Systematic Review Article

Barriers to Healthcare for Queer People in the US: A Review

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ABSTRACT

The queer community has historically been marginalized and discriminated against and consequently faced worse outcomes in the healthcare system. This review aims to identify major barriers to healthcare that affect the LGBTQIA+ community and suggest ways to overcome them. To do this, a PubMed search was conducted with terms such as “queer,” “barriers,” and “healthcare access” to collect articles relating to barriers to healthcare. Included studies had to be original research published in the last ten years that were in English. The selected studies were then analyzed for trends and categorized by the barriers they mentioned. The main barriers identified in this review are discrimination, undertraining of medical staff, disclosure of queer identity, socioeconomic status, and societal stigma. These barriers all intersect and coincide to create the disparities in healthcare that we see. The results of this search emphasize the importance of updating our healthcare system to better accommodate queer patients who may feel hesitant to get the care they need. Requiring more training for medical staff and using more inclusive language on medical documents and forms are examples of recommendations for healthcare policy and practice to improve queer people’s experiences with the healthcare system and encourage them to seek care in the future when they need it.

Keywords: LGBTQIA+; Queer; Barriers to healthcare; Discrimination; Healthcare access; Health disparities

INTRODUCTION

It has been well documented that LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/aromantic/agender, +) have worse health outcomes than their non-queer (heterosexual, cisgender, allosexual, and alloromantic) counterparts (for the purpose of this study, the terms queer and LGBTQIA+ will be used interchangeably) (1–3). For example, 25% of queer people say their health is in fair or poor condition, compared to 18% of non-queer people, and 50% have a chronic health condition that requires regular attention, compared to 45% of non-queer people (1). Queer people are also more likely to experience poor mental health, with 67% needing mental health services in the last 2 years while only

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39% of non-queer people did (1, 2).

There are many different factors that contribute to this disparity, and they can all be traced back to the discrimination and marginalization that queer people face in society. Historically, queer people have been mistreated by society, and those scars still run deep within the queer community. Aside from general discrimination and criminalization by society, there are some events that specifically invoke fear and mistrust of the medical system; namely the AIDS epidemic and the medicalization of homosexuality as a disease to be cured. The HIV/AIDS epidemic ravaged the queer community in the 1980s, but the US government was slow to react and help prevent the spread of disease, which is often attributed to the fact the disease mainly affected queer men, drug users, and sex workers (4). This has left a feeling among the queer community that their lives are undervalued by the healthcare system. In addition, queerness was often medicalized in an effort to "cure" people, with homosexuality being classified as a mental illness in the Diagnostic and Statistical Manual (DSM) until 1973 (4). Even with declassification, efforts to "convert" queer people into becoming non-queer persist to this day, and they often use a medical, therapeutic, or religious guise to do so, despite the fact that research has found so-called "conversion therapy" to be ineffective at changing one's sexuality or gender identity (5).

Even though there is more general acceptance today for LGBTQIA+ people, there are still many who are targeted with discriminatory policies. In the 2025 legislative session alone there have already been 604 bills proposed that specifically target queer people, especially transgender people (people whose sex assigned at birth does not align with their gender) (6). These bills propose anything from limiting curriculum to exclude mentions of queer people to banning trans people from participating in sports or seeking medical transition (6). The marginalization of queer people makes life in general more difficult, with queer people often experiencing non-acceptance from family or friends, or discrimination in their social lives or careers (7). One of the ways this marginalization manifests is in socioeconomic disparities, whereby 44% of queer people are low-income, while only 36% of non-queer people are (1, 8). There are multiple reasons why this disparity in wealth exists, such as hiring discrimination, lack of familial support, mental health issues, etc. (8).

Given the discrimination and disparities queer people face in general society, it is not surprising that a disparity also exists in healthcare. This review was conducted to detail all of the barriers queer people face in accessing healthcare in order to find the underlying issues that cause the gap in health outcomes. It will also attempt to suggest solutions to the problems that prevent queer patients from receiving the care that they deserve.

