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## **Hidden In Plain Sight: Health Care Discrimination & Avoidance Among the SGM Population**

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# Hidden In Plain Sight: Health Care Discrimination & Avoidance Among the SGM Population

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## Background

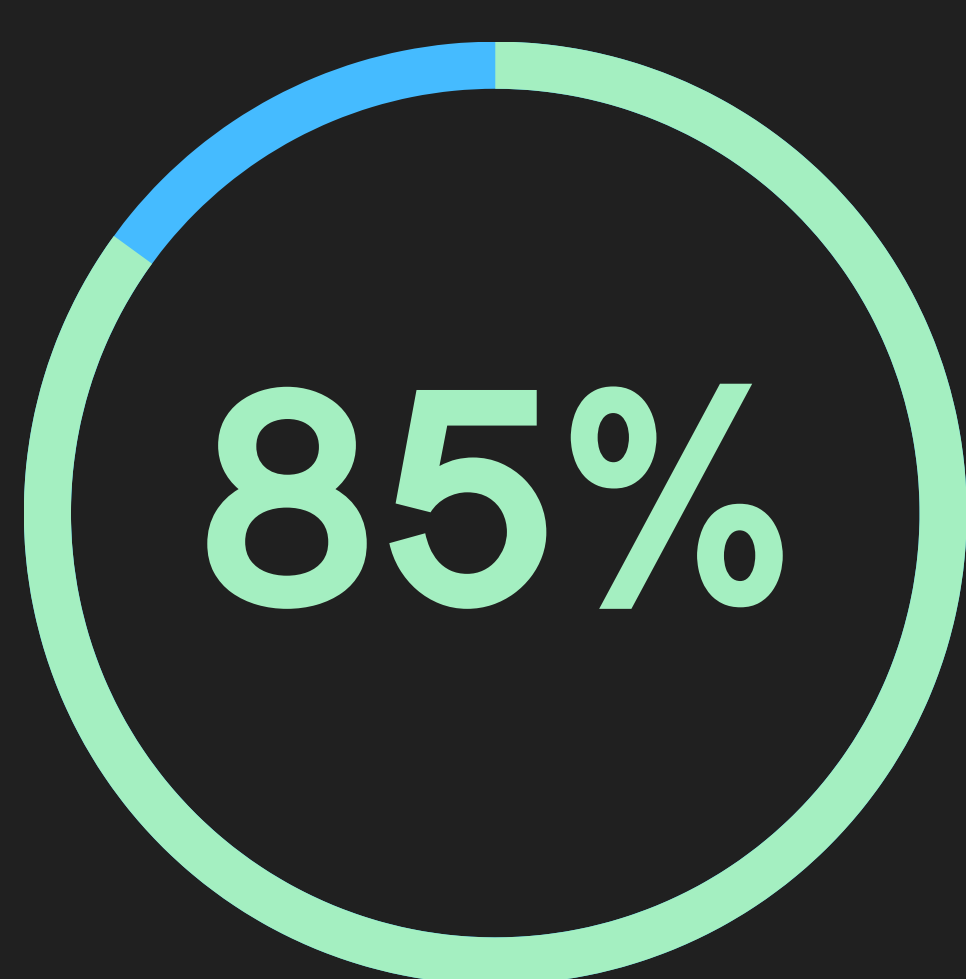
Despite the advancements the American health care system has made in years to grant access to those who do not, there still remains the prominent issue of healthcare avoidance. Specifically, the SGM population (Sexual Gender Minority) remains incredibly vulnerable. This is due to the stigma that those who are not visibly (or socially) presenting themselves as gender confirming or hetero-normative; they may be denied access to healthcare or may face discrimination in pursuit of proper health care. Although this may not occur at all, barriers to healthcare are still preventative of health care as well. Current research aims at identifying potential deterrents to receiving health care amongst an emerging, and increasing population.

