Five Components to a Welcoming Environment for Lesbian, Gay, Bisexual, Transgender, and Queer Patients in Primary Care *(Summary)*

The 5 Pillars of Focus

**Integrative Practice Team on LGBTQ Health Equity:
Primary Care and Community Medicine Service Line
Christiana Care Health System**

Ariel Adams (Co-Chair)
Practice Manager, Primary Care Satellite

Christopher Moore (Co-Chair)
Senior Program Manager, Community Health

Tim Rodden (Co-Chair)
System Coordinator, LGBTQ Health Initiatives

CHRISTIANA CARE
HEALTH SYSTEM

LGBTQ Health Equity IPT priorities for action – PCCM Rev0617

1. Sexual Orientation/Gender Identity (SOGI) Data Collection & Preferred Name/Pronoun Fields

a) Coordinate communication with EMR vendor (CERNER) to move them to "best practice" SOGI data collection platform (engage senior leaders with to assist in the current efforts).

b) Assess current registration forms to anticipate any changes needed to match desired CERNER data platform. Anticipate that front line staff (clerks) will get this information volunteered and train them how to handle this. (*Additional PowerChart fields in banner to include preferred name and pronouns.*)

c) Determine who on the practice staff should assess SOGI patient data if not answered on registration. Train those identified staff.

2. Staff Education

a) Create basic education module for all staff with patient interaction to complete (Transform in person module for online version and/or in-person module with T. Rodden or others trained and identified).

b) Establish core LGBTQ curriculum for clinical staff desiring to be identified as having this training.

c) Support annual resource allocation of time and money for providers including mental health counselors the ability to attend conferences like the annual conference of the GLMA: Health Professionals Advancing LGBT Equality; and, the Philadelphia Trans Health Conference.

3. Enhance internal communication about LGBTQ resources

a) Catalog existing internal resources (policies, procedures, guidelines, personnel, etc.).
b) Communicate that these resources are available for staff as well as for patient care.

4. LGBTQ Community Outreach

a) Engage marketing partner in External Affairs to help establish an effective plan for outreach.

b) Review and enhance the LGBTQ Health Initiatives webpage under Our Services on the christianacare.org public website.

c) Continue to encourage providers who have a desire and clinical experience/training to be listed in the GLMA Providers Directory.

5. Environment

a) Establish a consistent way to welcome LGBTQ patients and families into the primary practice sites (rainbow flag decal or Human Rights Campaign equality logo are two possibilities)
b) Utilize partner organizations' brochures that are LGBTQ focused for waiting areas (American Cancer Society and American Heart Association are two examples).

Introduction and Summary of Report Format

Addressing the health needs of underrepresented populations can present challenges for healthcare providers and systems of care — from messaging and access to staff/provider education to cultural competencies with clearly defined targets. These topics are especially relevant as they have the potential for being barriers to care. Specifically, forty percent of individuals who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ) identify lack of provider education as a primary barrier to care (Hart, 2013). Ultimately, the need to address the competency of the system and create a welcoming environment for LGBTQ patients is integral to The Christina Care Way: To serve our neighbors as respectful, expert, caring partners in their health. To address system-wide LGBTQ competence in care, we have outlined the five components to creating an inclusive and welcoming environment for LGBTQ patients.

Christiana Care is on the right track: since 2012, the system has been a leader in the Healthcare Equality Index, published by the Human Rights Campaign, provides a road map for healthcare systems in measuring best practices for LGBTQ patient – and- family centered care and for LGBTQ workforce inclusion. Christiana Care was the first hospital system in the state to achieve this rating. In addition, a number of the system's staff and clinicians are listed on the Gay and Lesbian Medical Association (GLMA) as self-identified caregivers to the LGBTQ community. However, inconsistencies have been identified across the network that needs to be addressed in order to create a fully inclusive environment. Some current system practices may reinforce heteronormative assumptions and practices that lead to LGBTQ patient discomfort and are not always helpful for care (Harbin, et al., 2012). It is our hope that by clearly defining what a welcoming environment looks like for an LGBTQ patient, we will enhance our current practices so our facilities, services, and staff have the capacity to serve everyone equally.

A sub-group of the larger Integrated Practice Team was tasked with identifying opportunities to create a welcoming environment for our LGBTQ patient population at Christiana Care. We have characterized our response into 5 recommendations. These recommendations are part of the work being done via the system's integrated practice team focused on LGBTQ health equity. We see this as a roadmap which will aid in enhancing communication, the patient environment, education for staff, clinicians and families, and outreach — ultimately leading to greater access and care for our LGBTQ patient population. The work of the groups looking at LGBTQ cultural competency and LGBTQ clinical practice is incorporated in the section on "staff education".

These recommendations also reinforce our greater mission, helping us continue to advance The Christiana Care Way.