METHODS AND MATERIALS

Two separate PubMed searches were conducted on June 2nd, 2025 with keywords including Barriers, Queer, and Healthcare Access to find studies that specifically mention barriers queer people face in the healthcare system. The exact search terms combinations are ((((((((LGBTQ[Title/Abstract]) OR (LGBTQIA[Title/Abstract])) OR (Queer[Title/Abstract])) AND (Barrier[Title/Abstract])) NOT (Review[Publication Type])) NOT (Systematic review[Publication Type])) NOT (Comment[Publication Type])) NOT (Book[Publication Type])) NOT (editorial[Publication Type]) and ((((((((LGBTQ[Title/Abstract]) OR (LGBTQIA[Title/Abstract])) OR (Queer[Title/Abstract])) AND (Healthcare access[Title/Abstract])) NOT (Review[Publication Type])) NOT (Systematic review[Publication Type])) NOT (Comment[Publication Type])) NOT (Book[Publication Type])) NOT (editorial[Publication Type]). Systematic reviews, other reviews, comments, books, and editorials were excluded from the search terms so only original research would be included in the review. Studies also had to be published in the last ten years and be in English in order to qualify. After the search was conducted, all of the resulting studies' abstracts were read and were included or excluded based on relevance to the topic and location, since the research was specific to the US. If there was no specification on country of origin, it was assumed to be relevant. All studies that discussed barriers to healthcare for queer people were included in the final review.

The searches conducted yielded a total of 74 results. Upon investigation, two of those articles came up in both searches, leaving 72 total results. After further screening, 54 papers were excluded from the study due to not being relevant to the research question. 21 papers were excluded due to data not being about United States populations, 31 were excluded because they did not mention barriers that queer patients faced, and 4 were excluded for being reviews or commentary (Figure 1). This left a total of 16 studies that were fully reviewed (Table 1).

