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

PIRE

From Intent to Practice:
A Toolkit for LGBTQ+ Inclusive Care in School-Based Health Centers

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Learning Objectives

- Participants will demonstrate the ability to use the School-Based Health Center Toolkit for LGBTQ+ Inclusive Care in assessing their own SBHC services.
- Participants will demonstrate knowledge of at least three changes to SBHC delivery settings that can improve SBHC structural competency to enhance care for LGBTQ+ youth.

Presentation Outline

- Introduction and Background
- Overview of LGBTQ+ Inclusive Care
- The SBHCs HELP Study
- Toolkit for LGBTQ+ Inclusive Care in School-Based Health Centers
  - Developing an Implementation Team
  - Conducting an Organizational Assessment
  - Identifying and Applying Implementation Strategies
  - Creating an Action Plan
  - Resources
- Access and Follow Up

Presenter Introductions

- **Mary Ramos, MD MPH *(she/her)***
  - Pediatrician, Senior Research Scientist
- **Daniel Shattuck, MPH, PHD *(he/him)***
  - Applied Sociocultural Anthropologist, Research Scientist

Background

LGBTQ+ Health and the Role of SBHCs

Background

- **LGBTQ+ students face significant health disparities, and school-based health centers can help close access gaps.**
  - LGBTQ+ populations experience a higher risk of depression, anxiety, and suicidality; higher rates of substance use and sexual health risks
  - School-based centers provide behavioral, sexual, and reproductive care
  - Free, confidential, and accessible care reduces financial and geographic barriers

Key Recommendations at a Glance

- 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

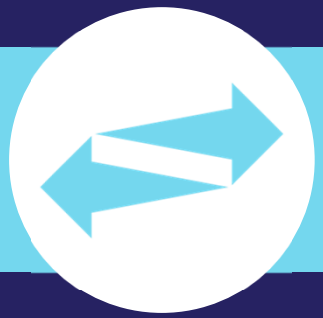
Structural Competency Can Reduce Disparities for LGBTQ+ Youth

- **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, medication 'non-compliance,' trauma, psychosis) 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."

-Metzl & Hansen, 2014

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, location, etc.
- Such factors create disadvantages in housing, employment & 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**

-Melino, 2022; Metzl & Hansen, 2014; Willging et al., 2019

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**

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

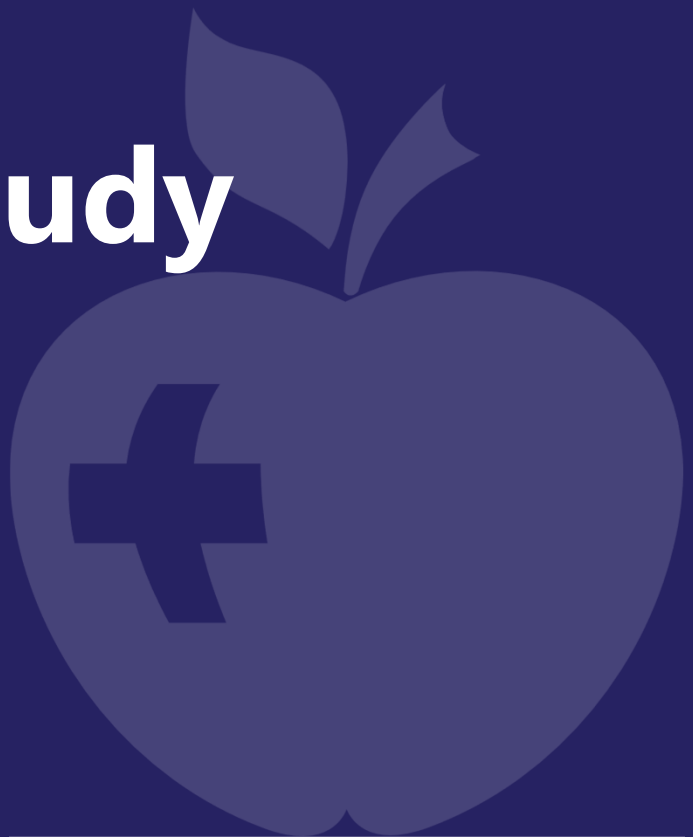
SOGI Information: What to Collect and When

