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LGBTQIA-R: Creating a Diverse and Inclusive Medical Collection at a Public Metropolitan University

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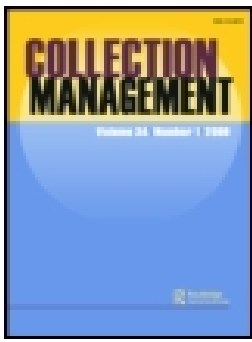
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LGBTQIA-R: Creating a Diverse and Inclusive Medical Collection at a Public Metropolitan University

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ABSTRACT

Information about the LGBTQIA population is difficult to collect because of the sensitive nature of the topic of sexual preference and gender identity. This paper examines our weeding project and collection development efforts to provide health care information for the LGBTQIA community at a Midwestern metropolitan university. The findings conclude that our collection was not providing sufficient, up-to-date health information for the personal and professional information needs of our patrons in the R-RZ Library of Congress range. The weeding process, strategies for working with department faculty, and the implications for an intersectional medical collection are discussed.


KEYWORDS

Academic libraries; health sciences; medical collection

Introduction

In 2017, the American Library Association (ALA) Office for Intellectual Freedom website noted librarians serving younger lesbian, gay, bisexual, transgender, questioning, intersex, and asexual (LGBTQIA) patrons continue to make headlines for books challenged in public and school libraries (see also Jones 2011; Reiman and Greenblatt 2011; Ritchie and McNeill 2011) but rarely do universities share this spotlight on LGBTQIA collections. University librarians are thought to have more leeway with their collections but they also risk protests from students, faculty, alumni, administrators, and community members. As seen in school and public libraries, librarians can risk backlash from parents, patrons, and administrators by including LGBTQIA-centered material in collections (Brand and Maasch 2017; Hughes-Hassell, Overberg, and Harris 2013; Moss 2008).

However, ALA best practices clearly state that equity, diversity, and inclusion are fundamental values of the association. The ALA affirms through the 2010 Library Bill of Rights (B.2.1) that explicitly states

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materials dealing with gay, lesbian, bisexual, and/or transgender life are protected, regardless of format or services. Wexelbaum (2016, 42) defines ideal library safe spaces as “protecting freedom of expression, fighting censorship, respecting diversity, and protecting individual privacy, for patrons and coworkers alike.” Librarians have made efforts to make libraries of all shapes and sizes inclusive, safe spaces for LGBTQIA populations, from physical accommodations such as gender-inclusive bathrooms (Cottrell 2015; Marquez 2014; Pun et al. 2017) to programming such as drag queen story times, as seen on *The New York Times* (2017) and *The Guardian* (2017) websites. LGBTQIA libraries and archives have formed to recognize the importance of documenting historical identity of the community (Bail 2017; Carmichael 2000; Kroeger, Ohira, and Schindler 2017; Lukenbill 2002; Marston 1998; Gutterman 2011).

Just as libraries were called on to play a role in providing the public with safe spaces to find information on AIDS during the epidemic in the 1980s (Greenblatt 1990), libraries should now move beyond physical locations and programming to include safe spaces to explore current health topics. Being visible as a safe and supportive space can begin with having LGBTQIA health information available in the form of printed pamphlets, LibGuides, and displays (Hawkins et al. 2017). Information about the LGBTQIA population is difficult to collect because of the sensitive nature of the topic of sexual preference and gender identity (Alexander and Miselis 2007; Curry 2005). Patrons have a right to access health information focused on the individual needs within the LGBTQIA community for personal or academic information needs (Howard 2011; Strachan and Van Buskirk 2011; Waldman 2011), and our collection development efforts need to reflect the ALA values in all subject areas. Aside from serving the information needs of the LGBTQIA population, it is important that students in pre-health majors understand the different patients, procedures, and policies they may encounter in the fields of nursing, public health, medicine, psychology and related fields, as noted on the Association of American Medical Colleges (2018) website. Additionally, professors, counselors, social workers, administrators, advisors or other users may be interested in the topic for professional or educational interests (Greenblatt 2003; Oswalt, Evans, and Drott 2016).

