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"Like Two Beach Umbrellas Put Together": Investigating the Health Information Practices of South Carolina LGBTQ+ Communities

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“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

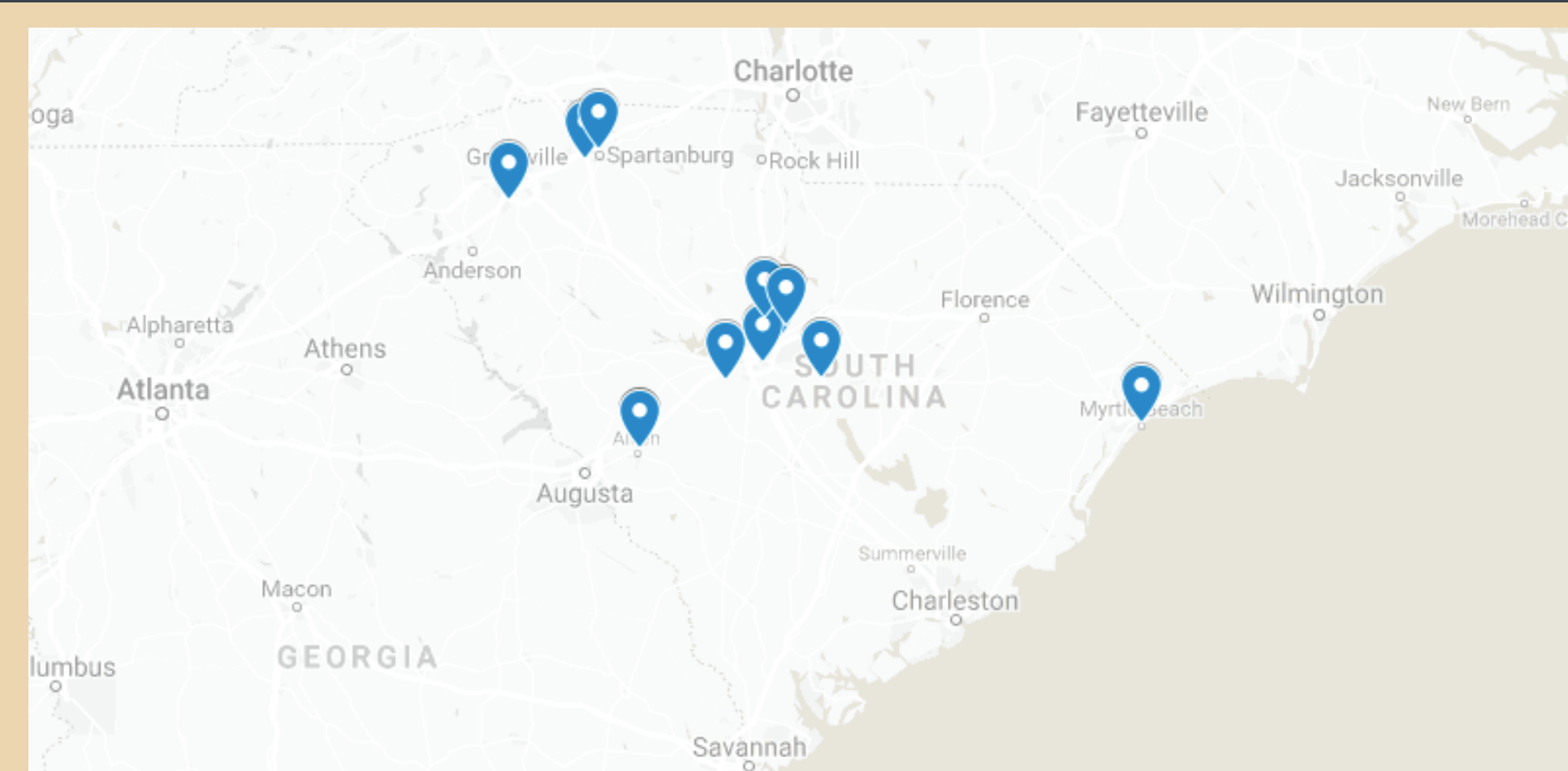
RQ1. HOW DO SC LGBTQ+ COMMUNITIES CREATE, SEEK, SHARE, & USE HEALTH INFORMATION?
RQ2. WHAT ARE THE SOCIAL & STRUCTURAL FACTORS AFFECTING THESE HEALTH-RELATED INFORMATION PRACTICES?