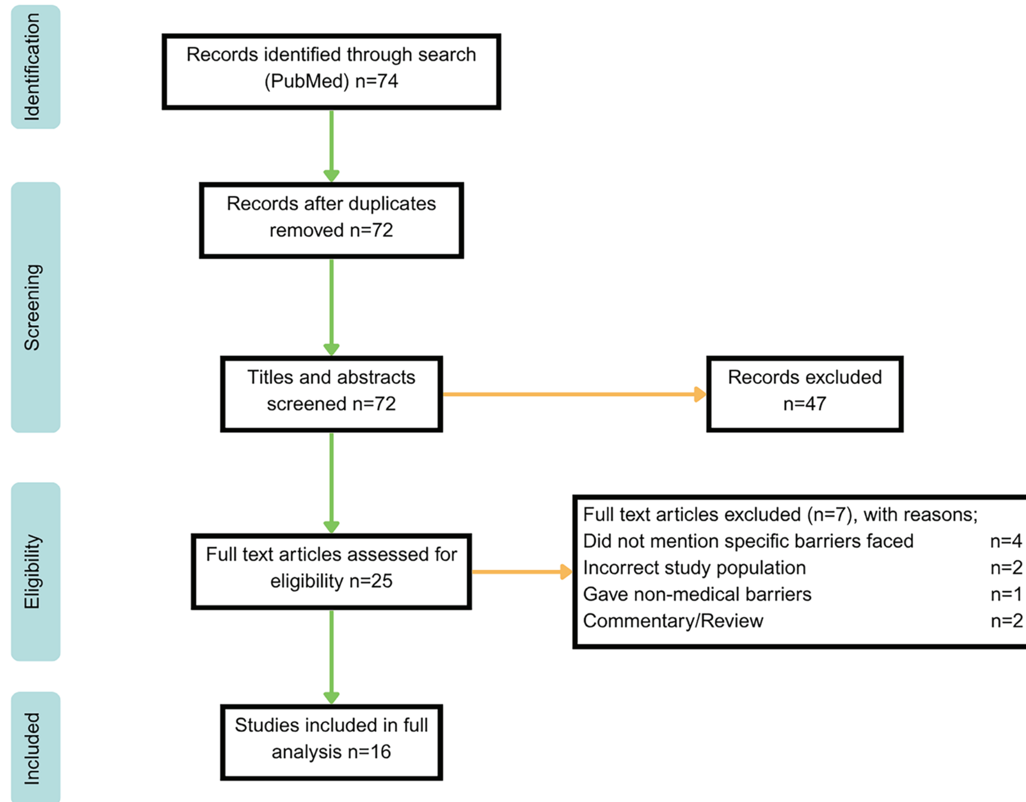

Figure 1. Flowchart of number of studies found and included at each stage of the review process.

Table 1. Table of identifying information and key takeaways from all articles selected for full review

Reference	Method and Sample	Barriers Examined	Key Findings
19	Interviews conducted on 479 nurses, doctors, midwives, and phycologists	Insufficient training of medical staff	Respondents claimed to understand the queer community well, but many were found to have beliefs about the LGBTQIA+ community that were discriminatory or based on stereotypes, indicating that more training should be implemented.
9	Semi-structured interviews conducted with five 32 person focus groups	Discrimination	Suggested that vaccination campaigns rarely directly involved queer people, and thus often felt like an unwelcome invasion of the community. Also brought up the compound effects of intersectional identities that further discourage seeking vaccination.
17	Interviews of student nurses who worked on mpox vaccination campaign from 2022-2023	Socioeconomic status, insufficient training of medical staff, social stigma, disclosure	In order to receive the mpox vaccination, patients had to out themselves to medical staff and potentially others by having the mark of the vaccine, which lead to a barrier of not wanting to face stigma from healthcare staff, friends, and family, and not wanting to disclose their identity
12	20 queer women were interviewed in a semi-structured manner	Socioeconomic status, discrimination, social stigma, insufficient training of medical staff	Respondents reported that they had avoided getting care in the past because past providers held heterosexual-centric assumptions, and that patients delayed or avoided getting care due to financial cost

Continued Table 1. Table of identifying information and key takeaways from all articles selected for full review

Reference	Method and Sample	Barriers Examined	Key Findings
14	Online survey and at-home HIV test of 225 youth	Discrimination, socioeconomic status	Almost half of the respondents reported experiencing discrimination in the healthcare system, and a quarter reported financial cost as a barrier that had prevented them from seeking care. In addition, trans respondents had higher rates of experiencing all types of barriers to healthcare.
18	20 qualitative interviews of queer men from non-metropolitan Southern areas were conducted	Disclosure, insufficient training of medical staff, socioeconomic status	Respondents felt the responsibility to come out to every healthcare provider, need to find provider who has knowledge of healthcare needs for queer people, high financial cost of healthcare
25	Online survey of 833 teenagers recruited via Instagram	Family	Queer respondents reported feeling more shame in talking to parents about sex, and that the sex ed they were taught didn't include information relevant to queer people, or overly focused on prevention of HIV/AIDS
22	Interviews were conducted with 30 healthcare providers	Insufficient training of medical professionals	Providers often lacked specific training in caring for queer or other minoritized patients, and so may hold stereotypical views of these patients
20	Content analysis of 3 national healthcare directories	Insufficient training of medical staff	Directories serve as a way for queer people to check if provider is LGBTQIA+ friendly or has specific medical knowledge about queer identities, but the directories were often disorganized or didn't have place for patients to write reviews or feedback
10	4,566 queer students participated in a triannual survey of youth in Dane county, Wisconsin	Discrimination	A quarter of respondents reported that they did not partake in organized physical activity due to bullying and discrimination from peers. As exercise is an important part of being healthy, this sets kids up to have a more unhealthy relationship with exercise in the future
26	Qualitative online survey of 211 11-17 year olds	Family	Queer respondents were more likely to have general or communication issues with parents or report parental resistance that prevented them from getting mental healthcare
15	Qualitative interviews of 21 queer adults	Discrimination, insufficient training of medical staff, stigma	Many participants shared experiences of feeling humiliated and condescended by healthcare professionals, discrimination in health related materials and media leads to patients turning to other sources to find health information relevant to them
13	Qualitative survey of 206 queer adults between the ages of 18 and 27	Disclosure, discrimination, insufficient training of medical staff, social stigma	37% of respondents did not disclose identity due to either not being asked, fear of stigma and discrimination, or not finding the information to be relevant to their healthcare
24	Survey of trans and non-binary adults between the ages of 18 and 20 who did not receive gender-affirming medical care before the age of 18	Family	The vast majority of participants desired to have gender-affirming care in their adolescence, but the largest barrier was lack of support from family, particularly parents.

