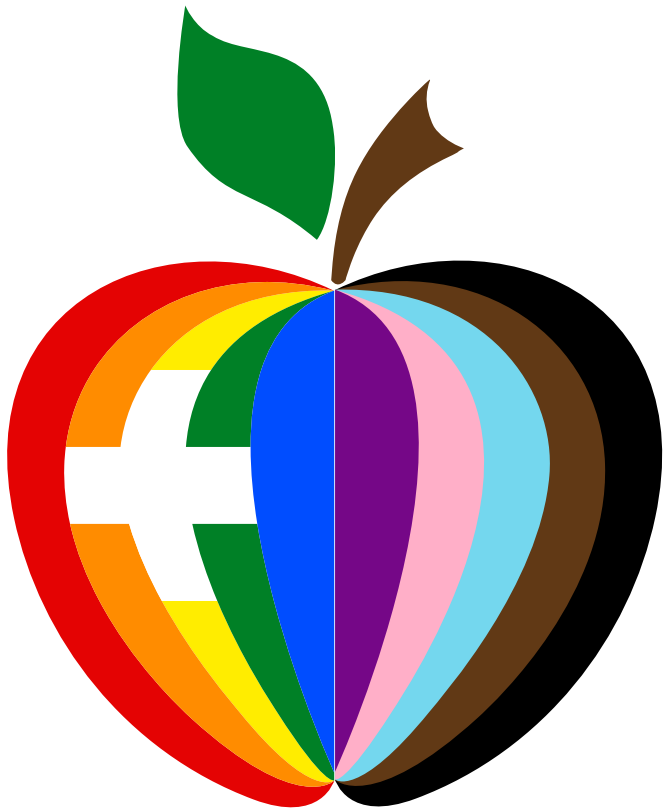




SBHCs HELP

School-Based Health Centers
Addressing Health Equity
for LGBTQ+ Patients

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Disclosures

- ▶ We have no financial conflicts of interest to disclose.
- ▶ We have no products to disclose. This presentation describes ongoing research.
- ▶ The views expressed in this presentation are those of the speakers and may not reflect official policy of Moses/Weitzman Health System.

Presentation Learning Objective



- ▶ Demonstrate knowledge of at least three changes to the SBHC delivery setting that can improve School-Based Health Center (SBHC) structural competency to enhance care for LGBTQ+ youth.

Presentation Outline



- ▶ Background – LGBTQ+ Health Disparities and the Role of SBHCs
- ▶ SBHCs HELP Study Design and Timeline
- ▶ LGBTQ+ Supportive Practices in SBHCs
- ▶ Forthcoming Tools and Resources from SBHCs HELP

Background

LGBTQ+ Health and the Role of SBHCs



Background



- ▶ **LGBTQ+ youth experience a great number of health disparities**
 - Suicidality
 - Depression
 - Anxiety
 - Substance use
 - Obesity
 - Sexually transmitted infections
 - Unplanned pregnancies

<https://yrbs-explorer.services.cdc.gov/#/>

Background



- ▶ **Almost 20% of New Mexico high school students identify as LGBTQ+**
 - Youthrisk.org (2023 data)

- ▶ **Do you know how to get information about your state?**
 - CDC.gov (<https://yrbs-explorer.services.cdc.gov/#/>)
 - Your state's YRBS coordinator

Background Premise



- ▶ SBHCs are well positioned to address the unmet health needs of LGBTQ+ students
 - Located at frontlines of healthcare delivery and prevention services for youth
 - Provide key services including behavioral, sexual, and reproductive healthcare in the places where youth spent most of their time



Background Premise

- ▶ SBHCs are well positioned to address the unmet health needs of LGBTQ+ students
 - Provide care for youth who otherwise lack access due to both financial and non-financial barriers
 - Free or low-cost care to students regardless of insurance status
 - Location helps eliminate barriers
 - Access to confidential services

Improving care for LGBTQ+ students involves...



