Inclusive Care Initiative: Creating Safe Spaces for LGBTQ+ Patients

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The Problem

- **7.9%** of NY state adults identify as LGBTQ+.[1]
- LGBTQ+ patients face barriers to comprehensive care and often feel unwelcomed in clinical spaces.[2,3]
  - **33% of trans patients** surveyed by the 2015 U.S. Transgender Survey who saw a health care provider had **at least one negative experience** related to being trans.[4]
  - **23%** of respondents reported that they **did not seek the health care they needed** in the year prior to completing the survey due to **fear of being mistreated.**[4]
- The CVPH Community Health Assessment **does not include health equity data** for the LGBTQ+ population.[5]
- There is a **need for visual inclusivity** (i.e., gender-neutral signage and pronoun recognition) to make clinics feel safer.[6]
- Enhancing visual inclusivity can promote trust, communication, and may **ultimately improve health outcomes for LGBTQ+ patients**.

AHEC Focus Areas: Cultural Competency, Medical Practice Transformation

Public Health Cost

Higher mental health costs

- LGBTQ+ individuals are **more than twice as likely to have a mental health disorder** in their lifetime.[7]
- LGBTQ+ patients are 2.5 times more likely to experience depression, anxiety, and substance misuse.[7]
- NAMI reports that untreated mental health conditions cost the U.S. **more than 100 billion dollars** yearly.[8]

Increased use of emergency services

- LGBTQ+ patients are less likely to engage in preventive health care.[9]
- LGBTQ+ adults avoiding preventive care likely leads to increased utilization of costly and resource-intensive emergency services.

Community Perspective

"I think representation is very important. Even like seeing one pride flag makes people a lot more comfortable, even if you're in the closet."

"People need to see it to feel safe."

-Ella C., transgender patient and community member

"Seeing those things [pride flags, pronouns, etc.] were huge. It was huge because of the trauma of what it means to be queer and the possibility of being rejected. So, whether it's the flags or the pronouns it helps create that safe space... It's kind of like a gateway of some sort, of you're open about things, you're willing to talk about things."

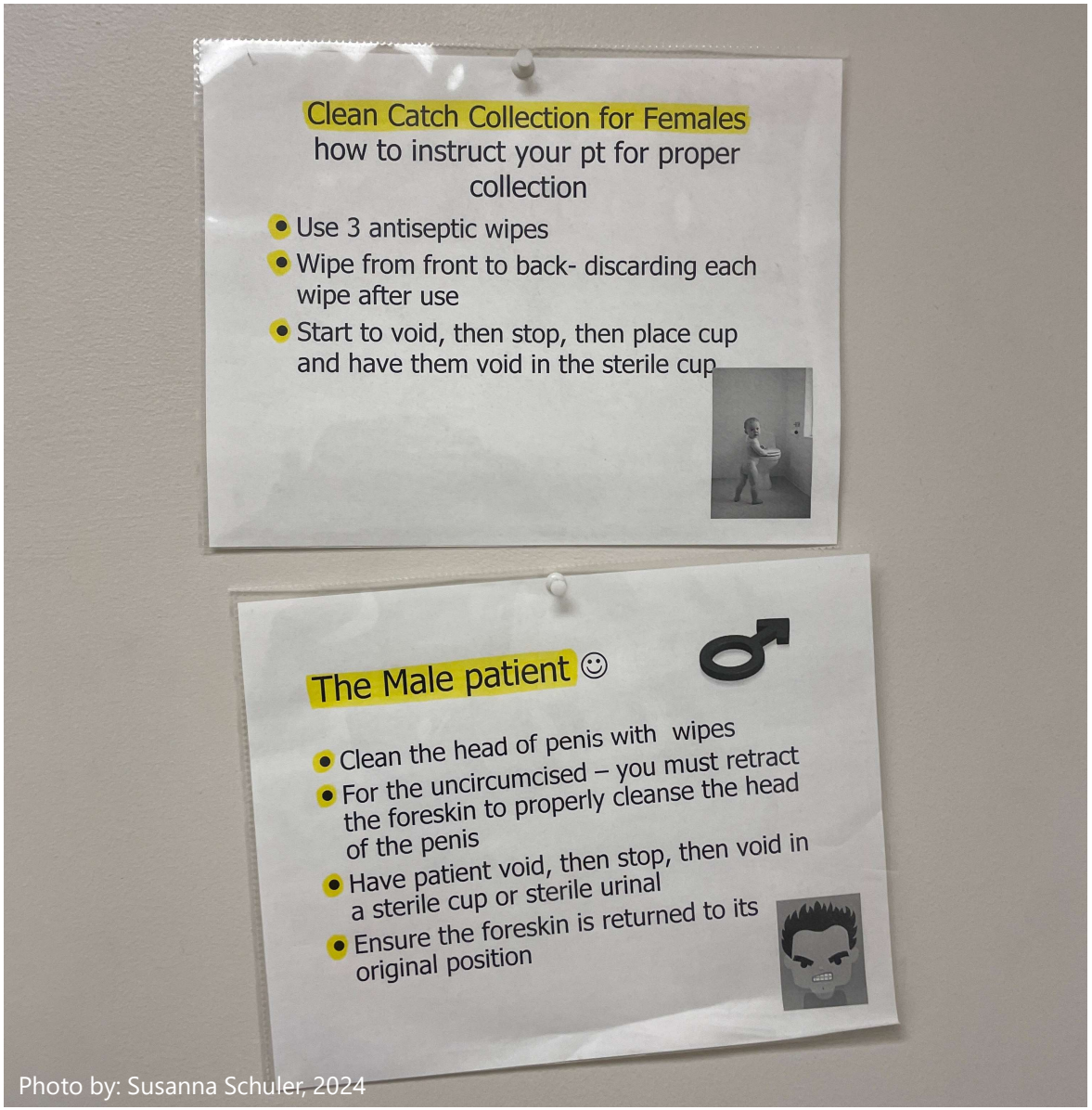
-Chris Chamars, Coordinator for Multicultural Initiatives & Certified Equity Advocate, SUNY Plattsburgh

