



Equity Series Part IV:

Understanding the Discrimination Faced by LGBTQ+ Persons in Accessing Quality Health Care

COVID-19 has impacted already marginalized communities in unprecedented ways. Although vaccines are readily available, many individuals remain reluctant to get vaccinated. The homeless response system is working to be responsive to the concerns of people experiencing homelessness about the COVID-19 vaccine. Within this context, providers must understand the root causes of health disparities within the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community. To meaningfully address the concerns and mistrust some LGBTQ+ people experiencing homelessness have, providers must both understand the experiences of the community and lead with [cultural humility](#) and a [trauma-informed approach](#). Part IV of this special series will focus on understanding the reasons for concern and mistrust among LGBTQ+ persons.

The American Psychological Association (APA) issued [guidance on building vaccine confidence](#), using the **#EquityFlattensTheCurve** initiative to highlight the importance of centering strategies and community engagement in equity. The APA highlights evidence-based strategies to address concerns about the vaccine.



These strategies are key to engaging marginalized populations in meaningful conversations about the COVID-19 vaccine. LGBTQ+ people regularly experience discrimination and trauma within health care and medical systems. Using this baseline information and understanding to inform their strategies will help providers avoid re-traumatizing individuals or causing them further harm. Providers must remember that, while conversations may help address fears and concerns expressed by marginalized communities, ultimately, the choice to get the vaccine is a personal decision.

Discrimination is Harmful to the Physical Health and Well-Being of LGBTQ+ People

Prior to the COVID-19 pandemic, it was well documented that LGBTQ+ people face discrimination, harassment, and obstacles to accessing quality health care services. These experiences may cause LGBTQ+ people to delay or avoid seeking medical services which can have serious and sometimes life-threatening implications for their health. Prior negative experiences with the health care system may contribute to concerns they have about getting the COVID-19 vaccine. The following sources highlight some concerns LGBTQ+ people may have about accessing health care services, including the vaccine. They provide information to help providers think through how to support LGBTQ+ people experiencing homelessness during conversations about the COVID-19 vaccine.

- [When Health Care Isn't Caring](#)

This paper from Lambda Legal includes a survey detailing the experiences of discrimination faced by LGBTQ+ people, and the intersectionality of LGBTQ+ people and people living with HIV. The survey collected information about experiences such as denial of care, discrimination, blaming, refusal to touch patients, barriers to care, and substandard care. Due to these experiences, respondents expressed fear of mistreatment which prevented them from seeking further health care services.

Table 2: Health care professionals refused to touch me or used excessive precautions

