

For patients who identify as LGBTQ+ in the DFW area, does having access to a LGBTQ+ health and community center and healthcare providers who are well-trained in LGBTQ+ health and wellness (and understand the need for specific and centered treatment in said patients) lead to stronger patient satisfaction, education, and health outcome in comparison to when those same patients visit general primary care physicians?

SPT Thesis – Vandana Garg

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Abstract:

Research Question: For patients who identify as LGBTQ+ in the DFW area, does having access to a LGBTQ+ health and community center and healthcare providers who are well-trained in LGBTQ+ health and wellness (and understand the need for specific and centered treatment in said patients) lead to stronger patient satisfaction, education, and health outcome in comparison to when those same patients visit general primary care physicians?

Background: LGBTQ+ healthcare has vastly improved over the years, and with proper education and training, we have made strides towards equalizing access and awareness. However, there can continue to be a feeling of estrangement between a healthcare provider and a LGBTQ+ patient if the provider is untrained in LGBTQ+ health and wellness, and the patient may feel unheard or their concerns unaddressed. There has been better access made available for centers that have LGBTQ+ healthcare as part of their services, such as Planned Parenthood, but this study will focus on the impact on patients attending a completely LGBTQ+-centered health care center.

Methods: We surveyed patients of the HELP center for LGBT Health of the care they received over 1 year. Providers at these centers are specifically trained in LGBTQ+ health, and patients were specifically asked of the accessibility of care they received, their providers' level of information, and if the center(s) gave them a better sense of security in comparison to providers they currently see/have seen who may have been trained to a lesser extent in such topics. The point is to compare experiences that patients have had and analyze the difference and impact that a LGBTQ+ health center can make on a LGBTQ+ patient's overall healthcare.

We also anonymously surveyed graduate health professions students in the DFW area how informed they feel with the LGBTQ+ health education they have received and address any implicit biases that may serve as a barrier to care when treating such patients.

Results, Conclusions, and Impact: Our results strongly suggested that LGBTQ+ patients felt safer in a LGBTQ+-centered center, felt services were more accessible, and believed providers were more informed in comparison to general primary care office experiences. These data demonstrate the resources that LGBTQ+ health centers can provide for LGBTQ+ patients, and how it can help disintegrate some of the estrangement or lack of understanding on both sides of a healthcare visit. Our long-term goal is to have the HELP center be recognized and serve as a national model of excellence for LGBTQ+ health, and to demonstrate the positive impact that these types of centers can have on a specific population's health and wellness. The student data demonstrated divided results, with slightly higher proportions of students indicating that respondents are invested in LGBTQ+ health education and that their institution's training is/was helpful in their treating of LGBTQ+ patients, as well as 50% reporting they believe there are changes that can be made to their institution's curricula regarding LGBTQ+ health and wellness.

Research Question:

The question being studied for this project is “For patients who identify as LGBTQ+ in the DFW area, does having access to a LGBTQ+ health and community center and healthcare providers who are well-trained in LGBTQ+ health and wellness (and understand the need for specific and centered treatment in said patients) lead to stronger patient satisfaction, education, and health outcome in comparison to when those same patients visit general primary care physicians?”

The goal of this study was to analyze the average HELP Center for LGBT Health in Fort Worth patient’s experience using numerical and Likert scales and collect qualitative feedback from patients about how the specialized care they received compared to that of a general provider not specifically trained in LGBTQ+ health care. The goal of this study was also to identify how an average health professions student in DFW perceives their own preparedness in treating an LGBTQ+ patient, how well they believe their medical education has prepared them for doing so, and how involved they already are in LGBTQ+ healthcare matters. By doing so, we aim to perceive how knowledgeable and informed students feel about the education and training they may have received about LGBTQ+ health and wellness, and any implicit biases that may serve as a barrier to care when treating such patients.

This study has two related Specific Aims (SA). Our first SA was to view patients’ perception on the impact of this clinic and focused healthcare, which we will accomplish by electronically administering surveys to patients that come to the clinic over 1 year, asking them of their experiences at the clinic and their past/current experiences with their general practitioners. Our second SA was to assess medical/healthcare students’ perceptions of LGBTQ+ education at their institution, which will also be done via electronic survey administration.

Although every patient or student has different experiences and backgrounds, we hypothesized that patients will report feeling more secure and heard in their healthcare visits and that the visit had more worth over visiting a general healthcare practitioner. We hypothesized that students would report feeling some inadequacy in their training of LGBTQ+ healthcare and not confident in their knowledge of LGBTQ+ health topics or ability to treat LGBTQ+ patients.

Introduction, Significance, and Rationale:

Healthcare for Lesbian, Gay, Bisexual, Transgender and Queer+ (LGBTQ+) individuals has vastly improved over the years. With proper education and training we have made strides towards equalizing access and awareness, such as destigmatizing HIV/AIDS, a disease that has been commonly associated with the LGBTQ+ community since the 1980s. However, there can continue to be a feeling of estrangement between a healthcare provider and a LGBTQ+ patient if the provider is unaware or untrained in LGBTQ+ health and wellness, and the patient may feel unheard or their concerns unaddressed. A literature review of sexual and gender minority (SGM) patients with cancer in 2020 found that when patients had mostly negative experiences with healthcare providers in the past, they were less likely to trust subsequent providers they saw and were more likely to withhold important information about their healthcare from said providers, impacting their providers' ability to properly discuss options for palliative care ^[8]. A survey of gay, bisexual, and other men who have sex with men (MSM) patients in 2020 suggested that certain subgroups of MSM patients (e.g., bisexual men) reported less trust in their PCPs than other men, and that younger MSM patients were less likely to have a PCP to begin with, preventing this population from having appropriate and regular follow-up on their healthcare with a provider ^[20].

Despite the efforts made throughout the years, LGBTQ+ patients continue to face barriers to proper healthcare and addressing these barriers will help in achieving LGBTQ+ health equity and patient satisfaction. There are specific needs that may need to be addressed in evaluating an LGBTQ+ patient; in addition to stigma, LGBTQ+ patients are at an increased risk for suffering from depression, sexually transmissible infections (STIs), eating disorders, substance use disorders, intimate partner violence, and homelessness ^[9]. Specifically, LGBTQ+ teenagers are 5 times more likely to develop substance use disorders or perform risky sexual behaviors, and transgender adolescents are 10 times more likely to attempt suicide, with over half of those attempts being done before the age of 20 years ^[22]. LGBTQ+ patients, especially transgender patients, may also use different terminology when referencing different body parts so as to prevent feelings of dysphoria, are more likely to not have a direct familial support system, and have specific fertility needs ^[12]. Recognizing the link between sexual orientation and these disparities can allow for the healthcare provider to notice potential areas that the patient's health may be lacking.

These disparities also can affect LGBTQ+ patients of all ages. For example, in 2017 the Centers for Disease Control and Prevention (CDC) reported in a national school-based survey that, of the percentage of youth who attempted suicide one or more times, 23.0% identified as lesbian, gay, or bisexual (LGB), 14.3% were unsure of their sexual identity, and 5.4% identified as heterosexual [21]. In addition, of the youth who were seriously considering attempting suicide, 47.7% identified as LGB, 31.8% were unsure of their sexual identity, and 13.3% identified as heterosexual [21]. In another study assessing the health-related quality of life (HRQOL) among LGBT adults 50 years and older, identity affirmation was suggested to be a more prominent protective factor associated with these older patients' HRQOL, with higher levels of discrimination or weak identity affirmation possibly relating to weaker HRQOL [10].

Although there has been better access made available for centers that have LGBTQ+ healthcare as part of their centers, such as Planned Parenthood, this study will focus on the impact on patients attending a LGBTQ+-centered clinic. This can show the necessity and help that fully-LGBTQ+-health-centered centers can provide for LGBTQ+ patients, and how it can help disintegrate some of the estrangement or lack of understanding on both sides of a healthcare visit. Even in 2020, the World Health Organization (WHO) continues to recognize the poor health of LGBTQ+ individuals as an area needing improvement [22].

The Dallas-Fort Worth (DFW) area was chosen due to it being the home of the HELP Center and the LGBTQ+ health center as well as multiple universities with varying health professions graduate programs. According to the CDC, Tarrant County (which is Texas' 3rd-most populous county and whose county seat is the city of Fort Worth) is one of 57 priority jurisdictions across the U.S. that account for over half of new HIV diagnoses and are in need of additional resources and education for HIV prevention and treatment. This is a part of the *Ending the HIV Epidemic in the U.S.* (EHE) initiative that the CDC has set up via America's HIV Epidemic Analysis Dashboard (AHEAD) [1].

The HELP Center for LGBT Health and Wellness is a center that provides services to LGBTQ+ patients such as PrEP (pre-exposure prophylaxis for HIV prevention), Condom of the Month Club, and HIV/STD testing, all free of charge to the North Texas community regardless of insurance status [2]. The center has been around for over twenty-seven years and has provided countless resources to patients, its patient population giving this study a diverse study population to ascertain some data from. The center was chosen for its unique services and its

location in Tarrant County (as previously mentioned being a priority jurisdiction for HIV diagnoses).

In addition to asking LGBTQ+ patients about the care they receive at these centers, we also will ask medical students in the DFW area via an anonymous survey how knowledgeable and informed they feel about the education and training they may have received about LGBTQ+ health and wellness and address any implicit biases that may serve as a barrier to care when treating such patients. According to a study done in 2011, the total median time spent on LGBT topics in medical school curricula is 5 hours ^[15]. Although this is an improvement from a study done in 1998 which reported an average of 2.5 hours being spent on LGBT medical topics in medical education ^[6], LGBTQ+ patients continue to face barriers to high quality healthcare and believe their thoughts and concerns are unheard by their healthcare providers. Furthermore, a survey done in 2011 showed that over 33% of U.S. medical schools reported 0 hours in clinical curricula dedicated to LGBT-specific content, and 6.8% reported 0 hours being spent in pre-clinical curricula ^[6]. Clinical competency is important in a physician's judgement, and if a physician is able to take an inclusive and comprehensive sexual history from a patient, a patient's perception of that physician is likely to improve.

Medical school education is not the only education where LGBTQ+ education is lacking; a survey of nursing faculty in 2015 reported that an average of 2.1 hours of pre-clinical training was devoted to LGBT healthcare ^[6]. Another 2015 study analyzing nurses' knowledge of LGBT patient care revealed 80% had not received LGBT health training during their education ^[6]. An analysis of US medical academic practices revealed that 16% of practices reported providing comprehensive LGBT training for providers and staff, whereas 52% had no training whatsoever ^[6]. This data suggests that even after a provider finishes their education and is working with patients, they still may feel inadequately trained to work with LGBTQ+ patients and are not provided appropriate training that will teach them.

However, students' response to being provided with LGBTQ+ health education may suggest a willingness to learn more about treating and interacting with this specific patient population. A study in 2020 showed that compared to a pre-intervention questionnaire, medical students demonstrated a significant increase in their knowledge of LGBTQ+ health on a post-intervention questionnaire after attending a 1-hour lecture on sexual orientation and gender identity development during teenage years ^[22]. A cross-sectional survey of medical students in 2021 also demonstrated that medical students' attitudes towards LGBT patients were positive, but

the level of knowledge and confidence in treating LGBT patients varied, with 69% reporting they strongly disagreed on having received specific LGBT training as part of their curriculum ^[5].

Additionally, LGBTQ+ students entering the medical field to become healthcare providers continue to face discrimination similar to patients. In a virtual national survey of physicians who identified as LGBT, 65% had heard derogatory comments from fellow healthcare colleagues about LGBT patients and 34% had witnessed discriminatory care of a LGBT patient ^[6]. A survey of medical students done at the University of Ottawa revealed that over 80% of medical students felt comfortable treating LGBTQ+ students and 51.4% of LGBTQ+ students had come out to their fellow classmates; however, 41.7% of all students acknowledged seeing/hearing homophobic jokes, rumors, or bullying by other medical students or other healthcare team members, indicating that there continues to be an unsupportive environment in medical education ^[14]. According to Stanford Medicine News Center, discrimination fears remain for LGBTQ+ medical students ^[23], which further supports the fact that there is still a lot to be done on improving the view of LGBTQ+ patients as a whole in healthcare, as it can impact students who identify as LGBTQ+ as well.

By directly surveying LGBTQ+ patients of their experience in a LGBTQ+-specific center with providers who have been trained and educated on LGBTQ+-specific matters, we aim to present subjective commentary regarding these patients' experiences. Patients' perceptions of their provider(s) and the care they receive has a meaningful impact on the relationship between a provider and patient and can significantly alter the trust between the two. By asking patients to compare the care at a specific center to that of what they received at a general PCP's, we hope to highlight the difference having a trained provider can make in a patient's visit, their perceived safety/confidentiality, accessibility, satisfaction, and the overall quality of the services they receive.

Additionally, by directly surveying health professions students of varying specialties of any LGBTQ+ education they received, we hope to perceive students' comfort level in treating this specific population, their pre-existing level of involvement in the LGBTQ+ community, confidence in knowledge level, and similarly present subjective commentary provided. Although every medical education institution is different and the amount of LGBTQ+ education provided at every institution varies throughout the nation, beginning with one of Texas' largest and most populated regions seemed as an appropriate starting point. The DFW region is home to over 30 college and university institutions, a handful of which are part of major Texas

university systems (e.g. University of Texas) and where multiple career-based institutions are available. Most of the medical partners where medical training takes place for students are spread throughout the DFW region, allowing students multiple opportunities and varied locations for seeing and learning from a diverse population.

Materials and Methods:

Electronic Qualtrics surveys were created by the medical student researcher (Vandana Garg) and approved by the Texas Christian University (TCU) Scholarly Pursuit and Thesis (SPT) Team, the TCU Institutional Review Board (IRB), the director of the HELP Center for LGBT Health (Mr. DeeJay Johannessen), and the project's mentor Dr. Lisa McBride. Multiple choice questions surveyed participants of their experience either at the center as a patient or of their education at their institution, and the majority of questions measured responses via numerical scale (i.e. scale of 1-10, 10 indicating excellent care, and 1 indicating poor care) or by statements on a Likert scale (e.g. very helpful, helpful, neither helpful nor unhelpful, unhelpful, or very unhelpful).

With the help of Mr. DeeJay Johannessen, patients who came to the center(s) were surveyed of their opinion and visit via e-mail. Patients who came in and were treated/assessed by the providers trained in LGBTQ+ health and wellness were asked how they felt their concerns were addressed with trained professionals, and if the center(s) give them a better sense of security and establishment in comparison to providers they have seen in the past who may have not been as properly trained.

Via a Qualtrics survey, patient satisfaction was measured on a scale of 1-10, with 1 being the least satisfied and 10 being the most, and patients were able to add in any additional comments or concerns they may have wanted to address in terms of treatment. Open-ended questions were centered around 1) how the patient feels they are regarded by the healthcare staff, 2) how satisfied they are with healthcare staff knowledge and application of LGBTQ+ health and wellness, 3) how treatment at this type of center compares to that of visiting their primary care/family medicine physician(s) that they may normally visit, 4) perceived safety and confidentiality, and 5) one thing the clinic could do to make their experience better. Patient surveys were anonymous and administered to patients via an electronic format (mass email) via three "rounds" over 1 year (June 2021 – June 2022). An informed consent letter approved by the TCU IRB and an IRB approval letter were attached to the first page of the survey for participants to view before starting the survey.

Patients served as their own "control", recalling the care they received in PCP/general medical offices and comparing it to the care they received in the HELP center/LGBTQ+ Health

Center/similar LGBTQ+-focused clinics. This was done because it would have been difficult to find a “control” population of LGBTQ+ patients who had not experienced exposure to this center; hence why center patients who came to the clinics served as their own control and were asked to compare their experiences with general practitioners with their experiences in the LGBTQ+ clinic. It was also in our best interest to help patients maintain confidentiality, as sexual orientation and gender identity are two identities that patients may not feel comfortable disclosing via an electronic survey, which is why the survey remained entirely anonymous. A total of 312 patients fully completed the survey.

The surveys administered to DFW healthcare students (including those of the TCU and TCU SOM, UNT Health Science Center, UT Arlington, A&M, and UT Southwestern) were also anonymous and sent to the Deans of Research and/or Deans of Diversity of these institutions (or institutional equivalents) and shared over social media (e.g. Facebook, GroupMe, Microsoft Teams) over 1 year, along with a detailed explanation about the project, an informed consent form, an IRB approval letter, and a link to the survey all via email. The survey asked participants how confident they felt in knowing LGBTQ+ health topics, how they perceived LGBTQ+ patients, and how impactful or helpful they believed their school’s curriculum or programs have been in addressing LGBTQ+ patients. This last part of the study was intended to address any implicit bias that may be present in participants (as these students are future healthcare providers), and how much of it shows to their patients. Although the LGBTQ+ education at each of these institutions most likely varies, this survey was crafted to determine students’ perceptions of how they are being trained, and if they believed it to be helpful for their future medical practice and treatment of these patients.

Qualtrics surveys were forwarded to students by institutional Deans via email and shared with some institutional student interest groups via social media. Of the six institutions mentioned that were emailed, four agreed to send the survey to their programs – the specific institutions will not be named in this study so as to protect the anonymity of which health professions programs responded and which health professions degrees were represented. A total of 213 health professions students fully completed the survey.