- **Collect key fields**
  - Sex assigned at birth
  - Gender identity
  - Sexual orientation
  - Name and insurance/medical record name
  - Pronouns
- **Document at registration and intake, update annually, and allow changes anytime.**
- **Make the information easy to find in intake forms and the EHR to support patient-centered care.**

Training for Staff and Clinical Providers

- **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**
- **Example Training Topics**
  - Communication with patients, families, and significant others
    - *Use words that establish a trusting relationship with young people*
    - *Think critically about the information you are requesting*
  - Recognizing stigma, bias, and intersectionality in care
  - Health disparities affecting LGBTQ+ youth
  - Trauma-informed, behavioral, and gender-affirming care
  - Sexual and reproductive health, including PrEP and PEP

The SBHCs HELP Study



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
- **Participants**
  - 29 SBHCs in southwestern US state
  - 90+ staff, including medical and behavioral health providers, customer service staff, and administrators

Aarons et al., 2010; Aarons et al., 2012; Glasgow et al., 2013

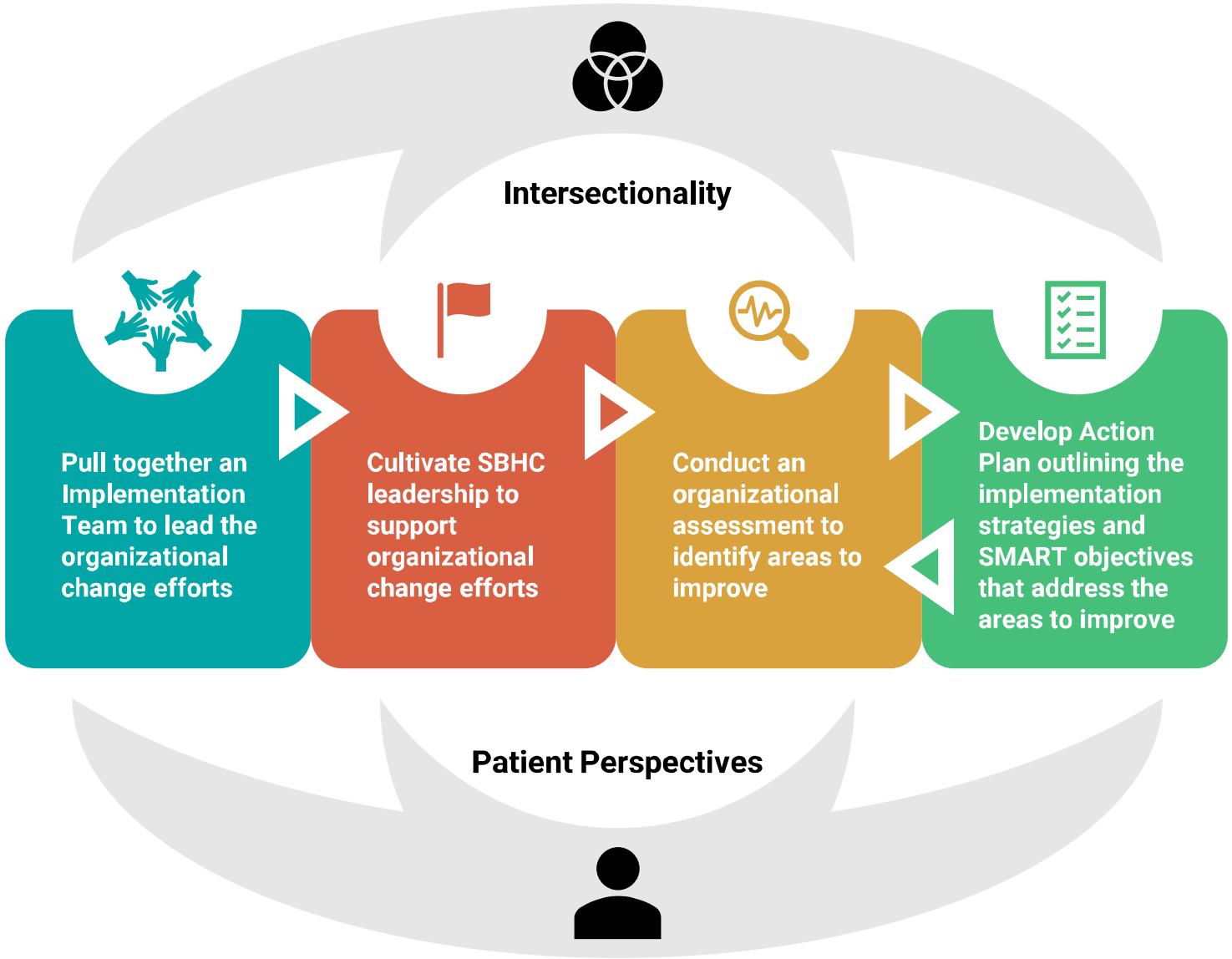
School-Based Health Center Toolkit for LGBTQ+ Inclusive Care

