“WE TRY TO FIND SOMETHING FOR WHATEVER OBSTACLE MIGHT BE IN OUR WAY”: UNDERSTANDING THE HEALTH INFORMATION PRACTICES OF SOUTH CAROLINA LGBTQ+ COMMUNITIES
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
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)
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, than 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.
Self defensive:

Seeking

Barriers:
Hetero / cis-normativity
Homo / trans-phobia

Community defensive:

Community protective:

Self protective:

Contextual Conditions:
Gender identity
Sexual orientation

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:


Cooke, N. A. (2016). *Information services to diverse populations: Developing culturally competent library professionals.* ABC-CLIO.


