

Effects of an LGBT+ Affirming Environment on Patient Comfort in an Outpatient Clinic Setting

Danielle Harrington, OMS II; Victoria Herr, OMS II; Julie Doty, OMS II; Johnny Voigt, OMS II; William Blazey, DO; Nancy Bono, DO

Background

A significant portion of the US population identifies as LGBT+ and those individuals face homophobia, transphobia, and healthcare discrimination. Being denied care or being disrespected in a healthcare setting are reasons LGBT+ individuals can be unwilling to seek necessary care. Although there exists literature detailing suggestions for medical offices to help members of the LGBT+ community feel accepted and safe, there is a lack of experimental data to provide evidence for these methods.

Research Question

1. Does creating an LGBT+ affirming environment increase emotional comfort in LGBT+ identifying individuals?
2. Does creating an LGBT+ affirming environment decrease emotional comfort in non-LGBT+ identifying individuals?

Methods

Patients leaving the office of an outpatient clinical setting were given a 15-question exit survey comprising demographics and questions on relative emotional comfort. Comfort was measured using a Likert scale from 1-5 with 1 being “very uncomfortable” and 5 being “very comfortable”. Surveys were obtained for 4 weeks during a control period without LGBT+ affirming material and then in an experimental period for 4 weeks with LGBT+ affirming material (posters, rainbow flag lapels, and pronoun pins). Survey responses were tested for significance using Mann Whitney U tests, Kruskal-Wallis, and Chi-square tests of independence.

Results

Demographics	Control		Experimental		Total
	Control	Experimental	Control	Experimental	
Queer	20	32	268	213	481
Not Queer	268	213	89	82	171
Age 18-29	89	82	92	70	162
Age 30-59	92	70	106	91	197
Age 60+	106	91	187	163	350
White	187	163	97	81	178
Non-White	97	81	288	246	534
Overall Total	288	246			

Table 1. Showing patient demographics during the control and experimental periods. Participants were broken down into those who were queer-identifying or not queer-identifying, three different age groups, and white vs. non-white race.

Queer Percentage by Age Group and Race	Control Group						Experimental Group					
	Queer			Not Queer			Queer			Not Queer		
	Queer	Not Queer	% Queer	Queer	Not Queer	% Queer	Queer	Not Queer	% Queer	Queer	Not Queer	% Queer
Age 18-29	10	79	11.24%	14	68	17.07%						
Age 30-59	7	83	7.78%	11	57	16.18%						
Age 60+	3	101	2.88%	7	83	7.78%						
White	13	173	6.99%	17	142	10.69%						
Non-White	7	90	7.22%	15	66	18.52%						

Table 2. Displays patient demographics during the control and experimental periods based on the number and percentage of queer-identifying individuals in the two race categories and three age groups. Overall, there was a higher percentage of queer-identifying individuals in the experimental period. There was also a lower percentage of patients identifying as queer in the 60+ age group.

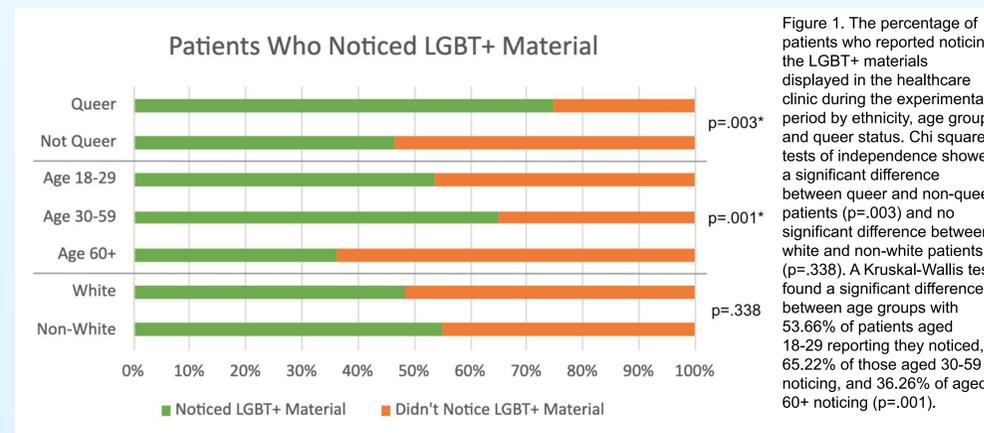


Figure 1. The percentage of patients who reported noticing the LGBT+ materials displayed in the healthcare clinic during the experimental period by ethnicity, age group, and queer status. Chi square tests of independence showed a significant difference between queer and non-queer patients (p=.003) and no significant difference between white and non-white patients (p=.338). A Kruskal-Wallis test found a significant difference between age groups with 53.66% of patients aged 18-29 reporting they noticed, 65.22% of those aged 30-59 noticing, and 36.26% of aged 60+ noticing (p=.001).