In the summer of 2018, we focused on creating a more inclusive, intersectional health and medical collection for students, faculty, and staff to reflect the needs of the current campus community. We did not have any challenged books, but it is the responsibility of the subject librarians to assess our collections proactively as campus programs grow and/or disciplines evolve to include new research. The three main objectives of this project were:

1. Assess our collection from the standpoint of the health information needs of the LGBTQIA population, identifying gaps with respect to currency on a wide variety of health topics.
2. Identify source venues and platforms for collection development to fill the identified gaps in titles and content.
3. Initiate a dialog with key stakeholders on campus for sustained collaborative collection management in support of LGBTQIA health information needs.

As a result of these three main objectives, the project included revisiting collection development policies, weeding titles, and archiving books of notable historical significance for the Queer Omaha Archives—a local LGBTQIA non-circulating collection which is part of the University Libraries' Archives and Special Collections available to students, faculty, staff, and community members. In addition, the project included purchasing new titles to fill gaps in the collection. We will cover a brief review of the literature, our methodology for weeding and the results, and future actions for the continuation of the project.

For the purposes of this article and the weeding project, we broadly use the term LGBTQIA to include people attracted to people of the same and/or multiple genders, people attracted to other genders, people not attracted to any gender, or people who identify or express themselves as a person of another gender. This definition by Ciszek (2011) also includes those individuals who are questioning their sexual orientation or gender identity. As noted by Alexander and Miselis (2007), this brief description really only begins to deal with the complex topic of gender identity and sexual orientation. The authors recognize definitions are fluid and ever-changing. Thus, our definition of “LGBTQIA-materials” was fluid as we noted the varied terminology used by the medical and psychological professional communities at the time of the publication of the materials that evolved through the decades. While this prohibits a singular definition of what should or should not be included in a medical collection concerning contemporary or historical texts, librarians will be better able to serve the LGBTQIA community by simply being aware that these complexities exist.

Literature review

Historically, libraries have heavily censored LGBTQIA materials for a variety of reasons, which we will cover briefly here. First, LGBTQIA populations were underserved because of the fear that collecting and promoting these materials was an endorsement of a pro-gay position and libraries wanted to remain “neutral” (Greenblatt 2003). Joyce notes “By adopting an

ethos of neutrality, public librarians help perpetuate a heterosexist and patriarchal status quo that tends to exclude hidden minorities” (2000, 270). Activist librarians in the 1970s launched the movement to increase access to gay and lesbian materials and challenged the organizational practices of hiding literature or cataloging it under disorders in Library of Congress Subject Headings (Adler 2013, 2015; Carmichael 1998, 2002). Bryant (1995) noted that, even well past the AIDS epidemic of the 1980s, the evidence suggested that many public libraries still failed to collect gay titles or pertinent information about AIDS despite the ALA Code of Ethics that required strict neutrality of professional conduct with respect to discrimination against information requests.

Second, self-censorship by omission occurs both as an attempt to avoid conflict with patrons or administrators simply by not including LGBTQIA materials at all (Carmichael 1998) and as the erroneous assumption that library patrons do not need LGBTQIA-themed information because they do not ask for it. LGBTQIA patrons, especially adolescents, often face ridicule and discrimination and may be secretive about their information needs (Downey 2005). Librarians are creating new classification systems to address the structural problems that come with fitting new knowledge in LGBTQIA studies into standard classification systems for easier accessibility (Nowak and Mitchell 2016). Third, there were, and continue to be, assumptions that LGBTQIA community members do not live in certain communities or attend certain schools (Greenblatt 2003). Fourth, librarians are concerned about how the collection may reflect on them personally, fearing negative judgment from the community (Antell, Strothmann, and Downey 2013). Finally, many librarians use traditional book review sources such as *Publisher’s Weekly* and *Booklist* and claim it is too time-consuming to find LGBTQIA materials outside these sources. There are also claims about having a tight budget that cannot include LGBTQIA materials, as if these materials are “expendable, unnecessary luxuries” (Antell, Strothmann, and Downey 2013, 106).