Welcoming physical environments for LGBTQ+ patients

LGBTQ+ supportive policies and procedures

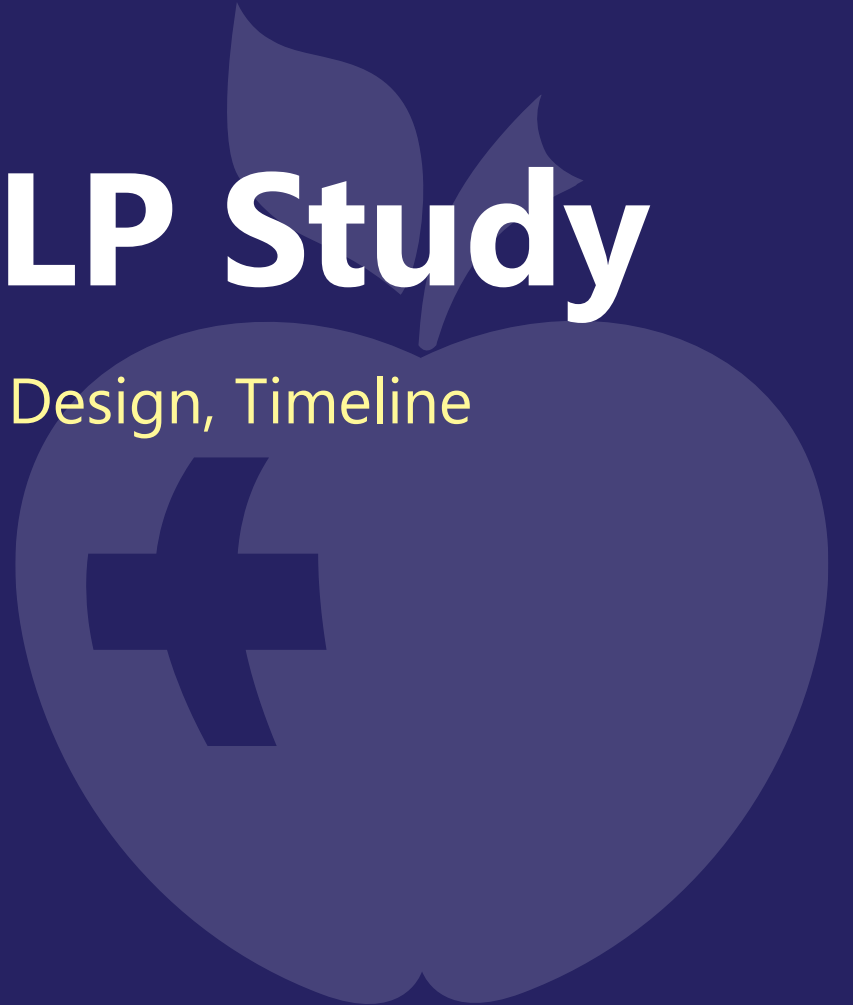
Sexual orientation and gender identity (SOGI) to inform and improve clinical services

Training for all employees in best practices for interacting with LGBTQ+ patients

Clinical workforce development for delivery of high-quality services to LGBTQ+ patients

The SBHCs HELP Study

Purpose, Theory, Research Questions, Design, Timeline



Theoretical Framework for Intervention



- ▶ Structural Competency
- ▶ Minority Stress
- ▶ Social Safety

Structural Competency Can Reduce Disparities for LGBTQ+ Youth

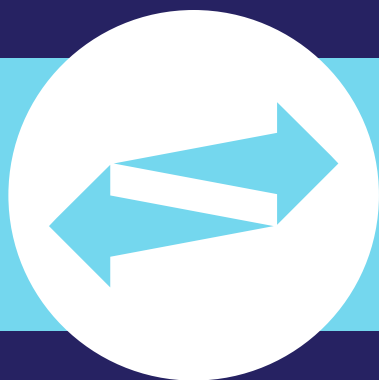


▶ How is structural competency defined?

"...the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, etc.) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health."

▶ We will next break all of this down for you....

Structural Competency in Healthcare Settings



Promotes structural interventions by addressing “upstream” in contrast to “downstream” factors

UPSTREAM FACTORS

refers to macro-level influences shaping the root causes of health inequities

- Social, political, and economic marginalization based on race/ethnicity, religion, gender, gender identity, sexual orientation, ability, mental health, geographic location, etc.
- Such factors create disadvantages in housing, employment and income, social relationships, healthcare, and health due to discrimination that reduces access to resources

DOWNSTREAM FACTORS

are the consequences of upstream factors at the individual and community levels

Examples include having access to LGBTQ+ affirmative healthcare and other resources in a community or individual behaviors often framed in terms of “choice” and “responsibility”

Structural Competency in Healthcare Settings



- ▶ Goes beyond cultural competency frameworks concerned with enhancing interpersonal interactions with people of different social backgrounds
 - Ability to effectively interact with people from cultures different from one's own, including through awareness, knowledge, and appreciation of cultural differences in client encounters, i.e., by improving communication between patients and providers
 - Can reduce "culture" to stereotypes that can reinforce misconceptions, bias, and stigma
 - Tend to focus on the individual level, doing little to change patients' experiences of stigma or improve their health outcomes
- ▶ Challenges common professional aspirations in many healthcare settings of treating all patients "equally" or "the same" by taking upstream factors seriously



What Are Structural Interventions?

