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Healthcare Disparities in the LGBTQIA+ Community: A Scoping Review of Community vs Provider Experiences

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Abstract

Background: It is well-established that healthcare disparities exist in the LGBTQIA+ community. The divide is a growing concern exacerbated by recent changes in the healthcare and sociopolitical climate. To eliminate this divide and find ways to deliver better outcomes to the LGBTQIA+ is a dire need. This report analyzes the possible reasons from the community as well as the providers perspective, with a goal to find best practices that could be implemented in both components. **Methods:** A scoping literature review was carried out as described below to collect perspectives from both sides: patients as well as providers. **Results:** From patient experiences, positive experiences include affirmation, collaborative interaction and inclusive approach; negative experiences were lack of resources/knowledge, insensitive and less-than-adequate care and loss of trust. From the provider perspective, major problems were due to the attitude, rooted in bias created by heteronormative beliefs. TNB, bisexual and lesbian patients are, very often, most affected by these attitudes. These were exacerbated by lack of preparation and training from UME through residency. **Conclusions:** Training programs with dedicated hours through all levels and implementation of affirming language are suggested as first steps.

Background

- Implicit and explicit bias against LGBTQIA+ communities exists among healthcare providers, often resulting from a lack of training or exposure.⁷
- Lack of preparation leads to patient discrimination in healthcare settings, a lack of sexual orientation and/or gender identity understanding from healthcare staff and a lack of healthcare provider knowledge of patient needs⁵.
- This leads to an increase in the disparity in LGBTQIA+ healthcare
- As a result, these individuals postpone medical care and therefore promote healthcare underutilization behaviors, which ultimately leads to inadequate treatment and a decrease in healthcare worker trust⁶

