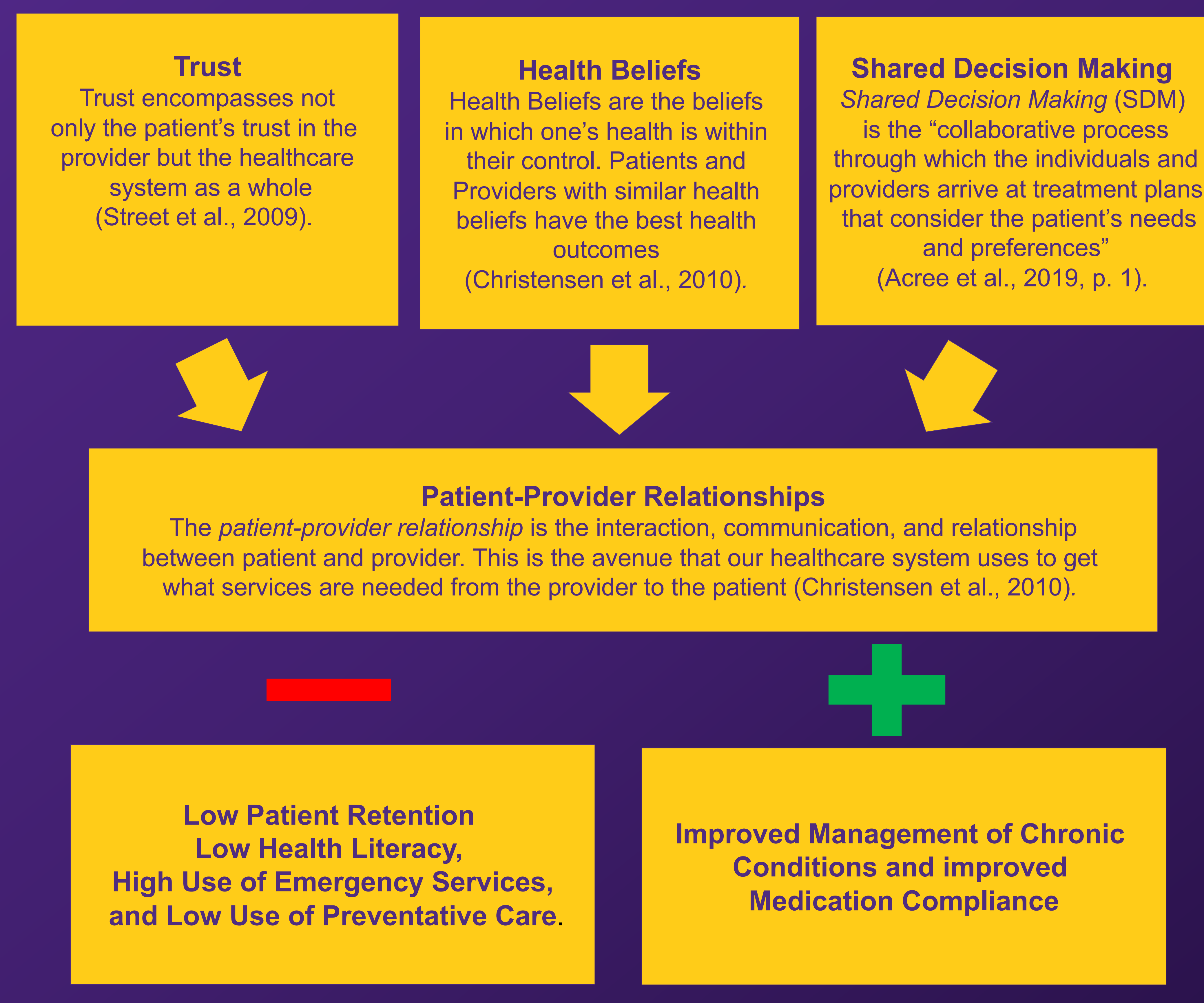


LGBTQ Health Outcomes

The purpose of this study is to understand the differences that makes a difference in patient-provider relationships in treatment with LGBTQ patients.

- LGBTQ patients experience different *health outcomes* compared to their heterosexual peers (Hafeez et al., 2017).
- Health Outcomes, such as, low patient retention (Grefinger et al., 2019), low health literacy, high use of emergency services, and low use of preventative care (Smith & Turell, 2007) are particularly influential in the health and healthcare of LGBTQ patients.

RESULTS



Implications

While there has been little dyadic research for LGBTQ patient-provider relationships, it is clear based on the needs of patients and providers that improved relationships are essential in improving health outcomes for LGBTQ patients.

- Healthcare systems can improve their practice by:
 - Creating an environment that is inclusive of the LGBTQ community
 - Supplying health information and training specific to the needs of LGBTQ patients
 - Facilitating affirming and non-discriminatory communication between patients and providers (Seaver et al., 2008).
 - Incorporating LGBTQ patient care ethics and education into Medical School and Residency Curriculum.

Method

Inclusion criteria included peer reviewed journal articles published in the English language.

Exclusion criteria included non-peer reviewed articles (e.g., newspapers, dissertations, and magazine articles) and journal articles not provided in the English language.

Search terms included: LGBTQ, patient-provider relationship, and dyad(s) including many variations for LGBTQ and patient-provider relationship (a list of all search terms can be provided upon request by the researchers).

Discussion

There are several barriers in healthcare that must be overcome to enhance treatment for LGBTQ patients:

- (1) A genuine and trusting relationship is needed between patients and their providers, the alternative is leaving patients feeling misunderstood or unsafe to share their sexual orientation, gender identity, or sexual health needs with their providers (Seaver et al., 2008).
- (2) Providers must engage in knowledge about LGBTQ health and healthcare needs, especially transgender health, the alternative is a danger and detriment to care (Knutson et al., 2018).
- (3) There is little formal education when it comes to LGBTQ health and healthcare in medical curriculums (Knutson et al., 2019). This leaves the duty of teaching [the provider] on the patient's shoulders.
- (4) Some provider's function by treating all patients the same (i.e., a practice of neutrality). This philosophy can be an attempt to engage without bias, but often leaves patients without science informed or indicated treatments based on the intersectionality of their social locations. LGBTQ patients deserve interventions that are necessary for their health.