Building Cultural Competency in Community Health Centers: Pilot Project beginning with Eisner Pediatric and Family Medical Center

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Cultural Competency of the Lesbian, Gay, Bisexual, Transgender Population

Several studies have correlated stigma, discrimination, and a lack of cultural sensitivity with increased rates of morbidity and mortality in the Lesbian, Gay, Bisexual, Transgender (LGBT) community. Although we are 40 years removed from homosexuality being considered a disorder in the Diagnostic Statistics Manual by the American Psychiatric Association[i], sexual minorities continue to face considerable disparities in healthcare.

It was declared in 2011 by the US Dept. of Health and Human Services (HHS) that the LGBT people experience less than optimal healthcare.[ii] As reported by the Gay & Lesbian Medical Association (GLMA), the LGBT community tends to have increased rates of drug and alcohol abuse, sexually transmitted infections (STIs), mental health disorders, suicidal ideation, and certain cancers.[iii] Furthermore, the HHS stated a contributing factor to poorer health outcomes is cultural sensitivity. They stated, "The lack of culturally competent providers is a significant barrier to quality healthcare for many LGBT people, particularly those who identify as transgender."[ii] In documentation published in 2011 to combat the health disparities faced by LGBT people, the institute of medicine defined cultural competency as, "a set of skills that allows providers to give culturally appropriate high quality care to individuals of cultures different from their own."[iv] Competency is affected by a lack of education, and uncomfortability on behalf of both the patient and provider. Thus, making providers more

culturally aware will create a better rapport with patients, facilitate comprehensive care, and produce better health outcomes in patients.

The concept of sexual orientation is composed of three items: how one identifies themselves, their behaviors, and the sex of whom they desire to be intimate with.[v] For the purposes of this study, LGBTQ will be defined as:

> Lesbian: describes a woman who is sexually & affectionately attracted to other women.
> Gay: describes a man who is sexually & affectionately attracted to other men.
> Bisexual: an individual sexually & affectionately attracted to the same and other genders.
> Transgender: an umbrella term for people whose gender identity and/or expression does not align with social expectations based on the biological sex they were assigned.
> Queer: originally a derogative term referring to LGBT people; now being reclaimed by some as a self-affirming umbrella term for the LGBT community or anyone who does not fit into societal norms of gender & sexuality.

GLMA 2006 defines barriers to better healthcare as "LGBT Stigma". Stigma refers to the unequal treatment of LGBT people based on negative perceptions in the health field.[iii] Stigma results in physicians' uncomfortability and insensitivity during patient visits. A study by Lambda Legal polled almost 5,000 individuals about their care. Many LGBT and HIV+ individuals reported being denied care, physicians taking excessive precautions when treating them and using abusive language, and even blaming them for their health status.[vi] These numbers were even higher in people who identified as colored and those with a household income <$20,000.[vi] In 2010, a survey of 7,000 by the National Center for Transgender Equality and National Gay and Lesbian Task Force reported that 28% of transgender and gender non-conforming people postponed care due to concerns about discrimination.[vii] What's worse, 19% of the same sample reported a refusal of care, with higher numbers among black people, and 50% reported a lack of

provider knowledge in regard to transgender health.[vii] This results in sexual minorities avoiding or declining treating when it is necessary and contributing to poorer health outcomes.

The difficulty of physicians to properly examine LGBT patients is significantly influenced by a lack of education. Several articles have found that medical educations often lack coverage of LGBT issues. In fact, sexual minorities are often referred to as "invisible" in medical training programs.[viii] What's more, Obedin-Maliyer *et al.* 2011 recently found that medical schools in North America devote varying amounts of time, if any at all, toward LGBT health issues.[ix] These disparities have bred generations of physicians with discordant levels of skill in addressing these issues with patients.[x] Sanchez 2006 corroborated evidence by showing that medical students exposed to LGBT patients were better suited to conduct interviews including sexual histories.[xi] Students were also more knowledgeable with health concerns specific to the population.[xi]

It is important for physicians to know their patient's sexuality because this information affects screening, vaccinations, and counseling during the visit. This information also has implications in strengthening the physician-patient relationship. As the gateway for patients' concerns, General Practitioners (GPs) are at the forefront of sexual health issues.[xii] However, many physicians may be uncomfortable covering these issues because of a lack of knowledge, their own beliefs, or poor awareness. Stott 2013 reports that some physicians overlook the sexual history portion of the exam for fear of "opening a can of worms" or making the situation uncomfortable.[viii] They have also seen that many GPs often assume everyone is heterosexual and fail to inquire about their patients' sexualities because of this.[viii] Even worse, providers also rationalize that there isn't enough time to address these concerns in conjunction with the primary issues that brought the patient to their office in the first place. But, some form of action must be

taken. The CDC reports that STIs are increasing in incidence due to risky sexual behavior in men who have sex with men and should be a concern for physicians.[xiii] It must also be understood that there aren't many avenues patients can use to gain accurate and appropriate information. As physicians, it is important for us to fill this gap. Moreover, as facilitators of primary care, time must be allocated toward preventive medicine as opposed to investing time in patients after they have acquired these conditions.

