EXPERIENCES ACCESSING HEALTHCARE AMONG 2SLGBTQIA+ PEOPLE IN CANADA AND THE UNITED STATES

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Abstract

Members of 2SLGBTQIA+ communities experience pervasive barriers to accessing healthcare services, including discrimination, care providers lacking knowledge or training, and limited specialized care compared to the general population (Comeau et al., 2023; Tami et al., 2022). An online questionnaire was administered to 534 participants across Canada and the United States to assess experiences of healthcare access between 2SLGBTQIA+ and non-2SLGBTQIA+ respondents. The final sample was composed of 296 2SLGBTQIA+ participants and 238 non-2SLGBTQIA+ respondents. A series of Chi-square tests and t-tests were used to identify differences across the two groups. 2SLGBTQIA+ participants reported worse overall access to health services, difficulties affording, and were more likely to have unmet health needs compared to non-2SLGBTQIA+ respondents. Further, 2SLGBTQIA+ individuals were significantly more likely to experience a delay in receiving care and a negative impact on access due to the distance to healthcare. Interestingly, 2SLGBTQIA+ individuals were more like to report having a mental healthcare provider, while also reporting significantly greater difficulty affording such care compared to non-2SLGBTQIA+. Importantly, no significant differences were found between the two groups on access to a primary healthcare provider and wait-times for health services. Results demonstrate the disparities in access to healthcare experienced by 2SLGBTQIA+ individuals and identified key barriers including distance and affordability. The results of this study highlight the unique health service needs of 2SLGBTQIA+ individuals and can be used to address key barriers to accessing care for marginalized communities.

Keywords: *Healthcare, access, sexual minority, gender minority, 2SLGBTQIA+.*

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1. Introduction

In both Canada and the United States, people face barriers to accessing healthcare, including not having a primary care provider, long wait-times for services, and difficulty affording components of care (Gunja et al., 2023; Statistics Canada, 2021). Results from a nationally representative survey found that more than a quarter of Canadians report difficulties accessing care when needed (Clarke, 2016; Statistics Canada, 2016a). Long wait times and difficulty getting appointments were the most reported obstacles to care (Clarke, 2016; Statistics Canada, 2016a). In the United States, the most significant barrier is being able to afford healthcare (Coombs et al., 2021).

In addition to common barriers to accessing healthcare, 2SLGBTQIA+ populations face unique and pervasive barriers, including discrimination, a lack of knowledge or training among care providers, and limited specialized services (Comeau et al., 2023; Tami et al., 2022). Discrimination and marginalization negatively impact the use of healthcare services for 2SLGBTQIA+ people (Bjorkman & Malterud, 2009). In the United States, 2SLGBTQIA+ people report being denied care, the use of harsh language, and blaming the cause of the illness or disease on their sexual orientation or gender identity by their health provider (Kates et al., 2018).

Nationally representative research in Canada has shown that despite heterosexual and lesbian, gay, and bisexual (LGB) individuals reporting the same number of visits with a family physician or specialist, LGB people were less likely to have a family physician (Statistics Canada, 2016a). Further, LGB individuals were more likely to report not receiving healthcare when they felt they needed it compared to heterosexual Canadians (Statistics Canada, 2016a). Some research has shown that LGB Canadians report similar overall access to healthcare compared to the general population but continue to

experience more unmet health needs and more frequent contact with a range of healthcare providers (Hickey et al., 2023).

Barriers to care appear worse when specifically examining the experiences of transgender and non-binary populations. Approximately 12 percent of transgender and non-binary Canadians in a national survey reported avoiding the emergency room when it was needed due to their identity (Trans PULSE Canada Team, 2020). In the United States, research identified fear and mistrust of providers, inconsistency in access to care, disrespect from providers, and mistreatment from intersecting identities as the most common barriers to healthcare for transgender and gender diverse populations (Johnson et al., 2019). Overall, many barriers exist to access healthcare in both Canada and the United States, however compounding barriers make access more challenging for 2SLGBTQIA+ people, especially transgender and gender diverse individuals.

Mental health services are an important component of overall healthcare. Over two-thirds of 2SLGBTQIA+ people report needing a mental health service, compared to only 39 percent of heterosexual and cisgender individuals (Dawson et al., 2023). Further, only half of 2SLGBTQIA+ individuals who reported needing mental health services were able to receive care (Dawson et al., 2023). Common barriers for 2SLGBTQIA+ people include knowledge of mental healthcare provider, long wait-times, and insurance coverage (Dawson et al., 2023; Moagi et al., 2021). In a Canadian nationally representative sample, individuals who identified as homosexual or bisexual were more likely to report having had a consultation with a psychologist during the past year compared to the general population (Statistics Canada, 2016a). Significant barriers prevent adequate access to health and mental health services for 2SLGBTQIA+ people, which needs to be further understood.

