

Assessing Satisfaction with Care for Sexual Minority Groups in an Urban Clinic

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Background

- Individuals in sexual minority groups are frequently underserved and dissatisfied with their healthcare
- We describe patients' views, knowledge, interests, and comfort levels with their healthcare

Quality health care is a basic human right, one that everyone deserves and should be able to access within their hometowns."

- Southern Equality Health Survey Participant

Population

- Established English-speaking patients ≥18yrs in a large, urban Ohio Academic Medical Center-affiliated primary care clinic (PCC)

Learning Objectives

- Work with interdisciplinary team members in a PCC to design and distribute a patient satisfaction survey
- Discover what methods of health education and communication patients of PCC prefer to improve their physical, mental, and sexual health
- Discover the disparities seen in the LGBTQIA+ community

Activities

- Design, submit, and amend IRB Protocol as Principal Investigator
- Recruit faculty, medical residents, and medical students to assist with data collection
- Data collection
- Data entry and analysis

Deliverables

- Preliminary presentation of data to PCC of which data was collected
- Preliminary project data presented at North American Primary Care Research Group National Conference
- Final project data presented at American College of Preventive Medicine National Conference

Table 1: Demographic Features of Survey Participants

Demographics (n=239)	n (%)	Sexual Orientation (n=183)		χ ²	df	P-value
		Heterosexual n=126	* Non-Heterosexual n=57			
Age (n=236)		n = 125	n = 57			
		n (%)	n (%)			
18-24	11 (4.6)	1 (<1)	8 (14)	228.97	40	<0.001
25-34	29 (12.2)	13 (1)	14 (24.5)			
35-44	44 (18.6)	28 (2.2)	11 (19.2)			
45-54	46 (19.4)	29 (23)	6 (10.5)			
55-64	49 (20.7)	24 (19)	11 (19.2)			
65+	57 (24.1)	30 (24)	7 (12.2)			
Gender Identity (n=231)		n = 122	n = 54			
		n(%)	n(%)			
Woman or Feminine	164 (70.9)	90 (73.7)	38(70.3)	236.09	40	<0.001
Man or Masculine	51 (22.0)	31(25.4)	9(16.6)			
Agender	3 (1.2)	0	1(1.8)			
Gender non-conforming	2 (0.8)	0	2(3.7)			
Non-binary	2 (0.8)	0	2(3.7)			
Other gender	3 (1.2)	1(<1)	2(3.7)			
Education (n=238)		n = 137	n = 57			
		n(%)	n(%)			
Less than high school	19 (7.9)	20(14.5)	3(5.2)	277.30	64	<0.001
High school diploma or GED	75 (31.5)	33(24)	15(26.3)			
Some college	56 (23.5)	24(17.5)	17(29.8)			
Technical/trade license	27 (11.3)	18(13.1)	6(10.5)			
Associate's degree	18 (7.5)	12(8.7)	5(8.7)			
Bachelor's degree	23 (9.6)	15(10.9)	6(10.5)			
Master's degree	10 (4.2)	6(4.3)	4(7)			
Doctoral degree	4 (1/6)	4(2.9)	0			
Professional degree	6 (2.5)	5(3.6)	1(1.7)			
Race (n=238)		n = 125	n = 56			
		n(%)	n(%)			
Black	184 (77.3)	92(73.6)	40(71.4)	353.10	35	<0.001
White	35 (14.7)	22(17.6)	12(21.4)			
Asian American	2 (0.8)	1(<1)	0			
American Indian	3 (1.2)	2(1.6)	0			
Multiracial	7 (2.9)	5(4)	2(3.5)			
Other Race	7 (2.9)	3(2.4)	2(3.5)			
Income (n=223)		n = 120	n = 55			
		n(%)	n(%)			
Under \$15,000	73 (32.7)	33(27.5)	18(32.7)	59.97	42	0.572
\$15,000-\$29,999	48 (21.5)	22(18.3)	15(27.2)			
\$30,000-\$49,999	53 (23.7)	30(25)	9(16.3)			
\$50,000-\$74,999	18 (8.0)	10(8.3)	7(12.7)			
\$75,000-\$99,999	14 (6.2)	12(10)	2(3.6)			
\$100,000-\$149,999	7 (3.1)	4(3.3)	4(7.2)			
Over \$150,000	10 (4.4)	9(7.5)	0			
Cuyahoga Resident (n=235)		n = 126	n = 53			
		n(%)	n(%)			
Yes	228 (97)	122(96.8)	51(96.2)	32.65	8	<0.001
No	7 (3.0)	4(3.2)	2(3.8)			
Transgender Identity (n=230)		n = 124	n = 56			
		n(%)	n(%)			
Yes	6 (2.6)	1(<1)	4(7.2)	291.05	8	<0.001
No	224 (97.3)	123(99.1)	52(92.8)			
LGBTQ Identity (n=232)		n = 125	n = 55			
		n(%)	n(%)			
Yes	24 (10.3)	0	23(41.9)	384.95	8	<0.001
No	208 (89.6)	125(100)	32(58.1)			

*Includes: Gay, Lesbian, Bisexual, Asexual, Fluid, Pansexual, Questioning, Other Sexuality

Methods

- Over a two-week period in Spring 2022, participants were given Likert-scale surveys adapted from the Southern Equality Health Survey
- Questionnaire items covered respondents' knowledge, interests, and comfort levels with their physical, mental, and sexual healthcare
- Patient responses were compared by sexual orientation
- Chi-squared tests were used for bivariate comparisons

Results

- Among 239 respondents, 70.9% identified as woman/feminine and 77.3% identified as Black; 23.8% of subjects reported sexual orientation other than heterosexual.
- 45.8% of all subjects stated sexual history was rarely or never gathered in relevant visits.
- 49% of all subjects agreed/strongly agreed that their healthcare provider (HCP) promoted HIV education, with 21.9% expressing interest in learning more about pre-exposure prophylaxis (PrEP) for HIV.
- Among non-heterosexual respondents, 25% reported always/often needing to educate their HCP about their identity, and 46% reported that HCPs interacted differently due to identity.
- 27.3% of all subjects stated that they always/often needed to educate their HCP on their healthcare needs.
- 68.8% heterosexual vs. 60.7% other sexual orientation indicated healthcare needs were being met (p=0.0025).**
- 31.2% heterosexual vs. 39.2% other sexual orientation felt neutral or disagreed that the clinic was LGBTQ friendly (p<0.001).**

Table 2: Educational Material Requested by Survey Participants (n = 239)

Sexually inclusive posters	47 (19.6%)
Racially inclusive posters	67 (28.0%)
Community benefits for LGBTQIA+ populations	61 (25.5%)
LGBTQIA+ brochures/flyers	40 (16.7%)
Sexually inclusive educational videos	29 (12.1%)
Racially inclusive educational videos	45 (18.8%)
Staff to have better training on LGBTQIA+ Health	49 (20.5%)
More available information for HIV prevention and treatment	60 (25.1%)
Sexually inclusive clinic facilities (e.g., all-gender restroom signs)	65 (27.1%)

Lessons Learned

- Sexual minority patients felt that their identity impacted the extent to which their healthcare needs were met; and most participants, not only sexual minorities, did not feel the clinic was LGBTQ friendly.
- Results suggested a need for system- and provider-level improvements to accommodate the needs of sexual minority patients.

Public Health Implications

- For sexual minority groups to receive optimal benefit from the healthcare system, their needs and concerns regarding patient-provider interactions must be understood.
- Important next steps include administering the survey across a broader network of clinics.

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