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**POSTER ABSTRACT****LGBTQ+ persons access to (person-centred) care according to posts on  
Twitter.**

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This project follows the premise of person-centred care (PCC) as a holistic model of care in which all persons are included, and their preference and needs are incorporated in the care process. A group for which this is particularly important are lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+) healthcare seekers. They are often discriminated against and occasionally refused treatment because the healthcare system does not recognise their needs. This project aims to see their unique perspective on their healthcare treatment and the need for PCC. The study presented here is displaying voices that would otherwise go unheard and social media is a place where these marginalised groups interact express their opinions and experiences.

This study focuses on access to healthcare and what barriers and facilitators are present in the tweets on this subject. This study's data are gathered through tweets as, although somewhat widespread in a population, the LGBTQ+ community comes together on social network platforms. For this study, both English and Spanish tweets are sought to investigate this issue as this is a trending topic in both the USA and Latin-America.

Public and Patient involvement was applied in this study so that a LGBTQ+ individual could help with the search terms and interpretation of the results. Another public partner was added for the translation of the Spanish tweets to ensure that the meaning behind the tweets was preserved. This last partner cowrote a pilot paper and was involved in writing this study too.

The results showed that most of the barriers can be found in society outside of healthcare. Political agendas, religious beliefs and xenophobia were at the forefront of the barriers. LGBTQ+ persons experience challenges with opposing legislation as well as stigma and misunderstandings. With the political debate the distance to receiving quality care increased. Most facilitators were only accessible when the person receives care. The healthcare providers were clear that societal opposition would not affect the hypocritic oath.

This study confirms that for this marginalised group, researching them once they are in healthcare is too late as much of the barriers are presented before. Research should be more inventive and finding different ways (such as through tweets) to reach these groups that need PCC but have difficulty getting there.

The next step is a larger project in which not only the tweets are analysed but the LGBTQ+ Twitter users are asked for interviews to uncover the context of the tweet and the entire experience of barriers and facilitators to healthcare.