EIDOS LGBTQ+
HEALTH INITIATIVE

Conversation Summary:

CULTURALLY COMPETENT CARE AND LGBTQ+ COMMUNITIES

Speakers:

Jessica Halem, Senior Director, Eidos LGBTQ+ Health Initiative
Dr. Kellan Baker, Executive Director, Whitman-Walker Institute
Gaurang Choksi, CEO and Founder, Violet
David (Hyunmin) Yu, PhD student, University of Pennsylvania School of Nursing

Key Takeaways:

- LGBTQ+ cultural competency training for healthcare providers is critical to address the documented, compounding problems of discrimination, healthcare disengagement, and health disparities faced by LGBTQ+ patients
- Research is needed to identify the best training methods for fostering inclusive organizational practices and improving patient outcomes.
- Currently, there is no standard for cultural competency training and training models vary greatly across training contexts.
- Systemic changes in healthcare education and training programs are necessary to provide more robust LGBTQ+ cultural competency.
- Cultural competency training for LGBTQ+ care has the potential to improve health outcomes not only for LGBTQ+ patients, but for all patients.
- Patients have intersectional identities and LGBTQ+ cultural competency training should be complimented with other cultural competencies.
- In order to develop evidence-based practices, LGBTQ+ experiences need to be included on national surveys about medical care.

What We All Can Do

- People at all levels of the medical system can contribute to making training a priority for providers.
- Patients can advocate for better care by using opportunities to provide feedback and share their experiences with providers, ombuds offices, and Human Resource departments, and through feedback surveys used by their healthcare providers and workplaces.
- Providers and insurance companies can invest in training and creating organizational cultures of cultural competence and humility.
- Educational institutions can incorporate robust, meaningful cultural competency and humility content in curricula.
- Researchers can gather more data on the most effective training methods for providing better care to LGBTQ+ patients, identifying methods that impact organizational culture, provider confidence and skill, and patient outcomes.

The Challenge in Context

- Jessica opened the proceedings by sharing data on the growing proportion of LGBTQ+ individuals in the population (estimated 20% of Gen Z) and the continuing health disparities for these people, noting that these are most pronounced for bisexual, transgender, and non-binary populations.
- David summarized a literature review he recently conducted on studies of LGBTQ+ cultural competency trainings. From the 40 studies considered the average time spent on LGBTQ+ cultural competency was 3.7 hours. He noted that common limitations were lack of theoretical framing, weak study design, small sample sizes, lack of outcome data, and the use of didactic lectures as a single training modality. He also highlighted that trainings have consequences at the structural, provider, and patient levels.
- Gaurang shared information about how his company, Violet, approaches the challenge of cultural competency training through benchmarking providers' experience providing care to diverse communities, providing upskilling opportunities based on that experience, and acknowledging providers' achievements and growing expertise upon completion of training.
- Kellan identified existing gaps in research around cultural competency. Though there is agreement training is beneficial, it is still unclear which modalities of training provide the best health outcomes for patients. A key challenge is making cultural competency training relevant and meaningful to all healthcare providers, not just the ones already motivated to do the work.

Questions for Panelists

How can we address cultural competency at the institutional level?

- Gaurang indicated it is important to provide incentives for providers to complete training. By providing badges to acknowledge completed training, Violet allows providers to demonstrate a standardized level of proficiency to patients and peers.
- Kellan agreed and added that cultural competency training could be incorporated into existing expectations and requirements for continuing clinical education. Cultural competency is a necessary element of clinical competency. However, continuing education requirements vary by state, presenting a challenge to standardization and enforcement.
- David indicated that he received no LGBTQ+ cultural competency in his undergraduate education, and only limited training in his graduate experience. Current educational programs present occasional exposure to LGBTQ+ health, but not systematic, integrated learning opportunities throughout the curriculum.

How can the specific needs of LGBTQ+ patients be better served by providers?

- Kellan noted that many approaches used for LGBTQ+ patients benefit cisgender and heterosexual people as well. For example, trauma informed pelvic exams are important not only for lesbian women, bisexual women, and transgender men but cisgender, heterosexual women as well. These commonalities can make cultural competency feel more relevant to providers. He indicated that culturalcompetency.org includes trainings that reference these commonalities.
- Gaurang has heard from clinicians that applying the singular label "LGBTQ+" to such a broad population that contains many different identities can be unhelpful. Sexual orientation and gender identity, while sharing some commonalities, are not the same. Differentiating competency across the many identities that make up the LGBTQ+ label is important. Intersectionality of LGBTQ+ patients also needs to be addressed in care.

Questions for Panelists

How can patients navigate finding culturally competent providers given limitations of time, money, and employer plans?

- Gaurang sees the need for a technology solution. There needs to be a way for patients, regardless of their coverage, to get this information about providers.
- Kellan pointed out that, as a federally qualified health center, Whitman-Walker provides care regardless of a patient's ability to pay. However, their focus is primary care and they have similar issues in finding affirming care for patients being referred to secondary and tertiary care providers. If more LGBTQ+ patients had access to secondary and tertiary care, those providers would improve their cultural competency faster.

How can patients play an advocacy role of asking for culturally competent care?

- David encourages LGBTQ+ patients to provide feedback on their care as much as possible. He acknowledged that there is a power dynamic separating providers and patients which can make this challenging. However, self-advocacy is an important part of establishing a strong relationship with your provider.
- Jessica noted other methods of giving feedback, including ombuds offices at hospitals and human resource departments at your employer. She also noted the importance of not retraumatizing yourself in sharing stories as part of advocacy.
- Gaurang shared a link to the Office of Health and Human Safety map of state cultural competence requirements. He encouraged people to write and call politicians to advocate.
- Kellan highlighted the lack of a national body to mandate cultural competency and mentioned the need for local action. Documenting discriminatory treatment allows concerns to get more attention. He also shared resources for finding LGBTQ+ supportive providers at GLMA/Health Professionals Advancing LGBTQ+ Equality website (https://lgbtqhealthcaredirectory.org/).
- Kellan also mentioned the importance of including sexual orientation and gender identity in national surveys. If patients receive surveys about their care it is important to fill them out with your sexual and gender identities if you are comfortable doing so. It allows LGBTQ+ populations to be measured, and "what is measured, matters."

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