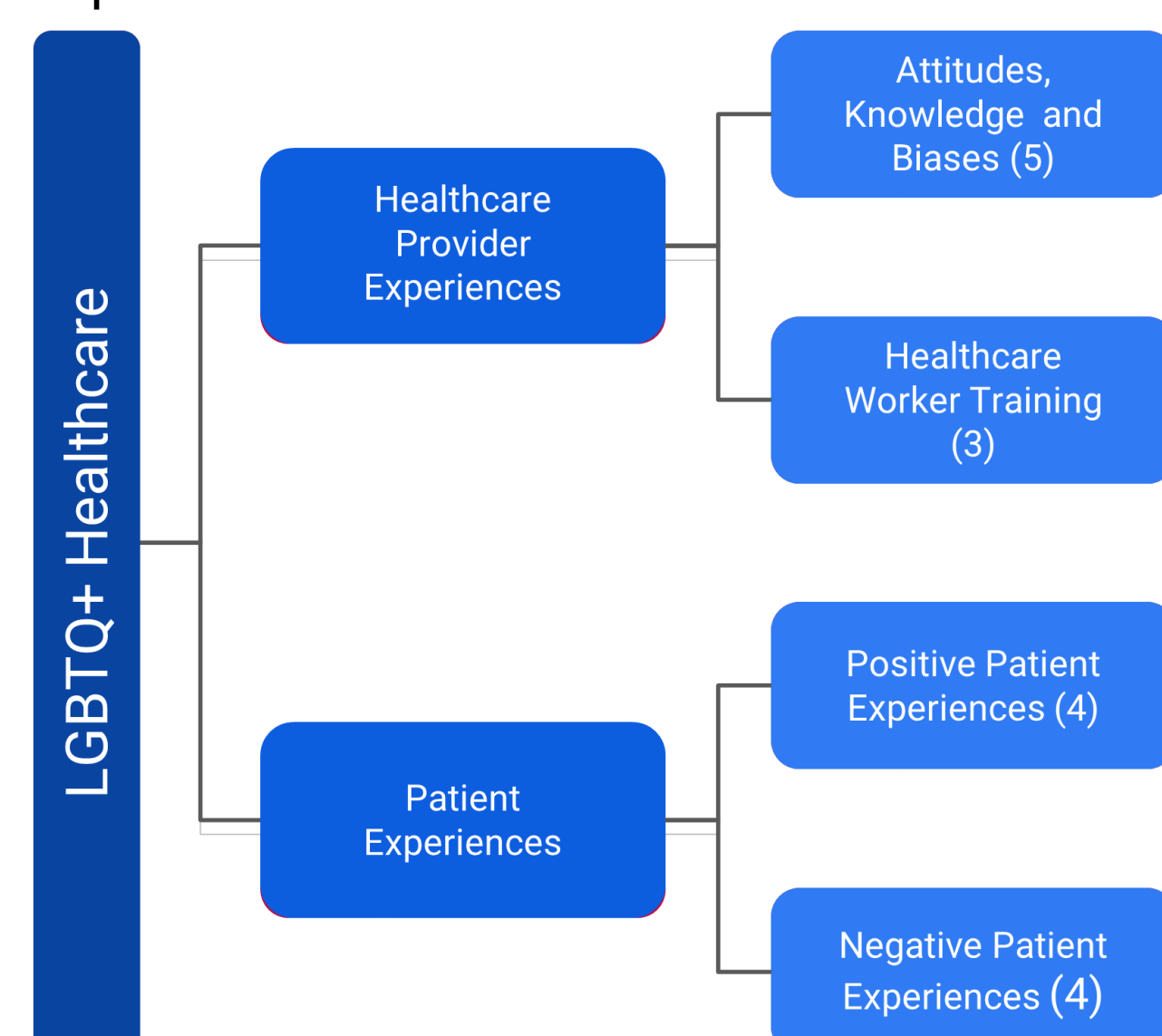
Objectives

- Explore the root of healthcare disparities in LGBTQIA+ community
- Compare patient experience data with healthcare worker competency data
