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

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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.
- ▶ Great thanks to Christina Harlow and Rycki Maltby for aiding in the completion of this project.

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.

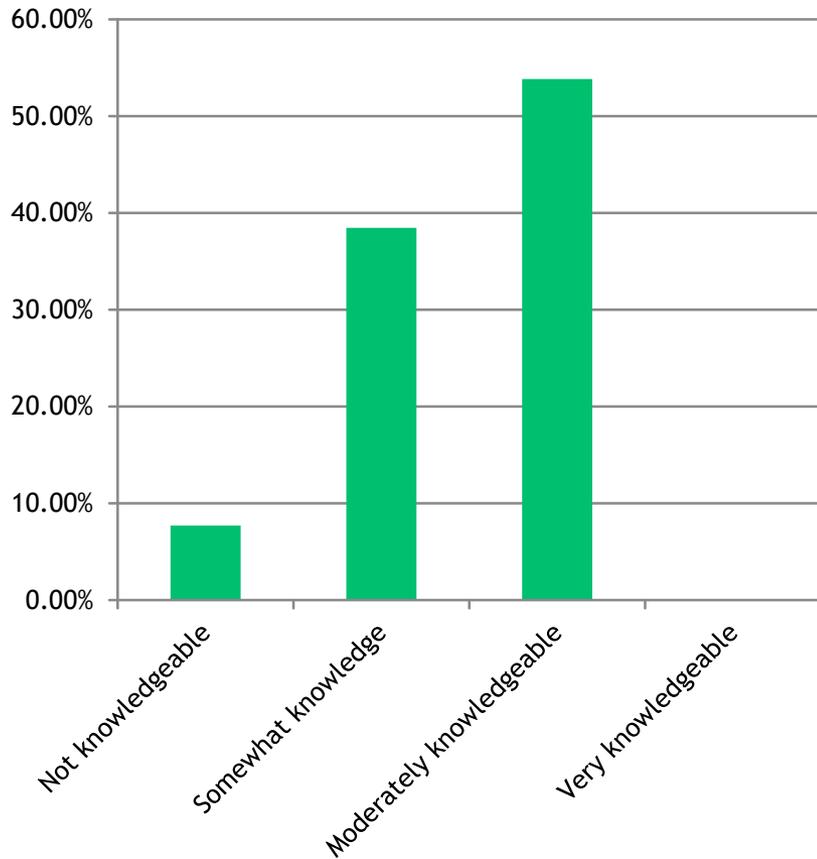
Study of the Intervention

- ▶ 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.

