## Creating Healthy Work Environments 2019

# Providing Culturally Competent Healthcare to the Lesbian, Gay, Bisexual, and Transgender (LGBT) Population

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Health disparities exist in the LGBT (lesbian, gay, bi-sexual, and transgender) population due to historical discrimination, marginalization, oppression, and belief systems that support homophobia and heterosexism. So wide are these disparities that Healthy People 2010 and 2020 have identified leading health indicators and objectives to improve the lives of this population. A report issued by the Institute of Medicine (IOM) further highlighted these concerns stating that in the United States health needs of the LGBT population are not being met under current programs and tailoring programs to the specific needs of the LGBTQ community is critical. This report went on to add educating health care professionals about LGBT issues and the importance of creating welcoming environments for care is imperative ("IOM Report on LGBT Health Issues," 2011). Gaining insight into the various subgroups, ethnic, cultural, and demographic influences of the LGBT population is essential, as is recognizing the potential limitations that personal bias creates in providing culturally competent care to this group. As a result a literature review was conducted to examine whether a cultural competency educational programs improve healthcare providers attitudes towards the LGBT individual.

Despite significant strides over the last decade towards equality for the LGBT population systemic oppression still exist. In 2016, the state government of North Carolina signed a bill into law (authored by then Governor Pat McCrory) mandating anti-transgender discrimination in single-sex facilities. The “bathroom bill” launched an unprecedented attack on the transgender population and brought to light our current societal climate of division over inclusion. Prior to the implementation of the Affordable Care Act (ACA), almost fifty percent of the LGBT population surveyed reported discrimination by healthcare workers, which included outright refusal to provide care. Since then the ACA has provided some protections with regulations placed on federally funded hospitals, providers, and insurers, mandating non-discriminatory practices against the LGBT individual. Another challenging aspect to quality healthcare is that this heterogeneous and unique group includes all ages, genders, social status, education, geographic location, and (dis)ability. A heterosexual gender normative individual can pick any provider from their insurances provider list but a LGBT patient must conduct extensive research which often results in no available provider to meet his/her needs. Finding providers who are culturally sensitive, competent, and aware of the LGBT individuals lived experiences is important. Unfortunately the discriminatory environments have shown to negatively affect health outcomes of sexual minorities specifically in the areas of increased risk of cardiovascular disease, poor mental health, higher suicide rates, greater risk for alcohol, illicit drug, and smoking abuse. Furthermore LGBT individuals report chronic stress due to past negative encounters and fear of homophobia and stigmatization which leads to an unwillingness to disclose gender or sexual identity impacting equitable healthcare. Health care providers whether implicitly or explicitly, display attitudes of heterosexism, and supports homophobia and the idea that heterosexuality is the only norm and superior sexuality, further magnifying the LGBT persons greatest health risk, avoiding regular healthcare. Despite all of the issues there is promise in the research which reflects cultural competence training and education on both the system-level and individual-level as having the greatest impact on creating healthcare environments that are welcoming and affirming to the LGBT population. This training encourages open dialogue and improves trusting provider/patient relationships which promote continued access to necessary health care services, including preventative care and management of chronic illness.

The impetus for change often lies in laws and new regulations mandating change instead of personal conviction. For example, JCAHO in 2011 created a field guide to assist healthcare organizations in creating LGBT-inclusive nondiscrimination policies and procedures that would hold these organizations accountable for the education of all staff. However since 2011 marked change has not been seen.

Educational offerings need to be periodically reevaluated to ensure sustained improvement and to adjust to changing trends, regulations and values of society. Finally, committing to a systematic reassessment to identify gaps at both the system-level and individual-level is prudent when the goal is to create healthy, welcoming, non-discriminatory health care environments.

In conclusion, our current societal climate is one of division over inclusion. We often seek to amplify differences in those unlike ourselves, creating an environment of hostility, misunderstandings and divisiveness. Inside of the healthcare system these divisions potentiate and promote health disparities. LGBT individuals have experienced discrimination without any legal protections for decades and are weary of accessing healthcare. Designing and implementing educational programs based on a solid and growing body of research and evidence that establishes a unique understanding of the values, beliefs, attitudes, and lifeways of this diverse population is paramount. This education must include the impact of healthcare providers' attitudes and how acts of omission diminish trust and negatively impact societal groups over the long term. As a nurse I am compelled by one of the basic tenets of nursing as define by the American Nurses Association code of ethics which states we are to practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person ("Code of ethics," 2015). With a solid and growing body of evidence, in addition to new laws and regulations demanding change, educating healthcare providers in culturally congruent patient care is no longer optional.

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**Abstract Summary:**

Health disparities exist in the lesbian, gay, bisexual, and transgender (LGBT) community due in part to a long history of discriminatory attitudes among individuals and societal groups. Gaining insight into various LGBT subgroups and demographic influences is essential in providing culturally competent patient care

**Content Outline:**

**Purpose**

Health disparities exist in the lesbian, gay, bisexual, and transgender (LGBT) community due in part to a long history of discriminatory attitudes among individuals and societal groups. These disparities have been highlighted by recent reports from the Institute of Medicine and Healthy People 2020. Gaining insight into various subgroups and demographic influences is essential to providing culturally competent care to each patient.

This project is to examine whether a cultural competency educational program on LGBT healthcare concerns improves healthcare providers attitudes towards the LGBT individual.

**Methodology**

A review of the literature was completed using the keywords “cultural competence,” “healthcare provider bias,” “LGBT,” “health disparities,” and “sexual minorities” from 2013-2018. A total of twenty seven articles and 2 resources were identified. These resources are from the Institute of Medicine and Healthy People 2020. Twelve articles pertained to the content and specific population and were reviewed along with the resources.

**Findings**

Cultural competence education improves healthcare providers’ attitudes toward the LGBT individual. Some studies showed that creating opportunities to engage the LGBT individual in open dialogue and trusting provider/patient relationships promote continued access to necessary healthcare services. The reviewed articles indicate that educating healthcare providers about the specific needs of this population improves patient centered care**.**

**Nursing Implications**

Further research is needed to evaluate whether the educational intervention is retained over a period of time. Research should also be completed on the use of mandatory cultural competence training for healthcare providers and its influence on the health disparities of the LGBT population.

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