The current LGBTQIA library literature for higher education primarily focuses on strengthening relationships through outreach and collection development for core collections. Wexelbaum (2018) reports no formal research yet exists regarding the role libraries play in the retention of LGBTQIA undergraduate students. When seeking information regarding LGBTQIA topics, she notes:

In short, not all LGBT students will set foot in the LGBT resource center, but they will be more likely to set foot in the library – or use library resources and services remotely – because most LGBT students place high importance on their academic performance and have high motivation to learn and excel. Not only that, but there is a tacit expectation of all undergraduates to use library resources and services at least

once to complete at least one research assignment. All potential first year students receive a campus tour that includes the library as a stop, while they may never learn about the LGBT Resource Center until they are ready to search for it. (Wexelbaum 2018, 40)

Marrall (2015) developed best practices for serving transgender patrons in academic libraries but focused on inclusive language and signage within the library rather than collections. A recent survey by Morris and Siegel (2017) found librarians are more comfortable with LGBTQIA work that is covert (such as reference) rather than overt (such as creating displays). They also found respondents were most familiar with LGBTQIA terms that have existed for longer (e.g. gay, lesbian), and less familiar with newer terms (e.g. genderqueer, cisgender) (Morris and Siegel 2017).

After an extensive review of the literature, the authors found no works focusing on medical collection development for the LGBTQIA population in academic libraries in the United States. Only a few studies since the early 2000s have covered the health science information needs of the LGBTQIA community in North America (Fikar and Keith 2004; Flemming and Sullivant 2000; Morris and Hawkins 2016; Morris and Roberto 2014, 2016; Perry 2001). There is a certain irony to this as a citation analysis of the scholarly literature of LGBT studies by Antell (2012) found that the field has a high rate of interdisciplinary citations and cites particularly heavily from medical journals and books. Indeed, very few studies cover the information-seeking needs of the LGBTQIA community overall (Colbert 2017; Creelman and Harris 1990; Drake and Bielefield 2017; Jardine 2013).

We believe health science materials for the LGBTQIA community is still a developing topic and extremely timely given the status of affordable health care in the United States for this population (Barbot and Durso 2017; Gonzales and Henning-Smith 2016; Hawkins et al. 2017). The current literature primarily focuses on the need for librarians to continue building up juvenile and young adult collections (Alexander and Miselis 2007; Downey 2005; Hughes-Hassell and Hinckley 2001; Madden 2008; Rauch 2011; Simpson 2006). While there was a publishing spike in the late 1990s and early 2000s (Joyce 2000), librarians have focused little attention on serving the same patrons which are now adults-seeking health information (Hawkins et al. 2017). Weiner (2017) conducted a preliminary study of the published book literature and found that most books regarding sexual minority health focused on mental health and almost 30% were personal accounts.

Although Klein's (1993) "Guide to the literature on homosexuality for librarians and faculty" contains practical advice, the items cited are now considered historical (and possibly defunct, thanks to changing websites)

and Clarke (2011) provides updated information on reviewing and selecting LGBTQIA materials, approval plans, and electronic and print sources to consult. Ciszek (2011) offers recommendations for providing LGBTQIA web-based resources in academic libraries and Mehra and Braquet (2011) echo the importance of providing reference support, user instruction, and web resources to LGBTQIA students, particularly during the coming out process. Scoggins (2018) provides a short, practical case study about implementing an overall LGBTQIA collection development project at a four-year state university with practical advice on researching missing titles in all disciplines, filling gaps, and promoting new books.

