Identifying Barriers and Facilitators in Providing LGBT Veteran-Centered Care

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Central Iowa VA Health Care System

Background

In 2018 the Des Moines VA Health Care System scored 50/100 on the Health Equality Index (HEI), which was the second lowest score out of 47 states (VA, 2020).

In 2020 progress was made and the VA scored 100/100 on the HEI (VA, 2020).

Staff and patients reported lack of awareness and knowledge in LGBT care, which can lead to unfair treatment.

The measurements of HEI did not explore clinical experience.

Discrimination has occurred within health care settings, isolating a vulnerable patient population and furthering health care disparities (Fadus, 2019).

Theory of minority stress: those belonging to a minority group (e.g. LGBT community) experience conflict and stress because the values of the dominant culture (e.g. gender-conforming) may not reflect those of the minority group (Fadus, 2019).

Purpose

To address the organizational and personal barriers that health care professionals working in outpatient mental health clinic may have in providing culturally competent LGBT veteran-centered care.

Objective 1: Determine barriers and facilitators that influence LGBT veteran-centered care.

Objective 2: Assess the recognition of resources within the VA system to support caring for those in the LGBT community.

Methods

Project was deemed not human research subjects.

Setting: Outpatient Mental Health Clinic at the Des Moines, IA VA.

Population: Psychiatrists (n=5), nurse practitioners (n=3), nurses (n=9), and pharmacists (n=3).

Design: mixed-methods

Survey Monkey (9-Qs) was used pre and post intervention.

Semi-structured interviews (N=5) pre-intervention.

Intervention: 20-minute pre-recorded education.

Content: Resources, language, terminology, and health disparities.

Qualitative Data Analysis:

Coded data
Consensus coding
Combined data based on color-coding on one sheet
Summary statements
Integrate quantitative data with qualitative data

Results

Interview Results

Services and Resources
• Participants were unaware
• Aware of single colleague resource.

Professional Experiences
• Transgender patients were mentioned more than LGB patients
• Feel trans patients have more mental health concerns
• Personal experiences provided empathy for professional experiences
• Difficulty with pronouns
• Expressed awareness of own automatic assumptions
• Felt they incorporated their own values in care.

Education
Content areas requested:
• Health disparities
• Verbiage
• Culturally competent LGBT health care
• Services and resources.

Perceptions of LGBT Community
"It is my perception that individuals who identify as LGBT feel alone and are higher risk of self-harm"

Colleagues
"I think my colleagues provide good care, I mean everyone is nice and caring"

Survey Results

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<thead>
<tr>
<th>Objective</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
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<tbody>
<tr>
<td>Participants were able to identify barriers and facilitators for those who identify as LGB</td>
<td>80%</td>
<td>100%</td>
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<tr>
<td>Participants were able to identify barriers and facilitators for those who identify as transgender</td>
<td>67%</td>
<td>100%</td>
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<tr>
<td>Participants were able to identify resources and services</td>
<td>47%</td>
<td>100%</td>
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Pre/Post Data Comparison

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<tr>
<th>Domain</th>
<th>Pre % Yes/Competent</th>
<th>Post % Yes/Competent</th>
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<tbody>
<tr>
<td>LGH Barton</td>
<td>50%</td>
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Outcome 1

Staff feel more competent in providing veteran-centered LGBT care because they understand health disparities, language, terminology, and resources available.

Outcome 2

Staff can identify barriers in providing LGBT veteran-centered care, which include lack of awareness, content availability, and poor communication.

Outcome 3

Staff can identify what resources and services are available within the VA system to support caring for those who identify as LGBT.

Conclusion

Barriers were found: lack of awareness, lack of education, lack of knowledge in health disparities, language, terminology, and awareness of resources and services available.

This project will change nursing practice because education helped improve language used, understanding of services, terminology, and health disparities in the LGBT community.

Dissemination: Presentations to mental health leadership, nurse practitioners system wide, mental health service line, and shared presentation with National LGBT VCC group.

Sustainability: quarterly nursing competencies and impact policy through Cultural Competency Action Plan 2021 for the mental health service line.

References


Acknowledgements

Thank you to:
• Barb St. Marie PhD, AGPCNP, FAANP, FAAN
• Daniel Wesemann DNP, MSW, PMHNP-BC, ARNP
• Deb Dejong RN, MSN, MBA, MSEd
• Dr. Greg Chowanec – Mental Health Service Line Director
• Jackie Griffin ARNP, PMHNP-BC
• Larry Newman DNP, RN, AGPCNP-BC, PMHNP-BC
• Laura Coyle DNP, RN, CNL