

LGBT Cultural Competency in CHCs

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Introduction

- Several studies have correlated stigma, discrimination, and a lack of cultural sensitivity with increased rates of morbidity and mortality in the LGBT community. Although we are 40 years removed from homosexuality being considered a disorder in the Diagnostic Statistics Manual by the American Psychiatric Association, health disparities based on sexuality continue to exist. It was declared in 2011 by the US Dept. of Health and Human Services (HHS) that the LGBT people experience less than optimal healthcare. The HHS recommends action to improve the well being of this community.² 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. 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.”² Competency is affected by a lack of education, uncomfotability in regard to both the patient and provider, and provider bias. Thus, making providers more culturally aware will create a better rapport with patients, facilitate comprehensive care, and produce better health outcomes in patients.

Background

- 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.³ 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. These numbers were even higher in people who identified as colored and those with a household income <\$20,000.⁷ 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. 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.⁸ Insensitive physicians and poor healthcare result in sexual minorities avoiding or declining treating when it is necessary and contributing to poorer health outcomes.
- 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 LGB healthcare.⁹ They noted changes in attitudes of medical students toward sexual minorities upon discussing emotions, views, and various behaviors in the group session.⁹ The Human Rights Campaign in 2012 also rallied for teaching physicians to 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, which increases more admissions to the ER for conditions that could’ve been prevented, longer wait times for other patients, more tax payer money spent to provide care because LGBT patients often lack health insurance. Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. Am J Public Health. 2008;98(6):989-95.

Methodology

- My research at EPFMC will be focused on two specific items:
 1. **Making EPFMC into an environment inclusive of LGBT people.**
 2. **Examining the attitudes and comfort level of EPFMC Providers when treating the LGBT community.**

This research aims to increase awareness and sensitivity towards the LGBT community. Increasing cultural competency will make patients feel acknowledged and more apt to share personal experiences that will ultimately enhance the quality of care.

- 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. Another change that can be made is the placement of LGBT literature in the waiting room areas, posters and signs of equality also in the waiting area as well as in all exam rooms. A culturally aware environment will allow patients to open up about their sexuality, build rapport, and patients are more likely to return for future visits.
- The second portion of the project entails reviewing the comfort levels of providers when treating LGBT patients. The disclosure of a patient's sexuality affects screening, counseling, vaccinations, and several other aspects of the medical experience that impact morbidity and mortality. Research has shown correlations between the health disparities faced by sexual minorities and insensitivity, a lack of knowledge and awareness of the needs of this population by healthcare providers (Mayer 2008). Providers who are uncomfortable with the subject of sexuality tend to avoid the issue (Taylor et al. 2011). I plan to implement a survey to assess the attitudes of the health care providers at EPFMC and create an interactive workshop to promote tolerance and sensitivity. The survey inquires about the barriers providers face in learning about the health disparities, comfort level when completing the history and physical exams as well as assisting patients in with difficult subjects such as "coming out" and various sexual practices common to the LGBT community. Based on this survey, an interactive workshop will be held to address the providers concerns related to caring for LGBT patients. In the workshop, I plan to address barriers related to the physician, patient, and environment.

Results

- After reviewing the physical environment and intake forms of EPFMC, it was concluded that they lack information and visuals that included 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 of the exam rooms were fitted with an equality symbol to show inclusion of 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.
- 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.
- 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.
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- 66% 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.
- 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.

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 IDs 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.

Recommendations

- It is recommended 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 can also implement the survey on a timely basis to assess LGBT awareness among providers. This can be used to simultaneously gauge awareness 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.

Conclusion

- 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. 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.

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