Methods

The health and medical collection in the Dr. C.C. and Mabel Criss Library at the University of Nebraska Omaha has not been weeded in nearly ten years. This project focused on adding additional timely and relevant content while weeding titles no longer useful to the collection because of changes in research interests and program growth on campus. We did not start with a goal of weeding or replacing a certain number of titles. Reducing the collection to make additional space for a specific purpose, such as for shifting our building's holdings or reducing the R collection's overall footprint, was also not an issue. An initial scan of the integrated library system (ILS) provided us with the breakdown of the sub-sections in the R range. The planning and coordination process took place from November 2017 to May 2018 as schedules allowed and the physical act of deselection and discarding and meetings with faculty took place from May 2018 to July 2018. Overall, the project spanned nine months from conception to finalization. We spent twenty-five hours on the actual deselection of materials in the stacks but additional time was required for the organization of workflow with the library's Collections Coordinator for disposal, meetings with faculty and Queer Omaha Archives staff, and project updates between the two librarians. We recorded the number of hours spent on each sub-section/range, the number of items weeded within each range (Table 1), and most importantly, LGBTQIA representation in the range (Table 2). The purpose of recording these variables was twofold; first, we wanted to establish a rough estimate of the overall period of the project, particularly for future weeding projects, and second, it provided us an environmental scan of the entire R range, particularly in reference to the LGBTQIA representation in the sub-sections.

As with any collection development project, the first and foremost concern was scanning for how much use a title has seen; age was a second factor. Unfortunately, we had no checkout data pre-dating 2013 for the

Table 1. R range deselection by row.

Range	Hours	Items Weeded	Shelves
R	1.5	115	42
RA	6	413	105
RB	0.5	39	4
RC31–320.5	0.5	78	9
RC321–571	4	819	210
RC581–924.5	1	122	28
RC925–935	0.5	11	3
RC952–954.5	0.25	31	2
RC955–1020	0.5	34	4
RC1030–1160	0.25	3	2
RC1200–1245	1	28	21
RD	0.5	27	5
RE	0.25	1	1
RF	0.25	9	4
RG	1	81	9
RJ	4	476	63
RK	0.5	8	1
RL	0.25	1	1
RM	0.5	55	14
RS	0.25	0	3
RT	0.25	2	4
RV	0.5	3	1
RX	0.5	0	1
RZ201–397.5	0.5	8	1
RZ399–RZ999	0	0	1
Total	25.25	2364	539

collection because of the system platform transition that occurred before either author had joined the university. This made the deselection of a collection call range with universally acknowledged low checkouts an even larger challenge. We relied on the subject knowledge in our respective areas, anecdotal evidence of seeing books out of place on the shelves, and our expertise in collection management to make the decision to start the deselection process and divide the collection between the two librarians. The science, technology, engineering, and math (STEM) librarian focused on internal medicine, nursing, surgery, and other hard science subtopics. The social science librarian focused on subtopics such as public health, gerontology, psychology, homeopathy, and other systems of medicine.

Although we broadly defined early criteria for weeding, it gave us some perspective for the initial stages of the project about what makes a title a good candidate for weeding.

We developed the following as specific guidelines:

1. Medical and health texts based on information that pre-dated 2010.
2. Texts that do not follow current best practices for patient consent, safety, and well-being.
3. Physical condition of the text is not ideal for sustained use.
4. Title and/or content found to be offensive to underrepresented groups when taken out of explicit historical context.

Table 2. LGBTQIA representation by a number of titles across the R range.

Range	LGBTQIA Representation 1900–1999	LGBTQIA Representation 2000–2014	LGBTQIA Representation 2015–2019
RA	3	1	6
RC31320.5	1		
RC321–571	24	10	6
RJ	1		
Total	29	11	12

Age is especially important for subjects in STEM as well as Social Sciences in which staying current is critical. Likewise, we reviewed current best practices for the treatment of patients, especially for groups such as minors, and texts to make sure they met with new standards from such entities as the American Psychological Association and the American Medical Association. The condition of the title was a strong determinant of age on a surface level. However, we were cautious not to make any hasty judgments solely based on the condition and were on the lookout for any seminal texts that may need replacement copies. Finally, we pulled titles that used derogatory language by today's standards to be reviewed by faculty. The faculty and librarians reached a consensus on all titles based on professional knowledge. If we found the titles were unsuitable for the current collection, we sent them to the staff of the Queer Omaha Archives to see if they would be deemed valuable for historical significance.

Findings

There are approximately 12,000 titles in the R-RZ Library of Congress range and we estimate that we deselected 2,364 titles based on age, condition, or content over the summer of 2018. This included books, manuals, handbooks, and workbooks (Table 1). The completion of our weeding/LGBTQIA representation in the R range revealed that there was a significant gap in our collection both in terms of number of titles and up-to-date resources for LGBTQIA health information needs. The following table illustrates the number of titles found that addressed LGBTQIA health information in some capacity within each of the specific R range along with their publication period (Table 2).

