



Advancing Care for Sexual & Gender Minority Students in Oregon School Health Centers: A Needs Assessment

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Background

Adolescence is the period between childhood and adulthood, sometimes defined as ages 10-19.

In the United States, an estimated 9.5% of adolescents, more than 2.5 million people, identify as lesbian, gay, bisexual, or transgender (LGBT).

The umbrella term sexual and gender minority (SGM) encompasses LGBT identities as well as other sexual and gender minorities, such as queer, gender nonbinary, gender nonconforming, pansexual, asexual, and intersex, among others.



Problem Description

SGM adolescents frequently experience significantly worse health outcomes than their heterosexual and cisgender peers.

These health disparities are rooted in systemic stigmatization, discrimination, and victimization across settings, including within healthcare. They are made worse by limited access to equitable health services.

Compared to their heterosexual peers, sexual minority students are more likely to have:

BEEN BULLIED AT SCHOOL

- 33% LGB students
- 24% unsure
- 16% heterosexual
- 36% have same sex
- 19% only opposite sex

BEEN FORCED TO HAVE SEX

- 22% LGB students
- 13% unsure
- 5% heterosexual
- 30% have same sex
- 10% only opposite sex

SERIOUSLY CONSIDERED SUICIDE

- 48% LGB students
- 32% unsure
- 13% heterosexual
- 45% have same sex
- 19% only opposite sex

USED ILLICIT DRUGS

- 23% LGB students
- 27% unsure
- 12% heterosexual
- 36% have same sex
- 19% only opposite sex

