



Passing the vibe check: initial findings from an investigation into the health information behaviours of LGBTQ+ individuals with disabilities

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Abstract

Introduction. We report on initial findings from an exploratory investigation into the health information seeking behaviours of LGBTQ+ people with disabilities. Previous research has shown that these groups individually have specific health information needs, but few investigations have focused on individuals with both identities.

Method. Semi-structured interviews were conducted with five participants via Zoom. These interviews were recorded and transcripts were used for analysis.

Analysis. Qualitative analysis was carried out using both deductive and inductive techniques through the Atlas.ti program.

Results. Most sought information regarding their disability, their LGBTQ+ identity, and the intersection of both. They used information sources such as healthcare providers, online searches, and their peers. Barriers were encountered and included a lack of relevant information, invalidation, misinformation, stigma, and information overload. When seeking LGBTQ+ and disability-friendly healthcare providers, intuition ('vibes') were used when information was lacking.

Conclusion. Interviews are ongoing. Initial findings show that intuition and social support are necessary to meet information needs when other sources are unavailable or irrelevant. It also underscores the need for knowledgeable and empathetic healthcare providers that understand and respect the intersection of their identities.

Introduction

The disabled population and LGBTQ+ (lesbian, gay, bisexual, transgender, queer and other identities) population in the United States are larger than often imagined. Around 13.4% of Americans have a disability and 7.6% of American adults identify as LGBTQ+ (Brown, 2023; Jones, 2024; United States Census Bureau, 2024). These two communities overlap significantly – Surfus found that ‘disability as a whole in the LGBT community was 156% more prevalent than non-LGBT people’ (2023, p. 2).

Research has shown that LGBTQ+ people and people with disabilities as separate groups face unique challenges and experiences with health information seeking. However, there is little research on people with both identities in that area. Intersectionality theory suggests that there may be unique experiences in the intersection of two marginalized identities, like these (Collins, 1990; Crenshaw, 1989). Additionally, previous research has shown that both LGBTQ+ people and disabled people face unique barriers to seeking health information (Delmonaco & Haimson, 2023; Hughes et al., 2022). This research gap and the possibility of unique experiences at the intersectionality of these identities motivate our research. Our secondary focus is on healthcare providers because previous work shows that LGBTQ+ people often seek out LGBTQ+ friendly healthcare providers (Hudak & Bates, 2019). This study is exploratory and aims to provide preliminary insights rather than comprehensive or generalisable findings.

Our research questions are as follows:

1. What factors support or impede the seeking of actionable and useful disability-related information by LGBTQ+ individuals with disabilities when they need it?
2. How do LGBTQ+ individuals with disabilities seek information about healthcare providers and what factors impact their selection?

For this paper we define an LGBTQ+ person as anyone who self identifies as LGBTQ+ via our screening survey. Disability was intentionally defined in broad and inclusive terms. Rather than imposing criteria, participants self-identified, allowing for the inclusion of disabilities and recognizing disability as a lived experience rather than solely a medical classification.

Literature review

Although the health information behaviours of LGBTQ+ individuals and people with disabilities are well documented, there is a notable gap in the literature examining these populations together. Here we define health information behaviours as a term that includes people’s health-related information needs and the ways they seek, manage, and use such information (St. Jean et al., 2021).

Health information behaviour of disabled people

Across disability types, individuals often rely on the internet as a primary source of health information (Aref-Adib et al., 2016; Conell et al., 2016; French-Lawyer et al., 2021; Hughes et al., 2022; Robinson-Whelen et al., 2023; Tlach et al., 2015), alongside healthcare providers (Kerner et al., 2019; Maguire et al., 2011). Common needs include information about conditions, medications, side effects, coping strategies, and others’ experiences (Aref-Adib et al., 2016; Conell et al., 2016; Tlach et al., 2015; Villani & Kovess-Masfety, 2017). While some individuals share this information with providers to support collaborative care (Conell et al., 2016; Kerner et al., 2019; Villani & Kovess-Masfety, 2017), others avoid doing so due to fears about challenging medical authority (Aref-Adib et al., 2016).

