



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

LGBT Health Readiness Assessments in Health Centers: --- Key Findings

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for \$449,985.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.



Background

The National LGBT Health Education Center started conducting direct training and technical assistance with Federally Qualified Health Centers in 2014. This service was made possible by the expansion of our National Cooperative Agreement with the Health Resources and Services Administration to include technical assistance work. Since 2014, seventeen health centers in six states (Connecticut, Louisiana, Massachusetts, Mississippi, New York, and Texas) have participated in the assessment process.

Development of the questions used in our technical assistance assessment process was an iterative progression, refined over time by both The National LGBT Health Education Center and our partnering organizations. Portions of the assessment are based on the Human Rights Campaign's Healthcare Equality Index and the Joint Commission's Field Guide on Advancing LGBT Health.

Methods

The assessment process utilizes two tools for the complete assessment of a health center. The first tool is the All Staff Assessment, in which all staff members from a health center are invited to participate. The topical domains for the All Staff Assessment include: LGBT health needs, the environment of care, staff awareness of policies, and LGBT health training needs. The second tool is the Leadership Assessment. This assessment is given to a health center's leadership team, which can include members of the executive team, department heads, or whomever else the health center deems appropriate. The proportion of overall staff included in the Leadership Assessment is up to 10-15 percent of total staff. The domains of the Leadership Assessment are similar to the All Staff Assessment. They also include questions about how a health center collects data on sexual orientation and gender identity and leaders' preparedness to provide leadership to staff.

When a health center participates in the assessment process, the assessment is uploaded to an online survey instrument (Survey Monkey). The online links to the survey are then emailed out by a representative from that organization, using an email address from which the staff are accustomed to receiving organizational emails. The survey is open to staff for completion for a period of two weeks, with reminders being sent to staff at the one week mark and the day before the survey closes. Some health centers choose to remind staff more frequently, in person, or by providing incentives, such as candy or a raffle for items donated by staff.

Results

The National LGBT Health Education Center has conducted readiness assessments for 17 health centers starting in 2014. The average response rate for the all staff assessment is 57%, with a maximum of 89%, a minimum of 30%, and a median of 58%.

The survey questions were redesigned in July 2015. The results presented below are from the 14 health centers which have participated in the assessment since that time. These 1200+ respondents are from health centers from 6 states (Connecticut, Louisiana, Massachusetts, Mississippi, New York, and Texas).

All Staff Assessment

The All Staff Assessment respondents were grouped into categories based on their current role at the health center, as either clinical staff or non-clinical staff. Clinical staff are staff members who interact with patients mostly in a private space, such as physicians, nurses, and medical assistants. Non-clinical staff are those who do not interact with patients in a direct care-giving role, such as front line staff, security guards, or administrative staff. Clinical staff answer additional questions under the topical domains of LGBT health preparedness and talking to patients about sexual orientation and gender identity.

