Factors Affecting LGBTQ+ Healthcare Behaviors

OAKLAND UNIVERSITY WILLIAM BEAUMONT

Charlene Hsia[1], Michele R. Parkhill, Ph.D.[2]

[1]Class of 2023 M.D. Candidate, Oakland University William Beaumont School of Medicine
[2]Department of Psychology, Oakland University

Introduction

Individuals who are lesbian, gay, bisexual, transgender, queer, or are part of another nonheteronormative gender and sexuality group (LGBTQ+) face greater barriers in equitable access to good healthcare and have different health-seeking behaviors than heteronormative individuals.

Both perceived and actual discrimination in healthcare settings related to sexual orientation or gender identity hinder health-seeking behaviors and contributes to the LGBTQ+ community's health disparities. As a result, there is a need to create safe and welcoming healthcare spaces for LGBTQ+ individuals and to ensure that all members of the healthcare team are trained in inclusive practices that validate the experiences of LGBTQ+ patients.

Aims and Objectives

Study Purpose: Identify the concerns and needs of the LGBTQ+ community through interviews in order to create healthcare practices that provide equitable healthcare experiences for LGBTQ+ patients and address the community's health disparities.

Specific Aims:

- Qualitatively identify what experiences and / or perceptions from the LGBTQ+ community hinder their access to equitable healthcare
- Identify opportunities to change healthcare practices in order to meet needs of the LGBTQ+ community

Methods

Thirteen LGBTQ+ adults in Metro Detroit were individually interviewed for this study. In order to be included in the study, participants needed to meet the following three criteria:

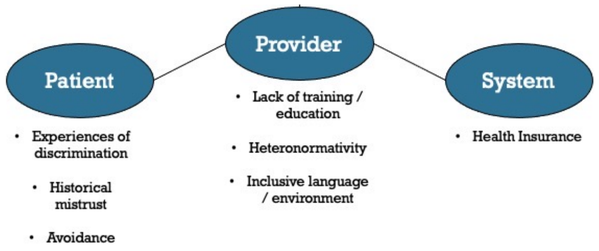
1. Identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, or as a part of another nonheteronormative gender and sexuality group (LGBTQ+)
2. Be aged 26-64 years old
3. Live or have recently lived in the Metro Detroit area, as defined by residence in one of the following counties: Wayne, Oakland, and Macomb

Participants were recruited through physical postings and email listservs at established community organizations whose operations serviced LGBTQ+ individuals in Metro Detroit. Each individual participated in one 45-60 minute interview conducted on a secure, virtual platform by one interviewer. Study participants were asked questions about direct and indirect experiences with healthcare providers, training for healthcare providers regarding care for LGBTQ+ patients, and barriers to seeking treatment with a focus on healthcare treatment. See Appendix A for a full list of questions.

All sessions were recorded, transcribed, and assessed for similar themes and responses. A letter or number code was assigned to participants during interview transcription to ensure anonymity.

Results

Common themes fell under three categories: healthcare provider-related, patient-related, and systemic. Most themes that emerged were related to healthcare providers.



Many participants believed healthcare providers did not have enough education and training related to providing affirmative care for LGBTQ+ patients. Participants indicated that healthcare providers used heteronormative language and practices.

"I've never been treated by a doctor who I felt would like ever consider that like I might not identify as a CIS-gendered woman. I mean, my sexuality is assumed a lot, but my gender identity is like 100% of the time assumed"

Some participants indicated having better experiences with healthcare providers if the providers used more inclusive language and if more signs of inclusivity were present in the environment, such as a provider wearing a rainbow pin or seeing other signs of inclusivity if the provider's office.

Patient-related themes included previous experiences of discrimination by healthcare providers, medical mistrust based on historical discrimination against LGBTQ+ populations, and avoidance of healthcare altogether. Finally, many participants also indicated systemic issues related to health insurance.

"I went to urgent care actually in the metro-Detroit area, and they were like… somewhat judgement. They're like 'Oh, you should just not like be sexually active as much.' You know, instead of like giving what I needed, testing done. Or like learn about what PrEP is"

Conclusions

The themes found support the hypothesis that improving the healthcare of LGBTQ+ individuals should center on educating and training healthcare providers to provide inclusive and affirmative care for their patients. Medical facilities can consider adopting environmental indications of inclusivity and implement inclusive language that does not assume gender or sexuality.

Previous experiences of discrimination or medical mistrust based on historical discrimination can also be impacted by training healthcare providers. Providers with contextual knowledge of LGBTQ+ populations can provide affirmative care by acknowledging the harm caused by historical discrimination to build trust with their patients. Over time, patients will experience less discrimination associated with their LGBTQ+ identities, less medical mistrust, and will likely decrease healthcare avoidance.

Although systemic issues related to insurance are less easily fixed, facilities can provide insurance navigation services and other support staff to address this gap in care until an institutionalized solution can be established.

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