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### Understanding the State of LGBTQIA+ Healthcare and Support in Camden County

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**Background**

- 4.5% of American adults identify as lesbian, gay, or bisexual and about 1.4 million adults identify as transgender.<sup>1</sup>
- This demographic is impacted by many social determinants of health and health disparities, particularly for transgender patients.
- 33% of LGBTQIA+ patients ranging from a pool of 28,000 surveyed patients have had a negative experience with their health providers, and 8% of them had to educate their physicians about their needs due to physicians' lack of knowledge about this demographic.<sup>2</sup>
- Research suggests that there is a reluctance to access mental health services in the LGBTQIA+ community due to homophobia,, difficulties disclosing sexual and gender identity, and fears of being misunderstood.<sup>3</sup>

**Objectives and Methodology**

- Complete literature review of key terms such as LGBTQIA+ Patient Experiences, STI Screenings, SOGI, Mental Health needs through the Camden County Health Needs Assessment, NCBI and Google Scholar.
- Speak with community partners, such as Camden Community Health Center, Rowan Family Medicine, RowanSOM Allies in Medicine, and LUCY, to note discrepancies in the most apparent healthcare and personal needs for the LGBTQIA+ patient population locally.
- Connect community resources with both physician and patient populations in Camden County while improving LGBTQIA+ patient comfort within the healthcare setting.

