

Background

- The LGBTQ+ population is rapidly growing within the United States, illustrating a greater need for culturally competent and effective care within health systems. ¹
- In the collegiate context, LGBTQ+ undergraduates are more likely to experience microaggressions and discrimination affecting their interactions with peers and campus resources as a result of campus climates. ²
- Due to the increased risk of societal discrimination, LGBTQ+ youth experience higher risks of homelessness, physical and sexual abuse, unintended pregnancy, HIV/STIs, and mental health issues. ³

Objective

- To assess the healthcare experiences of LGBTQ+ undergraduate students in the University of California (UC) Student Health Services.

Methods

- In April 2022, twenty-seven students (n=27) who identify as LGBTQ+ across the nine UC campuses participated in a cross-sectional study
- A comprehensive online survey was sent through an official email to UC LGBTQ+ resource centers, associated student governments, student health services, and various affiliated social media pages across all UC campuses.

Results

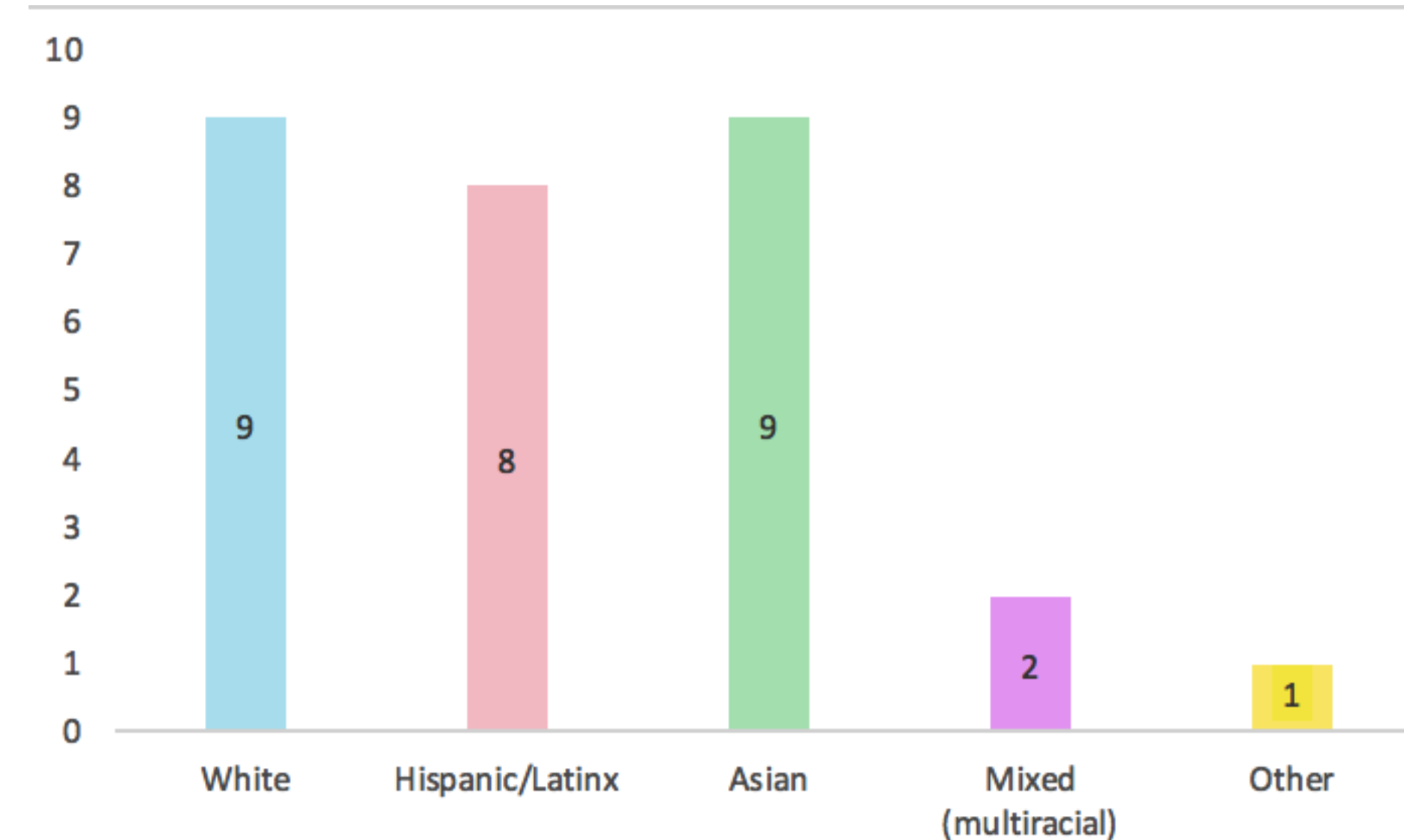
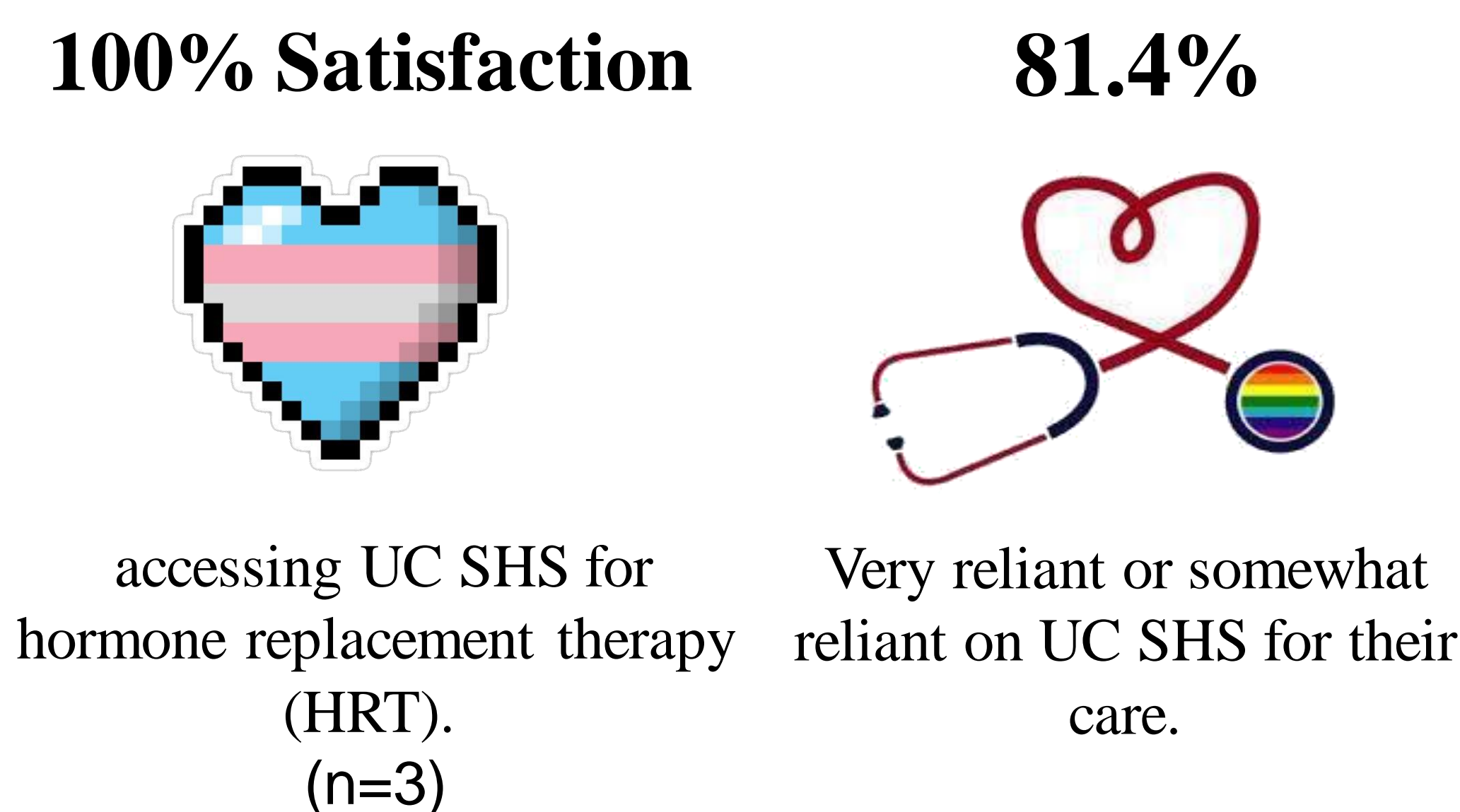


