

LGBT Healthcare Needs and Concerns

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Purpose: To elicit Lesbian-Gay-Bisexual-Transgender (LGBT) perspectives on experiences with healthcare encounters, toward the development of evidence-based, best professional practices. Goal: Development of educational guidelines for better teaching and more skillfully managing LGBT healthcare needs and concerns.

Design: Exploratory descriptive study with Focus Group design

Background:

- LGBT populations are at risk for significant health concerns including mental health issues, alcohol and substance use risks, social support needs, basic social resources, and ability to access the healthcare system.
- Many LGBT individuals have significant sexual and/or reproductive health needs that cannot be effectively managed without provider knowledge of the individual's sex/gender identity and personal life circumstances.
- Many LGBT individuals experience homo/transphobia in healthcare that may prevent them from pursuing or accessing highest quality care, including institutionalized, interpersonal, and cultural patterns of discrimination.
- Healthcare education programs perpetuate these difficulties by not adequately addressing LGBT health needs as part of established curriculum. Little to no research has been conducted examining the specific skills and abilities required by healthcare providers to most effectively address LGBT care, and curricular/pedagogical approaches to address homo/transphobia in healthcare have not been developed or adopted.

Methodology:

- Qualitative exploratory data was obtained using focus groups with five separate sexual orientation/gender identity groups: lesbian women, gay men, transgender persons, HIV+ men who have sex with men (MSM), and a mixed group of transgender persons, lesbian women and gay men.
- Participants were recruited via email invitations
- Group discussions focused on positive and negative experiences of LGBT individuals in the healthcare system, participants' perceived major needs and concerns relative to their healthcare, their ideas about best healthcare experiences and conditions for achieving that level of care, and essential skills needed in providing effective LGBT care.
- Focus group sessions were audio-taped and transcribed verbatim.
- Qualitative analysis was conducted identifying major themes in the data. Comparisons were made across the focus groups for similarities and differences.

Participants:

- Convenience sample of self-identified LGBT respondents
- N = 24
- Lesbian Women's group = 4
- Gay men's group = 4
- Transgender group = 3 (male to female)
- HIV+ MSM group = 6
- Mixed Trans/Lesbian/Gay group = 7
- Age Range = 28-65
- Ethnicity = Caucasian
- Education = High School to PhD
- Income = Unemployed to \$100,000

Lesbian Women's Group

- Respecting the Legitimacy of the Patient's Same-Sex Relationship**
 - Recognize the positive aspects of Lesbian identity and relationship
 - Include the patient's partner as a full participant in care
- Normalizing/Humanizing Lesbian Healthcare**
 - Non-judgmental approach is key
 - Affirmation, kindness, and acceptance
- Needs and Concerns Pertaining to Lesbian Families**
 - Complex family structures: adoptive vs. biological vs. co-parenting
 - Inadequate language for naming family relationships
 - Partner status as next-of-kin
 - Parental status and children's healthcare needs
 - Extended family relationships and responsibilities
- Advocating on Your Own Behalf**
 - Setting expectations with the healthcare provider
- Barriers to Quality Care/Equitable Care**
 - Institutional homophobia
 - Extra documentation required to ensure partner participation
 - Heterosexist/Heteronormative healthcare provider assumptions and questions
 - Limited healthcare provider knowledge and experience
- Recommendations for Healthcare Providers**
 - Maintain professionalism
 - Become skilled in gender-neutral communication
 - Increase knowledge of lesbian health needs
 - Increase interactions with LGBT individuals
 - Reform healthcare system processes

Gay Men's Group

- Dilemmas of Disclosing Gay Identity**
 - Benefits of being open vs. Benefits for improved care
 - System ignorance of consequences
- Factors Contributing to Increased Comfort in Healthcare**
 - Personable relationship
 - Normalizing care
 - Including the Gay man's partner in care
 - Direct, objective, non-judgmental communications
- Healthcare Provider Discomfort**
 - Discomfort with sexual health conversations
 - Non-welcoming environments
- Dilemmas of Gay Male Healthcare Needs**
 - Healthcare needs are often different than others
 - Inappropriate treatments
- Vulnerability and Gay Men's Health**
 - Healthcare provider knowledge
 - Encourage testing
- Barriers to Effective Care**
 - Lack of recognition of Gay-specific needs
 - Lack of recognition of LGBT needs
 - Assumptions of care
- Recommendations for Healthcare Providers**
 - Learn and use empowering language
 - Include alternative identity options on healthcare forms
 - Seek permission prior to disclosing orientation
 - Keep moral judgments separate from your profession

HIV + MSM Group

- Homophobia**
 - "Attitude Problems"
 - "Gay" as somehow abnormal, offensive, or unacceptable
- HIV as Part of Identity Development**
 - Pervasiveness of risk behaviors, pressure to be positive
 - Part of who I am
- Need to Disclose HIV+ Status**
 - Healthcare providers need to know
 - Positive status affects all care
- Othering due to HIV/AIDS**
 - Reports of substandard care or excessive precautions
 - Egregious violations of confidentiality
 - "You people;" "Weird illnesses"
- Common Limitations in HIV Care**
 - Limited HIV knowledge and skill, failure to provide specific health promotion information
 - Lack of sensitivity to needs of the whole person
- Positive Healthcare Provider Responses**
 - Demonstrating acceptance and support
 - Being knowledgeable about and affirming patient's needs
- High-Quality HIV Care**
 - Depth of HIV knowledge
 - Respect for gay men's relationships
 - Ability to address unique needs
- Challenges inherent in HIV Care**
 - Time and side effects of treatment
 - Insurance
 - Protecting confidentiality
 - Need to aggressively advocate for self health needs