LGBT cultural competency of physicians typically occurs through in-class curriculum modules and clinical training modalities that may involve direct patient contact.[iii] There are many different ways providers can receive cultural competency training. Training can be done in-person or on a virtual format. They can be completed through continuing medical education (CME) training, mandated by the employer, or accomplished in ones own time. Other methods of training include, conferences, workshops, webinars, computer program modules, podcasts, and videos. Already, employers have mandated LGBT care guidelines into motion. Some corporations, such as Kaiser Permanente, provide LGBT cultural competency training to their employees. With the recommendation set forth by the HHS, it is most pertinent to begin sensitivity training in all facilities servicing the LGBT community. As a mode to increase sensitivity, Henderson and Johnson 2000 found that small group self-reflections and experiential learning improved acknowledgement of sexual minorities and LGBT healthcare.[viii] They noted changes in attitudes of medical students toward sexual minorities upon discussing emotions, views, and various behaviors in the group session.[viii] The Human Rights Campaign in 2012 also rallied for teaching physicians about cultural competency in either group or solo settings. Not only is there a benefit of better healthcare for LGBT patients, but the benefit of culturally competent care impacts us all. For instance, many LGBT utilize the emergency

room for care and often wait until they are at their worst for treatment. These events increase more admissions to the ER for conditions that could've been prevented, longer wait times for other patients, ER visits cost more than GP visits, and more tax payer money spent to provide care because LGBT patients often lack health insurance.[xiv]

The goals of this study are to build sensitivity toward the LGBT population in community health centers across America starting with Eisner Pediatric and Family Medical Center (EPFMC). The various proposed structural changes to EPFMC can assist in creating a comfortable environment for a population that is often forgotten, make providers and staff aware of the community, strengthen the patient-doctor relationship, and produce better health outcomes in patients.

Methods

The first objective of this two-part project is to assess the clinical environment of the various Eisner health centers. This entails reviewing intake forms patients fill-in upon registration. These forms will be examined to ensure that non-biased and inclusive language is used. As noted by Dr. Houlberg in an article published on amednews.com, "Many LGBT people look at [medical] forms and documents to get an idea if it is a safe place for them to be… If a form gives them no option [to identify themselves as LGBT], it gives the notion that people here are not aware" of LGBT issues.[xv] In addition to reviewing in-take forms, the waiting rooms, exam rooms, and hallways of the various Eisner clinics will be assessed for any posters or signs that promote equality. For instance, one would look for LGBT equality symbols, rainbow flags, and any items indicating EPFMC does not discriminate based on sexual orientation. Small changes can make a huge impact on the comfort levels of patients. A culturally aware

environment will make patients feel comfortable, and build rapport better rapport with medical staff.

The second part of the project is a 16-question survey entitled Eisner Pediatric and Family Medicine Center LGBT Population Quality Survey. The survey will assess the attitudes of providers; provider exposure and barriers to education in LGBT related issues. The survey will be administered to all providers of EPFMC including attending physicians, residents, physician assistants, nurse midwives, and nurse practitioners. Several physicians at EPFMC as well as staff at New York University School of Medicine Diversity Affairs reviewed the survey for inaccuracies in questions, language, and for proper organization. The survey, however, could not be piloted due to time constraints. A copy of the survey is attached in the appendix at the end of this document.

Results

Clinic Walk-through

After reviewing the clinical environment and intake forms of EPFMC, it was concluded that they lack information and visuals inclusive to the LGBT community. LGBT equality symbols, visuals of the rainbow flag, and a poster of "Eisner Pediatric and Family Medical Center" using rainbow Microsoft Word Art were produced and distributed throughout the clinic. Each exam room was fitted with an equality symbol to acknowledge sexual minorities. Rainbow flags and the poster of the clinic name in rainbow font were put in the waiting area to create awareness among patients that EPFMC openly serves the LGBT indiscriminately. Small modifications to intake forms were made to include transgender patients. Items such as "sex" were itemized to include transgender as an option. Additionally, family planning forms were

modified to include transgender patients, who may also desire children, need pap screenings, breast exams, and sex education.

