LGBTQ+ Health: Creating a Welcoming Environment in the Primary Care Office

Emily Forbes-Mobus
University of Vermont

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

Recommended Citation
Forbes-Mobus, Emily, "LGBTQ+ Health: Creating a Welcoming Environment in the Primary Care Office" (2016). Family Medicine Block Clerkship, Student Projects. 190.
https://scholarworks.uvm.edu/fmclerk/190

This Book is brought to you for free and open access by the College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Block Clerkship, Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
LGBTQ+ Health: Creating a Welcoming Environment in the Primary Care Office

Chester, VT
Emily Forbes-Mobus, MSIII
July-August 2016
Project Mentors: Dr. Robert Schwartz, Susan White
2. Problem Identification & Description of Need

LGBTQ+ patients are at increased risk for discrimination and poor health outcomes

Healthy People 2020¹:
- LGBT youth are more likely to be homeless and/or attempt suicide
- Lesbians are less likely to get preventive services for cancer
- Gay men are at higher risk of HIV and other STDs, especially among communities of color
- Lesbians and bisexual women are more likely to be overweight or obese
- LGBT populations have the highest rates of tobacco, alcohol, other drug use

Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV, 2010²:
- More than half of all respondents reported that they experienced discrimination in health care
  - 8% of LGB respondents and 27% of transgender respondents had been outright denied care

LGBTQ+ patients need health professionals who are trained to meet their needs

- Many LGBTQ+ patients have had bad past experiences with the health care system
- Creating a welcoming clinical environment is an important component of culturally competent care
3. Cost

In Vermont, **4.9% of people identify as lesbian, gay, bisexual, or transgender**

- LGBT people are at high risk to use tobacco, alcohol, and other drugs
- LGBT youth are 2-3 times more likely to attempt suicide
- Gay men and transgender people are at higher risk of HIV and other STDs

Nationally:

- Annual health cost of tobacco, alcohol and other drugs: $130 billion, $25 billion, and $11 billion, respectively
- Suicide costs society over $44.6 billion a year in combined medical and work loss costs
- The average suicide costs $1,164,499
- The lifetime treatment of an HIV infection is estimated to cost $379,668

**Culturally competent care increases cost savings** by reducing medical errors, number of treatments, legal costs, and missed medical visits
4. Community Perspective and Support for Project

“When we bring our youth to the walk-in clinic, it can be traumatizing. Many of them have had negative experiences in hospitals...Sometimes providers are uneducated about being trauma-informed and sensitive.”  
-Tara Chase, Windsor County Youth Services

The doctor startled me by lifting up my shirt to check for scoliosis without telling me or giving any warning. It made me really uncomfortable. I generally like knowing what the doctor is about to do.”
-Local LGBT young adult

“As a professional I have never encountered or been offered LGBTQ friendly documents or trainings... I am saddened to say I have worked with people who are so uncomfortable and uneducated that when talking about transgender clients they referred to them as ‘she-he’ ‘he-she’ or ‘it.’ ”
-Local health care professional

“When a nurse comes out and calls you by your birth name, yet your appearance is more in-line with your preferred name, it makes people take a second look. This makes for a very uncomfortable situation that could have easily been avoided... ...Outright Vermont is a great organization with a lot of information and support groups, however they are located in Northern Vermont. There is very little support in Southern Vermont.”
-Parent of local LGBT patient
5. Intervention and Methodology

Objectives

- Illustrate discrimination and poor health outcomes in the LGBTQ+ population
- Discuss importance of culturally competent care
- Discuss importance of identifying language
- Discuss concepts of gender and sexuality
- Discuss strategies for creating a welcoming environment for LGBTQ+ patients

Methods

- Gather community perspective
- Gather information on LGBTQ+ health needs and disparities from multiple sources
- Create a **PowerPoint presentation** with focus on creating an approachable discussion of the importance of culturally competent care for LGBTQ+ patients
- Share presentation with office staff at Chester Family Medicine, Springfield Community Health Team, Windsor County Youth Services, Health Care & Rehabilitation Services of Vermont
6. Results

- PowerPoint slides with notes
  - Can be given as a presentation or used as an individual training module by reading through the notes along with the slides
  - Contain resource list for individuals interested in learning more

- Distributed by presentation and electronically to staff at Chester Family Medicine, and electronically to the Springfield Community Health Team, Windsor County Youth Services, and Health Care & Rehabilitation Services of Vermont (HCRS)

- Discussions regarding future larger-scale trainings in the community ongoing
7. Evaluation of Effectiveness & Limitations

Proposed Evaluations:
- Pre- and post-presentation quizzes for health care professionals and office staff
- Survey LGBTQ+ patients regarding their satisfaction with the health care provided

Limitations:
- Although additional resources are provided, individuals working through the resource as a module do not receive the same immediate feedback and answers to questions as those participating in the presentation (with live presenter) version of the material
- As LGBTQ+ related language is constantly evolving, the discussion on identifying language focused on concepts rather than particular definitions
- There is no central location for providers and health centers to access LGBTQ+ resources and trainings in Southern Vermont
8. Future interventions/projects

Continue expanding training efforts
- Distribute copies of the presentation to additional Family Medicine practices, as well as Psychiatry and Pediatrics
- Train individuals in the community to lead discussion of presentation
- Create similar training modules for schools, other community organizations
- Create modules that go into an intermediate level of detail, building on the basics of this module

Reach out to the LGBTQ+ community in the area, build stronger ties between health care providers and LGBTQ+ patients

Continue creating more LGBTQ+ resources in Southern Vermont
- Interest in support groups for families with transgender and gender-expansive children
9. References

1. Healthy People 2020
2. When Health Care Isn’t Caring: Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV
   http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/gallup-lgbt-pop-feb-2013/#sthash.dxdixbFE.dpuf
5. CDC Injury Prevention & Control : Division of Violence Prevention
   http://www.cdc.gov/violenceprevention/suicide/consequences.html
7. Becoming a Culturally Competent Health Care Organization
   http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/Equity%20of%20Care%20Report%20FINAL.pdf