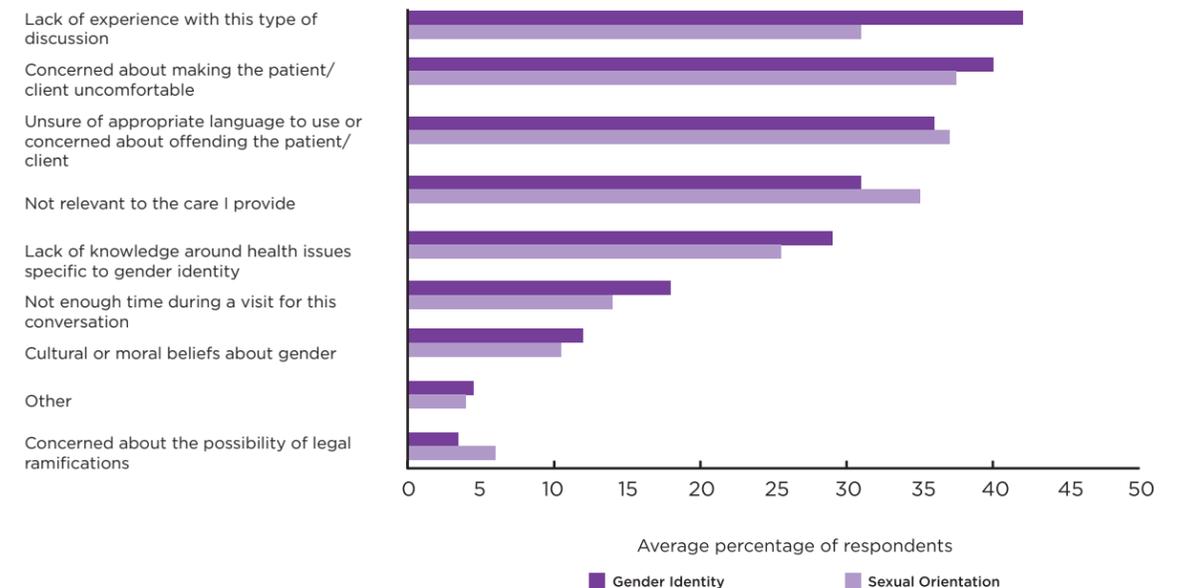
Clinical Staff

Clinical staff were asked how much they agreed or disagreed with a series of statements. The response options included strongly agree, agree, disagree, and strongly disagree. Over 80% of clinical staff reported they agree or strongly agree with the statement, "I am familiar with the unique health issues affecting lesbian, gay, and bisexual people." For clinical staff responding to the same statement with regard to the health issues affecting transgender people, 68% responded that they agree or strongly agree. In terms of LGBT health preparedness, 78% of clinical staff agreed or strongly agreed with the statement, "I feel prepared to meet the clinical needs of lesbian, gay, and bisexual patients." When responding to that statement with respect to the clinical needs of transgender patients, 64% agreed or strongly agreed.

We also asked clinical staff how often they discuss a patient's sexual orientation and how often they discuss gender identity. These questions were refined more recently, thus these averages are for the eleven most recent health centers. Response choices were often, sometimes, rarely, and never. With regard to conversations with patients about their sexual orientation, 25% of clinical staff responded that they have these conversations often, 28% responded sometimes, 24% responded rarely, and 22% responded never. For conversations with patients about their gender identity, 9% of clinical staff responded that they have these conversations often, 22% responded sometimes, 36% responded rarely, and 33% responded that they never engage in this conversation. For those clinical staff that chose a response other than "often" for either question, they were then directed to questions about why they are not having these conversations. Respondents were asked to choose from a list of common reasons as to why people might not have these conversations. Figure 1 depicts these results.

Figure 1

What are the reasons why you are not completely comfortable talking, or do not talk, with your patients/clients about their sexual orientation or gender identity?



Non-Clinical Staff

While we recognize that staff in the non-clinical category might not work directly with patients, they were asked to respond to questions about LGBT health needs and providing services. Staff in the non-clinical category interact with patients within a health center and can shape their experiences, even though they are not providing direct patient care. Job titles in this category include front desk staff, registration staff, referral staff, maintenance staff, and security staff. Non-clinical staff were asked how much they agreed or disagreed with a series of statements. The response options included strongly agree, agree, disagree, and strongly disagree. Nearly 80% of non-clinical staff reported they agree or strongly agree with the statement, “I am familiar with the unique health issues affecting lesbian, gay, and bisexual people.” For non-clinical staff responding to the same statement with regard to the health issues affecting transgender people, 68% responded agree or strongly agree. Non-clinical staff were also asked to respond to the statement “I am comfortable providing services to lesbian, gay, and bisexual patients.” An average of 95% of respondents either agreed or strongly agreed that they are comfortable providing services to LGB patients. When asked to respond to the statement, “I am comfortable providing services to transgender patients,” 93% responded that they agreed or strongly agreed.

All Staff Combined

The remainder of the All Staff Assessment questions were seen by all staff taking the survey, regardless of category. Participants were asked what trainings would be helpful to staff at their organization, and could choose from a list of common topics. These results can be seen in Table 1.

The following questions about non-discrimination policies and environment of care were seen by all 17 health centers participating in the assessment process. Staff could choose from yes, no, and don’t know. When asked if the health center’s non-discrimination policies protected patients based on sexual orientation, 34% of respondents didn’t know. Over a third (40%) didn’t know if patients were protected based on gender identity. With regard to staff non-discrimination policies, 35% responded “don’t know” for staff based on sexual orientation and 42% responded “don’t know” for staff based on gender identity.

We asked respondents how much they agreed or disagreed with the following statement, “My organization offers a welcoming and inclusive environment for LGBT people (patients/clients, their families, and staff).” Almost 30% of staff responded “strongly agree,” 57% responded “agree,” 12% responded “disagree,” and 2% responded “strongly disagree” with the statement.

