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Abstract: There are laws and policies that are currently put into place to protect and provide adequate healthcare for LGBT individuals. However, these different laws and policies are not strongly enforced, therefore, members of the LGBT community continue to experience health disparities resulting in a poor quality of life and reduced health outcomes. In order to prevent these discrepancies, it is important that mandatory education for healthcare providers be implemented so beliefs and attitudes can be positively altered to support improved health outcomes. If education for healthcare providers is implemented, and if laws protecting this population are fully enforced, then LGBT individuals could experience a decrease in discrimination and social stigmatization when accessing healthcare services. Health outcomes for LGBT individuals can improve through efforts of policy enforcement and education.

Keywords: "LGBT Community", "Healthcare System", "Healthcare experience", "LGBT community discrimination", "Suicide rates", "LGBT individuals", "Healthcare professionals"

Individuals who identify as lesbian, gay, bisexual, or transgender (LGBT) are statistically more likely to attempt suicide than people who do not identify themselves as a part of the LGBT community, especially for youth (Halady, 2013). According to the Suicide Prevention Resource Center (2008), many studies have indicated that LGB youth are approximately one-and-a-half to three times more likely to have reported suicidal thoughts than non-LGB youth. LGB youth are also one and a half to seven times more likely than heterosexual youth to have reported attempting suicide. According to GLAAD (n.d.), a dynamic media force in the LGBTQ acceptance movement, 40% of transgender respondents reported attempting suicide in their lifetime, almost nine times the attempted suicide rate of 4.6%

in the United States. Along with higher suicide rates, the LGBT community has also been the spotlight of discrimination, social stigmatization, harassment, and violence. As a result, higher rates of substance and alcohol abuse, disease, mental illness, psychological distress, and suicide have been reported among LGBT individuals compared to heterosexual individuals (Lee & Kanji, 2017). These disparities in health outcomes may be due to inadequate healthcare services for this population.

Methods

For the purpose of this paper, the researcher searched multiple journal databases to gather data associated with the healthcare of the LGBT community. These journal databases consisted of CINAHL, Academic Search Complete, and EBSCO HOST (see Table 1). The provided databases allowed the researcher to find information regarding many different aspects of LGBT healthcare. These include but are not limited to outcomes of ineffective healthcare, statistics regarding LGBT individuals and their negative experiences at a healthcare facility, and statistics on the amount of LGBT individuals who do not seek care due to fear of discrimination or harassmentrelated topics.

The same criterion was used for each of these databases. The sources, with few exceptions, were published between 2003 and 2018, with the main population focus on LGBT individuals within the United States. The researcher also located high-quality websites with reliable information that added further insight into the paper. These websites provided specific statistics and rates that were difficult to find in peer-reviewed journals.

National and Community Healthcare Issue

Garcia (as cited in Margolis, 2014) found a reduced life expectancy of 12 years for LGBT individuals. This study demonstrates that the LGBT community has disparities in health outcomes and possibly access to care that may be linked to a reduced life expectancy. An abundant number of LGBT people described experiencing discrimination from a healthcare professional, and more than 25% of transgender patients reported that they were refused medical care completely. In 2015, one-third of transgender individuals who saw a health care provider had experienced at least one negative occurrence related to their transgender identity (Singh & Durso, 2017). According to Compton and Whitehead (2015), there were attempts to find publications in the literature that revealed the interactions and relationships with LGBT patients and physicians. Despite the local and national recognition the issue has received, their results showed that there have not been enough publications on this topic in the last five years. Members of the LGBT community may refuse to go to the doctor or any healthcare service because they fear discrimination.

As a result of the discrimination against LGBT individuals, laws like the Affordable Care Act (ACA) were put into place to protect them. The ACA protects not only those who are low income but also LGBT individuals

and their families due to the difficulties they face when attempting to receive quality healthcare. Adversities the families face are refusals of care, substandard care, lack of access to appropriate preventative screenings, inequitable policies and practices, and exclusion from health outreach or education efforts. The Affordable Care Act addresses these health disparities and improves the overall well-being and financial security of LGBT individuals (Durso, Baker, & Cray, 2013). However, even though the ACA was intended to prevent LGBT individuals from being discriminated against and to help them obtain health coverage, some are still finding accessing care to be difficult.