Our initial takeaway from these results was that our collection development efforts in this area have been very limited in the last few decades. A significant percentage of LGBTQIA health related titles (57%) were at least twenty years or older. The scope of the collection was limited as well. For instance, the majority of titles were in the RC321–571 Neurosciences range. The topic areas clearly lacking any representation were health issues related to transgender, bisexuality, asexuality, and intersex. Similarly, we found a clear lack of focus in our collection in terms of LGBTQIA mental health issues. The LGBTQIA community has diverse needs based on a wide

diversity of ethnicities, ages, socioeconomic statuses, and identities. As the focused review of the literature highlights, there is a strong need prompted by a general lack of awareness of the health information needs of LGBTQIA community. These specific health information needs may manifest themselves in ways as diverse as the community itself, such as being a minority and a member of the LGBTQIA community. Health issues specific to transgender health, LGBTQIA youth, older adults, people of color, family health, substance abuse, and mental and behavioral health highlight the broad scope, and ambit, of LGBTQIA health information needs.

Acknowledging this significant gap in our collection, we identified key areas of focus for our collection development effort to support our LGBTQIA community on campus. After our initial scan from areas ranging from Sociology, Psychology, Social Work, and Gender Studies throughout this project, we highlighted areas such as relationships/family, bullying, stigma, violence, aging, mental health, substance abuse, disability, and medical health information for LGBTQIA information needs. We approached our faculty in these areas who have either a strong research interest or experience in serving underserved sexual minorities on campus. We consulted our colleagues in Psychology and Social Work to help us determine what items needed to be discarded based on outdated content, current best practices, and/or if they deemed the content to be offensive to underrepresented groups. Based on the faculty recommendations, we discarded six titles, eight went back to our circulating collection, and we sent fifteen to our Queer Omaha Archives. This outreach effort cultivated a collaborative thread around this shared interest that can help us further explore the information needs and behaviors of our community who identify themselves as sexual minorities.

The ongoing feedback loop with the interested faculty members on campus has helped us strengthen our relationships to address their research and curricular needs. This regular line of communication also keeps us informed of faculty colleagues' research agendas and the priorities of the academic programs and campus initiatives. As an added benefit following this project, our faculty colleagues were introduced to our general collection development approach as well as our focused approach towards collection development in this area. With this collective effort, we hope to support the teaching and research interests of our faculty who explore LGBTQIA identities, intersectionality of these identities, along with factors such as institutional support, advocacy, and activism on campus.

Limitations

The primary focus of this project was the R range of the collection—medical and health information for pre-health majors and members of the

campus community who identify as LGBTQIA. The authors recognize other sub-classes in HQ (Social Sciences) range or historical works that provide distinctive contextual emphases on the lived experience of the LGBTQIA community. It was beyond the scope of this project to address how these unique perspectives add to, serve, and intersect with the medical and health information needs of the LGBTQIA community.

Another limitation of this project is the lack of longitudinal period to assess meaningful statistics including usage. Similarly, faculty and student feedback from courses that explore gender and sexuality topics would highlight the impact of this effort. In addition, reliance on objective measures such as usage statistics often does not provide the complete picture. For example, featuring the recently acquired titles on new books display may skew the statistics for a sub-range of the collection.

There are no easy formulas to build an ideal collection in general and an ideal LGBTQIA medical and health sciences collection in particular. The size of the institution, budget restrictions, and focus on specific programs of study are all variables that academic librarians have to contend with on a continuous basis. However, our professional guidelines position collection development as an inclusive practice grounded in the ideals set forth by both ALA's Bill of Rights (1996) to acquire current, relevant, and appropriate materials for all members of the community (Schrader and Wells 2011). We suggest two main considerations for collection development. First, building a collection acknowledges the health information needs of sexual minorities and gathers contemporary research from a wide variety of platforms to address those needs. Second, maintaining a collection requires persistent focus on staying current with existing and identifying new LGBTQIA publishing venues that include medical and health topics related to underserved and underrepresented sexual minorities.

