to combat health injustices. Queer theory and participatory learning are critical lenses informing this outline, which focuses on LGBTQIA+ issues for two reasons. First, LGBTQIA+ people experience significant health injustices (Romanelli & Hudson, 2017). Lack of social safety, which includes social connection, inclusion, protection, recognition, and acceptance, produces such injustices. Research has demonstrated that LGBTQIA+ people experience heightened threats to social safety cutting across multiple domains, including family, peers, school, and community (Diamond & Alley, 2022). LGBTQIA+ people respond and resist these injustices in part through their information practices that protect and defend against safety threats (e.g., word of mouth sharing of personal experiences with health-related issues and systems) (Kitzie et al., 2020b, 2022).

Second, in our larger work, we have developed an understanding of health information injustices among LGBTQIA+ communities and built ongoing partnerships with librarians and LGBTQIA+ CHWs recognized as leaders within their communities to address said injustices. We intend these CHWs to deliver the course materials as they are experts on their communities' lived experiences. However, we recognize that CHWs do not necessarily have an LIS background. We intend to use findings from our research investigating LGBTQIA+ CHW and librarian partnerships to inform cross-training opportunities, including free training for CHWs centered on consumer health information and provision, regardless of their participation in this MLIS course. During the course, an LIS faculty member will serve as a co-instructor with the CHW; while the faculty member will not deliver the course materials, they will support the CHW in preparing them.

CONCEPTUAL FRAMEWORK

Queer theory.

Queer theory imparts students with critical skills to identify and address health information injustices experienced by LGBTQIA+ communities. Queer theory values and centers lived experiences of LGBTQIA+ persons and understands their presence within institutional and social spaces contradicts normative ideologies (e.g., cis/heteronormativity). Queer theory identifies and names such ideologies, which extend to LGBTQIA+ health practices.

Specifically, research and conceptual applications of queer theory demonstrate how normative ideologies often label LGBTQIA+ health practices as "risky" and "uninformed" (Halberstam, 2011). These practices are hardly negative and function as agentic responses and resistance to health injustices (Vera et al., 2020).

An example would be an LGBTQIA+ person collecting their community's health-related questions and bringing them to their next doctor's appointment. This practice circumvents injustices experienced by individual community members, such as not feeling comfortable disclosing their LGBTQIA+ identities to a doctor or being able to afford a doctor's visit (Kitzie et al., 2020b, 2022). Queer theory's roots in LGBTQIA+ activism offer directions for leveraging community strengths outside the purview of institutional gazes. For example, librarians could work with transgender and non-binary communities to create collaborative guides for accessing transition-based care. These guides avoid potential co-opting by medical professionals either ill-equipped to provide affirming care or who only see this population as economically exploitable (Wagner & Kitzie, 2021).

Participatory learning.

Participatory learning is a pedagogical approach that compliments queer theory by focusing on lived experiences and community strengths (Zacko-Smith & Smith, 2010) rather than assuming community failure or lack (Warburton & Bredlin, 2019). When applied to information, this approach challenges the notion that people experiencing marginalization face information poverty because they do not regularly use formal resources (Gibson & Martin, 2019; Kitzie et al., 2022). It asks librarians to reconsider prioritizing such resources in favor of community-affirming information. An example would be a librarian providing an active list of LGBTQIA+ friendly medical professionals produced by LGBTQIA+ community members rather than a provider list pulled from a state-generated directory (Kitzie et al., 2020a). This act decenters information behavior/practice narratives positioning librarians and other "experts" responsible for creating information and resources (Koh, 2013).

Participatory learning also focuses on application, asking students to apply what they learn to real-life situations rather than top-down didactic strategies that center on short-term information retention (Bradley, 1995). We employ participatory learning through in-class activities and events and a significant assignment that partners students with local CHWs to create an information resource for the CHW's community.

DESCRIPTION OF COMMUNITY-BASED HEALTH PROMOTION COURSE

Why CHWs?

CHWs act as critical intermediaries between healthcare systems and their communities, often underserved and experiencing health challenges. CHWs are trusted within their communities, promote community health, and combat health injustices. Many of their practices provide informational support as CHWs deliver educational presentations, give suggestions and referrals, help patients understand medical advice, and collect data (APHA, 2009; Scott et al., 2018). CHWs have gained enhanced recognition and visibility in the US and are a vital part of the healthcare system (Scott et al., 2018).