Toolkit Goals

- Offer guidance in convening an Implementation Team to lead organizational change.
- Apply organizational change principles to enhance provider and staff support for LGBTQ+ health.
- Give providers and staff ideas and tools for engaging in organizational change.
- Aid providers and staff in evaluating outcomes
- Help SBHCs improve access to and quality of care for all patients, including LGBTQ+ patients.

What the Toolkit Covers

- Developing an Implementation Team
- Planning and Implementing Organizational Change for LGBTQ+ Health
- Applying Implementation Strategies to Organizational Change
- Developing Action Plans to Promote Successful Organizational Change
- Recommendations to Increase Healthcare Access and Quality for LGBTQ+ Patients


Intersectionality
Pull together an Implementation Team to lead the organizational change efforts
Cultivate SBHC leadership to support organizational change efforts
Conduct an organizational assessment to identify areas to improve
Develop Action Plan outlining the implementation strategies and SMART objectives that address the areas to improve
Patient Perspectives

Developing an Implementation Team

What is an Implementation Team?

- A group of individuals who collaborate on organizational change, such as implementing new practices.
- The team helps build support from their colleagues for the change, plan for and carry out the change, and follow up to ensure the achievement of the desired results.

Structuring the Implementation Team

- Recruit a committed team leader or champion who believes in the work and motivates others.
- The leader should recruit 2-4 team members.
- SBHC team members may include a medical provider, behavioral health provider, and medical assistant.
- Meet monthly or more often as needed based on the work at hand.
- Build on existing quality-improvement groups and involve other staff or partners as needed for implementation and referrals.

Implementation Team Responsibilities

- Conduct an initial assessment, identify strengths and opportunities, set goals, and create an Action Plan.
- Support and monitor implementation of recommended changes.
- Address adaptation needs, including space changes and LGBTQ+ competent staffing.
- Keep leaders informed, secure approvals, and solve problems as needed.
- Plan for long-term sustainment and measure success.
- Celebrate and share accomplishments with staff and the school community.

Let's Build a Team!

TEMPLATE 2.1 **Documenting Implementation Team Membership, Capacities, and Roles**

Name	Position	Capacities (e.g., skills, knowledge, and assets)	Organizational change role and responsibilities	Date joined
Sam T.	Information technology specialist and team leader	Speaks Spanish. Led previous efforts to modify the EHR system.	Convene team meetings. Interface with EHR vendor about updates. Translate forms into Spanish.	09/01/25
Perla S.	Front desk clerk	Has strong relationships in the LGBTQ+ community.	Train front desk staff to ask gender identity questions and respond to patient concerns.	09/15/25
Sheila M.	Pediatrician	Fluent in Spanish. Recently took part in professional development related to gender-affirming care.	Organize professional development for providers. Translate training materials into Spanish.	09/15/25

