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## Enhancing Health Equity Through Patient-Centered Care: Updating Screening Forms in a Primary Care Setting

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# Enhancing Health Equity Through Patient-Centered Care: Updating Screening Forms in a Primary Care Setting

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## INTRODUCTION

It is vital to understand patients' needs and preferences to foster inclusivity and build trust with healthcare providers.

Current literature suggests that patients who are not asked about all areas of their health, such as sexual orientation, experience a feeling of alienation and disconnection from their care<sup>1</sup>. Updating screening forms through incorporation of pronouns and detailed sexual orientation sections ensures this information is asked about and documented during an appointment. Additional studies analyzed the characteristics and psychometric properties of patient bias in self-reported questionnaires, in order to, emphasize the importance of adopting 'people-first' language<sup>2</sup>. Adopting language utilizing this approach fosters a sense of comfort and utilizing Lickert scale or open-ended questions promotes active participation, replacing a simple selection of one to two potentially inadequate responses.

The goal was to update an annual visit adult screening form at University of Vermont Medical Center (UVMCC) Family Medicine clinics to increase inclusivity and depth while simultaneously decreasing potential confusion and/or stigmatization.

## METHODS

Intake forms were updated based upon input from literature review and previous work of a UVM student-run public health project that examined use of inclusive language when taking a sexual history<sup>3</sup>. Specific attention was directed towards questions concerning:

- (1) sexual health
- (2) safety
- (3) diet/exercise
- (4) social determinants of health

Adult patients presenting for annual wellness exam were given these updated forms, along with an anonymous survey utilizing Likert scale questions to gather patient feedback on the form. Descriptive statistical analysis was conducted using line graphs and pie charts.

## RESULTS

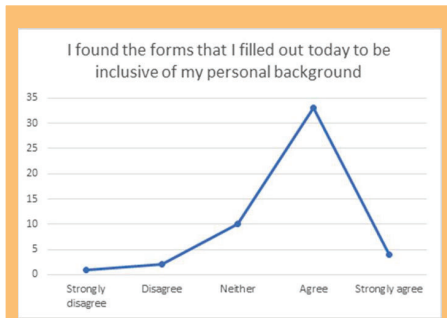


Figure 1: The graph represents patients' responses, on the y axis, and the characteristics of the Lickert scale on the x axis. The question asked patients to reflect on their belief that the intake form adequately represented their unique personal background.

"Thankful my pronouns were asked about."

"Comprehensive and valuable for holistic health!"

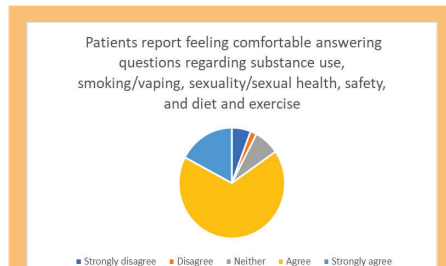


Figure 3: A pie chart combining patient responses regarding their comfort level addressing questions about substance use, smoking/vaping, sexuality/sexual health, safety, and diet/exercise.

"Easy to fill out, good questions."

Figure 4: Speech bubbles include anonymous quotations, responses, or opinions taken directly from the surveys distributed to patients after they completed their intake form

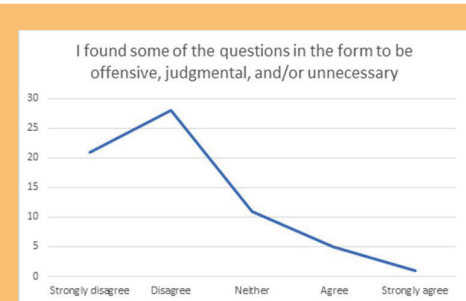


Figure 2: The graph represents patients' responses, on the y axis, and the characteristics of the Lickert scale on the x axis. The question asked patients to reflect on the intake form and determine if any of the questions seemed offensive, judgmental, and/or unnecessary.

## DISCUSSION

Our results show generally positive responses to our forms. Most respondents indicated either agree or strongly agree to questions regarding their comfort with filling out the form and the vast majority indicated they did not find the forms to be offensive or judgmental. Comments also generally expressed positive opinions; although, many comments also indicated patients' frustration with the form being paper, as opposed to electronic, and the forms repetitiveness with virtual forms they had already filled out.

These results are promising and suggest that our edits may have contributed to making the forms inclusive and patient centered. However, there are certainly limitations to this project:

- (1) without directly comparing the new form to the old form, it is difficult for us to conclude if our edits are a true improvement from the old forms
- (2) our methods did significantly increase the length of the form, which is likely more tedious for patients

## CONCLUSION

As discussed above, our project did not directly compare opinions of the old forms to that of the new forms. Future projects could incorporate methods that have patients compare the old and new questions directly. It is theorized that the newly generated form serves to educate patients about inclusive language as well as the importance of utilizing person-centered language. By utilizing unbiased and accepting language, we serve as leaders, teaching the general public how to comfortably address seemingly uncomfortable healthcare topics. In the comments section of the survey, many survey respondents expressed frustration at filling out multiple forms with the same or similar information, as well as a desire for the forms to be electronic. Future projects could design and test the implementation of electronic forms and/or address the issue of form redundancy.

## CITATIONS

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