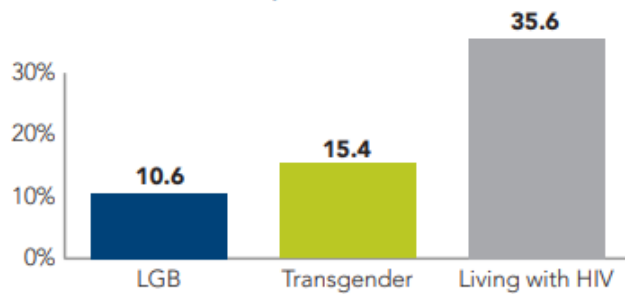


Table 4: Health care professionals blamed me for my health status

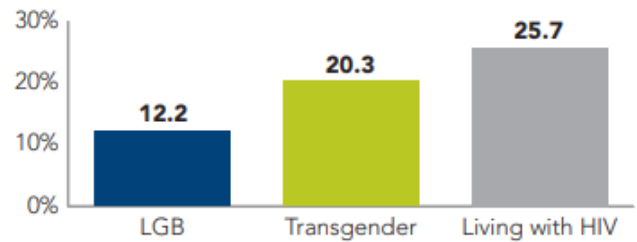


Table 3: Health care professionals used harsh or abusive language

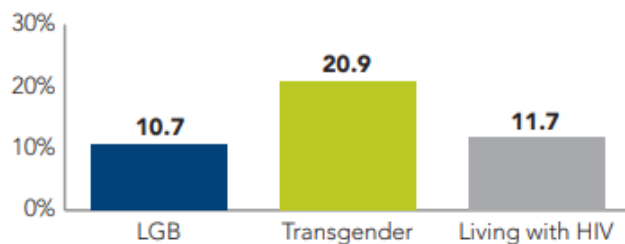
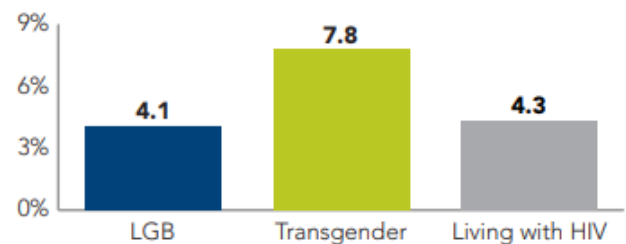


Table 5: Health care professionals were physically rough or abusive



Discrimination, refusal of care, and other mistreatment can have a detrimental impact on LGBTQ+ people. Lambda Legal provides recommendations for health care systems, providers, policymakers, community members, and other stakeholders for reducing barriers at all levels:

- Health care providers should discuss health concerns with cultural humility.
- Intolerance of discrimination needs to be clearly communicated and there should be consequences if it occurs.
- A grievance process or patient bill of rights should be available for people who feel discriminated against.
- Educational classes and orientations should be given to health care providers to instruct them in providing culturally competent care.
- Written documents and communication should be inclusive and factor in all patient experiences.

In many communities, the COVID-19 pandemic has created strong partnerships and collaboration between the homeless response and health care systems. It is important that the homeless response system model reflects the use of cultural humility.

• **[The State of the LGBTQ Community in 2020](#)**

This article highlights the discrimination LGBTQ+ Americans face in many areas of their lives, including when accessing health care services. The article states that health care discrimination is “most pronounced among transgender individuals, individuals of color, and disabled individuals.” The article discusses impacts to both physical and mental health due to previous negative experiences with the health care system. It includes a survey that found that LGBTQ+ individuals report discrimination and mistreatment in various spheres of their lives, including public, work, and personal. The data is disaggregated by race, age range, and sexual identity. It shows that younger LGBTQ+ Americans face larger impacts of discrimination on their well-being and that three in five transgender Americans reported discrimination in the past year.