Survey

The Eisner Pediatric and Family Medicine Center LGBT Population Quality Survey was administered to 62 providers of EPFMC. There were 31 responses received for a response rate of 50%. It was a 16-question survey that was available for a week from 7/25/14 – 8/1/14 and received a total of 31 responses. Over 60% of the respondents were physicians or residents and 74% of respondents were female.

- **How much exposure have you had to treating the LGBT community in your medical career?**

  Over 50% of providers stated that they received "a little exposure" or "no exposure at all" to the LGBT community in their medical career. The rest of the providers indicated that they received "some exposure" with only two providers indicating they received "a lot of exposure".

- **Please select the top two barriers that you have encountered in your education to learning about the health disparities of the LGBT Community:**

  When asked about the top two barriers they have encountered when learning about LGBT health disparities, 58% of responses cited a lack of courses/workshops as the greatest barrier and 48% of responses cited a lack of familiarity with resources as the second greatest issue. Following these barriers, providers cited a "lack of time" needed to screen sexual practices.

- **Do you have close family or friends that identify as lesbian, gay, bisexual, or transgender?**

  77% of respondents stated that they had close family or friends who identify as LGBT.

- **When taking a sexual history, how often do you ask your patients, "Do you have sex with men, women, or both?"**

  Sixty-six percent of respondents stated that they “always” or “frequently” asked patients “do you have sex with men, women, or both?” Furthermore, residents were more likely to “always” or “frequently” ask this question as opposed to attending physicians, nurse practitioners, or midwives. This also had no correlation with biological sex or having close family or friends that were LGBT.

- **How many clinical encounters (per week) do you have with patients having sexual intercourse with the same sex or both?**

  About 50% of providers stated that they see anywhere from “1-5 patients” that have sex with the same sex or both in each week. Twenty-five percent of providers believe that they do not see any patients having sex with the same sex or both while another 25% stated they “don’t know/not sure”.

- **How knowledgeable are you in treating medical issues specific to lesbian, gay, and bisexual patients?**

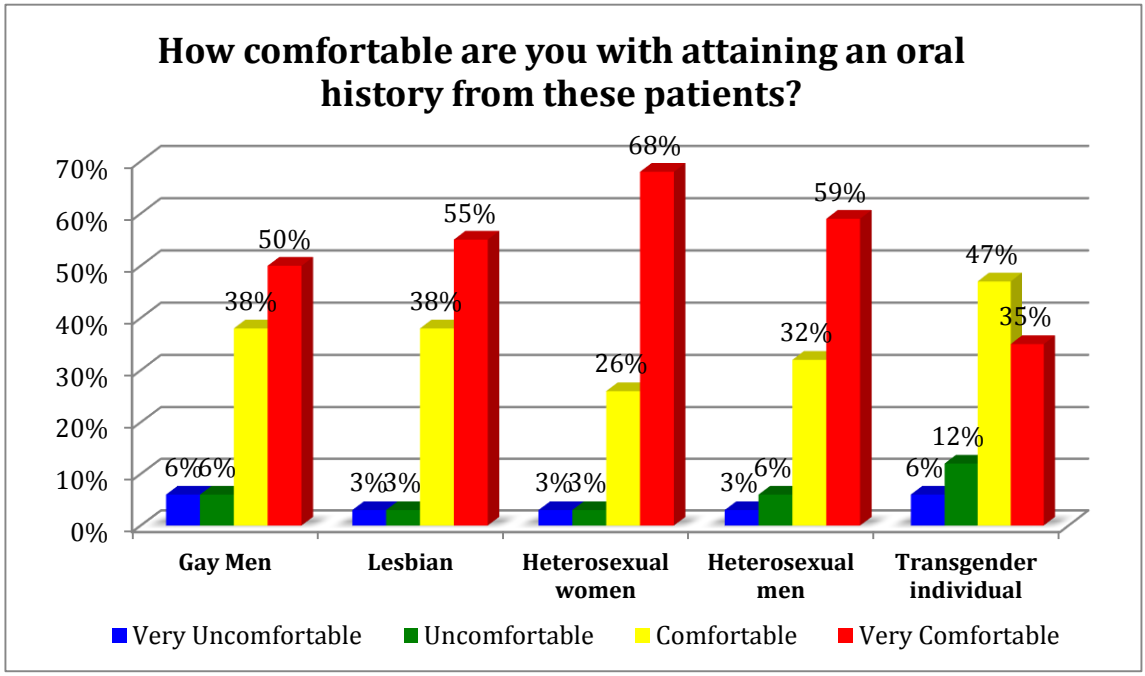
- **How comfortable are you with talking to lesbian, gay, and bisexual patients about various sexual practices and the health risks associated with them?**

