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Affirmative Care for Transgender and Gender Non-Conforming People states that, “…many transgender people experience stigma and discrimination in their day to day lives, and particularly when seeking health care. As a result, many fear they will be treated disrespectfully by health care staff, which can lead to them delaying necessary health care services.” It can be difficult to determine which physicians will be mindful of and sensitive to people’s own individual needs. Specifically, for members of the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) community it can be a struggle to obtain health care that fits their own individual needs and desires. As a result, currently there is a demand for members of the LGBTQ community in the greater Grand Rapids area to have a resource available to them in order to better assess the services and the LGBTQ friendliness of area physicians. Unfortunately, there is not an easily accessible resource available that provides information relevant to physicians. Through The LGBTQ-Friendly Physician Project, we aim to make available useful information for members of the greater Grand Rapids LGBTQ community regarding the services provided by health care professionals. In doing so, we will be supplying a means for members of the LGBTQ community to better assess which physicians can meet their own individual needs and are a better fit for them individually.

There are a number of resources available to physicians that contain information regarding how best to provide health care services while being sensitive to and mindful of members of the LGBTQ community. Some specific resources include the National LGBT Health Education Center, the U.S. Department of Health and Human Services, as well as The Coalition for LGBT Health (Margolies, Joo, and McDavid, 2014). Unfortunately, there are not many well-known resources for people seeking information regarding how well physicians meet the needs and desires of members of the LGBTQ community in the greater Grand Rapids area. Although
the Grand Rapids Pride organization does list health care providers on its website who are considered to be supportive of the LGBTQ community, it is not likely that this list is an extensive area resource ("Medical, Dental & Vision," n.d., para. 1). As such, the goal of our project is to produce a unique, unbiased, and extensive resource that will better inform members of the LGBTQ community in regards to their health care options.

As of today, the LGBTQ-Friendly Physician Project is currently still in progress. Phase 1 of the project, the phase in which I had a role, consisted of developing a survey, obtaining institutional review board (IRB) approval in order to administer the survey, implementing the survey to members of the Grand Valley State University (GVSU) LGBTQ community, and then summarizing the data collected. The purpose of the survey is to assess the needs and desires of members of the LGBTQ community with respect to area physicians. The data were collected online using SurveyMonkey; the survey was administered through e-mail by the GVSU LGBT Faculty Staff Association. An open invitation for members of the LGBTQ community at GVSU to complete the survey was also posted in The Forum, a weekly newsletter published by University Communications for GVSU faculty and staff. Using the findings from Phase 1, the intent is to refine the survey and then administer it to a wider audience in the LGBTQ Grand Rapids community (Phase 2), through the annual Pride Festival and area LGBTQ organizations. This past semester, I also contributed to constructing a preliminary list of LGBTQ organizations that we will potentially contact for Phase 2. Phase 3 of the project will involve developing a survey to be administered to physicians in the greater Grand Rapids area. This newly developed survey will be implemented in order to assess how well particular area physicians are mindful of and adhere to the needs and desires of members of the LGBTQ community.
A large portion of my time spent on the project this past semester was devoted to preparing the IRB proposal. This was my first experience in attempting to obtain IRB approval, so it was a great learning experience. I found that utilizing Grand Valley’s online tool, *New Project Initial Review Application*, was exceptionally helpful ("New Project Initial Review Application," n.d., para. 1). In order to write and organize the proposal, I had to describe in detail our target population, our method of data collection, the proof of consent from the GVSU LGBT Faculty Staff Association, the overall purpose of the study, as well as other important documents such as Collaborative Institutional Training Initiative certifications. Individually these tasks were not difficult to accomplish. That being said, collectively they took longer than I had anticipated. In the end, we were still able to accomplish what we had set out to do at the beginning of the semester: obtain IRB approval, complete the data collection process, and analyze the results.

In order to discuss some of our findings, we highlight some of the more notable responses. Arguably one of the most important questions in terms of the purpose of our project, Question #6 asked, “How important do you believe it is for information regarding each of the following health concerns to be available from your health care physician or in his/her office/waiting room?” Approximately thirty people responded to each portion of this question, and we found that heart and cardiovascular information had the highest percentage of people who believed it to be very important (71%) as displayed in Figure 1 below. This implies that respondents considered this to be one of the most important topics to have information on available from their health care physician or in his/her office/waiting room.
It is also notable that ovarian and cervical/uterine cancers had the second highest percentage of people who considered information pertaining to it to be very important (66%). This is displayed in Figure 2.
The questions regarding cancers: non-gender specific (breast, skin, colo-rectal, esophageal, etc.) and depression, anxiety, and other mood disorders were tied for the third highest percentage of people who considered information pertaining to it to be very important (65%). These are displayed in Figures 3 and 4 below.
Lastly, the question regarding silicone injections was the only question in which “very important” was not the highest percentage response (17%). This implies that respondents considered this to be one of the least important topics to have information on available from their health care physician or in his/her office/waiting room. This is displayed in Figure 5 below.

Overall, these responses will prove useful in the creation of our survey to be administered to health care physicians in the greater Grand Rapids area.

Coren, Coren, Pagliaro and Weiss (2011) assert that, “Practitioners act as a guide, protector, and confident to their patients’ most vulnerable health care concerns.” It is important that patients trust and feel comfortable with their own physicians. The end goal of The LGBTQ-Friendly Physician Project is to provide a resource for the greater Grand Rapids area that conveys the different services offered by area physicians as well as how well particular physicians adhere to and are mindful of the needs and desires of members of the LGBTQ
community. Overall, this resource will allow people to be better informed about their health care options, and potentially for them to feel more comfortable seeking health care from different physicians. In doing so, it will facilitate a better environment for members of the LGBTQ community in the greater Grand Rapids community as a whole. The goal of the LGBTQ Friendly Physician Project is to create a resource which will help people meet their basic health care needs. It is a step forward in the right direction, but there is still much progress to be made in improving the resources available to members of the LGBTQ community.
References