Which trainings would be helpful to your organization’s staff? (%)	Average response
General LGBT health	72%
Transgender patients and health needs	69%
LGBT resources and referrals	60%
LGBT youth	52%
Creating a welcoming environment/cultural competency	51%
Behavioral health	50%
LGBT health training specific to front desk/intake staff	45%
LGBT older adults	44%
Reproductive health/family planning	42%
Collecting sexual orientation/gender identity (SOGI) data	36%
HIV prevention/treatment	35%
STD prevention/treatment	34%
Sexual history taking	33%

Table 1

Leadership Assessment

The respondent group for the Leadership Assessment is selected by the health center being assessed. The leadership receiving the assessment can vary in composition depending upon the health center. Some health centers choose to include only the executives, some also include chiefs and department heads. While composition varies, we typically limit the group of respondents for the Leadership Assessment to no more than 10-15 percent of the total staff completing the All Staff Assessment. This is to ensure that the leadership group truly consists of leaders at the health center. It is most appropriate for the bulk of a health center’s staff to take the All Staff Assessment, including middle managers. The Leadership Assessment touches on similar topical domains to the All Staff Assessment. It also asks additional questions about department-specific offerings and preparedness to provide leadership.

Leaders were asked about their knowledge of the offerings for LGBT people at their health center and department. Response options included yes, no, and don’t know. In some cases, the response option of N/A was available. When answering the question, “Does your organization have an LGBT champion, liaison, task force or employee resource group,” 31% responded “don’t know,” with 36% responding “yes” and 33% responding “no.” When asked about department-specific offerings, 31% of respondents didn’t know if their department keeps any list of referrals or resources on LGBT

providers, groups, or services, while 28% responded “yes” their organization does keep these lists and 31% responded “no” their organizations do not keep such lists. In response to being asked if their department offers patient education material that addresses the specific health care needs of LGBT people, 22% responded “don’t know,” 26% responded “yes” their department did offer such materials and 46% responded “no” their department did not offer these materials. When respondents were asked if their department offered programs or services designed for LGBT patients or clients, 17% responded “don’t know,” 11% responded “yes” their department has these offerings and over half (65%) responded “no” their department did not offer programs or services designed for LGBT patients or clients. Complete results for knowledge of departmental offerings can be seen in Figure 2.