In May 2013, a study was authorized to examine LGBT individuals' view on and engagement with the health insurance market (Durso et al., 2013). The results showed that one in three LGBT people in the survey were uninsured, including 34% of gay men, 31% of lesbians, and 29% of bisexual people. Especially alarming was that 48% of the uninsured live in southern states that are not expanding Medicaid and in states where governments are actively opposing the implementation of the ACA (Durso et al., 2013). This lack of coverage emphasizes healthcare for LGBT individuals as both a national and community issue.

There are many members of the LGBT community who refuse to seek medical care because they are fearful of being discriminated against by healthcare providers. However, for the ones who do seek help, it can become quite difficult to gain access. Rural populations in general struggle when it comes to getting access to healthcare whether it be because of the geography, lack of transportation, lack of finances or insurance, or provider shortages (Whitehead, Shaver, & Stephenson, 2016). It may be even more difficult for those who identify as a member of the LGBT community to access care. According to Whitehead et al. (2016), previous studies have shown that rural LGBT people are possibly less likely to access primary care, may experience more judgment, or may come out less often to their providers. Prior studies have not investigated the interactions between each of these factors that contribute to health care disparities. There is limited research available regarding the health of the LGBT community overall, and rural areas have less access to research versus an urban area. In fact, according to Whitehead et al. (2016) "[the] majority of studies of LGBT populations have been conducted in urban centers due to ease of access to high concentrations of LGBT people in social spaces catering to this community" (p. 3). This lack of data is a national and community problem because informative research for the care of LGBT people is not being adequately or accurately prepared.

Delivery of Healthcare

The delivery of healthcare for LGBT individuals is not adequate or fair. There are many laws put into place to prevent inadequate care and to make healthcare services equal for everyone. These laws, however, are not being enforced strongly enough to prevent discrimination. According

to Hyatt (2015), approximately 33% of LGBT people revealed that they still face harassment and violence, and more than 70% stated that they have received inadequate service in a business (including healthcare), rejection by family and friends, or discrimination in their place of employment due to their LGBT identity. Whenever members of the LGBT community do not experience acceptable care, it can create dissatisfaction and lead them to defer seeking healthcare or even listening to the advice the doctor is giving (Compton & Whitehead, 2015). Poor service can lead to many detrimental incidents that could include health decline or shorter lifespan due to ignoring health concerns, indicating that the delivery of healthcare for the LGBT community needs to improve to support better health outcomes.

An important problem the LGBT community faces when it comes to healthcare is that they do not seek out medical assistance at the same rate as heterosexual individuals, and preventive care is not practiced as frequently in their demographic (Hyatt, 2015). Hyatt (2015) gives an example that lesbians do not seek gynecological screenings as routinely as heterosexual women, which could put them at higher risk for cervical cancer. Other statistics show that lesbians are more likely than individuals of any other sexual group to be overweight and suffer from obesity; women in sexual relationships with women have been shown to be more likely to acquire breast cancer than those in sexual relationships with men; bisexual and transgender individuals are more likely to experience eating disorders (Hyatt, 2015). If healthcare providers learned more about the specific needs of LGBT patients and gave more informative materials to those within the LGBT community, then members could make better health decisions. If the actions of healthcare providers do not change, then the delivery of care for the LGBT community will continue to be poor, with no progress or prospect for a healthier future.

Healthy People 2020 assigned LGBT healthcare as one of its newest set of priorities, making these individuals the target populations for advances in health, wellness, and safety (Compton & Whitehead, 2015). This focus is intended to combat the injustices of poor healthcare delivery for the LGBT community. For example, many medical students are not being taught how to treat or care for an LGBT patient. As a result, "inadequate preparation increases the risk that an uncomfortable situation may result in care given at a lower level than usual, or not at all" (Compton &Whitehead, 2015, p. 106). Other examples could be that the provider does not get to know their patient well enough to properly diagnose, or it could even cause them to misdiagnose. Healthy People 2020 made a goal to get healthcare professionals the education they need so they could positively interact and support those of the LGBT community. If this change happens, there could be a more optimistic outlook on the delivery of healthcare services for the LGBT community.

