

LGBTQ+ WELCOMING SPACE¹

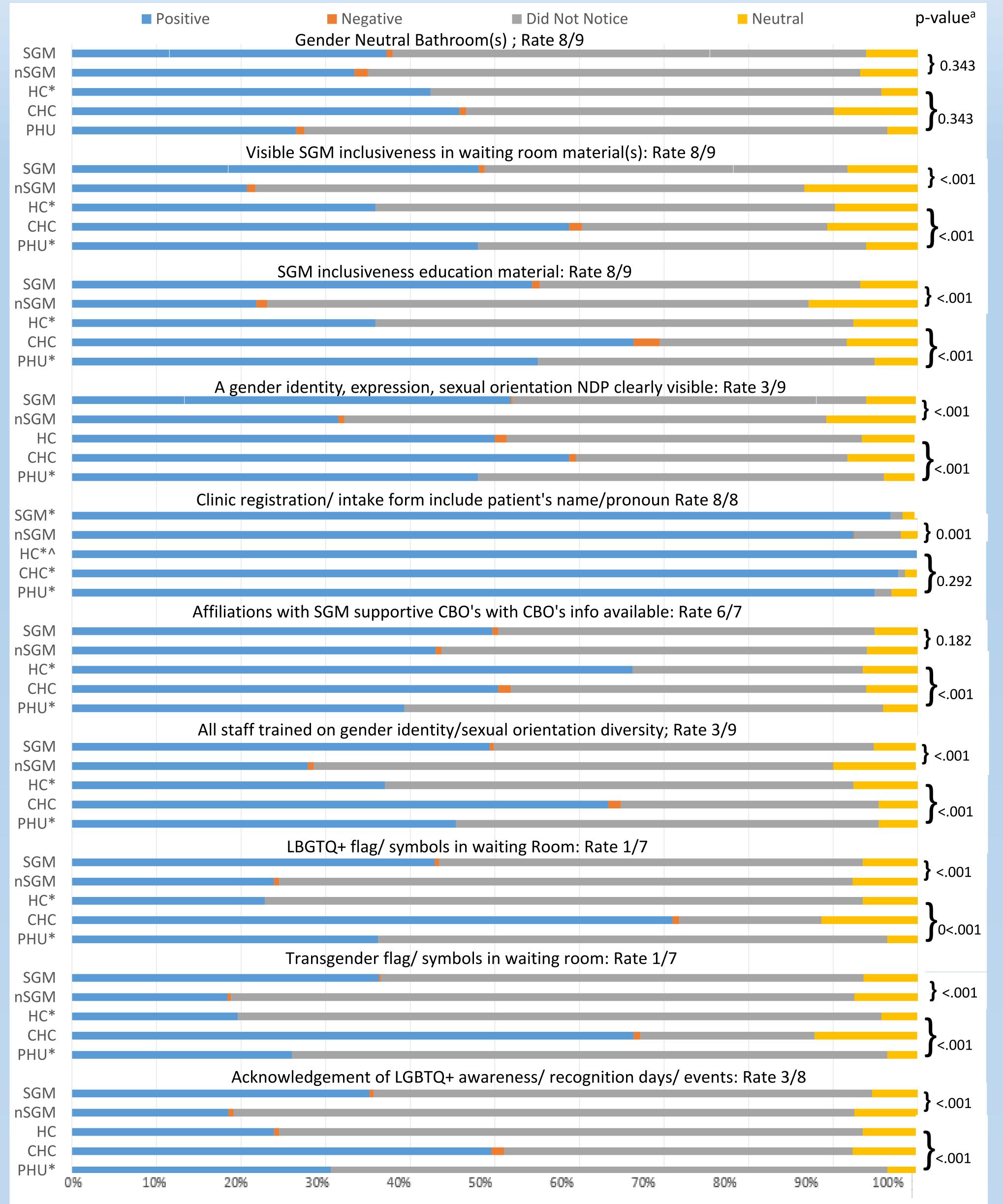
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INTRODUCTION

RESULTS: Impact of WCSI by Population and Clinic Type

- There is a need to increase the willingness of sexual and gender minority (SGM)⁴ individual, to seek STI care⁵
 - Prior health care system alienation experienced by SGM individuals creates a barrier to care
- Implementing specific Welcoming Clinic Space Indicators (WCSIs) may increase care
- WCSIs communicate the environment is welcoming/ safe, is key to drawing/retaining minority populations into care
- Various clinic factors may impact the ability to modify clinic environment and implement WCSI
- This study confirmed the positive impact on SGM individuals but varied across healthcare types.

ETHODOLOGY



Over 18 months (4/20-9/21) 9 RWHAP⁶ clinics were funded⁷ to implement specific LGBTQ+ WCSIs that were not present at baseline.

