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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*

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

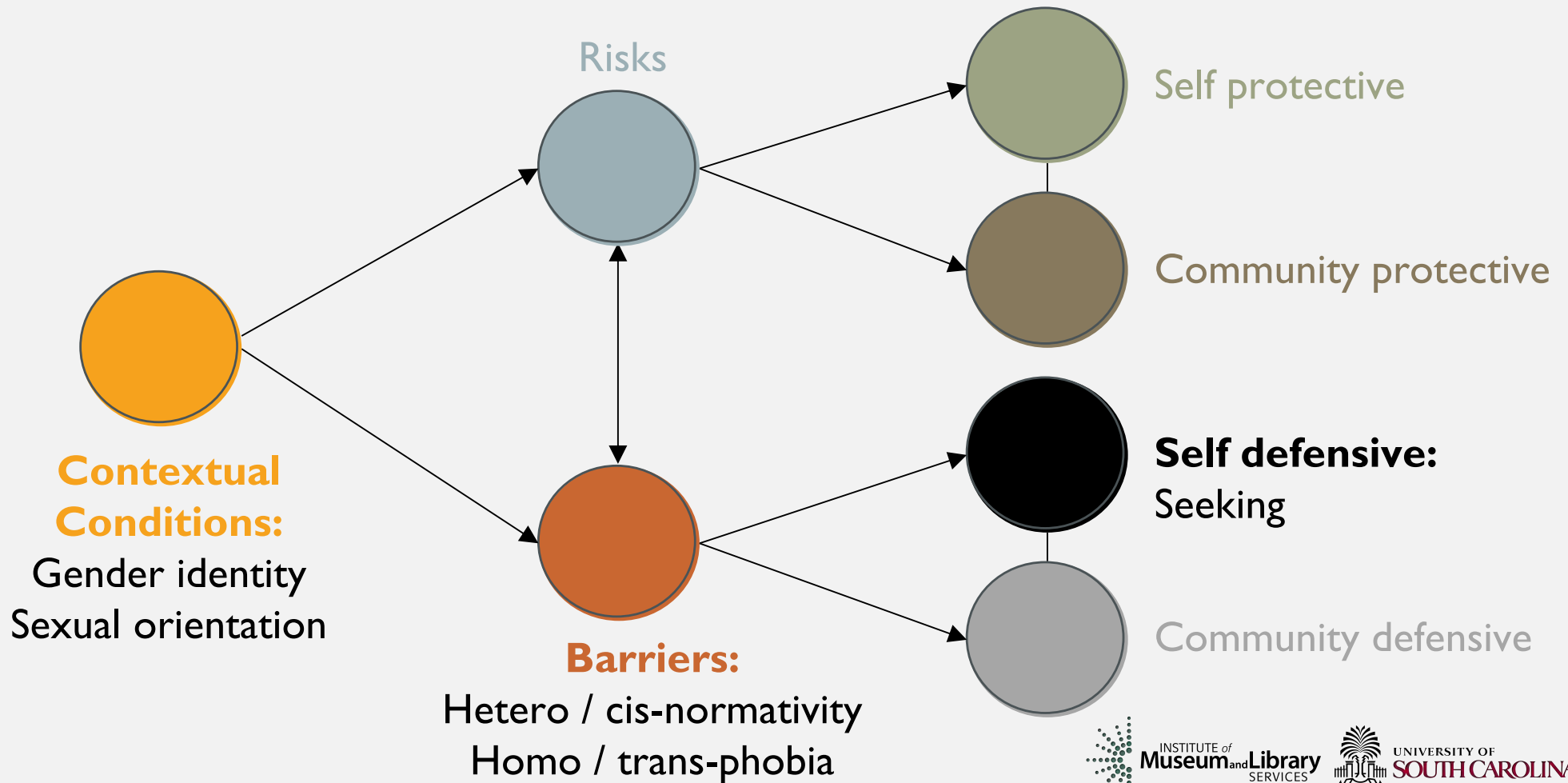
- Interviews with **30** South Carolina LGBTQ+ community **leaders**
- LGBTQ+ populations face significant **health challenges** ([HealthyPeople, 2019](#))
- Challenges exacerbated in **South** (*Matthews & Lee, 2014; Williams Institute, 2018*)
- **Informational barriers** (*Morris & Hawkins, 2016; Romanelli & 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.



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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