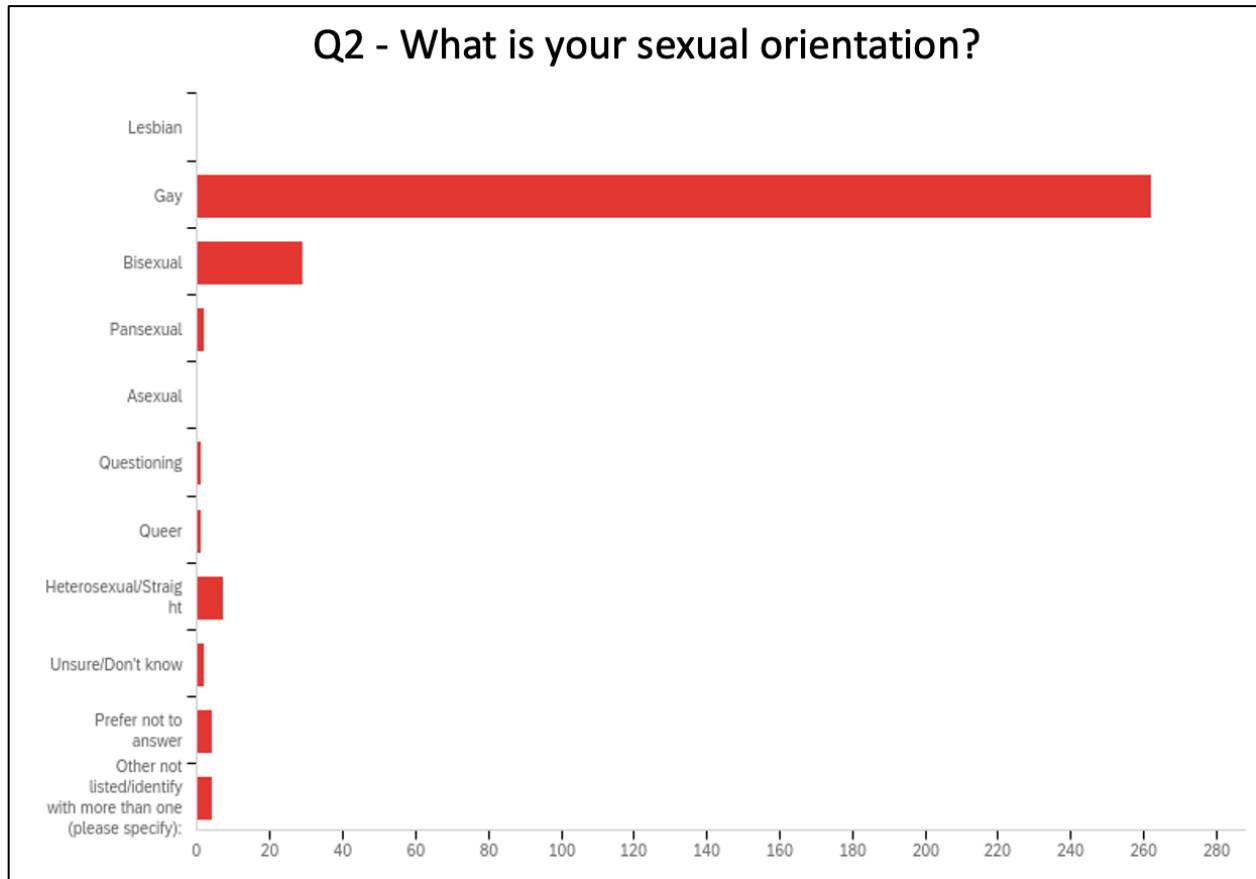
After data was collected for 1 year, patient and student raw data were exported from Qualtrics, inputted into a Microsoft Excel spreadsheet, and then inputted and analyzed via SPSS Statistics software. The data was organized into tables by SPSS (see “Results” below) for uniform organization of responses and percentages. Raw data collected in Qualtrics were also exported

as Qualtrics charts and bar graphs, and Microsoft Excel was used to create bar graphs for any remaining data that could not be created via Qualtrics. These charts were created mainly for calculation of mean and standard deviation (SD) values of numerical responses, and the bar graphs were created for easier visualization and analyzation of relative proportions of responses. As the patient and student outcomes were all descriptive analysis and statistics (i.e., frequencies, percentages, and means reported), there are no p-values to be reported from this study.

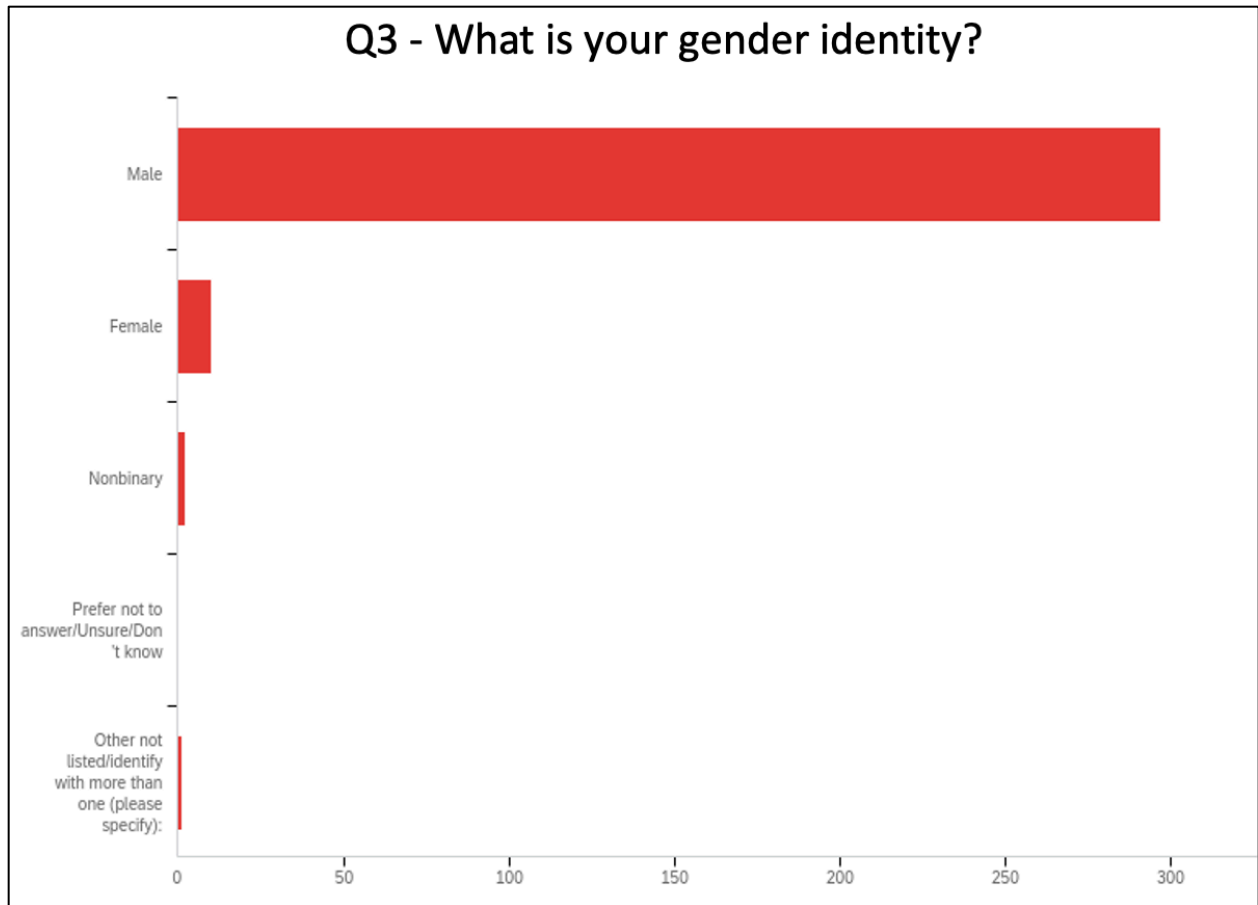
Results:

LGBTQ+ Health Center Patient Formatted Data:

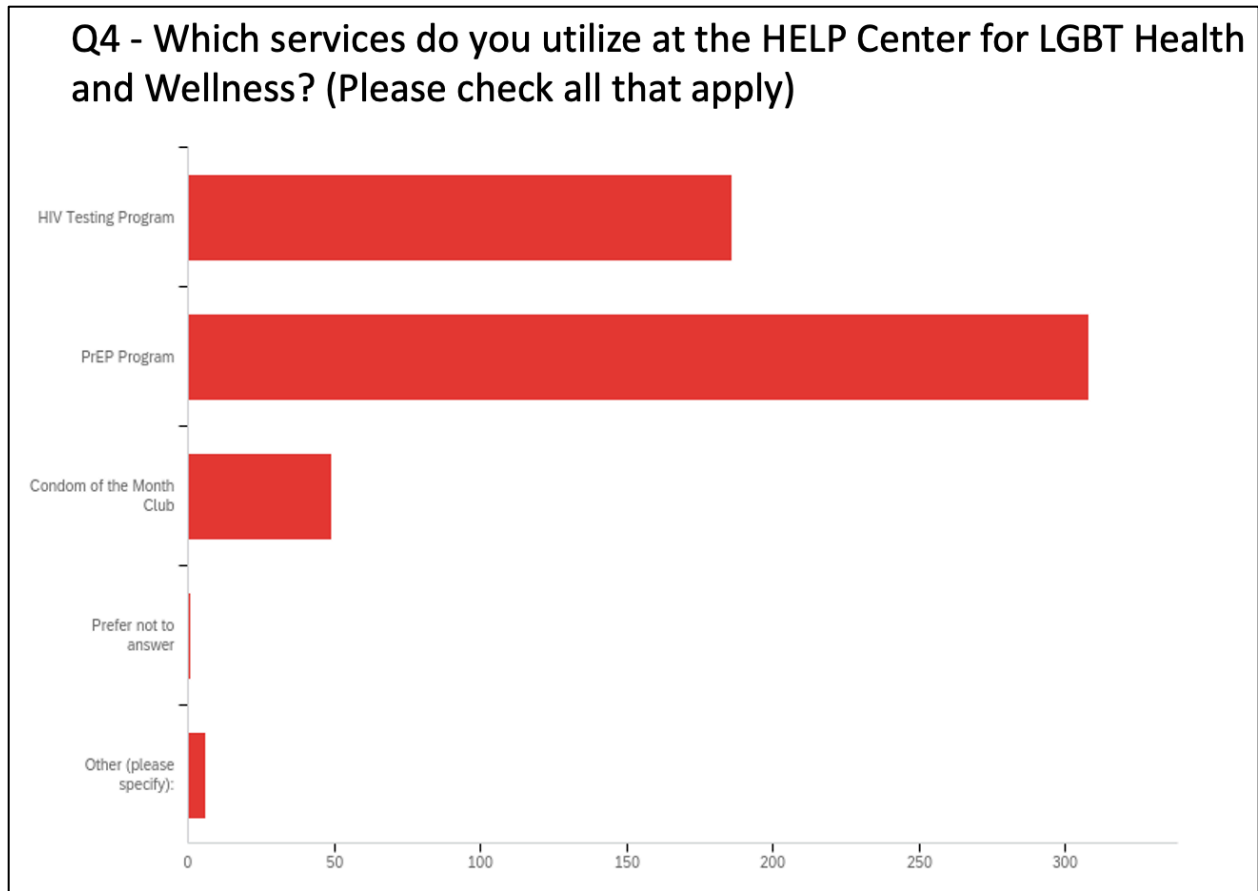
*Raw data is provided in the Appendix



Graph 1.2A: All responses to the question “What is your sexual orientation?”, including quantity (X-axis) of chosen preset answers (Y-axis)

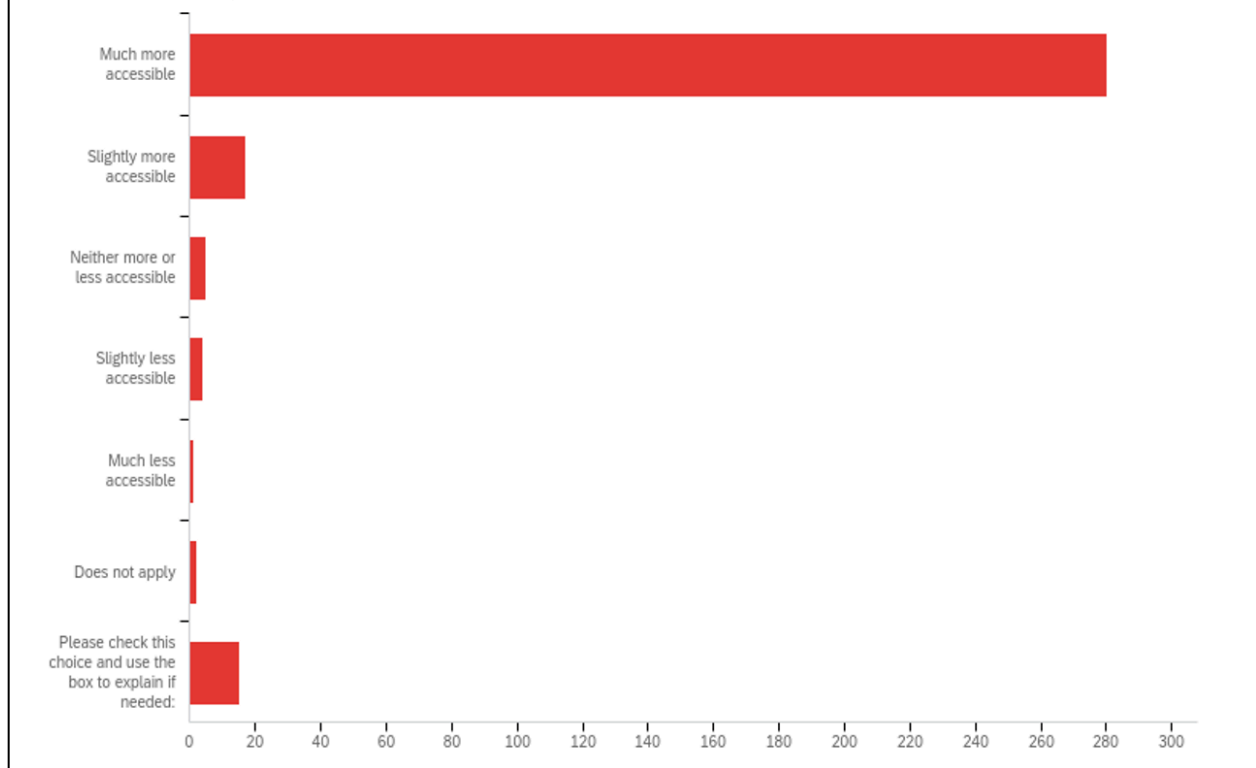


Graph 1.3A: All responses to the question “What is your gender identity?”, including quantity (X-axis) of chosen preset answers (Y-axis)



Graph 1.4A: All responses to the question “What services do you utilize at the HELP Center for LGBT Health and Wellness?”, including quantity (X-axis) of chosen preset answers (Y-axis)

Q5 - How do the services provided at the HELP Center for LGBT Health and Wellness compare to those provided at general primary/family care offices/clinics?

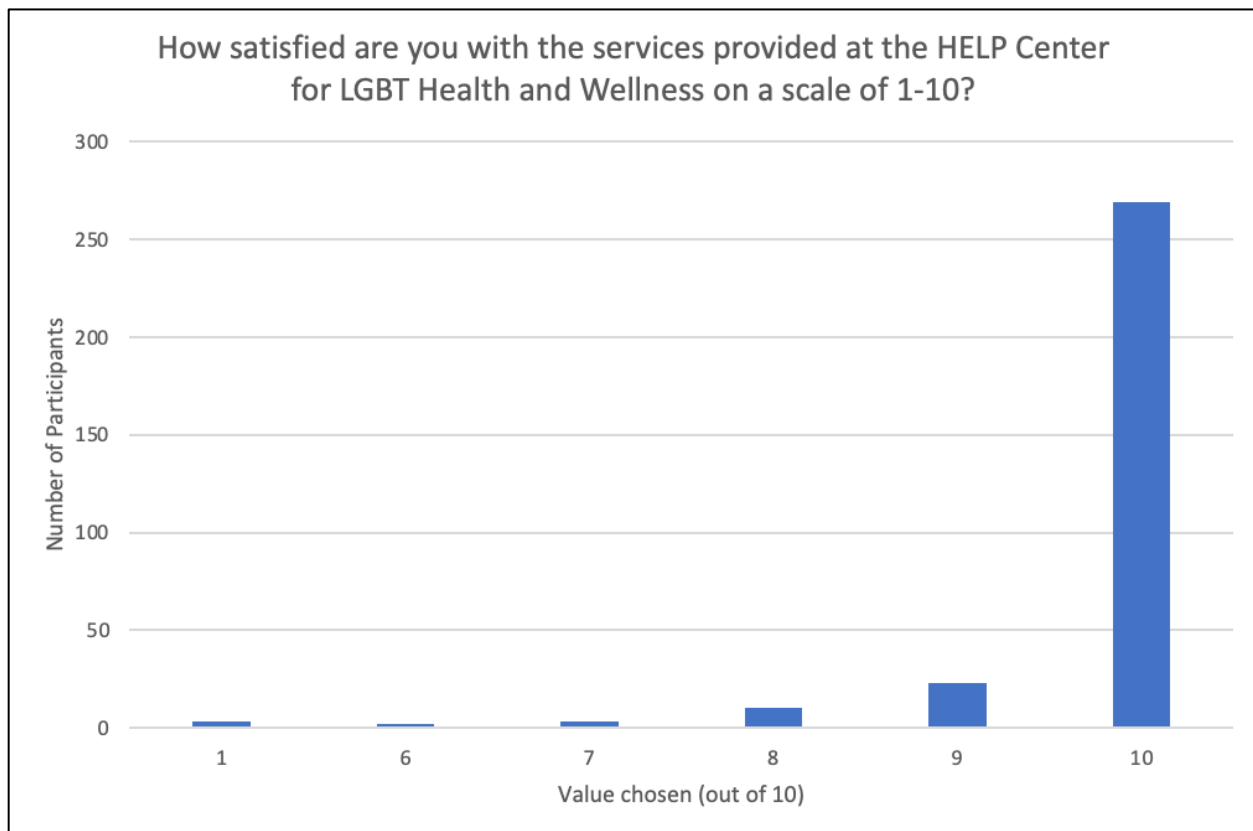


Graph 1.5A: All responses to the question “How do the services provided at the HELP Center for LGBT Health and Wellness compare to those provided at general primary/family care offices/clinics?”, including quantity (X-axis) of chosen preset answers (Y-axis)