Conclusion and recommendations

Publishers are slowly focusing on LGBTQIA health and services, including medicine, psychology, and public health topics and best practices and progress is being made to be more inclusive of these titles. Our library will continue to (1) assess the collection, (2) actively collect LGBTQIA titles when conducting routine purchases based on the requests and suggestions of the faculty members, and (3) identify key journals for book reviews and other venues for targeted collection development. Librarians can network with local LGBTQIA groups by creating library spaces where these groups are welcome along with other campus groups, and by encouraging access to the excellent library materials that are available today (Alexander and Miselis 2007). We will work closely with the campus Gender and Sexuality

Resource Center and with the Women's and the Gender Studies department to look for opportunities to include intersectional titles as well. The mission of the campus Gender and Sexuality Resource Center (GSRC) is to "foster and promote equity, access, and inclusion for all genders and sexualities through education, resources, advocacy, and activism. This office provides specific programs and services for women, lesbian, gay, bisexual, queer spectrum, trans spectrum, intersex, asexual, non-straight, and gender non-conforming (LGBTQIA+) peoples" (University 2019). While they do provide some printed literature and resources to the campus community, the library's collection will be more extensive and more accessible to patrons due to longer library hours.

Several key takeaways emerged from this project. As the review of the literature illustrates, there are challenges to collection development for LGBTQIA health information needs. Ongoing budget restrictions pose serious challenges to meaningful collection development, evaluation, and management. However, there is a significant impact of this project—the recognition and inclusion of institutional support for LGBTQIA information needs in our future collection development policy planning.

The collaboration between the STEM and the Social Sciences Librarian helped identify the subtopics and areas under the broad umbrella of medical health information as well as intersectionality of health issues related to transgender, bisexuality, asexuality, and intersex. This collaboration further helped the collection development in these areas by highlighting some of the prominent publication platforms—in both Social Sciences and STEM disciplines. The interdisciplinary connections were inherent in Social Sciences. This was particularly evident from our partnership since it highlighted the cultural, social, and economic manifestations of health issues related to LGBTQIA health information needs.

With reference to finding venues for selecting materials to fill the identified gaps, our discussions with the faculty in the Sociology, Social Work, and Psychology departments also emphasized the absence of a single convenient venue or platform to gather resources for LGBTQIA information needs. Identifying the gaps in the collection, we have added more than 30 titles (see selected list of titles in Appendix A) from a wide variety of publishing venues. We routinely scan new titles in GOBI, Choice Reviews, Routledge, Elsevier, and major university presses. In addition, we now receive alerts from journals such as *Gender & Society*, *Feminism & Psychology*, and *Men & Masculinities* for book reviews. The Feminist Press and other independent presses also offer timely emails about books that fall in interdisciplinary and intersectional categories within LGBTQIA health.

Just as there are multitudes of venues, there are multitudes of disciplinary terms and vocabulary that further compounds the collection

development efforts. Often times, even scholars in the same discipline do not agree on the terms to describe the same concept, as one of our faculty colleagues insightfully pointed out. How these concepts manifest in the popular literature further complicates collection development efforts. Perhaps the most important lesson we learned from this project is that because of the interdisciplinary nature of LGBTQIA content, it is imperative to reach out to faculty members who have the disciplinary knowledge for collaborative collection development.

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Appendix A.

A Selected List of Titles Added to the Collection

Acquaviva, Kimberly. 2017. *LGBTQ-Inclusive Hospice and Palliative Care: A Practical Guide to Transforming Professional Practice*. New York: Harrington Park Press.

Cart, Michael, and Christine Jenkins. 2015. *Top 250 LGBTQ Books for Teens: Coming out, Being out, and the Search for Community*. Chicago: Huron Street Press.

DeBord, Kurt, Ann Fisher, Kathleen Bieschke, and Ruperto Perez. 2017. *Handbook of Sexual Orientation and Gender Diversity in Counseling and Psychotherapy*. Washington, DC: American Psychological Association.

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