

# Queering the Doctor's Office: An Assessment of LGBTQ Women's Experiences in Healthcare Settings





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#### Introduction

Research suggests that lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals "face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights" and additional assessment of the health needs of this population, and specifically, those of sexual minority women, is needed.

Thus, the Lesbian Community Care Project (LCCP), a program of Howard Brown Health Center, developed a community needs assessment to better understand the health experiences of LBTQ women in Chicago, Illinois.

#### Methods

The LCCP assessment team:

- Reviewed LGBTQ-specific needs assessments of other urban organizations<sup>2</sup>;
- Developed a 32-item questionnaire divided into three sections: demographics, health and healthcare, and programming; and
- Disseminated both online and paperand-pen formats of the questionnaire city-wide, specifically targeting LBTQ women.

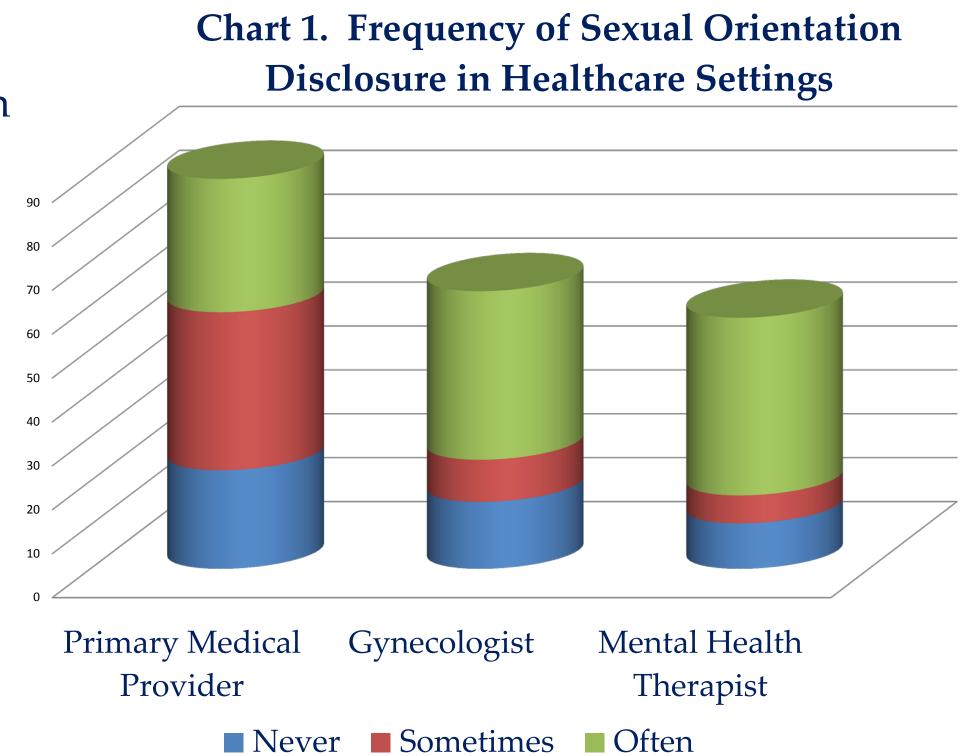
## Results

In total, 157 respondents completed the questionnaire: 92% were women and 93% identified their sexual orientation as lesbian, bisexual, or queer.

# I. Perceived LGBTQ-Sensitivity and Patient Disclosure

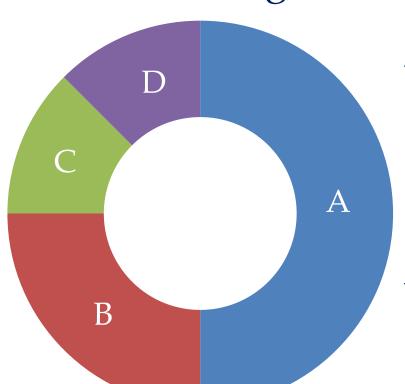
- 15.94% reported that, in general, health services are not LGBTQ-sensitive.
- 22% "never" and 36%

  "sometimes" discuss
  their sexual orientation
  with their primary care
  provider (Chart 1).



## II. LGBTQ Discrimination in Healthcare Settings

23% of respondents reported being treated inappropriately because of their sexual orientation or gender identity. Anecdotal experiences were classified into four categories, represented by rate of recurrence (Figure 1):



- A) Providers expressed heteronormative views or delivered incorrect information (e.g. assumed respondent's sexuality or gender identity; unwilling to accept sexual orientation; misinformation regarding the need for routine gynecological testing)
- B) General harassment (e.g. disparaging remarks, laughter)
- C) Respondent felt invisible, uncomfortable, or unwelcome
- D) Respondent was refused services

#### Conclusion

Patients' disclosure of sexual orientation in healthcare settings is vital for providers to accurately gauge behavior risk.

However, despite overwhelming evidence and resources, many providers and staff of healthcare organizations still lack specific training and cultural competency when treating sexual minority women. The results of this assessment suggest the incredible need to improve provider cultural competency and patient-provider interaction, including the establishment of standards to ensure appropriate and nondiscriminatory care of LGBTQ patients.

### Sources

- 1. Healthy People 2020. *Lesbian, Gay, Bisexual, and Transgender Health*. 2012; Available from: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25#eighteen.
- 2. Castellanos, D., Millery, M., Shoener, S., Sullivan, E., Hsu, E., Kwong, J., Nicholson, J., Urbina, B., Lowrey, S. . , *The health and social needs of LGBT Queens residents*. 2009, New York: Queens Pride House.

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