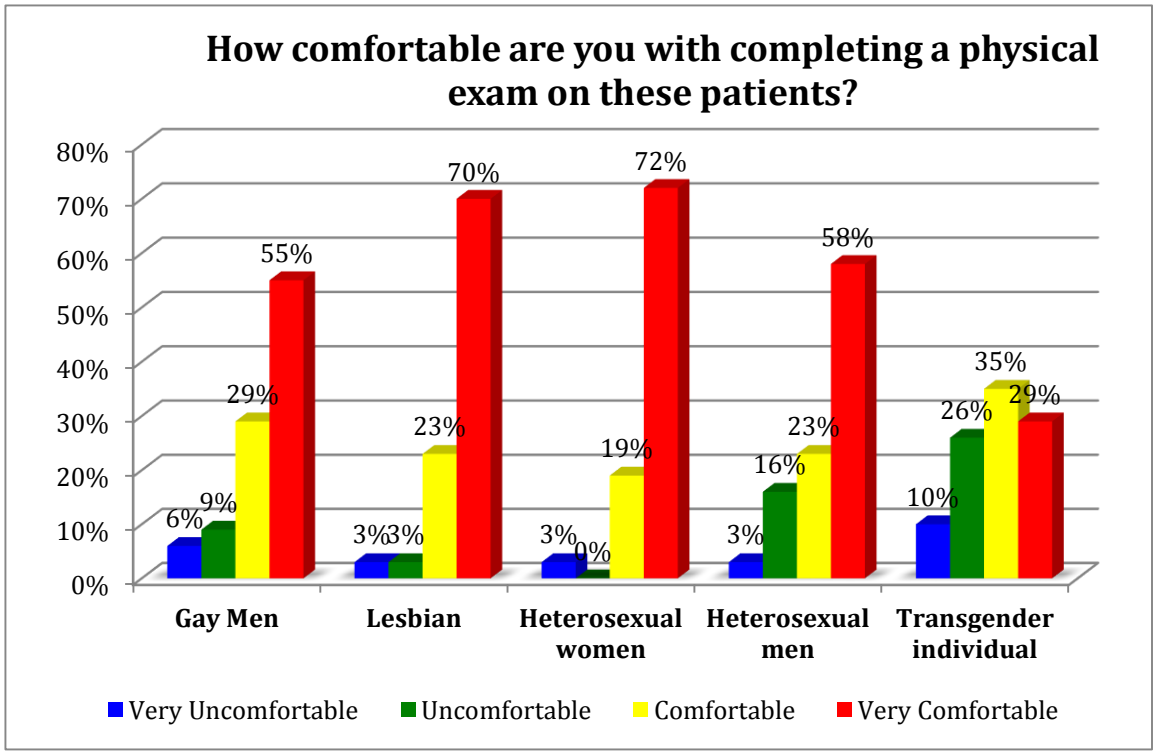
  The majority of providers, 66%, felt that they were “somewhat knowledgeable” about treating the medical issues related to LGBT patients. A small factor of providers (18%) listed themselves as lacking the knowledge necessary to treat LGBT issues and 20% identified as “knowledgeable about” or “very knowledgeable” in treating LGBT medical issues. Knowledge levels were not correlated with comfort levels in talking about sexual practices pertaining to the LGBT community. Providers often stated that they were “not knowledgeable” about medical issues but were comfortable talking about sexual practices and vice versa. Those who selected “knowledgeable about” and “very knowledgeable”

did, however, identify as “comfortable” or “very comfortable” with talking to LGBT people about sexual practices and their health risks. Additionally, 66% of respondents stated that they were either “comfortable” or “very comfortable” talking about various sexual practices with LGBT people.

- **How comfortable are you with aiding a patient in "coming out" to family and/or friends?**

  40% of respondents stated that they were “uncomfortable” or “very uncomfortable” in aiding patients in coming out to their friends or family.





As far as attaining oral histories and performing physical exams the majority of providers responded either comfortable or very comfortable across the board with all groups, however, more providers were "uncomfortable" and "very uncomfortable" when referring to gaining oral histories from, and physical exams on transgender patients.

