

Health Disparities Among the LGBTQ in Lower Manhattan



Stephanie Matishek WCSN, Samantha Falcone WCSN, Kylee Gambal WCSN Wagner College Evelyn L. Spiro School of Nursing

Background

- Sexual orientation is a sensitive matter in many societies, it clashes between religion, morality, and culture in different parts of the world
- The LGBTQ community form a significant portion of NYC, Lower Manhattan.
- The LGBTQ forms a vital component of NYC's social, cultural and ecominc fabric with a historical center for the gay rights movement.
- Progressive changes around gender and sexual identities with trials to derive names or views that are acceptable to society and enhance the coexistence.
- This community is subjected to health disparities related to societal, discrimination, denial of human and civil rights.
- The urgent need to address inequalities is opportunity to provide nursing student with training to increase the provision of culturally competent care.

Community Assessment

- Manhattan has the highest population in NYC, with up to 1.6 million people. Currently there is no data on how many people in NYC identify as LGBTQ.
- LGBT Health and Human Services Network performed a study with 515 people:
 - -7% had poor or fair health
 - -19% experienced prolonged mental health problems
 - -5% without insurance coverage
 - -15% could not access necessary healthcare
- In another survey by Scott (2017), participants identified public transport as a site for unequal treatment, while 21% believed they missed job opportunities or fired because of gender or sexual orientation.
- Even though there are difficulties collecting and documenting data it is apparent that the frequency of discrimination and stigmization subjects the LGBTQ community to mental health illness and coniditons, including depression and suicidal behanviors.

Problem

- The LGBTQ community experiences health disparities linked to social stigma, discrimination, and denial of human and civil rights due to:
 - Lack of knowledge about the community
 - Societal ignorance of their health needs
- 1 in 5 transgender people are denied health services because of their sexual orientation.
- >55% of the LGBTQ population faces discrimination while seeking healthcare services.
- Most transgender individuals either postpone or avoid seeking healthcare services to prevent discrimination despite the problem's urgency. This contributes significantly to the prevalence of chronic diseases and fatalities.
- The disparity leads to increased psychiatric disorders, suicide, and substance abuse.
- Minorities face increased vulnerability to diseases like HIV/AIDS as well as socioeconomic exclusion.
- The prevention of specialization of healthcare providers in LGBTQ health related issues amplifies inadequate health coverage.

Conclusion

- Addressing the health disparities would result in increased physical and mental well-being, reduce the cost of health care, reduce disease transmission and progression, and increase the longevity of the LGBTQ community.
- By training nursing students on the health needs of LGBTQ, sex education and applying Leininger's theory offers a positive impact on caring for this community. This training will help the nurses gain a deeper understanding of the LGBTQ community and will reduce the gap and disparities.
- Therefore, more research on how to support the community by empowering healthcare systems to adopt their culture.

Proposed Solution

- The best solution will be education across the continuum on nursing health care. Training nursing students, training hospital nurses, and training public health nurses.
- The best solution to addressing health care needs is training nursing students on increasing care that is culturally competent.
- Training nursing students and staff on effective management of the communities health.
- Nurses should receive 1- hour educational intervention on LGBTQ health.
- Nursing curriculum should factor the need for sex education to the LGBTQ community.
- Information for parents on creating social supportive structures, to eliminate the risk of shame, emotional trauma, discrimination, fear or anxiety.
- Creating awareness to the public on the importance of appreciating the community.
- Empowering the community to speak up, especially in seeking healthcare.

References

- (Level 5) Scott, M. S., (2017) Results of a Survey of LGBTQ New Yorkers. New York City Comptroller. https://comptroller.nyc.gov/reports/results-of-a-survey-of-lgbtq-
- new-yorkers/
 2. (Level 2) Healthy People. (2020). Lesbian, Gay, Bisexual, and Transgender Health. Office of Disease Prevention and Health Promotion. https://www.healthypeople.gov/2020/topics-
- objectives/topic/lesbian-gay-bisexual-and -transgender-health
 3. (Level 2) Göçmen, İ., & Yılmaz, V. (2017). Exploring perceived discrimination among LGBT individuals in Turkey in education, employment, and health care: Results of an online survey. *Journal of Homosexuality*, 64(8), 1052-1068.
- 4. (Level 4) World Health Organization. (2015). Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people UN statement.
- https://www.who.int/hiv/pub/msm/un-statement-lgbti/en/
- 5. (Level 5) National LGBT Alliance, 2020.
- https://www.lgbtihealth.org.au/statistics/ National LGBTQ Task Force.http://www.thetaskforce.org/static html/downloads/resources and to
- o. ntmi/downloads/resources and ols/ntds report on health.pdf