Planned Parenthood

LGBTQ Healthcare in Southern New England

Christina Bastida, Rachel Clare, Erin McConocha, Rachel Perler, Matthew Wilcox,
Elina Kurkurina, Debbie Humphries, Lauren Rosato

PROJECT OBJECTIVES

- Assess perceptions of Planned Parenthood as a viable resource for healthcare services
- Gather suggestions for PPSNE to assist in better serving the LGBTQ community
- Explore health needs of LGBTQ communities in Southern New England
- Assess scope and accessibility of LGBTQ-specific health care services and providers
- Review experiences of LGBTQ individuals to understand need for services

Background:

The LGBTQ community experiences significant health disparities in access to care, utilization of care, experiences of discrimination, higher rates of some health outcomes, and appropriate care issues, leading to healthcare neglect.[1] Poor health outcomes include

- higher rates of mental illness
- higher rates of substance use throughout the community often partially resulting from experiences and perceptions of stigma and discrimination
- greater prevalence and heightened incidence of HIV/AIDS for transgender women, gay, and queer men.[2,3]
- underscreening is a common theme in care, with transmasculine individuals, lesbian, and bisexual women receiving limited cervical cancer screening.[4,5]

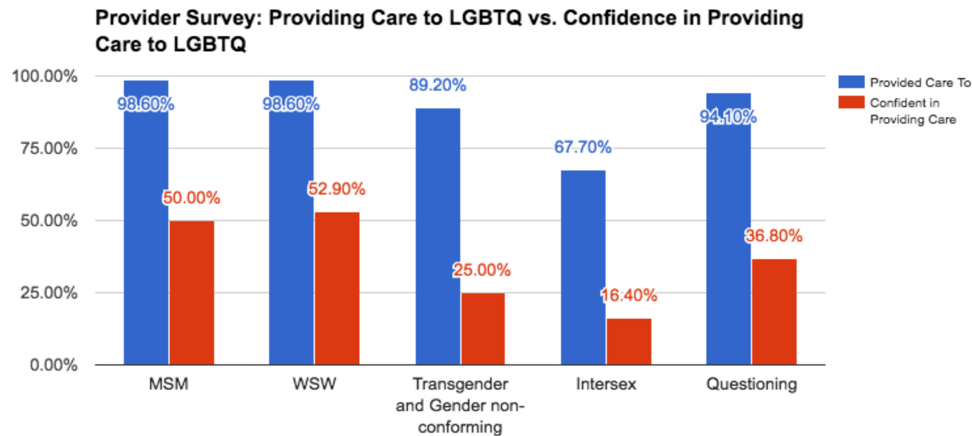
Few national, state, or institutional policies address the unique health needs of this diverse population. Healthcare reform under the Affordable Care Act effectively halved the number of uninsured LGBT people.[6]

Protections exist against discrimination in Connecticut and Rhode Island, but many providers remain poorly prepared to treat LGBT patients, with only 4% of practices in a nationally representative study of medical practices holding policies that identify LGBT-competent physicians.[7,8]

Methods:

- A literature review was conducted to provide background for the development of interview, focus group, and survey questions.
- An interview was conducted with the trans-health provider at Planned Parenthood of Southern New England.
- Focus groups were conducted with LGBT community members in three Connecticut cities: Norwalk, New Haven, and Hartford.
- An online questionnaire was administered to Planned Parenthood staff and providers throughout Connecticut and Rhode Island. 75 questionnaires were completed.

Figure 1: Provider and Staff Survey Responses



Staff Survey Results:

The majority of PPSNE staff providers have served LGBTQ individuals. However, fewer felt confident in their ability to provide competent care and some expressed a desire for more training. This was particularly the case with transgender, intersex and questioning clients (Figure 1).

Focus Group Results:

Focus groups were conducted with individuals who had little to no previous experience with accessing Planned Parenthood services, so the comments do not specifically reflect Planned Parenthood providers. Throughout the 3 focus groups, recurrent themes included reports of experiences with provider assumptions, judgment and discrimination, the need for LGBTQ-inclusive services, and the need for PPSNE to build trust within LGBTQ communities:

Provider Assumptions

Focus Group participants reported that their health care providers generally made assumptions about sexual orientation, gender identity, sexual activity, and body processes which led to lack of comfort and perceived stigma by the clients.

> *"Well I saw my general practitioner, and then I saw my gynecologist, and they go through the same kind of questions and have the same sort of reaction… Cause they're like, "are you having sex?" No, "Are you sexually active?" Yes. "Are you on birth control?" No. "Are you trying to get pregnant?" No… And they're like, what? Depending on how gay I look or don't look. They usually figure it out and then the conversation dies."*

Judgement and Discrimination

Participants also reported experiences of stigma, judgement, discrimination and trauma. They felt that their experiences of stigma led to feelings of insecurity, lack of safety, and eroded trust.

> *"I was having a surgery and all my information said she, and they kept saying he's supposed to have the surgery, he's supposed to have the surgery. And I'm like who is he? I didn't know I was sharing a room with someone. If you're supposed to be doing a major surgery on me, I would really be grateful if you would address me as the name that's on my medical records…I didn't know how he was going to treat me because of who I was, because if you're disrespecting me before the surgery, I don't know what you're going to do to me, while I'm out."*

Need for clinics to demonstrate comprehensive LGBTQ inclusivity and cultural humility

Focus Group participants saw provider and staff cultural competence as a priority, and emphasized the importance for all clinic staff, paperwork, and messaging to demonstrate cultural humility. Focus group participants expressed interest in possibly going to Planned Parenthood if the care provided is culturally competent throughout the entire clinic.

