

In collaboration with the Wichita LGBTQ+ Health Coalition



Wichita LGBTQ+ Health Needs Assessment: Final Report

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2020

About the partnership

This version of the report is prepared by Dasha Shamrova, PhD, Cristy E. Cummings, PhD, Haiden Baier, MSW, and Joana Lampe, LBSW. The initial stages of the project were supported by Wichita State School of Social Work graduate social work students: Morgan Balderas, Mackenzie Barnes, Molly Conyers, Brittany Doerner, Rachel Fortney, Dana Gates, Savanna Good-Turney, Ashlyn Hermann, Anisa Jalil, Amy Kirk, Jennifer Kozushko, Lindsey Larson, Leia Lawrence, Wendy McDaniel, Bethanie Miller, Samuel Paunetto, Alyssa Spencer, Taylor Stout, and Erin Stuart.

This project is completed in collaboration with and under the sponsorship of the Wichita LGBT+ Health Coalition



Suggested APA Citations:

Shamrova, D., Cummings, C., Baier, H. & Lampe, J. (2020). Wichita LGBTQ+ Health Needs Assessment: Final Report. Retrieved from:

https://issuu.com/home/published/lgbt_health_needs_assessment_final_report_cc.docx

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Executive Summary

The purpose of this study was to better **understand how to improve and reveal gaps in the healthcare system for members of the LGBTQ+ community** in Wichita, Kansas, as well as individuals providing services and family members of individuals in the LGBTQ+ community. Noteworthy **results include** the following:

- 47% of respondents were unaware of LGBTQ+ friendly primary care providers.
- This lack of knowledge rose to 51% where OBGYN providers are concerned, and to 62% for emergency care providers.
- 17% of respondents reported having needed but not received mental health care by clinicians who are competent in gender transitions, and 15% reported having needed but not received mental health care in general.
- For 53% of the respondents, medical cost with insurance is the most experienced barrier to health care services, closely followed by 51% of respondents who noted that there is a lack of available LGBTQ+ competent providers.
- Additionally, 17% of participants reported that a LGBTQ+ friendly primary care physician or dental care was not accessible to them, while 14% of respondents found LGBTQ+ friendly mental health providers inaccessible. Additionally, 15% of respondents reported being unable to access surgeons who are competent in gender transition.

This is reflected in the qualitative part of this study as well. Participants in the focus groups and individual interviews identified **many barriers to adequate inclusive and affirming healthcare**:

- Lack of local services/competent and affirming providers,
- Financial/cost/insurance factors,
- Structural and institutional factors, policy factors,
- Discrimination/safety,
- Time and delaying care
- Privilege or lack thereof, and lack of widely available and reliable information for clients and providers.

Based on our findings **we recommend**:

- Holding **regular training and information sessions** with individuals at various proximities to LGBTQ+ healthcare including LGBTQ+ individuals, caregivers of LGBTQ+ individuals, and aspiring LGBTQ+ competent providers.
- The creation of an **up-to-date and comprehensive resource list of LGBTQ+ affirming and competent providers**, achieved through outreach to local providers.
- **Advertisements for the Wichita LGBTQ+ Health Coalition** should be distributed throughout the greater Wichita region, so that members of the LGBTQ+ community can be made aware of such resources.
- **Information about the Wichita LGBTQ+ Health Coalition** should be distributed throughout the greater Wichita region to providers, so that LGBTQ+ affirming and competent providers can self-identify for inclusion on the resource list of providers.
- For providers who wish to become LGBTQ+ affirming and competent providers, we recommend **engagement with the LGBTQ+ community**.
- For providers who wish to improve their practices in regard to the LGBTQ+ community, we suggest starting with simple things such as **updating intake forms** to more accurately represent gender identities.
- Also mentioned by participants is the need for **insurance advocates**, both at insurance companies and at providers' offices to help LGBTQ+ individuals navigate insurance coverage for LGBTQ+ specific procedures such as gender confirmation surgery.

Brief Summary of the Research Literature

Historically, health needs throughout North America have been defined through a heteronormative, gender-binary lens (Colpitts & Gahagan, 2016; Dean et al., 2016; Gahagan & Subirana-Malaret, 2018; Henriquez, 2019; Kia et al., 2016; Nowaskie & Sowinski, 2019; Walia et al., 2019). That leads to the true healthcare needs of the LGBTQ+ community effectively being erased from healthcare systems, data, and policies, which in turn allows **omission of evidence-based, culturally competent healthcare** for these populations (Colpitts & Gahagan, 2016). This is especially troubling since the experienced **health care issues of people who belong to the LGBTQ+ community differ from cisgender patients**, most noticeably in the areas of obesity, asthma, diabetes, ovarian cancer, as well as HIV/AIDS and sexually transmitted infections (Gahagan & Subirana-Malaret, 2018; Hunt & Minsky, 2012; Nowaskie & Sowinski, 2019; Perez-Brumer et al., 2018; Ruben et al., 2017; Stepleman et al., 2019). The literature for this review shows that people who identify outside of heteronormative standards **have less trust and confidence in disclosing their sexuality to a mental health provider**, and even fewer would disclose their sexual orientation to a medical provider (Fisher et al., 2018).

It is not surprising then that members of the LGBTQ+ community **have poorer overall health outcomes** and considerably **more health care access issues** (Gahagan & Subirana-Malaret, 2018; Nowaskie & Sowinski, 2019; Ostermeyer, 2019; Walia et al., 2019), which has been linked to **discrimination during health care visits** (Casey et al., 2019; Dean et al., 2016; Hunt & Minsky, 2012; Ruben et al., 2017; Stepleman et al., 2019), the denial of human and civil rights (Ostermeyer, 2019; Spiekermeier, 2017), **deficiencies in culturally competent care due to a lack of education for providers and resulting biases** (Aleshire et al., 2019; Gahagan & Subirana-Malaret, 2018; Kia et al., 2016; Lindsay et al., 2019; Nowaskie & Sowinski, 2019; Shaver et al., 2019; Walia et al., 2019; Whitehead et al., 2016), societal stigma (Emlet, 2016; Keleş et al., 2018; Mccrone, 2018; Sekoni et al., 2017), and sometimes even the **refusal of care, substandard care, and mistreatment** (Lawlis et al., 2019). Further, the literature shows that access to gender affirming services, such as gender confirmation surgery, are often unrealistic to achieve for transgender people due to the lengthy and difficult process, the high financial burden which is often not covered by insurance, and questions about the appropriate age to begin (Dasti, 2002; Padula et al., 2016).

The abovementioned poor outcomes seem to worsen when intersectionality is considered in terms of race (Giwa & Greensmith, 2012; Veenstra, 2011), gender (Hiestand, 2007; Logie et al., 2019; Paine, 2018), disabilities (Dinwoodie et al., 2020; Dispenza et al., 2016), veteran status (Kauth et al., 2014; Rosentel et al., 2016), or age (Emlet, 2016; Fredriksen-Goldsen et al., 2017).

The existing literature on mental health care for the LGBTQ+ community shows similar results. Common barriers include **fear of stigma** of being forthcoming of their sexual orientation and/or gender identity; **lack of awareness** of accepting and affirming mental health providers; **lack of income** to cover medical and medicine expenses; insensitivity of mental health providers; lack of educated providers regarding the unique needs of this population; **lack of health insurance; being unaware of community resources** available at no or reduced cost, (Burgess et al., 2007; Erdley et al., 2014; Holley et al., 2016; Meyer, 2003; Williams & Chapman, 2011). Consequentially, biomedical and stress-induced outcomes, including a **higher risk of substance abuse**, a significantly **higher rate of physical injury and death related to suicidality** (Mccrone, 2018; Reback et al., 2018; Valanis et al., 2000; Valdiserri et al., 2019; Wylie et al., 2016) arise.

The literature also shows that discrimination, poor health outcomes, and difficulties to access appropriate healthcare, especially for transgender individuals (Costa et al., 2018; Wylie et al., 2016), **increase in rural areas**, as opposed to urban areas, due to fewer options for healthcare, cultural traditions regarding sexuality and gender, and inadequate legal protections for LGBTQ+ residents (Shaver et al., 2019; Stepleman et al., 2019).

Overall, gender-sensitive training and **culturally competent education is needed** for all healthcare and mental healthcare providers (Aleshire et al., 2019; Baker & Beagan, 2014; Dean et al., 2016; Gahagan & Subirana-Malaret, 2018; Lawlis et al., 2019; Lindsay et al., 2019; Pepping et al., 2018; Smith & Turell, 2017). However, some argue that **these trainings are not enough to adequately prepare providers** for LGBTQ+ healthcare and curtail microaggressions (Boysen & Vogel, 2008; Daley & MacDonnell, 2015; Gahagan & Subirana-Malaret, 2018).

Methodology of the Needs Assessment

Purpose

The purpose of this study was to better understand how to improve and reveal gaps in the healthcare system for members of the LGBTQ+ community in Wichita, Kansas, as well as individuals providing services and family members of individuals in the LGBTQ+ community. We are planning on using this information to show the gaps and needed structure improvements in the healthcare system and services in the Wichita, Kansas areas for individuals in the LGBTQ+ community, in order to bring about affirmative and inclusive healthcare services for LGBTQ+ members throughout the Wichita area.

Research Design

This is a mixed-method study that utilizes survey and focus groups/individual interviews to respond to the aim described above. Quantitative research was conducted, starting with creating and providing surveys to the community that falls into one of the three different groups of participants – LGBTQ+ adults, parents of children who identify as LGBTQ+ and healthcare providers. Qualitative part of the project - focus groups and interviews - were then scheduled, conducted and recorded with providers, parents and members of the LGBTQ+ community, thus creating a mixed methods design in order to include multiple perspectives.

Recruitment of the participants

In collaboration with the Wichita LGBT+ Health Coalition, the Wichita State University (WSU) Social Work and other contacts at WSU helped with identifying persons with direct experience and expertise in the LGBTQ+ community to participate in the study. The final composition of the groups was as follows:

- LGBTQ+ individuals
- Parents of LGBTQ+ children
- Healthcare providers

The participants were recruited from Facebook groups, newspapers, social services agencies, bars, restaurants, healthcare organizations, and colleges in Wichita, Kansas. Some of the organizations that the social work team reached out to are the LGBT+ Health Coalition Directory, Wichita Pride, Boomerang, Rain, XY, United Church of Christ, The Lord's Diner, Planned Parenthood, Newman University, Cowley Community College, Hutchinson Community College, etc.

The participants were recruited through a recruitment packet that included an email, a social media post, and a flyer provided to the Wichita LGBT+ Health Coalition. These materials were sent out and posted through Facebook groups, social services agencies, bars, restaurants, healthcare organizations, and colleges in Wichita, Kansas. Online postings of materials included a link for potential participants to follow for more information.

Sampling

As a result, this report is based on the survey responses of 81 LGBTQ+ adults, 7 parents/caregivers of LGBTQ+ children and youth, 9 providers, as well as the interviews of 12 LGBTQ+ adults, parents/caregivers of LGBTQ+ children and health care providers. The interviews included 5 LGBTQ+ adults, 4 parents/caregivers of LGBTQ+ youth and 3 health care providers.

The sample is non-probability sample and does not allow generalization because unfortunately, we were not able to get a very large sample for any of our three sampling groups. We experienced limitations in our study due to apparent biases, in that, the participants (specifically, providers, and guardians) who signed up for our study most likely had some level of acceptance of the LGBTQ+ community, as assumed by their willingness to

participate. Considering small sample size, which is not unusual for research on LGBTQ+ community, the research team addressed it by doing multiple triangulations of the data.

Instruments of Data Collection

Both open and closed-ended questions were used in surveys for the LGBTQ+ members, parents of LGBTQ+ children, and for the healthcare providers. More closed-ended questions were asked to not only better gauge general demographics, but also to get a better grasp of personal experiences of the participants. Open-ended questions were used to review how participants heard of inclusive/affirming healthcare providers, positive/negative experiences and to include any comments not covered in surveys (see the Appendix 1). We utilized two standardized measures in the questionnaires. We included one-item Self-Rated Health Status scale in LGBTQ+ adults and Parent/Caregivers Questionnaire developed by Meng, Xie and Shang (2014) to estimate perceived physical and mental health. Also, we adopted and modified The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) developed by Bidell (2017).