Population Impacted

According to Gates (2011), there are approximately 9 million LGBT

Americans; 3.5% of adults in the United States identify as lesbian, gay, or bisexual, and an estimated 0.3% of adults are transgender. The National LGBT Cancer Network piloted a study of more than 300 LGBT cancer survivors who did not come out to their doctors for fear of being discriminated against (Margolies, 2014). This fear can cause many LGBT individuals not to seek the accurate or proper treatment they need. Members who are a part of the LGBT community have poorer health outcomes that include an increased risk for certain cancers and added challenges in cancer treatment and survivorship because of discrimination and secrecy (Margolies, 2014). Out of all the members within the LGBT community, lesbians have the highest risk of breast cancer, which in turn can also include greater rates of smoking, nulliparity, obesity, as well as consumption of alcohol (Margolies, 2014). The rate of gay men infected by human papillomavirus infection (65% in gay men who are HIV negative and 95% in gay men who are HIV positive) is significantly higher in comparison to heterosexual men. These high percentages can cause gay men to have an increased risk of developing anal and other cancers. There have been no cancer registries that specify gender identity and sexual orientation (Margolies, 2014). Without this data being reported, physicians and even LGBT members will not be aware of the increased risks of cancer, or how to address any health issues related to these diseases.

There are many other ways the LGBT community is impacted by poor healthcare. According to the National Women's Law Center (2014), statistics indicate that members of the LGBT community were denied healthcare services directly; roughly 8% of LGB individuals, about 27% of transgender and gender non-conforming individuals, and almost 20% of HIV-positive individuals were denied healthcare services. Twenty percent of LGBT individuals, especially those who identify as transgender, have reported being subjected to abusive language by a healthcare professional and were blamed for their health problems (National Women's Law Center, 2014). The health of LGBT members is negatively impacted in multiple ways. LGBT individuals could benefit from a more positive change in healthcare such as having proper treatment from healthcare providers, being afforded the same access to healthcare coverage as heterosexual people, and having healthcare providers who are well-educated on the specific health needs of LGBT persons.

Thesis Statement

Laws and policies that are currently put into place to protect the LGBT community are not being fully enforced; therefore, mandatory education for healthcare providers should be implemented to alter provider beliefs and actions to support compliance with these laws.

Relation to Healthcare Systems

For members of the LGBT community, access to healthcare is not only difficult to gain, but it is also challenging to find health clinics that treat

the specific needs of the LGBT community. According to Martos, Wilson, and Meyer (2017), there are LGBT community health centers on either coast of the United States; however, there are very limited health centers located in the landlocked states, Alaska, or Hawaii. Along with very few health centers, there are no LGBT community health centers in Arkansas, Iowa, Louisiana, Maine, Nebraska, New Hampshire, North Dakota, South Dakota, West Virginia, and Wyoming (Martos et al., 2017). For the LGBT members who reside in those states, it can become very difficult to obtain access to healthcare especially for those who do not have the means to travel if an emergency were to occur. Due to the lack of resources in many areas of the United States, it is almost impossible to develop LGBT private services (Moone, Croghan, & Olson, 2016).

A study conducted by Shi and Singh (2019) mapped out the amount of time it would take for members of an LGBT community to get to an LGBT community health center. Researchers charted where same-sex couples lived by county, and then tracked how long it would take for them to get to the closest LGBT health center. The results concluded that it was a 60-mile radius, which is a 1-hour drive, between the same-sex county and LGBT health center. A 60-mile radius might not be hard for some, but for others, an hour drive could be nearly impossible to make. There are places where healthcare for LGBT individuals can be accessed, but it may not be within reach. According to Shi and Singh (2019), many aspects affect gaining access to healthcare such as poverty, long distances to service providers, rural topography, weather conditions, lack of transportation, and being uninsured. People in rural areas are less likely to use health services, which results in poorer health outcomes than people who live in urban areas (Shi & Singh, 2019). These circumstances are related to LGBT individuals who are living in rural areas and can directly affect them by making their health disparities increase.