Q10 - How satisfied are you with the services provided at the HELP Center for LGBT Health and Wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?:

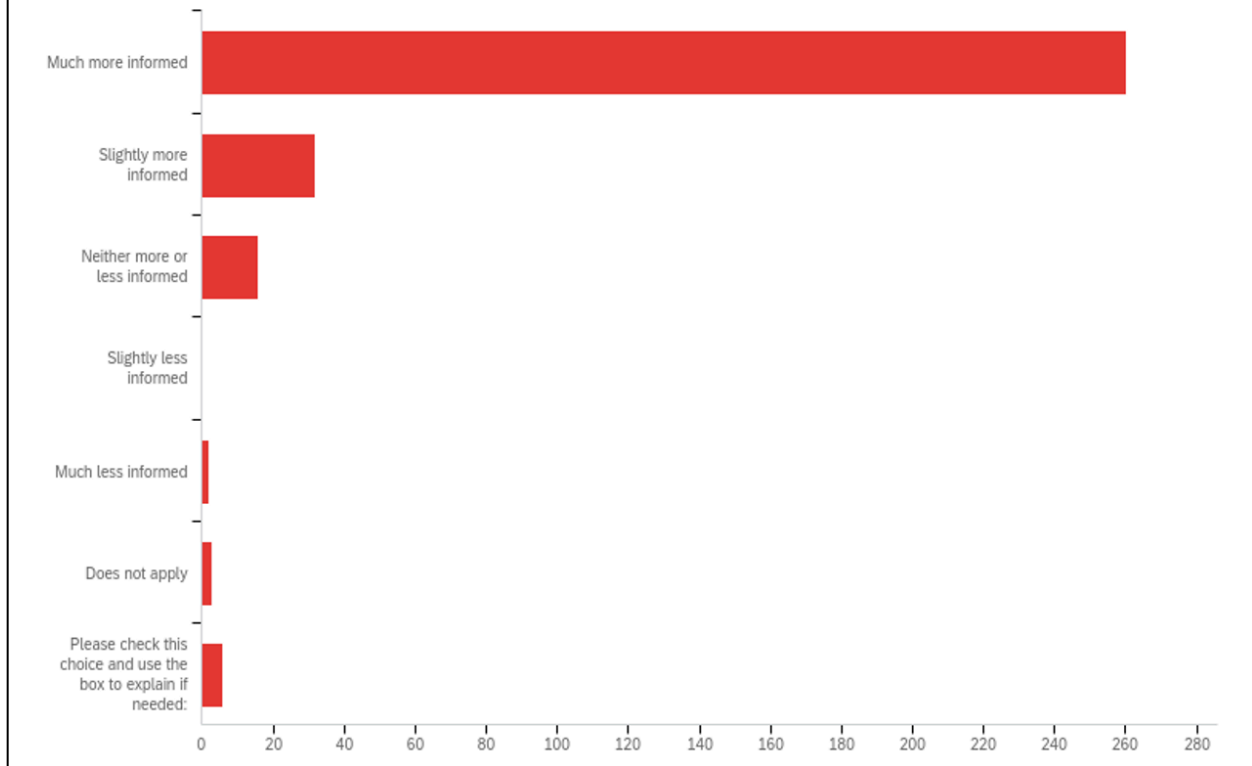
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Use the slider to pick your choice.	1.00	10.00	9.72	1.05	1.10	310

Chart 1.6: Mean value of responses to the question “How satisfied are you with the services provided at the HELP Center for LGBT Health and Wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including minimum, maximum, standard deviation, variance, and count



Graph 1.6: All responses to the question “How satisfied are you with the services provided at the HELP Center for LGBT Health and Wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including quantity (y-axis) of chosen preset answers (x-axis)

Q6 - How well-versed in/sensitive to LGBTQ+ health-related topics are the healthcare providers at the HELP Center for LGBT Health and Wellness compared to those at general primary/family care offices/clinics that you have been to?

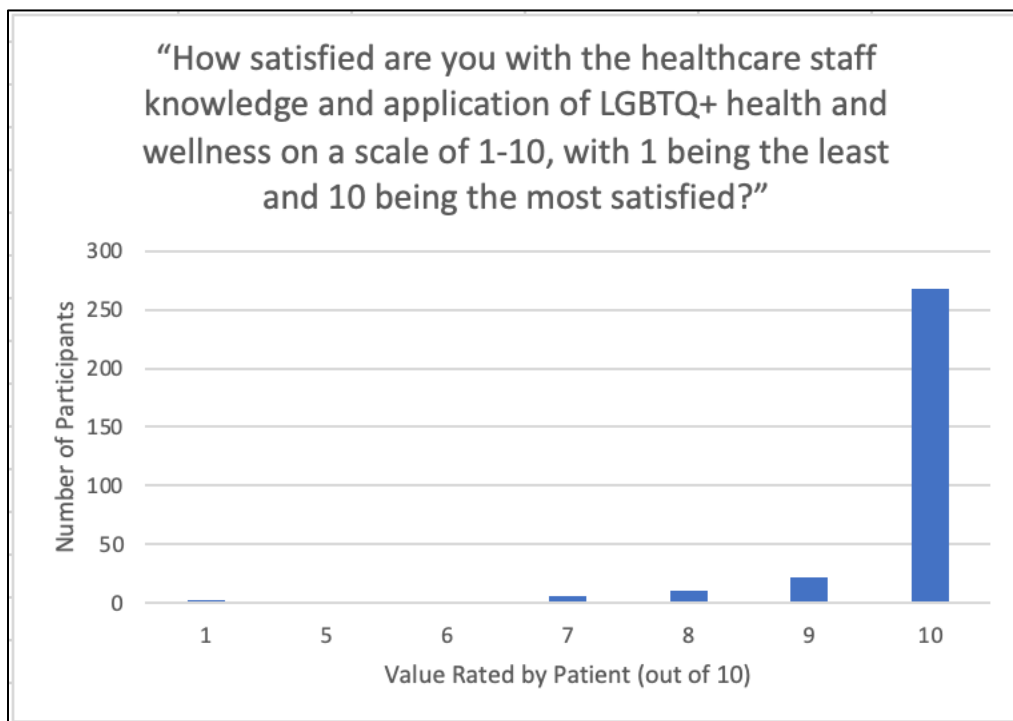


Graph 1.7A: All responses to the question “How well-versed in/sensitive to LGBTQ+ health-related topics are the healthcare providers at the HELP Center for LGBT Health and Wellness compared to those at general primary/family care offices/clinics that you have been to?”, including quantity (x-axis) of chosen preset answers (y-axis)

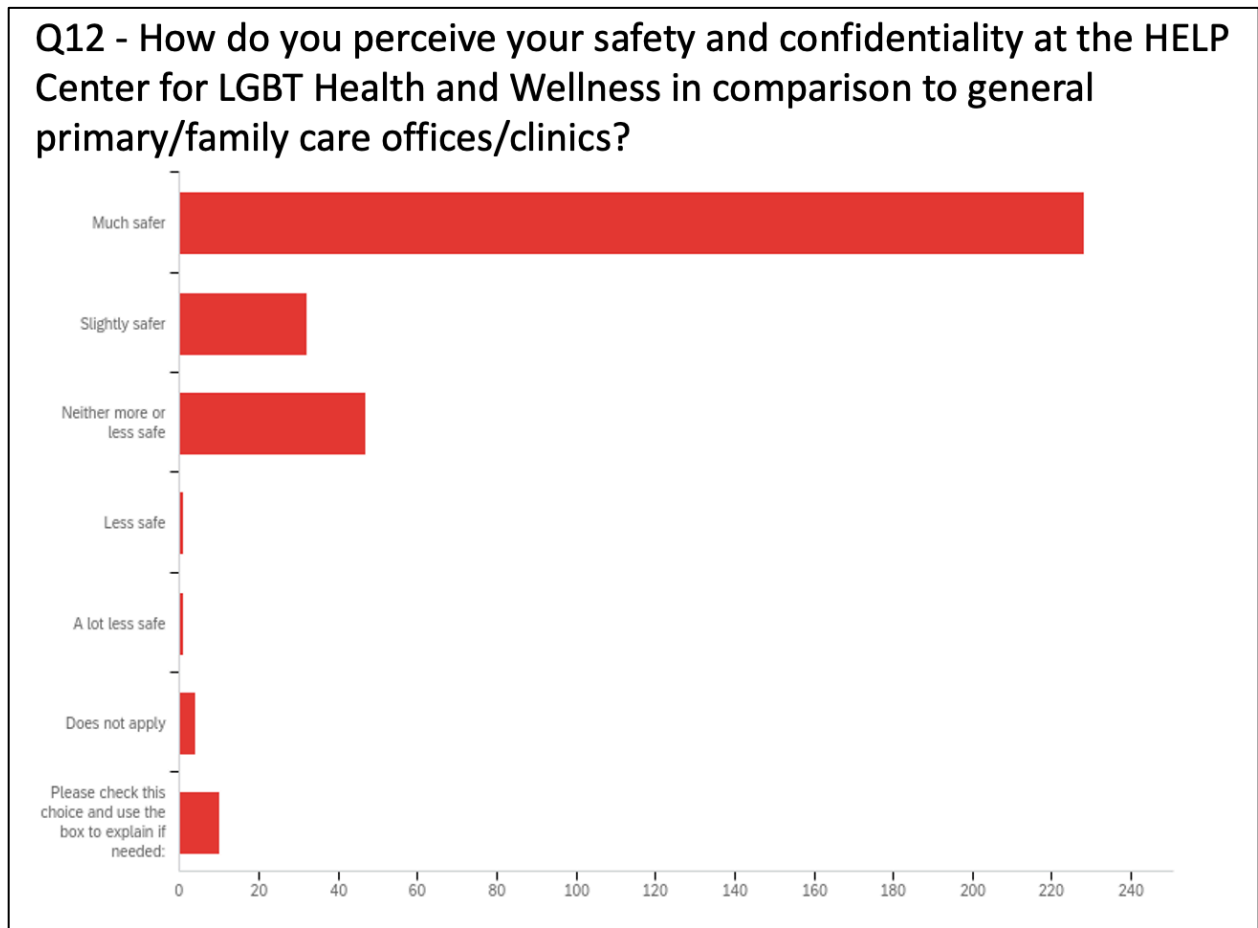
Q11 - How satisfied are you with the healthcare staff knowledge and application of LGBTQ+ health and wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Use the slider to pick your choice.	1.00	10.00	9.69	1.09	1.19	311

Chart 1.8: Mean value of responses to the question “How satisfied are you with the healthcare staff knowledge and application of LGBTQ+ health and wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including minimum, maximum, standard deviation, variance, and count



Graph 1.8: All responses to the question “How satisfied are you with the healthcare staff knowledge and application of LGBTQ+ health and wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including quantity (y-axis) of chosen preset answers (x-axis)



Graph 1.9A: All responses to the question “How do you perceive your safety and confidentiality at the HELP Center for LGBT Health and Wellness in comparison to general primary/family care offices/clinics?”, including quantity (x-axis) of chosen preset answers (y-axis)

Q13 - How satisfied are you with the HELP Center for LGBT Health and Wellness overall on a scale of 1-10, with 1 being the least and 10 being the most satisfied?:

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Use the slider to pick your choice.	1.00	10.00	9.74	1.05	1.09	312

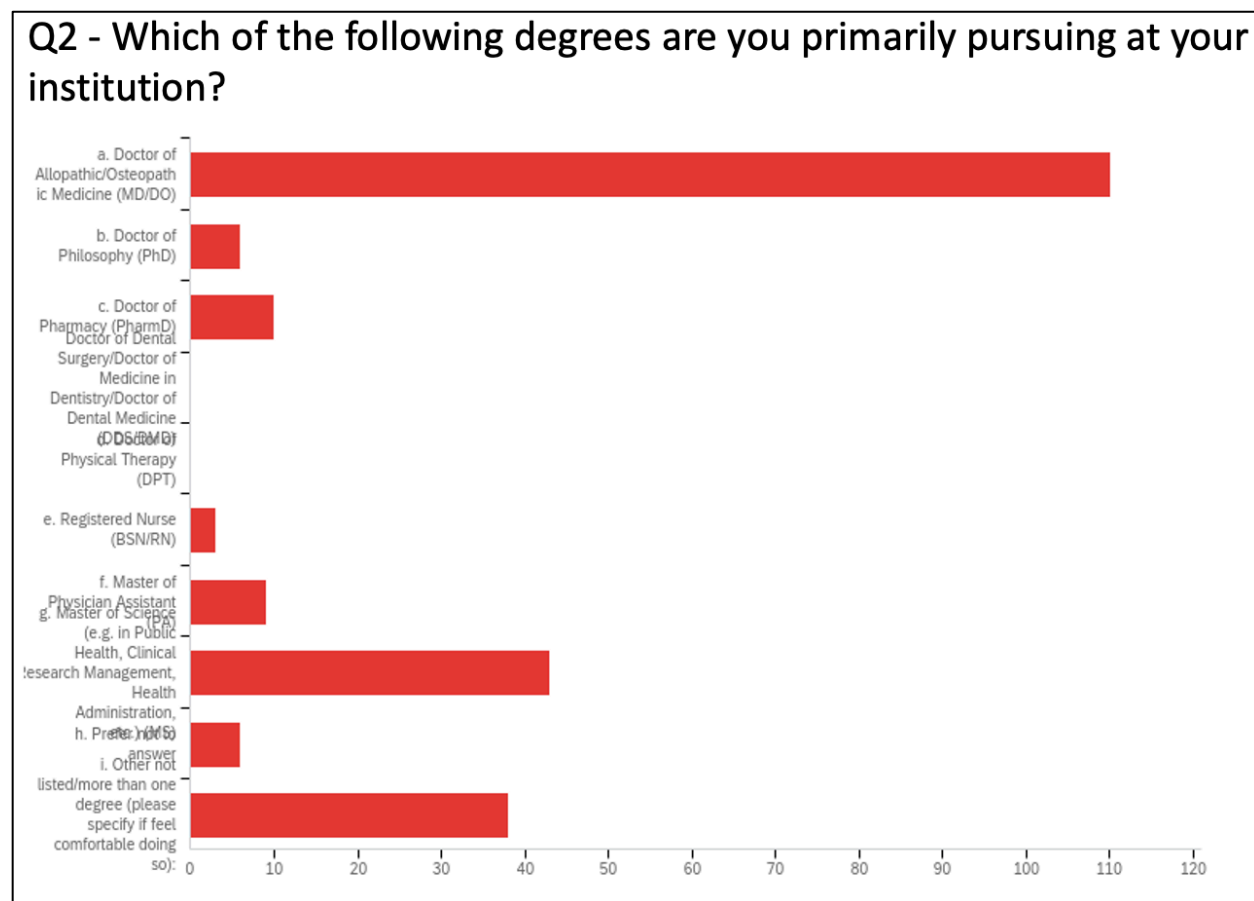
Chart 1.12: Mean value of responses to the question “How satisfied are you with the HELP Center for LGBT Health and Wellness overall on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including minimum, maximum, standard deviation, variance, and count

New Clients Since 2021	2982	100.00%
Age Range		
<26	745	24.98%
26-35	1159	38.87%
36-45	596	19.99%
>45	482	16.16%
Race/Ethnicity		
White	854	28.64%
Black	468	15.69%
Latino	882	29.58%
Asian	162	5.43%
Native American	58	1.95%
Native Hawaiian or Other Pacific Islander	4	0.13%
Other/Unknown	554	18.58%
Insured vs Uninsured		
Insured	1249	41.88%
Uninsured	693	23.24%
Unknown	1040	34.88%

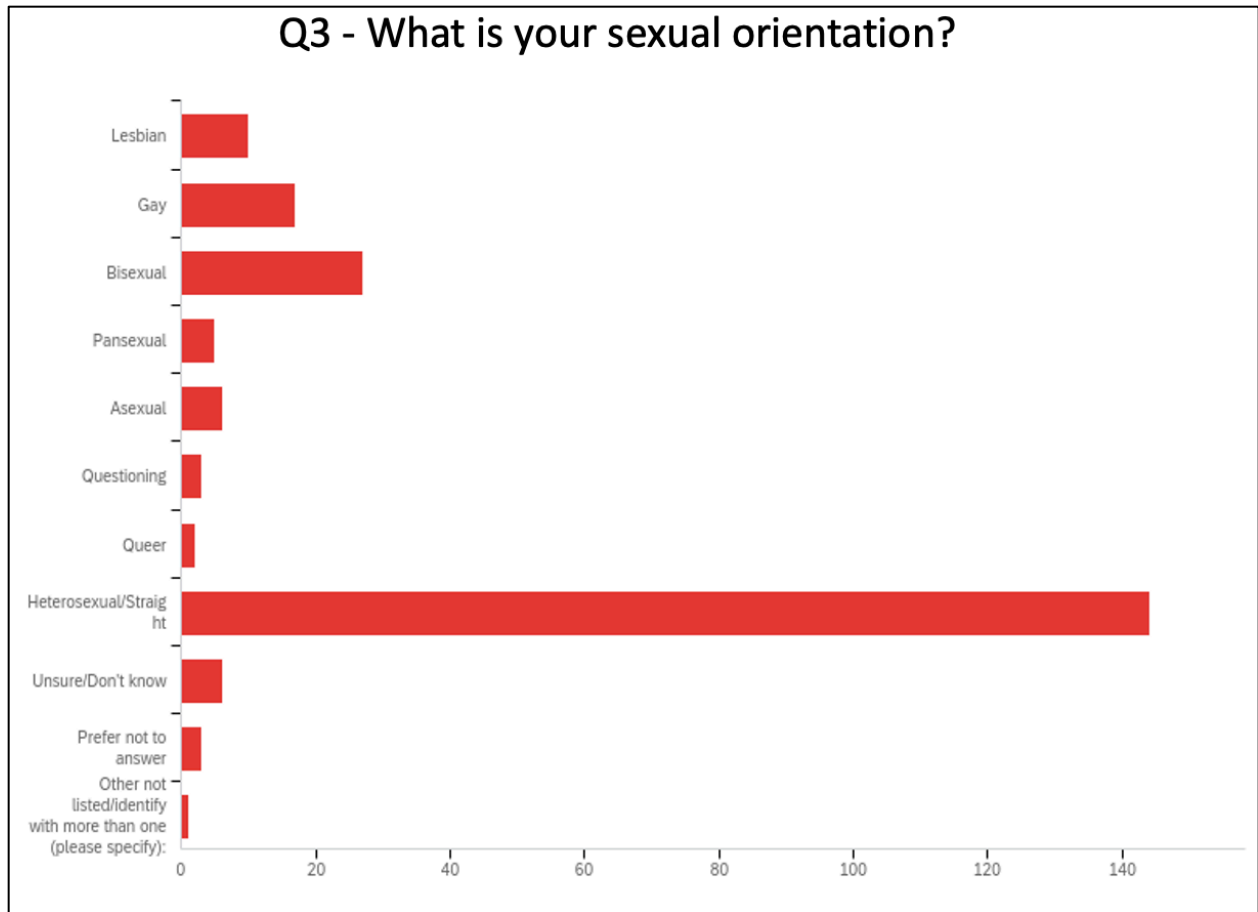
Chart 1.14: Patient Age Range, Race/Ethnicities, and Insurance Status of HELP Center for LGBT Health and Wellness in 2021. Data provided by the HELP Center for LGBT Health and Wellness.