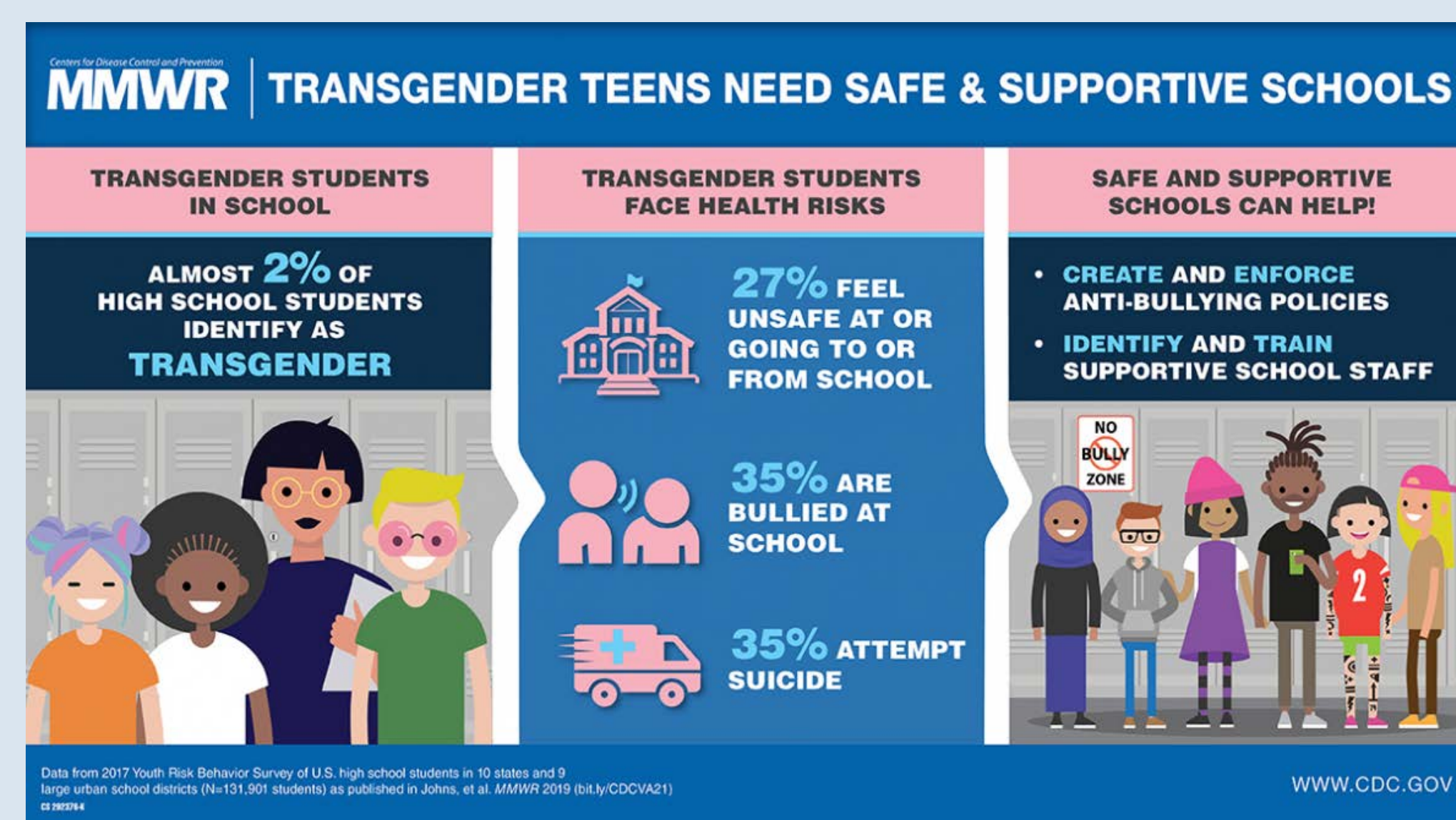
MISUSED PRESCRIPTION OPIOIDS

- 24% LGB students
- 18% unsure
- 13% heterosexual
- 35% have same sex
- 20% only opposite sex

FELT SAD OR HOPELESS

- 63% LGB students
- 46% unsure
- 28% heterosexual
- 64% have same sex
- 35% only opposite sex

Retrieved from: <https://www.cdc.gov/healthyyouth/disparities/health-disparities-among-lgbtyouth.htm>