- **From your experience at the various Eisner sites, do you believe that the clinical environment is welcoming and open to members of the LGBT community?**

  61% of providers stated that the Eisner clinics are "somewhat open" toward the LGBT population. Additionally, 13% felt that they were "restricted" while 26% believed the environment was "very open" toward the community. When asked,

- "**What aspect of the patient interaction and/or medical needs of a member of the LGBT population do you believe you can improve on?"**

  Some of the suggestions made by providers to improve the clinical environment were to have, "more open safe community signs-- brochures/magazines with same sex, safe signs

etc", "education for MAs in acceptance of these patients and ability to assess using language that allows patients to give their current practices" and lastly, "Create a SAFE SPACE program to help identify space spaces for LGBT patients and providers… Consider preparing marketing materials to reach out to the LGBT community/attend PRIDE and other functions in order to support the LGBT community."

Based on the results of the survey, an interactive workshop was prepared to educate, shed light on provider concerns and biases. The workshop addresses barriers related to the physician, patient, and environment. Providers with increased awareness are more likely to address gender and sexuality with their patients and are more comfortable addressing a patient's particular health needs.[v] If the goals of the workshop are met, then LGBT people should receive better care from physicians at EPFMC.

Workshop

The 45-minute interactive workshop was presented to a group of 20-25 residents and attending physicians. It was recorded so that it may be used as an instructive tool for new providers that would be joining the EPFMC family in the future. The session began with the provision that this will be a nonjudgmental environment and any feelings or attitudes can be shared in the comfort of medical providers. Then, a 3-5 minute discussion about what LGBTQIA means, the different terminology, and how they have evolved through out society to present time. Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual were all defined as stated in above. As noted by many review articles, providers were given full detail about the purpose of the workshop and the three take-away points:

1. **Be aware of your own attitude and biases toward the population**
2. **Be aware of your patients' feelings toward you, themselves, and healthcare**

3. **Acknowledge disparities the LGBT population often faces and provide comprehensive care that includes these issues.**

Afterward, 5 minutes were allocated to reviewing the results of the survey, pointing out pertinent results for discussion. The workshop participants were given a written instrument (2 pages) detailing results from a study of 4,916 participants conducted by Lambda Legal and pertinent recommendations for the LGBT population outlined by the CDC and California Department of Health. The handout can be found in the appendix. Another, 5-10 minutes were dedicated toward reviewing the handout and any nuances providers were not familiar with.

A total of 25-30 minutes were spent on the greatest portion of the workshop, Provider Jeopardy. Based on the popular game show, providers were able to choose from 3 categories, "Safe Sex", "Sexual Practices", and "It gets interesting…" that were each comprised of 5 topics relevant to the LGBT community. As an example, participants selected a subject by stating, "Sexual Practices for 400". The topic on the underside of the paper was revealed to be "Kissing". The provider would then state their knowledge on the subject, risk of HIV and STI transmission and/or any other relevant information. Sexual practices such as anal sex, rimming, BDSM, group sex, and condom use were included as topics and broken down by the providers. Pertinent visuals were provided for subjects such as "Condom use" where a provider demonstrated how to properly put on a condom and "Truvada" in which a written instrument (2 pages) of 2014 CDC guidelines were given to all providers about pre-exposure prophylaxis.

The facilitator made sure all information presented was research tested and proven. Participants also referred to past experiences relevant to the topics discussed thus, opening the floor for further exploration of attitudes and biases. The workshop concluded by summing up its purpose and three points, once again.

Discussion

Through posters and items on display that identify the LGBT population, intake forms that are inclusive of transgender sexual minorities, EPFMC has created a much more comfortable environment for sexual minorities. Patients may become more forthcoming with health information related to their sexual practices since effort has been applied to making the population more visible.

After the workshop was administered, providers' shared their feedback on the process of producing cultural sensitivity through the survey and group session. As stated by some providers, the survey and interactive workshop assisted in making them more cognizant of their own biases and attitudes to the LGBT population and sexual health. They also plan to take the time and see the perspective of their patients, who may feel slighted by the medical field or uncomfortable during the patient doctor interaction. As a tool for remembering screening recommendations and immunizations for treating LGBT patients, an ID badge that can attach to their existing photo ID's was created that details guidelines created by the CDC, Institute of Medicine, and California Dept. of Health that are specific to the LGBT population. A copy of the ID badge is attached in the appendix. Providers believe that having this item in arms reach will make them more apt to asking about sexual health and performing more comprehensive exams on LGBT patients.