MLIS students interested in consumer health, social justice, and community engagement are the intended audience. The outline draws from CHW foundational training developed by a team from the University of South Carolina's School of Information Science and Arnold School of Public Health's Center for Community Health Alignment. It consists of a collaboration between LIS researchers, CHW training coordinators, and CHWs who are LGBTQIA+ community leaders from South Carolina. They are working with the authors as part of a larger project examining research, training, and partnerships between LGBTQIA+ CHWs and health sciences librarians (see https://bit.ly/lgbtqia_chws).

MLIS students will not be trained as CHWs. Instead, this curricular outline uses participatory elements of CHW training to offer several unique opportunities to students. First, the outline brings communities experiencing health injustices to the forefront of conversations about healthcare and health outcomes. We achieve this objective by having LGBTQIA+ CHWs teach the course and drawing from curricular materials informed by their individual and communal experiences as LGBTQIA+ people. Further, the outline is evidence-based. It includes findings from our research examining partnerships between librarians and LGBTQIA+ communities to overview strategies for community outreach and engagement (Kitzie et al., 2020a). This research also informs the primary assignment, highlighting opportunities for librarians in training to extend their provision of reliable health information and support by partnering and collaborating with CHWs (Horrigan, 2015).

Syllabus Description.

The syllabus content centers on six modules. Early modules build upon basic concepts of participant-centered practice and cultural humility, with later modules applying these concepts to health information and LGBTQIA+ populations. *Module 1* focuses on conceptual lenses underlying participant-centered practice and draws from foundational CHW training. "Participant" denotes someone actively collaborating with librarians to improve their wellbeing rather than passive recipients of services (Warburton & Bredlin, 2019). Students will critique deficit-based community engagement and outreach models as part of this module.

Module 2 fosters cultural humility for professional development (Fisher-Borne et al., 2015). An LGBTQIA+ cultural humility training developed and piloted with health sciences librarians informs this module. Students will understand other facets of cultural humility across intersectional axes, including but not limited to race/ethnicity, ability, and class (Crenshaw, 1991).

In *Module 3*, students will conduct motivational interviewing, including the four OARS principles (i.e., open questioning, affirmations, reflective listening, summaries) and enact other strength-based approaches. In *Module 4*, students focus on intersectional health inequities experienced by LGBTQIA+ populations. These inequities do not reflect individual pathologies or characteristics. Instead, social, economic, cultural, and political structures produce them (Cyrus, 2017). Students will tie these inequities to the health information barriers overviewed in *Module 1* to demonstrate how institutional and systemic failures produce informational barriers.

Module 5 overviews key competencies and characteristics of CHWs. Since CHW foundational principles inform the outline, students should understand who CHWs are and what principles guide their work. *Module 6* outlines community outreach and engagement strategies for librarians to partner and collaborate with LGBTQIA+ people and communities, including CHWs. *Table 1* shows excerpts from the course syllabus.

Table 1

Course Syllabus Excerpts

Course Name

Combatting Health Information Injustices for Community-based Health Promotion

Catalog Description

This course overviews how librarians can identify and address health injustices underserved populations face, focusing on LGBTQIA+ communities. Students will engage with prominent conceptual approaches from the CHW field substantiated by the lived experiences and embodied knowledge of LGBTQIA+ CHWs delivering the training to problem-solve real-world scenarios concerning how health information and resources are created, sought, disseminated, and used. The skills learned from this class will be applied to developing collaborations with underserved communities for health promotion.

Major Assignment

Based on their interests, students will collaborate with CHWs to identify and research a health information injustice experienced by the CHW's community and create an informational resource to address it. Students will present their resources to the CHW and relevant stakeholders they identify at the end of the semester for feedback. The assignment will consist of the following parts:

- Developing a cultural humility plan for professional development
- Delivering a visual presentation about a health information injustice faced by the CHW's community
- Identifying an informational outcome to address this health information injustice informed by an interview with the CHW using strengths-based approaches
- Action planning with the CHW to achieve specified health informational outcome
- Developing and presenting the informational resource, including a dissemination plan

Readings and Activities

Module 1: Participant-centered Practice

Key questions

- What is participant-centered practice? What are the benefits of adopting it?
- What are techniques that you can apply in libraries to facilitate participant-centered interactions?

Definitions

Participant vs. client; provider-centered; deficit vs. strengths-based approaches; harm reduction; stages of change

Activity

Watch "Client-Centered Counseling and Nutrition: Role Play, Demo" (https://www.youtube.com/watch?v=73-ebSBGQU0). Discuss participant-centered techniques applied.