- Rate is number of sites with WCSI at baseline/ number sites with WCSI as on 9/1/21.
- "Impact" was based on consented clinic patients'/ participants' (N=1352) reported "impact" of WCSI on clinic experience measured via client satisfaction survey (CSS)
- WCSI's impact responses were categorized as
 - **Positive** (*I noticed and liked it*)
 - **Negative** (I noticed and I did not liked it)
 - **Neutral** (I noticed and neither liked nor disliked it)
 - **Not Notice** (I did not Notice)

Analysis was based on individual's SGM identification assessed from self reported assigned birth gender(BG), identified gender(IG) and sexual orientation (SO) (Table 1)

- Only those that could be identified as SGM or not (nSGM) were included in analysis
 - If IG \neq BG then SGM
 - If SO \neq "heterosexual" then SGM
 - Those who reported multiple SOs were excluded from this analysis.
- Variation of impact was analyzed across 3/4 healthcare

types using only SGM individual responses

- Federally funded Health Clinic (HC)⁸
- Independent Community HIV Health Clinics (CHC)
- State funded Public Health Units (PHU)
- As participants could complete >1 CSS during the project period, only data from their first CSS was included in the analysis.

Table 1: Sample Description

Characteristic	SGM	nSGM	p-value
(Freq %)	(N=543)	(N=796)	
Age Mean yrs (Std)	39.13(12.2)	47.96(12.2)	<.001 ^a
Assigned Birth Gender			
Male ¹	510(93.9)	385(48.4)	<.001 ^b
Race :			
Black	289(53.2)	627(78.7)	<.001 ^b
White	223(41.1)	139(17.5)	
Other	19(3.5)	8(1.0)	
Missing	12(2.2)	22(2.8)	
Insurance			
Commercial	165(30.4)	183(23.0)	<.001 ^b
Medicaid	156(28.7)	342(43.0)	
Medicare	41(7.6)	97(12.2)	
No/Unknown	136(25.0)	115(14.4)	
Missing	45(8.3)	59(7.4)	
Hispanic/Latino	71(13.1)	30(3.8)	<.001 ^b
Missing	17(3.1)	27(3.4)	
Young adult (<30 yrs)	134(24.7)	65(8.2)	<.001 ^b
Missing	6(1.1)	11(1.4)	
Reported risk for STI	265(48.8)	194(24.4)	<.001 ^b
Report STI symptom	345(63.5)	488(61.3)	0.004 ^b
1 assigned Birth gender limited to Male or Female			
^a p-value from t test ^b p-value from chi-square test			

*No "Negative" Impact reported ^ No "Did Not Notice" reported a p-values from Fisher-Freeman-Halton Exact Test 1 In addition to legal documentation with birth name 2 e.g., Transgender Day of Remembrance, Pride Celebrations

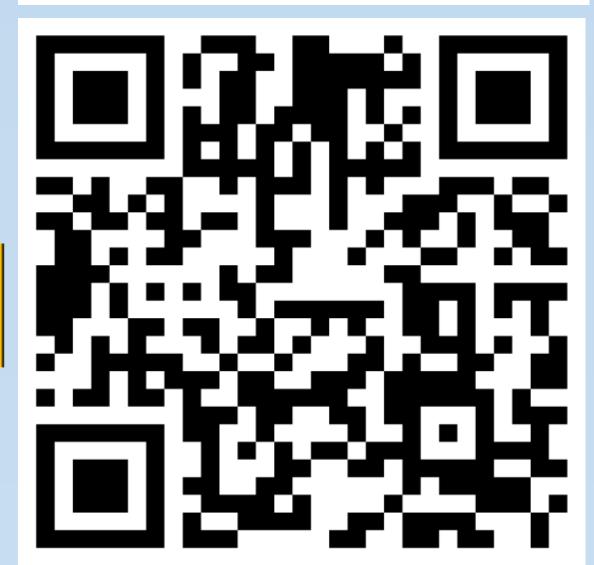
As they have minimal negative impact and a strong positive impact on the targeted populations, implementation of LGBTQ+ WCSIs are strongly advised to overcome the barriers that SGM individuals frequently experience in accessing healthcare

CONCLUSION

STI services are important for SGM individuals

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- LGBTQ+ WCSI had a positive impact on those identified as a SGM person
- Non-SGM persons frequently did not notice LGBTQ+ WCSI
- Rarely did a LGBTQ+ WCSI have a negative impact
- In CHC, SGM individuals reported a higher positive impact from LGBTQ+ WCSI compared to those in HCs or PHUs
- In HC's and PHU's, SGM individuals were less likely to notice a LGBTQ+ WCSI.
- Impact of WCSI within a clinic will depends on:
 - specificity of program's services: presence of other environmental cues)
 - complexity of governance (ability to make environmental changes
 - influence of funders and accreditors (restrictions/requirements on clinic

For more information

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1Creating a LGBTQ+ Welcoming Space Across Various Health Care Models Serving PWH 2 LSU Health School of Public Health New Orleans 3 School of Nursing, Rutgers, The State University of New Jersey 4 Those that identified as Lesbian Gay Bisexual Transgender Queer/Questioning or others non heterosexual/non-cisgender/LGBTQ+ 5 Specifically for STI screening, testing and treatment 6 Ryan White HIV AIDS Program 7 This project is supported by the and Human Services, Health Resources Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a Special Interest of National Significance (SPNS) award totaling \$11,251,973 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. 8 Funded via grants from HRSA's Bureau of Primary Health Care (BPHC)