Application to Occupational Science

Pierce (2003) refers to the term client-centered practice as an interaction style, which embraces a philosophy of respect for and partnership with people receiving services. Client-centered practice is essential in making those of the LGBT community feel comfortable and able to trust their healthcare provider with personal information. Many LGBT members have faced the opposite of this approach during a medical visit. As stated previously, the negative actions of healthcare providers can be detrimental to an LGBT individual. It is imperative for a healthcare provider to focus solely on the client and their needs and concerns. These actions will not only produce a positive experience for the client (LGBT individual), but it will also be a step towards reducing discrimination.

For some LGBT individuals, maintaining their health might be an important occupation. Since many healthcare professionals discriminate, it might restrict an LGBT person from maintaining their health. This inability to participate in an occupation that is meaningful to the person fulfilling

that role is referred to as occupational injustice. According to Christiansen and Townsend (2010), there are four different outcomes of occupational injustice, which include occupational imbalance, occupational deprivation, occupational marginalization, and occupational alienation.

The two injustices that relate most to the healthcare of LGBT individuals are occupational deprivation and occupational marginalization. The definition of occupational deprivation is when an individual is being kept from occupations they enjoy due to factors out of their control (Christiansen & Townsend, 2010). The factors that would be out of the LGBT individual's control would be the healthcare system and providers who are not treating them as they would a heterosexual individual. If people of the LGBT community are deprived of proper healthcare and access, then they are experiencing injustice. The definition of occupational marginalization is when people are not afforded the opportunity to participate in occupations and to exert choices and decision making related to occupational participation. Occupational marginalization is when an individual is secluded from an occupation they find pleasurable due to societal biases (Christiansen & Townsend, 2010). Society values their healthcare, and if healthcare professionals are mistreating or discriminating against LGBT clients, then the LGBT community does not have the same opportunity as those who are heterosexual. Individuals that identify as LGBT may choose to not visit the doctor to eliminate chances of being harassed or discriminated against, instead choosing the safety of their home where they know they will not become a target, which may lead to poor health outcomes.

Role as an Occupational Therapist

Healthcare professionals must provide services to meet their clients' needs, meaning that the client is the priority of any healthcare interaction. An LGBT individual cannot be refused care due to a provider's religious beliefs or opinions about their identified sexuality; another provider must be made available when needed to ensure quality services. According to Rosenkrantz, Black, Abreu, Aleshire, and Fallin-Bennett (2017), "LGBT people remain underserved and often ill-served in healthcare environments" (p. 715). Some LGBT individuals face obstacles that prevent them from adequate healthcare services. As a result, those individuals tend to look elsewhere for care whether it is on the black market, family or friends, or the Internet (Rosenkrantz et al., 2017, p. 722). A future healthcare provider would benefit from being taught the effects that discrimination and bias have on individual health outcomes, and should educate themselves and others on how to properly interact with individuals in the LGBT community.

An important part of being a healthcare provider is understanding how to work with specific populations as well as individuals with different beliefs and values. Clients can range from infants to elderly, and they all have different health concerns. It is imperative to know the background knowledge of the patient and their medical history. When it comes to elderly LGBT patients, they may experience more stress due to past negative

occurrences when trying to access healthcare services or thoughts about providers and the services they offer (Moone et al., 2016). A 2015 study of thirty-two aging service providers in the Boston area revealed that not one of the providers asked about their client's sexual orientation or gender identity (Moone et al., 2016). Some healthcare providers might assume that if they do not address the health concerns of LGBT individuals, then it will eliminate having to address issues that make them uncomfortable or issues they do not agree with. However, not addressing if a client is LGBT or not can cause further the isolation of LGBT persons (Moone et al., 2016).

