

Title: “We Try to Find Something for Whatever Obstacle Might be in Our Way”: Understanding the Health Information Practices of South Carolina LGBTQ+ Communities

Objective: LGBTQ+ people experience health disparities compared to heterosexual, cisgender peers. Individual and systemic barriers produce these disparities. One barrier is informational, as LGBTQ+ people experience challenges when learning about their health needs, navigating the healthcare system, and overcoming obstacles to care. This paper investigates the future of libraries and the health sciences by exploring how they can address these informational barriers.

Methods: This paper reports on ~30 ongoing interviews with LGBTQ+ community leaders from South Carolina (SC) using a semi-structured protocol. The protocol asked participants to discuss their community’s health questions and concerns, how the community addresses them, and the barriers experienced along the way. Qualitative data analysis of interview transcripts and drawings from an information worlds mapping exercise is iterative and inductive. The researchers employ the constant comparative method to generate open codes and then organize them into broader thematic categories.

Results: Findings denote that SC LGBTQ+ communities are keenly aware of their health information needs, however perceive a lack of institutional knowledge to address them. Moreover, participants mistrust experts like medical practitioners due to their perceived lack of cultural competence when serving LGBTQ+ communities. In turn, participants orient themselves and their communities through and around barriers to health information and resources via defensive and protective information practices.

Conclusions: Implications suggest that LGBTQ+ people do not view themselves as experiencing deficits regarding how they engage with health-related information. Therefore, it is not the job of librarians to “correct” information practices that they may find to be risky or problematic. Instead, it is their duty to provide systems and services to meet the health needs of LGBTQ+ people, which may include reorienting their own approaches to information provision and assessment. This reorientation can be accomplished by leveraging defensive and protective information practices in which SC LGBTQ+ communities already engage.