**Results**

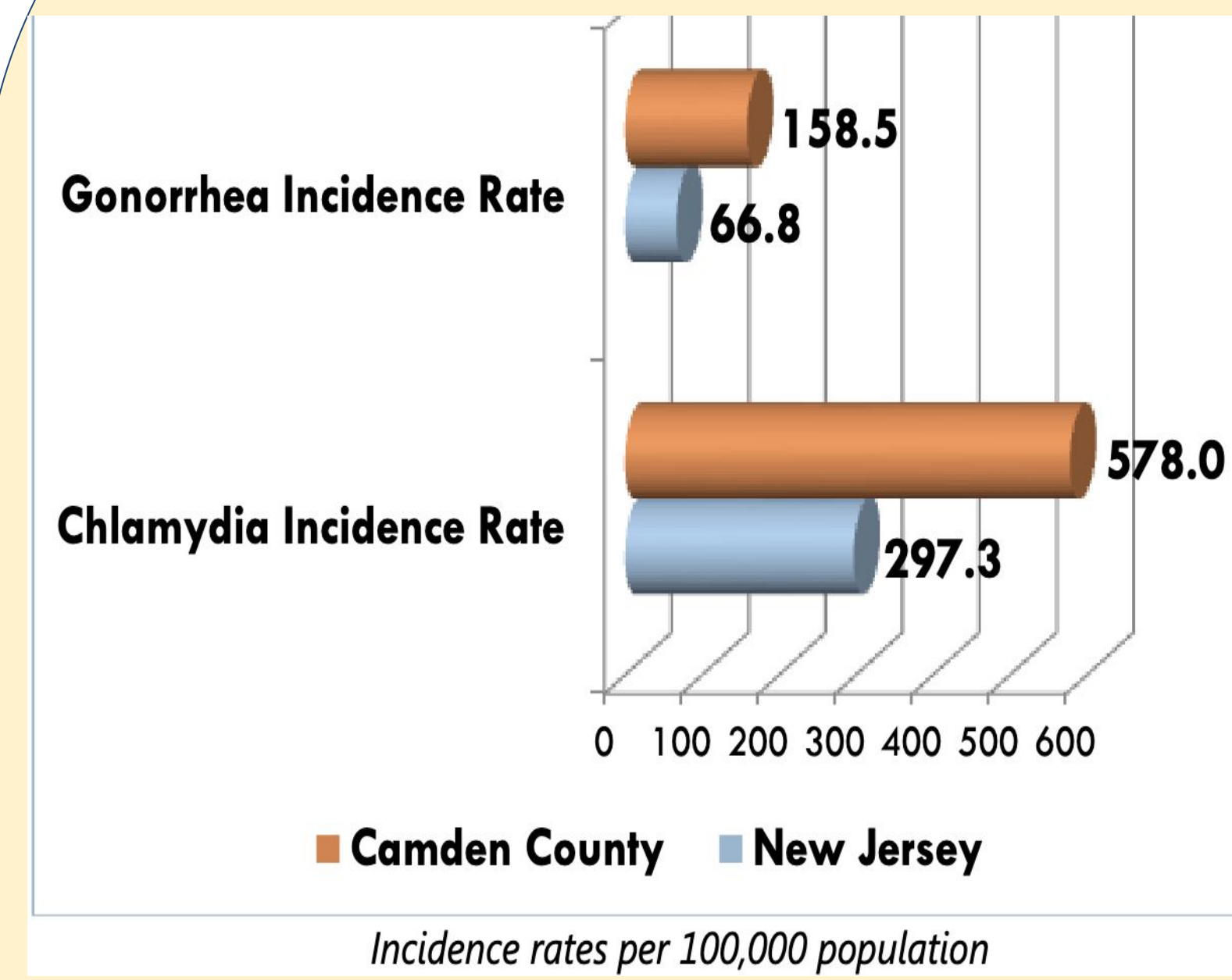


Figure 1. Gonorrhea and Chlamydia Incidence rates are 2x more likely to happen in Camden County compared to the entire state of New Jersey.<sup>4</sup>

Reporting Period	LGBT Patients Screened No.	Observed		Estimated	
		Total LGBT Patients No.	LGBT Patients Screened %	Total LGBT Patients No.	LGBT Patients Screened % (95% CI)
March 2015-2016	1,577	3,395	46.5	6,229	25.3 (7.6-43.1)
April 2015-2016	1,663	3,517	47.3	6,324	26.3 (12.1-40.5)
May 2015-2016	1,759	3,670	47.9	6,420	27.4 (13.6-41.2)
June 2015-2016	1,843	3,812	48.3	6,518	28.3 (15.6-40.9)
July 2015-2016	1,954	4,003	48.8	6,618	29.5 (16.9-42.2)
August 2015-2016	2,108	4,214	50.0	6,718	31.4 (17.0-45.8)
September 2015-2016	2,310	4,904	47.1	6,821	33.9 (19.3-48.4)
October 2015-2016	2,394	5,115	46.8	6,924	34.6 (20.5-48.7)
November 2015-2016	2,561	5,447	47.0	7,030	36.4 (21.6-51.3)
December 2015-2016	2,776	6,922	40.1	7,137	38.9 (25.6-52.2)
January 2016-2017	3,030	6,776	44.7	7,246	41.8 (28.4-55.2)
February 2016-2017	3,141	7,131	44.0	7,356	42.7 (29.1-56.3)
March 2016-2017	3,296	7,468	44.1	7,468	44.1 (30.2-58.1)

FQHC = federally qualified health center  
LGBT=lesbian, gay, bisexual, and transgender

Table 1. Increased Screening of LGBTQIA+ Population for STI's upon implementation of SOGI in EMR.<sup>5</sup>