Continued Table 1. Table of identifying information and key takeaways from all articles selected for full review

Reference	Method and Sample	Barriers Examined	Key Findings
21	Describes the implementation of a competency bundle in a labor and delivery ward that saw 49 providers being given additional training, more questions about queer identity being added to the Electronic Health Record, and additional information and resources being made available to staff	Insufficient training of medical staff	Staff had an increase of 21% on an LGBTQ+ competency assessment from before the training, increasing staff preparedness to provide care to queer patients, and creating an overall more inclusive experience for patients. The additions to the health record allowed staff to better identify patients who would need support
11	8 youth between the ages of 16 and 24 were interviewed and taken on a retreat to discuss issues in their community affecting LGBTQIA+ people	Discrimination, socioeconomic status, family	Many participants noted that medical care was hard to access due financial constraints and that they were often turned away from facilities like treatment centers because of their queer identities

RESULTS

The many barriers that queer people face in seeking and receiving healthcare all intersect and compound on each other to create some of the health disparities that we see in the American healthcare system today. The following general categories of barriers were the main trends brought up in the literature that prevent LGBTQIA+ patients from receiving the full care that they deserve.

Discrimination

Many papers pointed to the discrimination that queer people often face as a big reason why they may choose not to receive care or have worse care (n=7) (9–15). In the past, queer people were not treated well by the healthcare system, and the community as a whole still carries the trauma from these historical mistreatments. Events such as the HIV/AIDS pandemic that was not given the proper research and treatment by the medical community, the classification of gayness as a mental disorder in the DSM until 1973, and the general societal stigmatization of queerness that still exists today have left a lasting impression on queer people and makes them hesitant to trust a system that has hurt them in the past. This is compounded by the fact that there is still discrimination in the healthcare system today, and many queer people might have personally experienced discrimination. Queer people still report that they have experienced microaggressions or discriminatory actions from healthcare providers in response to disclosing their identity, which would likely discourage them from seeking care in the future (13). In fact, around 1 in 6 queer adults reported that they have avoided seeking healthcare due to concerns about discrimination (16). Since this barrier stretches beyond just the healthcare system, the solution does not solely rest with the healthcare community, but there are meaningful steps that can be taken to lessen the problem. Medical staff should undergo training specific to the LGBTQIA+ community to prevent unintentional microaggressions and to learn to be more inclusive of queer patients.

Insufficient Training of Medical Staff

Medical staff also play a big role in the experiences queer people have with the healthcare system, and many are not trained appropriately to adequately care for queer patients (n=8) (11, 12, 14, 17–21). Many queer people's negative experiences with healthcare systems stem from not feeling safe and welcome in places of care. Medical staff are too often ignorant to the specific problems that queer people face with their

healthcare and do not accommodate them appropriately. This can lead to microaggressions and discriminatory actions that discourage seeking care in the future. Most of these unwelcoming actions do not come from an openly hostile place, but rather a place of ignorance and misunderstanding. Even the most well-intentioned doctors and nurses might still give unsatisfactory care because they were not properly educated on how to effectively communicate with a queer patient about sensitive topics such as sexual health or gender-affirming care, or accidentally operate on stereotypes and bias due to a lack of understanding. If medical professionals receive the appropriate training, they can not only become a person who a queer individual can trust with their care, but they can provide better healthcare overall. Staff with knowledge on queer specific-healthcare, such as gender-affirming care or sexual health for queer people, and the disparities in health outcomes that affect the queer population, will be able to give more complete care and see better health outcomes (22).