Providers recommend that EPFMC continue to have group sessions to facilitate cultural sensitivity among all staff at the clinics as well as incoming providers and staff. They also believe the survey can be implemented on a timely basis to assess LGBT awareness among providers and to see if the amount of LGBT patients seen in the clinics begins to increase since providers should be more sensitive to their care.

Building a culturally competent climate through reorganizing the clinical environment of EPFMC while simultaneously acknowledging the attitudes of providers can improve the interaction between LGBT patients and their physicians. By eliminating bias, physicians can build trust and satisfaction among LGBT patients and encourage patients to continue to seek care.[xvi] As a method of building competency, community health centers can replicate the survey implemented at EPFMC to review the comfort levels of their providers in treating sexual minorities. They can create interactive workshops to facilitate awareness. They can also reorganize their intake forms to eliminate inherent bias from certain questions and use posters, flyers, and equality signs throughout the clinic acknowledging the existence of a community many often describe as invisible in medical training programs.[xi]

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Appendix

EPFMC Lesbian, Gay, Bisexual, and Transgender (LGBT) Population Quality Survey

Estimated Time of Completion: <5 minutes
Date: 7-17-2014
Study Population: Providers affiliated with Eisner Clinics
Purposes: To determine the level of comfort providers have in treating the LGBT community. To determine the how welcoming EPFMC is toward the LGBT population it serves from the perspectives of the providers. To guide future endeavors in educating physicians about sexual minorities.
Please take this survey one (1) time only. Thank you
* Required

Which department do you work in: *
Choose the department where you spend the majority of your time

- ○ Adult Medicine
- ○ Pediatric
- ○ Women's Health
- ○ Residency Clinic

Please indicate your level of training *

- ○ Physician
- ○ Resident
- ○ Physician Assistant
- ○ Nurse Practitioner
- ○ Nurse Midwife

If you are a resident:

- ○ 1st Year
- ○ 2nd Year
- ○ 3rd Year

What is your biological sex? *

- ○ Male
- ○ Female

How much exposure have you had to treating the LGBT community in your medical career? *

- ○ A lot of exposure
- ○ Some exposure
- ○ A little exposure
- ○ No exposure at all

Please select the top two barriers that you have encountered in your education to learning about the health disparities of the LGBT Community: *
Please select all that apply

- ○ Lack of interested Faculty
- ○ Lack of courses/workshops offered
- ○ Lack of Time
- ○ Lack of familiarity with resources for this population

- Lack of self-identified LGBT patients at your institution of employment
- My own lack of interest
- Other:

Do you have close family or friends that identify as lesbian, gay, bisexual, or transgender? *

- Yes
- No

How many clinical encounters (per week) do you have with patients having sexual intercourse with the same sex or both? *

- 0
- 1-5
- 6-10
- >10
- I'm not sure/don't know

When taking a sexual history, how often do you ask your patients, "Do you have sex with men, women, or both?" *

- Always
- Frequently
- Occasionally
- Rarely
- Never

How knowledgeable are you in treating medical issues specific to lesbian, gay, and bisexual patients? *

- Very knowledgeable
- Knowledgeable about
- Somewhat Knowledgeable
- Not knowledgeable

How comfortable are you with attaining an oral history from these patients?*

	Very Comfortable	Comfortable	Uncomfortable	Very Uncomfortable
Gay Men				
Lesbian				
Heterosexual women				
Heterosexual men				
Transgender individual				

How comfortable are you with completing a physical exam on these patients? *

	Very comfortable	Comfortable	Uncomfortable	Very Uncomfortable
Gay Men	◯	◯	◯	◯
Lesbian	◯	◯	◯	◯
Heterosexual women	◯	◯	◯	◯
Heterosexual men	◯	◯	◯	◯
Transgender individual	◯	◯	◯	◯

How comfortable are you with talking to lesbian, gay, and bisexual patients about various sexual practices and the health risks associated with them? *

oral sex, anal sex, rimming, fisting, watersports, BDSM, group sex, sex toys

- ◯ Very comfortable
- ◯ Comfortable
- ◯ Uncomfortable
- ◯ Very uncomfortable

How comfortable are you with aiding a patient in "coming out" to family and/or friends? *

- ◯ Very comfortable
- ◯ Comfortable
- ◯ Uncomfortable
- ◯ Very uncomfortable

From your experience at the various Eisner sites, do you believe that the clinical environment is welcoming and open to members of the LGBT community? *