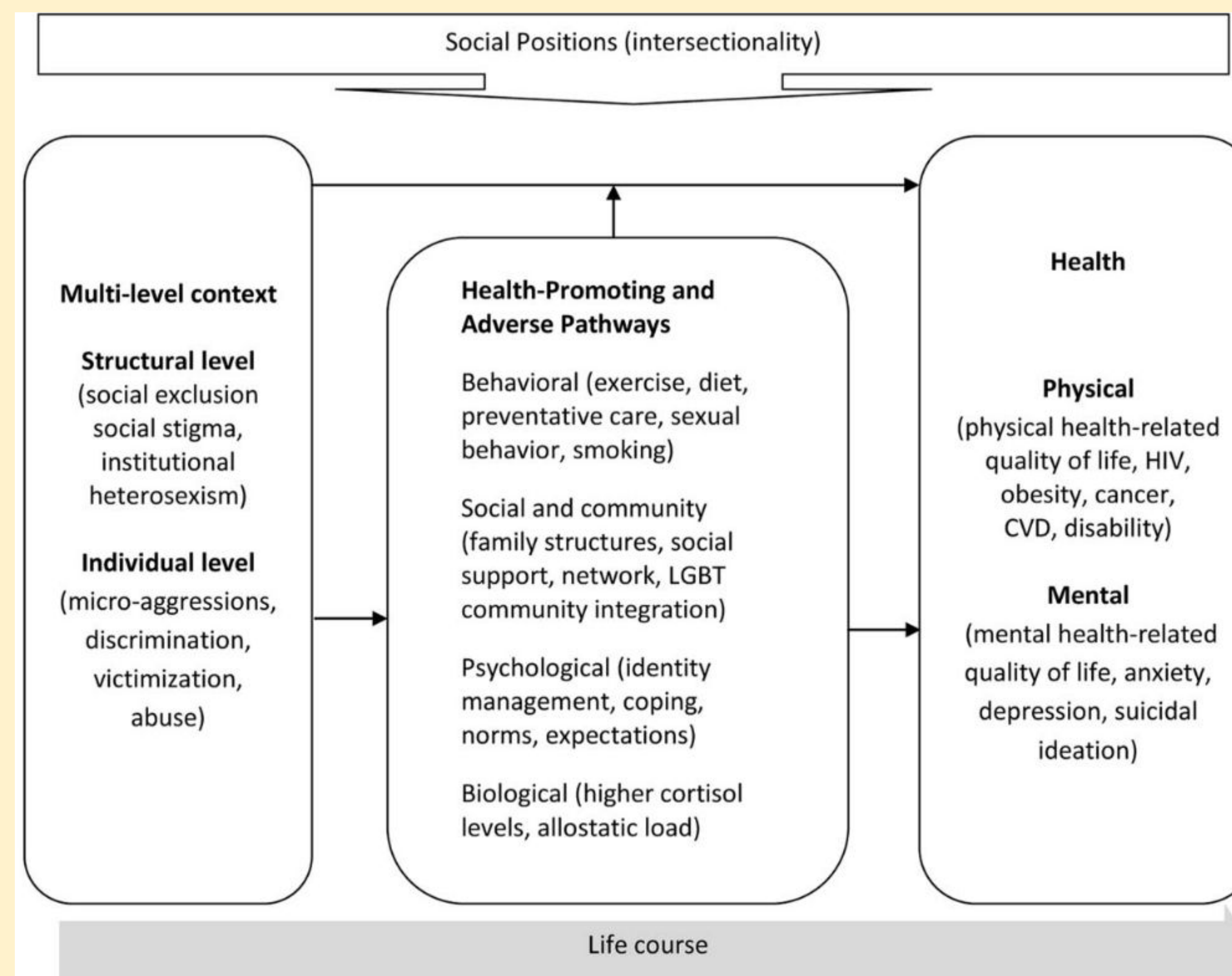


Figure 2. Promotion of Health Equity Model for the LGBTQIA+ Community through Individual and Societal Means.<sup>6</sup>

Types of Exclusive Education	Number of Groups	Subthemes	Examples
Silencing	5/5	Passive (LGBTQ topics never brought up in the classroom); active (questions about LGBTQ ignored, teacher states cannot address LGBTQ topics)	<ul style="list-style-type: none"> <li>"It was never brought up"</li> <li>"They never mentioned it [LGBTQ] at all"</li> <li>"The teacher told us she wasn't allowed to talk about queer issues"</li> <li>"They would find some way to get around answering our questions"</li> </ul>
Heterocentricity	5/5	Pregnancy prevention, abstinence until marriage, only discussing vaginal intercourse	<ul style="list-style-type: none"> <li>"Don't get anyone pregnant"</li> <li>"Waiting 'til marriage"</li> <li>"Hetero-vaginal intercourse"</li> </ul>
Pathologizing	4/5	Bringing up LGBTQ in the context of AIDS/STDs; Statistics on risky behaviors	<ul style="list-style-type: none"> <li>"Statistics on STDs and gay people"</li> <li>"The only thing you ever hear about gay people is they get AIDS"</li> <li>"It's difficult for the child if they had two parents of the same sex"</li> </ul>

Table 2. "Excluding" themes of sexual education experienced by students of LGBTQ+ population.<sup>7</sup>

**Proposed Intervention**

- 1) Connect local community organizations, such as Kaleidoscope and LUCY, with Rowan Family Medicine Physicians to give supportive care to LGBTQIA+ patients outside of the medical office
- 2) Develop a database of trusted LGBTQIA+ Community Resources near each Rowan Family Medicine Office
- 3) Advocate for SOGI (Sexual Orientation and Gender Identity) implementation in the electronic medical records (EMR) at Rowan Medicine facilities to ensure preferred names and pronouns are used during patient visits to produce a more welcoming environment



Figure 3. Camden County LGBTQIA+ community resources database

Overall, through more inclusive language and establishment of social, community, medical and familial support systems, we can help improve medical relationships and patient outcomes of the LGBTQIA+ community.

**Acknowledgements and References**

