

Identifying Barriers and Facilitators in Providing LGBT Veteran-Centered Care Molly Sly BSN, RN, DNP-PMHNP student **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

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 \bullet

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,

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. genderconforming) 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 veterancentered care.
- Objective 1: Determine barriers and facilitators

- Content areas requested:
- Health disparities
- Verbiage
- Culturally competent LGBT health care

Education

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"

- for professional experiences
- Difficulty with pronouns
- Expressed awareness of own automatic assumptions
- Felt they incorporated their own values in care.

Recommendations

- Improve communication
- Include more education
- Include education in orientations
- Outreach and education for veterans
- Content availability
- Some felt no special services were needed

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

(1) Veterans Affairs. (2020). The Health Equity Index. Retrieved from https://www.va.gov/HEALTHEQUITY/LGBT. asp (2) Fadus M. (2019). Mental Health **Disparities and Medical Student Education:** Teaching in Psychiatry for LGBTQ Care, Communication, and Advocacy. Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for *Academic Psychiatry*, *43*(3), 306–310.

Survey Results

Objective	Pre-Survey	Post-Survey
Participants were able to identify barriers and facilitators for those who identify as LGB	80%	100%
Participants were able to identify barriers and facilitators for those who identify as	67%	100%

- 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) preintervention.
- Intervention: 20-minute pre-recorded education.
- Content: Resources, language, terminology, and health disparities.

transgender		
Participants were able to identify resources and services	47%	100%



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

Qualitative Data Analysis:

Coded data

Consensus coding •

Combined data based on color-coding on one • sheet

• Integrate quantitative data with qualitative data

Summary statements

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