- ▶ **Interventions that focus on individuals' well-being by addressing the structures surrounding them that contribute to creating inequities in their health**
- ▶ **Target factors not under an individual's control**
 - Access to a product or service (e.g., healthcare)
 - Capacity building (e.g., hiring, incentivizing and training of staff; use of technology)
 - Physical structure (e.g., co-locating services, modifying spatial configurations, using a mobile van)
 - Community mobilization (e.g., involving community partners in making change)
 - Organizational/institutional policy or procedure (e.g., non-discrimination policies and processes for enforcement)
- ▶ **Less concerned with changing individual behavior and more focused on changing structures around individuals to support them in making healthier choices**

Minority Stress and Social Safety



- ▶ LGBTQ+ health disparities are explained in large part by a hostile, homo- and trans-phobic culture that can lead to a lifetime of harassment, discrimination, and other harm
- ▶ Minority stress, repeated concerns over safety, lack of social support, and experiences of violence and ensuing trauma all have negative effects on health
- ▶ Institutional or organizational policies and practices that ignore the unique needs of LGBTQ+ people (inadvertently or on purpose) are unable to effectively prevent or address health disparities
- ▶ Such policies and practices can worsen disparities
- ▶ Social Safety, i.e., those with minoritized identities are constantly on alert to assess their safety in new environments.

-Frost & Meyer, 2023; Diamond, 2022; Kelleher, 2009; Meyer, 2003

Purpose of the Study



- ▶ Engage SBHCs in implementation science research to identify, plan, and use LGBTQ+ inclusive practices to enhance patient care.
 - How do we best support SBHCs in implementing and scaling up these practices, and therefore improving care for LGBTQ+ patients?
 - What impact does enhancing care in SBHCs have on patients' access, engagement, and satisfaction with services?

Study Design



▶ Implementation Trial

- Implementation science: The study of methods and strategies that facilitate the uptake of evidence-based practices and research into regular use

▶ Frameworks

- Exploration, Preparation, Implementation, Sustainment (EPIS)
- Dynamic Adaptation Process