In all three focus groups, probing questions were used to better understand and learn about participant's indirect experiences with the healthcare system. They were used to understand barriers and suggestions in the future for a more accessible and affirming healthcare experience for this population. Follow-up questions were used in order to dig beneath the surface of the discussion questions while exit questions were utilized to ensure clarification and that nothing was missed (see the Appendix 2).

All data were collected online using Qualtrics for survey set up and distribution. Zoom software was used for teleconferencing with participants of individual interviews and focus groups. Zoom meetings (1-2 hour long) were recorded and transcribed verbatim by the team members.

Data Analysis

Survey data was analyzed using SPSS v. 25.0. Descriptive and bivariate analysis were applied to characterize the data and explain relationship between variables. Qualitative data was processed by manual coding procedures. Codes were sorted into categories and categories was groups into themes using thematic coding procedure.

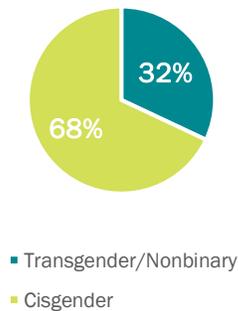
Survey Findings

First, we will present the findings from the online survey. While we attempted to collect data from multiple stakeholder groups including LGBTQ+ adults, parents or guardians of LGBTQ+ identifying youth and health care providers in the Wichita community, the response rates across these three groups varied widely. The vast majority of our survey participants came from LGBTQ+ adult group: 81 LGBTQ+ adults, 7 parents/caregivers of LGBTQ+ children and youth, and 9 providers completed at least one section of the survey.

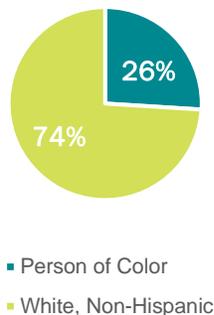
LGBTQ+ Adults

Who Was Our Respondents?

LGBTQ+ Adults by Gender Identity (n=81)



LGBTQ+ Adults by Minority Status (n=81)

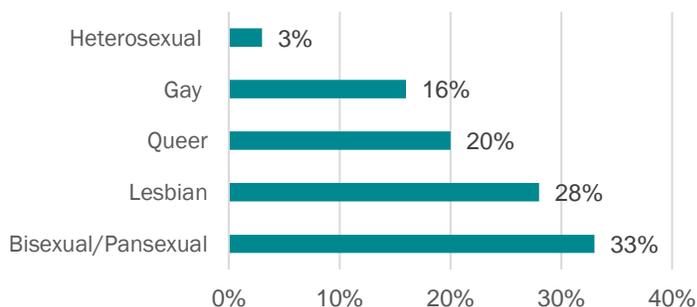


Age of the participants varied from 18 to 66 with average participant being 32 years old (SD =12.06). Gender identity was aggregated into two categories, transgender/nonbinary and cisgender. The transgender/nonbinary category is made up of individuals who identified as transgender (7.4%), transgender female (6.2%), transgender male (3.7%), nonbinary (3.7%), and transgender genderqueer male (2.4%), as well as transgender nonbinary, transgender genderqueer, transgender nonbinary genderqueer, nonbinary female, nonbinary genderqueer, nonbinary genderqueer female, and nonbinary genderqueer male (each comprising 1.2% of the sample). The cisgender category is

comprised of cisgender females (51.9%) and cisgender males (16%).

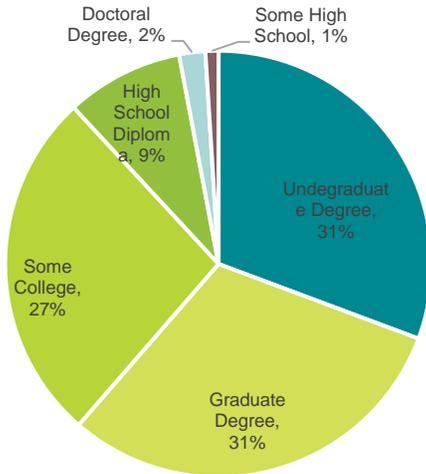
In determining minority status, we aggregated data on ethnic and racial identity into a person of color category. Person of color in this sample includes respondents who are African American (5%), Middle Eastern (1%), Hispanic (11%) as well as those identified as mixed race. For examples, White and Native American (4%), White and Asian (3%), White and Middle Eastern, White and African American and White and Native Hawaiian (each 1%).

LGBTQ+ Adults by Sexual Orientation (n=81)

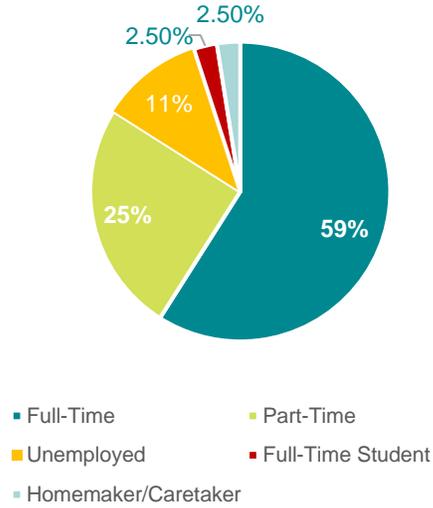


The LGBTQ+ adults who participated in the survey are lesbian (n=23, 28.4%), gay (n=13, 16%), bisexual/pansexual (n=27, 33.3%), queer (n=16, 19.8%), and heterosexual (n=2, 2.5%). The category of bisexual/pansexual is comprised of those respondents who identified as bisexual (n=16, 19.8%), pansexual (n=8, 9.9%), bisexual lesbian (n=1, 1.2%), and pansexual/bisexual (n=2, 2.5%). The category of queer includes respondents who identified as queer gay (n=4, 4.9%), queer (n=3, 3.7%), queer pansexual (n=2, 2.5%), queer gay/lesbian (n=2, 2.5%), queer bisexual pansexual asexual (n=1,

LGBTQ+ Adult Respondents by Educational Level (n=81)



LGBTQ+ Adults by Employment Status (n=81)

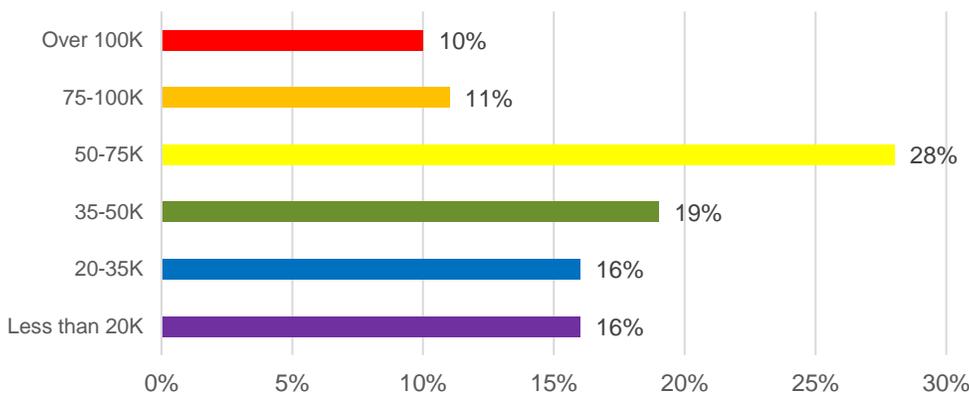


1.2%), queer bisexual pansexual (n=1, 1.2%), queer lesbian pansexual (n=1, 1.2%), queer bisexual (n=1, 1.2%), and queer bisexual asexual (n=1, 1.2%).

About three quarters of the respondents report attending some college (n=22, 27.2%) or above (undergraduate degree, n=25, 30.9%, graduate degree, n=24, 30.9%, doctoral degree, n=2, 2.5%) as their highest level of education. A little more than ten percent reported their highest level of education as a high school diploma (n=7, 8.6%) or some high school (n=1, 1.2%).

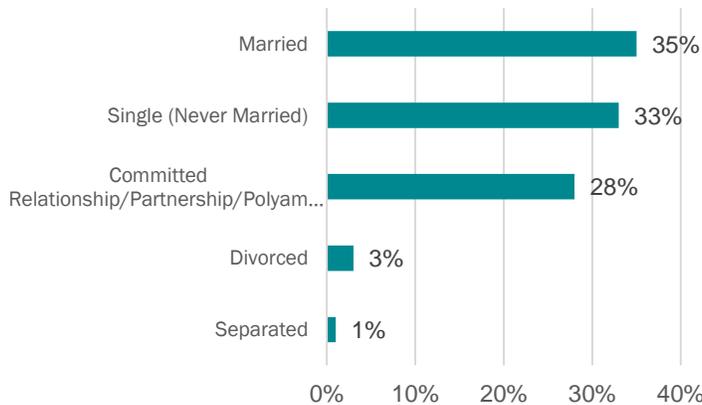
A little more than half of the respondents report an annual household income of less than \$50,000. Of that group, 16% earn less than \$20,000 annually (n=13), 16% earn between \$20,000 and \$34,999 (n=13) annually, and 18.5% earn between \$35,000 and \$49,999 (n=15) annually.

LGBTQ+ Respondents by Annual Household Income Levels (n=81)



Of those that earn \$50,000 or more, 28.4% report earning between \$50,000 and \$74,999 (n=23), 11.1% report earning between \$75,000 and \$99,999 (n=9), and 9.9% report an annual income of over \$100,000 (n=8).

LGBTQ+ Respondents by Current Marital Status (n=81)

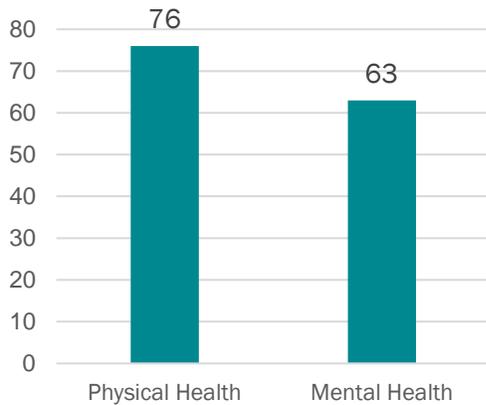


A majority (84%) of the LGBTQ+ adults who responded to the survey are employed, either full-time (n=48, 59.3%) or part-time (n=20, 24.7%). Some respondents report being full-time students (n=2, 2.5%) or homemakers (n=2, 2.5%), while a few respondents report being currently unemployed (n=9, 11.1%).

A majority (63%) of the LGBTQ+ adults who responded to the survey are married (n=28, 34.6%) or in a committed relationship/partnership/polyamorous (n=23, 28.4%). About a third are single and have never been married (n=27, 33.3%), while some report being divorced (n=2, 2.5%) or separated (n=1, 1.2%).

LGBTQ+ Adults and Health Care Context

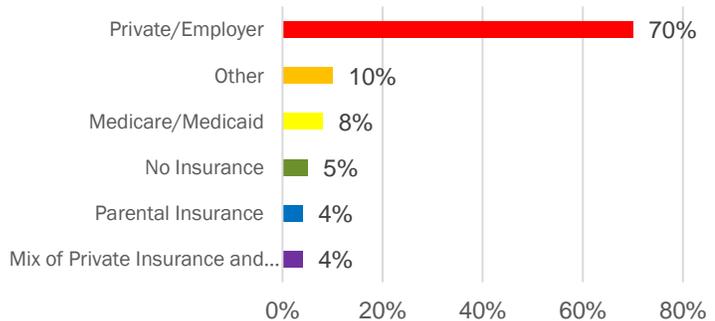
Subjective Health Assessment (average value from 0-100, (n=81))



LGBTQ+ respondents were asked to rate their physical health on a scale of 0 to 100. Participants ratings ranged between 30 and 100 (M=75.5, SD=16.06). Transgender survey participants (n=25) were more likely to rate their own physical health as lower (M=71.04, SD=16.8), when compared to the cisgender survey participants' self-ratings of physical health (M=77.89, SD=15.37, $t(78)=-1.79$, $p=.077$). LGBTQ+ respondents were asked to rate their mental health on a scale of 0 to 100. Participants ratings ranged between 20 and 80 (M=62.7, SD=21.22). Similarly to physical health, transgender survey participants (n=25) were more likely to rate their own mental health as lower (M=52.76, SD=18.90), when compared to the cisgender survey participants' self-ratings of mental health (M=67.18, SD=20.83, $t(78)=-2.95$, $p=.004$).