DFW Health Professions Students Formatted Data:

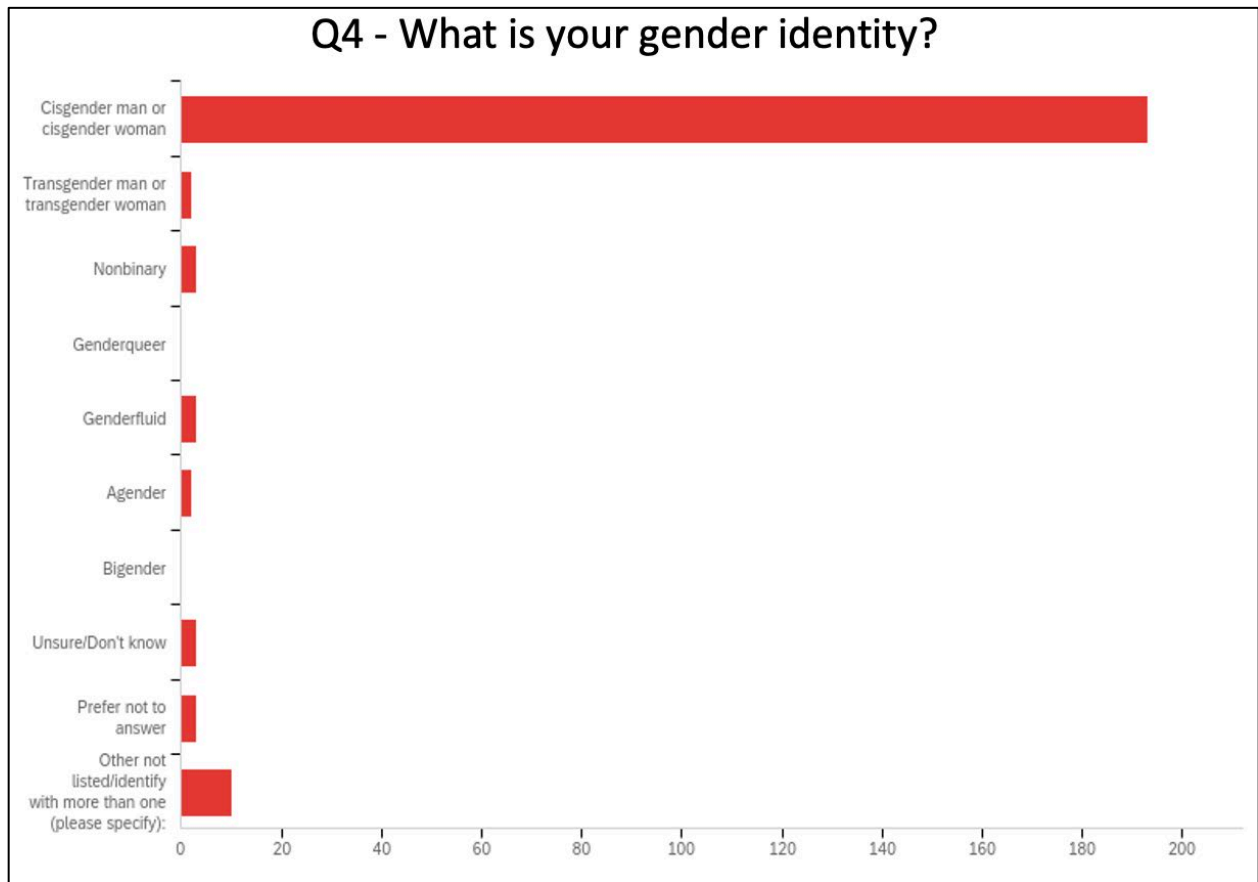
*Raw data is provided in the Appendix



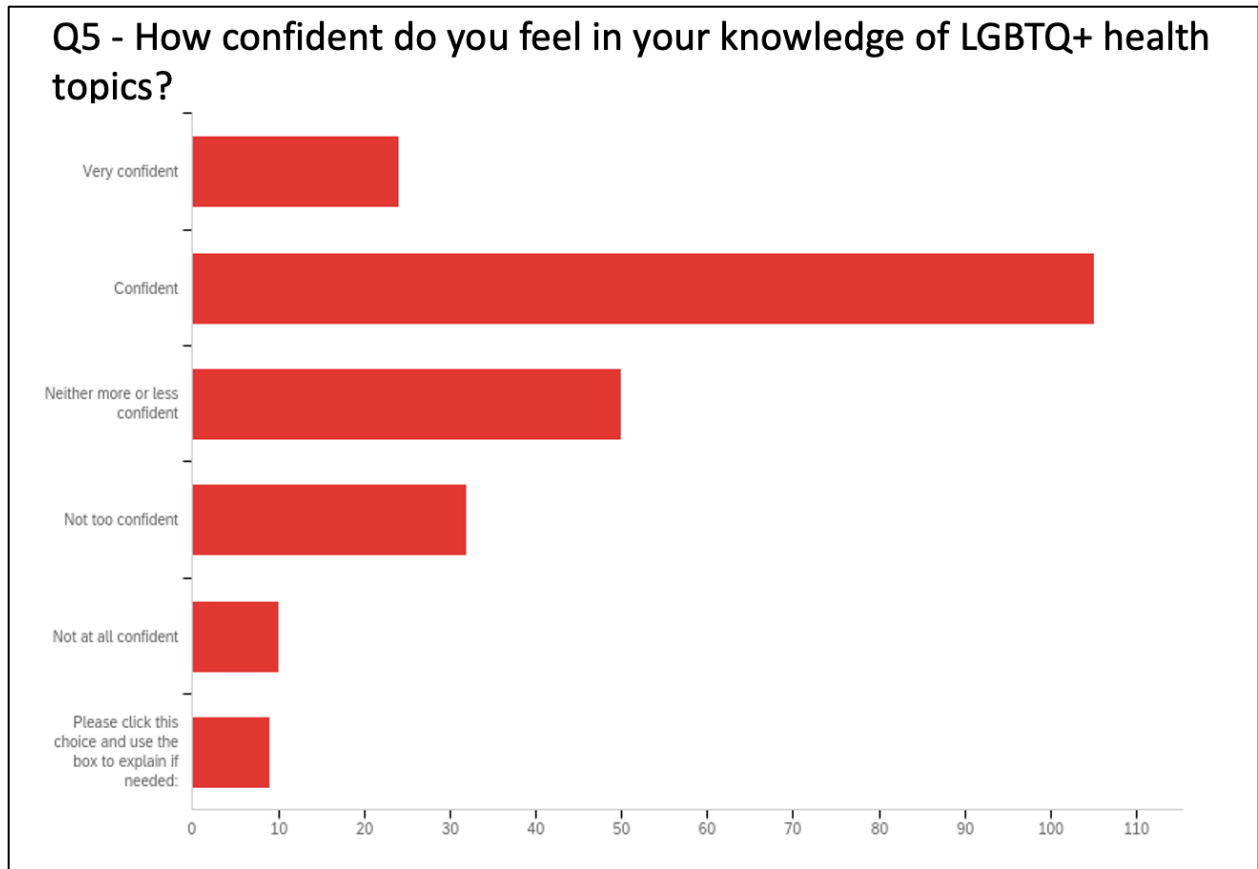
Graph 2.2A: All responses to the question “Which of the following degrees are you primarily pursuing at your institution?”, including quantity (x-axis) of chosen preset answers (y-axis)



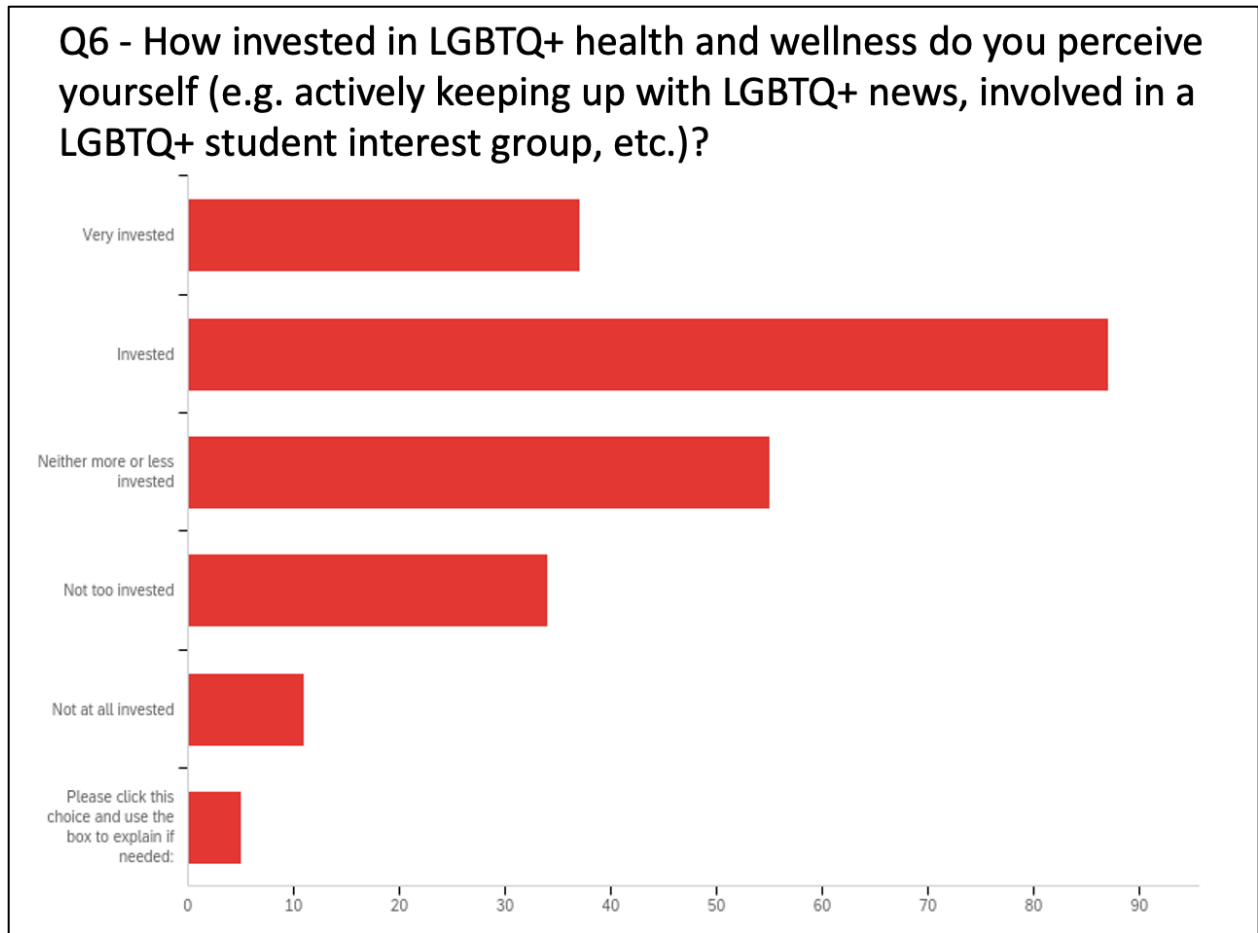
Graph 2.3A: All responses to the question "What is your sexual orientation?", including quantity (x-axis) of chosen preset answers (y-axis)



Graph 2.4A: All responses to the question “What is your gender identity?”, including quantity (x-axis) of chosen preset answers (y-axis)

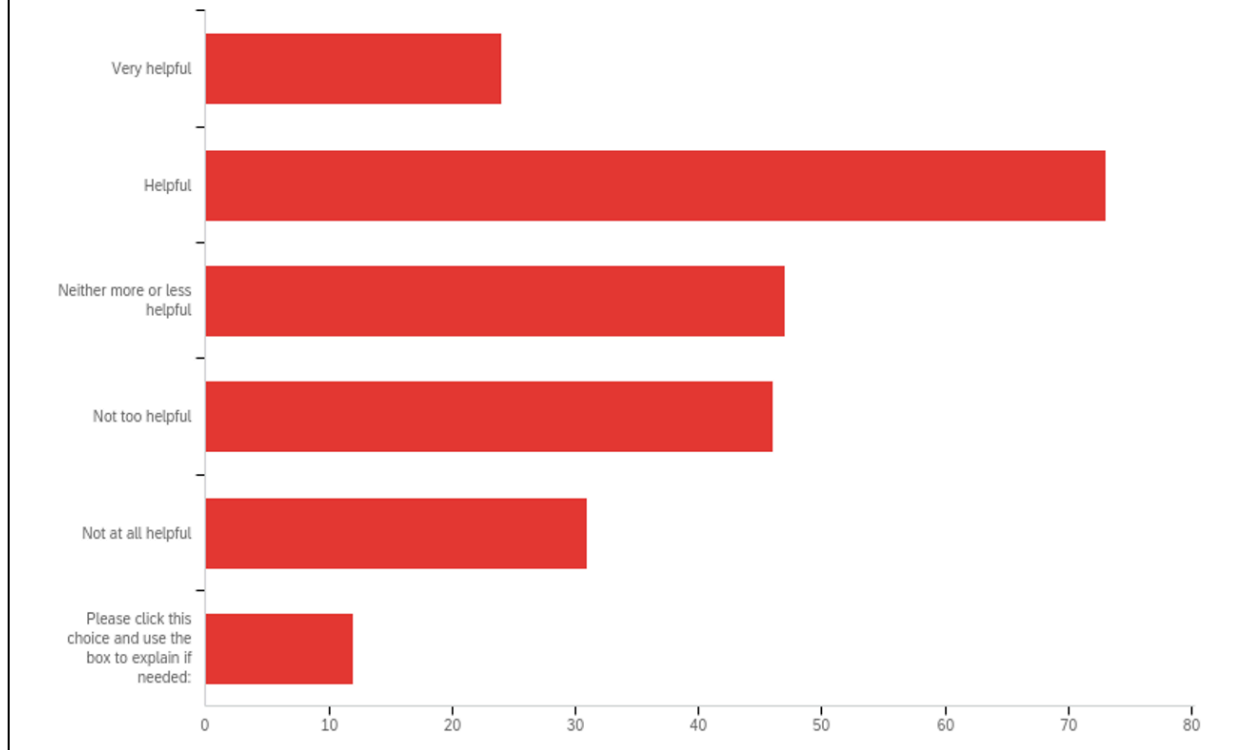


Graph 2.5A: All responses to the question “How confident do you feel in your knowledge of LGBTQ+ health topics?”, including quantity (x-axis) of chosen preset answers (y-axis)



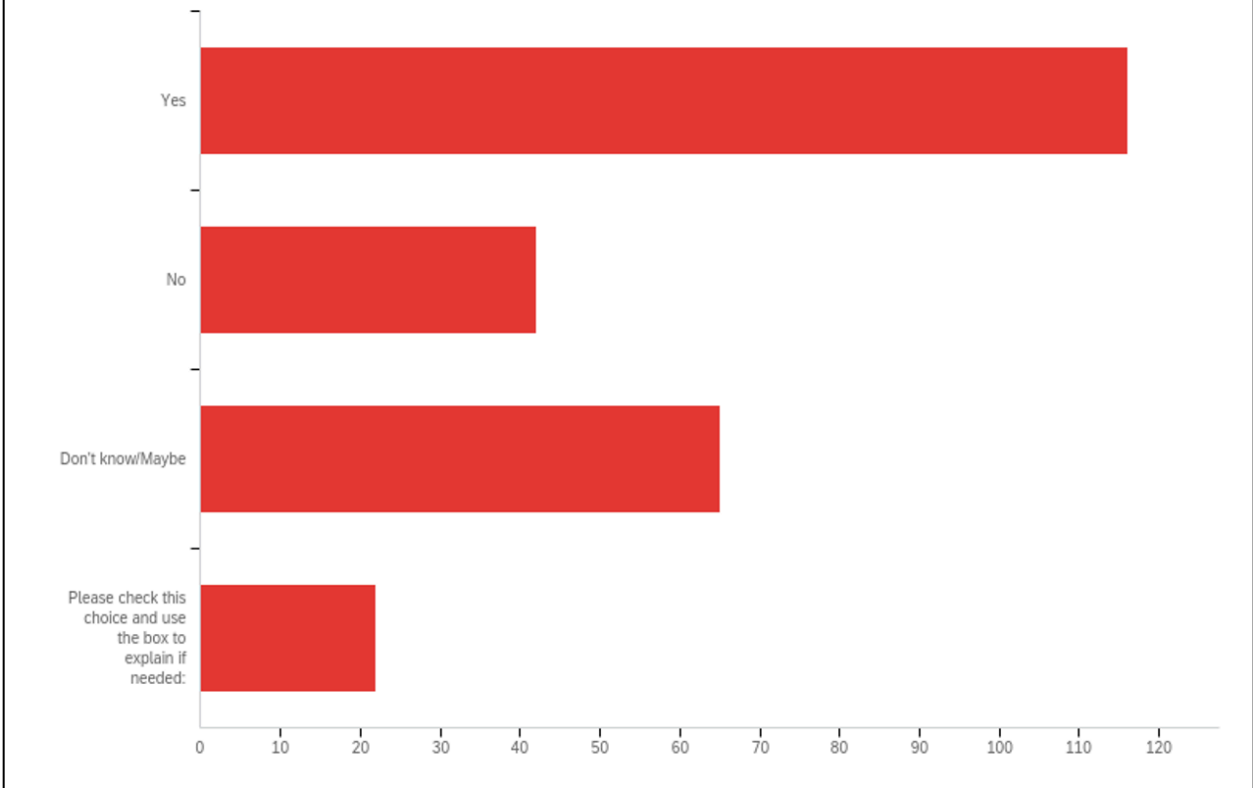
Graph 2.6A: All responses to the question “How invested in LGBTQ+ health and wellness do you perceive yourself (e.g. actively keeping up with LGBTQ+ news, involved in a LGBTQ+ student interest group, etc.)?”, including quantity (x-axis) of chosen preset answers (y-axis)

Q7 - How helpful do you believe your institution's curriculum/program has been in educating and training students on LGBTQ+ health and wellness, as well as how to address/interact with LGBTQ+ patients?



