Healthcare Perspectives of the Sexual Minority Community and Attitudes of the MUSC Community: a Photovoice Project
Medical University of South Carolina

BACKGROUNDS

• 2.8% of men and 1.4% of women identify themselves as homosexual or bisexual.¹
• 91.5% of medical students from a metropolitan medical school reported encountering a LGBT patient.
• Only 12.3% of osteopathic medical students reported having medically relevant knowledge of the health issues of LGBT individuals.²
• 26% of emergency medicine residency directors had ever presented a LGBT lecture and 33% had incorporated LGBT health into the didactic curriculum.³
• Lack of provider education has been reported by 40% of LGBT patients as a barrier to care, and large numbers report refusal of care, poor treatment, and verbal abuse from providers.⁴
• Providers with greater exposure to LGBT patients had higher attitude scores and less difficulty gathering oral histories from their patients.¹

COMMUNITY PARTNER

Alliance for Equality provides support, advocacy and a sense of community for people whose real or perceived sexual orientation, gender identity or alliance may put them at risk of discrimination. In addition, they aim to educate policy makers about medical, social, and personal LGBTQQA issues.

SPECIAL AIMS

• Examine the perspectives and lived experiences of sexual minority community members and its impact on healthcare decisions and behaviors using participatory photography.
• Educate MUSC students and employees on experiences, disparities, and perceived needs to better equip current and future healthcare providers to give patient-centered care to this patient population.
• Advocate for healthcare equality for the sexual minority community to improve patient outcomes and provide a more tolerant atmosphere.

METHODS

• A qualitative study using participatory photography, the utilization of first-person photography to record, discuss, and communicate to others lived realities.
• 8 members of the sexual minority community were recruited for the study. Participants were recruited through direct contact with PSP group members, MUSC’s Alliance for Equality, and recruitment fliers.
• Participants were instructed to capture photo(s) representing their others lived realities.
• Participants were directed to provide a written reflection to interpret and describe the photographs they created using the SHOWE methodology.⁴
• Compiled photos and reflections into a photovoice project, which allowed thematically content identification.
• This project was approved by MUSC’s IRB (Pro00040640).

RESULTS

“A Beacon Half Lit”
“I feel that healthcare is – in many ways – a safe haven for the LGBT community to discuss their lives and concerns without fear of judgment or ridicule. There still exist some inconsistencies, as some providers do not uphold the tenets of tolerance as well as others. Holistically, however, our profession shines brightly in caring for others regardless of race, creed, sex, or orientation. I have only ever had positive experiences, but I know those who have not. We need to continue working toward being the example.”

“Passion”
“Competing serves as an emotional outlet. I want compassionate healthcare providers that see me as a whole individual and not let my sexuality dictate what they think I need.”

“Two People Live Here”
“One of the greatest contributors to my health is the state of being connected to another person. Even though she makes me eat healthy meals, sleep eight hours when I can, and go to the gym even though I never want to, all those things are probably outweighed by the psychological security of her being there. Commitment to another person is good for us, and I am grateful for the chance to experience that with the person I love.”

Identified Themes: 1) Barriers to Care 2) Stereotypes 3) Partner Inclusion 4) Progress 5) Human Condition

 ACTION PLAN

• Require or provide incentives to complete the Safe Zone Program for all students and employees.
• Implement policies that meet the leader criteria and best practices checklist of the Healthcare Equality Index (HEI), a part of the Human Rights Campaign.
• Integrate sexual minority education into MUSC’s curriculum to complement existing training on patient-centered healthcare.

DISCUSSION

Interprofessional Collaboration:
• Raised awareness of issues relevant to the MUSC community.
• Diverse skill-sets, experiences, and professional and educational backgrounds benefitted the development and completion of the project.

Lessons Learned:
• Participatory photography is an effective evidence-based advocacy method to understand the healthcare experiences of the sexual minority community.
• Community-based research requires a strong commitment to the project and collaboration between the researchers and the community-member.
• The IRB approval process and participant recruitment proved more of a challenge than anticipated.

Recommendations for Future Presidential Scholars:
• Identify community partner and obtain IRB approval as early as possible.
• Outline goals to accomplish for each PSP meeting.
• Designate a group secretary to record meeting minutes.
• Participate in discussions and ask questions to guest speakers.

FUTURE DIRECTIONS

• Increase the number and diversity of study participants through focusing on innovative recruitment methods.
• Create a form to collect socio-demographic patient information.
• Complete aims 2 and 3 in accordance with the IRB protocol:
  AIM2: Based on the photovoice project results, create an educational tool for dissemination to MUSC students and employees to improve patient-centered care for sexual minority community members.
  AIM3: Measure attitudes of MUSC students and employees regarding sexual minority healthcare in a lunch and learn setting involving anonymous reflection of photovoice presentation.
• Group meeting with community partner to identify prominent themes generated from the photovoice study.

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REFERENCES