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"WE TRY TO FIND SOMETHING FOR WHATEVER OBSTACLE MIGHT BE IN OUR WAY": UNDERSTANDING THE HEALTH INFORMATION PRACTICES OF SOUTH CAROLINA LGBTQ+ COMMUNITIES

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INTRODUCTION: RE-THINKING DEFICIT MODELS

- Deficit models focus on identifying **problems & needs**

- Public health policy development addressing **failures** of individuals & communities to avoid disease *(Morgan & Ziglio, 2006; Ziglio et al., 2000)*

- Library & Information Science (LIS) framing of **"needy" individuals** *(Frohmann, 1992; Julien, 1999; Olsson, 2005*

- Health librarianship focuses on **universal medical information & education** *(Morris & Hawkins, 2016; Ma, et al., 2018)*

TODAY'S PRESENTATION

Challenges **deficit model**

Reports empirical findings from research examining **health information practices** of **SC LGBTQ+** communities

Leverages findings into implications for **re-framing health librarianship**

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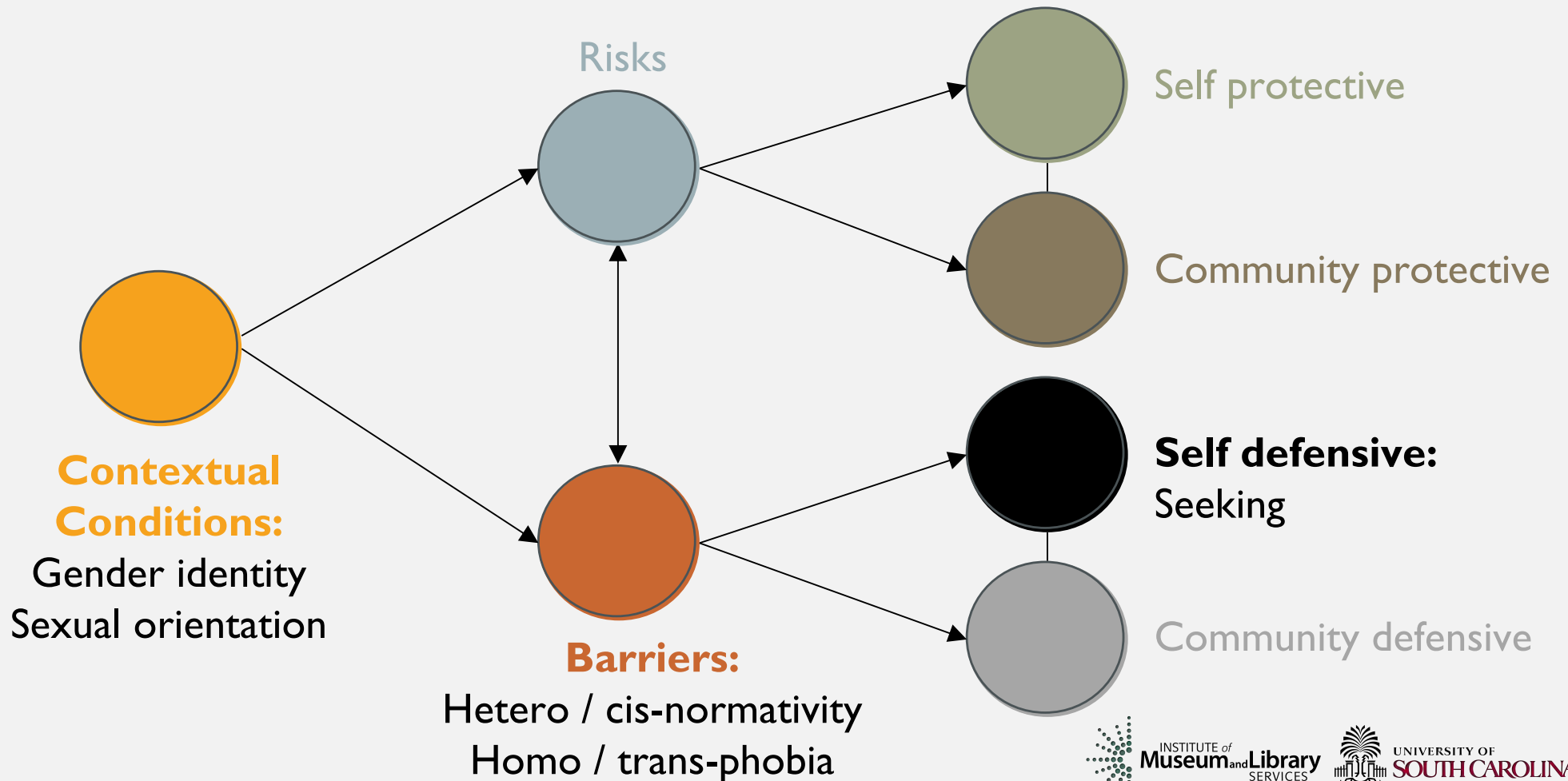
CONTEXT: DESCRIBING THE RESEARCH STUDY

- Interviews with **30** South Carolina LGBTQ+ community **leaders**

- LGBTQ+ populations face significant **health challenges** (_HealthyPeople, 2019_)

- Challenges exacerbated in **South** (_Matthews & Lee, 2014; Williams Institute, 2018_)

- **Informational barriers** (_Morris & Hawkins, 2016; Romanelli & Hudson, 2017_)

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Vada, a White lesbian who leads a community of LGBTQ+ adults describes challenges to her community staying healthy:

There aren't many doctors who are **willing to listen**.[…] There aren't very many therapists that we know of who are good therapists, A, and B, **willing** and **capable** of treating **complex LGBT issues**. Because they are **complex**. They're different from another standard. Standard. **Straight people are standard**. It's different than treating somebody who is straight because the issues are simply-- they might be the same in diagnosis, but they're **different in causation**. So depression from somebody who's LGBT might be because their family has rejected them. Whereas someone who's straight might have depression because their dog died. That's very different. **And trying to treat it is going to be very different** […] trans women […] have to find alternative ways to get their hormones because there's very few-- trans women have a harder time passing, usually, then trans men. And they're desperate to be on hormones because **it changes things**. And when doctors aren't willing to prescribe it because **they don't understand**, it can make it very challenging for them.

PULLING IT ALL TOGETHER:
CONCEPTUAL MODEL

IMPLICATIONS: WHAT CAN WE *DO* WITH WHAT WE'VE FOUND?

- **Re-orienting professional practice** rather than "fixing"

  - Shift from outreach to **engagement** *(Baba & Abrizah, 2018)*

  - Partnering with **community health workers** *(Raj et al., 2015)*

  - **Cultural competency trainings** to medical professionals *(Cooke, 2017)*

  - **Harm reduction workshops** *(Pollack, 2008)*

THANK YOU!
QUESTIONS?

For more project info:

http://bit.ly/hiplgbtq

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