



# Making Your Urgent Care Center Welcoming for LGBTQ Patients

**Urgent message:** There is a growing need for awareness of medical, safety, and social issues involving the lesbian, gay, bisexual, transgender, and queer community in health care. Here's how urgent care fits in.

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## Introduction

There are significant unmet health needs among members of the U.S. lesbian, gay, bisexual, transgender, and queer (LGBTQ) population, many of whom are afraid to access the health-care system and face barriers to care even if they do seek treatment. Clearly there is room for urgent care centers to step up with services and customer service that welcome this community.

Nearly 4% of the U.S. population identifies as part of the LGBTQ community, according to a 2015 study.<sup>1</sup> Population estimates fluctuate, partly because reporting methods are not always reliable. Research reported in 2016 showed that about 1.4 million adults in the United States identify as transgender, which is twice the previous estimate.<sup>2</sup> That figure came from the Williams Institute at the UCLA School of Law, which focuses on law and poverty issues related to sexual orientation and gender identity, and was derived from studying a large database. "From prior research, we know that trans people are more likely to be from racial and ethnic minorities, particularly from Latino backgrounds," Jody L. Herman, a public policy scholar at the Williams Institute, told the *New York Times*.<sup>3</sup>

Four main health disparities face the LGBTQ population. Members of this community are

- Less likely to have health insurance
- More likely to delay treatment or not seek medical care
- More likely to delay or not get needed prescription medicine



- More likely to seek care in an emergency department

As a whole, LGBTQ populations have the highest rates of tobacco, alcohol, and other drug use. Lesbian and bisexual females are more likely to be overweight or obese. The transgender population has a higher prevalence of human immunodeficiency virus (HIV), sexually transmitted infections (STIs), and mental health issues—and is less likely to have health insurance coverage than heterosexual or LGBQ individuals.<sup>4</sup> A 2015 Kaiser Family Foundation study found the LGBTQ pop-

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### Sidebar 1. Checklist for Care, Treatment, and Services

Urgent care entails delivery of typically low- and moderate-acuity health care quickly with a retail-like patient experience. This includes service that is inclusive of all members of the community, including LGBTQ people. The following activities can ensure that your center offers LGBTQ patients the type of experience that creates high-quality medical outcomes and spurs repeat visits and positive word of mouth.

- Create a welcoming environment that is inclusive of LGBTQ patients:
  - Prominently post the center's nondiscrimination policy or patient bill of rights.
  - Set up waiting rooms and other common areas that reflect and are inclusive of LGBTQ patients and families.
  - Create or designate unisex or single-stall restrooms.
  - Ensure that visitation policies are implemented in a fair and nondiscriminatory manner.
  - Foster an environment that supports and nurtures all patients and families.
- Avoid assumptions about sexual orientation and gender identity:
  - Refrain from making assumptions about a person's sexual orientation or gender identity that are based on appearance.
  - Be aware of misconceptions, bias, stereotypes, and other communication barriers.
  - Recognize that self-identification and behaviors do not always align.
- Facilitate disclosure of sexual orientation and gender identity, but be aware that disclosure, or coming out, is an individual process:
  - Honor and respect the individual's decision and pacing in providing information.
  - Make sure that all forms to be completed by patients contain inclusive, gender-neutral language that allows for self-identification.
  - Use neutral and inclusive language in interviews and when talking with patients.
  - Listen to and reflect patients' choice of language when they describe their own sexual orientation and how they refer to their relationship or partner.
- Provide information and guidance for the specific health concerns facing lesbian and bisexual women, gay and bisexual men, and transgender people:
  - Become familiar with online and local resources available for LGBTQ people.
  - Seek information and stay up to date on LGBTQ health topics. Be prepared with appropriate information and referrals.

LGBTQ = lesbian, gay, bisexual, transgender, and queer. Adapted from the Joint Commission. Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: a field guide. Oak Brook, IL: the Joint Commission [published 2011 October; accessed 2016 October 5]. Available from: <http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

ulation has higher rates than other populations of chronic conditions such as asthma, hepatitis B and C, cancer, and cardiovascular disease.<sup>5</sup>

### How to Offer Welcoming Care

A symposium held in September 2016 in North Carolina tackled how health-care providers can offer better care for the transgender community. Barriers, some of the speakers said, can start at the front desk if staff members embarrass a patient by addressing them by the wrong name and cause them to leave. There is much to be gained by cross-training center staff on procedures, terminology, and welcoming practices for those in the LGBTQ community.