Developing training for healthcare providers to meet expectations of LGBT patients will both increase their knowledge of the LGBT community and allow them to deliver person-centered and culturally competent care and services. Another suggestion is to acknowledge the members of the family or partners that are a part of the LGBT person's social system (Moone et al., 2016). Body language is very important when it comes to discussing the healthcare of an LGBT individual. It is imperative to not appear surprised or judgmental. Offering warm and comforting body language will make both the patient and provider more comfortable (Moone et al., 2016). Another client-centered step would be to allow the options to select diverse sexual orientations and gender identities on intake forms and in initial interviews or assessments. This step will help the provider to get to know their client, and gives the client a chance to provide their narrative (Moone et al., 2016). Lastly, visual cues such as rainbow flags, pins or stickers on name badges, the historical pink triangle, or artwork of images of same-sex couples would reflect a welcoming healthcare center (Moone et al., 2016). These actions would make the client more comfortable, and willing to continue seeking out medical assistance. Healthcare providers have much to learn regarding the LGBT community and their healthcare needs, but initiating simple changes such as these could be life-altering for the population by increasing their access to culturally responsive health services.

Current Healthcare Policies

There have been many laws put into place to protect the LGBT community's ability to gain access to healthcare and be treated with respect during a medical visit. In fact, "The U.S. Department of Health and Human Services (HHS) is committed to advancing the equality, health, and well-being of all Americans, including lesbian, gay, bisexual, and transgender individuals and their families" (U.S. Department of Health and Human Services [HHS], 2015). Whenever the Affordable Care Act (ACA) was passed and put into effect 5 years ago, over 17.6 million uninsured people gained health coverage. However, the HHS still notes the disparities in health coverage and services when it comes to the LGBT community (HHS, 2015). As a result, the HHS has been working towards getting the ACA fully implemented to remove discrimination towards LGBT individuals.

Section 1557 is the civil rights provision of the ACA, and it has been in effect since the ACA's enactment (HHS, 2015). Section 1557 is one of the

first civil rights laws that forbade sexual identity discrimination in health programs; this allowed for more protection for those being discriminated against while seeking healthcare. A proposed rule was set into place called the Nondiscrimination in Health Programs and Activities by the office of Civil Rights. The purpose of this rule was so individuals could not be denied healthcare or coverage because of their sexual identity, as well as making sure those individuals have access to the specific facilities needed. Additionally,

> The proposed rule also prohibits denial or limitation of sex-specific care just because the person seeking such services identifies as belonging to another gender. Finally, the proposed rule prohibits explicit categorical exclusions of coverage for all healthcare services related to gender transition. (HHS, 2015)

Despite all the previous progress the United States has made in becoming more approachable and accepting of the LGBT community, the nation may be at risk for regressing and reducing this newly found acceptance. President Donald Trump and Vice President Pence have currently been reviewing a proposal that would allow healthcare providers to discriminate against patients based on gender identity and other factors. According to Clymer (2018) "The Trump-Pence White House is currently reviewing a proposed law that would allow medical providers to refuse to treat transgender patients based on their gender identity or provide any service if they claim a "moral" or religious objection." The Human Rights Campaign was alarmed by this proposal and plans to fight it, as well as any other rules that discriminate against those of the LGBT community (Clymer, 2018).

This proposal does not align with the Occupational Therapy Code of Ethics and Ethics Standards (2010). The Occupational Therapy Code of Ethics and Ethics Standards (2010) supports providing services in a principled and just way. Occupational therapists follow protocols and make ethical, moral conclusions in order to benefit the patient and themselves (Occupational Therapy Code of Ethics and Ethics Standards, 2010). Occupational therapists strive to treat everyone equally and serve patients to the best of their abilities. As an occupational therapist, or any other healthcare professional, providing justice for the client is an important part of the profession. Justice relates to fairness and objectivity in the delivery of occupational therapy services. If this proposal were to pass, it could change the way that occupational therapists perform their duties, which could result in negative healthcare outcomes.

Implications of the Healthcare Service Delivery

Even though rules and policies such as the Affordable Care Act have been put into effect, members of the LGBT community are still facing discrimination, trouble gaining access, and denial of healthcare services. According to Suicide Awareness Voices of Education (2018), LGBT people

experience barriers such as discrimination, harassment, violence, rejection, and an absence of equal protection under the law; this can contribute to an increased development of depression, anxiety, alcohol and drug problems, among others. If healthcare facilities and the overall healthcare system begin strongly enforcing these laws instead of suggesting them, then members of the LGBT community could access healthcare without fear.