Graph 2.7A: All responses to the question “How helpful do you believe your institution's curriculum/program has been in educating and training students on LGBTQ+ health and wellness, as well as how to address/interact with LGBTQ+ patients?”, including quantity (x-axis) of chosen preset answers (y-axis)

Q8 - Do you believe any changes should be made to your institution's curriculum to better educate and train students on LGBTQ+ health and wellness?



Graph 2.8A: All responses to the question “Do you believe any changes should be made to your institution's curriculum to better educate and train students on LGBTQ+ health and wellness?”, including quantity (x-axis) of chosen preset answers (y-axis)

Discussion and Innovation:

Patient Survey Data Discussion:

312 complete responses were collected for the patient survey data. The patient survey data shows that the top two sexual orientations identified in the patient population surveyed were Gay (84.0%) and Bisexual (9.3%), and the majority of patients identified as male (95.2%). The most reported serviced used at the HELP Center were the PrEP Program (98.5% of responses reported using this service), the HIV Testing Program (59.6% of responses), and the Condom of the Month Club (15.7% of responses). According to the HELP Center for LGBT Health and Wellness' website, the center had served 2557 patients in 2021, meaning that these 312 completed responses may have represented up to 12.2% of the patient population (HELP). The most common age ranges of patients were 26-35 y/o (38.87%) and <26 y/o (24.98%); the most common patient race/ethnicities identified Latino (29.58%) and White (28.64%), and the most identified patient insurance statuses were Insured (41.88%) or Unknown (34.88%).

89.7% of responses chose that the services at the Center were “much more accessible” than those provided at general primary/family care clinics, and 83.0% of responses reported that the healthcare providers at the Center were “much more informed” than those of primary care offices that they had been to before. 73% perceived their safety/confidentiality as “much safer” in comparison to their experiences at primary care offices, and 14.5% reported it as “neither more or less safe”. 94.7% of the subjective commentary provided by patients described their experience at the centers in a positive manner, and common comments mentioned included wanting more locations across the region, receiving optimal care, and appreciation for the care they received.

The fact that the vast majority of patient survey results ranked the center's services as more accessible, specifically trained providers as more informed than those at PCP offices, and regarded the center positively through subjective commentary suggests that there is some benefit to having LGBTQ+ specialty clinics. This data may also suggest that more LGBTQ+ specialty clinics may increase the number of patients going to these specialty clinics for their healthcare as opposed to a general primary care office. In a 2016 survey of transgender use of Planned Parenthood sexual health services in New York, 35% of patients reported receiving their care at LGBT specialty clinics, and 31% reported receiving care at a private doctor's office^[17] – more LGBT specialty clinics may lead to increased patient population at these clinics for either LGBTQ+-specific care or general healthcare services. As to whether these same LGBT

specialty clinics would provide free services to patients (such as the program analyzed in this study) is up to the clinic and its management team, but the same New York study cited that 50% of respondents reported having delayed accessing necessary healthcare due to finances and being unable to afford the care ^[17].

Although perceived safety/confidentiality (73% chose much safer) was slightly less than accessibility and level of provider informativity (89.7% and 83% respectively), positively perceived safety can lead to patients feeling more comfortable revealing more information about their health problems and concerns to their provider, allowing for a more trusting environment between patient and provider. This helps address LGBTQ+ health disparities, as improved understanding between the two parties can allow for reduced need for follow-up, enhanced comprehension, and lower rates of misunderstanding for patients, and better patient-provider relationship.

A potential conflict we found with this data was difficulty in finding a “control” population of LGBTQ+ patients who have not experienced exposure to this center/similar LGBTQ+-focused clinics. This is why patients who came to the clinics served as their own control, asking them to compare their experiences with general practitioners with their experiences in the LGBTQ+ clinic. It is also in our best interest to help patients maintain confidentiality, as sexual orientation and gender identity are two identities that patients may not feel comfortable disclosing to those around them, which is why we want to maintain as much privacy as we can for our patients that have entrusted themselves in the clinic’s care.

Another potential conflict we and the center’s director considered is free services. If patients come to the clinic solely for the fact that some of the services provided are free, then it may have skewed the data and give the centers a falsely positive reception. We hoped to control for this potential bias in our patient survey by asking what all services participants use at the centers, the reason they find the clinic helpful, and what they believe could make their experience at the clinic better. Hopefully this can be controlled for in future studies by surveying multiple LGBTQ+ centers that may have variation in the services they provide, as well as any possible expenses they may charge patients with and without insurance.

Student Survey Data Discussion:

The most common degrees pursued by students who completed the student survey were Doctor of Allopathic/Osteopathic Medicine (MD/DO) (46.0%), Master of Science (MS) (20.2%), and "Other" (17.8%), the most common of which were listed as Master of Science in Nursing (MSN), Family Nurse Practitioner (FNP), and Nurse Practitioner (NP). The top 3 most commonly self-reported sexual orientations were heterosexual/straight (64.3% of respondents), bisexual (11.3%), and gay (8.0%). The top 2 self-reported gender identities were cisgender man/woman (85.4%) and other (4.7%), the most common responses identifying as "female".

When asked about confidence in LGBTQ+ health topics knowledge, 47.0% reported feeling "confident", 21.1% reported feeling "neither more or less confident", and 14.6% reported feeling "not too confident". For investment in LGBTQ+ health and wellness, 37.1% reported being "invested", 23.9% reported they were "neither more or less invested", and 16.0% reported being "not too invested". Respondents' reports on their institutional program's education revealed 29.1% believing their education was "helpful" in treating the LGBTQ+ community, 21.6% believing it was "neither more or less helpful", and 21.1% saying it was "not too helpful". When asked if changes should be made to their institution's curriculum to better educate and train students on LGBTQ+ health and wellness, 50.7% responded with "Yes", 27.7% responded with "Don't know/Maybe", and 19.3% responded with "No". This differs somewhat from the study mentioned in the Introduction which mentioned that 69% of students reported that they strongly disagreed on having received specific LGBT training as part of their curriculum ^[5], but the difference may lie in the fact that that study was performed in the United Kingdom.

When asked about potential changes that could be made in institutional curricula regarding LGBTQ+ health and wellness, subjective commentary provided by student subjects were varied in nature, with some responses asking for more information during training, some saying there was more than enough training, and some potentially unsure or confused responses about whether there was enough taught. In the final text box provided for any additional comments, concerns, or thoughts, responses provided varied in roughly equal proportions, with some advocating for more LGBTQ+ education in medical curricula, and some insisting that there is no difference in how LGBTQ+ patients are treated from that of their heterosexual/cisgender counterparts.

Variations in responses may also be due to the variations in year in level of education. The student survey did not ask for the year each participant was in in their program, and in health

professions education patient exposure varies based on year of education (e.g. in MD/DO programs, patient exposure usually does not begin until clinical rotations in a student's 3rd year). Student confidence in LGBTQ+ education may vary with level of patient exposure, as well as a student's ability to remember the quality of LGBTQ+ education they received in their preclinical years. The United Kingdom cross-sectional survey of medical students mentioned earlier found that medical students' confidence discussing a patient's sexual orientation significantly increased with a student's year of study ^[5].

The variations in subjective commentary provided by student subjects may be explained by the nature of the region. Texas as a whole is considered to be a more conservative state; however, major Texan cities and regions (e.g. Austin, Dallas, Houston) are considered to be more liberal, and tend to have stronger protections for LGBTQ+ citizens, such as anti-discrimination for employment, housing, and public accommodations ^[4]. The DFW region is included this list, and as such its population's nature may account for the equally represented variations in student commentary. This is not so as to depict the state's conservative nature in a negative manner, as a survey of healthcare providers in rural Michigan showed 88.5% of providers believes LGBTQ+-specific education should be required in medical education, and over 75% of that same cohort indicated being religious ^[19]. The aim of this study is to highlight potential contributions in health education to LGBTQ+ health inequities; for example, a survey of healthcare providers in rural Tennessee revealed over 90% disagreed that they would refuse care to LGBT patients, but qualitatively, some reported caring for patients equally while also demonstrating some LGBT microaggressions in clinical practice ^[16].

One potential caveat we saw for the student survey resides with the academic administrators of the various institutions who may view the survey as a form of intrusion by analyzing and potentially, criticizing their curricula. This was not the goal of the study, and this is why we emphasized in the electronic communication to institutional deans that the goal of the study was to obtain an objective perception of LGBTQ+ education quality in general health professions education. However, it was up to the institutional deans to decide whether or not the survey was to be distributed amongst their students, and this decrease in sample size may have limited the number of health professions programs surveyed (e.g. surveying only 1 physician assistant program, or 1 graduate nursing program), leading to limiting the number of students per health profession surveyed and thus resulting in limited data. Further studies should analyze more programs in different regions of the United States to maximize sample size and obtain a more generalized conclusion.

Another potential conflict we recognized while structuring the student survey was response rate. Students who identified as LGBTQ+ could have been more likely to respond given the direct impact of the education they were receiving. We had also previously considered surveying solely student groups that were involved in LGBTQ+/Pride advocacy at these institutions how they view the curriculum; however, this would have skewed results as the students that are in these groups will most likely already be involved in LGBTQ+ matters and be well-educated in these topics. Therefore, the student survey included a question on the participant's perception of their own involvement and knowledge of LGBTQ+ issues, so as to account for knowledge participants may already have had outside of what their institution taught them.

Conclusions:

For the patient data, patient demographics revealed 84.0% of patient respondents identified as gay and 9.3% as bisexual. 94.7% subjective commentary provided by patients were positive, and as one of Texas' most populous regions, the DFW region provided a total of 312 patient respondents to this survey, which equated to up to 12.2% of the center's patient population. As we had hypothesized before the study, the major findings of patient results suggest that there is a positive effect in having LGBTQ+-centers in major regions for LGBTQ+ patients, specifically by providing patients with increased accessibility (89.7% reported the center as "much more accessible"), more informed providers (83.0% said center providers were "much more informed"), and making patients feel safer in their healthcare visits (73% reported the center feeling "much safer") in comparison to general primary care offices. These positive results strongly suggest that LGBTQ+ patients having access to healthcare that is specifically framed and oriented for their identities may be helpful in providing a safe space and makes them feel more comfortable, allowing for a more productive conversation to be held at each healthcare visit. These results may be impacted by the fact that the center's services are provided free of charge, and we look forward to seeing how future studies with centers with varying degrees of service and expense accessibility may impact patient responses. Regardless of price, however, the consistently positive feedback provided by these patients suggest an acceptable level of quality of the services provided by the center.

For the student survey data, student reports were roughly equally split in the qualitative questions; however, the most common results demonstrated students felt "confident" in their LGBTQ+ health topics knowledge (47.0), were "invested" in LGBTQ+ health and wellness (37.1%), believed their education was "helpful" in treating the LGBTQ+ community (29.1%), and agreed that changes should be made to their institution's curriculum to better educate and train students on LGBTQ+ health and wellness (50.7%). Patient demographics revealed that the most represented degrees being pursued by respondents were MD/DO (46.0%), Master of Science (MS) (20.2%), and variations of nursing and graduate nursing degrees (17.8%), and the most commonly self-reported sexual orientations were heterosexual/straight (64.3% of respondents), bisexual (11.3%), and gay (8.0%). These findings and student's subjective commentary suggest that though there have been improvements in LGBTQ+ health education in medical curricula, there's still work to be done regarding student confidence in treating this patient population, as well as in expanding and reviewing medical curricula nationally as every institution is different in their training efforts, and environmental impact may influence trainee education.

By producing this study, we aimed to analyze potential benefits LGBTQ+-focused health centers had in patient satisfaction, as well as acknowledge some of the gaps in medical education in LGBTQ+ healthcare. Previous studies tended to focus on one particular field and institution (specifically education in medical schools), but by surveying multiple fields and institutions within a geographic region, we increased our sample population to obtain a better idea of how LGBTQ+ health education is taught across multiple specialties. Additionally, this provides future studies the ability to see if location and geographical politics can play a role in medical education.

As previously mentioned, although there are centers such as Planned Parenthood that have LGBTQ+ healthcare as part of their centers, the analyzation of a LGBTQ+-focused health center helped this study provide a unique outlook, as there are not many of these centers nor are there studies studying their utility. Additionally, data provided by this study adds to current knowledge that, given access to care, LGBTQ+ patients will access services and healthcare provided specifically for them, and it is access to these services that can help absolve some patient-physician confusion during a healthcare visit. The WHO continues to recognize the poor health of LGBTQ+ individuals as an area needing improvement ^[22], and by analyzing any possible benefit that focused health centers can provide to patients, this study can add to the multiple ways LGBTQ+ studies hope to improve LGBTQ+ healthcare.

Future Directions:

The feedback provided from patients has been passed on to the HELP Center leadership and aims to benefit the HELP Center by acknowledging areas of future improvement, such as more locations, services, and improved advertising. Next steps include making changes that reflect improved quality of care for the HELP Center's patients.

Given that Tarrant County is recognized as a priority jurisdiction in need of additional resources and education for HIV prevention and treatment, it may be more helpful to have centers similar to the HELP Center in other priority jurisdiction counties, such as Dallas County, Orange County, Philadelphia County, and many more. Increased accessibility to these types of centers may be most helpful in more populous counties and/or major cities of states, allowing LGBTQ+ patients better access to healthcare that will help them. Having more LGBTQ+ centers available would also help improve the quality of responses received from patients – by having larger and more diverse patient populations to survey from, variations in services provided to patients (i.e. types of services, payment options, and accessibility), variations in patient sexual and gender (SAG) identity, and varying environmental/regional cultures, future studies can better control for biases caused by free services, varying accessibility (e.g. not needing to travel far), and any skews towards singular specific sexual or gender orientations. Not every LGBTQ+ center will be like the HELP Center in Fort Worth, but it portrays an example from which future centers can build their own unique blueprint to help and serve the LGBTQ+ community.

Additionally, given the fact that healthcare is increasingly rendered by multidisciplinary teams, the results from our healthcare student evaluation could well form the basis to explore other health professions programs outside of the DFW area (and even outside of Texas, as well) to determine the knowledge and experience level of students being trained in Medicine, Nursing, Pharmacy, Dentistry, or other health professions which require direct practitioner contact. The fact that a total of 58.7% of participants in this study reported that their institution's curriculum had been "neither more or less helpful", "not too helpful", or "not at all helpful", in treating LGBTQ+ patients suggests that there are improvements to be made in LGBTQ+ health in medical education. This study's data can support and provide a supportive blueprint for expanding and surveying more health professions.

Additionally, by surveying students within a geographic region (rather than within one singular institution), this study provides future studies the ability to determine if location and geographical politics can play a role in medical education. Every institution is different in how they train their students, and it is possible that in health professions programs outside of the

DFW area, there are stronger (or weaker) emphases on LGBTQ+ education in health providers' training. By expanding and analyzing institutional curricula in other areas and exploring more healthcare degrees, it is possible to get a better grasp of the quality of education being taught at institutions. Additionally, future studies should survey student participants of their age range and race so as to get some additional demographics to account for in the student data.

Although it was not analyzed in this study, health professions institutions may also benefit from working together with LGBTQ+ health centers. Giving students the chance to work with providers specifically trained in LGBTQ+ care and the opportunity to learn directly from LGBTQ+ patients may expand their knowledge base, broaden their differential diagnoses to include health inequities more commonly associated with LGBTQ+ patients, and help them feel more comfortable in their ability to help and treat any LGBTQ+ patients they may have in the future.

Compliance:

No compliance issues occurred during this study.

There were no clinical trials, medications, or medical procedures being tested and the research had very minimal risk since it was observational and survey based. No medical records were accessed in this study. However, human subjects were involved, with data obtained through interaction with individuals via surveys. An application/proposal for this study was therefore submitted to the [Texas Christian University IRB](#) and was approved on August 28, 2020. A yearly update was sent to the IRB as needed until the study ended. Both a copy of the IRB approval letter and a copy of an IRB-approved informed consent form were provided at the beginning of the surveys provided to patients and students.

No animals were used in this study, therefore no approval from IACUC is needed. All required CITI Training modules were completed and provided to the IRB as part of the approval process.