Planning and Implementing Organizational Change for LGBTQ+ Health

Staged Approach to Organizational Change

- **Align, leverage, and foster leadership and staff buy-in**
- **Gather and evaluate information about the SBHC, including:**
  - Patient, provider, and staff needs,
  - Policies and procedures,
  - Overall work environment.
- **Prepare carefully for organizational change, by identifying:**
  - "Facilitators" that can support the change process
  - "Barriers" to change that need to be fixed or modified
  - Resources and support that will be needed as changes are implemented.
- **Establish an ongoing process of reflection and evaluation**

Leadership for Change

- **Implementation leadership is key**
  - Active support, guidance, and problem-solving that leaders provide to help new practices be successfully adopted and sustained
  - Many different people can be an implementation leader!
- **Leaders should:**
  - Communicate priority
  - Solve barriers
  - Support staff
  - Reinforce training
- **Alignment across leadership levels strengthens success**
- **Revisit team membership**
  - How are “leaders” included or engaged? Who has capacity to be a leader? Who can engage with leaders?

Staff Buy-In

- **Staff support grows when teams explain the *why* behind the change**
- **Use:**
  - clear communication
  - change champions
  - practical training
  - ongoing encouragement
- **Inclusive change lasts when staff feel prepared and supported**
- **Revisit team composition**
  - Who on the team has influence? Are they the same as the leaders?

Organizational Assessment

- An organizational assessment gathers and analyzes information to identify areas of strength and opportunities for improvement in SBHC functioning and the current status of a new practice
- Findings are used to guide planning and organizational change.
- Assessments should be repeated regularly to monitor progress, evaluate impact, and guide plan revisions to support sustained change

Elements and Processes for Successful LGBTQ+ Organizational Change

Change champion	Visionary leaders skilled at initiating, facilitating, and implementing change
Organizational priority	LGBTQ+ diversity and inclusion are prioritized among institutional goals and mission
Depth of Mission	Goals and mission embedded across the organization
Commitment to continuous learning	Capacity for performance monitoring and evidence-based direction to achieve learning goals continuously
Commitment to diversity and inclusion	Diversity and inclusion are “hard-wired” in the organization’s policies, performance, metrics, and training
Organizational resources	Available and devoted human, financial, technological, and other resources for achieving the organization’s mission and goals

Methods for Conducting an Organizational Assessment

- **SBHCs can use a mix of:**
  - Surveys and questionnaires
  - Qualitative interviews and focus groups
  - Community, regional, state, territorial, and tribal demographic data
- **Open-ended questions are especially useful because they allow participants to share experiences, perceptions, and ideas for improvement.**
- **Questions should focus on how to improve the SBHC environment and services, not on sensitive personal details.**
- **Using multiple data sources creates a more complete picture of the SBHC's strengths, gaps, and opportunities to improve care for LGBTQ+ patients.**

Open-Ended Questions

Respond on your own worksheets

What are the challenges involved in delivering care to gay, lesbian, and bisexual patients at this SBHC? What about the challenges in providing care to transgender patients?
How does this SBHC support you in caring for lesbian, gay, and bisexual patients? Transgender patients?
How do you define inclusive care for LGBTQ+ patients? How prepared are you to deliver such care?
How important is it to make changes at the SBHC to increase the inclusiveness of its services for transgender patients? For lesbian, gay, and bisexual patients?
What support does this SBHC need to enhance services for transgender patients? Lesbian, gay, and bisexual patients?

SBHC LGBTQ+ Practices Checklist

- Checklist of practice domains and associated elements
- Rating items as present, absent, not applicable, or unknown
- Completed by implementation team
- Documented baseline implementation
- Track implementation
- Inform iterative action planning and adaptations