Study Design

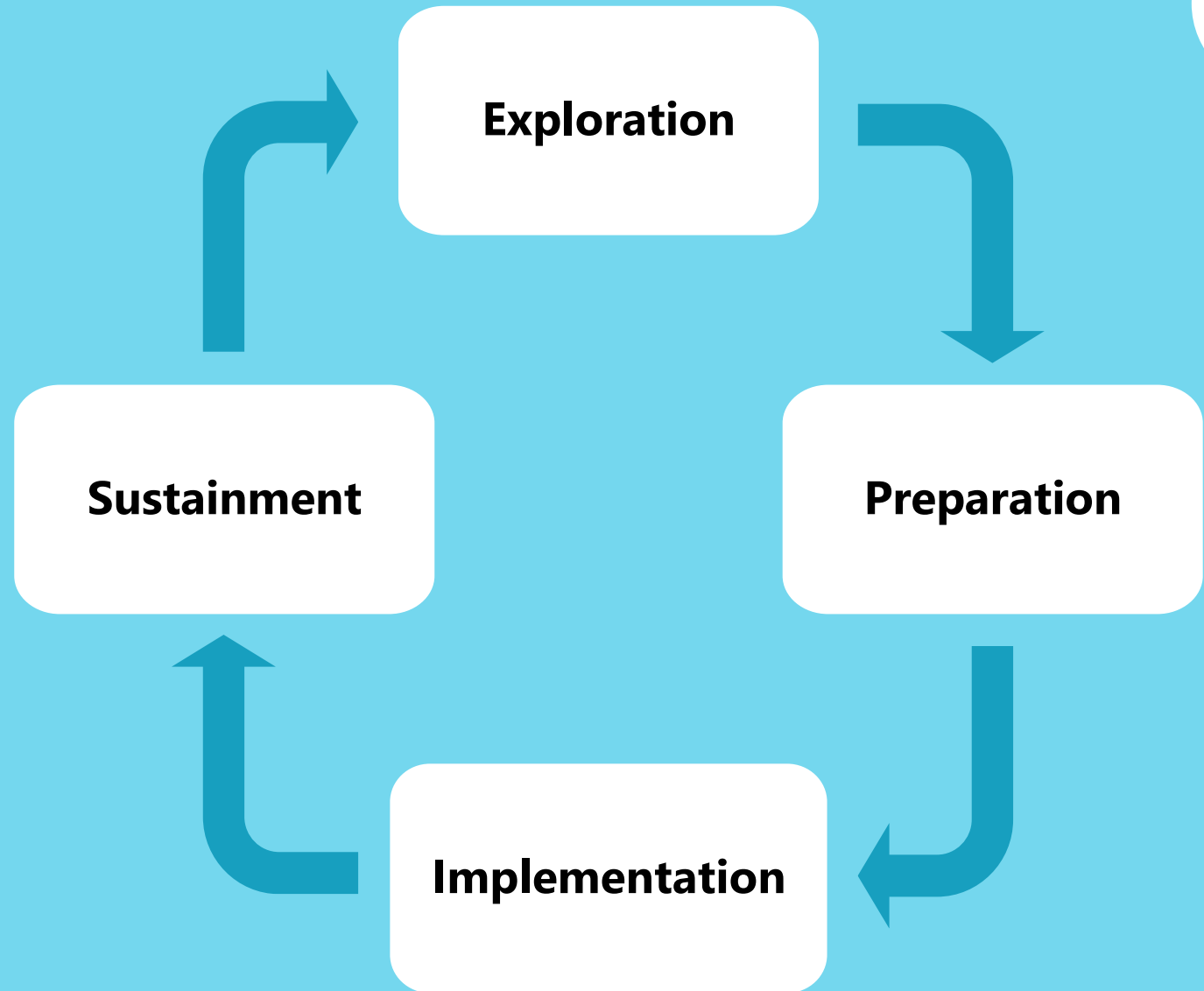


- ▶ **Setting: New Mexico School-Based Health Centers**

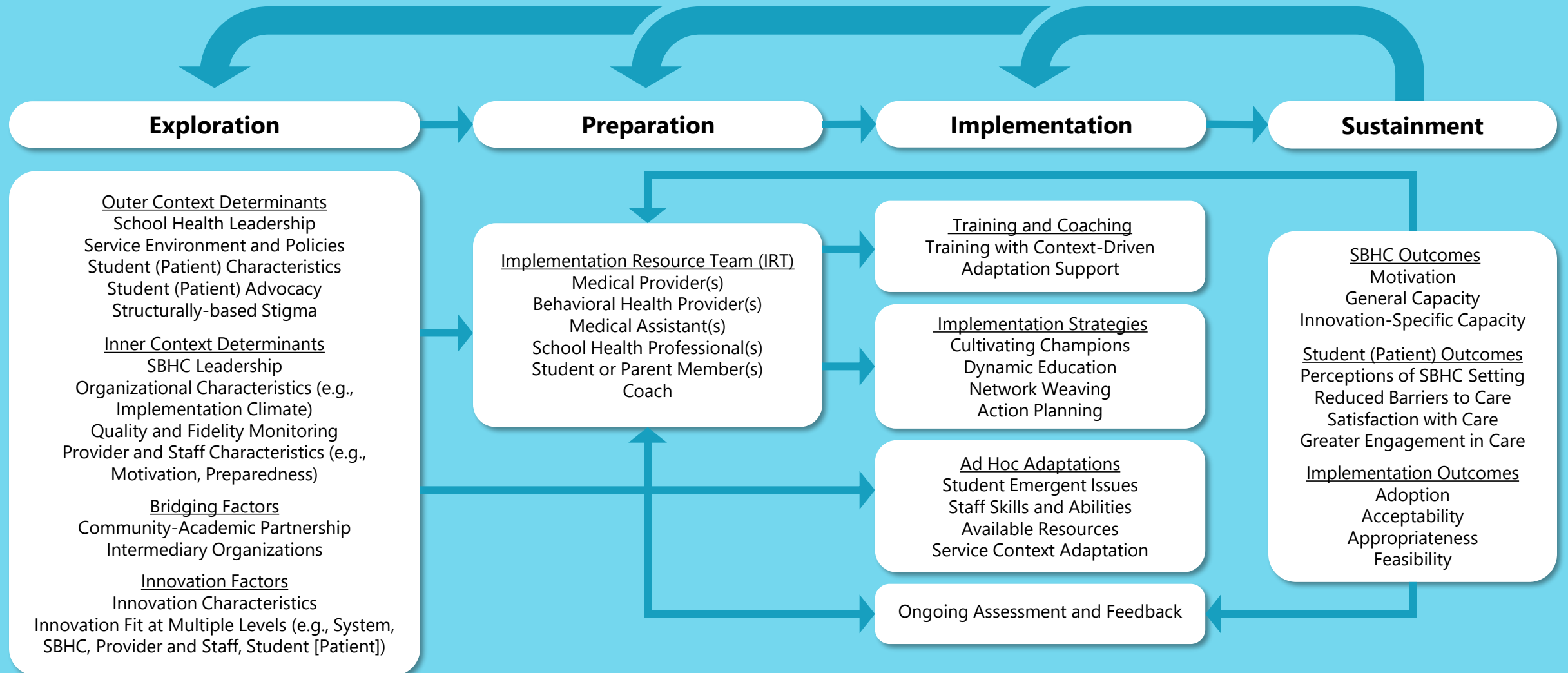
- ▶ **Collaborators:**
 - NM Alliance for SBHC (state chapter of SBHA)
 - NM Department of Health
 - NM Public Education Department
 - University of New Mexico Health Sciences Center



