

Addressing LGBTQ+ Adolescent Health Equity in School-Based Health Centers: Staff Readiness and Student Perception of Care

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SBHCs HELP
School-Based Health Centers
Addressing Health Equity
for LGBTQ+ Patients

Background

- School-based health centers (SBHCs) are an essential resource for behavioral, sexual, and reproductive healthcare.
- Sexual and gender diverse (SGD) students experience greater rates of adverse health outcomes than their cisgender and heterosexual peers.
- Implementation of evidence-based clinical practice recommendations for LGBTQ+ adolescent health in SBHCs can aid in SGD students accessing healthcare and achieving improved health outcomes.

Method

- Survey data pulled from an R01 stepped-wedge implementation trial (R01NR021019) with 25 SBHCs across New Mexico were explored to better understand factors associated with guideline implementation.
- Participating staff (n=40) were mostly medical (33%) or behavioral health providers (33%), female (90%), white (80%), Hispanic or Latinx (55%), cisgender (100%) and heterosexual (80%).
- Participating students (n=298) were mostly Hispanic/Latinx (75.7%) and 16 or older (71.5%). One fourth of students identified as LGBTQ+ (26.4%).
- Staff surveys included the CDC's Supportive Attitudes & Practices Measures, the Lesbian, Gay, Bisexual, & Transgender Development of Clinical Skills Scale (LGBT-DOCSS), the Implementation Climate Scale (ICS), and Organizational Readiness for Change Assessment (ORCA)
- Student surveys included items from the Youth Experience of Care Scale, the Youth Health Engagement Scale, and Youth SBHC Involvement Scale.
- Repeated-measures analysis of variance (ANOVA) with within-subjects deviation contrasts tested between-dimension differences in readiness.
- Independent sample t-test were conducted to compare SGM student and non-SGM student satisfaction with SBHCs.

Clinical Practice Recommendations for LGBTQ+ Adolescent Health

Rec 1. Create a welcoming physical environment.

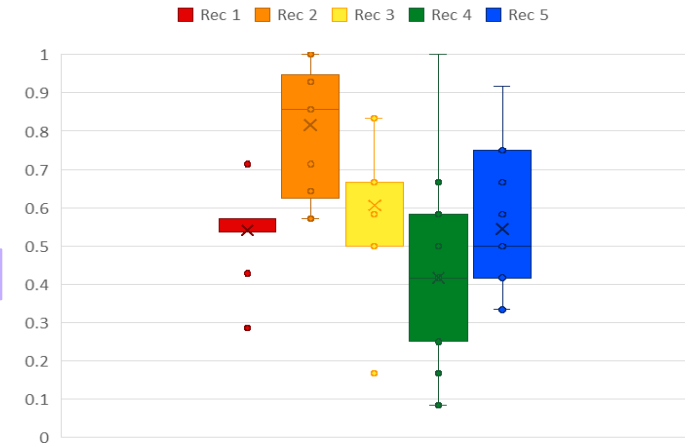
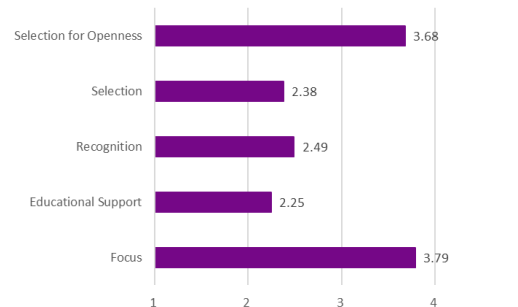
Rec 2. Adopt and enforce affirmative policies and procedures.

Rec 3. Document sexual orientation and gender identity information.

Rec 4. Provide ongoing training for all employees in LGBTQ+ cultural competency, including use of supportive language.

Rec 5. Initiate workforce development to encourage delivery of high-quality services for LGBTQ+ patients.

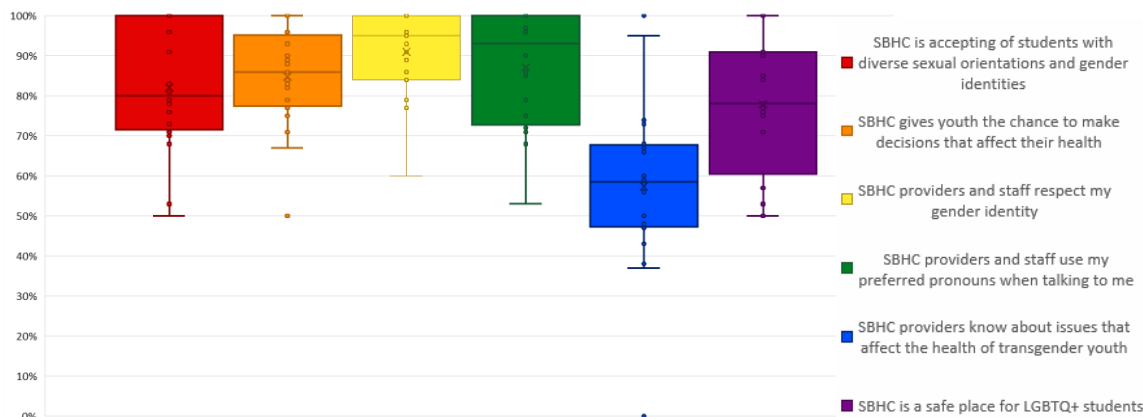
Implementation Climate Scale



Results

- Results from repeated-measures ANOVAs suggest significant between-dimension differences in ORCA ($F(5,325)=27.2, p<.001$), ICS ($F(4,260)=75.2, p<.001$), & LGBT-DOCSS ($F(2,134)=46.3, p<.001$)
- Resources was significantly lower than all other ORCA dimensions, Focus was significantly greater than all other ICS dimensions, and Attitudes were significantly greater than other LGBT-DOCSS dimensions.
- Results suggest between-SBHC differences in Overall ICS ($F(19,46)=2.2, p=.014$), ICS Recognition ($F(19,46)=2.4, p=.007$) ORCA Leadership ($F(19,46)=1.9, p=.039$), and ORCA Resources ($F(19,46)=2.52, p=.005$).
- Baseline results show overall high student satisfaction with the SBHC ($M=9.03, SD=1.54$), but SGD students reported significantly lower overall satisfaction ($M=8.65, SD=2.05$) than non-SGM students ($M=9.17, SD=1.28$) ($t(299)=2.67, p=.008$).

Youth Experience of Care: Percentage of Students who Agree/Strongly Agree



Discussion

- SBHC staff differ in readiness to implement recommendations for SGD students.
- Baseline findings for staff attitudes towards SGD students are favorable, but staff lack knowledge, educational support, resources for SGD student care.
- Baseline findings for student satisfaction show overall high satisfaction with SBHCs, but improvements could be made to increase SGD student satisfaction.
- SBHCs will receive data feedback reports, and coaching, to guide efforts toward the successful implementation of structural competency guidelines for SGD students.
- Future analysis should consider impacts of sociopolitical climate on the successful implementation of guidelines over time.