Domain 1: Create a welcoming physical environment				
a. Posters and pictures of patients include images of LGBTQ+ people, such as non-heterosexual couples, LGBTQ+ families, and transgender or gender-diverse people.	☐ Y	☐ N	☐ N/A	☐ U
b. Symbols or flags representing LGBTQ+ inclusive groups or organizations are displayed and visible upon entering the SBHC.	☐ Y	☐ N	☐ N/A	☐ U
c. The SBHC uses one or more brochures or educational materials geared toward LGBTQ+ patients and displays these materials in waiting and/or treatment areas.	☐ Y	☐ N	☐ N/A	☐ U
d. Patient educational and outreach materials exclude terminology and images that may be perceived as discriminatory toward LGBTQ+ people and their families.	☐ Y	☐ N	☐ N/A	☐ U
e. A Patient Non-Discrimination Policy or Patient Bill of Rights that specifically designates sexual orientation and gender identity and expression is displayed in waiting areas where patients, staff, and visitors can see and read it.	☐ Y	☐ N	☐ N/A	☐ U
f. A Patient Confidentiality Policy, acknowledging that patient-provider discussions are confidential and protected information and explaining exclusions that require reporting, is displayed in waiting areas where patients and visitors can see and read it.	☐ Y	☐ N	☐ N/A	☐ U
g. Single-stall restrooms are not designated by gender but marked for use by all people.	☐ Y	☐ N	☐ N/A	☐ U

Let's Try It!

- Pick one practice domain and complete it based on your SBHC.
- If you work in more than one SBHC, think about only one (even if some answers apply across multiple sites – like policies).
- If you are near someone you work with, you may consult with them to complete your chosen section together.
- If you are solo… try your best ☺

Applying Implementation Strategies

Implementation Strategies

- Methods or techniques to get people to implement a new practice, policy, or program
- Make it possible to achieve implementation outcomes
- Selection guided by local context and an implementation framework or model
- Note: Adaptation is an implementation strategy!

Sample Implementation Strategies

Assess

Assess for readiness, barriers, and facilitators

Teaming

Create implementation teams of champions

Train

Provide training and education to enhance readiness

Feedback

Collect and share performance data for quality improvement

Engage

Involve students and families in implementation efforts

Adopt Policy

Advance and mandate new policies to enable implementation

Facilitators

Factors that **enable** or **promote** the implementation and success of a program

Examples

Strong leadership and champions
Resource availability
Clear need
Adaptability
Positive culture
Training and support

Barriers

Factors that **hinder** or **obstruct** the implementation and success of a program

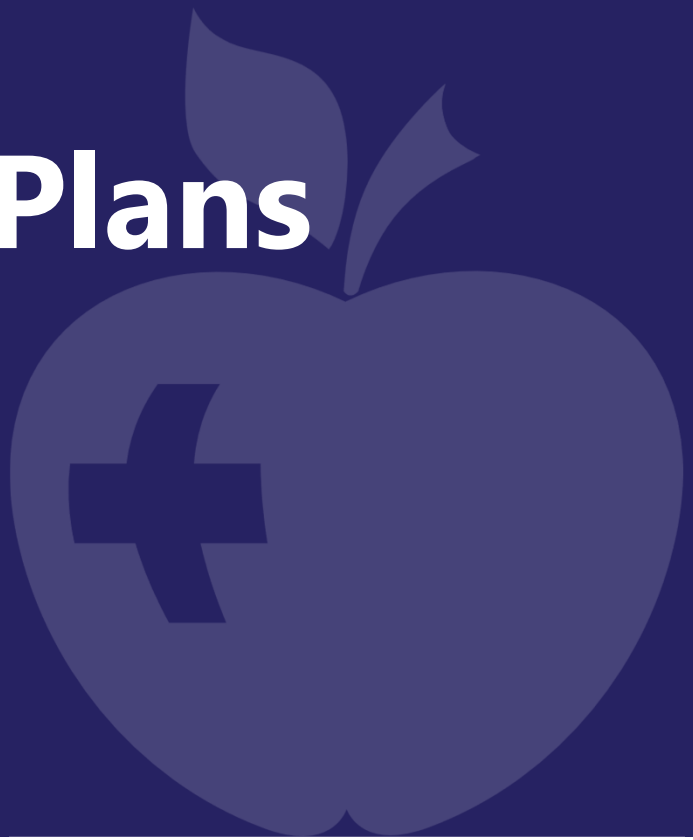
Examples

Lack of resources
Organizational issues
Individual resistance
Intervention complexity
Workload
External factors

