

# “LIKE TWO BEACH UMBRELLAS PUT TOGETHER”

## INVESTIGATING THE HEALTH INFORMATION PRACTICES OF SOUTH CAROLINA LGBTQ+ COMMUNITIES

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LGBTQ+ COMMUNITIES EXPERIENCE **SIGNIFICANT HEALTH DISPARITIES** INFORMATION BOTH **PRODUCES** & **COMBATS** DISPARITIES HOW INFORMATION SHAPES HEALTH DISPARITIES IS **UNDERSTUDIED**

“WHAT’S A TRUSTED PLACE THAT I CAN GO TO THAT’S GOING TO **HELP** ME AND NOT **HURT** ME?”  
COMMON HEALTH QUESTION ASKED BY PARTICIPANT SECOND’S COMMUNITY

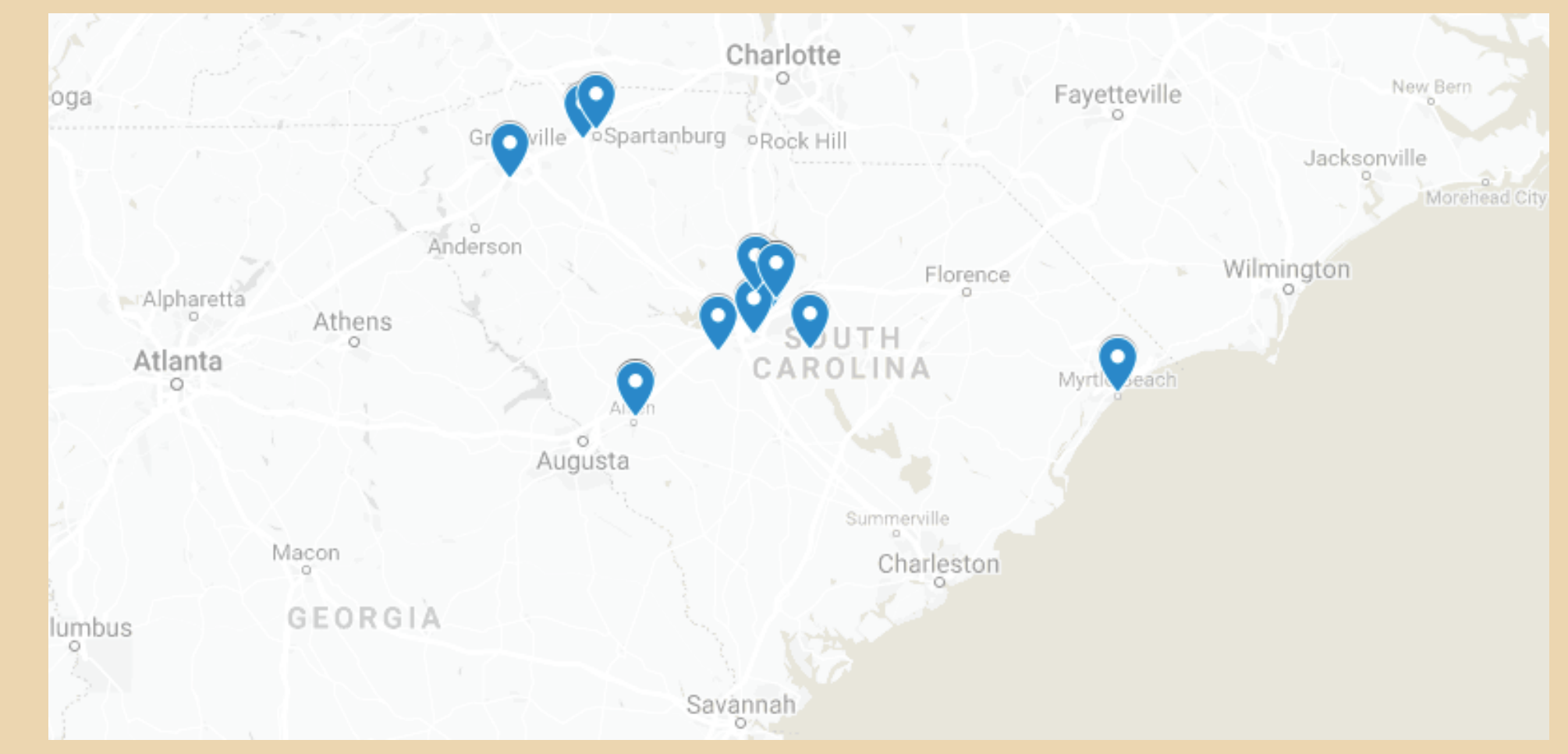
**RQ1. HOW DO SC LGBTQ+ COMMUNITIES CREATE, SEEK, SHARE, & USE HEALTH INFORMATION?**  
**RQ2. WHAT ARE THE SOCIAL & STRUCTURAL FACTORS AFFECTING THESE HEALTH-RELATED INFORMATION PRACTICES?**

