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Provider and Staff Education to Improve Health Care for the LGBTQ+ Population

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- I declare that there are no relationships, conditions, or circumstances that present a conflict of interest relevant to the content of this presentation.

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LGBTQ+ Statistics

- It is estimated that up to 10% of the population in any given community identifies as LGBTQ.
- In the US, ~3.5% of the population identifies as lesbian, gay or bisexual and ~0.3% as transgender.
- Vermont has the highest LGBT identifying population per capita in the U.S.
Discrimination in Health Care

- LGBT patients report that providers:
  - Use excessive precautions or refused to touch them (11%)
  - Blame them for their health status (12%)
  - Use harsh or abusive language (11%)

- Transgender patients report:
  - Being harassed in a doctor’s office (25%)
  - Being denied medical care (19%)

- Among LGBT population:
  - 39% rejected by a family member or friend
  - 30% threatened or physically attacked
  - 21% treated unfairly by an employer
  - 30% of youth missed at least one day of school in the last month because they felt unsafe or uncomfortable

- Among transgender population:
  - 61% have been physically attacked
  - 55% have lost a job due to bias
Health Disparities in LGBTQ Population

- 30% of LGBT people smoke tobacco compared to 20% in the general population
- LGBT people have higher rates of alcohol and substance use/misuse
- Gay and bisexual men and transgender women are at much higher risk of HIV and STI’s especially in communities of color
- Lesbians are less likely to access preventative services for cancer
- The transgender population experience very high rates of victimization and suicide attempts
- Older LGBT adults face even more barriers to health because of isolation, fewer familial and social support services
Why Use Provider Education to Mitigate Health Disparities?

- Lack of provider knowledge about the LGBT community and provider bias has been noted to be a cause of the health disparities in this population (Mayer et al., 2014)

- Provider education in medical schools is often insufficient regarding this population (Obedin-Maliver et al., 2011)

- LGBT youth express a strong desire to have physicians be more aware of their needs and concerns. (Snyder et al., 2017)
Purpose of the Study:

To improve provider knowledge and in caring for LGBTQ+ patients and promote a more inclusive health care environment for this population.
Methods

1. 3 question pre-survey assessing knowledge of LGBTQ+ terminology, health disparities, and health care

2. In-person Educational Seminar that provided CME credit and was done at local hospital

3. 5 question post-survey assessing post intervention knowledge of LGBTQ+ terminology, health disparities, and health care for this population

   1. Post survey also included 2 free text questions aimed at improving seminar for future use.

4. Follow up survey done with 2 providers who attended seminar to see if any changes have been made in daily practice.
Educational Seminar

- A one hour presentation was given with a focus on educating attendees on LGBTQ+ terminology, health disparities, and clinical care for this population.

- The seminar was attended by upwards of 50 people including, providers, nurses, and hospital staff members and allowed for Q+A throughout.
Study of the Intervention

- The pre and post surveys were evaluated to see if there was an increase in knowledge after the educational seminar using descriptive statistics.
- Post survey free text responses were evaluated for themes to evaluate how to improve presentation in the future.
- Follow up survey was evaluated for themes and any practice changes that occurred in the 2 months following the intervention.
Results

Question 1: How would you rate your knowledge of health disparities in the LGBTQ+ population?

Pre-survey Responses

Post Survey Responses
Results

Question 2: How would you rate your knowledge of LGBTQ+ definitions and terminology?

Pre-survey Responses

Post Survey Responses
Question 3: How would you rate your knowledge in caring for LGBTQ+ patients?

Results

Pre-survey Responses

Post Survey Responses

- Not knowledgeable
- Somewhat knowledgeable
- Moderately knowledgeable
- Very knowledgeable

Responses
Results

► Post survey responses suggested:
  ► 90% of responders found the intervention useful
  ► more time for presentation, more case study examples, and a more audience engaging presentation would make this intervention better.

► 2 month follow up survey:
  ► showed providers being more cognizant of the LGBTQ+ population and making efforts to promote a more inclusive health care environment.
Discussion and Interpretation

There was a significant increase in knowledge of LGBTQ+ terminology, health disparities and care for this population in the pre vs. post survey.

There were concrete suggestions for improving the seminar for the future.

The follow-up survey showed providers being more cognizant of the LGBTQ+ population and making efforts to promote a more inclusive health care environment.
Limitations

- This was not intended to be a generalizable study as it was deemed not for research by the institutional IRB.

- The work was done at one rural hospital in Vermont. For a more generalizable it would be beneficial to see this project done in different locales including both rural and urban settings.

- It would be interesting to see the outcomes and receptiveness in parts of the country that might not be as accepting as New England.

- Further studies and research could be done with a similar model and assessing the studies usefulness at mitigating health disparities of the LGBTQ+ population by measuring certain target statistics in patients before and after the educational seminar.
Conclusions

- The presentation received mostly positive feedback with an increase in knowledge of health disparities, terminology and caring for the LGTBQ+ population.
- The area where there was the least improvement in pre vs. post survey improvement was clinical care for LGTBQ+ patients.
- Further studies should be done to see if this type of intervention has impacts on the health outcomes of LGBTQ+ patients post intervention.
References