- Highlight possible interventions that can be implemented on the clinical level to help improve patient care in the LGBTQIA+ community

Methods

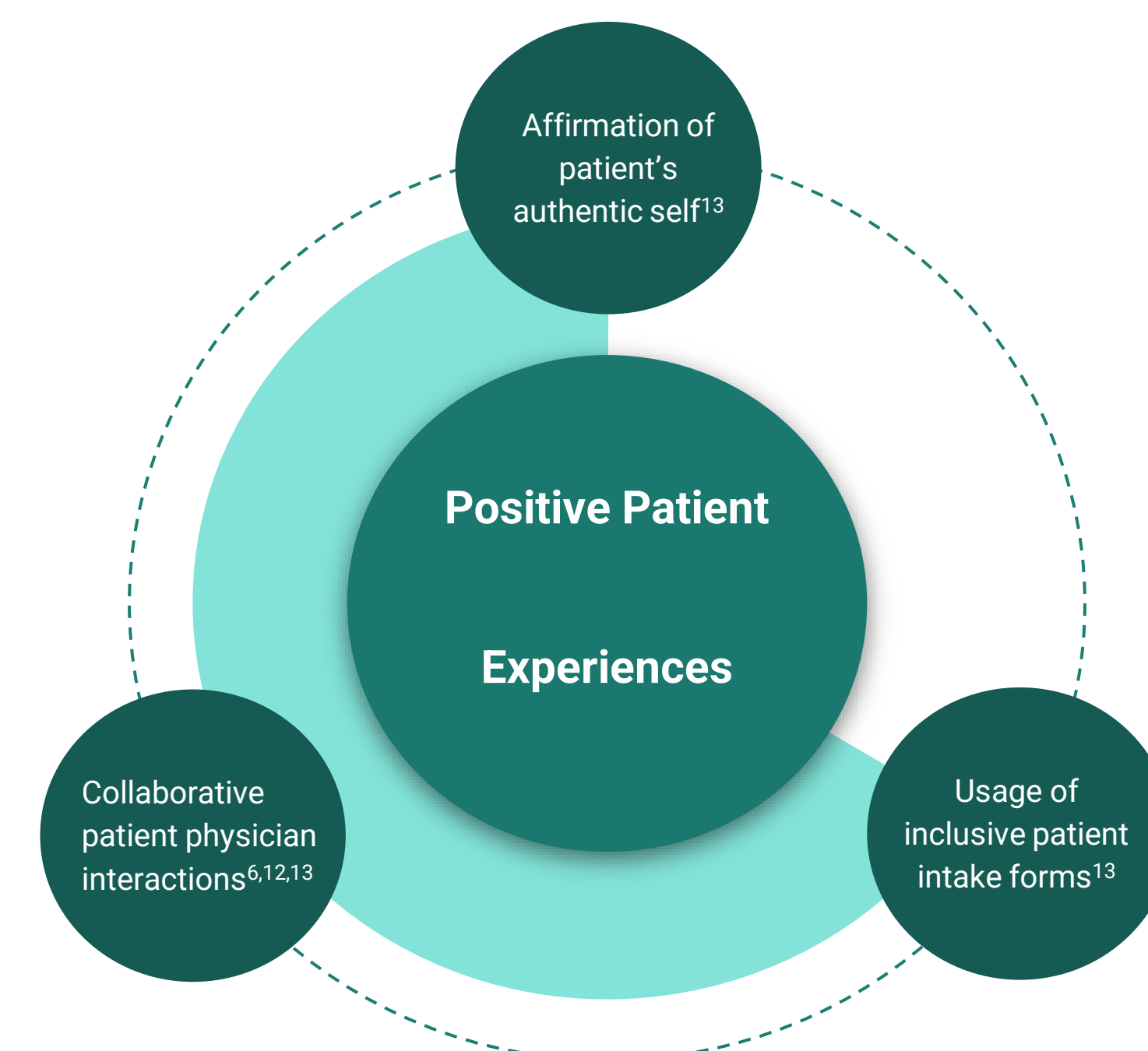
Search Strategy:

- ✓ Databases: Google Scholar, Psycinfo, Pubmed
- ✓ Key word strings: combinations of “LGBTQ”, “Cultural competency”, “attitudes”, “bias”, “experience”, “training”
- ✓ Inclusion/Exclusion criteria: 2015 to present, English language, full text articles.
- ✓ Included article types: reviews, reports of (a) patient experiences, (b) healthcare provider perceptions, and © training programs and their outcomes with relevant information. All other articles were excluded.
- ✓ A PRISMA-based flow chart (figure 1) depicts the logic to choose articles included in this report.

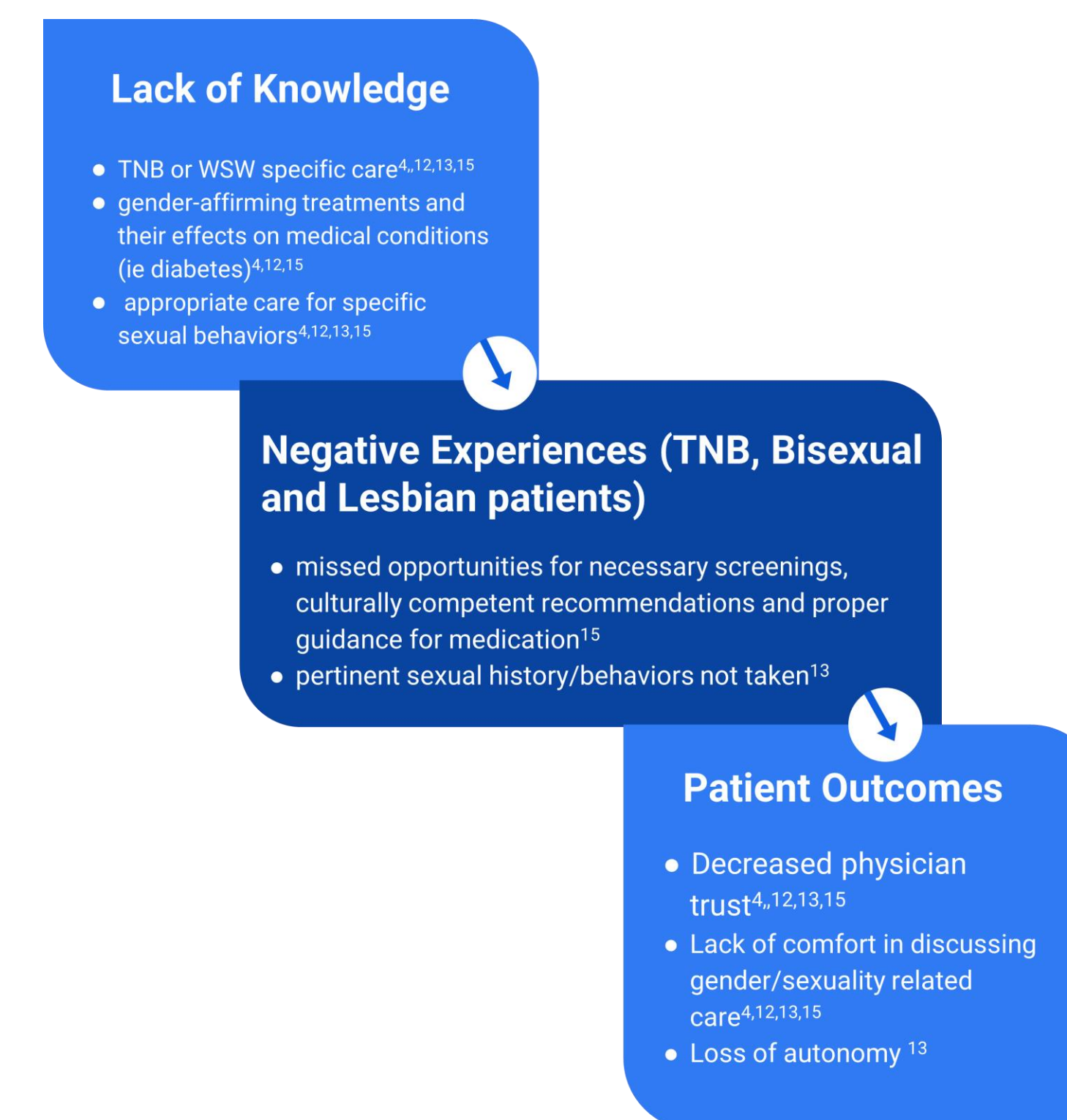


Results

Positive patient experiences



Negative patient experiences

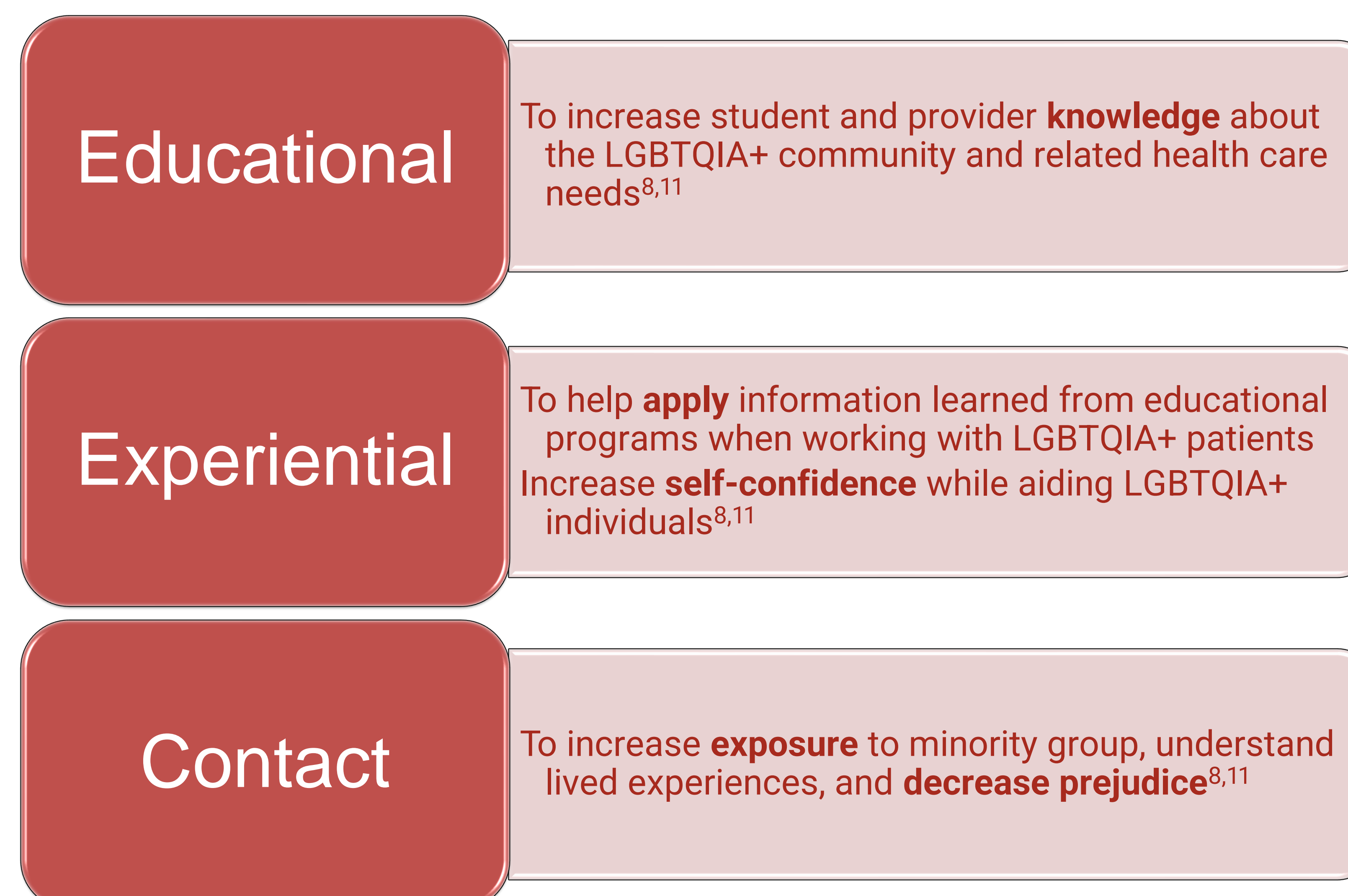


Attitudes of healthcare personnel

- **Physicians** - mixed beliefs about incorporating sexual/gender identity information into patient care¹
- 50 % of the OB/GYN **resident physicians** reported feeling unprepared to care for lesbian or bisexual patients while 76% of the physicians felt unprepared for transgender patient care
- **Primary care physicians** displayed a lack of knowledge concerning LGBTQ health⁹
- Negative attitudes were based on heteronormative beliefs and a lack of knowledge or training on LGBTQ care¹³
- Among **first-year medical students**, about 46% of the students expressed implicit bias against gay and lesbian individuals while about 82% demonstrated implicit bias against gay and lesbian individuals²

Most Immediate Solution

Training to reduce LGBTQIA+ related bias among healthcare personnel is recommended along three types.



Discussion

