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# Creating a Welcoming Clinical Environment for LGBT Patients

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# CREATING A WELCOMING CLINICAL ENVIRONMENT FOR LGBT PATIENTS



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Family Medicine Clerkship, May 2016

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# PROBLEM IDENTIFICATION AND DESCRIPTION OF NEED



- LGBT individuals often face a combination of ignorance and discrimination in accessing health care: 1 out of 5 transgender patients have been turned away by a provider.<sup>9</sup>
- As a result of discrimination, 28% postponed or avoided medical treatment when they were sick or injured and 33% delayed or did not try to get preventive health care.<sup>9</sup>
- Because of prior experiences of bias or the expectation of poor treatment, LGBT patients report reluctance to reveal their sexual orientation or gender identity to their providers, despite the importance of such information for their health care.<sup>10</sup>
- LGBT individuals often search for subtle cues in the environment to determine acceptance.<sup>10</sup>
- LGBT individuals have the highest rates of tobacco, alcohol, and other drug use.<sup>3,4</sup>
- LGBT individuals have a higher prevalence of HIV & STDs, victimization, homelessness, mental health issues, and suicide and are less likely to have health insurance.<sup>1,2,5,6</sup>
- Lesbians are less likely to get preventive services for cancer and are more likely to be overweight or obese.<sup>7</sup> Gay men are at higher risk of HIV and other STDs.<sup>8</sup>

# PUBLIC HEALTH COSTS AND LOCAL CONSIDERATIONS



- In the United States, approximately 2 to 5 percent of the population is estimated to be LGBT. Vermont is ranked third, with 4.9% of the population identifying as LGBT.<sup>16</sup>
- LGBT individuals are less likely to have health insurance coverage and more likely to have to resort to visiting emergency rooms for care.<sup>13</sup>
- Almost 4 in 10 LGBT individuals had medical debt and more than 4 in 10 reported postponing medical care due to costs.<sup>12</sup>
- LGBT individuals have lower rates of testing and screening for certain illnesses which can result in progression of disease and increased costs associated with care.<sup>13</sup>
- In 2010, men who have sex with men (MSM) accounted for 78% of new HIV infections among males and 63% of all new infections.<sup>15</sup>
- The life treatment cost per person with HIV is \$367,134 and there are approximately 50,000 new cases each year. As a result, the financial health burden increases by \$18,356,700,000 (\$18 billion) every year.<sup>14</sup>

# COMMUNITY PERSPECTIVE AND SUPPORT FOR PROJECT



“...I know a major thing right now is needing more doctors to learn and practice sex reassignment surgeries, and also making hormones more accessible and affordable. Too many trans people don't have access to healthcare or can't afford it, so they go to the black market for hormones which is so dangerous...” **Maddy McKenna**, *Transgender Female*

“...Our goal is to provide patient centered care that is affordable, compassionate and accessible. My hope in this collaboration with you is that our LGBT community feels welcomed in their medical home, our staff feels comfortable in dealing with their special and oftentimes complex medical needs and that we are able to reach an underserved population in our community. It is my belief that if we are able to make a connection with one person the word will get out to the greater community, so we will then be able to reach people with prevention, not reach people in crisis, which long term will show cost savings...” **Gidget M. Doty**, *Chronic Care Coordinator*

“...I think it's important for primary care providers to ask about and know the gender and sexual orientation of their patients. [...] There needs to be more LGBT resources available, and local health centers should include LGBT material and information in their offices and online. [...] I could see people not wanting to go to certain doctors' offices if they don't feel welcomed or supported there. [...] A small sticker or pin can make a huge difference...” **Ann Poitras**, *Patient*

# INTERVENTIONS AND METHODOLOGY



- **Intervention 1: Providing a Welcoming Environment for LGBT Patients**
  - Revising non-discrimination policies to include sexual orientation and gender identity.
  - Adding wall art with LGBT images and placing rainbow stickers or pins on staff and posters.
  - Including LGBT images and language in all printed materials and brochures.
- **Intervention 2: Gathering LGBT Patient Data in the Clinical Setting**
  - Revising patient forms to be more inclusive of sexual orientations and gender identities.
  - *See Attachment #1 - Patient Form Changes: Relevant changes are highlighted in yellow.*
- **Intervention 3: Incorporating LGBT Health Learning Modules into Yearly Mandatories**
  - *See Module #1 - Achieving Health Equity for LGBT People*
  - *See Module #2 - Improving Health Care for Transgender People*
  - *See Module #3 - Caring for LGBT Youth in Clinical Settings*
  - *See Module #4 - Caring for LGBT Older Adults*

# RESULTS & RESPONSE TO INTERVENTIONS



- *“You helped us redesign our patient forms [...] and update our policies. You also helped us with scripting for our front staff so they felt comfortable answering questions about the forms. This has helped the organization transition through a potentially emotionally charged situation with calm understanding. [...] We are also implementing television feeds in our waiting rooms which will contain LGBT information that you have suggested to us. [...] You have shared ways the LGBT community researches providers and have suggested registering our providers on websites to increase referrals. As new providers come onboard we can offer this registration as part of the credentialing process. [...] You have suggested ways we can use our current platform of training, Relias, to update current employees to our policies regarding non-discrimination and to offer sensitivity training. [...] Thank you so much for your support while our organization transitions to a more friendly LGBT atmosphere.”* **Gidget M. Doty**, RN, Chronic Care Coordinator, NCHC

# EVALUATION OF EFFECTIVENESS AND LIMITATIONS



**Evaluation of Effectiveness:** The Healthcare Equality Index (HEI) Scoring Criteria were used to evaluate the interventions. Initial interventions increased NCHC's estimated HEI score by 55 points. Future interventions will increase the HEI score by an additional 35 points. *For a detailed review of the HEI scoring criteria, please see Attachment #4.*

Before Interventions: \_\_\_\_\_ **00/100 POINTS**

After Interventions: \_\_\_\_\_ **55/100 POINTS**

After Future Interventions: \_\_\_\_\_ **85/100 POINTS**

**Limitations:** Significant gaps still exist in the knowledge of LGBT people's health status. Outreach to LGBT individuals in rural areas of Vermont may be challenging. In addition, many insurance companies have not updated their coverage policies to include transition-related health costs.



<http://www.hrc.org/campaigns/healthcare-equality-index>

# RECOMMENDATIONS FOR FUTURE INTERVENTIONS



- **Future Intervention 1:** Register competent and sensitivity trained providers to the GLMA (Health Professionals Advancing LGBT Equality) provider directory. *(Planned)*
- **Future Intervention 2:** Include data fields for sexual orientation and gender identity as part of the electronic health record (EHR) for all patients. *(In Progress...)*
- **Future Intervention 3:** Conduct a community needs assessment with local LGBT groups such as Outright Vermont and NEK LGBTQ Advocacy Committee. *(Planned)*
- **Future Intervention 4:** Develop a partnership with the DHMC Transgender Clinic for additional training in the management of hormone therapies. *(Planned)*
- **Future Intervention 5:** Measure LGBT patient satisfaction through phone interviews. *(Planned)*

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