# Community-Informed Methods for LGBTQ+ Inclusion in Health Care Delivery



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#### BACKGROUND

LGBTQ+ adults in the U.S. experience a variety of barriers to accessing truly supportive health care that meets their unique needs. <sup>1,2</sup> Through qualitative focus groups with LGBTQ+ adults in New Hampshire (NH), plus a review of existing resources nationally <sup>3,4,5</sup>, this study provides actionable and measurable methods for improving equity in inclusion in health care delivery.

#### **LEARNING OUTCOMES**

- 1. Identify queer conceptions of inclusive health care;
- 2. Merge community-informed suggestions for improved inclusion with national resources; and
- 3. Compare inclusion measures between urban and rural clinics in NH.

#### FOCUS GROUP METHODS

- Recruited LGBTQ+ adults throughout NH for focus groups to discuss health care experiences
- Held 6 sessions (2 in-person and 4 virtual) with 13 participants representing 8 gender identities and 8 sexual orientation identities in November 2021
- Analyzed 248 distinct comments using constant comparison analysis, inductive category coding, and member checking

#### **CLINIC ASSESSMENT METHODS**

- Developed a 14-item clinic assessment tool to measure community-informed evidence of LGBTQ+ inclusion in health care settings
- Created an exhaustive list of clinics in NH providing primary care or OB/GYN services (n = 243) given the highly gendered and potentially stigmatizing nature of "women's health" services, particularly for gender and sexual minority groups 6,7
- Surveyed NH health professionals from April 2022 to March 2023
- Analyzed findings by geographic location

#### **FOCUS GROUP RESULTS**

### HOW TO FIND SERVICES AND WHAT TO LOOK FOR

Theme 1. Insurance coverage

Theme 2. Proof of LGBTQ+ competence

#### **CONCEPTIONS OF INCLUSION**

#### **Environmental**

- Theme 1. Diverse representation
- Theme 2. Symbols
- Theme 3. Resources
- Theme 4. Accessibility

#### **Administrative**

- Theme 1. Recordkeeping
- Theme 2. Privacy

#### Interpersonal

- Theme 1. Good communication
- Theme 2. Validation
- Theme 3. Self-awareness

## You rarely see somebody that says, 'LGBTQ+ friendly, receptive.' Sometimes that comes through a first meeting.

- [I'm] comfortable if I see a rainbow flag somewhere...something subtle that makes it looks like somebody is openly supportive.
- To walk into the clinic and have tampons and pads there...that's especially important for trans kids who are not being supported at home.
- There was a gender-neutral bathroom in the building, but it was tucked away in a corner. I'm going to climb down two flights of stairs to go to the restroom?
- A lot of the time, they'll say, 'for men' or 'for women' when they really mean 'for people with vulvas' and 'people with penises.'
- If a person has expressed before that, 'these are the pronouns I like to use,' don't keep asking them every time...it just makes the prospect of going in for a visit more emotionally difficult.
- We're so vulnerable in that space... it would be really helpful if they could just be more human, be humble, be better listeners, and recognize that they don't necessarily know everything.

#### 14-ITEM CLINIC ASSESSMENT

- Informational materials in the waiting room that include pictures of LGBTQ+ people
- Resources specific to the LGBTQ+ community in the waiting room or exam rooms
- At least one clearly designated gender-neutral restroom accessible to all patients regardless of physical ability
- Informational materials in the waiting room that include pictures of people of color and people with disabilities
- Pride flags, Safe Space stickers, or other LGBTQ+ symbols at the front desk/check-in, exam room, or check-out areas
- In-take forms include spaces to write in gender identity with more options than "male" or "female"
- In-take forms include spaces to write in preferred name and pronouns

- Forms include gender neutral options when asking about relationship status (e.g., partner, significant other)
- EMR includes spaces to note inclusive gender identities, and all staff refer to these when interacting with patients
- EMR includes spaces to note preferred name and pronouns, and all staff refer to these when interacting with patients
- Non-discrimination policy includes sexual orientation and gender identity as protected identities, and it is available in multiple formats (e.g., on a website, plain language, etc.)
- Website has information about LGBTQ+ services and/or health concerns
- Administrative staff receive training at least once a year in LGBTQ+ cultural competency
- Patient satisfaction surveys ask about LGBTQ+ inclusion

#### CLINIC ASSESSMENT RESULTS (n = 50)

Urban clinics were more likely than rural clinics to adopt multiple measures, including item 1 (waiting room materials including pictures of LGBTQ+ people; p = 0.079), item 5 (LGBTQ+ symbols; p = 0.014), item 13 (LGBTQ+ inclusion training for administrative staff; p = 0.079), and item 14 (inclusive patient satisfaction surveys; p = 0.064).

#### **KEY POLICY & PRACTICE IMPLICATIONS**

- While urban clinics are often relatively more inclusive than rural clinics, their absolute engagement was still low. For example, less than half of all urban clinics adopted item 14.
- More than 85% of all clinics reported adopting items 6, 7, 9, 10, and 11. However, this does not quite align with patient perceptions. Health care organizations must examine the disparity between their perceived care delivery and the care that patients feel that they are receiving.

#### REFERENCES

- <sup>1</sup> Bradford et al. 2013. *Am. J. Public Health* 103(10):1820-9
- <sup>2</sup> Barefoot, Warren, & Smalley. 2017. Rural Remote Health 17(1)
- <sup>3</sup> Human Rights Campaign Foundation. 2022. "Healthcare Equality Index."
- <sup>4</sup> National Resource Center on LGBTQ+ Aging. 2019. "LGBTQ Inclusive Services Readiness Checklist."
- <sup>5</sup> Essential Access Health. 2021. "Clinic Self-Assessment Checklist: LGBTQ Inclusiveness in Your Clinical Setting."
- <sup>6</sup> Jensen et al. 2020. *Am. J. Public Health* 110(9):1328-31
- <sup>7</sup> Stroumsa & Wu. 2018. *Am. J. Obstet. Gynecol.* 219(6):585.E1-5

#### **CONTACT & FUNDING**

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