## Methods

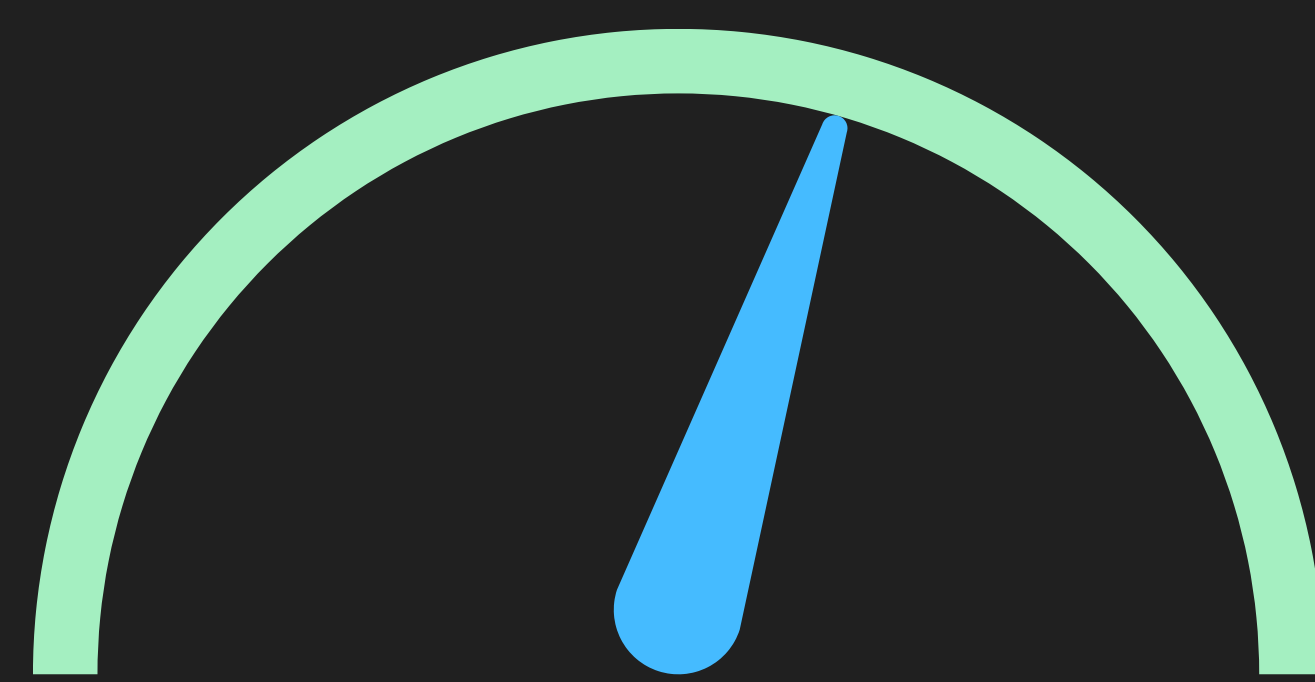
Data was collected through an online-survey and distributed through Reddit threads in which participants could respond anonymously to questions regarding SGM issues, but more specifically healthcare avoidance and fear of discrimination. A total of 1316 respondents (n=1316) composed the sample size in this SGM (Sexual Gender Minority) study. Measured variables in this study included: age, education, income, gender, sex (assigned at birth), partner status, race, ACES score, and overall healthcare avoidance.

## Results

Within this study, it was found that the independent variables of: ACE scores, Gender Minority, Income, and fear of discrimination (dependent variable) were positively correlated. The results were statistically significant ( $P < 0.005$ ) and the probability of it being coincidental is unlikely. In the case of income, only those within the range of \$0 - \$40,000 was it predictive of fear of discrimination. Those above that range, there was no correlation to fear of discrimination. Age, which ranged from 18-78 had no correlation. Partner status, race, and sex assigned at birth showed no statistical significance.

