

INTRODUCTION

- 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.

METHODOLOGY

Over 18 months (4/20-9/21) 9 RWHP⁶ 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)

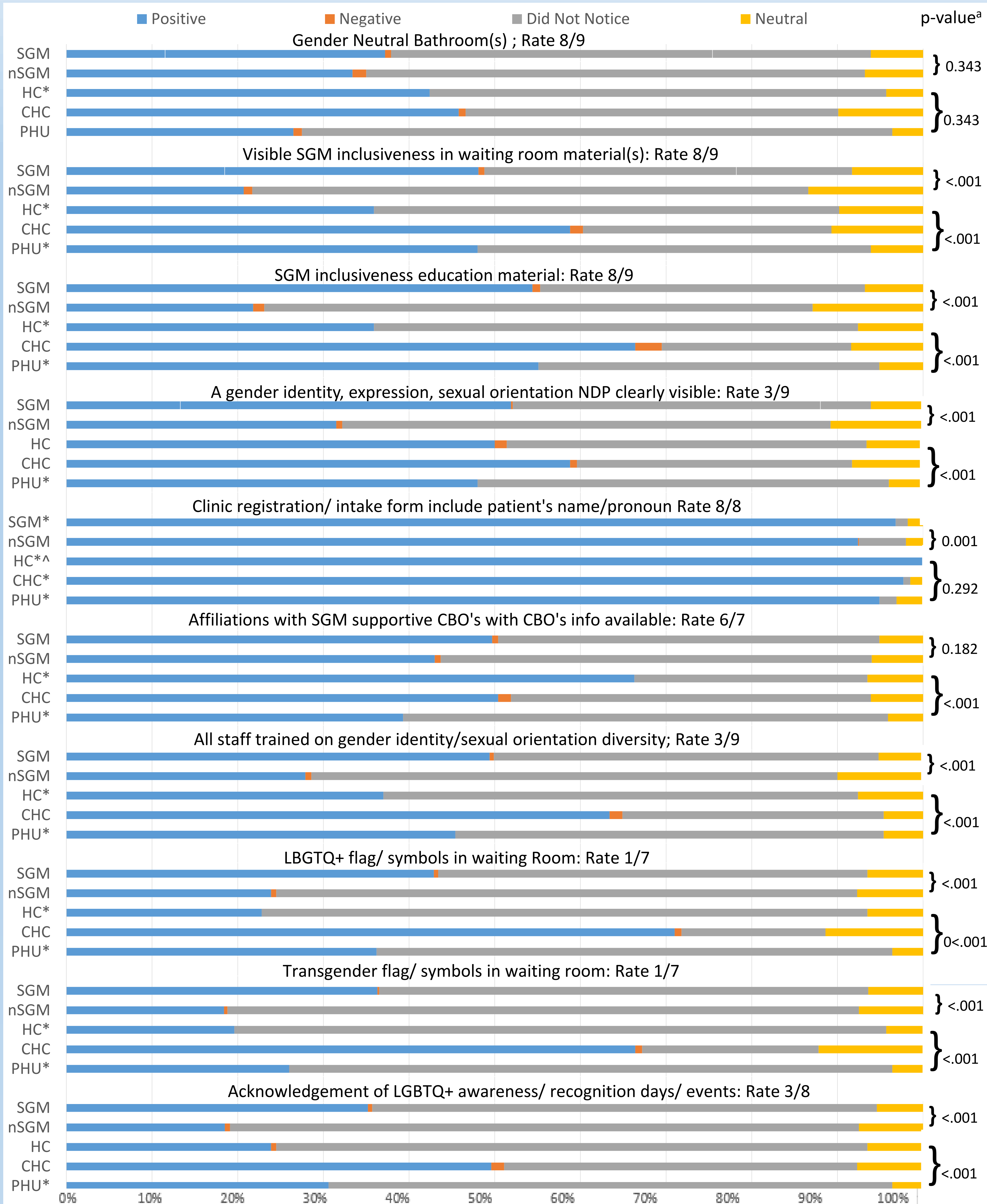
- Analysis was based on individual’s SGM identification assessed from self reported assigned birth gender(BG), identified gender(IG) and sexual orientation (SO) (Table 1)
 - Only those that could be identified as SGM or not (nSGM) were included in analysis
 - If IG ≠ BG then SGM
 - If SO ≠ “heterosexual” 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 (Freq %)	SGM (N=543)	nSGM (N=796)	p-value
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
^ap-value from t test ^bp-value from chi-square test

RESULTS: Impact of WCSI by Population and Clinic Type



*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
- 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)

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