Appendix:

LGBTQ+ Health Center Patient Raw Data:

	What is your sexual orientation? - Selected Choice	What is your sexual orientation? - Other not listed/identify with more than one (please specify) - Text	What is your gender identity? - Selected Choice	What is your gender identity? - Other not listed/identify with more than one (please specify) - Text	Which services do you utilize at the HELP Center for LGBT Health and Wellness? (Please check all that apply) - Selected Choice	Which services do you utilize at the HELP Center for LGBT Health and Wellness? (Please check all that apply) - Other (please specify) - Text	How do the services provided at the HELP Center for LGBT Health and Wellness compare to those provided at general primary/family care offices/clinics? Please pick one option and use the box to explain if needed. - Selected Choice	How do the services provided at the HELP Center for LGBT Health and Wellness compare to those provided at general primary/family care offices/clinics? Please pick one option and use the box to explain if needed. - Please check this choice and use the box to explain if needed. - Text	How satisfied are you with the services provided at the HELP Center for LGBT Health and Wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied? - Use the slider to pick your choice.	How well-versed/inventive to LGBTQ+ health-related topics are the healthcare providers at the HELP Center for LGBT Health and Wellness compared to those at general primary/family care offices/clinics that you have been to? Please pick one option and use the box to explain if needed. - Selected Choice	How well-versed/inventive to LGBTQ+ health-related topics are the healthcare providers at the HELP Center for LGBT Health and Wellness compared to those at general primary/family care offices/clinics that you have been to? Please pick one option and use the box to explain if needed. - Text	How satisfied are you with the healthcare staff knowledge and application of LGBTQ+ health and wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied? - Use the slider to pick your choice.	How do you perceive your safety and confidentiality at the HELP Center for LGBT Health and Wellness in comparison to general primary/family care offices/clinics? Please pick one option and use the box to explain if needed. - Selected Choice	How do you perceive your safety and confidentiality at the HELP Center for LGBT Health and Wellness in comparison to general primary/family care offices/clinics? Please pick one option and use the box to explain if needed. - Text	What is one way the center could improve to make your experience better? Please explain in the box below:	How satisfied are you with the HELP Center for LGBT Health and Wellness overall on a scale of 1-10, with 1 being the least and 10 being the most satisfied? - Use the slider to pick your choice.	Please use this text box to add any additional comments or concerns you would like to share regarding LGBTQ+ Health and Wellness and/or LGBTQ+ Health Centers:
N	Valid	312	312	312	312	312	312	312	310	312	312	311	312	312	312	312	312
	Missing	0	0	0	0	0	0	0	2	0	0	1	0	0	0	0	0
Mean									9.72			9.69					9.74
Std. Deviation									1.050			1.093					1.048

Table 1.1 (Above): All questions asked in the LGBTQ+ Health Center Patient Survey, number of fulfilled and unanswered responses, and mean and standard deviation values reported. N=312 responses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bisexual	29	9.3	9.3	9.3
	Gay	262	84.0	84.0	93.3
	Heterosexual/Straight	7	2.2	2.2	95.5
	Other not listed/identify with more than one (please specify):	4	1.3	1.3	96.8
	Pansexual	2	.6	.6	97.4
	Prefer not to answer	4	1.3	1.3	98.7
	Queer	1	.3	.3	99.0
	Questioning	1	.3	.3	99.4
	Unsure/Don't know	2	.6	.6	100.0
	Total	312	100.0	100.0	

What is your sexual orientation? - Other not listed/identify with more than one (please specify): - Text					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		308	98.7	98.7	98.7
	Demisexual	1	.3	.3	99.0
	Demisexual/Bisexual	1	.3	.3	99.4
	Homoflexible	1	.3	.3	99.7
	I am me.	1	.3	.3	100.0
	Total	312	100.0	100.0	

Tables 1.2A & 1.2B: All responses to the question “What is your sexual orientation?”, including percentage of chosen preset answers (**1.2A**) and participant-entered answers (**1.2B**)

What is your gender identity? - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	.6	.6	.6
	Female	10	3.2	3.2	3.8
	Male	297	95.2	95.2	99.0
	Nonbinary	2	.6	.6	99.7
	Other not listed/identify with more than one (please specify):	1	.3	.3	100.0
	Total	312	100.0	100.0	

What is your gender identity? - Other not listed/identify with more than one (please specify): - Text

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		311	99.7	99.7	99.7
	Transgender woman	1	.3	.3	100.0
	Total	312	100.0	100.0	

Tables 1.3A & 1.3B: All responses to the question “What is your gender identity?”, including percentage of chosen preset answers (1.3A) and participant-entered answers (1.3B)

Which services do you utilize at the HELP Center for LGBT Health and Wellness? (Please check all that apply) - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	HIV Testing Program	2	.6	.6	.6
	HIV Testing Program,Other (please specify):	1	.3	.3	1.0
	HIV Testing Program,PrEP Program	141	45.2	45.2	46.2
	HIV Testing Program,PrEP Program,Condom of the Month Club	38	12.2	12.2	58.3
	HIV Testing Program,PrEP Program,Other (please specify):	4	1.3	1.3	59.6
	Prefer not to answer	1	.3	.3	59.9
	PrEP Program	114	36.5	36.5	96.5
	PrEP Program,Condom of the Month Club	10	3.2	3.2	99.7
	PrEP Program,Condom of the Month Club,Other (please specify):	1	.3	.3	100.0
	Total	312	100.0	100.0	

Which services do you utilize at the HELP Center for LGBT Health and Wellness? (Please check all that apply) - Other (please specify): - Text

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		306	98.1	98.1	98.1
	Condom Shop	2	.6	.6	98.7
	Regular STD testing with HIV testing	1	.3	.3	99.0
	Sti testing	1	.3	.3	99.4
	The Condom Bar	1	.3	.3	99.7
	Therapy	1	.3	.3	100.0
	Total	312	100.0	100.0	

Tables 1.4A & 1.4B: All responses to the question “What services do you utilize at the HELP Center for LGBT Health and Wellness?”, including percentage of chosen preset answers (1.4A) and participant-entered answers (1.4B)

How do the services provided at the HELP Center for LGBT Health and Wellness compare to those provided at general primary/family care offices/clinics? Please pick one option and use the box to explain if needed: - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	.3	.3	.3
	Does not apply	2	.6	.6	1.0
	Much less accessible,Please check this choice and use the box to explain if needed:	1	.3	.3	1.3
	Much more accessible	270	86.5	86.5	87.8
	Much more accessible,Please check this choice and use the box to explain if needed:	9	2.9	2.9	90.7
	Much more accessible,Slightly more accessible	1	.3	.3	91.0
	Neither more or less accessible	4	1.3	1.3	92.3
	Neither more or less accessible,Please check this choice and use the box to explain if needed:	1	.3	.3	92.6
	Please check this choice and use the box to explain if needed:	3	1.0	1.0	93.6
	Slightly less accessible	3	1.0	1.0	94.6
	Slightly less accessible,Please check this choice and use the box to explain if needed:	1	.3	.3	94.9
	Slightly more accessible	16	5.1	5.1	100.0
	Total	312	100.0	100.0	

A lot of services (if not all) are for free and you don't get that in the general care facilities.

Honestly, with recent legislation that mandates insurers to cover testing and PrEP, for me access is not an issue. But I do feel it's important I chose the HELP center because there was a connection there as identifying LGBT and knowing I'd be seen and accepted in a way that may be different than my regular cis-gendered straight white male PCP.

I don't have any access to a primary care provider due to to hours that I work.

I feel more comfortable and less likely to be judged.

I live 300 miles away and they were more convenient than the local testing center here

I would NEVER go through getting PrEP from my regular doc, under judgement and possible indiscretion of any staff member.

It is a horrible clinic. I wouldn't refer my worst enemy there.

Less expensive

More accessible and also more discreet.

No judgment, personable and professional.

Not having a PCP, my only option would be to go to a local Minute Clinic or the county hospital

This is a specialized area that most PCP's don't have knowledge of.

Too far but worth going too

Very good service - my urologist does not even ask any questions about sexual orientation

Total

Tables 1.5A & 1.5B: All responses to the question “How do the services provided at the HELP Center for LGBT Health and Wellness compare to those provided at general primary/family care offices/clinics?”, including percentage of chosen preset answers (**1.5A**) and participant-entered answers (**1.5B**)

How satisfied are you with the services provided at the HELP Center for LGBT Health and Wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?: - Use the slider to pick your choice.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	1.0	1.0	1.0
	6	2	.6	.6	1.6
	7	3	1.0	1.0	2.6
	8	10	3.2	3.2	5.8
	9	23	7.4	7.4	13.2
	10	269	86.2	86.8	100.0
	Total	310	99.4	100.0	
Missing	System	2	.6		
Total		312	100.0		

Table 1.6: All responses to the question “How satisfied are you with the services provided at the HELP Center for LGBT Health and Wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including percentage of chosen preset answers

How well-versed in/sensitive to LGBTQ+ health-related topics are the healthcare providers at the HELP Center for LGBT Health and Wellness compared to those at general primary/family care offices/clinics that you have been to? Please pick one option and use the box to explain if needed: - Selected Choice

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.3	.3	.3
Does not apply	3	1.0	1.0	1.3
Much less informed	1	.3	.3	1.6
Much less informed,Please check this choice and use the box to explain if needed:	1	.3	.3	1.9
Much more informed	258	82.7	82.7	84.6
Much more informed,Please check this choice and use the box to explain if needed:	2	.6	.6	85.3
Neither more or less informed	13	4.2	4.2	89.4
Neither more or less informed,Please check this choice and use the box to explain if needed:	1	.3	.3	89.7
Slightly more informed	29	9.3	9.3	99.0
Slightly more informed,Neither more or less informed	1	.3	.3	99.4
Slightly more informed,Neither more or less informed,Please check this choice and use the box to explain if needed:	1	.3	.3	99.7
Slightly more informed,Please check this choice and use the box to explain if needed:	1	.3	.3	100.0
Total	312	100.0	100.0	

I previously went to Uptown Physicians Clinic in Dallas
 Many straight mainstream providers are better versed in the experience and values of LGBT people nowadays.
 The doctor at the clinic is a racist and a bigot
 They are the specialists!
 This is their sole purpose and mission - therefore they pride themselves on the knowledge they extend to their clients/patients.

Tables 1.7A & 1.7B: All responses to the question “How well-versed in/sensitive to LGBTQ+ health-related topics are the healthcare providers at the HELP Center for LGBT Health and Wellness compared to those at general primary/family care offices/clinics that you have been to?”, including percentage of chosen preset answers (**1.7A**) and participant-entered answers (**1.7B**)

How satisfied are you with the healthcare staff knowledge and application of LGBTQ+ health and wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied? - Use the slider to pick your choice.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	1.0	1.0	1.0
	5	1	.3	.3	1.3
	6	1	.3	.3	1.6
	7	6	1.9	1.9	3.5
	8	10	3.2	3.2	6.8
	9	22	7.1	7.1	13.8
	10	268	85.9	86.2	100.0
	Total	311	99.7	100.0	
Missing	System	1	.3		
Total		312	100.0		

Table 1.8: All responses to the question “How satisfied are you with the healthcare staff knowledge and application of LGBTQ+ health and wellness on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including percentage of chosen preset answers

How do you perceive your safety and confidentiality at the HELP Center for LGBT Health and Wellness in comparison to general primary/family care offices/clinics? Please pick one option and use the box to explain if needed: - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	.6	.6	.6
	A lot less safe,Please check this choice and use the box to explain if needed:	1	.3	.3	1.0
	Does not apply	4	1.3	1.3	2.2
	Less safe	1	.3	.3	2.6
	Much safer	223	71.5	71.5	74.0
	Much safer,Neither more or less safe	2	.6	.6	74.7
	Much safer,Please check this choice and use the box to explain if needed:	2	.6	.6	75.3
	Much safer,Slightly safer	1	.3	.3	75.6
	Neither more or less safe	41	13.1	13.1	88.8
	Neither more or less safe,Please check this choice and use the box to explain if needed:	3	1.0	1.0	89.7
	Please check this choice and use the box to explain if needed:	1	.3	.3	90.1
	Slightly safer	27	8.7	8.7	98.7
	Slightly safer,Neither more or less safe	1	.3	.3	99.0
	Slightly safer,Please check this choice and use the box to explain if needed:	3	1.0	1.0	100.0
	Total	312	100.0	100.0	

Again, this is a great program to assist with staying discreet. They are super respectful of that and ensure it's a priority!

HIV/STD testing and PrEP prescription was NOT kept confidential... Quest and Walgreens shared my PHI with Scott, Baylor, White Health w/o my consent.

I feel my information is safe in both instances.

I feel very safe at my PCP as well. All offices should follow FERPA .

I've never felt safe at the clinic

Safer in the sense of privacy

Same

That's assuming the general clinics are as observant of patient confidentiality as they're supposed to be. I think the problem of LGBT+ people being outed by health care providers is less of a discrimination than it used to be, even here in the Bible Belt.

The HELP center is very /confidential but I believe other care providers are as well. But the HELP center might lead to better health outcomes because they help patients proactively address relevant health issues that might get looked over elsewhere.

They know the right testing to do and counseling to give to meet my situation.

Tables 1.9A & 1.9B: All responses to the question “How do you perceive your safety and confidentiality at the HELP Center for LGBT Health and Wellness in comparison to general primary/family care offices/clinics?”, including percentage of chosen preset answers (1.9A) and participant-entered answers (1.9B)

Administer rapid STD/STI tests at every visit so patient will have greater knowledge of their immediate health situation.

Advertise more towards sex workers, none know about the wonderful benefits this clinic provides and is all inclusive

Avoid generic medications

Be more consistent with the 3 month testing of all STIs

Be more upfront with all cost options.

Better communication

Center is phenomenal

Communicate better on on-line forms to be completed prior to visits

Community events for outreach or networking

Completely satisfied

Dallas location

Don't know. All is good so far.

everything is great

Everything is great

Everything is great including the staff

everything is perfect.. do not complicate things

Expand hours

Expand their services to include PCPs.

Extended hours, all day Saturdays

Follow up calls regardless of testing positive or negative

Full std testing, full healthcare

Give the center better/more funding.

Have more locations, or one that is closer to my home

Honestly I would not change a thing, in my experience they are doing great

Honestly it was a flawless execution of everything.

Honestly, they've been great. I can't think about anything that they could do better. They really care about my health and provide a great service

Honesty I can't think of anything that could be improved.

I am very satisfied with the service

I am very satisfied with the service HELP provides
I can not think of anything, this place has the right mindset, helpfulness, and dedication to serve that I do not find in other places
I can't think of anything seriously.
I can't think of anything. Being unemployed right now, I haven't needed to check evening or weekend hours which might be helpful. (I haven't needed them; just saying.)
I can't think of improvements
I currently see nothing based on my experiences. Have been more than helpful. Am Happy!
I do wish they expanded and offered more general testing. For STIs and anything else. It is first and foremost a PrEP clinic and they have informed me they will not do regular testing on request. They have their usual schedule for testing patients based on PrEP appointments.
I have no improvement suggestions am very happy with their staff and procedures.
I have no recommendations. The HELP center has been extremely convenient and offered healthcare I could not receive due to lack of insurance elsewhere
I haven't experienced anything that feel needs improvement. Both clinics I've been to were helpful and are responsive.
I havent had any issues so far. I dont think they offer HRT though and would love to see that option become available in the future
I personally can't think of a way the center could improve. My experience has always been easy, hassle-free, and quick. The meetings are fast over video chat and then my prescription is shipped to me within a day or two.
I think my experience is already amazing.
I think the process is easy and great.
I think they do a good job. I'm sometimes not sure what info I should or should not be seeing in the online portal for test results though.
I was very satisfied, nothing to improve I don't think.
I wish I would have know how easy the process is. Maybe a more comprehensive marketing campaign?
I wish they offered more to college students.
I would like to have them as primary care
I'm very satisfied with all of the services provided
I'm a very new patient so my experience so far has been great (three visits).
I'm not really sure what else I can do because everything they do right now is so awesome!
If they were provided more resources/financial backing. Their limitations are not their own.
Improve speed and scope of blood testing
incluir doctores de habla hispana
It is doing great
It would be better not to hav to travel to Arlington from Dallas, but it's okay. Not a real problem.
It's all great no improvements
Locations to serve rural LGBTQA+ Communities

Make it where they come become patients primary car provider too
Maybe opening more locations around the Dallas area.
More education to patients rather than just asking if they have questions. Some patients might not know what questions to ask.
More in depth interviews when hiring, I have experienced misgendering even after I and an employee corrected a staff members. I feel if you work in an LGBT clinic you need to be LGBT friendly/accepting as a staff member
More know, better advertising. I only found it by chance
More locations
More one on one discussions of a very private and sensitive nature
More outreach. I think HELP should have a more noticeable face in the community.
More services, in house pharmacy
More smaller satellite clinics to reach a wider range of individuals.
My experiences here are always grate...these people are amazing
n/a
N/a
N/A
N/A.
N/A. The clinic dose such a better job than my general physician.
N/A. The HELP center ALWAYS provides spot-on service and is very easily accessible. 10/10 I always recommend my friends to them!
Na
NA
NO improvements needed
no suggestions
None
none - everything is great!
None really. They've done more for me than I ever expected. My fiance and I wouldn't have survived this long without them.
not mis-label my blood samples ;-)
Nothing could improve for me.
Nothing everything is great
Nothing I can say
Nothing I can think of. The staff is very knowledgeable, courteous, and helpful.
Nothing really. I always have a wonderful experience every time I get care through the Help Center.
Nothing to improve

Nothing; I'm satisfied
Nothing.
Offer HPV vaccine access
Only thing better would be if I could get my prescription there, rather than pharmacy. Feel like I'm treated differently and awkwardly between the time I start the pickup process and when they discover what I'm picking up.
Open a location closer to me but the telehealth set up has been great
Open more locations
Open more locations as in Plano, Frisco etc.
Opening another clinic in Dallas would be awesome. I send all my friends to HELP because it's free and far superior than county or primary care when it comes to testing, treatment and PreP access for LGBT+.
Parking that is private from street view to allow patient discretion would help patients, like me, who are not out yet "publicly" and still want to access easily available AND FREE health care and resources!
Perhaps a more expansive understanding of "sexual health" apart from STD/HIV treatment and prevention. For example, serving issues such as ED and making that a part of their routine visit questionnaire.
Perhaps seminars on LGBT health, social experiments, and public outreach. Maybe? Just an idea.
Primary care services beyond prep clinic
Prior to appointments letting the patient know if they'll be doing only a blood screening or a blood and urine screening. I can never remember if I'll be doing urine so I either drink a ton of water just in case, or forget and struggle to provide the sample.
Provide an alternative when the restrooms at the center are out of order, when patients are asked to provide a urine and or anal swab. What are patients to do with the excess urine that exceeds the cup?? Urinate in the examination room sink or trash bin?
Provide full STD screening every 3 months
Provider Brent could be little approachable and informative, I do not see my provider at all just MAs who at very nice
Reminders of up and coming appointment
RX on site
Shutting the clinic down would be the best recommendation I can give. It is no longer fit for purpose.
Some staff are very well trained in taking blood. No pain, no soreness afterwards. Others are not. Painful and sore for days.
Some things I was told by the doctor that I would be provided the staff don't seem as inclined to provide or tell me otherwise.
Staff must be more proactive in communicating with the patient.
The app is a bit hard to use for calls
The center sends out the lab forms out way too early. By the time it's time to go get your labs drawn, I have to go looking for the paperwork, because it came weeks earlier and is now lost in e-mail.
The education of a diagnosis such a preventative measures + more information regarding nutrition/healthcare/wellness .
The Help center does an amazing job of taking care of my sexual health needs but I do not have a primary care physician so I think it would be very helpful for them to be able to recommend or refer us to an LGBT friendly primary care doctor if possible.