The Five Pillars are:

1. **Communication:** face-to-face interactions; and, internal and external messaging

2. **Environment:** common areas, waiting rooms, clinic rooms, marketing

3. **Community Outreach:** involvement outside Christiana Care

4. **Education:** administrative/support and clinical staff

5. **Patient Education/Resources:** print/web-based, referral list, EMR SOGI data collection

Each *Pillar* is summarized with recommendations that cover three levels of increasing complexity of achievement. The report was presented to the Primary Care & Community Medicine Service Line Executive Division (SLED) leadership in February 2017 and the priorities were endorsed. The three co-chairs continue to drive the process changes forward on a system level with the assistance of the SLED executive leaders. Following are the introductions to each *Pillar* from the full report.

Communication

Effective, respectful communication, in all of its forms, is critical. Christiana Care has the opportunity to look at current policies and practices and make enhancements through education of clinicians and staff. Following best practices, clinicians and staff [should be armed with the tools to] become familiar with terminology used by and to describe members of the LGBTQ community. Staff, including those who schedule appointments, should be encouraged to inquire about, document, and use the patients' preferred name and pronouns (Hart, 2013). We recognize the culture shift that this may require; however, in reiterating the system's acknowledgment of labels and identities which exist beyond the commonly accepted binary, these changes must happen.

The system also has the opportunity to modify its marketing to reflect the full spectrum of patients served. By doing so, this can create a more inclusive environment for our LGBTQ patients and their families.

Environment

LGBTQ patients should feel welcome in our facilities. Cultural competency should translate to the esthetics of our common areas, waiting rooms, clinic rooms and marketing. These esthetics include:

Common areas:
1. Safe space signage
2. Fliers promoting LGBTQ-specific celebrations, community events, etc
3. Signage that is inclusive in restrooms, i.e. unisex options, single stall bathrooms, etc.

Waiting Rooms:
1. Signage that is free from any bias or assumptions
2. LGBTQ-focused publications

Clinic Rooms:
1. LGBTQ-patient specific information
2. A system for identifying LGBTQ providers (GLMA Provider Directory, Delaware)

Marketing:
1. CCHS-branded outreach to LGBTQ community
2. Inclusion of LGBTQ families, individuals in any marketing campaign regardless of the topic

Outreach

Christiana Care as a system would benefit from being able to extrapolate the survey responses of its LGBTQ patients from its existing survey data. Drilling down in this manner will permit us to determine where our opportunities are with respect to this population, and identify gaps in service - both inside and outside the walls (Hart, 2013).

Christiana Care already has a strong investment in community outreach. Once we have identified what the LGBTQ community sees as our greatest opportunities, we can tap into the partnerships already formed through Delaware Pride Council and other groups doing similar work. There is already a vast resource in staff who are experts in the field of LGBTQ health — by formalizing outreach efforts, this would provide an opportunity to resource share. The more familiar [staff are] with resources in the community for LGBTQ people, the stronger they are at providing excellent care (Hart, 2013). A focused approach could lead to developing/strengthening our outreach to teens; care for families with LGBTQ-family members; education for external partners; education about and access to reproductive health services, or the promotion of services for senior-aged LGBTQ individuals. We currently have a group of Patient-Family Advisors that have been drawn from the LGBTQ community to offer input. (The impetus for this study stemmed from the first meeting of this group in 2016.) Christiana Care's System Coordinator, LGBTQ Health Initiatives convenes this group.

Education (Staff and Patient)

The key to making all of this work is education. The most cited barrier [to introducing LGBTQ education for staff] was perceived lack of need (Kirkpatrick, et al., 2015). By embracing the truth that there is always room to grow and improve, we have the opportunity to build a greater capacity to educate — both staff and clinicians and our patients. One of the rewards of cultural competence in health care is physician [or staff] self-reported increases in confidence and comfort in delivering care for LGBTQ patients (Harbin, et al., 2012). We see education as being divided into two areas of focus, education for staff (including clinicians) and education for patients (to be delivered by staff, including physicians).

Staff Education

Staff education, across the clinical and administrative spectrum is fundamental in this work. We have a strong network of internal and external partners who have already made strides in developing and executing education which addresses a plethora of topics around LGBTQ health, inclusion, cultural competency and best practices in care delivery. We do not need to reinvent the wheel on education; however, we do need to identify gaps which may exist and work with said partners to explore ways to meet additional needs as they arise.

A sample of education which already exists and readily available is included at the end of this report

Patient Education/Resources

Patient education will be just as critical as staff education. We are already viewed as a means of support for patients and their families in specialty care, from the Helen F. Graham Cancer Center to The Center for Heart and Cardiovascular Health; in addition, Community Health and Preventive Medicine, in the Department of Family and Community Medicine, has a long history of supplying education and providing support for New Castle County's more vulnerable, under-represented populations. The infrastructure and the models exist internally – we now have the opportunity to capitalize on this to create a strong, nurturing support system for LGBTQ patients and their families.

Conclusion

The Integrated Practice Team focused on LGBTQ health, acknowledges our duty to examine and enhance the services Christiana Care provides for its LGBTQ patients. It is not enough to just cite what is available in current state; instead, we recommend the five areas of focus which we feel will aid in creating a more robust system of care for this vulnerable population. It not only honors The Christiana Care Way, but it will allow our exceptional people to provide more comprehensive, culturally competent care for our exceptional community.

References

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