Information seeking is also closely tied to healthcare provider selection. Individuals with disabilities report searching for provider reviews, particularly when seeking mental health care (Villani & Kovess-Masfety, 2017). Peer networks are frequently consulted for experiential knowledge, though some are concerned about the credibility of online information (French-

Lawyer et al., 2021; Hughes et al., 2022; Robinson-Whelen et al., 2023). Limited access to relevant sexual and reproductive health information, frustration over needing to educate providers, and challenges accessing or understanding online information act as significant barriers to using and acting upon health information (Hughes et al., 2022; Robinson-Whelen et al., 2023).

Health information behaviour of LGBTQ+ people

LGBTQ+ individuals frequently rely on the internet as a primary source of health information (Jia et al., 2022). Online seeking is often driven by necessity, including limited in-person resources (DeHaan et al., 2013; Mitchell et al., 2014), experiences of discrimination (Steinke et al., 2017), and heteronormative assumptions by healthcare providers (Flanders et al., 2017). In addition to the internet, peers and community networks offer lived experiences and guidance, though misinformation can be a concern (DeHaan et al., 2013; Delmonaco & Haimson, 2023; Steinke et al., 2017). Healthcare providers are seen as reliable sources by those who use them, but negative experiences and limited provider knowledge can discourage engagement and influence decisions about identity disclosure (Jia et al., 2022).

Jia et al. (2022) also found that sexual health (including STIs, safer sex, general facts, and gender-affirming care) was the most commonly reported topic in studies of LGBTQ+ health information seeking and non-sexual health concerns (such as physical health, mental health, and general wellness) were reported less frequently. Intersectional factors, including age and regional context, further shape information-seeking practices (Kitzie, 2026).

Health information behaviour of people that are LGBTQ+ and disabled

Research at the intersection of LGBTQ+ and disability identities remains scarce, though existing studies suggest a significant overlap in health disparities. LGBTQ+ individuals with disabilities are significantly more likely to delay or forgo care (Lamba et al., 2023), experience higher rates of comorbidities (Kushalnagar & Miller, 2019; Sanfacon et al., 2021) and face high rates of discrimination and educational barriers related to their identities (Jowett & Peel, 2009; Bachmann & Gooch, 2018).

Such disparities are reflected in healthcare interactions. Mulcahy et al. (2025) found that LGBTQ+ individuals with disabilities avoid discussing their sexual or gender identities with healthcare providers due to fear, distrust, or prior negative experiences. O'Shea et al. (2020) highlight the added complexity of repeatedly negotiating multiple identities within healthcare systems, with participants often sceptical of services claiming inclusivity without meaningful practice.

The lack of research in this area and the high potential for experiences of marginalization suggest that our research may start to fill a gap in the literature.

Methods

Recruitment

Outreach to recruit participants was conducted by word of mouth, flyers, emails through listservs, and snowball sampling. Flyers were posted around our university campus and in businesses in the surrounding metropolitan area.

Participants

To be eligible, participants needed to meet the following criteria: 18 years of age or older; reside in the United States; have at least one disability; and identify as LGBTQ+. We required participants to reside in the United States due to the uniqueness of the American healthcare system and allowed them to self-identify as disabled and LGBTQ+.

Thus far there have been five participants. Their relevant demographics are reported below (**Table 1**). Average age of participants is 27.2 years, with all participants between 19 and 35. Three identified as white, one described themselves as Black, and the last described themselves as Asian. Psychological disabilities were more prevalent than physical disabilities. Participants were well educated, with all having at least some college education.

Age	Race/Ethnicity	Education	LGBTQ+ Identity	Disability
29	White	Master's degree	Biromantic asexual	Spinal disc disorder, knee dysplasia, migraines; ADHD
35	Black/African American	PhD	Queer/gay	Schizophrenia
27	White	Bachelor's degree	Bisexual/pansexual	Bipolar
19	Asian	Some college	Non-binary bisexual	ADHD, autism
26	White	Master's degree	Queer	Depression, anxiety; epilepsy, arthritis

Table 1. Participant demographics.

Data collection

Following IRB approval, we began interviews via Zoom in November 2024. Each interview lasted approximately one hour. Recordings were taken to assist in cleaning transcripts. Questions fell within four categories: (1) LGBTQ+ health information seeking; (2) disability health information seeking; (3) LGBTQ+ and disability related health information seeking; and (4) healthcare providers information seeking and selection process. The full interview guide is available in Appendix 1.