The majority of respondents reported having private or employer-based medical insurance (n=56, 69.1%). Other types of insurance among the respondents are Medicaid/Medicare (n=6, 7.4%) or Medicaid/Medicare and private insurance (n=3, 3.7%), insurance through parents (n=3, 3.7%), or other (n=8, 9.9%). About 5% of the sample reports not having insurance (n=4).

Respondents by Type of Insurance (n=80)



LGBTQ+ Adults and Health Help-Seeking Behavior

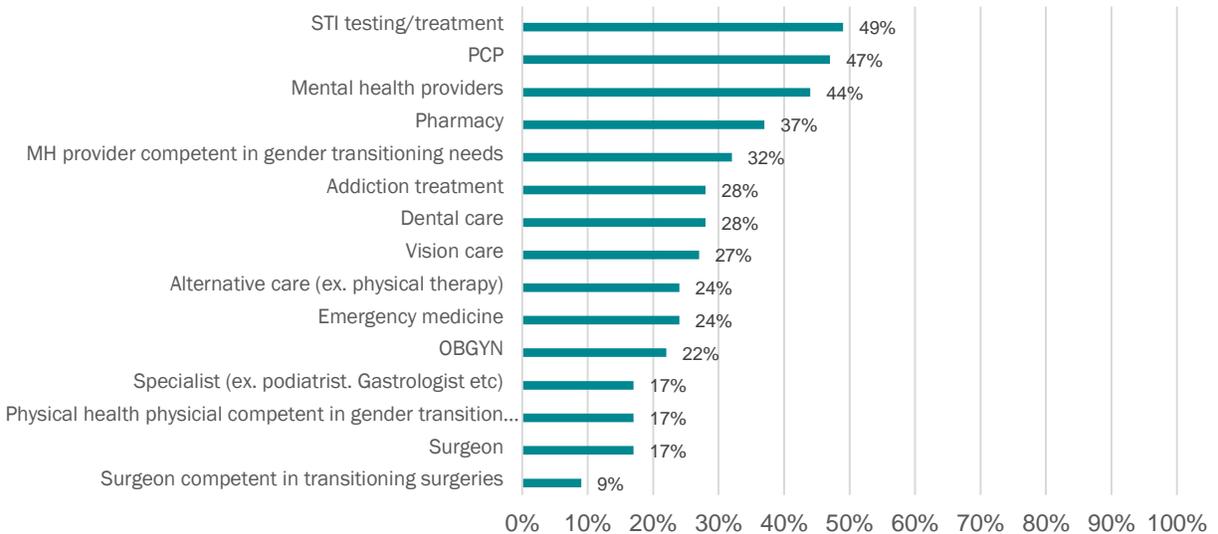
In this section of the report, we are describing the process of health help-seeking as a three-step process including:

- 1) Awareness about health care services
- 2) Accessibility of health care services
- 3) Utilization of health care services

Awareness

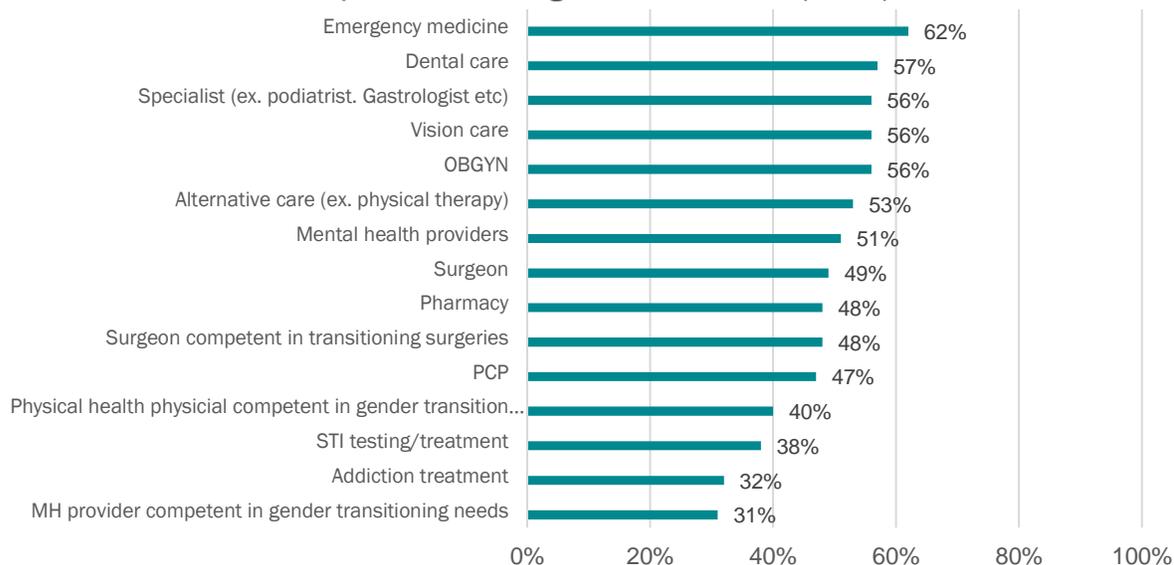
About half of the LGBTQ+ adults who responded to the survey were aware of a local LGBTQ+ friendly provider for STI testing and treatment (n=40, 49.4%), primary care physician (n=38, 46.9%), and mental health provider (n=36, 44.4%). Respondents reported much lower levels of awareness of LGBTQ+ friendly specialists (n=14, 17.3%), surgeons (n=14, 17.3%), and professionals specializing in gender transitioning, especially surgeons (n=7, 8.6%) and providers related to physical health (n=14, 17.3%).

Respondents who are aware of LGBTQ+ friendly health care providers and agencies in Wichita (n=72)



Despite reporting some awareness of LGBTQ+ friendly providers, respondents identified many types of providers that they were not aware of a LGBT+ friendly option and were interested in finding one. The providers that more than half of the respondents identified as such were emergency services (N=50, 61%), dental care (n=46, 56.8%), specialist (n=45, 55.6%), OBGYN (n=45, 55.6%), vision care (n=44, 54.3%), alternative care (n=43, 53.1%), and mental health care providers (n=41, 50.6%).

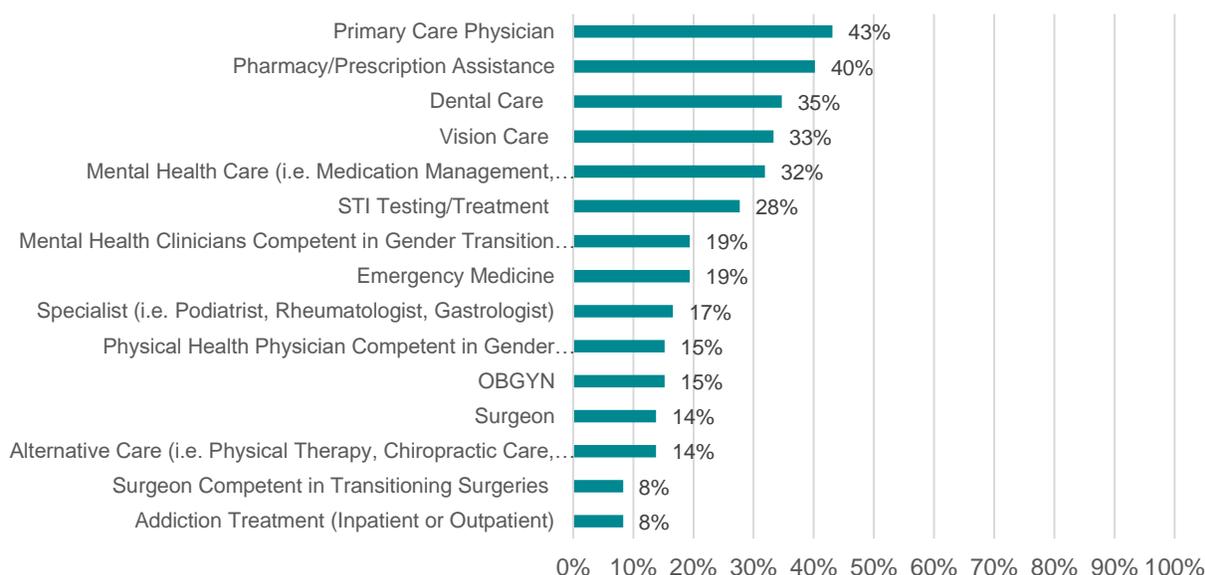
Respondents who are unaware but interested of LGBTQ+ friendly health care providers and agencies in Wichita (n=72)



Accessibility

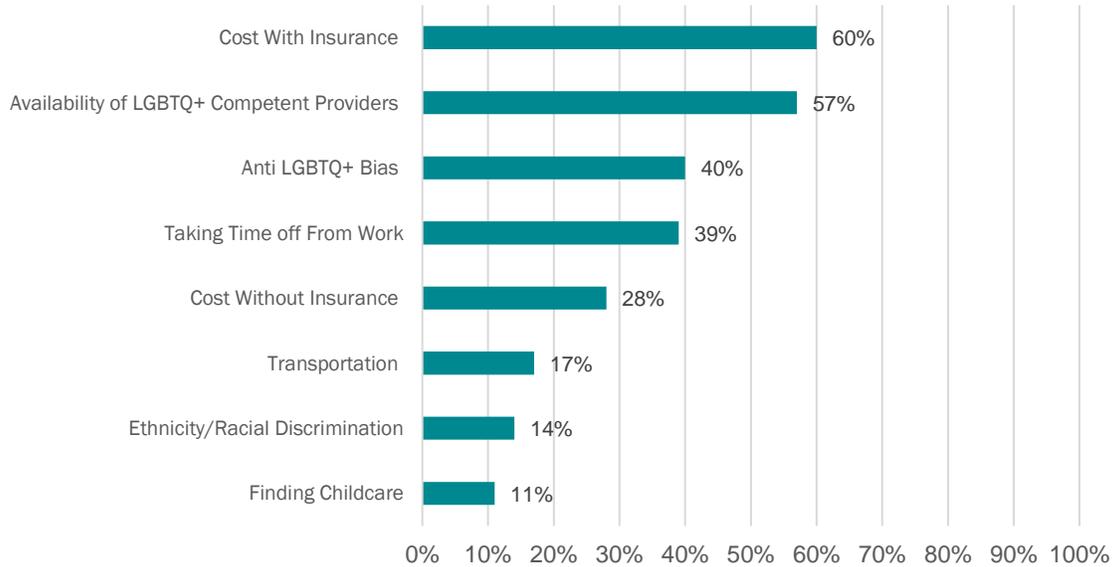
The survey respondents reported that the most accessible LGBTQ+ friendly providers in Wichita are primary care physicians (n= 31, 43.1%), pharmacy/prescription services (n=29, 40.2%), dental care (n=25, 34.7%), vision care (n=24, 33.3%), mental health care (n=23, 31.9%), and STI testing and treatment (n=20, 27.7%).

Most Accessible LGBTQ+ friendly providers in the Wichita area (n=72)

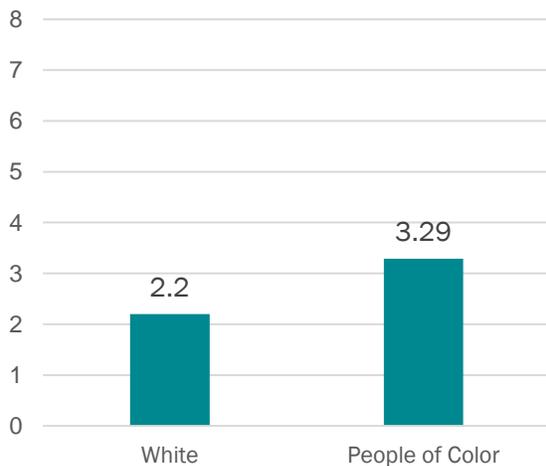


We also asked our participants about the reason of not accessing health care services. The most prevalent barriers to accessing health care services across all LGBTQ+ adult respondents were cost with insurance (n=43 , 59.7%), availability of LGBTQ+ competent providers (n=41 , 56.9%), anti-LGBTQ+ bias (n=29 , 40.3%), and taking time off of work (n=28 , 38.9%).

