Improving Health Outcomes for Sexual Minorities Through Access

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Background

Lesbian, gay, bisexual, transgender and questioning individuals have been identified as a vulnerable population in healthcare (Ard & Makadon, 2012; U.S. Department of Health and Human Services [USHHS], 2016; Institute of Medicine [IOM], 2011). The prevalence of health disparities among ethnic and racial groups is well-established in the literature, but sexual minorities are often overlooked. These disparities include increased incidence of chronic and acute illnesses, decreased access to care, and poor health outcomes (Fredriksen-Goldsen, Hyun-Jun Kim, Barkan, Muraco, & Hoy-Ellis, 2013; Gahtagan & Subirana-Malaret, 2018; Reisner et al., 2016). Furthermore, sexual minorities are at high risk for substance abuse and mental health diagnoses (Fredriksen-Goldsen et al., 2013).

Statement of Problem

In 2011, both the USHHS and the IOM addressed research related to LGBTQ health status. The USHHS released a list of objectives regarding goals in addressing equality for sexual minorities. One of the goals was to gather research on healthcare access and disparities among LGBTQ individuals (USHHS, 2016). That same year, the IOM also worked to identify trends in existing data and gaps in LGBTQ health needs (IOM, 2011). According to the IOM report and Healthy People 2023, healthcare for LGBTQ is at the forefront of minority health issues. This acknowledgement of the lack of data regarding LGBTQ health highlights visibility and attention to a population who has been previously ignored in healthcare research, education, laws, and practice (IOM, 2011; Healthy People 2020, 2013).

14.6 million Americans identify as LGBTQ

- 56% of LGBTQ individuals surveyed have experienced discrimination in healthcare
- 70% of transgender individuals surveyed have experienced discrimination in healthcare
- 29% of LGBTQ report they worry they will be treated differently due to sexual orientation
- 73% of transgender patients report they worry they will be treated differently due to sexual orientation

Objectives

- Goal #1: Increased cultural competence of clinic staff as evidenced by an overall increase in mean post-intervention scores on the IAPCC-R®.
- Goal #2: Ensure the presence of LGBTQ-inclusive posters within the clinic.
- Goal #3: Ensure the EMR contains expanded options for gender, relationship status, and sexual history.

Methods

Theoretical Framework


Population & Setting

Project Design: To complete this project, a quasi-experimental, longitudinal approach was used.

Setting: This project was completed at a small, Midwestern university student health center. Although called the ‘student’ health center, the clinic serves the health needs of students and staff of the university.

Population: A total of 12 staff members participated in this study. Participants included nurse practitioners, physicians, registered nurses, and clerical staff. All staff are Caucasian, and all except two are female. None are known to identify as LGBTQ.

Interventions

In summary, the interventions are listed below:
- Evaluate clinic for the presence of LGBTQ posters
- Evaluate the EMR for inclusive language
- Perform pre-intervention survey
- Conduct educational intervention that focuses on the background and significance of the problem
- Assist administration and staff with updates in the clinic environment and EMR
- Conduct educational intervention that focuses on cultural competence within individuals and the clinic environment
- Perform the post-intervention survey
- Re-evaluate the EMR and clinic environment.

Results

A total of 12 staff members completed the pre-intervention survey, while 10 completed the post-intervention survey. The IAPCC-R® measures five areas of cultural competence including desire, awareness, knowledge, skills, and encounters using a four-point Likert scale. The post-intervention overall mean had a statistically significant increase over the pre-intervention overall mean, as did the areas of cultural knowledge and cultural awareness. All other areas showed an increase in the post-intervention mean, although none that were statistically significant.

Discussion

While not all areas of cultural competence showed statistically significant increases, those areas addressed in the educational sessions did. Other changes that occurred as a result of this project include a clinic initiative to be offering PrEP for HIV prophylaxis and a designated LGBTQ seat on the Student Health Advisory Board.

Clinical Relevance: Unfortunately, many of those in healthcare do not realize such health disparities among LGBTQ individuals exist. Identification of ways to make the problem more apparent while offering potential solutions is imperative.

Limitations: This study had a small sample size at a single location making generalization to larger settings more difficult to determine.

Future Research: Project implementation at a larger clinic, adding simulation, and adding a student panel to the interventions would help to further enhance and refine the findings in this project.

Conclusion

This project was a multi-faceted endeavor to increase access to healthcare to LGBTQ individuals on a Midwestern university campus, ultimately leading to better health outcomes. Education focused on cultural sensitivity and known health disparities among LGBTQ population was provided. Changes to the physical environment of the clinic and the EMR were also made.

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References


