

Quality of Care for LGBTI+ Patients: Results from a Global Study

Corey Prachniak-Rincón, JD, MPH, Senior Advisor on Public Health¹
José M. Zuniga, PhD, MPH, President/CEO^{1,2}



¹International Association of Providers of AIDS Care (IAPAC), Washington, DC; ²Fast-Track Cities Institute, Washington, DC

Background:

The Fast-Track Cities initiative was formed in 2014 to end HIV and TB and eliminate viral hepatitis in cities worldwide by 2030. Today, nearly 400 cities have joined founding partners IAPAC, UNAIDS, UN-Habitat, and the City of Paris in this endeavor. These cities commit to prioritizing key populations, addressing stigma, and eliminating discriminatory laws. This is clearly needed with respect to lesbian, gay, bisexual, transgender, intersex, and related (LGBTI+) communities, which face a disproportionate burden of HIV. However, few global studies look holistically at LGBTI+ health and wellbeing across different cultural contexts, making it difficult to compare and assess the progress of Fast-Track Cities.

Aims:

The goal of this study was to understand LGBTI+ health equity in diverse cities from around the world, and the relationship between different aspects of LGBTI+ health and well-being, including with respect to social determinants of health. The initial results were planned for publication at WorldPride 2021.

Methods:

This study included two components. First, assessments were completed for each of 50 selected cities that included examining public health and other relevant forms of data, analyzing laws and policies relevant to LGBTI+ communities, and searching for local forms of LGBTI+ community support, such as social spaces and government funding for events. Second, 275 key informants completed a comprehensive survey comprised of questions including Likert scale and open-ended responses, which asked them about LGBTI+ quality of life, quality of care, discrimination, criminal justice, socioeconomic issues, and resilience.

Results:

Key findings from the study include that globally, HIV services were rated higher than other forms of care for LGBTI+ individuals, scoring 3.8 on a scale of 1 (poor) to 5 (excellent), while primary care received a score of 3.1 on that same scale. There were significant variations by region, with cities in the Africa region reporting the lowest quality of care. There were also many variations within regions; for example, cities in the southern United States reported lower quality of care for LGBTI+ communities than did cities elsewhere in the country.

Key informants reported that intersectional stigma and discrimination was a barrier to LGBTI+ well-being, with respondents worldwide rating this issue as a 3.0 on a scale of 1 (not a problem) to 4 (serious problem). Key informants also found criminal justice issues to be a particular problem for LGBTI+ racial and ethnic minorities within their local contexts.

In terms of supporting local LGBTI+ communities, community-based organizations were considered the strongest, scoring an average of 3.9 on a scale of 1 (poor) to 5 (excellent). Healthcare and service providers, local governments, and the private sector all scored more poorly, with little variation across cities and regions. Further analysis found that higher levels of LGBTI+ well-being were associated with more inclusive and supportive laws and policies, indicating that legal and policy reform is important for advancing LGBTI+ health worldwide.

Quality of Care for LGBTI+ Communities Globally*

HIV Services	Primary Care	Mental Health Care	Gender-affirming Care
3.8	3.1	2.8	2.7

*According to key informants, on a scale of 1 ("poor") to 5 ("excellent").

Discussion:

This study increased our understanding of LGBTI+ health and well-being across diverse contexts. While cities reported different levels of challenges and opportunities for LGBTI+ communities, even in cities with positive policies and high LGBTI+ visibility, many gaps in care were reported and data were limited. The study is limited by the relatively small number of participants per city, making city-to-city comparisons challenging. The literature would also benefit from a similar study that was able to survey the opinions of LGBTI+ people themselves, rather than experts.

Next Steps:

This study resulted in the issuance of detailed recommendations to all 390+ cities that comprise the Fast-Track Cities network. These include prioritizing disparities within LGBTI+ communities (such as among racial and ethnic minorities), making data collection inclusive of LGBTI+ identities, and advancing nondiscrimination policies. The report also recommends utilizing HIV service providers and LGBTI+ community organizations, which scored well on supporting local communities, as leaders in this field and examples for others to follow. The results of the study are being shared with governmental and nongovernmental representation from across the network, with the aim of growing research and resources on LGBTI+ issues among Fast-Track Cities.

References/Acknowledgments:

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More Information:

For more information, please contact Corey (they/them/theirs) at cprachniak-rincon@iapac.org or visit: <https://www.iapac.org/fast-track-cities/lgbti-health-equity/>