> *"And people have to start listening, and it's not enough just to have printed material, the initial paperwork when you walk into the office has to have inclusive language in it and the doctor has to use the inclusive language, you know, you can't have printed material and the doctor is still in the 10th century. You have to have doctors with awareness."*

Need for more LGBTQ Health Care Services, including PrEP and HRT

Participants repeated their perceptions that LGBTQ services such as PrEP, HRT and culturally competent mental health services are scarce. Participants discussed having to travel long distances to access services, and encountering long waiting times due to providers who offer quality LGBTQ health care services being overburdened.

> *"We don't have enough people prescribing pre-exposure prophylaxis for gay men and I think this environment is much more nurturing and could probably do a better job at promoting its services for men who need support or need help, especially when it comes to PrEP."*

Need for PPSNE to build trust within LGBTQ communities

Patients hear about useful, competent services through recommendations from LGBTQ friends, and through an organization's ongoing involvement in LGBTQ communities and advocacy. Participants also discussed that they would be more likely to access PPSNE if they received a referral from a friend or other trusted LGBTQ service organization, and that they would want to test out the services themselves to decide if they would be willing to access health care at PPSNE.

"As far as coming here for hormone therapy, I would want to try and see, because anyone who is interested in that would want to investigate. They'd want to come and see how welcoming you are and if you really are willing to treat the whole person. They might come for the first or second visit just to see what goes on. If you can get that person after the second visit then you have a person that's going to keep coming."

Limitations

Focus group samples were predominantly older cisgender gay men (mean age= 43.1 years old) with many citing recruitment through HIV/AIDS based organizations in the region. The city-focus excluded rural or suburban populations from the focus groups.

The online survey was administered to both staff and clinicians, two distinct service providers, which led to some ambiguous summations.

Recommendations for Planned Parenthood from the Focus Groups

- ***Building Trust Within LGBTQ Communities*** – Participants spoke to the need to develop relationships and rapport, gathering experience and knowledge through seeking understanding from community members. Empathetic and compassionate care require the understanding of patients as people and expanding personal knowledge of diverse populations. PPSNE should consider developing a LGBTQ advisory board to provide feedback on these changes.
- ***Competency and Inclusivity Throughout the Clinic*** – Participants reported experiencing discrimination at all stages of their health care visits, highlighting the importance of emphasizing comfort and cultural humility for both providers and staff members.
- ***Informed Consent Model*** - PPSNE should utilize an informed consent model for prescribing HRT, as this model empowers patients, increases access to care, and could signal to community partners that gender-affirming protocols are in place. Participants discussed how the lack of culturally competent mental health services serves as a barrier to being able to access HRT when an informed consent model is not being utilized.
- ***Marketing & Outreach*** – Participants suggested expansion of reach, whether through caseworkers, social media, participation in already existing queer events and activities that highlight health and education, or building relationships with community partners and organizations. They additionally suggest PPSNE rebranding for the LGBTQ community, reducing the emphasis on reproductive health and reproduction and being more inclusive to those for whom that may not be the aim or the outcome.
- ***Mental Health & Social Services*** – Participants discussed a need for access to culturally competent mental health and social services, and emphasized the importance of integrating these services with their health care. Participants suggested that PPSNE would be a more attractive health care option if they provided competent mental health and social services.

We see this expansion of PPSNE services as a highly positive potential opportunity, and encourage PPSNE to move forward in this way.

The implementation of these suggestions could contribute to significant changes in perceptions of PPSNE, leading to a greater utilization of Planned Parenthood Services. Toward this purpose, we hope the results drawn from this research will be able to strengthen services for the LGBTQ community and enhance relationships with other organizations and services who contribute in this effort.

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REFERENCES

1. Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: what we know and what needs to be done. *American journal of public health*, *98*(6), 989-995.
2. Alvy, L. M., McKirnan, D., Du Bois, S. N., Jones, K., Ritchie, N., & Fingerhut, D. (2011). Health Care Disparities and Behavioral Health Among Men Who Have Sex with Men. Journal of Gay & Lesbian Social Services, 23(4), 507-522. doi:10.1080/10538720.2011.611114
3. Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology, 71*(1), 53-61. doi:10.1037//0022-006X.71.1.53
4. Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8*(5), 521-548. doi:10.1177/1745691613497965.
5. Peitzmeier, S. M., Khullar, K., Reisner, S. L., & Potter, J. (2014). Pap test use is lower among female-to-male patients than non-transgender women. *American Journal of Preventive Medicine, 47*(6), 808-812. doi:10.1016/j.amepre.2014.07.031.
6. Karpman, M., Skopec, L., & Long, SK (2015). QuickTake: Uninsurance Rate Nearly Halved for Lesbian, Gay, and Bisexual Adults since Mid-2013.
7. ACLU. (2016). Past LGBT Nondiscrimination and Anti-LGBT Bills Across the Country. https://www.aclu.org/map/non-discrimination-laws-state-state-information-map
8. Khalili, J., Leung, L. B., & Diamant, A. L. (2015). Finding the perfect doctor: Identifying lesbian, gay, bisexual, and transgender–competent physicians. *American journal of public health*, *105*(6), 1114-1119.
9. Quinnipiac University. "Quinnipiac University Poll." Survey. 31 August 2015.