HIDDEN BARRIERS FOR LGBTQ PATIENTS

HOW STEREOTYPE THREATS CAN NEGATIVELY IMPACT HEALTHCARE SERVICES FROM AN ECOLOGICAL PERSPECTIVE

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LEARNING OBJECTIVES

• Learn about the field of community psychology

• How can the stereotype threats paradigm fit with the healthcare delivery system
  • How this could negatively impact LGBTQ patients

• How to reduce or prevent stereotype threats that continue to perpetuate and improve the quality of services
THE FIRST TIME....... 

• I came out to a provider was when..
  • Got tested at a LGBTQ friendly clinic
  • Great! But there is still more to learn.
LGBT HEALTHCARE: WE ARE NOT THERE YET.

• Compared to heterosexual and cisgender counterparts, LGBT individuals do not seek healthcare services due to marginalization.

• Underutilization of services may have an impact on why HIV rates are significantly higher among gender and sexual minorities.
LGBT HEALTH DISCRIMINATION

- Healthy People 2020
- Coming out to providers
- Overt discrimination
THEORY

PRACTICE
WHAT IS COMMUNITY PSYCHOLOGY?

STEREOTYPE THREATS

- Steele & Aronson 1995
  - Disruptive State that people Experience
  - Educational settings
  - Originally looked at African American students and female students
“The problem is that the pressure to disprove a stereotype changes what you are *about* in a situation. It gives you an additional task....the negative stereotype and its allegation about you and your group...And when you realize that this stressful experience is probably a chronic feature of the setting for you, it can be difficult for you to stay in the setting, to sustain your motivation to succeed there.”

-Claude Steele
HEALTH-RELATED STEREOTYPES

• Stereotype Threats
  • Avoidance
  • Impaired Communication
  • Poorer Adherence

Joshua Aronson, PhD, Diana Burgess, PhD, Sean M. Phelan, PhD, MPH, and Lindsay Juarez, BA: Unhealthy Interactions: The Role of Stereotype Threat in Health Disparities
CURRENT STUDY

• Health-Related Stereotype Threat Predicts Health Services Delays Among Blacks (Jones, Taylor, Dampeer-Moore, Van Allen, Saunders, Snowden & Johnson, 2013)
  • HRST-24

• “I have heard that LGBT and gender queer patients perform better on routine physical exams than heterosexual and cisgender patients.”

• “LGBT and gender queer individuals get worse feedback after their medical check-up than heterosexual and cisgender individuals.”

• “I have heard that heterosexual and cisgender patients have an advantage over LGBT and gender queer patients on routine medical screenings.”
MEASUREMENTS AND METHODS

- Adapting the HRST-24
- Fear of Physician
- PANAS (Positive and Negative Affect Schedule)
- Qualitative Questions

- Items from the Short Form (36) Health Survey
- Delay in services (1 = within the past year; 2 = within the past 2 years; 3 = within the past 3 years; 4 = within the past 5 years; 5 = more than 5 years; 6 = never)
  - Physical Exam
  - Primary care doctor check up
  - BP check
  - Cholesterol Check
  - STI testing*
  - Nutrition counseling *
  - Behavioral Health*

Recruitment
- N=95
- Survey disseminated online and passed around organizations, social media and flyers
FINDINGS

1. Does HRST influence communication the patient has with the provider?
   - \( r = .312, \ N = 93, \ p < .005 \)
   - 2. Does HRST influence the delay in health care services?
     - \( r = -.055, \ N = 94, \ p = .596 \).
   - 3. Does HRST have an influence of overall health?
     - \( r = .461, \ N = 92, \ p < .001 \).
   - Secondary findings
SOME INDICATIONS: LGBTQ HEALTH-RELATED STEREOTYPE THREATS

- Fear of communication
- Internalized phobia
- Physician bias
- Interactions: body language and language - they matter
I avoid services because no one seems to have the time to get to know me. I worry about impressions. They only get impressions - good or bad.