Experienced barriers to accessing healthcare services (n=72)



Number of Barriers Experienced by Race and Ethnicity (n=72)

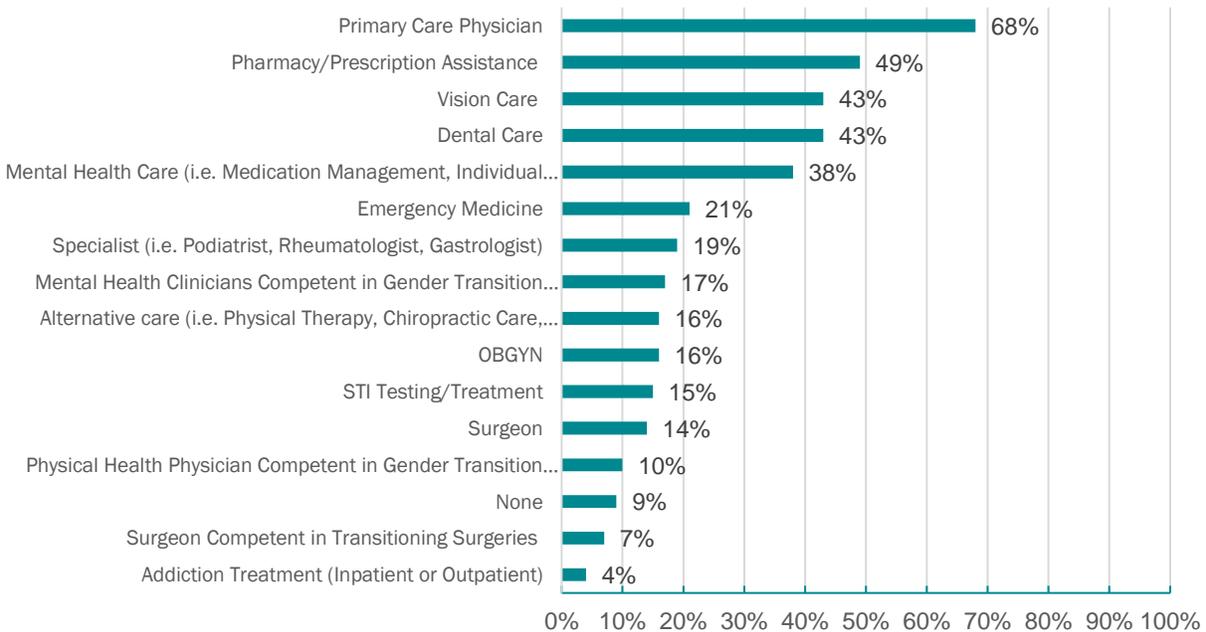


It was important for us to recognize potential impact of intersectionality on how LGBTQ+ adults accessing and utilizing health care. While a number of intersectional factors were tested for significance, only race and ethnicity were found to impact a number of barriers one experiences while help-seeking for their health. The 21 LGBTQ+ people of color who participated in the survey (M=3.29, SD=2.51), when compared to white LGBTQ survey participants (M=2.2, SD=1.64), reported experiencing more barriers to receiving care, $t(26.75)=1.84, p=.077$.

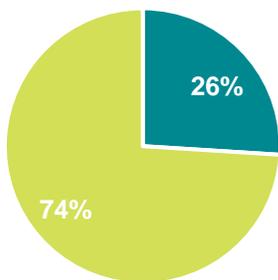
Utilization

In the last 12 months, respondents reported using a variety of health care services. Among the most common were primary care physicians (n=55, 67.9%), pharmacy and prescription services (n=40, 49.4%), and vision and dental care (n=35, 43.2% for each). Types of care that respondents reported needing, but not receiving include mental health services, both general (n=12, 14.8%) and gender transition-specific (n=14, 17.3%), dental (n=13, 16%) and vision (n=11, 13.6%) care, gender transitioning-specific physical health services (n=11, 13.6%), and OBGYN services (n=8, 9.9%).

Healthcare Utilization by Type of Professionals in the last 12 months (n=72)

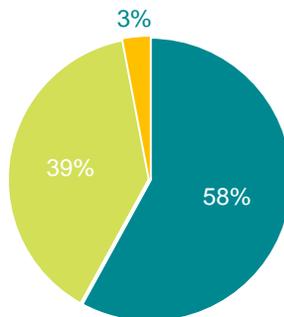


LGBTQ+ Adults Who Have a PCP (n=80)



■ Do not have PCP ■ Have PCP

Did you receive preventative care from your provider in the last 12 months? (n=72)

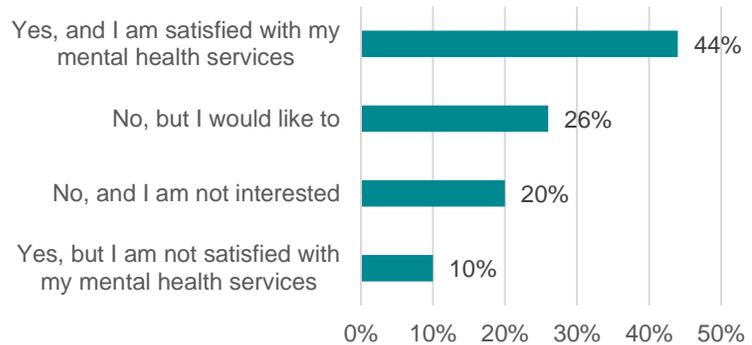


■ Yes ■ No ■ Not Sure

Overall, a little less than three quarters of the respondents (n=59, 73.8%) report having a family doctor or primary care physician. A little more than half (n=42, 58.3%) of the respondents report receiving some form of preventative care in the last 12 months. Among those who did not receive preventative care (n=28, 38.9%), 37% (n=10) report not receiving preventative care because they could not afford it, 29.6% report not feeling comfortable going to their doctor due to their LGBTQ+ status, and 33.3% (n=9) report not receiving preventative care for other reasons.

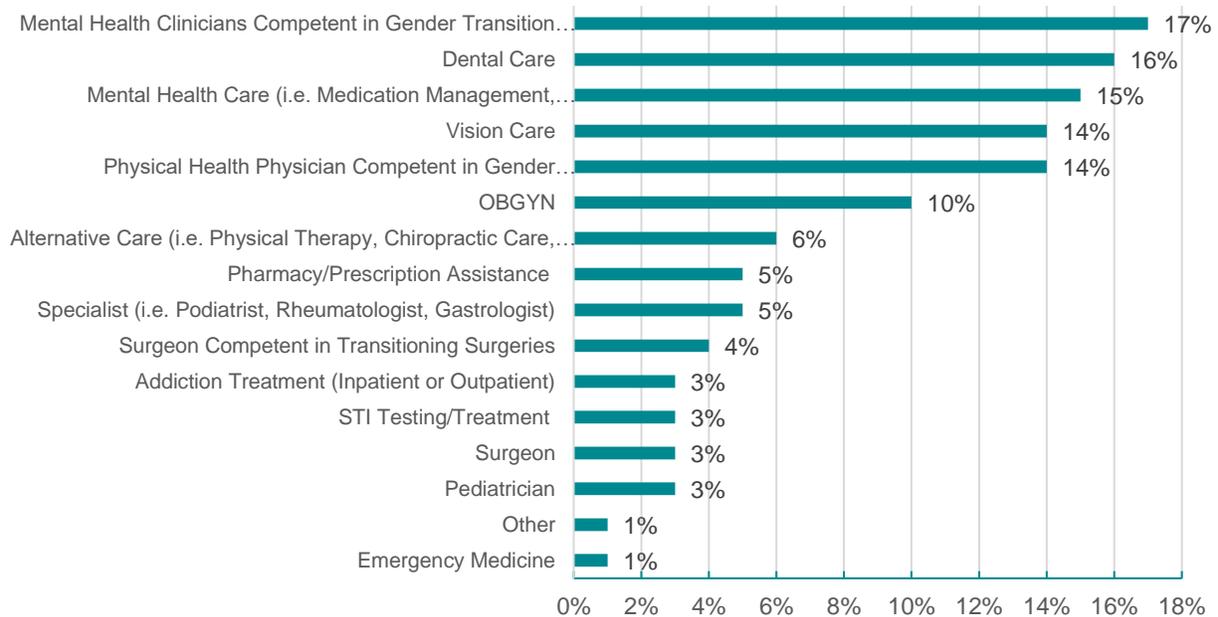
While the majority of respondents report that they are satisfied with their current level of access to mental health services, with 43.8% (n=35) reporting receiving mental health care and being satisfied with services and 20% (n=16) reporting disinterest in mental health care, some of the respondents demonstrate need for mental health services. A little over 35% report dissatisfaction with current mental health services (n=8, 10%) or that they are not currently receiving mental health services and are interested (n=21, 26.3%).

Do you currently receive mental health services? (n=80)



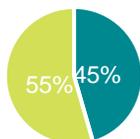
Respondents also reported the most problematic areas in their help-seeking. We asked them what health care services they needed but did not received in the last 12 months. The biggest gap between the need and actual utilization was identified in mental health clinicians competent in gender transitions (17%), dental care (16%), mental health care (15%), vision care (15%) and physicians competent in gender transitioning.

In the last 12 months, have you needed one of the following types of care and did not receive it? (n=72)



Experience of LGBTQ+ Inclusive and Affirmative Health Care

Do you know of inclusive and affirming care providers in your area? (n=66)

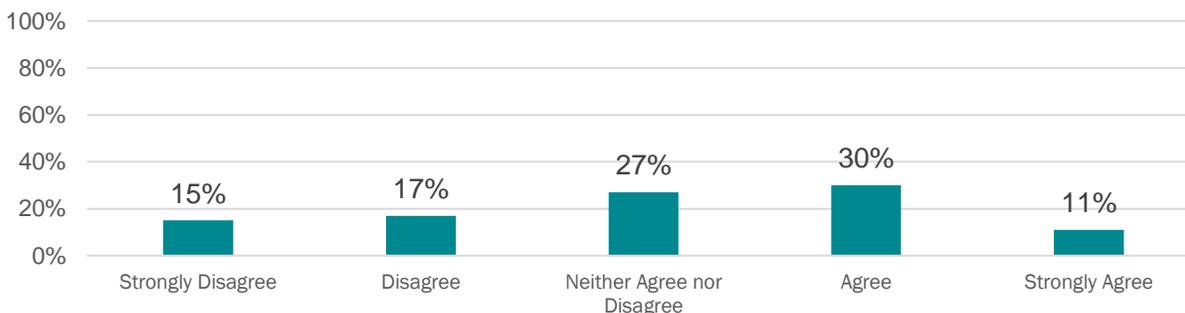


■ Yes ■ No

More than half (n=36, 54.5%) of the LGBTQ+ adults who responded to this question (n=66) report that they do not know of inclusive and affirming health care providers in their area.

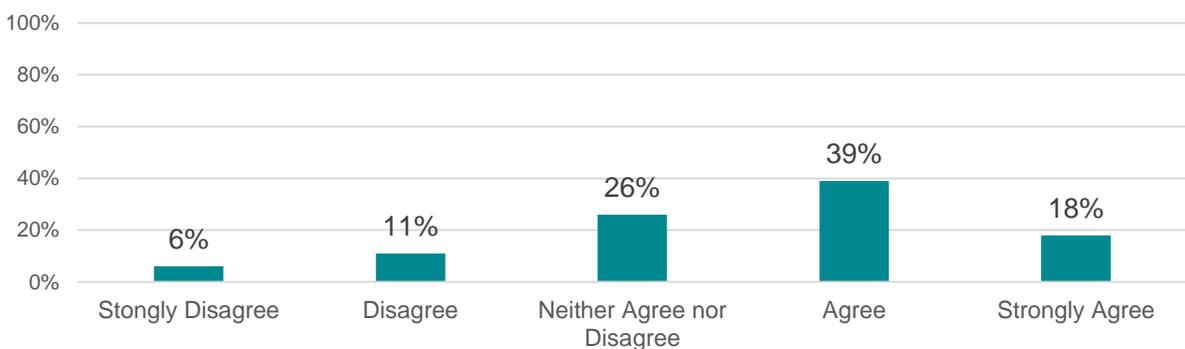
Over 40% of survey respondents (n=66) agreed (n=20, 30.3%) or strongly agreed (n=7, 10.6%) that they feel their health care provider is prepared to discuss LGBTQ+ health concerns that are important to them. However, over 30% of survey respondents disagreed (n=11, 16.7%) or strongly disagreed (n=10, 15.2%) that they feel their health care provider is prepared to discuss LGBTQ+ health concerns that are important to them.