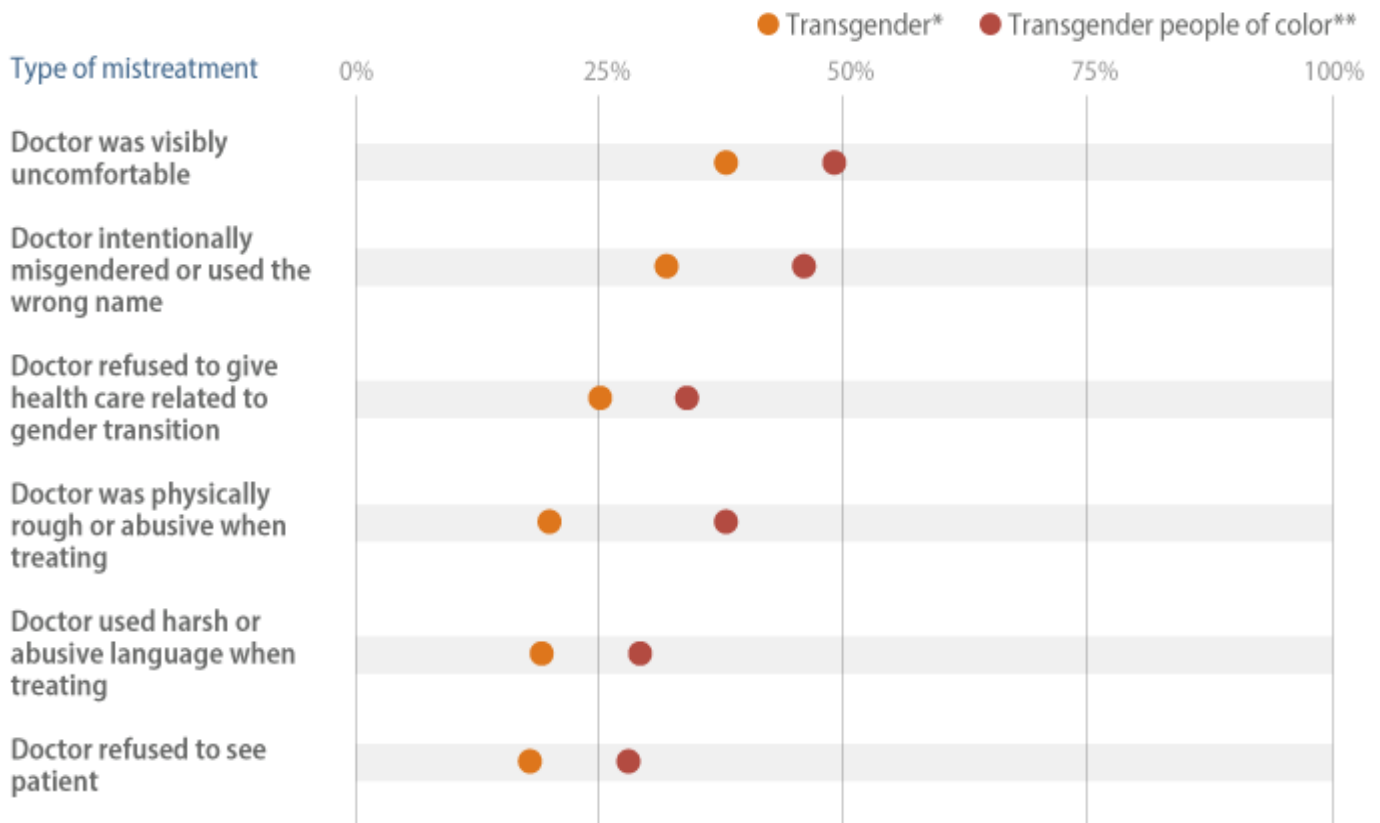
For providers within the homeless response system who primarily serve youth and young adults, approaching conversations about the vaccine with cultural humility is critical.

When sexual identity intersects with race, the obstacles become even more pronounced. The chart below shows that transgender People of Color experienced even higher degrees of mistreatment by the health care system than transgender people in general.

FIGURE 13

Transgender Americans face unique barriers to accessing health care

Share of transgender Americans who reported mistreatment by doctors or health care providers because of actual or perceived gender identity, by demographic group



* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.



The article concludes by recommending additional comprehensive legislation—such as the Equality Act—to provide protection and resources for the LGBTQ+ community.

- **[L.G.B.T.Q. People Face Increased Risks From COVID, but Many Don't Want the Vaccine](#)**

This article speaks to the intersectionality of race and sexuality. [Research](#) has shown that both the LGBTQ+ community and communities of color are more vulnerable to contracting COVID-19 and that they are more likely to have underlying health conditions. However, both of these groups are likely to have concerns about the COVID-19 vaccine due to previous negative experiences with the health care system. The article highlights the need to have ongoing conversations with LGBTQ+ people, including understanding their experiences and the discrimination and abuse they have faced at the hands of the health care system and approaching the conversations as an ongoing process; this is not something that can happen just once for change to occur.



The LGBTQ+ community continues to experience discrimination and mistreatment when accessing health care, and this is even more pronounced when their marginalized sexual/gender identities intersect with race and disabling condition(s). To address these concerns, the homeless response system must be prepared to have ongoing conversations with these populations and must work to truly understand the mistrust the LGBTQ+ community has in the health care system.