The HELP Center for LGBT Health services are exceptional! Unknown to me, my PHI would be shared w/o their knowledge and w/o my consent... I am confident the Center and its staff do take my privacy and autonomy seriously.
The Help center website is a little confusing and should have a patient portal added
The office was easy to access online and the appointment was virtual. All texting and follow up was immediate. For example- I went online and applied for PReP appointment on a Thursday and I had my appointment Monday and lab paperwork and follow up information that very day. Got labs drawn Tuesday and results were quick. The RX was sent to the Walgreens pharmacy and I received a call from the nicest Prep-friendly pharmacist ever and meds arrived Monday! How efficient is that! Meanwhile I've been waiting a month from my PCP for a referral to be processed to see a neurologist for an unrelated issue!
There already doing great so nothing I can think of
There are questions that are sometimes asked (such as how many people have you been with in the last 3 months) that really don't seem relevant to treatment. I suspect that they are required to ask, but nonetheless, the questions seem geared towards shame and blame.
There's always room for improvement but I think the Help Center is doing fantastic right now.
They are awesome!
they are doing a great job now!
They are doing a GREAT job--nothing to add at this time.
They couldn't. They do such amazing work and am so thankful to be supported by them as someone who is a part of the LGBTQA community.
They do an excellent job. Keep up the great work.
They need to be more focused on the patient as a whole and less on just preventing HIV. LGBGQ+ people have many other sexual health/mental health issues besides just HIV.
They need to be more friendly. Provide an excellent without exception customer service, the nurses could use a little more patient relations class.
They need to open a clinic in the Dallas area. I live in Dallas and have to drive to Arlington to receive services. The Resource Center in Dallas is not as professional as HELP in Arlington. That's why I drive all the way to Arlington.
This center will be better as long as its doors remains open to all. This location is great! 😊
To be honest I can't think of anything, they are super nice!
Too many different apps and software vendors maybe a future switch to a single login for virtual visits and medical records
Typical "Entitled" Dallasite response: It would be nice if it were closer to Dallas. (But the burger joint across the street is Great!)
What would be nice is establishing something similar to a portal for clients or patients to log in and see statuses, dates of next lab work, communications from healthcare providers and staff, etc.

Tables 1.10A, 1.10B, 1.11C, 1.11D, 1.11E: All responses to the question “What is one way the center could improve to make your experience better?”, including participant-entered answers

How satisfied are you with the HELP Center for LGBT Health and Wellness overall on a scale of 1-10, with 1 being the least and 10 being the most satisfied?: - Use the slider to pick your choice.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	1.0	1.0	1.0
	6	2	.6	.6	1.6
	7	5	1.6	1.6	3.2
	8	6	1.9	1.9	5.1
	9	18	5.8	5.8	10.9
	10	278	89.1	89.1	100.0
	Total	312	100.0	100.0	

Table 1.12: All responses to the question “How satisfied are you with the HELP Center for LGBT Health and Wellness overall on a scale of 1-10, with 1 being the least and 10 being the most satisfied?”, including percentage of chosen preset answers

All of the staff is very friendly, courteous, professional, and caring. Not one issue with one single member of the staff has been encountered. The people that coordinate the schedules, the pharmacy people, the doctor and other providers are exceptional exclamation
Always wanting to learn more ways to prevent spread of diseases
Amazing staff
Amazing staff that is making a difference in LGBTQ+ community.
As above, having something similar to a portal would be so convenient and easier at times. As I'm sure others would agree at the fact that most of the time, I am unable to do much personal focusing or communicating until after work, which is primarily after the centers hours. Thus, more convenient and thorough for each party.
At this point I only feel gratitude. Thank You!
Being unemployed, I do appreciate the lab work, consultation, and medication being provided for free. It will keep the whole population healthier.
Best decision I've made health wise since moving to DFW area
everyone has been great!
Everything is good, service and attention
excelnte.
Great place
great service
Great staff and easy to utilize serves. I would love to see a full expansion of a clinic to treat all my medical needs. It would be nice to see a specialized GP for LGBTQ patients.
HELP provides the most judgement free health care space I have ever encountered. This has resulted in a more confident and proactive approach on my part in all my health care needs.
Here at the LGBTQ+ Health Centers you don't feel like an outsider you can be who you are without someone looking down their nose and that means a lot. You know they always say tell your doctor everything in here you can tell him everything without them scarfing at you or putting you down or thinking bad of you. A person really does not realize how much it takes to tell other people issues that they are dealing with because they're gay is it
HIV Course of treatment
HIV+ services are some of the most atrocious places I've come across. AHF is a joke and I've witnessed that even educated medical providers (doctors/nurses/etc) still have a stigma and even ignorance in totality about the disease. Beluleano@Yahoo.com if you want to get ahold of my friend. HIV+ and finding it impossible to find quality care in the DFW. Thank you!
I am very pleased with the helpfulness and concern that everyone I have interacted with has shown me. The staff seems very knowledgeable and helped me feel safe and relaxed during the appointments.
I appreciate the attitude of the staff and the work that they do
I appreciate the Help Center because by family doctor didn't even know what Descovy was.
I appreciate the HELP center for providing such a great service. It's easier to get PrEP from them than my regular doctor. He's not as informed as the HELP center, and doesn't really like to prescribe PrEP.

I feel comfortable and confident regarding my health and medical concerns. It's comforting to be able to speak with professionals that can relate to you.
I feel MUCH more comfortable talking about Gay related issues/conditions/and general gay topics at the HELP center. The sex positive approach makes me feel much more at ease.
I feel so secure using the HELP center. No judgement on my answers or side eyes from staff when I ask or answer sex related questions. This is a problem I had going to my PCP
I love my nurse practitioner and my two MAs are amazing. I love you guys!
I love the staff and it is extremely convenient and easy to use this center.
I simply would not be on PREP or knowledgeable about my status if it wasn't for Dr. Lowery and his team. They took the entire stigma out of STI's and sex and being gay in this day and age. I can't say enough positive, for them and how much they have positively changed our community.
I think they are important and invaluable. I feel safe with my PCP, yes, but I also know I feel safe and seen in another way by being treated on LGBT-related health issues at HELP.
I think your services are actually really helpful and really appreciate your help, thank you!
I wish I could still get full blood work every 3 months instead of once a year, but I realize it's a cost issue. Thank you for all that you do!
I wish I would've known of this place sooner. My PCP was no help when I asked for PrEP and said I should just "stick to condoms". Thankfully a friend told me about this place and I felt so comfortable talking about my health as a gay man having sex with men.
I would not have gone to my regular pcp to ask about PrEP because of the embarrassment. I have also had an issue with a std that I would not have been comfortable going to my pcp with. The HELP Center is a valuable to all segments of the community.
I'm an older gay man. I'm so afraid of having sex because I've made it this long and I'm afraid of contracting HIV this late in life . I've stopped having sex at all. I'm not actually on Prep because I'm high risk because of my current risk behaviors rather starting it as hopefully a level of confidence that will allow me to continue my life and have sex but without crippling anxiety of contracting HIV.
I'm most grateful for the Prep Program. Without it I wouldn't be able to afford Prep. Thank you for learned, compassionate staff. I appreciate you so very much!
I'm so grateful to have them. They do a great job, and I hope they get all the resources they need to continue their mission, Thanks!
I've heard about a new two month long injection for HIV prevention, so it would be nice to have that as an option. I'd gladly visit more frequently to be able to do that rather than take a daily pill that I could possibly forget.
If it wasn't for the Health Center I would have never tried to find out my HIV status and would never have received the help and support they have given me. Thanks for the great work you are doing for our community.
If their services stopped, I would NOT seek it anywhere else. I would go back to being careful, but still at much greater risk for HIV. Condoms break all the time.
Im so thankful for your help in getting these services.
In my opinion, it goes hand in hand with providing healthcare to people that either cannot afford nor access it. They're doing what a lot of big hospitals cannot do, and they're not charging an arm and a leg.
It is the worst clinic I have ever attended in my life.
Keep up the good work!
Keep up the great work
Kelle Tillman and Jonathan Sagastume are the freakin best! You will not be disappointed I refer everyone to them. Give them a raise and more paid time off they deserve the best.

Kelly is one of the best, most understanding practitioners I have ever worked with.
Love dr brenton!
Love my Fort Worth Center
love you help center
Love, love love the HELP Center. The personnel are extremely professional and considerate and are always there to help! Appreciate them all!
My only complaint would be that the closest clinic is 50min to 1h driving.
N/a
N/A
No other reply
Opening another clinic in Dallas would be awesome. I send all my friends to HELP because it's free and far superior than county or primary care when it comes to testing, treatment and PreP access for LGBT+.
Please keep doing what you do.
Staff is always kind and helpful.
Staff is friendly, knowledgeable, and responsive
TCU lacks resources to support LGBTQ+ Health and Wellness.
Thank you
Thank you for the great attitude, quick service, comprehensive testing. I appreciate!
Thank you for the services you provide to our community
Thank you for the services you provide-- staff always does a great job.
Thank you!
The Center also provided Covid19 vaccinations which is very welcomed and appreciated.... unfortunately, I could not sign the Walgreens consent form and was not able to get the Covid19 vaccine from the Center.
The doctor that I talk to which was a blonde lady was amazing. She was so nice and very sensitive in regards to the questions I had.
The HELP Center in Fort Worth has made such a positive impact in my life. The intention they put into their practice speaks to their care for the community. Thank you.
The HELP center is amazing. The services they provide make care easily accessible and they are very knowledgeable. Considering the delicate nature of the treatments covered, if it weren't for the ease of access I know I probably wouldn't be able to maintain this type of preventative care. This service is truly a God send.
The people on staff really make coming back the primary reason.
The staff and doctors should spend more time getting to know their patients and all of their needs. It feels like this place is just a Descovy outlet.
The staff is wonderful and very helpful.
There should be more centers throughout the country like this. And pharma companies should be ashamed for charging so much above costs for these potentially life saving medicines.
They are absolutely amazing, knowledgeable and super friendly

They are absolutely necessary to prevent HIV and other STIs

They shared medical concerns with me beyond simply those of my sexual health. Without them I wouldn't have found out I had diabetes. Other places that took my blood never brought it up, but the HELP Center immediately brought it to my attention.

This center has truly been amazing, I wish I would have joined sooner. 10/10 across the board from N.P to staff to technology

This clinic is a safe haven

This place is amazing! It really is accessible and it is always a fast and pleasant experience when I am there.

Totally satisfied with the program and center

Very accommodating with schedule when urgent matters come up.

Very attentive staff and very helpful and knowledgeable

When I first made my appointment online I was feeling nervous and a bit scared because I didn't know what to expect. From the time I walked in the receptionist greeted me with a kind attitude and made me feel safe and warm. The entire staff is knowledgeable and courteous and extremely helpful they answered all my questions and assured me everything was going to be ok. They truly care about their patients and that's more than I can say about my experience with my regular provider. My whole experience overall has been amazing and I can't thank Kelle Tillman enough for her informative care she provided, really made me feel comfortable talking about my sexuality and how to care for myself.

Wish the prep pills was smaller

Tables 1.13A, 1.13B, 1.13C, 1.13D: All responses to the question “Please use this text box to add any additional comments or concerns you would like to share regarding LGBTQ+ Health and Wellness and/or LGBTQ+ Health Centers”, including participant-entered answers

DFW Health Professions Students Raw Data:

	Which of the following degrees are you primarily pursuing at your institution? - Selected Choice	Which of the following degrees are you primarily pursuing at your institution? - 1. Other not listed/more than one degree (please specify if feel comfortable doing so): - Text	What is your sexual orientation? - Selected Choice	What is your sexual orientation? - Other not listed/identify with more than one (please specify): - Text	What is your gender identity? - Selected Choice	What is your gender identity? - Other not listed/identify with more than one (please specify): - Text	How confident do you feel in your knowledge of LGBTQ+ health topics? Please pick one option and use the box to explain if needed: - Selected Choice	How confident do you feel in your knowledge of LGBTQ+ health topics? Please pick one option and use the box to explain if needed: - Text	How invested in LGBTQ+ health and wellness do you perceive yourself (e.g. actively keeping up with LGBTQ+ news, involved in a LGBTQ+ student interest group, etc.)? Please pick one option and use the box to explain if needed: - Selected Choice	How invested in LGBTQ+ health and wellness do you perceive yourself (e.g. actively keeping up with LGBTQ+ news, involved in a LGBTQ+ student interest group, etc.)? Please pick one option and use the box to explain if needed: - Text	How helpful do you believe your institution's curriculum/program has been in educating and training students on LGBTQ+ health and wellness, as well as how to address/interact with LGBTQ+ patients? Please pick one option and use the box to explain if needed: - Selected Choice	How helpful do you believe your institution's curriculum/program has been in educating and training students on LGBTQ+ health and wellness, as well as how to address/interact with LGBTQ+ patients? Please pick one option and use the box to explain if needed: - Text	Do you believe any changes should be made to your institution's curriculum to better educate and train students on LGBTQ+ health and wellness? Please pick one option and use the box to explain if needed: - Selected Choice	Do you believe any changes should be made to your institution's curriculum to better educate and train students on LGBTQ+ health and wellness? Please pick one option and use the box to explain if needed: - Text	Please use this text box to add any additional comments, concerns, or thoughts you would like to share regarding LGBTQ+ Health and Wellness in medical education:
N	Valid	213	213	213	213	213	213	213	213	213	213	213	213	213	213
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 2.1 (Above): All questions asked in the DFW Health Professions Students Survey, number of fulfilled and unanswered responses, and mean and standard deviation values reported. N=213 responses

Which of the following degrees are you primarily pursuing at your institution? - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	a. Doctor of Allopathic/Osteopathic Medicine (MD/DO)	98	46.0	46.0	46.0
	b. Doctor of Philosophy (PhD)	6	2.8	2.8	48.8
	c. Doctor of Pharmacy (PharmD)	10	4.7	4.7	53.5
	e. Registered Nurse (BSN/RN)	3	1.4	1.4	54.9
	f. Master of Physician Assistant (PA)	9	4.2	4.2	59.2
	g. Master of Science (e.g. in Public Health, Clinical Research Management, Health Administration, etc.) (MS)	43	20.2	20.2	79.3
	h. Prefer not to answer	6	2.8	2.8	82.2
	i. Other not listed/more than one degree (please specify if feel comfortable doing so):	38	17.8	17.8	100.0
	Total	213	100.0	100.0	

Which of the following degrees are you primarily pursuing at your institution? - i. Other not listed/more than one degree (please specify if feel comfortable doing so): - Text					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		176	82.6	82.6	82.6
	Advanced Practice Nurse (MSN, PNP-AC)	1	.5	.5	83.1
	AGACNP	1	.5	.5	83.6
	DNP	3	1.4	1.4	85.0
	DNP-FNP	1	.5	.5	85.4
	DO/MPH	1	.5	.5	85.9
	Doctor of Nurse Practice	1	.5	.5	86.4
	Doctor of Nursing Practice	1	.5	.5	86.9
	Doctorate of Nursing Practice	1	.5	.5	87.3
	Family Nurse Practitioner	2	.9	.9	88.3
	FNP	5	2.3	2.3	90.6
	Master of Nursing Administration	1	.5	.5	91.1
	Master of Science in Nursing - Acute Care Nurse Practitioner	1	.5	.5	91.5
	Master of Science in Nursing (AGPNP)	1	.5	.5	92.0
	Masters of Science Acute Care Nurse Practitioner	1	.5	.5	92.5
	Masters of science in nursing (MSN)	1	.5	.5	93.0
	Masters of science in nursing- family nurse practitioner	1	.5	.5	93.4
	Msn	1	.5	.5	93.9
	MSN Advanced Practice RN	1	.5	.5	94.4
	Msn fnp	1	.5	.5	94.8
	MSN FNP	1	.5	.5	95.3
	MSN in education	1	.5	.5	95.8
	MSN, FNP	1	.5	.5	96.2
	MSN/NP	1	.5	.5	96.7
	NP	2	.9	.9	97.7
	Nurse practitioner	2	.9	.9	98.6
	PharmD/MPH	1	.5	.5	99.1
	Post Master Nurse Practitioner	1	.5	.5	99.5
	Post Masters in Nursing Science	1	.5	.5	100.0
	Total		213	100.0	100.0

