Influencing Organizational Policy to Address Gender and Sexual Minority Health Disparities and Inclusivity Within the Healthcare Delivery System

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PURPOSE: According to the Health Equity Index (Human Rights, 2016), only 3 hospitals in Kansas were determined as leaders for health care equity. All 3 facilities are in the north area of Kansas, closer to Kansas City and therefore inaccessible for many gender and sexual minorities residing in Wichita, KS. The recent index has motivated the LGBT Health Coalition to ensure that other facilities are determined as healthcare equality leaders; however, it has been difficult to create broader positive changes that ensure safe spaces for LGBT patients.

METHODS: In a collaborative effort with the Wichita LGBT Health Coalition, Human Rights Campaign, George Washington University, and Wichita State University, the study consisted of interviews with medical students and physician assistant (n=8) and medical administrators (n= 9) to identify what barriers exist for healthcare facilities in the Wichita area to become health equality leaders. In addition, interviews will be conducted with sexual minority women and gender minorities (n= 13) to gain insight into their experiences in healthcare within Wichita. The study used an inerative analysis; The research team will alternate between finding emerging themes of the data similarly to grounded theory (Glaser & Strauss, 1967), but in addition, using the etic of existing theories (Srivastava & Hopwood, 2009). In this case, the minority stress model (Meyer, 1995) and the ecological model (Eliason, & Fogel, 2015) and the cultural competence model (Betancourt, Green, & Carrillo, 2002).

RESULTS: Findings include lack of healthcare access that caters to gender and sexual minorities, how the gender and sexual minority community disseminates resources and advice related to health, and a lack of LGBT health related support for medical administrators and health professional students.

CONCLUSION: Although there have been strong efforts in creating a safety net for gender and sexual minorities, there is room for improvement, especially when the community distrusts religious based healthcare services. In addition, medical administrators want to do more for this population but has not found support or data to justify investing in improved inclusive-related policies and practices. Recommendations for policies and initiatives for the City of Wichita will also be discussed.