1.1. Current study

The aim of this study was to examine differences in access to healthcare between 2SLGBTQIA+ and non-2SLGBTQIA+ individuals across Canada and the United States. The current study used data collected from an online questionnaire administered to members of the 2SLGBTQIA+ population and members of the general population in Canada and the United States.

2. Methods

2.1. Participants

The sample size consisted of 534 participants ($Mean_{Age}$ = 26.70 years, SD = 9.22); 318 Canadians and 216 Americans participated. All participants were categorized as 2SLGBTQIA+ (non-heterosexual and/or non-cisgender; n = 296) or non-2SLGBTQIA+ (straight and cisgender; n = 238). The 2SLGBTQIA+ group was composed of 139 sexual minority (non-heterosexual and cisgender), 24 gender minority (heterosexual and non-cisgender), and 133 participants who identified as both non-heterosexual and non-cisgender participants.

2.2. Measures

A series of questions were used to assess the level of access a respondent has to health care services, the issues creating barriers to receiving efficient care, and if they have unmet health care needs. Questions from the multiple versions of the Canadian Community Health Survey (CCHS), including the 2021, 2018, and 2016 versions, and from the European Patients Forum Survey (EPF, 2016; Statistics Canada, 2016b) were adapted for use in the current study. Questions include level of difficulty accessing care, whether or not the participant has a primary healthcare provider, what type of healthcare provider, the impact of wait times, financial limitations, cost of healthcare, significant delays in care, and unmet health needs. All measures of healthcare access were coded such that low scores represent worse access, and higher scores indicate better access to care or fewer barriers to care.

2.3. Procedure

This project was reviewed by the University of New Brunswick Research Ethics Board. Participants were recruited from social media sites and private online groups. The sample included undergraduate students from the University of New Brunswick Saint John Department of Psychology Participant Pool. After providing informed consent, participants completed a demographic questionnaire, followed by a series of questions to measure barriers and access to health services.

3. Results

A series of t-tests were used to identify differences across the two groups on the measures of overall access to care, being able to afford healthcare, and wait-times for health services (see table 1). 2SLGBTQIA+ participants reported worse overall access to services and difficulties affording care. No significant differences were observed between the two groups on wait-times for health services.

Table 1. Differences in overall access, being able to afford care, and wait-times between 2SLGBTQIA+ and non-2SLGBTQIA+ participants.

Variable	Non-2SLGBTQIA+ *M (SD)*	2SLGBTQIA+ *M (SD)*	*t*	Effect Size (Cohen's *d*)
Overall Access	3.34 (1.10)	2.90 (1.11)	-4.51^{***}	.40
Afford Care	4.24 (0.95)	3.78 (1.04)	-5.20^{***}	.46
Wait-Time	4.00 (1.54)	3.84 (1.59)	-1.12	.10

A series of Chi-square tests found that 2SLGBTQIA+ participants were more likely to have unmet health needs ($\chi^2(1, N = 479) = 42.96$, $p < .001$), experience a delay in receiving care ($\chi^2(1, N = 497) = 10.05$, $p = .002$), and report a negative impact on access due to the distance to healthcare facilities ($\chi^2(1, N = 523) = 30.81$, $p < .001$) compared to their heterosexual and cisgender counterparts (see table 2). Interestingly, 2SLGBTQIA+ individuals were more likely to report having a mental healthcare provider ($\chi^2(1, N = 524) = 29.80$, $p < .001$), while also reporting significantly greater difficulty affording such care ($\chi^2(1, N = 500) = 49.22$, $p < .001$) compared to non-2SLGBTQIA+. Importantly, no significant differences were found between the two groups on having access to a primary healthcare provider.

Table 2. Frequencies of responses on binary measures of healthcare access across 2SLGBTQIA+ and non-2SLGBTQIA+ groups.