The duty of healthcare professionals is to make their clients feel comfortable and accepted. Healthcare providers also need to be more educated when it comes to treating an LGBT patient. Currently, healthcare providers do not undergo specific training related to LGBT patients. As a result, the difference in LGBT healthcare versus non-LGBT healthcare does not resonate with healthcare providers (Hyatt, 2015). According to Hyatt (2015) "Clinicians who are up-to-date on such data are likely to be more inclined to ask relevant questions during a history and physical when LGBT patients come into the hospital" (p. 18). This approach not only makes the visit easier on the healthcare provider, but it would make the LGBT client feel comfortable in the service they are receiving. However, successful training begins with having the proper education. A recent study showed that medical schools in the United States and Canada do not extensively study the healthcare of LGBT individuals (Hyatt, 2015). Proper medical education could not only improve the communication between a healthcare provider and an LGBT individual, but it could also improve the overall quality of care given to LGBT patients (Hyatt, 2015).

Since many medical universities, among others, are not reviewing information on LGBT healthcare in-depth, thorough education should begin at the university level and continue throughout medical training for all healthcare professionals. This education should include ways to communicate with those who identify as LGBT. Many healthcare providers experience anxiety when treating LGBT patients because they feel uncomfortable (Hyatt, 2015). If allowed the proper education and training, healthcare professionals would be able to successfully communicate with an LGBT client. Another form of education that should be implemented is avoiding heteronormative messages. Educating current and future healthcare providers on the minimization of these types of messages can create a more cultivating and healthy environment for LGBT individuals (Hyatt, 2015). Other educational references should include learning how to not focus on an LGBT individual's sexual orientation if it is not relevant, determining the proper pronouns to use for a transgender patient, support staff members as well as classmates on issues that could cause them moral distress related to LGBT care, and learn how to provide an overall safe and welcoming environment (Hyatt, 2015).

Consequence of Healthcare Service Delivery

Tertiary prevention consists of intervention techniques that could prevent complications, preventing further illness, injury, or disability (Shi & Singh, 2019). For example, successful communication, decreasing

heteronormative messages, and using proper pronouns when referring to transgender patients would be types of tertiary prevention techniques. In order to successfully use these techniques, proper education needs to be implemented. If proper education is provided to current and future healthcare providers, LGBT healthcare could improve greatly. These intervention techniques could cause a domino effect. This domino effect could include benefits such as an increase in LGBT individuals' quality of life, a decrease in rates of infection and disease through preventative care, and allowing healthcare professionals to be more aware of specific health risks.

According to Hyatt (2015), "lack of information and failures in communication have been shown to cause LGBT individuals to delay even seeking healthcare" (p. 17). If education and training involving the understanding of an LGBT individuals' health necessities was mandatory, or strongly enforced, then those individuals would not be fearful of discrimination while attaining medical attention. This means that LGBT individuals would not have to endure multiple types of occupational injustices or the high amounts of associated stress. According to Mernar (2006), neurophysiological reactions occur whenever an individual experiences stress from some kind of occupational injustice. These stress levels can cause the health of an individual to be questioned. Wilcock (as cited in Mernar, 2006) stated that excessive production of stress hormones due to occupational injustices could lead to issues such as artery damage, cholesterol buildup, as well as heart disease. Wilcock (as cited in Mernar, 2006) continued by stating that the chronic effects of stress will continue to poorly affect a person's health until the occupational injustice is eliminated. If healthcare professionals were given the proper training and education needed to create a nourishing and safe environment, and if the laws that are put into place were fully implemented, LGBT individuals could go to the doctor without fear of judgment. These changes may result in lower rates of cancer and more LGBT individuals seeking care among many other positive outcomes.

Conclusion/Results

Laws and policies that are currently put into place to protect the LGBT community are not being fully enforced; therefore, mandatory education for healthcare providers should be implemented to alter provider beliefs and actions to support compliance with these laws. Education would allow healthcare providers to understand how to treat patients who present various health concerns. Education would also make healthcare providers more aware of the different aspects of sexual identity, which could increase providers' comfort levels for providing care to this population. Healthcare education for the LGBT community is also important for advocacy and empowerment. Education for providers and clients could prevent an LGBT individual from being discriminated against, leading to an overall decrease suicide attempts, substance abuse, disease, mental illness, and much more.

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