Disclosure

Since it is important for a provider to have information about a person's identity in order to give them a more complete assessment of their health, the choice by the patient to disclose their identity is an important one (n=3) (13, 17, 18). Queer people are at a higher risk for many conditions, including certain sexually transmitted infections, substance abuse, and poor mental health, so it is important that they are screened for these issues when getting care (13). However, that has to first start with the patient disclosing to their healthcare provider that they are queer. The other barriers that deter patients from receiving care also deter the disclosure of identity to a provider. This is why it is pivotal that a provider is able to build trust and an effective line of communication with a patient to where they feel comfortable sharing important information in general but also relating to their queer identity. One study conducted on queer young adults found that 37% of their participants did not disclose their queer identity to their provider (13). The most common reason for non-disclosure was simply that they had never been asked, or felt like they did not have a relationship with their provider where they would be comfortable bringing up the topic (13). Providers should know how to ask about queer identities in a respectful manner so they can have the information they need while not making the patient uncomfortable, which goes back to the training that providers receive in relation to queer patients. In addition, health records can ask about queer identities before a patient even meets their healthcare provider for an even more streamlined form of communication.

Socioeconomic Status

Financial position can have a big effect on the behavior of patients and prevent them from getting the care they need (n=3) (13, 17, 18). It has been well established that financial status is a determinant of healthcare outcomes among the general population, and since queer people are more likely to be of a lower socioeconomic status than their non-queer counterparts, this barrier will have a greater effect on this subsection of the population (23, 1). Queer people are also less likely to have health insurance coverage because they are less likely to be able to afford it, which makes the financial burden of healthcare potentially devastating, and even those who do have health insurance may find themselves still paying high out-of-pocket costs (1). This can cause people to delay care or not seek care for health issues at all for the fear that they may not be able to afford it. In order to help mitigate this problem, national health insurance should be reliable and widespread, and more programs should exist to help manage healthcare debt.

Social Stigma

In many places and social circles around the US, queerness is still very much stigmatized and there can be significant social consequences for coming out, which can have an effect on a patient's willingness to seek care or to disclose their identity (n=4) (12, 13, 15, 17). In addition, stigma against queerness has led to an increase of healthcare-related laws for issues that are linked with the queer community, such as the HIV/AIDS epidemic, when laws were enacted that criminalized exposing someone to HIV, even unknowingly (17). The fact that in the past the medical system has been used to target queer people breeds mistrust and leads to people being less likely to seek healthcare or get tested for STIs for fear that it could be used against them in the future. The rise of anti-LGBTQIA+ legislation also breeds more uncertainty and fear in the population that discourages getting proper healthcare or disclosing identity to their healthcare provider. Given the current political climate and the large amounts of prejudice and hate queer people receive, it is not surprising that people may feel hesitant to seek treatment that could potentially out them as queer to their family or community.

Family

Family can play a significant role in making sure that a queer person has access to healthcare (n=4) (11, 24–26). This barrier is more specific to LGBTQIA+ youth and adolescents due to the nature of family structures with people that age, but familial pressure can impact people of all ages. Parental consent is often required for certain types of care, such as gender-affirming care, and many young people may not have the support of their family or may not be out to them at all (24). They may also feel like they can't communicate about sensitive topics like sexual health because they fear that their parents or other family members wouldn't understand (25). Family could also affect a youth's willingness to disclose their identity as they may worry that the information will get back to their parents, who might mistreat them or kick them out.