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

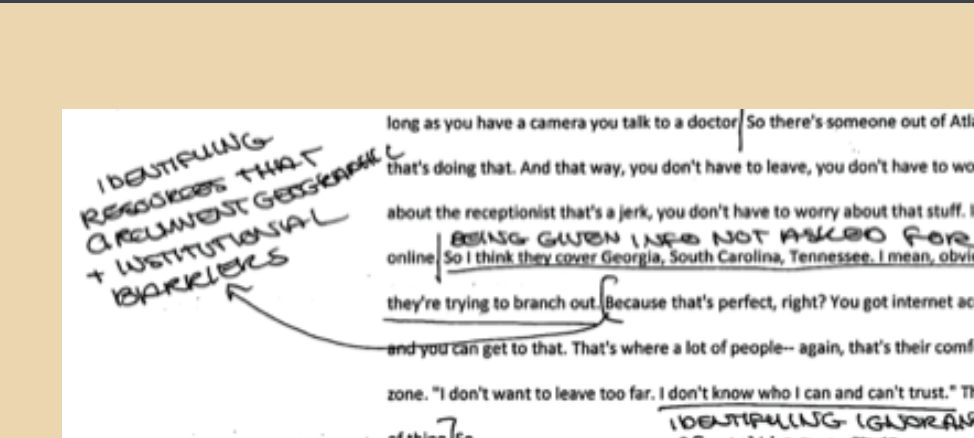


COLLECTION

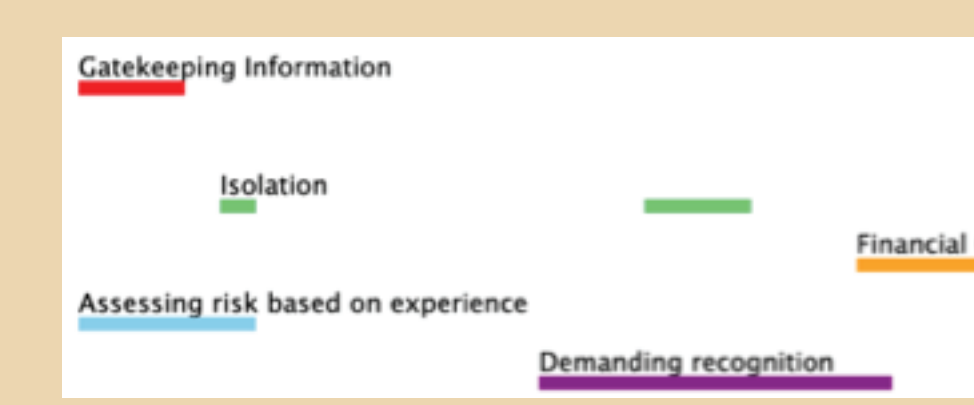
INDIVIDUAL, SEMI-STRUCTURED INTERVIEWS ABOUT: COMMUNITY HEALTH QUESTIONS & CONCERNS WHAT COMMUNITY DOES OR DOES NOT DO TO ADDRESS THEM **INFORMATION WORLDS DRAWING EXERCISE:** PEOPLE, PLACES, & THINGS THAT ADDRESS OR DO NOT ADDRESS HEALTH QUESTIONS AND CONCERNS

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

BARRIERS

OBSTACLES PREVENTING COMMUNITIES FROM ACHIEVING HEALTH-RELATED OUTCOMES OR GOALS.

ISOLATION

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 **THEY'RE SO STARVED FOR COMMUNITY.** - DEB

MEDICAL TUNNEL VISION

PROVIDING HEALTHCARE BASED ON LGBTQ+ DISPARITIES WITHOUT CONSIDERING OTHER HEALTH NEEDS.

YOU DON'T WANT TO GO TO SOMEBODY THAT'S **SO PRO TRANS** THEY'RE **MISSING YOUR REGULAR ISSUES.** - TONY

RESEARCH

RESEARCH STUDIES THAT EXPLOIT LIVED EXPERIENCES OF LGBTQ+ COMMUNITY.

I THINK **BIG PUBLICATIONS ARE WIDELY MISTRUSTED BY LGBTQ PEOPLE** BECAUSE THEY COME FROM BROADER SOCIETAL SYSTEMS ... PLACES THAT AREN'T REALLY EDUCATED ON THE ISSUES WE FACE. - KYLE

RELIGION

INSTITUTIONALIZED RELIGION DISCRIMINATING AGAINST LGBTQ+ COMMUNITY.