### RECRUITMENT & DEMOGRAPHICS

SAMPLING STRATEGIES FOR HIDDEN POPULATIONS: **PURPOSIVE, SNOWBALL, THEORETICAL, MAXIMAL VARIATION** RESULTED IN INTERVIEWS WITH **13 SC LGBTQ+ LEADERS** INTERVIEWS ONGOING WITH 30 PARTICIPANTS AS TARGET

AGE		RACE/ETHNICITY	
18-25	38%	WHITE	78%
26-34	8%	BLACK	38%
35-54	23%	AFRO CARRIBEAN	8%
55-64	23%	ABORIGINAL	8%
65+	8%	ARAB/WEST ASIAN	8%

### MAP OF PARTICIPANT LOCATIONS



### COLLECTION

**INDIVIDUAL, SEMI-STRUCTURED INTERVIEWS ABOUT:** COMMUNITY HEALTH QUESTIONS & CONCERNS WHAT COMMUNITY DOES OR DOES NOT DO TO ADDRESS THEM  
**INFORMATION WORLDS DRAWING EXERCISE:** PEOPLE, PLACES, & THINGS THAT ADDRESS OR DO NOT ADDRESS HEALTH QUESTIONS AND CONCERNS  
**AVG. INTERVIEW DURATION: 120 MINUTES**