Respondents who feel their health provider is prepared to discuss LGBTQ+ health concerns that are important to them (n=66)



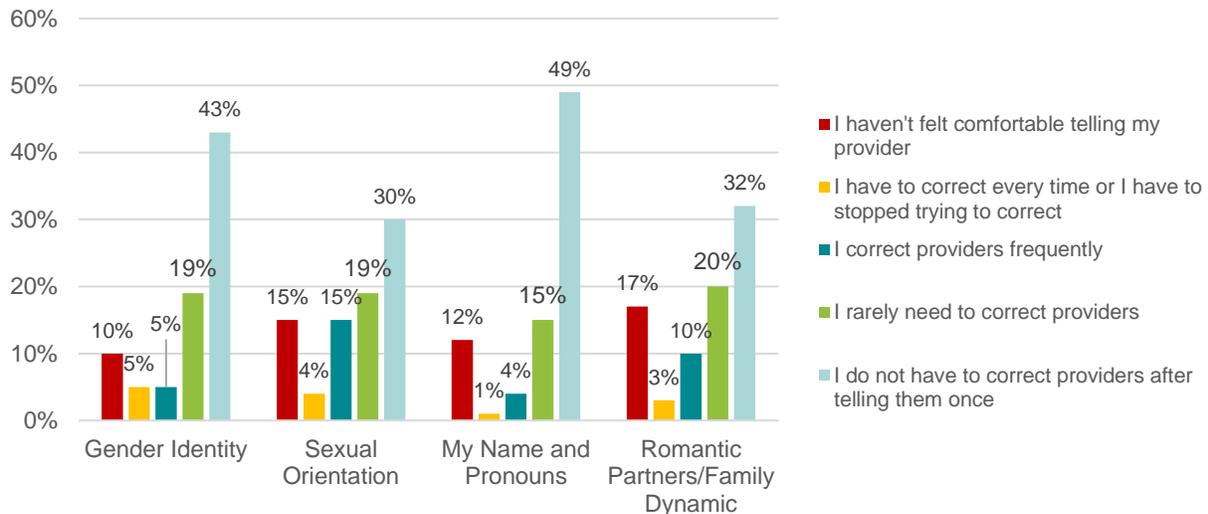
Though almost 60% of the respondents agree (n=26, 39.4%) or strongly agree (n=12, 18.2%) that they feel like their providers' office or clinic is a safe space, 16% of the respondents disagree (n=7, 10.6%) or strongly disagree (n=4, 6.1%) with that statement.

Respondent who feel like my provider's office or clinic is a safe space (n=66)



When asked to consider if they feel respected by health care professionals, the LGBTQ+ adults who responded to the survey, generally reported positive experiences across areas. However, in each of the areas, at least 20% of respondents reported some level of disrespect.

I feel respected by health care professionals (providers, nurses, staff, etc.) regarding the following areas: (n=66)



About 40% report that they have felt some level of disrespect or discomfort with their provider in relation to their sexual orientation. Among this group, some respondents have never felt comfortable telling their provider (n=12, 14.8%), and others have to correct their provider every time (n=3, 3.7%) or frequently (n=12, 14.8%) about their sexual orientation.

Approximately 36% report that they have felt some level of disrespect or discomfort with their provider in relation to their romantic partners or family dynamic. Among this group, some respondents have never felt comfortable telling their provider (n=14, 17.3%), and others have to correct their provider every time (n=2, 2.5%) or frequently (n=8, 9.9%) regarding their romantic partners or family dynamic.

A little under 25% of respondents report that they have felt some level of disrespect or discomfort with their provider in the area of their gender identity. Among this group, some respondents have never felt comfortable telling their provider (n=8, 9.9%), and others have to correct their provider about their gender identity every time (n=4, 4.9%) or frequently (n=4, 4.9%).

About 20% of respondents report that they have felt some level of disrespect or discomfort with their provider in the area of their name and pronouns. Among this group, some respondents have never felt comfortable telling their provider (n=10, 12.3%), and others have to correct their provider about their gender identity every time (n=1, 1.2%) or frequently (n=3, 3.7%).

Cisgender individuals (n=44) were more likely to report that they rarely or never need to correct their providers regarding their gender identity, $X^2(1, N = 66) = 11.92, p < .001$, name or pronoun, $X^2(1, N = 66) = 7.66, p < .006$, and romantic partners/family dynamic, $X^2(1, N = 66) = 7.37, p < .007$, than transgender survey participants (n=22). Differences between transgender and cisgender individuals reports of rarely or never need to correct their providers regarding sexual orientation were not significant.

Parents/Caregivers of LGBTQ+ Children & Youth

Demographics: Among the seven caregivers who participated in the survey, they reported that they had at least one LGBTQ+ youth in their lives between the ages of 10 and 24 years old. Six (out of 7) caregivers identified one of their children as gay or lesbian. Five of the caregivers identified one of their children as transgender. The caregivers were generally heterosexual, white females (6 of 7). Six (of the 7) are non-Hispanic. Five (of 7) caregivers are married or in a committed relationship, 2 caregivers are divorced. 6 (of 7) report full-time employment. Four respondents report yearly household income over \$100,000, all participants report yearly household income of over \$50,000. 6 of the participants report that their child is insured with private/employer-based medical insurance, with one respondent reporting other insurance.

Child/Youth Health Status: When asked to rate their child’s mental health on a scale from zero to 100, the responses of the parents/caregivers range between 42 and 95 (M=77, SD=17.47). Caregivers/parents rated their child’s mental health on a scale from zero to 100, with scores ranging from 20 to 89 (M=58.86, SD=23.56). One respondent reported that their child’s LGBTQ+ status negatively affects the care that they receive. Six respondents reported that their child’s LGBTQ+ status neither positively or negatively affects the care received.

Health Help-Seeking Experience among Parents/Caregivers

Awareness of Health Care Services: When asked if they are aware of LGBTQ+ friendly healthcare providers in Wichita, there were many types of providers that the parents/caregivers (n=5) reported being unaware of but interested. All caregivers reported being unaware and interested in finding a LGBTQ+ friendly surgeon and pharmacist.

Provider Type	Number of Respondents Who Are Unaware and Interested
Pediatrician	1
Surgeon	5
Surgeon competent in transitioning surgeries	2
Mental Health Clinicians for gender transition specific needs	2
Physical Health Physician for gender transition specific needs	0
Emergency Medicine	3
OBGYN	4
STI Testing and Treatment	1
Dental Care	3
Vision Care	3
Specialist	3
Pharmacy/Prescription Assistance	5
Mental Health Care	3
Addiction Treatment (inpatient or outpatient)	1
Alternative Care	3

Accessibility

Regarding accessibility of providers, parents/caregivers were often unaware of a LGBTQ+ friendly provider. When respondents were aware of a LGBTQ+ friendly provider, they reported a range of levels of accessibility

Provider Type	Unaware	Inaccessible	Neutral	Accessible
Primary Care Physician	2	0	0	2
Surgeon	3	0	0	1
Surgeon competent in transitioning surgeries	3	0	0	1
Mental Health Clinicians for gender transition specific needs	1	1	0	2
Physical Health Physician for gender transition specific needs	1	0	0	3
Emergency Medicine	3	0	0	1
OBGYN	3	1	0	0
STI Testing and Treatment	2	1	0	1
Dental Care	3	0	1	0
Vision Care	3	0	0	1
Specialist	3	1	0	0
Pharmacy/Prescription Assistance	3	0	0	1
Mental Health Care	1	0	0	3
Addiction Treatment (inpatient or outpatient)	3	0	0	1
Alternative Care	3	1	0	0

Barriers to their LGBTQ+ child's healthcare that were most common were cost with insurance, availability of LGBTQ+ competent providers, and anti-LGBTQ+ bias.

Barrier	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Cost without insurance	1	1	1	1	0
Cost with insurance	0	1	1	0	2
Missing too much school	2	1	0	1	0
Parent/guardian taking time off from work	2	0	1	1	0
Availability of LGBTQ+ competent providers	0	0	1	2	1
Anti-LGBTQ+ bias	1	0	0	1	2
Ethnicity/Racial bias	1	0	3	0	0

Utilization

All parents/caregivers (n=5) feel knowledgeable (n=2) or extremely knowledgeable (n=3) in advocating for their child's health care needs regarding their LGBTQ+ status. When reporting which types of health care their children had used in the last 12 months, caregivers (n=4) report a range of service use. The most commonly used services are pharmacies (n=4), surgeons for gender transition specific needs, mental health clinicians for gender transition specific needs, dental care, vision care, and mental health services (n=3).

Experiencing LGBTQ+ Inclusive and Affirmative Health Care

Of the four parents/caregivers who reported their level of agreement that their child's health care providers are prepared in discussing LGBTQ+ concerns related to their health care, one respondent agreed, one was neutral, and two respondents disagreed or strongly disagreed. Of the four parents/caregivers who reported their level of agreement with the phrase "I feel like the providers' office or clinic is a safe space for my child", two respondents disagreed and two were neutral.

My child is respected by health care professionals (providers, nurses, office staff, etc.) regarding the following areas:	I haven't felt comfortable telling my providers about preferences	I have to correct every time, or I have stopped trying to correct	I correct providers frequently	I rarely need to correct providers	I do not have to correct providers after telling them once
Gender Identity	0	0	2	2	
Sexual Orientation	0	0	1	2	1
Preferred Name/Pronoun	0	1	0	2	1
Romantic Partners/Family Dynamic	0	0	2	1	1

Providers

Demographics: Among the nine providers who participated in the survey, there are seven females and one genderqueer/genderfluid man. Three of the providers are transgender. Respondents reported a range of sexual orientations (heterosexual (n=4), lesbian (n=2), bisexual (n=2), and queer (n=1)). They range in age from 31-51 (M=42.78, SD=6.52). Eight identified their race as Caucasian, one as Native American. All providers identified themselves as Non-Hispanic.

Context: Four of the providers are mental health clinicians who practice at private mental health facilities, in private practice, or in addiction recovery. Two listed their fields as alternative care and work in specialist offices. One provider is a RN/administrator, one is an APRN, and one identified their role as non-medical support staff. Eight providers are currently serving gender transitioning patients, one does not know. Two providers primarily serve clients who are members of the LGBTQ+ community, three often serve LGBTQ+ individuals, four serve LGBTQ+ clients seldom or from time to time.

Providers were asked to rate their agreement with the following statements:

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree
I think being transgender is a mental disorder	8	0	0	1	0
I think being LGB+ is a mental disorder	8	0	1	0	0
The lifestyle of a transgender person is unnatural or immoral	8	1	0	0	0
The lifestyle of a LGB+ person is unnatural or immoral	7	2	0	0	0
I feel comfortable providing services to an LGBTQ+ individual	0	0	0	1	8
I have experience working with transgender patients	1	0	0	2	6
I have experience working with LGB+ individuals	0	0	0	1	8
I have received adequate clinical training and supervision to work with transgender patients	1	1	1	2	4
I have received adequate clinical training and supervision to work with LGB+ individuals	1	1	1	1	5
I am interested in receiving additional training regarding LGBTQ+ health concerns	0	1	0	0	8

Providers were asked to rate their agreement with the following statements:

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree
I am aware of institutional barriers that may inhibit transgender people from utilizing health care services	0	0	1	1	7
I am aware of institutional barriers that may inhibit LGB+ people from utilizing health care services	0	1	0	2	6
I feel prepared in speaking with a LGBTQ+ patient about concerns related to their gender identity	0	0	1	1	7
I feel prepared in speaking with a LGBTQ+ patient about concerns related to their sexual identity	0	0	1	2	6
I feel competent in assessing a person who is transgender in a therapeutic setting	0	0	1	3	5

I feel competent in assessing a person who is LGB+ in a therapeutic setting	0	0	1	0	8
I am aware of research indicating that transgender individuals experience disproportionate levels of physical health and mental health problems compared to cisgender individuals	0	0	0	1	8
I am aware of research indicating that LGB+ individuals experience disproportionate levels of physical health and mental health problems compared to cisgender individuals	0	0	0	1	8
When making referrals for LGB+ patients, I am aware of LGB+ friendly providers in Wichita, Kansas	2	0	1	4	2
When making referrals for transgender patients, I am aware of transgender specialists in Wichita, Kansas	2	1	2	3	1
My facility provides documentation options for non-conforming gender and sexual identities	1	3	0	1	4
My facility markets themselves as LGBTQ+ friendly	0	1	1	3	4
I respect my patients' name and pronouns when they inform me that it is different than their medical record	0	0	0	0	9
I respect my patients' romantic partners/family dynamics when not heteronormative	0	0	0	0	9
If I use the wrong name or pronoun for a patient, I correct myself immediately and apologize	0	0	1	0	8
I feel I am an inclusive and affirming provider for LGBTQ+ patients	0	0	0	1	8
I feel comfortable addressing concerns of LGBTQ+ bias with my health care colleagues	0	0	2	1	6
I feel comfortable addressing concerns of LGBTQ+ bias in the practice and policy of my facility	0	0	1	2	6
I would be proud to be recognized as an LGBTQ+ inclusive and affirming provider	0	0	1	0	8
My facility would be proud to be known as a safe space for LGBTQ+ patients in the Wichita community	0	0	0	1	8

Providers were asked to consider if they had witnessed LGBTQ+ bias:

Have you ever witnessed LGBTQ+ bias?	Never	Seldom	From time to time	Often	All the time
In the facility you are currently employed in Wichita or surrounding areas	3	3	1	2	0
In the facilities you previously worked (In Wichita or surrounding areas)	2	1	1	5	0
In health care system in Wichita and surrounding areas, in general	1	0	1	7	0

Eight of the providers did not receive any specialty LGBTQ+ training in their formal education. Five providers report receiving specialty LGBTQ+ training outside of formal education through employment-based or continuing education trainings. Eight providers report that their current facility has not provided LGBTQ+ specific training in the last 12 months. Providers rated the LGBTQ+ friendliness of their current facility on a scale of 0 to 10. Ratings ranged from 5-10 (M=8.11, SD=1.83). Seven of the providers stated that they would be extremely likely (one somewhat likely) to participate in a training on LGBTQ+ affirming health care practice.