"Train other people, it'll save your workload and to have a cadre of clinicians in your area will save that one person who's currently seeing everyone from burning out," said Holiday Simmons, a black transgender Cherokee man and social worker, to symposium attendees. "For example, my primary care provider is that person in my area. People come from all over Georgia to see him, and I know he's maxed out."<sup>6</sup>

Training that raises the level of diversity awareness is key, said Dr. William Valenti, a specialist in infectious diseases and a senior vice president at Trillium Health in Rochester, New York. It helps to actually diversify your staff when possible. "They need to have sensitivity and awareness for patients, to be nonjudgmental and welcoming," Valenti said. "Not everyone will be on the same page in terms of understanding, but a little understanding can go a long way."

### Offering Expanded Testing and Prophylaxis

There is an opportunity for urgent care centers to join in efforts to expand testing for HIV and STIs. There are still about 55,000 new HIV infections in the United States each year. "I see urgent care as a partner in activities that deal with HIV testing and prevention, and in sexual health for LGBTQ people, particularly men who have sex with men," Valenti said. "If we take a broad view of HIV testing and its importance, urgent care settings can be pivotal in that effort."

The population at highest risk for HIV is men who are between the ages of 18 and 30 years. This younger demographic is more likely than older community members to get testing where they get their health care, and that is often in an urgent care setting because they do not have a relationship with a primary-care physician.

Urgent care centers can be another outlet for encouraging STI testing and rapid HIV screening. A number of

recently reported cases of HIV were missed when the patients had prior encounters with the health system. If providers are considering a diagnosis of infectious mononucleosis, they should also do a rapid HIV test to rule out that type of infection.

Further, urgent care providers can encourage pre-exposure prophylaxis treatment for those in the at-risk population who have negative test results for HIV. This one-pill-a-day regimen reduces HIV risk by 95% in the people who follow it.

Urgent care centers likely will not be able to provide long-term care for a patient with positive test results for HIV. However, providers can make referrals, get those patients connected to the health-care system, and help prevent further spread of infection.

### Bias in Health Care

The popularity of patient-centered care is resurging, and the implementation of such care must be purposeful and intentional (Sidebar 1). Learning some key terminology regarding the LGBTQ population is a good start, but you may want to go further at your center and conduct an assessment of unconscious bias among staff members. Harvard University offers for free online the Implicit Association Test,<sup>7</sup> which measures the associations between concepts that can help measure attitudes and beliefs that people may be unwilling or unable to report.

The implicit bias measured on the test's website is pervasive. The research findings have prompted many organizations, including health-care groups, to step up training and open lines of communication. When bias (Sidebar 2) plays out in health-care settings, it can go beyond making a patient feel uncomfortable—it can mean the difference between lifesaving care and death.

### Conclusion

There are several steps to be considered in the urgent care setting for better addressing the health-care gaps facing the LGBTQ population:

- Management can work with organizations that offer ongoing training for staff members to broaden their cultural and medical understanding of a variety of patient groups.
- Management can ask employees to explore (or test) their implicit bias to help them recognize areas for improvement.
- Urgent care centers can conduct specific outreach to the LGBTQ community about testing services offered or can host community education programs to raise awareness.

### Sidebar 2. Barriers to Equitable Care

Historically, LGBTQ people have faced barriers in attaining high-quality health care, including these:

- Refusal of medical care
- Delayed or substandard care
- Perceptions of mistreatment by medical personnel
- Inequitable policies or procedures in the medical practice
- Inadequate training or support by medical personnel
- Little or no inclusion in health outreach or education
- Inappropriate restrictions or limits on visitation
- Use of harsh or abusive language by medical personnel
- Medical personnel who are physically rough or abusive with patients
- Medical personnel who refuse to touch or use excessive precautions with patients
- Inadequate resources to address substance abuse issues
- Medical personnel who blame the patient for their medical condition

LGBTQ = lesbian, gay, bisexual, transgender, and queer.

Data from Lambda Legal: When health care isn't caring: Lambda Legal's survey on discrimination against LGBT people and people living with HIV. New York: Lambda Legal; © 2010 [cited 2016 October 5]. Available from: [http://www.lambdalegal.org/sites/default/files/publications/downloads/whicic-report\\_when-health-care-isnt-caring.pdf](http://www.lambdalegal.org/sites/default/files/publications/downloads/whicic-report_when-health-care-isnt-caring.pdf)

Providers across the country are striving toward patient-centered care with this population and others. The medical community is also working to rebuild trust with the LGBTQ community after decades of blatant discrimination that began during the epidemic of HIV and acquired immunodeficiency syndrome (AIDS) in the early 1980s. Urgent care centers can and should play a role in reaching these communities through outreach and convenient care. ■

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