The Rainbow Connection: Gauging LGBT-friendly access in Western Kentucky Matthew Allen; Under the supervision of Dr. Miranda Terry Murray State University

What has the literature showed:

- LGBT+ people are at higher risks for conditions such as cardiovascular disease, sexually transmitted disease, anxiety, depression, eating disorders and obesity. However, LGBT+ patients may be unwilling to discuss specific health risks and personal information if they feel the physician will not adequately and professionally address the concern (Hafeez, Zeshan, Tahir, Jahan, Naveed, 2017).
- The majority of Rural Doctors and nurses have reported an LGBT-friendly practices, yet described microaggressive actions within the office which may limit access and seeking medical treatment when needed (Patterson, Jabson Tree, Kamen, 2019).
- Physicians did not see a reason for discussing sexual orientation or gender identity, unless discussing suicide (Bonvicini, 2017).

Research Methodology:

Physicians and LGBT+ individuals will be interviewed on similar criteria. Both populations will answer questions regarding demographic information, perceptions of willingness of physicians to treat LGBT+ patients, perceived understanding of the needs of LGBT+ patients, perceptions of availability of LGBT-friendly medical providers.

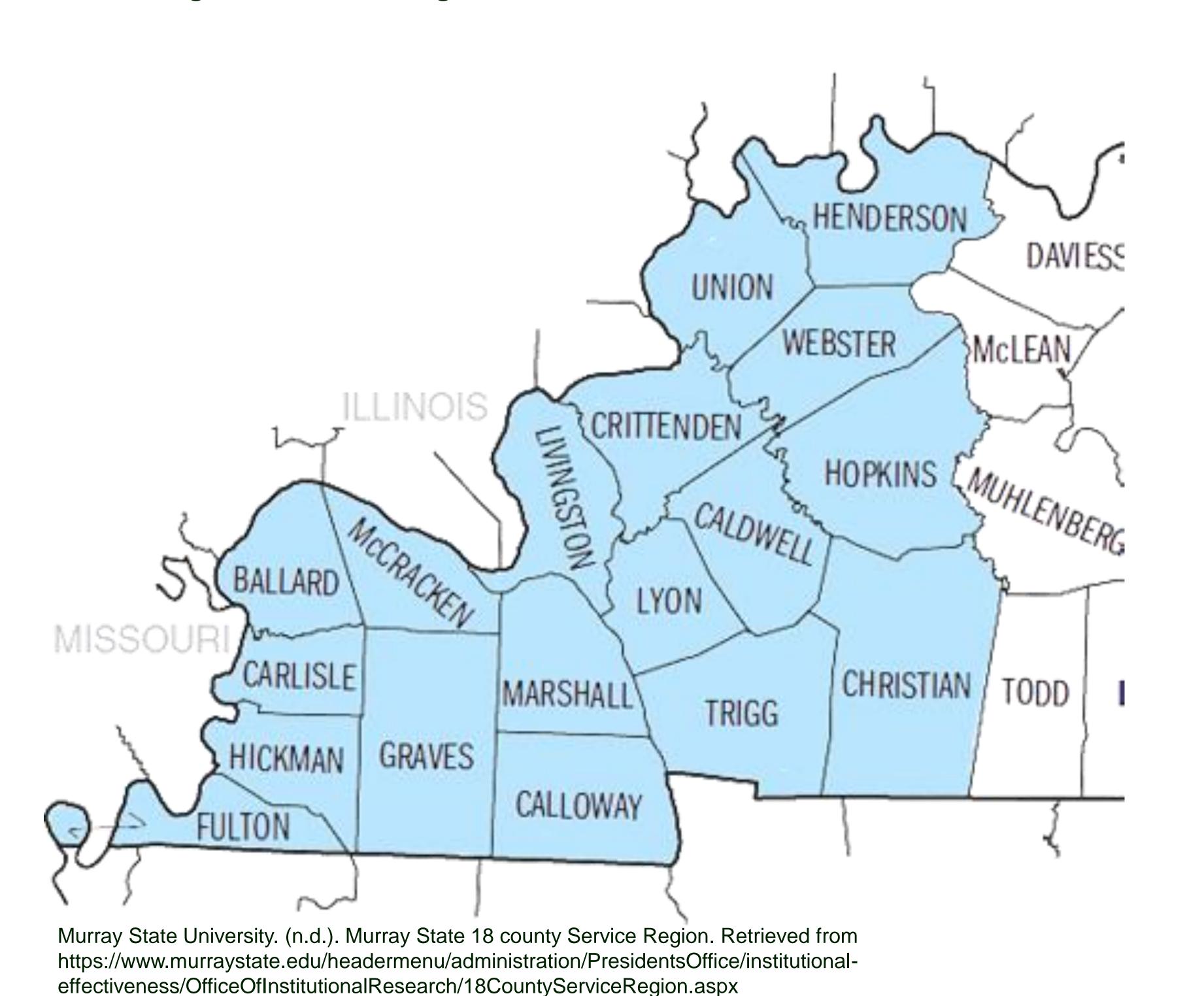
Physicians and LGBT+ individuals will have one section of questions specifically gauged to their roles. Physicians will be asked about cultural competency, while LGBT+ individuals will be asked about feelings and attitudes of physicians in Murray State's Service Area regarding LGBT+ health.

Data will be analyzed to determine a gap between patient and physician perceptions of access of LGBT-friendly healthcare.

Why is this important?

Health disparities among population groups have become a topic of discussion among the national and international health advocacy groups. The inclusion of addressing health disparities in *Healthy People 2020* sets a national precedent to work to increase access to quality healthcare among minority populations. Across the United States, legislation has been passed which allows healthcare providers to deny treatment to LGBT+ individuals due to a variety of factors including religious preferences.

With growing LGBT+ populations across the country, dismantling systemic barriers to positive and quality health care for LGBT+ people through educating physicians on cultural competencies and specific needs of LGBT+ patients is vital in increasing access for the LGBT+ population, while simultaneously showing LGBT+ patients that physicians are willing and knowledgeable to work with their identities.



What is the goal?

Access to healthcare is one of the biggest issues facing the health sector. The study is ongoing and hoping to address the gap of perceived access to healthcare for LGBT+ individuals. Addressing this perception will allow for a better understand of the efforts needed to increase likelihood to seek and access to healthcare within Murray State's Service Area for LGBT-Individuals.

The outcomes of the study may also give insight into the need for more in-depth cultural competencies to be taught to medical students on minority populations which specifically includes LGBT+ identities.

At the end of the study, results will be shared with Murray State LGBT Programming Center to work to address gaps by potentially offering workshops and events for physicians and LGBT+ Individuals.

References:

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Header image:

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