DISCUSSION

It is important to note that all of the barriers presented don't exist in a vacuum. Instead, they all interact and compound each other to worsen the outcomes seen. For example, the two most commonly cited barriers in the research, discrimination and inadequate training of medical staff, can form a vicious cycle with each other where staff are not trained properly to give care to queer patients, leading to decisions being made by administrators in the healthcare system that do not prioritize the comfort of queer patients, which means no new training is added, worsening the problem. Virtually all of the barriers have interactions like this-discrimination is the root cause behind the socioeconomic disparities between queer and non-queer people, fear of social stigma and discrimination lead people to not disclose their identity, improper medical staff training leads to an environment where queer people don't feel comfortable disclosing their identity, etc. This goes to show that these barriers really cannot be put into discrete packages, but rather that one cannot cleanly delineate where the effects of one barrier stop and start. For that reason, it is extremely important to understand all of the barriers at play so we can get a better idea of what the picture as a whole looks like for queer people.

There are many barriers that prevent people in the LGBTQIA+ community from receiving the healthcare they need. These include widespread discrimination, social stigma, improper training of medical staff, socioeconomic disparities, disclosure of queer identity, and family structures. These insights into common barriers that exist for queer people are important because they can show us where we need to improve the healthcare system in order to accommodate everyone.

Some subgroups within the queer community are particularly vulnerable to the aforementioned barriers and also have some more unique barriers that especially impact them. For example, queer youth are more impacted by familial barriers since family structures have a bigger impact on the lives of young people (11, 24). This is especially pertinent in sensitive medical areas such as gender-affirming care or sexual health, where family may block treatment or youth may not seek treatment for fear that it will out them to their family. In addition, queer adolescents are much more likely to be homeless than non-queer adolescents, which puts an extra strain on the financial barriers, especially since youth are less likely to have jobs with health insurance (27).

The trans community is one of the most vulnerable subsections of the community, so it can be much harder for them to receive the medical care they need. With over 90% of trans adolescents reporting that they want to receive gender-affirming care, trans people have a higher likelihood of interacting with the medical system (24). Due to this increased contact with the medical system, in addition to societal transphobia, they are more likely to experience discrimination and other negative outcomes, which may make them less likely to seek care in the future. Trans healthcare is also under constant threat by laws and policies that can make it difficult for trans people to know if they are even allowed to receive gender affirming care. In 2025 alone, 139 bills have been proposed in the US that aim to restrict trans people's ability to receive gender affirming care (6). Gender affirming care has been proven to improve the mental health of trans people, with a 73% reduction in self-harm and suicidal thoughts within just the first year (28). However, these attacks on trans healthcare have made it much harder for trans people to receive lifesaving treatment, or any healthcare at all.

Queer people of color have intersectional identities that lead to them facing discrimination and disparities on multiple fronts. In addition to all of the barriers faced by the queer community, they also face barriers due to their race, which can compound on each other to create even greater disparities. African Americans, for example, experience many barriers similar to queer people, including discrimination, medical mistrust, and lower socioeconomic status (29, 30). Queer people of

color will experience all of these barriers both through the lens of their queer identity and their racial identity, increasing their chances of poor health outcomes even more.

It's important that while we try to remedy the issues that already exist for queer people, we don't forget the intersectional identities of many people in the community who face even more barriers in addition to the ones that come from their queer identity.

There is a chance that the search conducted missed relevant studies and information that would have been helpful or included studies that are unknowingly inaccurate or outdated. In addition, the majority of the studies that were reviewed were qualitative due to the nature of the topic being discussed, which always leaves the possibility for bias in the way that those studies were conducted and the way the results are interpreted. More research into this issue must be conducted to continue to have a full picture since the healthcare system and society as a whole are constantly changing.

CONCLUSION

This study synthesized the barriers faced by the queer community in receiving healthcare. The main themes that emerged in the research were of discrimination, lack of proper training for medical staff concerning LGBTQIA+ individuals, societal stigma, financial cost, the choice to disclose a queer identity, and lack of a supportive family structure (especially for minors). More time and resources need to be dedicated to making healthcare more easily accessible by queer people and to making sure that queer people are treated well by the system, and special emphasis should be put on assisting people who are marginalized in multiple capacities, such as also being a person of color. More research must also be conducted to identify the extent of the barriers in the healthcare system and to find solutions that support the queer community.

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CONFLICT OF INTERESTS

The author declared that there are no conflicts of interest regarding the publication of this article.

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