Tables 2.2A & 2.2B: All responses to the question “Which of the following degrees are you primarily pursuing at your institution?”, including percentage of chosen preset answers (**2.2A**) and participant-entered answers (**2.2B**)

What is your sexual orientation? - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Asexual	6	2.8	2.8	2.8
	Bisexual	24	11.3	11.3	14.1
	Gay	17	8.0	8.0	22.1
	Heterosexual/Straight	137	64.3	64.3	86.4
	Lesbian	9	4.2	4.2	90.6
	Other not listed/identify with more than one (please specify):	1	.5	.5	91.1
	Pansexual	5	2.3	2.3	93.4
	Prefer not to answer	3	1.4	1.4	94.8
	Queer	2	.9	.9	95.8
	Questioning	3	1.4	1.4	97.2
	Unsure/Don't know	6	2.8	2.8	100.0
	Total	213	100.0	100.0	

What is your sexual orientation? - Other not listed/identify with more than one (please specify): - Text					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		212	99.5	99.5	99.5
	Binary	1	.5	.5	100.0
	Total	213	100.0	100.0	

Tables 2.3A & 2.3B: All responses to the question “What is your sexual orientation?”, including percentage of chosen preset answers (2.3A) and participant-entered answers (2.3B)

What is your gender identity? - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	2.3	2.3	2.3
	Agender	2	.9	.9	3.3
	Cisgender man or cisgender woman	182	85.4	85.4	88.7
	Genderfluid	3	1.4	1.4	90.1
	Nonbinary	3	1.4	1.4	91.5
	Other not listed/identify with more than one (please specify):	10	4.7	4.7	96.2
	Prefer not to answer	3	1.4	1.4	97.7
	Transgender man or transgender woman	2	.9	.9	98.6
	Unsure/Don't know	3	1.4	1.4	100.0
	Total	213	100.0	100.0	

What is your gender identity? - Other not listed/identify with more than one (please specify): - Text					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		203	95.3	95.3	95.3
	female	2	.9	.9	96.2
	Female	2	.9	.9	97.2
	Female?	1	.5	.5	97.7
	I am a girl and identify as a girl don't know what that other stuff is	1	.5	.5	98.1
	I'm a female, not "cis"	1	.5	.5	98.6
	Natural woman	1	.5	.5	99.1
	STRAIGHT/HETEROSEXUAL	1	.5	.5	99.5
	Woman	1	.5	.5	100.0
	Total	213	100.0	100.0	

Tables 2.4A & 2.4B: All responses to the question "What is your gender identity?", including percentage of chosen preset answers (2.4A) and participant-entered answers (2.4B)

How confident do you feel in your knowledge of LGBTQ+ health topics? Please pick one option and use the box to explain if needed: - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	.9	.9	.9
	Confident	96	45.1	45.1	46.0
	Confident,Neither more or less confident	1	.5	.5	46.5
	Confident,Please click this choice and use the box to explain if needed:	3	1.4	1.4	47.9
	Neither more or less confident	42	19.7	19.7	67.6
	Neither more or less confident,Please click this choice and use the box to explain if needed:	3	1.4	1.4	69.0
	Not at all confident	10	4.7	4.7	73.7
	Not too confident	30	14.1	14.1	87.8
	Not too confident,Please click this choice and use the box to explain if needed:	1	.5	.5	88.3
	Please click this choice and use the box to explain if needed:	2	.9	.9	89.2
	Very confident	23	10.8	10.8	100.0
	Total	213	100.0	100.0	

Far more emphasis is placed on this than there should be
I feel like I know more than the average person, but I don't consider myself well-versed in LGBTQ health topics
I have not had much education on treating this population
It is always changing,
More confident than peers, but in my personal profession I do not see this (I work in NICU)
NA
semi-confidant; but get confused with the various terms now used. Have no problems providing healthcare for all persons
The health disparities course did a decent job of addressing some health related topics faced by this community. I also have several work friends that shared what challenges they have faced.
VERY CONFIDENT, THERES NO DIFFERENCE BETWEEN LGBTQ HEALTH TOPICS AND MALE/FEMALE TOPICS.
Total

Tables 2.5A & 2.5B: All responses to the question “How confident do you feel in your knowledge of LGBTQ+ health topics?”, including percentage of chosen preset answers (2.5A) and participant-entered answers (2.5B)

How invested in LGBTQ+ health and wellness do you perceive yourself (e.g. actively keeping up with LGBTQ+ news, involved in a LGBTQ+ student interest group, etc.)? Please pick one option and use the box to explain if needed: - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	.5	.5	.5
	Invested	79	37.1	37.1	37.6
	Invested,Please click this choice and use the box to explain if needed:	1	.5	.5	38.0
	Neither more or less invested	51	23.9	23.9	62.0
	Neither more or less invested,Please click this choice and use the box to explain if needed:	1	.5	.5	62.4
	Not at all invested	10	4.7	4.7	67.1
	Not at all invested,Please click this choice and use the box to explain if needed:	1	.5	.5	67.6
	Not too invested	34	16.0	16.0	83.6
	Please click this choice and use the box to explain if needed:	1	.5	.5	84.0
	Very invested	32	15.0	15.0	99.1
	Very invested,Invested	1	.5	.5	99.5
	Very invested,Invested,Please click this choice and use the box to explain if needed:	1	.5	.5	100.0
	Total	213	100.0	100.0	

Far more emphasis is placed on this than there should be. We routinely make 98% of our patients uncomfortable with out questioning and framing of things in order to make the relevant 2% comfortable.

I believe we should address their healthcare need well but I do not believe we should affirm their choice as it is contradicts it self.

I think community was long overlooked and HCPs are finally working towards making amends

I worked on a summer project at a hospital to improve LGBTQ+ healthcare at the hospital.

I'm interested in providing the same quality healthcare irrespective of someone's race, gender, political affiliation, or gender identity

Total

Tables 2.6A & 2.6B: All responses to the question “How invested in LGBTQ+ health and wellness do you perceive yourself (e.g. actively keeping up with LGBTQ+ news, involved in a LGBTQ+ student interest group, etc.)?”, including percentage of chosen preset answers (**2.6A**) and participant-entered answers (**2.6B**)

How helpful do you believe your institution's curriculum/program has been in educating and training students on LGBTQ+ health and wellness, as well as how to address/interact with LGBTQ+ patients? Please pick one option and use the box to explain if needed: - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	.5	.5	.5
	Helpful	62	29.1	29.1	29.6
	Helpful,Please click this choice and use the box to explain if needed:	3	1.4	1.4	31.0
	Neither more or less helpful	46	21.6	21.6	52.6
	Neither more or less helpful,Please click this choice and use the box to explain if needed:	1	.5	.5	53.1
	Not at all helpful	30	14.1	14.1	67.1
	Not too helpful	42	19.7	19.7	86.9
	Not too helpful,Please click this choice and use the box to explain if needed:	3	1.4	1.4	88.3
	Please click this choice and use the box to explain if needed:	3	1.4	1.4	89.7
	Very helpful	22	10.3	10.3	100.0
	Total	213	100.0	100.0	

During my psychiatry course, We had a lecture dedicated to treating LGBTQ and gender dysphoria patients.
Far too much emphasis is placed on this area.
I am a first year so I feel like I don't know my program well enough to say. I did appreciate having an LGBTQ+ training during orientation!
I do not agree with the teaching though. There is a undeniable sex/gender difference between female and male and I believe we are adding to the confusion when we say a male female and vice versa.
It is mentioned briefly, but not extensively
My current degree is in admin. This topic has not come up. I think "helpful" is poor phrasing and should have been replaced with "focused" or some other term.
My program doesn't really address patient care, but my department is very proactive and supportive in LGBTQ+ communication and considerations in the research environment.
NA
the topic has not been covered at this point, but is not focused on pt care per se, but management in healthcare
THEY HAVE BEEN TOO HELPFUL, INSTEAD OF TEACHING A TOPIC ABOUT A DISEASE THAT CAN COST A PERSON THEIR LIVES, OR HOW TO HELP THAT PERSON WITH THAT DISEASE, WE HAD AN ENTIRE LESSON DEDICATED TO THIS LGBTQ TOPIC. THEN OUR QUIZ WAS NOT OVER HIV (WHICH WAS THE OTHER TOPIC COVERED) BUT ONLY COVERED IDENTITY. IT WAS A WASTE IN MY OPINION.

Tables 2.7A & 2.7B: All responses to the question “How helpful do you believe your institution's curriculum/program has been in educating and training students on LGBTQ+ health and wellness, as well as how to address/interact with LGBTQ+ patients?”, including percentage of chosen preset answers (**2.7A**) and participant-entered answers (**2.7B**)

Do you believe any changes should be made to your institution's curriculum to better educate and train students on LGBTQ+ health and wellness? Please pick one option and use the box to explain if needed: - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	.9	.9	.9
	Don't know/Maybe	54	25.4	25.4	26.3
	Don't know/Maybe,Please check this choice and use the box to explain if needed:	5	2.3	2.3	28.6
	No	40	18.8	18.8	47.4
	No,Don't know/Maybe	1	.5	.5	47.9
	Please check this choice and use the box to explain if needed:	3	1.4	1.4	49.3
	Yes	95	44.6	44.6	93.9
	Yes,Don't know/Maybe	2	.9	.9	94.8
	Yes,Don't know/Maybe,Please check this choice and use the box to explain if needed:	1	.5	.5	95.3
	Yes,Please check this choice and use the box to explain if needed:	10	4.7	4.7	100.0
	Total	213	100.0	100.0	

Could incorporate more information into the curriculum about it
As I am not part of the LGBTQ+ community, I don't think it's fair for me to answer this question and will defer to my colleagues within the community to answer
Curriculum in family med core clerkship focused on LGBTQ+ healthcare issues, but why did we wait until 3rd year to bring it up?
I am a DNP candidate and don't know what is taught in the undergrad and graduate level coursework
I am an MS1, so I am not entirely sure how the curriculum will progress.
I believe our curriculum covers a lot of it, at least in the first year.
I think professors should teach more about transgender individuals and queer individuals in every course, not the typical 150lb white man used for examples.
In my experience at the university as a whole, I feel that LGBTQ+ topics are brought up as a side note rather than an important aspect of many lives be it patients, students, or faculty.
It would be helpful to have more OSCEs or simulations/cases with LGBTQ patients.
It's hard to say whether they lecture we recieved help the students and made a positive outcome on how we interact with LGBTQ patients. I thought it was very helpful though.
Less education on this topic.
maybe more inclusivity with race training
Maybe more readings or education on rights
Stop affirming self-destructive paths of these people.
Students need more education terminology. Students need more education on how to approach cultural competency for this population. Further education is needed for the various care that may be required (PreP, PeP, hormones etc)
The topic has not been covered in my classes at all, so far. In BSN studies, it was mostly 'be aware, be respectful'
There is no active discussion or representation
We were give resources stating that if we would like to learn more we could use those resources, but I feel like a topic like this should be taught to everybody not just those who are interested because as physicians we should know more about health and wellness so we can cater to our diverse patient population
YES, I BELIEVE WE SHOULD NOT HAVE TO LEARN ABOUT THIS TOPIC. TEACH US TOPICS THAT MATTER, NOT THIS STUFF..

Tables 2.8A & 2.8B: All responses to the question “Do you believe any changes should be made to your institution's curriculum to better educate and train students on LGBTQ+ health and wellness?”, including percentage of chosen preset answers (**2.8A**) and participant-entered answers (**2.8B**)

A few professors who are especially invested in LGBTQ+ issues will address LGBTQ+ topics and my school is generally friendly and inclusive, but the standard across the system isn't to address those issues.

Affirmation should not be the sole path. The pros and cons of this lifestyles should be addressed equally in an impartial way. All lifestyle choices with health consequences (think alcohol, drugs, etc) should be addressed by medical professionals to inform our patients ACCURATELY. Sexuality has not been handled this way and it should be from an evidence based standpoint.

As a gay man, I often have to drive the care I receive. Many providers are not proactive in LGBTQ+ health. Many providers do not discuss LGBTQ+ topics. It is evident in my undergraduate and graduate education as well.

As stated above we are adding on the confusion. We will look back in decades or hundred years and will regret this as it is confusion to make a male a female or vice versa. I do not affirm it But I give them the best care and we

Gender ideology should not be taught as hard science. Treat patients as patients, LGBTQ+ patients are not a new species. There is no real life disparity beyond what is being taught to students.

Genuinely wish my school educated us more about LGBTQ topics. I am very eager to learn and have no idea where to start. A base foundation provided by the school should be implemented.

I am not explicitly in medical education as a medical student. I am a PhD student who is being trained to teach the next generation of medical students. As such, my department really emphasizes diversity, and actively promotes and supports LGBTQ+ discussions, celebrations, safe spaces, and considerations for how to teach the next generation. However, I cannot say I have had this experience with other departments.

I believe we are all the same regardless of our affiliation as we all bleed the same color of blood. I feel it's nice that LGBTQ are being able to voice their concerns as I know personally this was something shunned by many. My aunt was a transgender she was an amazing person didn't see her another way besides how she wanted to be viewed.

I don't think that outside of our FOBS course we received any training regarding this area and it would be interesting to see it incorporated into one of our patient visits

I feel as though the PA department gave us a great overview of how to interact and be sensitive towards LGBTQ patients, especially PA Holmes. I also believe that the comfort/education in dealing with these populations has to also come from experience and clinical encounters.

I feel like there are a decent number of faculty who care and are proactive, but the LGBTQ+ education just isn't on the curriculum yet because the rest of the faculty don't see it as a curriculum issue, but rather a social one.

I lived and worked in healthcare in Los Angeles. I came back to Texas to complete an FNP program which I needed to be present for practicum and clinicals. Texas in general, in my opinion has a ways to go when it comes to this subject and in their school curriculum regarding the mentioning of such subject matter delicately and not be misunderstood as political discussion. I would like to see actual courses regarding the health and well being of this specific and vulnerable population.

I think it would be good to have queer standardized patients and specific discussions about caring for LGBT patients within our courses

I think there needs to be more emphasis on gender neutral or alternative pronouns in medical education, and more ways to normalize this language in intake forms and OSCE settings

I want to be more confident in my ability to treat patients from all backgrounds and lifestyles. Thanks for providing this and I hope to see changes soon!

Just want to say thank you for doing this type of research :) too many LGBTQ people do not go see doctors because they think they will be judged, so whatever research we can do to help with this matter is much appreciated!

Let's tell the truth to providers and those struggling with LGBTQ issues about how people experiencing this lifestyle are not happier and more fulfilled. In the 90's, when AIDS was at its beginnings, there was a great deal of education about sexually transmitted diseases and prevention of those diseases. This is a sexual-psychological disease and we need not be normalizing it and encouraging it in the education of our young people and children. Education should be focused on the truth.
Many topics regarding mental health of LGBTQ+ patients, process of transitioning, and disparities this community faces are barely talked about. Regardless of speciality, we will encounter patients from this community and a familiarity with their specific health concerns would benefit our care of these patients.
more awareness and information needed for lgbtq needed to address their specific needs
My institution added an 'organ inventory' without taking the time to explain to nursing how to go about respectfully, kindly asking such personal questions. I think such an inventory is necessary, but the need and pathophysiological implications for patients needs to be more clearly addressed in learning environments
My school does a horrible job of discussing health disparities in minority/marginalized populations in general, including the LGBTQIA+ community. We had maybe one 2 hour lecture on ALL disparities that ALL marginalized communities face, but even that was taught by an old, cis, white lady who seems out of touch. Students didn't pay attention and it was never taught or emphasized why we were learning this. It was never reinforced in other classes or lectures.
None of my classes have had any discussion about this community. The fact that I had to look up what "cisgender" means was proof to me that I know little about the latest information for this demographic group.
Rather than having a day here and there dedicated to teaching about LGBTQ+ health I wish it was woven into the curriculum throughout. I think it's important to realize that LGBTQ patients present with more than LGBTQ needs and right now it feels like we learn it very disconnected from the rest of medicine.
The annual Out for Health Conference was invaluable for my education
The medical education that is being provided does not line up with A&P and I believe this topic should be addressed from a mental health aspect.
The PA program is working in LGBTQ+ healthcare and wellness. I'd like to see it integrated into more courses as appropriate.
The T has completely taken over the movement. I hate being a "cervix haver."
There is no education on the LGBTQIA+ community in the PhD program even though biomedical sciences research affects everyone, there is no nuance or framing of research from the perspective of a disadvantaged group. There absolutely needs to be more empathy in discussing research, particularly in understanding social determinants of health and there needs to be more representation reflected in faculty, and more importantly administration.
Very little if any content covers this population. I actually did a discussion project on an lgbtq topic just to bring some light to the subject.
we are hear to learn and not I personally am not interested in learning about LGBTQ+ when all people should be promoted health and wellness as a whole and equal to all people!!!!
What is a woman?
While it is helpful to include LGBTQ+ representation in vignettes and SP encounters, this does not go toward increasing our ability to deliver quality care to our LGBTQ+ patients.
While nothing in the curriculum was anti-LGBTQ+, there were no courses or parts of courses that focused on LGBTQ+ patients, their unique health needs, and how to interact with this population as healthcare professionals. Any knowledge I have was learned through self-study and keeping up with LGBTQ+ news.
Would suggest providing definition in question "What is your gender identity?". I didn't answer because I don't know what each means.

Tables 2.9A & 2.9B: All responses to the question “Please use this text box to add any additional comments, concerns, or thoughts you would like to share regarding LGBTQ+ Health and Wellness in medical education”, including participant-entered answers

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