Stages of the EPIS



The SBHCs HELP DAP



Exploration Phase



▶ **Problem identification**

- Long-standing and well-documented LGBTQ+ health disparities
- Informed and reinforced by bias
- Lower engagement and satisfaction with care among LGBTQ+ patients

▶ **Potential solutions**

- Improving health and behavioral health services for LGBTQ+ patients
- Enhancing the structural competency of SBHCs to address LGBTQ+ patient needs

▶ **Barriers and facilitators**

- Considering multiple levels and layers to identify obstacles and assets



Preparation Phase



- ▶ Use information gathered in “Exploration Phase” to:
 - Describe the SBHC context
 - Use data to understand needs, strengths, and barriers
- ▶ Assemble an Implementation Resource Team (IRT)
- ▶ Determine how implementation and adaption are to be accomplished



Implementation Phase



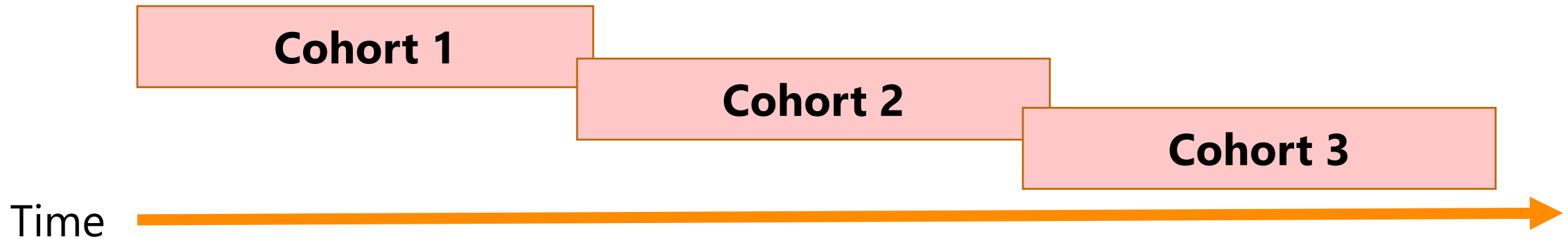
- ▶ Begin implementing any of the practices according to action plan
 - Modify or update the action plan as often as needed
- ▶ Meet with IRT regularly to discuss progress and barriers
- ▶ Ongoing coaching and technical assistance