### ANALYSIS

**FIRST CYCLE. INITIAL, PROCESS, & DESCRIPTIVE CODING. WHAT IS GOING ON? LINE-BY-LINE.**

**SECOND CYCLE. AXIAL & THEORETICAL CODING. WHAT ARE RELATIONSHIPS BTWN CATEGORIES?**

### CODE & SUBCODE

### DEFINITION

### EXAMPLE

<b>BARRIERS</b>	<b>OBSTACLES PREVENTING COMMUNITIES FROM ACHIEVING HEALTH-RELATED OUTCOMES OR GOALS.</b>	
<b>ISOLATION</b>	LACK OF PROXIMITY TO NEEDED HEALTH OR HEALTH-PROMOTING RESOURCES.	IN THE SOUTH, IF YOU GET A FEW GAY PEOPLE GOING IN ONE DIRECTION OTHER GAY PEOPLE WILL COME BECAUSE <b>THEY'RE SO STARVED FOR COMMUNITY.</b> - DEB
<b>MEDICAL TUNNEL VISION</b>	PROVIDING HEALTHCARE BASED ON LGBTQ+ DISPARITIES WITHOUT CONSIDERING OTHER HEALTH NEEDS.	YOU DON'T WANT TO GO TO SOMEBODY THAT'S <b>SO PRO TRANS</b> THEY'RE <b>MISSING YOUR REGULAR ISSUES.</b> - TONY
<b>RESEARCH</b>	RESEARCH STUDIES THAT EXPLOIT LIVED EXPERIENCES OF LGBTQ+ COMMUNITY.	I THINK <b>BIG PUBLICATIONS ARE WIDELY MISTRUSTED BY LGBTQ PEOPLE</b> BECAUSE THEY COME FROM BROADER SOCIETAL SYSTEMS ... PLACES THAT AREN'T REALLY EDUCATED ON THE ISSUES WE FACE. - KYLE
<b>RELIGION</b>	INSTITUTIONALIZED RELIGION DISCRIMINATING AGAINST LGBTQ+ COMMUNITY.	OBVIOUSLY NO SENSIBLE RELIGION'S GOING TO POINT OUT [THEIR THERAPY PROGRAMS FOR LGBTQ+ COMMUNITIES] <b>AND SAY IT'S CONVERSION THERAPY.</b> - ABBY JENNINGS
<b>RESILIENCE</b>	<b>ABILITY TO “BOUNCE BACK” FROM ADVERSE SITUATIONS BY MAKING POSITIVE ADAPTATIONS.</b>	
<b>DEMANDING RECOGNITION</b>	CALLING FOR OTHERS TO ACKNOWLEDGE COMMUNITY'S EXISTENCE, VALIDITY, OR LEGALITY.	THE FUNDAMENTAL FACT THAT <b>I EXIST</b> PROVES THAT LIFE IS POSSIBLE. - PINKY LILY FLOWER
<b>HOPING</b>	NAMING ACTIONS, DESIRES, & IDEAS THAT CREATE A WORD WHERE LGBTQ+ PEOPLE EXPERIENCE EQUALITY.	<b>TOGETHER WE CAN CHANGE THE WORLD</b> & THAT STARTS WITH THE COMMUNITY WE LIVE IN. - PRINCESS MOCHA
<b>SURFACING A COLLECTIVE BODY</b>	SHARING STRONG EMOTIONS BY COMING INTO CONTACT WITH OTHER LGBTQ+ PEOPLE.	<b>WHEN IT'S TIME TO COME TOGETHER, WE COME TOGETHER.</b> I DIDN'T KNOW HOW POWERFUL THAT WAS UNTIL WE HAD THE BATHROOM BILL INTRODUCED IN OUR STATE. - TONY
<b>PRACTICING SPIRITUALITY</b>	ENGAGING IN SPIRITUAL PRACTICES OUTSIDE OF ORGANIZED RELIGION AS A FORM OF HEALTH PROMOTION.	TO BE A CHURCH THAT WELCOMES MUSLIMS, IS HEADED BY A GAY PERSON, AND REFUSES TO USE THE WORD CHURCH SUGGESTS] <b>WE CAN LOVE JESUS, BUT DON'T NEED YOUR RELIGION TO LOVE HIM.</b> - PINK LILY FLOWER
<b>DEFENSIVE INFORMATION PRACTICES</b>	<b>INFORMATION PRACTICES REACTING TO PERCEIVED NEGATIVE CONSEQUENCES TO SELF &amp; COMMUNITY.</b>	
<b>ASSESSING RISK</b>	WEIGHING THE COSTS OF ENGAGING IN A SPECIFIC PRACTICE AGAINST THE PERCEIVED BENEFITS.	“BUG CHASERS” TRY TO BECOME [HIV] POSITIVE TO ACCESS [HEALTHCARE]... <b>IF YOU EVER TEST POSITIVE, YOU GET THIS ENTIRE HEALTH INFRASTRUCTURE</b> YOU CANNOT HAVE OTHERWISE. - PAT
<b>WORD OF MOUTH</b>	SHARING OF EXPERIENCES & STORIES AMONG COMMUNITY MEMBERS.	I FEEL LIKE <b>WORD OF MOUTH IS THE GOD</b> AS FAR AS INFORMATION, THE WAY IT SPREADS. - KYLE
<b>MEDIATING</b>	CONNECTING COMMUNITY MEMBERS WITH OUTSIDE EXPERTISE & RESOURCES.	IT'S ALL WHO YOU KNOW. THE PEOPLE YOU NEED TO KNOW ARE AT THE CENTER AND <b>THE PEOPLE AT THE CENTER KNOW WHO YOU NEED TO KNOW.</b> - CHARLES
<b>MISTRUSTING OUTSIDERS</b>	SELECTIVELY INTRODUCING NEW, OUTSIDE INFORMATION INTO A COMMUNITY.	WE'RE NOT GOING TO GO LOOK FOR [HEALTH INFORMATION]. <b>WE'RE GOING TO LOOK FOR IT WITHIN OURSELVES.</b> WE'RE AN ABUSED GROUP OF PEOPLE THAT WE ACT THAT WAY. THAT <b>WE TURN TO OURSELVES.</b> - KIM