Figure 1: UC LGBTQ+ Race/Ethnicity

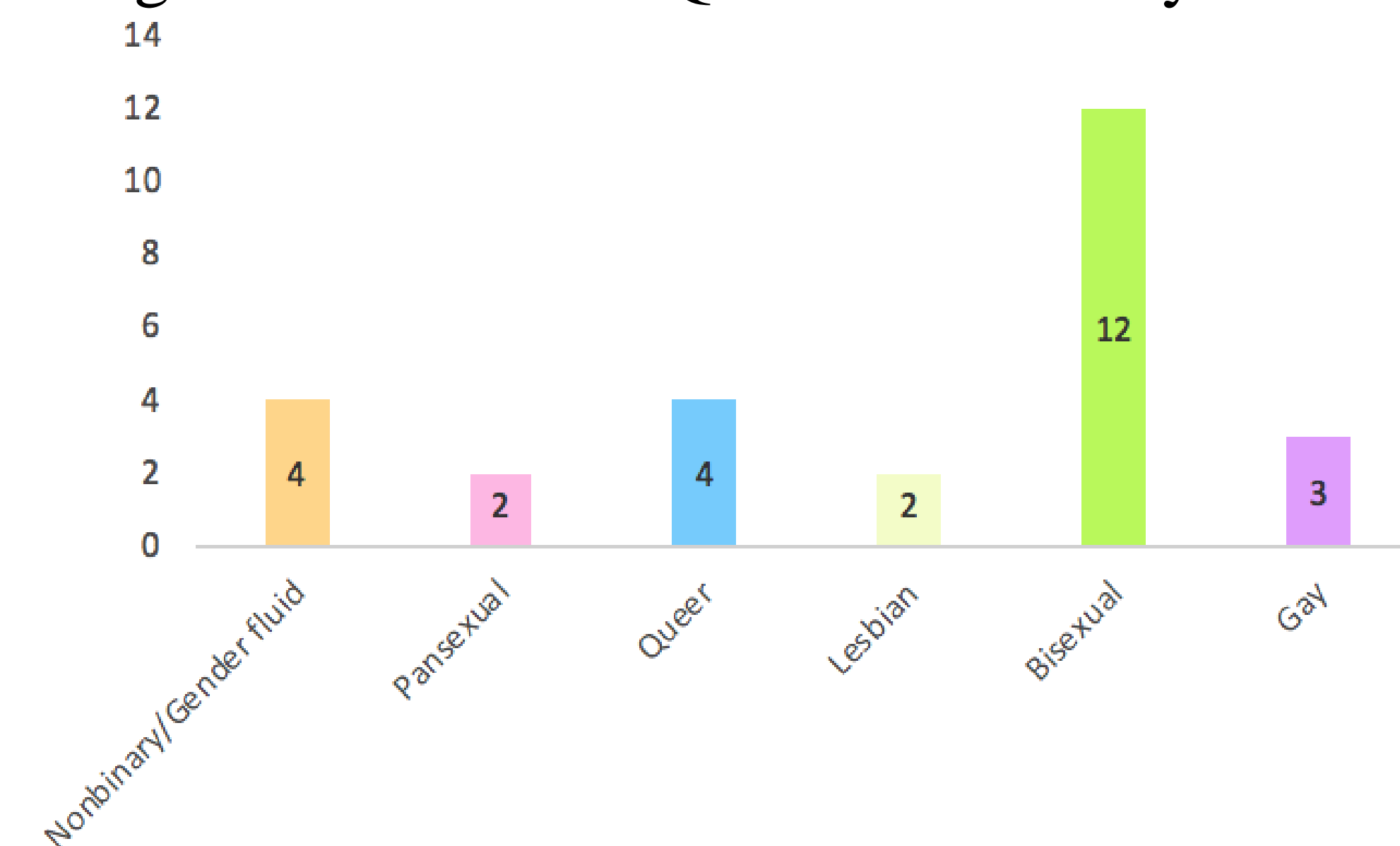


Figure 2: UC LGBTQ+ Identification

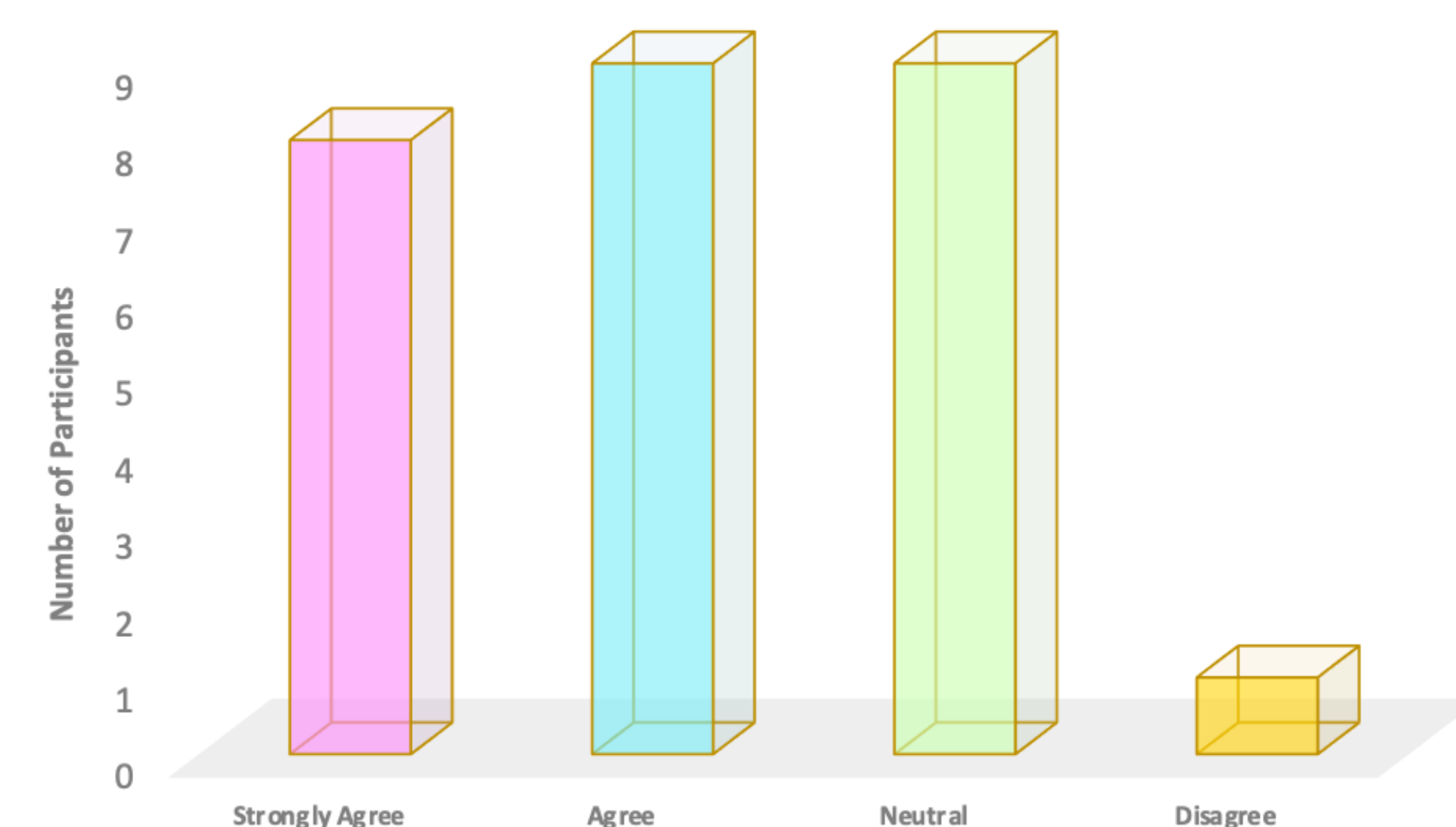


Figure 3: Affirming Atmosphere When Disclosing LGBTQ+ Identity, 2022

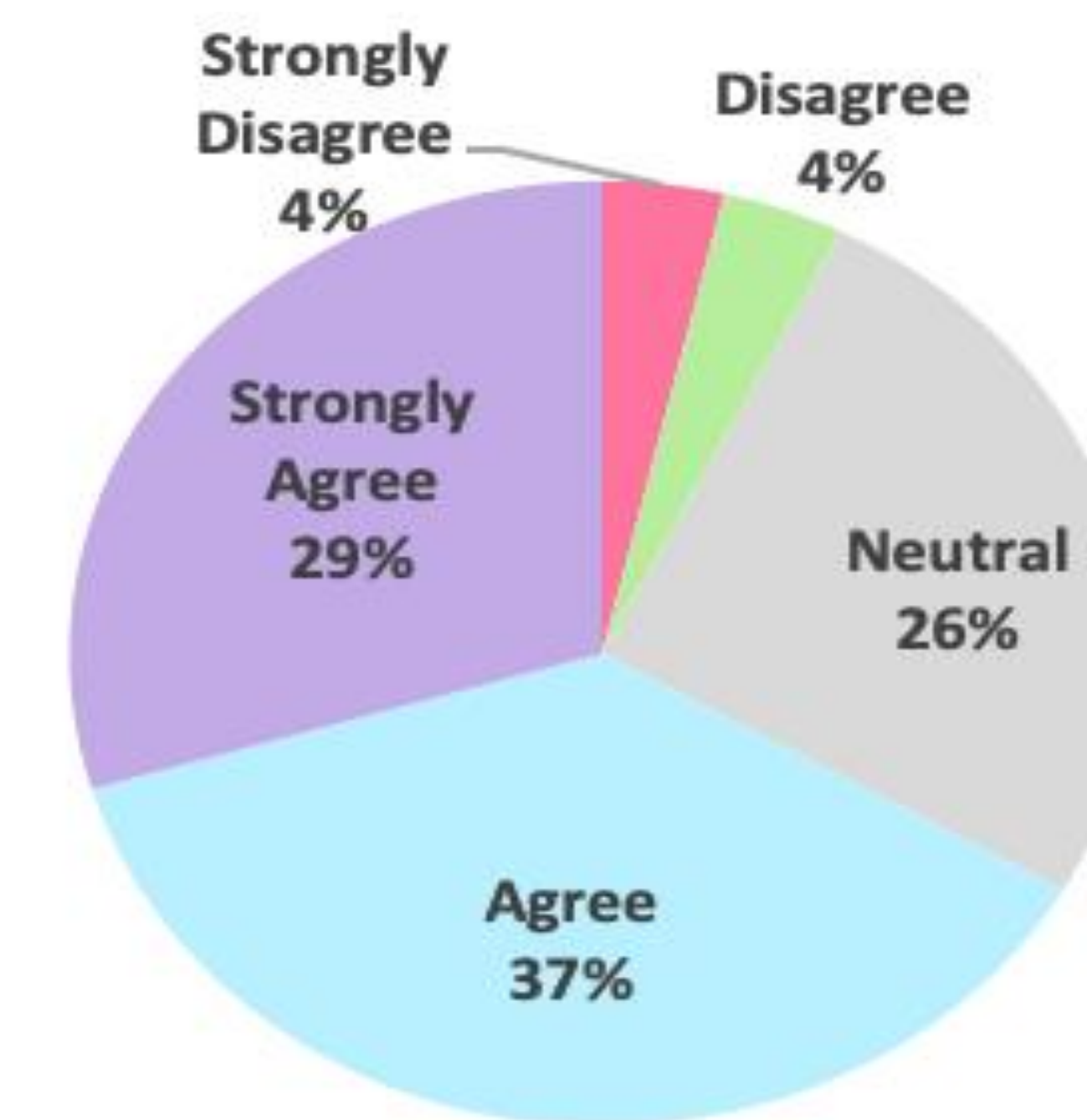


Figure 4: Healthcare Provider Demonstration of LGBTQ+ Competency

“When I was in isolation housing for Covid back in 2020 I was concerned that I was not going to be able to take my testosterone injection and the healthcare provider assigned to me made it so that I received my testosterone even if I wasn't on UC Ship”

“I went for a full panel STI testing and when asked about my sexual history, the nurse made a face when I told her how many people, I have slept with in the past 3 months (I'm also a sex worker) and that there were women included”

“I was asked if I would have a good support system post top surgery. Seemed like if I had answered no the doctor I was talking to would have helped me find support.”

“I was helped by another LGBTQ+ person in dealing with mental health issues and it made me a lot more comfortable to disclose that information.”

Conclusion

- Although most of the responses were positive, negative responses included long wait times, limited availability of mental health providers, and miscommunication through improper use of gender pronouns.
- Thus, it is important to further improve these services for a better overall comprehensive care for these students.
- UC SHS can adopt better practices to ensure patients feel a higher quality of health care is received.
- This can be done by increasing accessibility of providers and providing LGBTQ+ inclusion and equity education to these providers to further provide LGBTQ+ affirming care for LGBTQ+ UC undergraduate students.

Policy Implications

- LGBTQ+ affirming care is improving across UC SHS as the frequency of care among LGBTQ+ patients increases; however, areas regarding the use of appropriate pronouns and elements of providing non-judgmental care for LGBTQ+ patients should be further implemented within medical curriculum. "American medical schools have been inconsistent in their training in the care of LGBTQI-identified patient, and many have not formally assessed their curriculums for content related to the care of LGBTQI-identified patients." ⁴

References

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