Study Design and Timeline



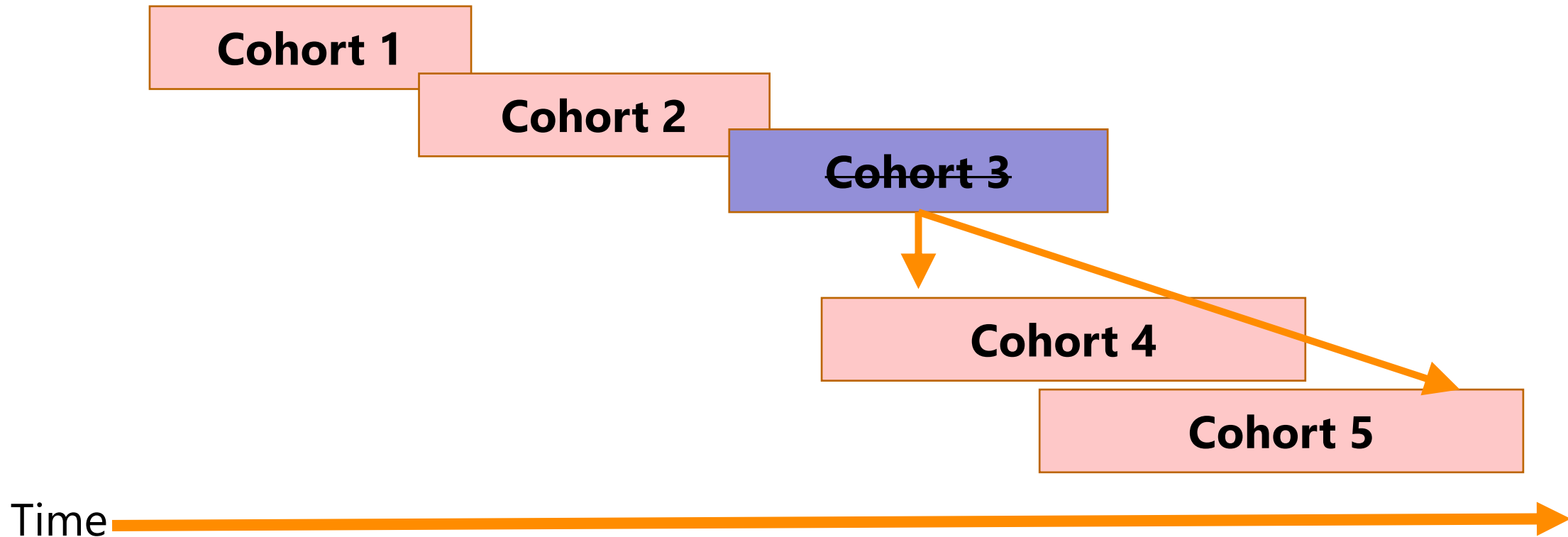
▶ Three cohort stepped-wedge design



Study Design and Timeline



▶ Batched stepped-wedge design



LGBTQ+ Supportive Practices in Healthcare



LGBTQ+ Supportive Practices in Health Care



1. A welcoming physical environment
2. Affirmative policies and procedures
3. Sexual orientation and gender identity (SOGI) information
4. Ongoing training for employees in LGBTQ+ cultural competency, including use of supportive language
5. Workforce development for clinical providers: high-quality services for LGBTQ+ patients

Components of a Welcoming Physical Environment



* Safe Zone images should only be posted if staff have completed suggested training



- ▶ **Visual cues in waiting and exam rooms**
 - Rainbow pride flags, transgender pride flags, equality flags, Safe Zone images*
 - Posters, photos, and artwork
- ▶ **Signage for gender-inclusive restrooms**
- ▶ **Health education materials**
 - Handouts and brochures that reflect LGBTQ+ youth health-related needs
 - Local and national resources that support LGBTQ+ youth
- ▶ **Staff having the option of wearing an LGBTQ+ affirmative pin and/or listing their pronouns on name badges**

Welcoming Physical Environment



- ▶ Cannot be overstated: More important than many folks realize
- ▶ We want LGBTQ+ patients to feel safe, understood, and included!
- ▶ When asking young people to be honest and vulnerable, we need to proactively reassure them about their safety

Affirming Policies



- ▶ **Patient Non-Discrimination Policy** or **Patient Bill of Rights** that includes sexual orientation, gender identity, and gender expression
- ▶ **Confidentiality Policy** that acknowledges the degree to which patient-provider discussions are confidential and protected information (particularly for minors)
- ▶ **Employee Non-Discrimination Policy** that includes employees' sexual orientation, gender identity, and gender expression

Affirming Policies



- ▶ Reviewing and updating policies is first step
- ▶ Informing staff
- ▶ Informing patients
- ▶ It is important for SBHCs to have ongoing processes to share policies with patients and staff and for reporting and resolving violations