OBVIOUSLY NO SENSIBLE RELIGION'S GOING TO POINT OUT [THEIR THERAPY PROGRAMS FOR LGBTQ+ COMMUNITIES] **AND SAY IT'S CONVERSION THERAPY.** - ABBY JENNINGS

RESILIENCE

ABILITY TO “BOUNCE BACK” FROM ADVERSE SITUATIONS BY MAKING POSITIVE ADAPTATIONS.

DEMANDING RECOGNITION

CALLING FOR OTHERS TO ACKNOWLEDGE COMMUNITY'S EXISTENCE, VALIDITY, OR LEGALITY.

THE FUNDAMENTAL FACT THAT **I EXIST** PROVES THAT LIFE IS POSSIBLE. - PINKY LILY FLOWER

HOPING

NAMING ACTIONS, DESIRES, & IDEAS THAT CREATE A WORD WHERE LGBTQ+ PEOPLE EXPERIENCE EQUALITY.

TOGETHER WE CAN CHANGE THE WORLD & THAT STARTS WITH THE COMMUNITY WE LIVE IN. - PRINCESS MOCHA

SURFACING A COLLECTIVE BODY

SHARING STRONG EMOTIONS BY COMING INTO CONTACT WITH OTHER LGBTQ+ PEOPLE.

WHEN IT'S TIME TO COME TOGETHER, WE COME TOGETHER. I DIDN'T KNOW HOW POWERFUL THAT WAS UNTIL WE HAD THE BATHROOM BILL INTRODUCED IN OUR STATE. - TONY

PRACTICING SPIRITUALITY

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] **WE CAN LOVE JESUS, BUT DON'T NEED YOUR RELIGION TO LOVE HIM.** - PINK LILY FLOWER

DEFENSIVE INFORMATION PRACTICES

INFORMATION PRACTICES REACTING TO PERCEIVED NEGATIVE CONSEQUENCES TO SELF & COMMUNITY.

ASSESSING RISK

WEIGHING THE COSTS OF ENGAGING IN A SPECIFIC PRACTICE AGAINST THE PERCEIVED BENEFITS.

“BUG CHASERS” TRY TO BECOME [HIV] POSITIVE TO ACCESS [HEALTHCARE]... **IF YOU EVER TEST POSITIVE, YOU GET THIS ENTIRE HEALTH INFRASTRUCTURE** YOU CANNOT HAVE OTHERWISE. - PAT

WORD OF MOUTH

SHARING OF EXPERIENCES & STORIES AMONG COMMUNITY MEMBERS.

I FEEL LIKE **WORD OF MOUTH IS THE GOD** AS FAR AS INFORMATION, THE WAY IT SPREADS. - KYLE

MEDIATING

CONNECTING COMMUNITY MEMBERS WITH OUTSIDE EXPERTISE & RESOURCES.

IT'S ALL WHO YOU KNOW. THE PEOPLE YOU NEED TO KNOW ARE AT THE CENTER AND **THE PEOPLE AT THE CENTER KNOW WHO YOU NEED TO KNOW.** - CHARLES

MISTRUSTING OUTSIDERS

SELECTIVELY INTRODUCING NEW, OUTSIDE INFORMATION INTO A COMMUNITY.

WE'RE NOT GOING TO GO LOOK FOR [HEALTH INFORMATION]. **WE'RE GOING TO LOOK FOR IT WITHIN OURSELVES.** WE'RE AN ABUSED GROUP OF PEOPLE THAT WE ACT THAT WAY. THAT **WE TURN TO OURSELVES.** - KIM

IN CONCLUSION...

COMMUNITIES **KNOWINGLY ENGAGE IN RISKY OR “UNSAFE” PRACTICES** DUE TO **LACK OF AVAILABLE OPTIONS** OR BARRIERS THAT MAKE “SAFE” DECISIONS INCREDIBLY RISKY PARTICIPANTS VALUE **MINOR POSITIVE CHANGES TO THEIR COMMUNITY HEALTH** AS BEING SIGNIFICANT CONSIDERING THE BARRIERS OVERCOME FOR CHANGES TO HAPPEN ON A STATE LEVEL COMMUNITIES OFFER **INFORMATIONAL SUPPORT** IN RESPONSE TO A LACK OF RELEVANT HEALTH RESOURCES AND INFORMATION. SUPPORT IS **PURPOSEFULLY INSULAR DUE TO MISTRUST OF OUTSIDERS**