Findings from Focus Group, Interviews and Open-Ended Survey Questions

Barriers to Health Care

Participants in the focus groups and individual interviews identified many barriers to adequate inclusive and affirming healthcare: lack of local services/competent and affirming providers, financial/cost/insurance factors, structural and institutional factors, policy factors, discrimination/safety, time factors, delaying care, privilege or lack thereof, and lack of widely available and reliable information for clients and providers.

- 1. **Lack of local services/competent and affirming providers** highlights the inequality for LGBTQ+ individuals in Wichita who must travel, sometimes to another state, to receive quality, and in the case of transgender individuals, specialized medical treatment. Many of the participants listed KU Medicine as the closest provider for transition related care (i.e. hormones, surgery, etc.). Some participants also mentioned the difficulty in finding LGBTQ+ competent and affirming mental health care providers – especially transgender competent and affirming providers. Similar sentiment was expressed by four survey participants, especially, in regards to their decision to not get mental health services. One of them said: **“I was going [to mental health provider] in the past but I was unhappy with the services they provided. In part due to not feeling like I could fully express my identity as a gay person”**

*Nobody here locally had, had any experience working with trans people. The closest one again was in Kansas City...
(LGBTQ+ adult)*

- 2. **Financial/cost/insurance factors** were frequently listed as barriers to adequate treatment especially in the case of transgender individuals. Participants spoke of their battles with various insurance companies over coverage of transition related care, some giving up and paying out of pocket for their affirming care. In many cases of transgender individuals seeking care, insurance companies and providers place the burden of insurance claims on the patient thus requiring the patient to have knowledge of insurance regulations and policies as well as knowledge of the latest interpretation of local, state, and federal policies as they relate to insurance coverage for transgender individuals. Still, many insurance companies do not view some LGBTQ+ health care needs as essential and therefore will not cover these procedures. In addition, eight survey participants refute similar ideas in their open-ended answers as well.

*Like I know that when I saw the bill from my surgeries they were \$64,000 so it's pretty much, unless you can obtain insurance coverage, you're not going to get it and it's cost preventative even for someone who makes a fairly good income like me.
(LGBTQ+ adult)*

- 3. **Structural and institutional factors** include the many hoops and obstacles that LGBTQ+ individuals must navigate to receive the health care they need. Some of these factors, such as the need for a letter from a mental health professional for transition related surgeries, come from the World Professional Association for Transgender Health (WPATH) while others come from individual providers, especially those that are not used to working with the LGBTQ+ community. Additionally, many LGBTQ+ individuals seek care for issues unrelated to their LGBTQ+ identity and, whether due to the provider's lack of knowledge or whatever else, the provider tries to focus on that identity as the, or a part of the, problem. Lastly, many participants mentioned a lack of a consistent standard of care,

*The surgeons have their own guidelines and they don't really refer to WPATH at all. WPATH is kind of a joke to them.
(LGBTQ+ adult)*

especially when it comes to transgender gender affirming care. Though WPATH guidelines are considered the standard of care for transgender individuals, the implementation of these guidelines varies widely between providers.

WPATH is kind of controversial at times because obviously it's a worldwide professional organization and different places in the world have different models and things that we should be doing and um that kind of makes for things to be slower at times. (LGBTQ+ provider)

4. **Policy factors** are those policies that are not inclusive, or the lack of a policy in general to address the needs of LGBTQ+ individuals. In the case of transgender individuals, these policies can be used as a means of gatekeeping gender affirming care due to the need for so many separate providers (i.e. therapist, second therapist for evaluation, hormone provider, primary care provider, surgeon, etc.). LGBTQ+ inclusive policies mentioned by participants include ideas such as having options on intake forms for a preferred name and pronouns, having gender neutral restrooms for patients to use, and asking about sexual orientation and sexual behavior.

5. **Discrimination and its mental health consequences** presents as an actual and perceived barrier for LGBTQ+ individuals seeking care. Some participants identified a fear of being discriminated against as a reason for delaying care. One parent even mentioned that a provider at a clinic openly misgendered their transgender child in a waiting room full of other patients. We have heard several accounts of discrimination from our survey participants as well. One of the survey participants shared that “Mental health providers laughed when I told them I was lesbian.” The experience of being discriminated has its effect on the participants

Had a Pap smear in 2018, got scolded by the provider and told my vagina was “too tight” in an irritated tone. I have also mentioned my previous bipolar diagnosis to a different health care provider (my primary care doctor) and told I must have been misdiagnosed in the past because I seemed too normal/well-adjusted to have bipolar (LGBTQ+ adult)

mental health. Some reported that due to their mental health being affected they can not execute basic everyday activities. One survey participant said: “My mental health issues make it exhausting and too much of a challenge to carry out the extra effort needed to find and schedule new healthcare providers.” Another example of discrimination was share by a survey participant: “Although I have good providers now, it's been a struggle to get here. I have been turned down for procedures like an orthopedic surgery because a surgeon felt it violated his religious freedom to do so. It was an ankle surgery.”

6. **Fear of Discrimination:** Delaying care because of previous or assumed discrimination came up many times from each different group of participants. Some participants spoke about putting off going to the doctor or other providers due to uncertainty about the provider's acceptance of LGBTQ+ individuals. One parent worried aloud about their transgender child never going to the doctor due to previous bad experiences. The same sentiment was supported by our survey participants. One of them said:

“I have moved to a new area and need to find a new mental health care professional. This is scary and intimidating to put a new person in my trauma”.

7. **Time factors** include the lack of competent and affirming local services in Wichita for LGBTQ+ individuals which necessitates the individual go out of town, at times even out of state, for adequate care. In addition, multiple survey respondents reported lack of time to look for a LGBTQ+ affirmative mental health provider and schedule an appointment

I mean I drove back and forth to Kansas City about 8 times and I drove back and forth to Dallas 4 times so this was very time consuming and partially just due to there are no services locally except for hormone replacement. (LGBTQ+ adult)

8. **Privilege or lack thereof** includes the ability to pay for healthcare as well as the ability to advocate for the patient without fear of retaliation by the provider.

I would say, and this is a comparison between what it's like here, in Kansas, versus what's available on the coast. What it takes in terms of a kid transitioning here in Kansas is a lot of privilege, a lot...I was living in a hotel like 57 weeks out of three years with her surgeries. And obviously that involves a lot of money. Even though all that stuff was covered by insurance, all the travel, hitting backs out of pocket every year, all that stuff that's not covered. (Parent of LGBTQ+ child)

Many participants talked about the exorbitant amount of money it costs to obtain gender affirming care, including the need for two separate mental health professionals to evaluate the preparedness for surgery as well as the cost to travel to doctors and surgeons who provide such care, which in turn only allows the privileged to access affirming care.

9. Lack of widely available and reliable information for clients and providers highlights the overall lack of research on LGBTQ+ individuals and their healthcare needs. All the providers in focus groups identified different sources for their LGBTQ+ competency trainings (WPATH, USPATH, Fenway Institute, UCSF, NYC) which means there is not a centralized information source for

providers of services, such as Hormone Replacement Therapy (HRT), which does not allow for continuity of care for any LGBTQ+ individual who may relocate or switch providers. This lack of widely available information also harms the LGBTQ+ individuals looking for care by giving the individuals mixed messages about how to find affirming providers and what LGBTQ+ affirming care looks like.

Online you can find a list of healthcare providers on Psychology Today, you can kind of browse and select by what you're looking for specifically. If you're looking for someone who is trans and gender affirming and aware of LGBT issues...but there are a lot of people out there who will select that they are trans and gender affirming even if they don't really know anything about the community. (LGBTQ+ provider)

There are many barriers to care that the LGBTQ+ community face in Wichita including a lack of LGBTQ+ competent and affirming providers in the area which leads to time consuming travel for expensive, often initially uncovered by insurance, procedures that many still cannot access due to structural, institutional, and policy factors entirely out of their control. It takes a well-connected, self-advocate to access competent and affirming care in Wichita, KS.

Education for Health Care Providers and Care Seekers

The second most common theme identified by researchers is education, mainly a lack of reliable educational resources for providers and care-seekers. Many of the abovementioned barriers can be mitigated or entirely erased through proper education of providers and LGBTQ+ care-seekers. Participants identified 5 areas in which education plays a role in LGBTQ+ healthcare needs.

1. **Organization/facility factors** include organizations providing monies for providers and other staff to attend training sessions. Only one of the participating providers has money set aside for training as a contractual obligation. While having LGBTQ+ competency training for providers is important, participants also emphasized the importance of educating and training the other staff at providers' offices in LGBTQ+ competency.

We have done staff sensitivity training and several of my staff wear pronoun buttons which I think is helpful and I try to introduce myself with my pronouns and I think that that kind of helps set the stage that we are here to be affirming. (LGBTQ+ provider)

2. **Lack of widely available, reliable information for clients and providers** as mentioned above highlights the lack of research on LGBTQ+ individuals' needs in healthcare. This barrier also lends itself to the theme of education with all the providers and other participants saying they would like a more centralized way of gathering accurate information about LGBTQ+ healthcare.

3. **Provider factors** such as the provider or institutional religious orientation often inhibit LGBTQ+ affirming healthcare. Proper education about LGBTQ+ identities and experiences could mitigate the harmful effects of religious based medicine on LGBTQ+ individuals.
4. **Privilege** plays a big part in the education of providers but also of care-seekers. One participating provider mentioned not having any kind of LGBTQ+ training during their schooling to become a PA. Privilege also comes into play for the education of LGBTQ+ individuals seeking care putting those without access to quality, reliable information about LGBTQ+ individuals at a disadvantage when it comes to self-advocacy and quality, affirming care.
5. **Trainings/suggested changes** made by the participants include LGBTQ+ cultural competency for all staff members, panels led by LGBTQ+ community members, and professional conferences on LGBTQ+ healthcare. Such trainings would provide information on LGBTQ+ identity formation, the coming out process, the gender spectrum, and the importance of the use of inclusive language. Some LGBTQ+ individual participants also complained about some practitioners offering care based on outdated information, expressing that continued education on LGBTQ+ competency is important.

Discrimination as Underlying Systemic Issues

Participants identified various factors involved with discrimination including seeking services, gender identity, treatment, and direct discrimination.

1. **During seeking services:** discriminatory insurance policies and ill-informed providers claiming LGBTQ+ competency make it harder for LGBTQ+ individuals to seek services. Several participants said they (or their LGBTQ+ child) have delayed seeing a health care provider due to this difficulty.