Consideration of factors often guided by an implementation framework

Implementation Strategy	Barrier	Facilitator
Meetings and Training	Lack of provider and staff education and training	Hire an “in-house” trainer. Offer continuing education credits for training completion
Multilevel Engagement, Leadership, and Policy	Employee resistance to change	Leadership communicates prioritization of LGBTQ+ healthcare. Presence of change champions interested in LGBTQ+ healthcare
Partnerships	Insufficient LGBTQ+ patient engagement	Presence of LGBTQ+ advocacy organizations in the community
Quality Assurance and Data Systems	No formal collection of sexual orientation and gender identity information in health records	U.S. Health Resources and Services Administration mandate to collect gender identity information. Protocol for entering sexual orientation and gender identity information in the health record
Role-Modeling	Discomfort in asking about names and pronouns	Leaders use supportive language and demonstrate best practices for asking about names and pronouns

Developing Action Plans



Common Action Plan Elements

Objectives

Steps

Who

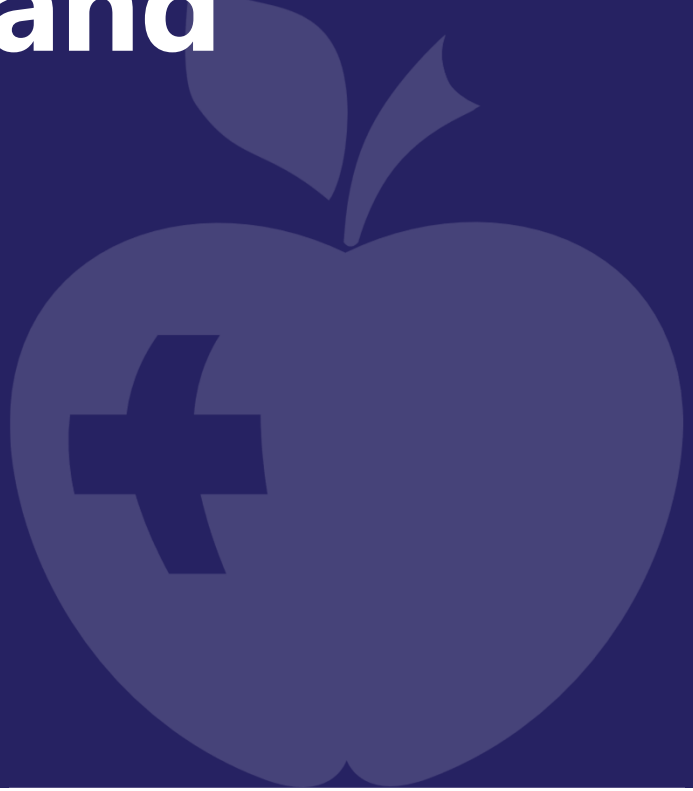
When

Let's Try It!

SBHC Name:	Implementation Team Lead:	Date:
Implementation Team Members:	**Others Involved:**	
Recommendation Goal:	**Duration of Action Plan:**	

Strategy	Action Steps/Activity	Responsible	When	Resources
1. Symbols or flags representing LGBTQ+ inclusive groups or organizations are displayed and visible when entering the SBHC.	A. Obtain Safe Zone Training for all staff	Carla O.	2/15/25	Local Safe Zone trainer, time for professional development
	B. Obtain and distribute Safe Zone signs for all staff who completed training	Carla O.	2/15/25	Funds for purchasing or printing
	C. Obtain and distribute staff rainbow lanyards and pronoun buttons	Leroy B.	3/1/25	Funds for purchasing

Recommendations and Resources



Recommendations

- **Final sections of the toolkit provide domain-by-domain recommendations, including:**
  - Further research and data (with links)
  - Where to buy “stuff” (with links)
  - Training recommendations (with links)
  - Objectives for action plans
  - Implementation strategies
- **Templates of all major tools available in the toolkit**
  - Team membership planning, meeting notes templates, action plans, checklists, etc…

Accessing the Toolkit

- **Toolkit will become publicly-available for FREE in the fall at sbhc.pire.org**
- **Supplemental resources**
  - Guidance Documents
  - Webinars
  - Policy Briefs and Professional Organization Statements

Thank You!

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

Questions?

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