

ABSTRACT

The goal of this clerkship was to help the Lowell Community Health Center (LCHC) ensure that they were maintaining an open and friendly environment for members of the GLBT community while also gaining an appreciation for the workings of a community health center. To do this, we conducted patient tracers, helped re-launch LCHC's staff competency survey focusing on GLBT issues, and participated in LCHC's community outreach programs. The patient tracers revealed that although the health center did a good job of creating a welcoming environment for GLBT individuals, providers often failed to ask sexual history questions, even of new patients. In light of this finding, we concluded that the health center needed to train providers regarding this.

BACKGROUND

LCHC is a non-profit community health center located in the heart of downtown Lowell aiming to provide culturally responsive health care to the underserved population there. To do this, the health center offers a wide variety of services including HIV support, insurance counseling, and family planning.

The Gay, Lesbian, Bisexual, and Transgender (GLBT) community faces health disparities., with individuals in this population facing poorer health outcomes as compared with their heterosexual counterparts. There are specific health needs among this community:

- GLBT people have worse mental health compared to the general population, with higher rates of depression, anxiety, suicide, and substance abuse, due to impact of homophobia and discrimination.
- Sexual minority youth were more likely to report sexual contact against their will (34% versus 19% of non-GLBT youth).
- GLBT individuals are less likely to have health insurance coverage and are more likely to receive care in the ER.
- 30% of gay, lesbian, or bisexual adults delay or avoid seeking care.
- 39% of transgender people face some type of discrimination or harassment when seeking routine medical care.
- Gay/bisexual men have higher rates of eating disorders compared with heterosexual men.
- Lesbians have an increased risk of breast cancer, cervical cancer, ovarian and endometrial cancer and are twice as likely to be obese.

MATERIALS AND METHODS

Patient Tracers:

To determine whether or not LCHC's patient care created a welcoming environment for GLBT individuals, we created checklists focusing on elements of the health center visit and filled them out while following patients. This was done by obtaining permission from the patient and providers and shadowing the patient from the beginning of their visit through their time with the provider. While shadowing, we looked for non-judgmental and gender appropriate language, mirroring the same language used by the patient, and completeness and appropriateness of the sexual history interview. GLBT visibility in the environment was evaluated by the presence of signs, symbols, posters, brochures, and gender-neutral bathrooms.

Staff Competency Survey:

To help assess LCHC's staff GLBT health knowledge, skills, and attitudes, we assessed a survey LCHC had used in 2009 and 2010 and made recommendations based on new guidelines and recommendations in order to fill gaps in knowledge about GLBT issues.

Community Outreach Programs:

To better understand the operation of the community health center, we took part of their outreach events including a blood pressure screening at the Massachusetts Association of Portuguese Speakers (MAPS), a flu vaccination outreach at the Lowell Elder Care center, and a GLBT-focused community health education seminar.

RESULTS

There were 24 patient tracers conducted (5 at Metta Health Center, 9 in LCHC main campus, 3 in the Access department, 4 in Lowell High School, 2 at Stoklosa Middle School). Within LCHC, 7 new patients were seen, 3 of which were asked any questions pertaining to sexual history. For these 3, an incomplete sexual history was obtained. All 4 students at LHS were asked about sexual health. There were no red flags seen in the behavior or language used by any of the staff.

The LCHC building, LHS, and Stoklosa all had high GLBT visibility in the environment. Metta and Access had gender-neutral bathrooms but lacked any other form of GLBT visibility.

The staff survey is currently ongoing at LCHC and will close by mid-November.

DISCUSSION

In light of our finding that sexual health was never asked in detail and was rarely asked at all, our primary conclusion is that further training of the LCHC providers is recommended. A complete sexual history is important for preventative care, identification of risk factors, appropriate screenings, and health recommendations for the population at large and the GLBT population in particular.

We were impressed by LCHC's overall ability to cater to the incredibly diverse community that they service in such a culturally responsive way. Participating in the community outreach programs taught us the benefits of meeting the patients where they are, and LCHC is doing a great job at carrying this out. LCHC is an example of taking proactive steps to ensure marginalized individuals get the highest possible quality care.

REFERENCES

1. CDC: Lesbian, Gay, Bisexual and Transgender Health; www.cdc.gov/lgbthealth
2. Gay and Lesbian Medical Association: Guidelines for Care of GLBT Patients, 2006
3. Human Rights Campaign; www.hrc.org
4. Fenway Health Center; www.fenwayhealth.org
5. Mass Youth Risk Behavior Survey, 2007.
6. Movement Advancement Project, "Advancing Transgender Equality", 2009.



The Lowell Community Health Center located in downtown Lowell.



The UMass Medical team in historic Lowell.