"I am afraid to come out and routinely lie about my identity because I am afraid of being in a vulnerable position and experiencing discrimination and violence" (LGBTQ+ adult)

And I also, I worry about him for when he's older because I know, we talk a lot about how healthcare is important and how, you know, he deserves to take care of his body and all of these things but I think that, I think that at some point, he may choose to not get healthcare rather than to have to deal with healthcare when he's out on his own. (Parent of LGBTQ+ child)

2. **When sharing gender identity:** This situation included actual and assumed discrimination based on a transgender or gender nonconforming gender identity.

Well, when we went to the physician, she was aware that the woman called her a boy. You know, I don't think she has a full understanding of exactly why they're confused or what the full situation is but she was very aware that the woman had used the wrong pronoun and had mislabeled her and wanted to correct her immediately. (Parent of an LGBTQ+ child)

3. **During treatment:** This set of factors includes providers not wanting to treat transgender patients, therapists not writing letters of recommendation for gender-affirming surgery, and therapists unwilling to approach non-normative gender identities. This may also include direct discrimination that are overt and obvious acts of discrimination such as refusing to use a transgender individual's correct name or insisting a lesbian woman take a pregnancy test because "you never know."

One survey participant reported: "Well, my wife was misgendered several times while we were at the doctors' office. Then I was asked if there was any possible way, I was pregnant. I stated no, of course not, I am gay. The healthcare provider then proceeded to state that you never know because gay people cheat with men." (LGBTQ Adult)

3. **When accessing mental health services**, in particular. This cases of discrimination were mentioned by many of the participants. LGBTQ+ individual participants expressed feelings of isolation from the LGBTQ+ community as well as inadequate knowledge coming from and about local mental health providers. With therapists and other mental health providers being so central to the affirming care of LGBTQ+ patients, but especially transgender patients, all LGBTQ+ individual participants expressed a desire for more LGBTQ+ competency in mental health professions. Parents of LGBTQ+ children were also concerned with the mental health services available to them and their children with at least one participant wishing for a provider who understands their specific circumstance as the parent of a transgender child and another citing harmful information a mental health professional provided in regards to their transgender child. Parents participated in the survey shared that: “He has seen several therapists and has not been able to feel comfortable enough to have a great relationship with any of them. Some who have claimed to be LGBTQ informed were definitely not and their opinions have led our family astray at times in terms of his care”.

I think the first one, the first therapist we had when he was twelve basically just said ‘well, you’re just gonna have to wait and see’ and that’s where it was left, you know. And I think if we had more information, we would’ve switched pronouns sooner, changed names sooner, you know, been more affirming sooner rather than just kind of sitting around and waiting for something, you know. (Parent of an LGBTQ+ child

What are the Needs?

Participants identified various resiliency factors that assist in overcoming or coping with barriers encountered while receiving healthcare. Such factors include autonomy in care, advocacy, social support, professional support, professional resources, and progress.

1. **Autonomy in care** means the LGBTQ+ individual is the major driver of personal healthcare-related decisions. Though this may seem obvious, many LGBTQ+ individual participants identified at least one, but on more often more than one, provider who disregarded their choices relating to their healthcare. Some providers allow such choices for LGBTQ+ patients so long as the patient is aware of the risks involved.

Me and him [the doctor] didn’t really hit it off very well because he wanted to micromanage my hormones and everything. He actually wanted me to come in for my hormone injections. We didn’t really agree with the levels that I was at and I ended up discontinuing services with him. (LGBTQ+ adult)

2. **Advocacy** includes the LGBTQ+ patients and others speaking on behalf of LGBTQ+ patients such as parents, care givers, and providers. Many participants talked about the life-changing difference that advocacy, both by themselves and by others, made in their healthcare experiences. Others mentioned advocacy in terms of having different voices from the LGBTQ+ community speak up and share their stories to facilitate growth and understanding within society. This was especially emphasized by one participant:

Once you start introducing yourself and putting people out there – that want to be out there, not everybody’s comfortable doing this – then I think you get that personal level and people really get to learn that way. That’s how I learned over the years of people learning about me and other people in the community is allowing people to share their stories and share their voice and their concerns. (LGBTQ+ adult)

3. **Social support** includes having supportive friends and family as well as safe work and home spaces for LGBTQ+ individuals. Some stated being connected to the transgender community created a supportive

network which they could connect with and depend on others in the community. For parents of LGBTQ+ children, they appreciated having a community of other parents of LGBTQ+ children and supportive people participating in their child's life. This helped them face the various barriers both in life in general and in healthcare.

4. **Professional support** was cited in several areas as a resiliency factor. For example, many participants expressed therapeutic support, including support groups and mental health providers, as essential. This was especially prevalent in the transitioning process with transgender adults, parents of transgender children, and providers of transgender healthcare. While LGBTQ+ adults and parents of LGBTQ+ children look to providers for that professional support, providers interviewed cited professional conferences and research institutes as sources of professional support vital to creating and maintaining an affirming environment for patients.
5. **Professional resources** include the professional conferences and research institutes mentioned above but also vital resource and referral lists of specific affirming clinics, education, and connections that many providers said just do not exist yet however, such information can often be found via word of mouth or social media. An overwhelming number of participants states that trustworthy referral lists help them or would help them navigate the healthcare system for their specific healthcare needs. Other professional resources mentioned include seminars offered about healthcare coverage and navigation and having an office staff member available to file insurance claims and help navigate insurance coverage options for patients. The same ideas were prevalent among survey participants as well.
6. **Progress** refers to the viewpoint of some participants the LGBTQ+ healthcare and treatment options in Wichita and in the United States overall are improving. Though this improvement is occurring at a snail's pace, some participants feel that there is more overall acceptance and better attitudes towards the LGBTQ+ community which helps in mitigating health disparities. One participant describes conversations she has with others about LGBTQ+ individuals:

I would like to know about LGBTQ+ friendly services so I can transition and know where to go when I transition, and afterwards if my parents kick me out. (LGBTQ+ adult)

They will tell me, "you know before I always thought people were freak shows and that they were just weird people, but you're just pretty much a normal person." I'm just like "yeah, nothing really special here." I've changed people's minds, not by trying to force ideology or anything on them, just me being me. I think if anything, it's just going to take time for it to become more commonplace. (LGBTQ+ adult).

How an LGBTQ+ Affirming Healthcare System Should Look Like

Participants identified various characteristics for what the ideal healthcare system for the LGBTQ+ community should look like. These characteristics included ease of service, patient privacy, achievement, and acceptance.

1. **One-Stop Shop:** Ease of services meaning it is already hard enough to find healthcare providers let alone LGBTQ+ affirming providers so providers should ensure that paperwork to be completed is easy to fill out and uses inclusive language, as well as have all staff trained in LGBTQ+ competency and affirmation. There should be a one-stop shop to reduce travel and paperwork.
2. **Privacy** is very important in any healthcare setting but especially important for LGBTQ+ individuals who may not be fully out but want to share their LGBTQ+ identity with their provider. Providers should understand that and only share information when asked to.

3. **Complex support (less time + less barriers + more insurance advocates + appropriate paperwork)** of the ideal healthcare system include less barriers and reduced time for desired results as well as incorporating insurance advocates fighting to improve insurance coverage. It also includes intake forms and charts that doctors use which also should include information on preferred name pronoun, family dynamics pertinent to LGBTQ+ patients. This support can also include informed consent for hormone replacement therapy and affirming therapists who are open to write letters for transition surgeries.
4. **Acceptance** is the most important factor and means allowing someone to fully be who they are without excess judgement or hostility. One of the ways it can manifest itself is in using patient preferred pronoun without questioning them. Another participants said that affirming health care system for LGBTQ+ patients is the one where LGBTQ+ doctors, nurses and assistant choose to work.
5. **Continuing self-initiated learning among providers:** One survey participants shared with us that one of the characteristics of LGBTQ+ affirming health care systems is readiness of its providers to do their own learning and research without expectation of a patient to educate a provider. It is systems in which a provider humanizes the interaction with an LGBTQ+ patient, centers their health and do not see them as a “teachable moment” or “problem patient”

“When dealing with mental health struggles (that include sexuality struggles) he [the doctor] spent the time and researcher/tried every option in order to best help me. Even with just being sick, he researches what could most likely be the issue as well as will best help. He is very open-minded, listens, and show little to no bias.”

(LGBTQ+ adult)

Recommendations

- **Change in Health Care Procedures :** One recommendation presented by participants was engagement with the LGBTQ+ community. We suggest starting with simple things such as adding the demographic questions “What is your sexual orientation?,” “What are your pronouns?,” and “What is your preferred name?” to intake forms. We took into consideration the concerns of some participating providers that some more drastic shows of support for the LGBTQ+ community may alienate existing clients therefore, some forms of subtle community engagement recommended include hanging artwork and advertisements inclusive of LGBTQ+ individuals (two women holding hands, two men kissing, etc.), having a rainbow flag and/or a transgender flag around the office, and when possible, making restrooms gender neutral. A recommended, though possibly alienating to existing clients, form of community engagement is attending and/or sponsoring a pride event.
- **Centralized Informational Resources:** Participants - providers, caregivers, and LGBTQ+ adults - all also expressed the need for more accurate information about LGBTQ+ healthcare needs. The lack of information is both due to the lack of already competent and affirming providers in the area and how far behind research is on LGBTQ+ healthcare needs. In an attempt to fix both the aforementioned problems, we recommend holding regular training and information sessions with individuals at various proximities to LGBTQ+ healthcare including LGBTQ+ individuals, caregivers of LGBTQ+ individuals, and aspiring LGBTQ+ competent providers. Recommended training sessions for providers include a panel of transgender and gender nonconforming (GNC) individuals able to discuss best practices in providing services for transgender and GNC individuals, a panel of LGBTQ+ individuals able to discuss best practices in providing services for LGBTQ+ individuals, a panel of experts in transgender and GNC healthcare to discuss various operations, procedures, and other pertinent information for providing medical intervention services to transgender and GNC individuals. Another way that accurate information can be shared with providers, caregivers, and LGBTQ+ adults is by creating a resource list of LGBTQ+ affirming and competent providers through outreach to local providers. Advertisements for the coalition around town to local providers should be used to let people know about the availability of such resources.
- **Insurance Advocates:** Also mentioned by participants is the need for insurance advocates both at insurance companies and at providers’ offices to help LGBTQ+ individuals navigate insurance coverage for LGBTQ+ specific procedures such as gender confirmation surgery.
- **Continuing Education for Health Care Providers:** Finally, a list of conferences and educational opportunities recommended for providers to gain more knowledge around LGBTQ+ identities and healthcare concerns:
 1. GLMA: *Health Professionals Advancing LGBTQ Equality* (previously known as the Gay & Lesbian Medical Association) Annual Conference: <http://glma.org/index.cfm?fuseaction=Page.ViewPage&PageID=1196>
 2. LGBTQ Health Care Conference at Indiana University School of Medicine <https://medicine.iu.edu/about/diversity/programs/lgbtq-conference>
 3. 2021 LGBT Health Workforce Conference <http://bngap.org/lgbthwfconf/>
 4. Fenway Health’s Advancing Excellence in Sexual and Gender Minority Health <https://fenwayhealth.org/the-fenway-institute/education/advancing-excellence-in-sexual-and-gender-minority-health/>
 5. The National LGBTQ Health Conference <https://isgmh.northwestern.edu/events/national-lgbtq-health-conference/>
 6. WPATH Scientific Symposium <https://www.wpath.org/education/upcoming-conferences>
 7. USPATH information <https://www.facebook.com/USPATH/>
 8. Fenway Institute National LGBTQIA+ Health Education Center <https://www.lgbtqihealtheducation.org/>

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Appendix 1. Sample Questionnaire

Hello!

You are receiving this survey because you are an LGBTQ+ individual, a caregiver for an LGBTQ+ child, or a health care professional in Wichita, Kansas. Your responses will help us assess LGBTQ+ health care needs, LGBTQ+ health care barriers, and how to identify inclusive and affirming health care providers. Our vision for this project is to improve the experiences for LGBTQ+ individuals when seeking and accessing health care services in Wichita, Kansas.

Thank you for taking the time to complete this survey!