Data analysis

Data analysis was conducted using both an inductive and deductive qualitative process. The inductive process involved iterative thematic analysis of the interview transcripts (Braun & Clarke, 2006). The deductive codes were created by translating each interview question into a code. Following each iteration of solo thematic coding, the researchers came together to discuss codes and themes and synchronize codebooks. Our codebook is structured around the four interview sections and the themes our interview questions brought to surface. All interviews were coded using Atlas.ti software.

Findings

Disability related information seeking

All participants sought health-related information, though the extent, frequency, and usefulness of information seeking varied. Sources for disability-related information include family, friends, healthcare providers, scholarly articles, ChatGPT, Google, and social media.

Misinformation was a concern for several participants. Some struggled to find information about their uncommon health conditions, while others experienced information overload. Having the vocabulary (i.e., a diagnosis) helped identify useful resources, though they often faced confusing jargon and outdated information, particularly in more scholarly sources.

LGBTQ+ health related information seeking

Similarly, LGBTQ+ specific information related to sexual, reproductive, and mental health was sought. Information sources included online forums, friends, Google searches, YouTube, healthcare providers, and local queer spaces.

Several participants discussed negative experiences and barriers to finding satisfactory information, including feeling that doctors 'shut down' after mentioning their sexuality. Another spoke about frustration with their own education due to the lack of information about their LGBTQ+ identity. Similarly, the lack of education among healthcare providers about their LGBTQ+ identity led to feelings of invalidation. Lack of knowledge about where to look for LGBTQ+ specific health information was also noted as a barrier. However, one participant found information on an online forum dedicated to their specific LGBTQ+ identity helpful in decision making.

Intersection of LGBTQ+ and disabled identities

Participants sought information related to the intersection of their identities and discussed the impact of their disability/LGBTQ+ identity on information seeking for the other identity. In general, few positive experiences were reported. Participants discussed barriers faced when seeking health information at the intersection of identities, such as feeling uneasy when disclosing their sexuality to get information from healthcare providers and frustration with finding someone LGBTQ+ friendly who specialized in their disability.

Healthcare provider information seeking

When asked about the most important things they must consider when choosing a healthcare provider, being in network for insurance was mentioned by most participants. Distance, being LGBTQ+ or an ally, and open minded were also important factors. Some participants spoke about the necessity of good reviews. Several also said the provider had to have good 'vibes'. Feeling that their experiences were validated as well as having their identity and disability recognized were also important considerations.

About half of participants noted some positive experiences with healthcare providers. Acknowledging their LGBTQ+ identity was mentioned, as were providers that were open minded. However, negative experiences, such as needing to educate providers on their diagnoses and LGBTQ+ identity was a common frustration as was feeling that certain providers 'won't listen', particularly with subjects such as reproductive health.

Discussion

A major theme that emerged is using the 'vibes' of potential healthcare providers as a screening tool to decide whether to continue with a provider. Three participants specifically used the term 'vibes' to describe what they look for in a healthcare provider. When asked how their LGBTQ+ identity impacts their healthcare providers seeking process, one participant (I5) said:

...it was based on the vibes, and I was prepared to find a new one if when I went to my first appointment it was wrong... there are especially a lot of older doctors that you know, aren't... Like, they're not outwardly homophobic, per se, but homophobic through the structure of society.

Participants also noted difficulty in finding information about whether healthcare providers are LGBTQ+ friendly, suggesting that LGBTQ+ people may rely on such intuition to make decisions due to a lack of more reliable information. This reflects findings from O'Shea et al. (2020) and McNeil et al. (2023), who found that even with visible markers of inclusivity, participants were

sometimes wary of such claims, emphasizing that true reassurance depended on demonstrated knowledge and respectful care.

These experiences can be understood through Johnson's Comprehensive Model of Information Seeking (1997), which emphasizes how personal characteristics, perceived source credibility, and social context shape information seeking. In this case, participants' reliance on 'vibes' reflects a way of assessing provider trustworthiness and relevance when formal information is limited, guiding decisions about disclosure and engagement.

A related theme that emerged from participants was the lack of LGBTQ+ specific health information and limited healthcare provider knowledge. Social networks and community resources were frequently used information sources, reflecting prior findings that online and peer-based sources are essential for LGBTQ+ health information (DeHaan et al., 2013; Delmonaco & Haimson, 2023; Steinke et al., 2017).