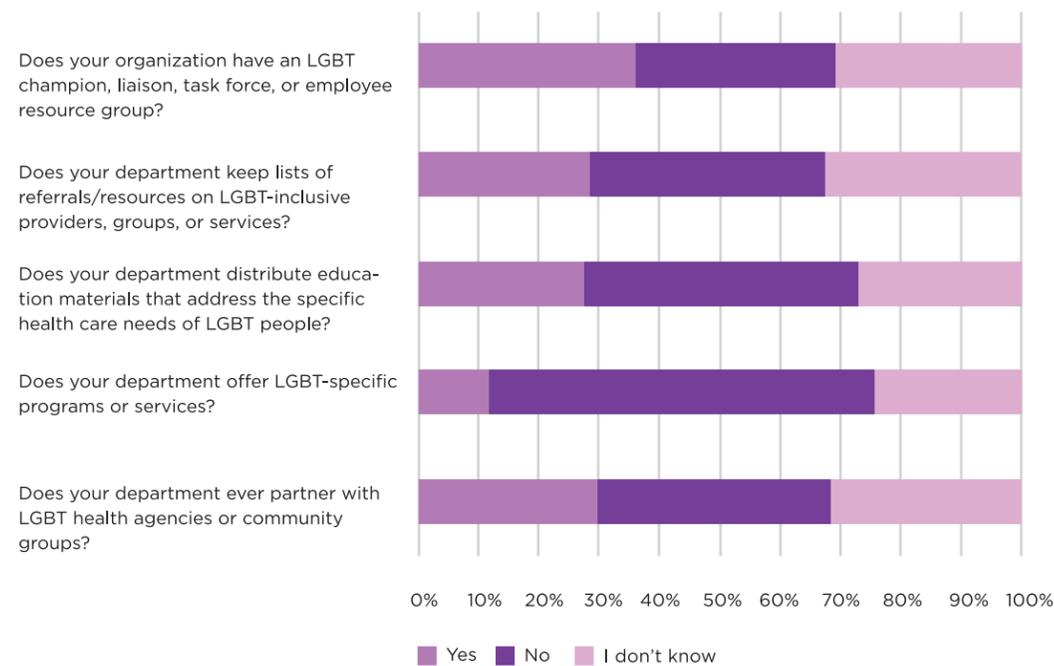


Figure 2

Similar to their staff, leaders were asked about their organization’s non-discrimination policies. Response options included yes, no, and I do not know. When asked if patients were specifically protected against discrimination based on sexual orientation or gender identity, 14% did not know if sexual orientation was protected and 22% did not know if gender identity was protected. When it comes to staff non-discrimination protections, 17% did not know if sexual orientation was included and 29% did not know if gender identity was included. Participants were also asked if the organization has clear mechanisms for reporting and addressing discrimination: 17% of leadership responded that they did not know.

The respondents were then asked a series of questions about collection of data on sexual orientation and gender identity. Response options for each question included yes, no, and I do not know. Less than a quarter (24%) of leadership responded that their department asks patients to identify their sexual orientation, while 16% were unsure and 58% responded “no.” Of those, 45% responded that relevant staff are trained to sensitively and confidentially collect sexual orientation

data, and 31% were unsure if staff received training. When it comes to asking patients to identify their gender identity, 30% of respondents said their department did ask patients, 19% were unsure, and 49% reported they did not ask. Of those, 45% said that relevant staff are trained to sensitively and confidentially collect gender identity data, 27% were unsure if staff received this training and 28% reported staff did not receive training.

Finally, leaders were asked to respond to two questions about feeling prepared to provide leadership to their staff. Leaders were asked how much they agreed or disagreed with the statements; response options included strongly agree, agree, disagree, and strongly disagree. Respondents were asked about providing leadership to meet the health needs of LGBT patients and 65% of leadership agreed or strongly agreed that they feel prepared to do so. Leaders were also asked about feeling prepared to provide leadership to communicate with LGBT staff in a sensitive and appropriate manner. Three-quarters (75%) of respondents from leadership either agreed or strongly agreed that they feel prepared to provide leadership to their staff on communication.



Findings and Conclusion

These data represent a variety of health centers with regard to size, patient population, geographic location, and population density. The data from the clinical staff show that most respondents feel both familiar with and prepared to address the clinical needs of LGBT people. The majority of these staff overwhelmingly report that they are comfortable providing services to LGBT people, yet also report having infrequent conversations with their patients about sexual orientation or gender identity. The most commonly reported reasons for not having these conversations are lack of experience, not knowing appropriate language to use, or not believing they are relevant to the care being provided. These results indicate that providers know the unique health issues faced by the LGBT population, but do not have the tools to discuss or apply this knowledge with their patients.

When looking at the All Staff data, consistently about a third of staff reported that they did not know what was covered in their health center's non-discrimination policies. This indicates staff need to be trained in these policies, but also that non-discrimination policies need to be posted prominently so both staff and patients know what these policies cover. Training should teach not only what is covered in the policy, but also why it is important to explicitly name sexual orientation and gender identity as protected within the policy.

From the Leadership data, it is apparent that services varied within departments of the same organization. Sometimes leaders did not know what the offerings were in their own department or in other departments at their health center. The leaders were also asked about non-discrimination policies. While a smaller proportion of leaders did not know which factors are protected, these results still underscore the need for this training at all levels of staff within a health center, including leadership. Finally, the majority of leaders did feel prepared to lead their staff in the two areas queried. Trainings at health centers ought to focus on ways of supporting leadership in building inclusive and affirming environments of care for LGBT patients.

The main result from the assessment process is the need for training. While a clear majority of staff reported that they felt prepared to care for LGBT patients, far fewer reported discussing sexual orientation or gender identity with their patients. This was also confirmed by leadership which reported low rates of data collection on sexual orientation and gender identity and a lack of staff training on collecting this data. The assessment also revealed the barriers to this training. Instead of religious or cultural beliefs being the main reasons that staff are not having these conversations, the top reasons were lack of experience, concern about offending the patient, and belief that it is not relevant. This demonstrates a need for training around language and communication, but also a need to really engage with staff about LGBT health disparities and why this community needs additional attention. In the assessment, staff report a goal of treating all patients equally. While this is a laudable goal, further training is needed in order for staff to understand the patients' health needs and develop basic core competencies to provide care resulting in equal outcomes.