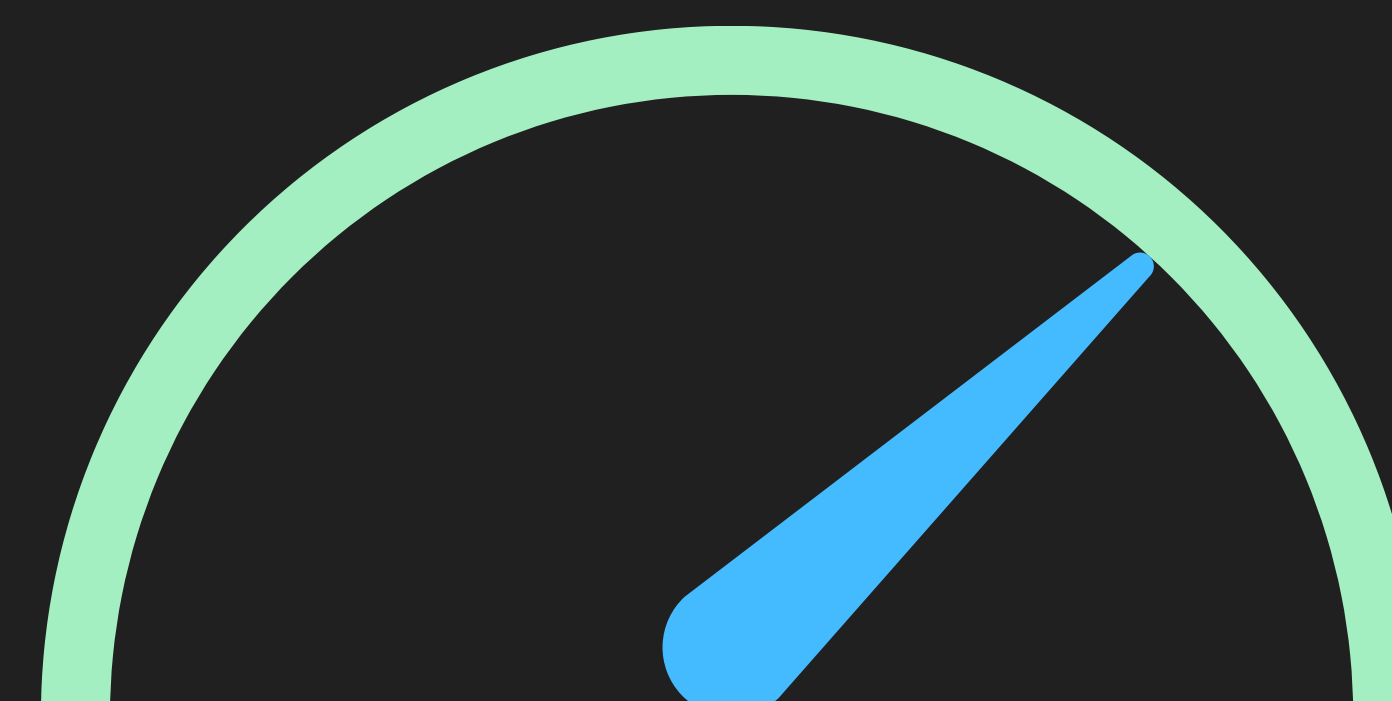


85% OF PARTICIPANTS HAD COMPLETED HIGHSCHOOL OR A GED



59.3% OF PARTICIPANTS HAVE GENDER IDENTITY THAT DOESN'T MATCH THEIR SEX ASSIGNED AT BIRTH

Over half of the participants are identifying as other than what their assigned sex at birth is. This includes he/him, she/her, they/them, and other self-identifiers.



73.8% OF RESPONDENTS WERE NOT BIPOC (BLACK, INDIGENOUS, PEOPLE OF COLOR)

This statistic shows the need to further research why there may be a lack of representation in this subject.

## Conclusion

The dilemma of health care avoidance among the SGM population is not only evident in research, but also in practice. This community faces some of the highest rates of discrimination inherently and is one of the groups with the largest needs for timely and efficient health care regardless of their sexual preferences or gender expression. It is a primary objective of health care to help those in need, and that includes those who may not be visually conforming or fall within heteronormativity. Further research should be conducted to be more representative of the population, as well as help in reducing further discrimination or fear of discrimination in clinical settings.