Transgender Group

- Identity and Disclosure**
 - Identity disclosure must be individual choice
 - Massive gains and losses in personal supports
 - Sexism experienced after transition
- Factors Contributing to Quality Care**
 - Respecting Personhood, Demonstrating respect
 - Maintaining Confidentiality
 - Comfort and sufficient knowledge of patient's identity and new anatomy
- Stigmatization/Class Concerns**
 - Horrific past
 - Fear of
- Transphobia: Trans as Pathology**
 - Transphobia as a pathology
 - Transphobia as a mental health issue
 - Transphobia as a social identity
- Transgender-Specific Health Risks and Concerns**
 - Transgender-specific health risks and associated risks
- Barriers to Care**
 - Barriers: Finding trans-friendly providers
 - Systemic barriers
 - Healthcare provider knowledge & assumptions
 - Healthcare system barriers
- Healthcare Provider/Health System Recommendations**
 - Provide appropriate identity options on forms
 - Increase transgender education for all healthcare providers
 - Transgender education for all healthcare providers
 - Transgender education: how they present and with respect
 - Inquire about transgender-specific healthcare needs if questioned
 - Treat the patient as a person

Mixed Group

- Factors Limiting Quality Care Experiences**
 - Healthcare provider knowledge
 - Systemic barriers
- Determinants of Quality Care**
 - Healthcare provider knowledge
 - Systemic barriers
- LGBT Family Needs and Concerns**
 - Complex family structures: adoptive vs. biological vs. co-parenting
 - Inadequate language for naming family relationships
 - Partner status as next-of-kin
 - Parental status and children's healthcare needs
 - Extended family relationships and responsibilities
- LGBT Identity and Disclosure for Self**
 - LGBT identity as objective fact
 - Ensuring healthcare provider is aware of LGBT identity
 - Refusing to take blame for heterosexual discomfort
- Egregious Homophobic Attitudes and Behaviors**
 - Objectifying the patient
 - Misusing the encounter for the provider's benefit
 - Refusal to treat
- Barriers to Care**
 - Social Barriers
 - Healthcare system barriers
 - Healthcare provider barriers
- Extra Elements of LGBT Healthcare**
 - Need for additional legal documentation
 - Worries about respect for the partner relationship
 - Transitional worries: incongruence between gender identity and anatomical features
- Recommendations for Healthcare Providers**
 - Comprehensive approach to healthcare
 - Integrating LGBT issues throughout provider education
 - Show compassion, listen, be respectful

Similarities and Differences Among the Focus Groups:

Similarities	Differences*
<ul style="list-style-type: none"> Significant problems with homophobia/transphobia/objectifying attitudes and behavior Problems with substandard care Inappropriate outing of the LGBT patient Need for and characteristics of LGBT-friendly healthcare environments Need for healthcare providers to understand LGBT partner relationships Need for increased healthcare provider knowledge of LGBT care Learning appropriate language LGBT identity and advocacy as strong issues in meeting healthcare needs Awareness of identity/orientation-specific healthcare needs Normalizing care, Respecting personhood Avoiding inappropriate assumptions in the delivery of healthcare Healthcare provider attributes that foster quality LGBT healthcare Improvements seen over time 	<ul style="list-style-type: none"> Insurance needs and vulnerabilities for Transgender and HIV+ persons Gay male vulnerability to HIV illness Levels of substandard care Need for and characteristics of LGBT-friendly healthcare environments Need for healthcare providers to understand LGBT partner relationships Need for increased healthcare provider knowledge of LGBT care Learning appropriate language LGBT identity and advocacy as strong issues in meeting healthcare needs Awareness of identity/orientation-specific healthcare needs Normalizing care, Respecting personhood Avoiding inappropriate assumptions in the delivery of healthcare Healthcare provider attributes that foster quality LGBT healthcare Improvements seen over time <p>* Note: The difference in insurance needs and vulnerabilities for Transgender and HIV+ persons is a key difference in the needs and concerns of the Transgender and HIV+ MSM groups.</p>

Implications and Conclusions:

- Healthcare system has made progress but still has a long way to go in addressing homophobia/transphobia on the part of healthcare providers
- Significance of outing behavior and how problematic that is
- Importance of the healthcare provider's knowledge base
- Know your patients; Individualize your care
- Respect the patient's full humanity
- Respect and learn from diversity
- The patient comes first
- Importance of advocacy for the LGBT community
- Provide professional care regardless of patient's sexual orientation
- Importance of considering the individual and situational needs
- Power of relationship
- Need for healthcare provider education on personal/political issues
- Significance of insurance

Next Steps:

- Share findings with study participants and the LGBT community
- Adding the perspective of female to male transgender and bisexual individuals
- Developing a larger, more generalizable study

Areas for Future/Additional Research:

- Homophobia/Transphobia in the healthcare system
- Orientation/Identity-specific healthcare
- Impact of early vs. late identity self-disclosure on healthcare relationship
- Changes in healthcare relationship needs at stages of LGBT identity development
- Best practices for Gay men's sexual health promotion needs
- HIV vulnerability and Gay men's health—Impact on men's lives

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- Insurance industry disclosures: Impacts of LGBT identity/orientation

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