Variable	Response	Non-2SLGBTQIA+		2SLGBTQIA+	
		n	%	*n*	%
Unmet Needs	Yes	92_a	43.40	194_b	72.66
	No	120_a	56.60	73_b	27.34
Healthcare Provider	Yes	193_a	82.48	218_a	76.49
	No	41_a	17.52	67_a	23.51
Delay	Yes	95_a	42.79	157_b	57.09
	No	127_a	57.21	118_b	42.91
Distance	Yes	43_a	18.45	119_b	41.03
	No	190_a	81.55	171_b	58.97
Mental Health Provider	Yes	65_a	27.66	148_b	51.21
	No	170_a	72.34	141_b	48.79
Difficulty Afford Mental Health	Yes	68_a	30.91	175_b	62.50
Provider	No	152_a	69.09	105_b	37.50

Note. Means with different subscripts differ at a minimum of $p = .05$ using Chi-square tests.

4. Discussion

2SLGBTQIA+ participants reported significantly worse overall access, greater difficulty affording healthcare, more unmet health needs, more delays in care, and distance impacting access to services compared to non-2SLGBTQIA+. Research on the overall access to care for LGB individuals appears mixed, some have shown that LGB individuals are more likely to not receive care when it was needed (Statistics Canada, 2016a) and others have found limited differences when comparing to the general population (Hickey, 2023). Mixed findings may be the result of a changing healthcare landscape or inconsistencies in the methodologies used to measure perceived healthcare access. It is important to note that in the current study, transgender and gender diverse participants were included unlike previous research, therefore their experiences may have provided a more accurate representation of the broader 2SLGBTQIA+ community. Further, greater unmet needs among the 2SLGBTQIA+ population are commonly reported in the literature and consistent with results from the current study (Fish et al., 2021; Hickey, 2023; Macapagal et al., 2016).

In the present study, 2SLGBTQIA+ respondents reported distance to care as a significant barrier more frequently than non-2SLGBTQIA+ participants. Previous research has shown that transgender people living in the United States have to revel further distances to access a care provider who had

knowledge and training in transgender health care (Kattari et al., 2020). More research is needed to better understand how distance to care facilities or specialized services for 2SLGBTQIA+ populations impact ability to receive care, especially for those living in rural or remote regions. 2SLGBTQIA+ participants also experienced financial difficulties associated with health care costs at significantly higher rates than non-2SLGBTQIA+ participants. Consistently, LGB individuals in the United States have been shown to be more likely to forego care due to the cost, even if they had health insurance, compared to the heterosexual population (Nguyen et al., 2018). Additionally, financial barriers to receiving care is associated with fewer visits to health providers, which results in increased negative health outcomes (Nguyen et al., 2018; Parikh et al., 2014). Affordability of healthcare is a significant barrier to accessing care, especially for the 2SLGBTQIA+ population, which may impact access to needed services and health outcomes.

Consistent with previous research (Hickey et al., 2023), 2SLGBTQIA+ and non-2SLGBTQIA+ participants reported almost equal access to a primary healthcare provider. Given that previous research often only included LGB individuals, the current results expanded previous findings to the broader 2SLGBTQIA+ population. Changes in reporting of having healthcare providers may be the result of improving healthcare systems for 2SLGBTQIA+ patients or changes in societal acceptance (Poushter & Kent, 2020). The current results also indicated that the wait-times associated with accessing care were similar for 2SLGBTQIA+ and non-2SLGBTQIA+ respondents. Despite non-significant differences between samples, wait-times for specialized care has been shown to be significant, especially during the pandemic (Ontario Medical Association, 2022). Research in the United States found that more than half of 2SLGBTQIA+ people have been denied care (Kates et al., 2018). Future research should analyze specific 2SLGBTQIA+ group differences to better understand wait-time for more specialized services, such as gender affirming care.

Interestingly, in the current study, 2SLGBTQIA+ respondents were significantly more likely to have a mental healthcare provider. These results may be indicative of either a greater need for mental health services or better access to mental healthcare relative to non-2SLGBTQIA+ individuals. Despite being more likely to have a mental healthcare provider, 2SLGBTQIA+ individuals reported more difficulty affording mental health services. Similarly, Dawson and colleagues (2021) reported that individuals who identified as 2SLGBTQIA+ reported higher rates of accessing mental healthcare but faced greater financial barriers to care. Further, compared to cisgender individuals, individuals who identify as a gender minority have been shown to be more likely to report that they would like help addressing a mental health concern (Rutherford et al., 2021). Therefore, it may be difficult to determine whether 2SLGBTQIA+ participants are more likely to have a mental health provider as a result of better access or because of a significantly increased demand among this population.

5. Conclusion

Results demonstrate the disparities in access to healthcare experienced by 2SLGBTQIA+ individuals in Canada and the United States and identified key barriers including distance and affordability. The results of this study highlight the unique health service needs of 2SLGBTQIA+ individuals and can be used to address key barriers to accessing care for marginalized communities.

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