Several phenomena could explain these experiences. LGBTQ+ specific information might be more difficult to find in traditional health information. Bias may also impact how health information is communicated as well as the discussion of LGBTQ+ health.

All participants stated that they would like a healthcare provider that is LGBTQ+ themselves or LGBTQ+ friendly. Yet some participants were frustrated with healthcare providers' LGBTQ+ friendliness, noting a lack of LGBTQ+ specific education and lack of discussions about LGBTQ+-related health.

Conclusion

While several interesting themes emerged in this study of the health information seeking behaviours of people with disabilities who identify as LGBTQ+, the small sample size means it is difficult to draw comprehensive conclusions. Additionally, the sample was not demographically representative of LGBTQ+ and disabled individuals.

In the future, we will expand this study until we reach data saturation. We are expanding recruitment methods to reach people outside of academia.

However, initial findings suggest that a barrier to LGBTQ+ related health information seeking is that information on those topics online and education among healthcare providers are lacking. Participants want providers that understand their LGBTQ+ identities and their disabilities and they cope with a lack of information about healthcare providers' attitudes towards LGBTQ+ people by judging them based on 'vibes'. As more interviews are conducted, we hope to deepen our understanding of these experiences and the factors that shape their information seeking, needs, and intuition.

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Appendix 1: Interview protocol

Hello, my name is _____ and I am a PhD student at the University of Maryland College of Information. We're interested in learning more about the health information seeking behaviour of people that have a disability and identify as LGBTQ+.

This interview will take approximately 1 hour. I would like to video record today's session, or if you prefer simply audio record it, to help me to write up the results of this interview. As part of that, the Zoom autogenerated transcripts will also be recorded and saved. Would that be ok with you? *[If only okay to audio record, then ask participant to turn off camera.]*

Before we begin, I would like to remind you that your participation is voluntary and that you may stop your participation at any time. Additionally, please note that research team members will store and share anonymized study data only on our own personal password-protected computers and/or our University repository, UMD Box.

Do you have any questions for me before we begin?

Section 1: Demographics & Background Information

We'll start off with some basic demographic and background information.

1. What is your age?
2. Can you briefly describe your highest level of education?
3. For this next question, we'll give you a list of potential answers and we'd like you to choose the ones that describe you best. How would you describe your ethnicity or race?
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American
 - d. American Indian or Alaska Native
 - e. Asian
4. Can you briefly describe your disability?
 - a. Probe: Can you tell me the ways it affects you on a daily basis?
5. How do you identify on the LGBTQ+ spectrum?

Section 2: Information Seeking

In the next part of the interview, we'd like to ask you some questions about the ways you find information about your health.

1. Do you seek information related to your disability(s)?
2. Are there any specific people or resources you prefer? Why?
 - a. Probe (if social media was mentioned): What has been your experience with health information on social media?
3. Do you seek health information specifically related to your LGBTQ+ identity?
 - a. Probe: If not, why?
 - b. Probe: Are there any specific people or resources you prefer? Why?
4. Have you ever had any particularly positive or negative experiences with information resources?
 - a. Probe: Can you tell me a bit about those experiences?
5. Have you faced any barriers in finding relevant information about your disability?
6. What kind of barriers have you faced in finding relevant health information related to your LGBTQ+ identity?

7. Do you find that your disability has an impact when you are seeking health information related to your LGBTQ+ identity or vice versa?
8. Overall, are you satisfied with the information you find regarding your disability and your LGBTQ+ identity?

Section 3: Healthcare Providers

Thank you for your answers. In this last section, we'll be asking you about your experiences with seeking information regarding healthcare providers.

1. If you needed a new healthcare provider, where or to whom would you go to find information?
 - a. Probe: Ask about any technologies or websites they may use, experiences (positive or negative)
2. If you were looking for a new healthcare provider, can you walk me through your process of how you'd go about finding one?
3. What factors are most important in helping you to select healthcare providers?
4. How does your identity as LGBTQ+ impact your decisions around what healthcare provider to choose and how you seek them out?
5. How does your disability impact your decisions around what healthcare provider to choose and how you seek them out?
6. Is there anything else you'd like us to know about your interactions with healthcare providers as they relate to your disability or LGBTQ+ identity?

Section 4: Wrap Up

That's all I have to add – is there anything else you'd like to share?

Do you have any questions that you would like to ask me?

Thank you very much for sharing your experiences with me today.