1. Do you identify as belonging to one of the following groups in Wichita, Kansas? If you identify as more than one, you may complete a separate survey for each role.
LGBTQ+ (18 and older) [Skip Logic to 18+ Questionnaire]
Caregiver of LGBTQ+ child [Skip Logic to Caregiver Questionnaire]
Health Care Provider [Skip Logic to Provider Questionnaire]

LGBTQ+ (18+) Questionnaire

Demographics

2. Age: _____
3. Gender Identity (select all that apply):
Female
Male
Transgender
Nonbinary
Intersex
Genderqueer/Genderfluid
Intersex
Not listed, please describe: _____
Prefer not to answer
4. Sexual Identity/Orientation (select all that apply):
Heterosexual
Gay
Lesbian
Bisexual
Asexual
Pansexual
Queer
Not listed, please describe: _____
Prefer not to answer
5. What best describes your race (select all that apply):
African American/Black
Native American/Alaskan Native
Pacific Islander

- Asian
 - Native Hawaiian
 - Caucasian/White
 - Middle Eastern
 - Not listed, please name: _____
6. What best describes your ethnicity (select all that apply):
- Hispanic/Latinx
 - Non-Hispanic/Latinx
 - Not listed, please name: _____
7. Please check the highest level of education you have completed:
- Did not complete High School
 - GED/High School Diploma
 - Some College
 - Undergraduate Degree
 - Graduate Degree
 - Doctoral/Advanced Medical
 - Other: _____
8. Current Marital Status?
- Single (Never Married)
 - Committed Relationship/Partnership/Polyamorous
 - Married
 - Separated
 - Divorced
 - Widowed
9. Are you employed?
- Full Time
 - Part Time
 - Unemployed
 - Other: _____
10. Please select your annual household income level range.
- Less than \$20,000
 - \$20,000 - \$34,999
 - \$35,000 - \$49,999
 - \$50,000 - \$74,999
 - \$75,000 - \$99,999
 - Over \$100,000

Current Health Status

11. Please choose one point in this 0-100 scale which can best represent your health in the last 12 months.
(0 means the worst and 100 means the best)
- Physical Health....
 - Mental Health...
12. Do you have health insurance? Check all that apply.
- No
 - Private/Employer
 - Medicaid/Medicare
 - Yes, other: _____
13. Do you have a family doctor/primary care physician?

Yes

No

14. Where do you go when you are sick? (select all that apply)

Primary Care Physician

Walk-In Clinic/Urgent Care

Immediate Care

Emergency Room

Other: _____

15. Do you currently receive mental health services?

Yes, and I am satisfied with my mental health care services [Skip Logic to #18]

Yes, but I am not satisfied with my mental health care services [Skip Logic to #16]

No, and I am not interested [Skip Logic to #18]

No, but I would like to [Skip Logic to #17]

16. Please explain which mental health services you receive and why you feel unsatisfied:

Blank text box please: _____

17. Please explain why you have not accessed mental health care services yet.

Blank text box please: _____

18. How does your LGBTQ+ status affect the level of care you receive from current providers?

Extremely Negative Effects	Negative Effects	Neutral	Positive Effects	Extremely Positive Effects
1	2	3	4	5

Awareness

19. If I need help, I am aware of LGBTQ+ friendly health care practice in Wichita in the following fields:

Primary Care Physician	Aware	Unaware and Interested	Unaware and Not Interested
Surgeon	Aware	Unaware and Interested	Unaware and Not Interested
Surgeon competent in transitioning surgeries	Aware	Unaware and Interested	Unaware and Not Interested
Mental Health Clinicians competent in gender transition specific needs	Aware	Unaware and Interested	Unaware and Not Interested
Physical Health Physician competent in gender transition specific needs	Aware	Unaware and Interested	Unaware and Not Interested
Emergency Medicine	Aware	Unaware and Interested	Unaware and Not Interested
OBGYN	Aware	Unaware and Interested	Unaware and Not Interested
STI Testing/Treatment	Aware	Unaware and Interested	Unaware and Not Interested
Dental Care	Aware	Unaware and Interested	Unaware and Not Interested

Vision Care	Aware	Unaware and Interested	Unaware and Not Interested
Specialist (i.e. podiatrist, rheumatologist, gastrologist)	Aware	Unaware and Interested	Unaware and Not Interested
Pharmacy/Prescription Assistance	Aware	Unaware and Interested	Unaware and Not Interested
Mental Health Care (i.e. medication management, individual therapy, group therapy)	Aware	Unaware and Interested	Unaware and Not Interested
Addiction Treatment (inpatient or outpatient)	Aware	Unaware and Interested	Unaware and Not Interested
Alternative Care (i.e. Physical Therapy, Chiropractic Care, Occupational Therapy)	Aware	Unaware and Interested	Unaware and Not Interested

Access and utilization

Access is understood as your ability to receive good health services within reasonable distance from where you live when you need those services, during opening hours with easy to use appointment system.

Utilization is understood as your use of health care services to address and cure health problems, to maintain health and well-being and to obtain your own health status and diagnosis.

20. In the last 12 months, have you used the following types of health care? Select all that apply:

- Primary Care Physician
- Mental Health Clinicians competent in gender transition specific needs
- Physical Health Physician competent in gender transition specific needs
- Surgeon
- Surgeon competent in transitioning surgeries
- Emergency Medicine
- OBGYN
- STI Testing/Treatment
- Dental Care
- Vision Care
- Specialist (i.e. podiatrist, rheumatologist, gastrologist)
- Pharmacy/Prescription Assistance
- Mental Health Care (i.e. medication management, individual therapy, group therapy)
- Addiction Treatment (inpatient or outpatient)
- Alternative Care (i.e. Physical Therapy, Chiropractic Care, Occupational Therapy)
- Other: _____

21. In the last 12 months, have you needed one of the following types of care and did not receive it? (Check all that apply)

- Pediatrician
- Mental Health Clinicians for gender transition specific needs
- Physical Health Physician for gender transition specific needs
- Surgeon

Surgeon competent in transitioning surgeries

Emergency Medicine

OBGYN

STI Testing/Treatment

Dental Care

Vision Care

Specialist (i.e. podiatrist, rheumatologist, gastrologist)

Pharmacy/Prescription Assistance

Mental Health Care (i.e. medication management, individual therapy, group therapy)

Addiction Treatment (inpatient or outpatient)

Alternative Care (i.e. Physical Therapy, Chiropractic Care, Occupational Therapy)

N/A

Other: _____

22. I am currently experiencing the following barriers to accessing health care services in Wichita:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Cost/Without Insurance	1	2	3	4	5
Cost/With Insurance	1	2	3	4	5
Transportation	1	2	3	4	5
Taking time off from work	1	2	3	4	5
Finding Childcare	1	2	3	4	5
Availability of LGBTQ+ Competent Providers	1	2	3	4	5
Anti LGBTQ+ Bias	1	2	3	4	5
Ethnicity/Racial Discrimination	1	2	3	4	5

23. Please list any other barriers that were not previously mentioned (cost, transportation, time off from work, childcare, LGBTQ/Racial discrimination).

N/A

Open ended text box please: _____

24. How accessible the following LGBTQ+ friendly providers for you in Wichita area:

Type of Provider	I have not used this health services	I am not aware about these providers	Extremely inaccessible	Somewhat inaccessible	Neither accessible nor inaccessible	Somewhat accessible	Extremely accessible
Primary Care Physician							
Surgeon							
Surgeon competent in transitioning surgeries							
Mental Health Clinicians competent in gender transition specific needs							
Physical Health Physician competent in gender transition specific needs							
Emergency Medicine							
OBGYN							
STI Testing/Treatment							
Dental Care							
Vision Care							

Specialist (i.e. podiatrist, rheumatologist, gastrologist)							
Pharmacy/Prescription Assistance							
Mental Health Care (i.e. medication management, individual therapy, group therapy)							
Addiction Treatment (inpatient or outpatient)							
Alternative Care (i.e. Physical Therapy, Chiropractic Care, Occupational Therapy)							
Other: _____ -							

25. During the last 12 months, have you received preventative care from your health care provider (i.e. pap smear, prostate exam, breast exam, blood work, physical)?

Yes [Skip logic to #27]

No [Skip logic to #26]

Not sure [Skip logic to #27]

26. If you did not receive preventative health care, why? Check all that apply:

I couldn't afford it.

I didn't feel comfortable going to my doctor due to my LGBTQ+ status.

My insurance will not cover services due to gender identity (i.e. I am a transwoman and my insurance will not cover a prostate exam for women)

Other: _____

Identifying Inclusive and Affirming Health Care

27. I feel that my current health care providers are prepared in discussing LGBTQ+ health concerns that are important to me.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

28. I feel like my providers' office or clinic is a safe space.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

29. I feel respected by health care professionals (providers, nurses, office staff, etc.) regarding the following areas:

	I haven't felt comfortable telling my providers	I have to correct every time or I have stopped trying to correct	I correct providers frequently	I rarely need to correct providers	I do not have to correct providers after telling them once
Gender Identity	1	2	3	4	5
Sexual Orientation	1	2	3	4	5
My Name and Pronouns	1	2	3	4	5
Romantic Partners/Family Dynamic	1	2	3	4	5

30. In your experience when LGBTQ+ youth under 18 years old (whether it was you or someone you know) navigate their own healthcare, to what extent the healthcare decision-making is shared between a youth and parent(s)/caregiver(s)?

	Never	Seldom	From time to time	Often	Always	I do not know
Parent/caregiver solely make(s) those decisions						
Parent/Caregiver(s) consulting with a child regarding their wishes in health care but ultimately, parents/caregivers make final decision based on this consultation						
Child takes part in all decision-making regarding her/his/their health and I take their opinion						

seriously. Sometimes their opinion can overweight their parents'/caregivers' opinions.						
Child initiates health help-seeking with their parents and make the majority of the decisions about their health.						

31. What factors impact the extent to which LGBTQ+ youth younger than 18 can share decision-making about health care?

32. Do you know of inclusive and affirming health care providers in your area?

Yes [Skip Logic to #32]

No [Skip Logic to #34]

33. How did you hear of inclusive and affirming health care providers?

Open ended text box please _____

34. If you have experienced an inclusive and affirming health care provider, please share what made the health care provider(s) inclusive and affirming:

Open ended text box please: _____

35. If you have had negative experience(s) with a health care provider, please share:

Open ended text box please _____

36. Please use this space to add any other comments you feel were not covered in this questionnaire regarding your health care treatment as an LGBTQ+ individual.

Open ended text box please: _____

Appendix 2. Sample Focus Group/ Interview Protocol

If it is OK with you, we will turn on the recorder and start now. Wellness and healthcare needs within the LGBTQ+ community is garnering growing attention among practitioners and within the research community. We are particularly interested in identifying any gaps within the healthcare system. Your contributions to our discussion today will help us better understand issues of awareness, accessibility, and utilization in this field. Let's start with some introductions. Please tell us your first name, which city are you from, if you are comfortable state your pronouns you identify with, and why it is important for you to participate in this focus group.

LGBTQ+ COMMUNITY

Main Questions:

Tell us about your personal experiences with healthcare services.

Probes: Where did you access those services? Tell us about your last healthcare experience? How did you feel? How were you treated? Did you receive what you needed? How did you perceive the provider's competence, knowledge, and sensitivity?

How do you know what health-related services are available in the community?

Probes: How did you become aware of the services? Family? Friends? School? Social Media? Online forum? Therapy programs? Doctors recommendation?

What are the barriers you have faced when accessing healthcare services?

Probes: Think about atmosphere, rules and guidelines; how people treat you; your own emotions; cost; location, provider's knowledge and sensitivity. What factors do you think restrict your access?

When utilizing health care services what was helpful?

Probes: What worked well? What services have you utilized? Therapy, community programs, hospitalization? Think about atmosphere, rules and guidelines; how people treat you; your own emotions; cost; location, provider's knowledge and sensitivity. What factors do you think help you utilize health services?

When utilizing health care services what has been unhelpful?

Probes: Talk about what has been frustrating. Think about atmosphere, rules and guidelines; how people treat you; your own emotions; cost; location, provider's knowledge and sensitivity. What factors get in the way of utilizing health services?

Imagine you have everything you want and need in a healthcare system near you. What does that look like?

Probes: provider's knowledge, sensitivity of medical staff, mental health, physical health, culture, atmosphere, policies and procedures

Conclusion/ Wrap up

Thank you for taking time for this conversation. Before we finish, are there any final comments that you would like to make? Anything else that you would like to share that we might not have covered that might be relevant?

This ends our focus group. If you have any questions or think of something that you would like to share with us, please call or email Dr. Dasha Shamrova (dasha.shamrova@wichita.edu) Thank you again!