Conclusion

- Queer patients were significantly more likely to notice the LGBT+ affirming materials, indicating these methods reached our target audience.
- The 60+ age group was less likely to notice the material than other age groups. No significant differences between white and non-white participants were observed.
- LGBT+ affirming materials made a statistically significant positive difference in emotional comfort for queer individuals.
- Non-queer individuals experienced an increase in overall emotional comfort in the experimental period, but it was not statistically significant.
- **LGBT+ materials in our clinic setting helped queer individuals feel more emotional comfort, without infringing on the emotional comfort of non-queer individuals.**
- White patients experienced a significantly positive increase in emotional comfort regardless of queer status, while there was no significant difference in comfort for non-white patients, indicating a possible confounding factor.
- When separated into the above age groups, patients had no significant difference in emotional comfort regardless of queer status.

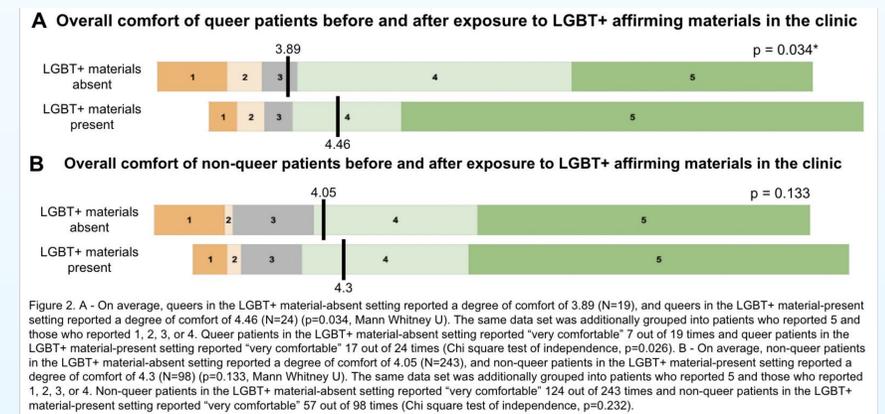


Figure 2. A - On average, queers in the LGBT+ material-absent setting reported a degree of comfort of 3.89 (N=19), and queers in the LGBT+ material-present setting reported a degree of comfort of 4.46 (N=24) (p=0.034, Mann Whitney U). The same data set was additionally grouped into patients who reported 5 and those who reported 1, 2, 3, or 4. Queer patients in the LGBT+ material-absent setting reported “very comfortable” 7 out of 19 times and queer patients in the LGBT+ material-present setting reported “very comfortable” 17 out of 24 times (Chi square test of independence, p=0.026). B - On average, non-queer patients in the LGBT+ material-absent setting reported a degree of comfort of 4.05 (N=243), and non-queer patients in the LGBT+ material-present setting reported a degree of comfort of 4.3 (N=98) (p=0.133, Mann Whitney U). The same data set was additionally grouped into patients who reported 5 and those who reported 1, 2, 3, or 4. Non-queer patients in the LGBT+ material-absent setting reported “very comfortable” 124 out of 243 times and non-queer patients in the LGBT+ material-present setting reported “very comfortable” 57 out of 98 times (Chi square test of independence, p=0.232).