- ◯ Very Open
- ◯ Somewhat Open
- ◯ Restricted
- ◯ Discriminatory

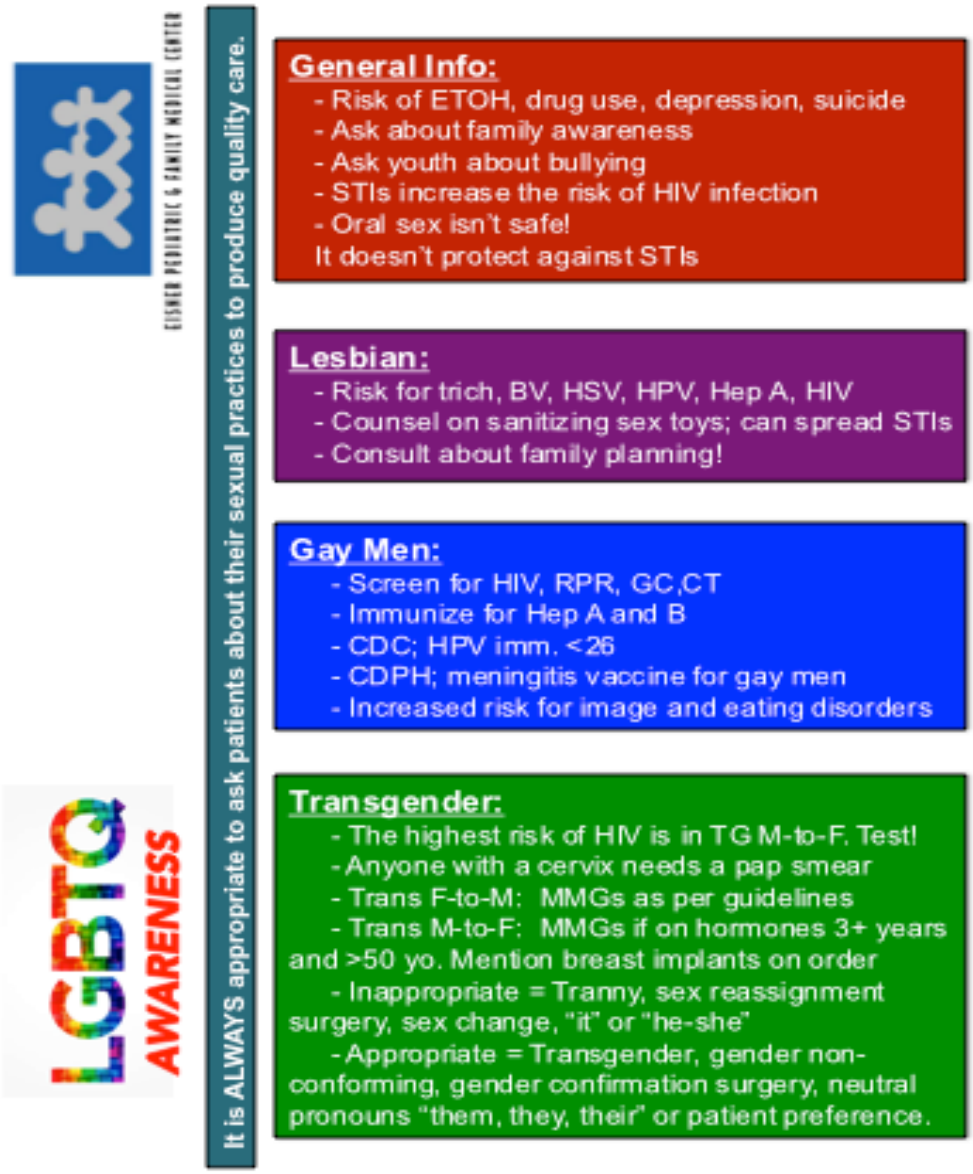
What aspect of the patient interaction and/or medical needs of with a member of the LGBT population do you believe you can improve on?