- Critical gaps observed in providers’ knowledge regarding LGBTQIA+ health care^{1,9} highlight the need and desire among healthcare providers for further education and training
- Patient testimonials on frustration with educating their provider on specific LGBTQIA+ healthcare needs^{4,12,13,15} support the gaps that were found in physician LGBTQIA+ healthcare knowledge
- Training programs that focused on educational programing, experiential learning, and intergroup contact were shown to improve outcomes and address negative attitudes^{8,9}
- Collaborative patient-physician interactions and utilization of affirming language^{6,12,13} were reported as a major reason for patients’ positive healthcare experiences^{12,4}

Conclusions and Clinical Implications

- It is recommended that medical schools and residency programs integrate more LGBTQIA+ health training hours, increased contact and experiential learning
- Implementation of affirming language to improve patient outcomes
- More knowledge and training programs to meet the needs of LGBTQIA+ patients to decrease the health disparities they currently face

Limitations

- Intersectionality is a major limitation of our literature review
- Longitudinal studies of provider LGBTQIA+ knowledge retention needs to be conducted

Future directions

- Implement interventions of knowledge and affirming language usage in various clinical settings and assessment of how these interventions affected physician-patient encounters
- Implement longitudinal analysis to see if healthcare personnel are still knowledgeable about LGBTQIA+ care

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