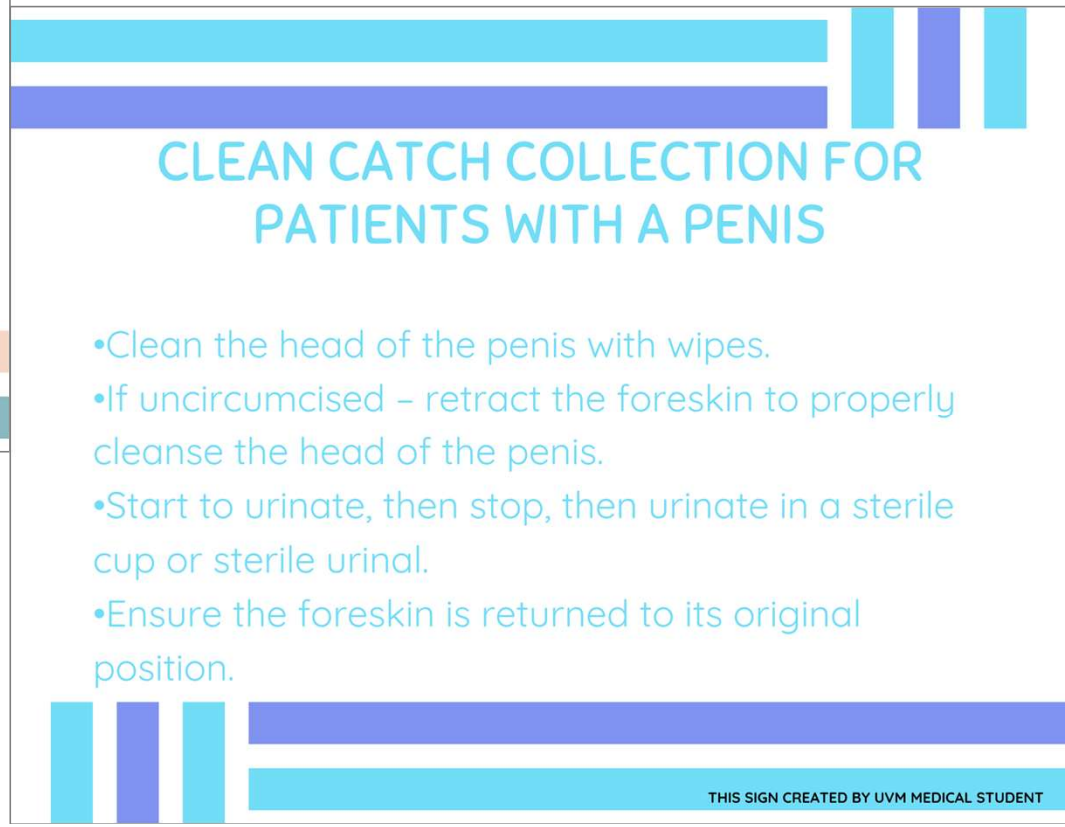
Intervention

- **15 Official UVMHN pronoun badges** were distributed to CVPH family medicine center staff; including nurses, residents, attendings, and office administrators.
- During distribution, engaged in conversations about pronouns and their importance and answered questions.
- Updated patient restroom **urine collection signs** and instructions to reflect anatomy rather than gender and removed gendered graphics.
  - Subtle use of trans pride colors as a signal of inclusion.
- Created new sign encouraging patients to ask staff for additional assistance.
  - Promotes greater inclusion for patients with diverse anatomical variations (i.e., intersex).

Photo by: Susanna Schuler, 2024

Previous Restroom Signs





Updated Restroom Signs

IF YOU ARE UNSURE WHICH SET OF INSTRUCTIONS TO FOLLOW OR IF YOU NEED ADDITIONAL ASSISTANCE, PLEASE FEEL FREE TO ASK. WE ARE HERE TO HELP AND SUPPORT YOU!

THIS SIGN CREATED BY UVM MEDICAL STUDENT

Results & Effectiveness

- The interventions were well-received among family medicine residents, attendings, and other staff.
  - Many expressed interest in learning more about what they can do to support LGBTQ patients!
- The results of the interventions could be assessed with a survey of LGBTQ+ patients asking them to rate their sense of welcome and inclusion at the clinic.
- The restroom signs could be assessed with a survey of patients collecting urine samples asking them to rate the ease of collection and their understanding of the instructions.

Limitations

- Visible, symbolic changes may not address deeper issues related to staff attitudes, knowledge gaps, or structural barriers within the clinic.
- While these interventions signal inclusivity, they may not be enough to create a long-term cultural shift if not reinforced by comprehensive staff training.
- Some patients might react negatively to the changes which could lead to unintended tensions within the clinic.

Future Directions

- Assess effectiveness of interventions using previously mentioned surveys of patients.
- More formal training (education session, journal club) of clinic staff and providers regarding LGBTQ+ inclusion, pronoun usage, and transgender health care.
- Encourage providers and patient-facing staff to introduce themselves with pronouns and ask patients for their pronouns at the start of each visit.
- Universally update patient charts in EPIC to include patient pronouns and gender identities during check-in.
- Update health intake forms to include spaces for preferred name, gender identity, and pronouns.
- Distribute pride flag badge reels.

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