Open Answer_____

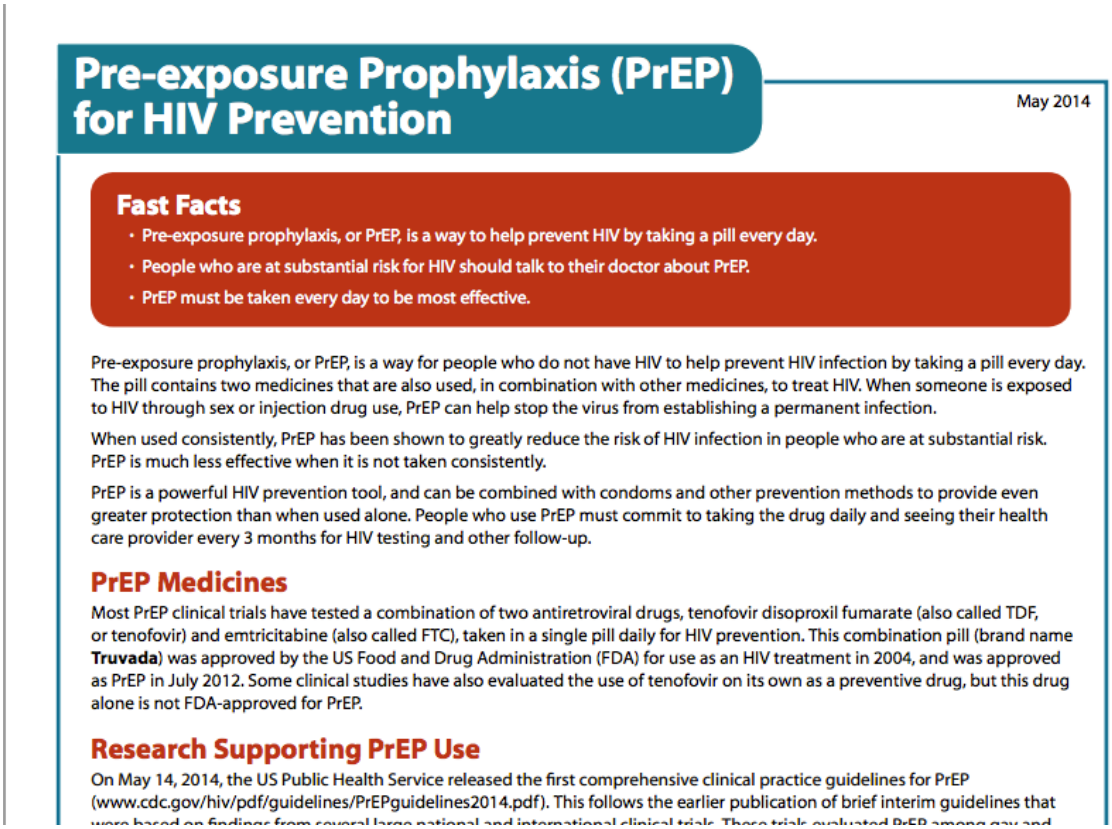
Pictures in EPFMC to build Competency

Rainbow Flag blended with EPFMC Logo

LGBT Equality Symbol blended with Senior Management Team



LGBT Awareness ID Badge Screening and Immunizations



Pre-exposure Prophylaxis (PrEP) for HIV Prevention

May 2014

Fast Facts

- Pre-exposure prophylaxis, or PrEP, is a way to help prevent HIV by taking a pill every day.
- People who are at substantial risk for HIV should talk to their doctor about PrEP.
- PrEP must be taken every day to be most effective.

Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV to help prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used, in combination with other medicines, to treat HIV. When someone is exposed to HIV through sex or injection drug use, PrEP can help stop the virus from establishing a permanent infection.

When used consistently, PrEP has been shown to greatly reduce the risk of HIV infection in people who are at substantial risk. PrEP is much less effective when it is not taken consistently.

PrEP is a powerful HIV prevention tool, and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. People who use PrEP must commit to taking the drug daily and seeing their health care provider every 3 months for HIV testing and other follow-up.

PrEP Medicines

Most PrEP clinical trials have tested a combination of two antiretroviral drugs, tenofovir disoproxil fumarate (also called TDF, or tenofovir) and emtricitabine (also called FTC), taken in a single pill daily for HIV prevention. This combination pill (brand name **Truvada**) was approved by the US Food and Drug Administration (FDA) for use as an HIV treatment in 2004, and was approved as PrEP in July 2012. Some clinical studies have also evaluated the use of tenofovir on its own as a preventive drug, but this drug alone is not FDA-approved for PrEP.

Research Supporting PrEP Use

On May 14, 2014, the US Public Health Service released the first comprehensive clinical practice guidelines for PrEP (www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf). This follows the earlier publication of brief interim guidelines that

PrEP Pre-Exposure Prophylaxis

Complete guidelines from the CDC were handed out to providers and also posted in provider offices for future reference.