Categories of SOGI Information

- ▶ Sex assigned at birth
- ▶ Gender identity
- ▶ Sexual orientation
- ▶ Chosen name
- ▶ Pronouns



Reasons to Collect and Use SOGI Information



- ▶ Assist providers in delivering more effective patient-centered care
- ▶ Encourage staff to be more culturally and structurally aware and appropriate in their interactions with patients
- ▶ Enhance program evaluations on the quality of care received by patients



Ideally such information should be included and made easily accessible in the intake forms and the electronic health record (EHR)

Asking about Names and Pronouns on Forms



- ▶ Intake forms should contain a field for patient pronouns: one for the name the patient uses and one for insurance records
- ▶ This field on forms helps avoid problems that can arise when a patient's names and gender do not match their insurance or medical records

Sample questions include:

- What name would you like us to use when addressing you? _____
- What name is on your insurance records? _____
- What are your pronouns (e.g., he/him, she/her, they/them)? _____

When Should Documentation Happen?



- ▶ Documentation should occur with all patients at registration and intake and be updated annually
- ▶ Patients may make updates to this information at any time if their SOGI information changes
- ▶ Data should be entered directly into the EHR in a timely fashion after intake



Training in LGBTQ+ Cultural Competency, Including the Use of Supportive Language



- ▶ **Use words that establish a trusting relationship with young people**
 - Avoid using gender-specific terms (e.g., “boyfriend,” “girlfriend”)
 - Avoid pronouns unless you are certain which ones the patient uses



- ▶ **Think critically about the information you are requesting**
 - How can I ask in more sensitive way?
 - What is important for my patient’s care?
- ▶ **Inclusive LGBTQ+ vocabulary is fluid**

Suggested Training Topics



- ▶ Communicating with patients about themselves and their significant others and communicating with families
- ▶ Identifying (and challenging) stigmatizing beliefs or discriminatory behaviors, i.e., guided self reflection
- ▶ Health disparities affecting LGBTQ+ youth and their causes
- ▶ Intersectionality: how different aspects of identity, including race, gender expression and identity, sexual orientation, socioeconomic class, and other characteristics, are linked and affect each other
- ▶ Transgender 101

Workforce Development for Clinical Providers



- ▶ **Trauma-informed care**
- ▶ **Sexual and reproductive health services for LGBTQ+ patients**
 - Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
- ▶ **Behavioral health**
 - Understanding risk and resiliency factors for mental health and substance use concerns
- ▶ **Principles of gender-affirming care**

Workforce Development for Clinical Providers



Rationale

- ▶ Healthcare professionals nationwide commonly lack training in the specific needs of LGBTQ+ youth and are not prepared to deliver high-quality care
- ▶ It is common for LGBTQ+ patients not to receive the health education and treatment services they actually need
- ▶ Workforce development addresses these concerns

Forthcoming Tools



- ▶ **School-Based Health Center Toolkit for LGBTQ+ Inclusive Care**
 - Guides SBHCs through forming an Implementation Team, conducting an organizational assessment, and planning and implementing practices
- ▶ **SBHC LGBTQ+ Practices Checklist**
 - Outlines elements of each of the practice areas
 - Includes an additional practice domain focused on outreach and advocacy
 - Valid and reliable tool for organizational assessment (publication forthcoming)

More Information on Study



Willging, C.E., Shattuck, D., Sklar, M. *et al.* School-Based Health Centers Addressing Health Equity for LGBTQ + Patients (SBHCs HELP): protocol for a stepped-wedge trial to implement innovations promoting structural competency. *BMC Health Serv Res* 24, 1485 (2024). <https://doi.org/10.1186/s12913-024-11785-4>.

National Resources



- ▶ [Gender-affirming Pediatric Care Toolkit - A Pediatrician's Guide to an LGBTQ+ Friendly Practice \(aap.org\)](#)
- ▶ [Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity \(SOGI\) – 2022 Update » LGBTQIA+ Health Education Center](#)
- ▶ [The Safe Zone Project](#)
- ▶ [Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People \(2021\) » LGBTQIA+ Health Education Center](#)
- ▶ [The Trevor Project | For Young LGBTQ Lives](#)
- ▶ [WPATH World Professional Association for Transgender Health](#)

Thank You!



For more information on the
SBHCs HELP project visit:
sbhc.pire.org

Questions?

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Continuing Education Credits



In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Moses/Weitzman Health System, Inc., in collaboration with its Weitzman Institute. It is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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