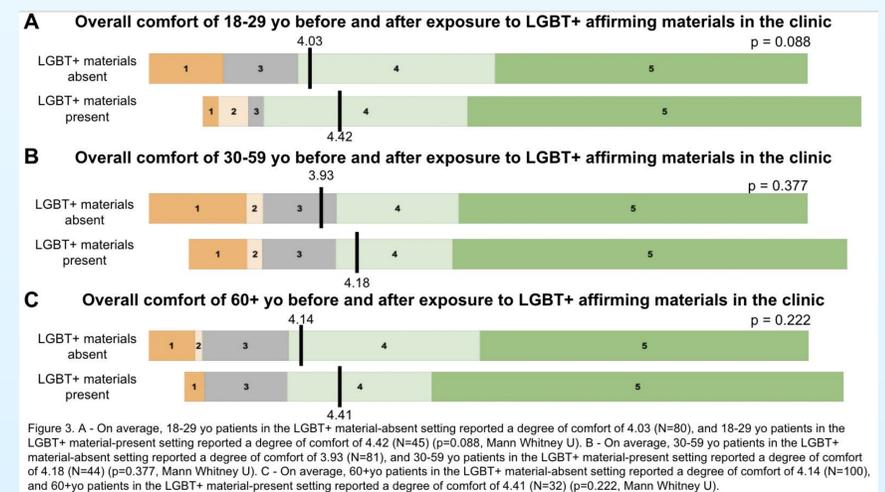


Figure 3. A - On average, 18-29 yo patients in the LGBT+ material-absent setting reported a degree of comfort of 4.03 (N=80), and 18-29 yo patients in the LGBT+ material-present setting reported a degree of comfort of 4.42 (N=45) (p=0.088, Mann Whitney U). B - On average, 30-59 yo patients in the LGBT+ material-absent setting reported a degree of comfort of 3.93 (N=81), and 30-59 yo patients in the LGBT+ material-present setting reported a degree of comfort of 4.18 (N=44) (p=0.377, Mann Whitney U). C - On average, 60+yo patients in the LGBT+ material-absent setting reported a degree of comfort of 4.14 (N=100), and 60+yo patients in the LGBT+ material-present setting reported a degree of comfort of 4.41 (N=32) (p=0.222, Mann Whitney U).

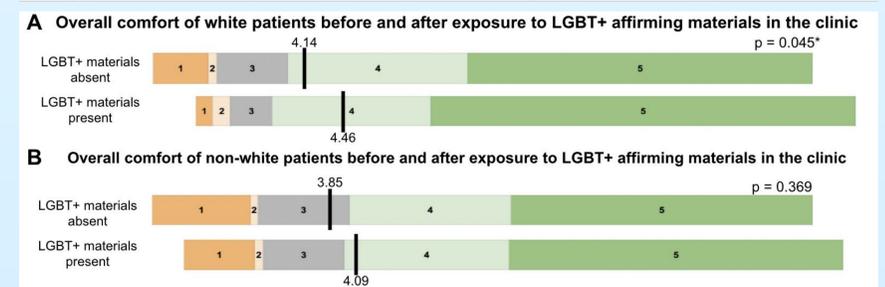


Figure 3. A - On average, white patients in the LGBT+ material-absent setting reported a degree of comfort of 4.14 (N=168), and white patients in the LGBT+ material-present setting reported a degree of comfort of 4.46 (N=79) (p=0.045, Mann Whitney U). B - On average, non-white patients in the LGBT+ material-absent setting reported a degree of comfort of 3.85 (N=94), and non-white patients in the LGBT+ material-present setting reported a degree of comfort of 4.09 (N=44) (p=0.133, Mann Whitney U).

References

1. -Coffman, Katherine B., Coffman, Lucas C., & Marzilli Ericson, Keith M. (2017). The Size of the LGBT Population and the Magnitude of Antisocial Sentiment Are Substantially Underestimated. *Management Science* 63(10):3168-3186. <https://doi.org/10.1287/mnsc.2016.2503>
2. -Dunn, Patricia (2006). *Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients*. www.glm.org; Gay & Lesbian Medical Association. http://glm.org/_data/h_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf
3. -Grant, Jaime M., Mottet, Lisa A., & Tanis, Justin (2011). *Injustice At Every Turn: A Report of the National Transgender Discrimination Survey*. www.transequity.org; The National Gay and Lesbian Task Force and the National Center for Transgender Equality. https://www.transequity.org/sites/default/files/docs/resources/NTDS_Report.pdf
4. Keuroghian Alex S., Ard Kevin L., Makadon Harvey J. (2017) Advancing health equity for lesbian, gay, bisexual and transgender (LGBT) people through sexual health education and LGBT-affirming health care environments. *Sexual Health* 14, 119-122.
5. -Van Wageningen, A. (2015, April). *Ten Things: Creating Inclusive Health Care Environments for LGBT People*. www.lgbtqihealtheducation.org; National LGBT Health Education Center. <https://www.lgbtqihealtheducation.org/wp-content/uploads/Ten-Things-Brief-Final-WEB.pdf>.

Acknowledgements

Location: NYITCOM Riland Academic Healthcare Center
Statistics: Dr. Min-Kyung Jung