Because of my bad experiences with doctors not believing that I have the symptoms I have or refusing to investigate the cause of my symptoms, I have many times not gone to the doctor because I didn’t think it would do any good. For the most part, I have figured problems out on my own (for instance, I figured out that I have reactive hypoglycemia and adjusted my diet to fix it). The most potentially harmful incident was when I had abdominal pain so bad that it was difficult to walk, but I convinced myself that it was in my head and didn't go to the doctor for three days. It turned out to be just a bladder infection, though.
A physician refused to listen to my concerns about a pain I was experiencing and kept telling me that I was feeling something different and that it was as severe as I was making it out to be. I would rather self-medicate than try to force someone to believe what I am experiencing in my own body.

I delayed for YEARS when it came to figuring out my anxiety. I was terrified of being a crazy person. And after bad experiences with my last therapist, I was scared of being referred to a new, awful therapist (even though I have a better idea of what I want now).
I remember one of the first few physicals/Pap smears I had, my doctor was asking about sexual relations. I had a girlfriend at the time and all his questions were asked through a heterosexual viewpoint so when I responded he felt very confused. I told him I was gay, and that I have slept with women. He was very silent, wrote down in his chart, and then said that was all. I could get dressed, so I did, and I left. A year later I came back for another visit he asked the same exact questions, and gave the same answer. Fast forward another year, I came back he asked the same questions and I (sorry for the language) decided to f*** with him saying that I was basically a wh*re sleeping around almost every day with a variety of men, never wearing protection, or using birth control, and he was I'd say more pleased for me to say that then to hear I have sex with women.

See the above incident with the ER doctor. After that, I was hesitant to return to that ER even though it was the only one where we lived and I have sometimes extremely bad asthma flares that require hospitalizations and could be fatal. I was almost willing to rather die than not go back and face that humiliation again.
I moved recently and made an appointment with a new doctor. She seemed very impatient with everything I said, didn't seem to believe anything I told her about my conditions, made me see a nutritionist (in office, called into that appointment) despite my stated lack of interest, and then after the appointment the desk told me that practitioner was leaving in a month so I'd have to have another intake with another doctor. I've never gone back despite needing care. Sigh.

I am an FTM individual, pre-bottom surgery. I had to go in for a drug test for my job. The doctor came in and wanted to check for a hernia and to pull my pants down. It was only him and I in the room. I asked why he needed me to pull my pants down but all be kept saying was to check for a hernia. He demanded that I pull my pants down, I was very hesitant, but I complied. Slowly. I got to my groin and he demanded that I stop and pull my pants up. I have been on testosterone for about 2 years and I am post-top surgery. Surely he saw my charts and saw that my biological sex is F, but I'm not sure if he thought I was male. I have never felt so violated in my life.
NEXT STEPS

BRAINSTORMING
### RECOMMENDATIONS

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<th>1. Patient Non-Discrimination Policies</th>
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<tr>
<td>• Patient non-discrimination policy (or patients’ bill of rights) and is communicated to patients</td>
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<th>2. Equal Visitation Policies</th>
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<td>• Visitation policy explicitly grants equal visitation and is communicated to patients and visitors</td>
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<th>3. Employment Non-Discrimination Policies</th>
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<td>• Employment non-discrimination policy (or equal employment opportunity policy) and is communicated to the public</td>
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<th>4. Training in LGBT Patient-Centered Care</th>
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<td>• HEI-approved training in LGBT patient-centered care was provided</td>
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<th>5. Other Recommendations- Best Practice</th>
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<tr>
<td>• LGBT Patient Services &amp; Support</td>
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<td>• Transgender Patient Services &amp; Support Patient</td>
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<td>• Self-Identification</td>
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<td>• Medical Decision-Making</td>
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<tr>
<td>• Employment Benefits &amp; Policies</td>
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<tr>
<td>• LGBT Patient &amp; Community Engagement</td>
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Any questions?

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