Module 2: Cultural Humility LGBTQIA+ Training

Key questions

- What characterizes positive and negative healthcare experiences? How about for LGBTQIA+ people?
- What are health information barriers experienced by LGBTQIA+ populations? How do these populations create, seek, use, and share health information despite these barriers?
- How can you leverage your expertise when working with LGBTQIA+ people and remain culturally humble?

Definitions
LGBTQIA+; information inequities; health justice; information practices; homo/transphobia; cis/heteronormativity

Activity
Individually reflect on a memorable positive and negative experience with a healthcare professional. What made each experience so memorable? Next, watch "Vanessa Goes to the Doctor" (https://www.youtube.com/watch?v=S3eDKf3PFRo). What are some similarities and differences between your experiences and Vanessa's? How might Vanessa's lived experience as a transgender woman of color inform these similarities and differences?

Module 3 Utilizing Motivational Interviewing Techniques: Emphasis on OARS
Key questions
- What are motivational interviewing and OARS? How have they been utilized and applied?
- How does the "big eyes, big ears, small mouth" model play into using OARS methodology and motivational interviewing concepts?
- What are the potential roles for these strength-based approaches in library services, such as reference interviews?

Definitions
- Motivational interviewing; OARS; "Big eyes, big ears, small mouth"

Activity
Get into pairs with one person serving as a community health professional and the other serving as a community member. The community member will have a written script to follow. The professional will have to respond using OARS (https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/ReproductiveSexualHealth/Document s/edmat/OARSEssentialCommunicationTechniques.pdf) to identify goals, strengths, and barriers for the community member. Partners will then switch roles.

Module 4 - Health Inequities
Key questions
- What does it mean when we refer to "health injustice"? What are examples of health injustices?
- How are health injustices produced at each level of the socio-ecological model?
- What is the relationship between these injustices and health information outcomes?

Definitions

Socio-ecological models; minority stress theory; social determinants of health; structural racism

Activity
Read about the Black Infant Health Program (https://www.skillscommons.org/bitstream/handle/taaccct/10983/STLCC_CHW_04_CaseStudy_BlackInfantHealthProgram.pdf?sequence=62&isAllowed=y). Share your responses to the following questions:
- What are some of the health injustices faced by participants? Which ones are informational?
- What were the program's successes at each level of the socio-ecological model? How about successes related to combating health information injustices?

Module 5: CHW Foundational Knowledge
Key questions
- What is the CHW profession? What is its history and current status?
- What are the key factors to consider when identifying CHWs? What are the roles that CHWs can and should hold?
- What are opportunities for libraries to partner with CHWs to address health information injustices?

Definitions
- CHW qualities; CHW skills and competencies; CHW roles

Activity
Post a variety of unlabeled roles and practices of health professionals with three potential categories labeled "never," "sometimes," and "always." Using the CHW Core Consensus Project (https://www.c3project.org/), students will put each role/practice into one of the three categories.

Module 6: Community Outreach and Engagement
Key questions
- What types of community health outreach have you experienced/witnessed?
- Who are key opinion leaders and respected institutions in your community that you could partner with for conducting outreach?
- How can the concepts of cultural humility, strength-based approaches, and participant-centered skills inform effective community outreach?

Definitions
Cultural humility (review); power dynamics (power over vs. power with); assessment of community strengths and assets; constituents/allies/opponents

Activity
Small groups will be assigned a county in SC (Lee, Colleton, or Orangeburg). Read your assigned county's "Community Health Assessment: County Snapshot" (livehealthysc.gov). Using this information, identify a health topic to address and identify possible community

stakeholders, partners, and allies. Identify assets existing within the community and barriers you could face when conducting outreach.

CONCLUSION

This proposal presents a curricular outline for engaging students in participatory learning to combat health information injustices experienced by LGBTQIA+ communities. Drawing from the CHW field and lived experiences of LGBTQIA+ CHWs, the outline offers critical and social justice-oriented approaches that foster practical, ethical, and theoretical foundations for confronting health information injustices. The outline gives students meaningful opportunities to collaborate with stakeholders, here CHWs, on projects addressing health information injustices. These opportunities are essential for students on the job market, as many LIS employers prefer candidates with relevant experience working with underserved communities (Wagner & Keeling, 2019). The curricular outline also allows CHW-librarian collaborations to extend beyond the course. We intend to pilot-test the curriculum in Spring 2023 for MLIS students at our institution. Based on pilot findings, we will develop and share curricular resources so that other institutions can replicate this course.

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