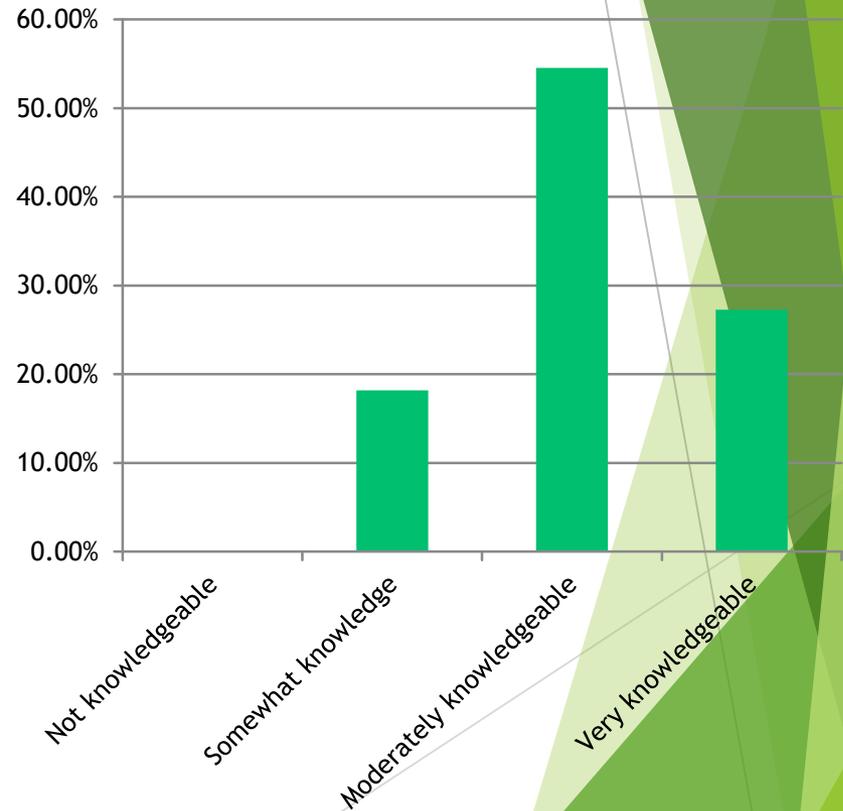
Results

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

Pre-survey Responses



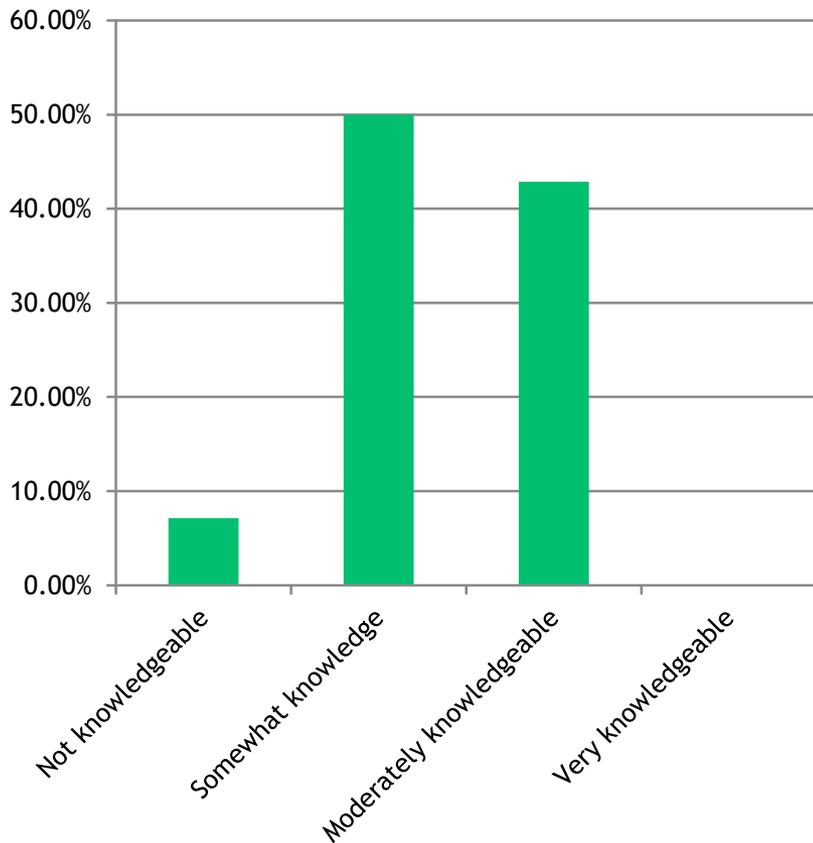
Post Survey Responses



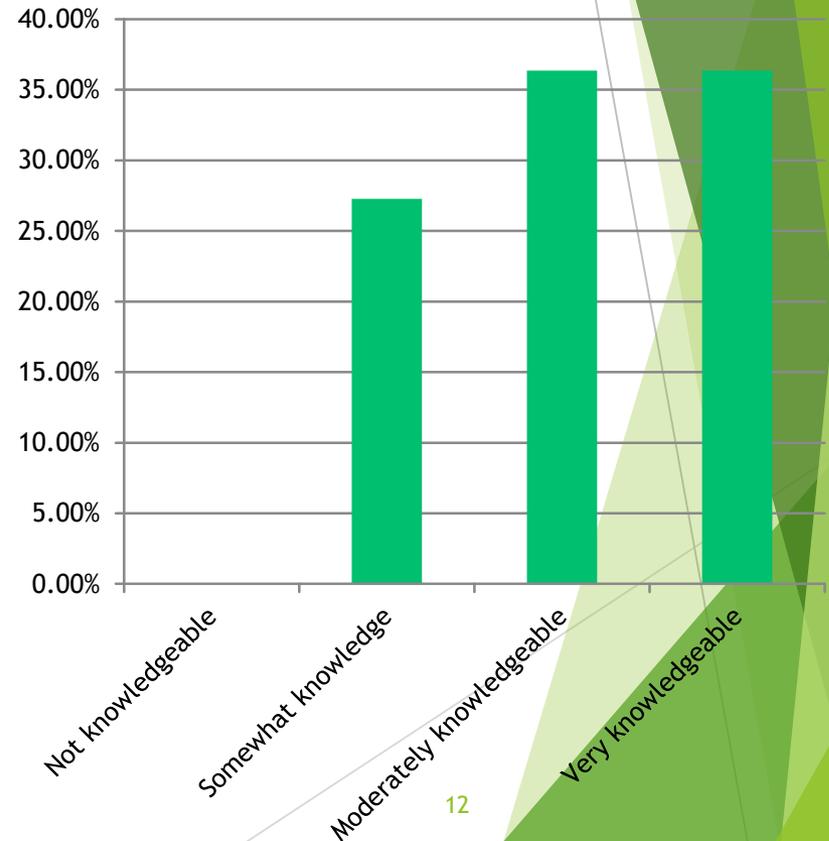
Results

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

Pre-survey Responses



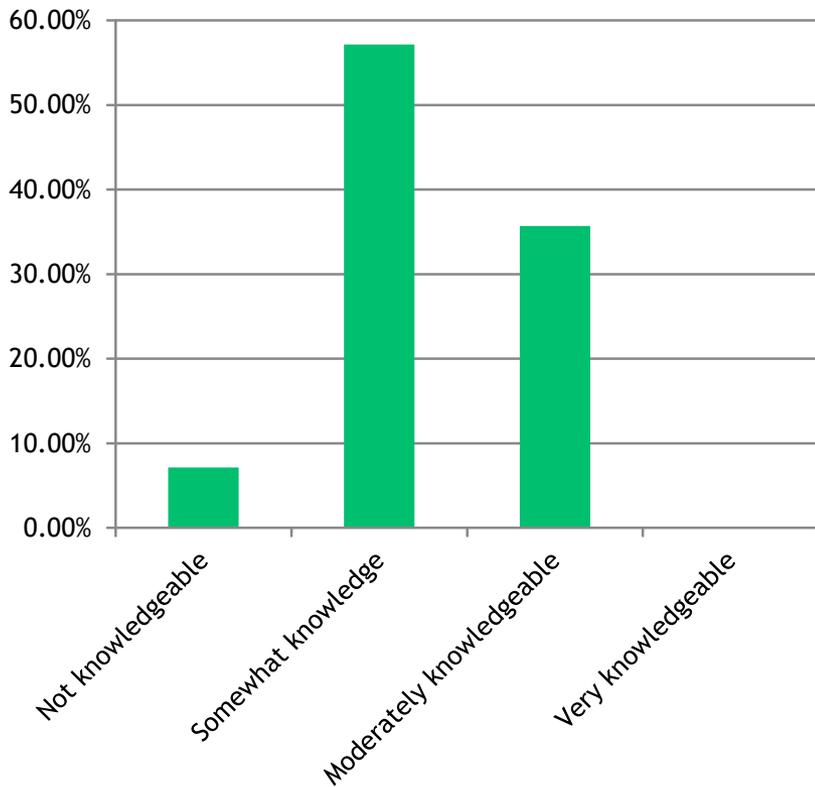
Post Survey Responses



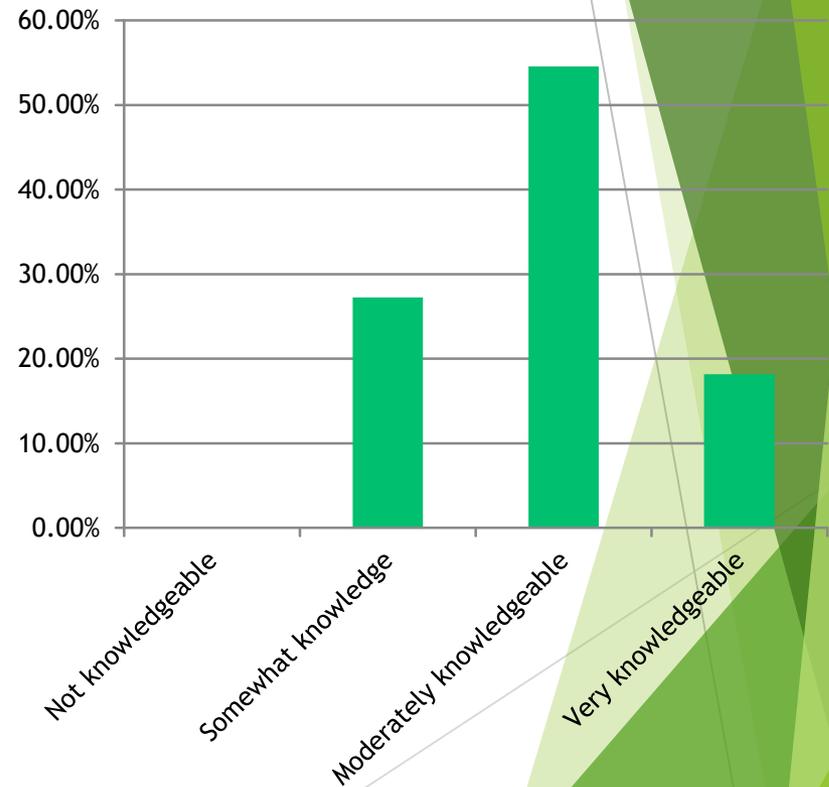
Results

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

Pre-survey Responses



Post Survey 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 LGTBQ+ patients post intervention.

References

- ▶ National LGBT Health Education Center. (2018). *Caring for LGBTQ Youth in Clinical Settings*. Lgbthealtheducation.org. Retrieved 5 March 2018, from <https://www.lgbthealtheducation.org/wp-content/uploads/Caring-for-LGBTQ-Youth-in-Clinical-Settings.pdf>
- ▶ Snyder, B. K., Burack, G. D., & Petrova, A. (2017). LGBTQ youth's perceptions of primary care. *Clinical pediatrics*, 56(5), 443-450.
- ▶ Obedin-Maliver, J., Goldsmith, E. S., Stewart, L., & et al. (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA*, 306(9), 971-977. doi:10.1001/jama.2011.1255