

Introduction:

LGBTQ people face many barriers to medical care including fear of provider discrimination, lack of provider knowledge, and dissatisfaction with care received. As such, LGBTQ people have higher rates of emergency department use and lower utilization of primary care & preventive services than the general population. UNC Campus Health embarked on a quality improvement initiative to address LGBTQ patient healthcare.

Methods:

The UNC LGBTQ Center emailed a survey to their list serve to assess LGBTQ student healthcare needs, experiences with UNC Campus Health Services, and suggestions to improve services at UNC Campus Health. Eight students completed this survey and two students emailed written responses to the UNC LGBTQ Center directly.

Patient suggestions:

- Train providers: LGBTQ health needs, WPATH Standards of Care, and Safe Zone
- Use the pronouns patients indicate on intake forms
- De-gender services at Campus Health – Women’s Health Exams can be called gynecological exams
- Provide rapid HIV testing without appointments
- Update webpage to be more LGBTQ inclusive
- List trans-affirming primary care providers

Citations: Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for a Better Understanding*. Washington, DC: The National Academies Press.

Findings

50% of survey participants found CHS providers to be sensitive and aware of the needs of LGBTQ individuals.

Six of eight survey respondents reported positive and negative experiences at CHS; one respondent reported only positive experiences; one respondent reported only negative experiences. Emailed responses indicated avoidance of care and negative experiences at CHS.

Positive Feedback:

“I love CHS and they are the best providers I have ever had.”

Some patients indicated that they felt respected at Campus Health and appreciated preferred name and pronoun indicators on the intake form. Several participants indicated that they felt no judgment or discomfort regarding their sexual orientation of gender identity at Campus Health. Another patient indicated that Campus Health healthcare providers are knowledgeable about LGBTQ health issues and convey their good intentions.

Negative Feedback:

Transgender patients reported avoiding medical care due to fear of misgendering and indicated they felt safer avoiding care than seeking care. The inability of the electronic health record system to indicate patient preferred name and pronouns created an atmosphere where patients felt disrespected. A transgender patient reported dissatisfaction with being referred out for transition-related therapy by CAPS, which the patient would have preferred to be addressed in CAPS with a brief treatment model. One transgender patient reported being misgendered during a pap-smear and several indicated that calling pap smears and breast exams “Women’s Health Exams” is alienating to transgender patients. Additionally, a queer identified female patient indicated that the Women’s Health intake forms made it difficult to indicate sexual activity without a need for birth control. Further, a gay male patient expressed frustration with a provider who assumed he had an STI when he sought care for a common infection; another patient was refused the right to bring a supportive person with them during a clinic visit.

Actions Taken by Campus Health Services to Improve LGBTQ Healthcare:

- Safe Zone training for 35 Campus Health staff and providers
- Hormone therapy training based on WPATH Standards of Care for healthcare providers
- Transgender related care offered through the development of a Transgender Healthcare Working Group: Primary care, nursing, counseling, & pharmacy
- Preferred name & pronoun on intake forms
- Pronoun buttons available at check-in
- Pronoun charts in every exam room
- LGBTQ health information available in waiting areas
- Transgender pap smear posters in Women’s Health
- Transgender Health Webpage

Acknowledgements:

Thank you to Meredith Burns and the UNC LGBTQ Center for conducting the LGBTQ+ Health Concerns Survey. This information is instrumental in improving the healthcare and health outcomes of LGBTQ students at the University of North Carolina.



From January – March of 2017, Campus Health implemented the use of SBIRT in Primary Care and Women's Health.

ELEMENTS OF SBIRT

SCREENING FOR ALCOHOL USE

Providers ask whether patients have drunk more than 4 or 5 drinks in a sitting in the past 2 weeks based on gender.



BRIEF INTERVENTION

Provider and patient discuss substance use using patient-centered motivational interviewing techniques.



REFERRAL

When warranted, patient is referred to brief therapy to assist with substance related goal setting or to treatment.



10,666 patient visits were analyzed via descriptive statistics.

1339 CHS patients binge drink



Visit Reasons Correlated with Drinking

- Sexually Transmitted Infection – 27%
- Injury – 18%
- Sinus Problems – 18%
- Intrauterine Device – 17%
- Flu – 15%

Percentage of patients with this issue who also reported binge drinking



REACHING MORE STUDENTS

Based on this intervention, nearly 9,000 students discussed substance use with their providers. More research is needed to learn the impact of those conversations.

BINGE DRINKING DECREASE

Over the 3 months, students reporting binge drinking in the past 2 weeks decreased by 4.5%.



BEST PRACTICE

SBIRT has proven success in previous research when implanted in clinical settings.

TRANSFERABLE

The formal SBIRT protocol may be transferrable to other college health centers.

