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Colin Davis  
George Washington University

Richard Ruth  
George Washington University

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Serving the Healthcare Needs of LGB Millennials: Insights from a Focus Group

Colin Davis, BA/BS ~ colinjamesdavis@gmail.com & Richard Ruth, PhD ~ rruth@gwu.edu
LGBT Health Graduate Certificate Program
The George Washington University

**PURPOSE**
The historically strained relationship between LGBT populations and systems of healthcare is not over. Recent studies continue to connect experiences of hom/o/transphobic and culturally incompetent healthcare to LGBT populations’ reluctance or refusal to pursue care, sustaining substantial healthcare disparities (Eliason et al 2009). Few studies have examined the healthcare perceptions and experiences of the LGBT “Millenial” generation, whose identities, tied to generationally distinct social upbringing, uniquely affect healthcare encounters. Understanding this cohort’s healthcare experiences will enable practitioners to more competently interact with their current and future LGBT patients.

**METHOD**
We gathered data from a focus group of eight LGB-identifying Millenial participants, using a participant-observer framework by enlisting participants with established rapport with the facilitator and, through snowball recruitment, at least one other participant. We anticipated this approach would allow participants to feel at ease relating charged, complex experiences and feelings related to bodily, sexual, and mental health in a setting designed to foster comfort and open disclosure. The rich data produced by the group participants confirmed our expectation. Opinions and experiences were related with less inhibition than would have been likely in the presence of complete strangers, or in response to survey or structured self-report instruments. Our data allowed us to offer best-practices recommendations that support and extend previous findings in the literature.

**DISCLOSURE**
“I have a cold, I have the flu, that has nothing to do with being gay or straight... I feel like doctors will often be blinded by it, and they’re gonna go down a different path.”

“...kids are very fluid they don’t necessarily consider themselves gay or straight and I think that they do whatever they want. But they don’t put themselves in a box.”

“...but I don’t think you should say ‘are you gay or are you straight?’; ‘have you had sex with women have you had sex with men?’”

“I would prefer they ask, because then it seems more routine like this is just the next step we ask like ‘do you have sex with men or do you have sex with women or do you have sex with both?’ So it makes it feel like you’re less of the special case.”

“I don’t think it should be on a form, personally...cause that almost makes it feel kind of mandatory, even if it’s not a mandatory field. I don’t think I really want that.”

**IMPORTANCE OF FLEXIBILITY**

“It was like complete ignorance... ‘either you have sex with men or you don’t’ it couldn’t be like ‘you have sex with women and you were raped by a man once and you want a test.’”

“So I don’t want you to assume anything about what happens in my life or like with my body because of my sexuality. But I still want the information available.”

“...you’re having sex, here’s the resources you need, doesn’t matter who you’re having sex with...”

**PROVIDER IGNORANCE/INSENSITIVITY**

“In my med school I don’t think there is a big focus on LGBT healthcare at all...”

“And then I...finally just came out to this old...dude. Um and he was like ‘so what’s that like? Is that...seems like you don’t really need anything from me...’ I was like [gesture of despair].”

“...but putting me in a situation where I have to either go against everything that you know, my identity... and say ‘I have sex with men’ when I don’t... or I don’t get to have the PAP smear, it’s like clearly I made that choice ...so I’m not going to have the PAP smear’ cause I’m not going to tell you I have sex with men.”

**RECOMMENDATIONS**

- When discussing a patient’s sexual history or safe-sex practices, providers should utilize nuanced and inclusive language that accounts for the possibility of nonheterosexual and nonconsensual sexual encounters. The focus should be on experiences and behaviors rather than identity or orientation.
- In order to avoid alienating patients, rather than prescribing an HIV test as a knee-jerk reaction to a male patient’s disclosure of homosexuality, providers should first seek to ascertain the actual practice of HIV risk behaviors, such as engaging in unprotected sex or communal intravenous drug use.
- It is the patient’s prerogative—not the provider’s—to reject options for care on account of their sexuality. For example, while a lesbian patient may dismiss a PAP smear or birth control prescription as irrelevant to her health concerns, a provider should not neglect to provide her with the information required for her to make an educated decision about these options merely because the provider assumes (incorrectly) that they would be categorically unnecessary.
- In light of the lack of comprehensive formal training, healthcare providers should seek to acquire or expand their medical and cultural knowledge of LGBT concerns—particularly in regards to sexual health, stigma and social experiences—and not simply operate on their own presumptions.

Sources and references available upon request.