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LGBTQ Inclusiveness in the Primary Care Setting

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Family Medicine Clerkship, December 2017-January 2018

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Saint Johnsbury Community Health Center, Vermont

Problem of LGBTQ Inclusiveness in Vermont

- ▶ The US population has rates of 3-4% LGBTQ identifying persons [1]
 - ▶ Data suggests this rate is lower in rural areas relative to urban areas [7]
- ▶ Institutions hypothesize this rate may be lower due to:
 - ▶ LGBTQ individual self relocating to cities to do increased opportunity or...
 - ▶ Possible fear of “Coming out in community” in rural areas due to threat of discrimination [7]
- ▶ Despite fear of discrimination from the community, most organizations recommend at least “coming out” to their health care provider to provide adequate healthcare and facilitate resources [4]
- ▶ Many LGBTQ identifying persons still do not come out to their healthcare provider due to a long history of discrimination and bias and will avoid seeking care.
- ▶ There is a definitive need to make a primary care office more inclusive to facilitate LGBTQ comfort in order to provide better care.

Public Health Cost and Unique Considerations in Vermont

- ▶ LGBTQ individuals face higher rates of: (cost of mental health conditions in US in 2017 was \$193.2 billion) [9]
 - ▶ Psychiatric disorders (depression/anxiety)
 - ▶ Substance abuse and suicide
 - ▶ Homelessness
 - ▶ Intimate Partner Violence and Bullying
- ▶ There are also higher rates of LGBTQ individuals with Chronic medical problems that are less likely to seek preventative services and don't have insurance. [9]
- ▶ Men who have sex with men account for 56% of all people living with HIV and 66% of new infections. HIV treatment cost the US government \$32 billion in 2017 [9]
- ▶ There is very little data on the LGBTQ community due to many reasons as outlined by the institute of medicine and Healthy People 2020. [7]
 - ▶ Until recently, many institutions did not have proper EHR and intake forms to allow data collection
 - ▶ Definitions, until recently, have been challenging to incorporate into research studies
 - ▶ It is a relatively small population and difficulty to attain statistically significant numbers
- ▶ Healthy People 2020 has launched initiative to gather more data on the LGBTQ population [2]

Community Perspective

- ▶ Elisa Lucozzi is a pastor in Saint Johnsbury who is also a member of the LGBTQ advisory committee in the Northeast Kingdom and leads an LGBTQ youth group in Saint Johnsbury. She was able to provide some perspective.
 - ▶ She does believe there is a certain amount of LGBTQ identifying individuals living within this rural community that are likely afraid to come out due to fear of discrimination and bias.
 - ▶ She particularly mentions that when people are fearful they are constantly looking for cues in their environment to make themselves more comfortable.
 - ▶ She says that despite Vermont being one of the most LGBTQ accepting states, that the problems these individuals face are still present. She mentions that in just the last year 2 LGBTQ identifying individuals had attempted suicide and one had passed away.
- ▶ Pam Dearborn the coordinator and Nurse Manager at Saint Jay Community Health Center had an additional contribution.
 - ▶ She mentions that they are always trying to make the office more welcoming and comfortable for patients, particularly the ones that are most vulnerable in our community.

Intervention and Methodology

- ▶ I created a presentation that outlined a list of steps formulated by the Center of Excellence for Transgender Health to make a medical office more welcoming to the LGBTQ population. The key steps are seen below: [5]
 - ▶ While working with patients: expressing cultural humility, using proper terminology, understanding LGBTQ health topics, not using assuming language
 - ▶ Visuals or interventions in waiting rooms, bathrooms, and on EHR/Intake forms
- ▶ I planned to make this presentation to staff during two meetings in order to provide a brief staff training of the first bullet noted above and to also advocate for the second bullet (visuals)
- ▶ The intervention was to provide the staff with a basic LGBTQ training and advocate for changes to the office that might make the office more LGBTQ inclusive for patients.

Results/Response to Intervention

- ▶ After providing the staff with the presentation I received a lot of qualitative feedback. I was able to present it to most of the office staff that interacts with patients.
 - ▶ Most staff members expressed learning new techniques that would allow them to better interact with everyone (like not making assumptions) and learned at least a few new things about the LGBTQ community and their health needs
 - ▶ The staff in both meeting came to a consensus agreement to make some changes to the office that would be brought up at the next meeting including:
 - ▶ Making changes to the restroom signs in the office
 - ▶ Placing an LGBTQ friendly visual in the waiting room
 - ▶ Possible future modification to their EHR/Intake form
 - ▶ Setting up future trainings for further LGBTQ education

Proposal to Monitor Effectiveness

- ▶ I proposed two different ways to monitor LGBTQ inclusiveness after my presentation/training to the staff and they implemented the other changes in the office that I proposed in my training:
 - ▶ The Pride Center of Vermont will do a walk through audit of medical offices
 - ▶ To get more formal feedback on the LGBTQ inclusiveness of the office
 - ▶ Using the EHR/Intake forms, the office staff will be able to look at the data and see how many individuals in the next year report as an LGBTQ individual over the next year and compare it to last years data
- ▶ Limitations:
 - ▶ Given the small population of the town and low census of LGBTQ individuals, it may be difficult to see any difference on the HER forms over the next year
 - ▶ The training provided did not get extensively into language to use when speaking with an LGBTQ individual. This may limit how inclusive the office seems to patients

Recommendations for Future Projects

- ▶ Future training
 - ▶ More training could be provided to office staff about how to not make assumptions in language. Along those same lines, the training could be more extensive concerning LGBTQ health topics
- ▶ Flyers with resources:
 - ▶ There are many local, state, and national resources for the LGBTQ community. In the rural community this info is a bit more difficult to distribute
 - ▶ A flyer with consolidated resources could be distributed throughout the community and to local schools

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