

## ABSTRACT

Recently, the practice of patient-centered health care has emerged as one possible strategy to reduce health disparities experienced by marginalized communities. Despite this trend, limited research has been conducted to measure the impact of patient-centered health care, or identity and gender-affirming care, on members of the LGBTQ+ community and potential improvements.

This study first analyzed differences in participants' responses to four measures of patient-centered care by demographics such as race and gender in 13,501 adults from the 2017 National Healthcare Quality and Disparities Report (NHQDR). Analysis of the 2017 NHQDR indicated differences in participants' experiences with patient-centered care depending on their unique identities. Our study team then designed a Likert-style and free-response survey that could be used to capture the specific perspectives of LGBTQ+ patients, their medical providers, and future medical students on the impact and importance of identity and gender-affirming care. Our survey has four parts that ask providers, patients, and caregivers about the quality of the LGBTQ+ oriented care they receive in order to create recommendations for providers.

Ultimately, this research highlights the disparities present for LGBTQ+ patients and the potential the created survey holds if implemented and used to guide change at various healthcare institutions.

## INTRODUCTION

- Over the last 20 years, the practice of patient-centered health care has emerged as one possible strategy to reduce health disparities experienced by marginalized communities.
- However, limited research has been done to measure the impact of patient-centered health care on members of the LGBTQ+ community and potential improvements. The existing literature is not focused on the its interaction with the medical field itself, but on surrounding entities such as providers and their sentiments towards providing for LGBTQ+ patients.
- Looking within the community has led to the question: What are the differences in perception of importance of various parts of identity-affirming care (pronoun usage, correct terminology, etc) amongst provider, patient, and caregiver populations? Studying the disparities between perceptions in the three groups would provide specific recommendations for providers to improve their care rather than gauging general sentiments.

## METHODOLOGY

- First, the targeted population was identified, medical students/providers, patients, and caregivers would yield results that could be studied and compared to better improve LGBTQ+ identity affirming care.
- Various responses yielded from the 2017 National Healthcare Quality and Disparities Report on patient-centered care found that disparities remain in services provided, and that patients both want and need more from their providers.
- To address these results, a combined Likert and free-response style survey was created to evaluate the specific experiences and perspectives of LGBTQ+ patients, their providers, and their caregiver, to get a holistic understanding of what the patient needs from their provider and how the provider is addressing those needs. This survey would be utilized in future studies of the impact, importance, and effectiveness of identity and affirming care to create a list of recommendations for providers of what patients would like to see from their patient-centered care and how they can best support their patients.

## RESULTS

6. I think it is important that health care providers introduce themselves with their pronouns when meeting new patients.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

6. I think it is important that health care providers introduce themselves with their pronouns when meeting new patients.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7a. I am familiar with the concept of patient-centered healthcare. (if "Yes" answer questions 7b and 7c, if "No" continue to question 8).

Yes  No

7a. I am familiar with the concept of patient-centered healthcare. (if "Yes" answer questions 7b and 7c, if "No" continue to question 8).

Yes  No

7b. I think it is important that providers deliver patient-centered care to their patients

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7b. I think it is important that providers deliver patient-centered care to their patients

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7c. I believe more should be done by providers to facilitate patient-centered care.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7c. I believe more should be done by providers to facilitate patient-centered care.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7d. I believe that providing patient-centered care to LGBTQ+ patients is important

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7d. I believe that providing patient-centered care to LGBTQ+ patients is important

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

8. I believe there is more work to be done to improve healthcare for LGBTQ+ patients

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

8. I believe there is more work to be done to improve healthcare for LGBTQ+ patients.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

9. I believe LGBTQ+ communities are significantly affected by health disparities and inequities.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

9. I believe LGBTQ+ communities are significantly affected by health disparities and inequities.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Figure 1: Questions 6 to 9 from the survey created for practitioners. This section asks questions specifically about practitioner attitudes towards various aspects of LGBTQ+ healthcare.

Figure 2: Questions 35 and 36 from the survey created for practitioners. Includes open response where practitioners can provide more specifics to inform what can be improved.

### Section IV: Short Response

35. What does identity- and gender-affirming care look like to you?

36. How should health care providers build trust in the patient-provider relationship?

Figure 3: Section from the survey created for practitioners, patients, and caregivers. Provides open-ended questions as a means to garner information not covered in other sections of the survey and to get more in-depth answers to serve as future recommendations for higher quality care.

Table 1. Adults who had a doctor's office or clinic visit in the last 12 months whose health providers "sometimes" or "never" spent enough time with them, NHQDR report, 2017

	Sample (n)	Percent of sample responding "sometimes" or "never" (%)	Standard Error (SE)
Total	13,504	11.0	0.36
Male	5,483	11.4	0.51
Female	8,021	10.7	0.42
White, single race	9,880	10.7	0.39
Black, single race	2,296	11.4	0.78
Asian, single race	815	13.1	1.8
NHPI, single race			
AI/AN, single race			
Multiple races	414	12.9	2.0

Table 2. Adults who had a doctor's office or clinic visit in the last 12 months whose health providers "sometimes" or "never" explained things in a way they could understand, NHQDR report, 2017

	Sample (n)	Percent of sample responding "sometimes" or "never" (%)	Standard Error (SE)
Total	13,470	7.43	0.28
Male	5,468	7.74	0.41
Female	8,002	7.19	0.37
White, single race	9,848	7.04	0.33
Black, single race	2,298	8.03	0.67
Asian, single race	814	11.24	1.30
NHPI, single race			
AI/AN, single race			
Multiple races	412	6.87	1.36

Table 3. Adults who had a doctor's office or clinic visit in the last 12 months whose health providers "sometimes" or "never" listened carefully to them, NHQDR report, 2017

	Sample (n)	Percent of sample responding "sometimes" or "never" (%)	Standard Error (SE)
Total	13,501	8.20	0.30
Male	5,481	8.18	0.43
Female	8,020	8.22	0.38
White, single race	9,873	8.24	0.36
Black, single race	2,300	7.75	0.67
Asian, single race	815	7.78	1.19
NHPI, single race			
AI/AN, single race			
Multiple races	414	8.54	1.53

Table 4. Adults who had a doctor's office or clinic visit in the last 12 months whose health providers "sometimes" or "never" showed respect for what they had to say, NHQDR report, 2017

	Sample (n)	Percent of sample responding "sometimes" or "never" (%)	Standard Error (SE)
Total	13,505	6.91	0.28
Male	5,487	6.99	0.41
Female	8,018	6.84	0.36
White, single race	9,876	6.94	0.33
Black, single race	2,302	6.44	0.60
Asian, single race	815	6.76	1.09
NHPI, single race			
AI/AN, single race			
Multiple races	413	7.31	1.35

Figure 4: Statistical tables from analysis of 2017 NHQDR report showing adverse health disparities along the lines of gender and race. Expansion upon these statistics are intended to be gained through utilization of the survey produced through this research.

## CONCLUSIONS

This research highlights the disparities present for LGBTQ+ patients in receiving patient-centered care, showing that there is room for improvement to provide them the best quality of care that supports and affirms their identities. Work needs to be done to make sure LGBTQ+ patients' concerns are being heard, that they feel comfortable discussing their identity with their provider, and that their provider will create the care plan that is best for them. In order to do so, suggestions will be made for the created survey to be implemented at various organizations along with making the related changes (through policy, training, or other means) to address and adequately respond to results.

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