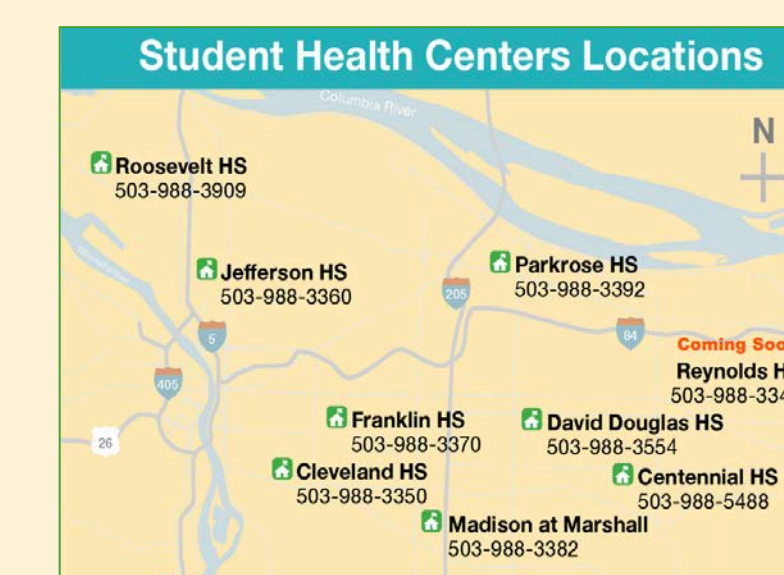
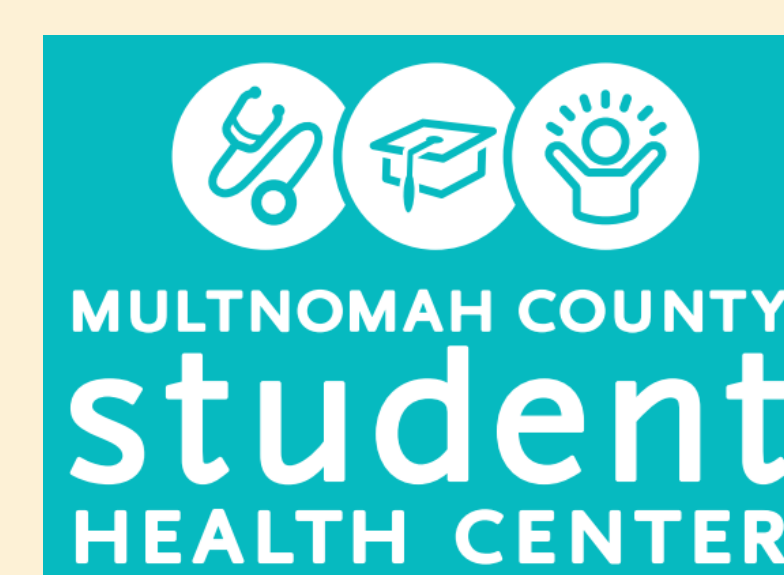
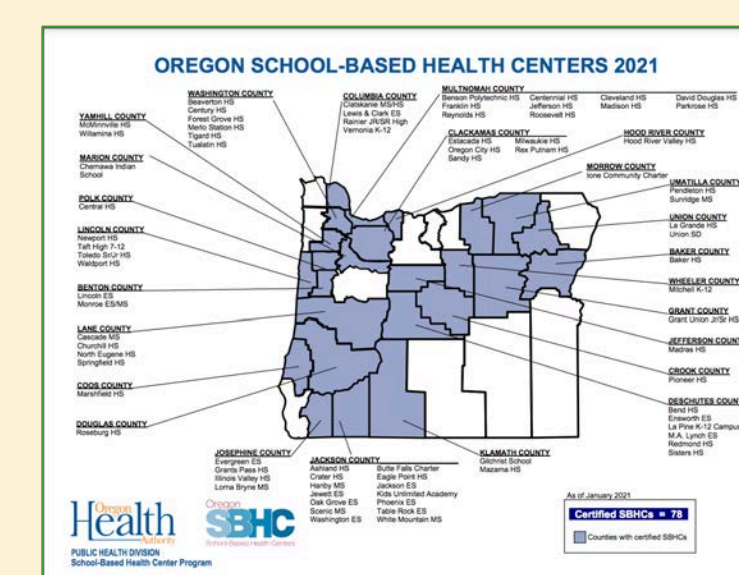
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School Health Centers

School Health Centers (SHCs), sometimes called Student Health Centers, are community resources that provide health services in close proximity to a school.

SHCs have many benefits including:

- Increasing health equity by reducing cultural, familial, language, and financial barriers to care
- Decreasing health care costs among their users, including emergency department visits and prescription drug use
- Improving student academic and health outcomes



Retrieved from: <https://sharedsystems.ohsu.edu/or/OHSUForms/Service/fe8026.pdf>

Specific Aims

1. Assess the knowledge, attitudes and beliefs, behaviors, and recommendations of clinic personnel within Multnomah County SHCs regarding care of SGM patients
2. Analyze collected data to identify areas for improvement that may guide interventions or future research

Methods

All Multnomah County SHC clinic personnel were asked to participate in a voluntary, anonymous, and web-based survey.

Participant protections included:

- Anonymity of the survey
- Secure storage of survey responses
- Mandatory informed consent for all participants
- Oversight from OHSU's Institutional Review Board and the Multnomah County Health Department's Research Review Team

Consent for participation:
I have read the description of the study, agree to the terms as described, and would like to participate in the survey.

If Yes is selected, the survey will begin.
If No is selected, the survey will end.

Yes ☐ No ☐

Survey Instrument

The survey aimed to assess the knowledge, attitudes and beliefs, behaviors, and recommendations of respondents through dichotomous, multiple-choice, Likert scale, and open-ended questions.

An individual who was assigned male at birth and currently identifies as a man is termed a

Heterosexual man ☐

Homosexual man ☐

Cisgender man ☐

Transgender man ☐

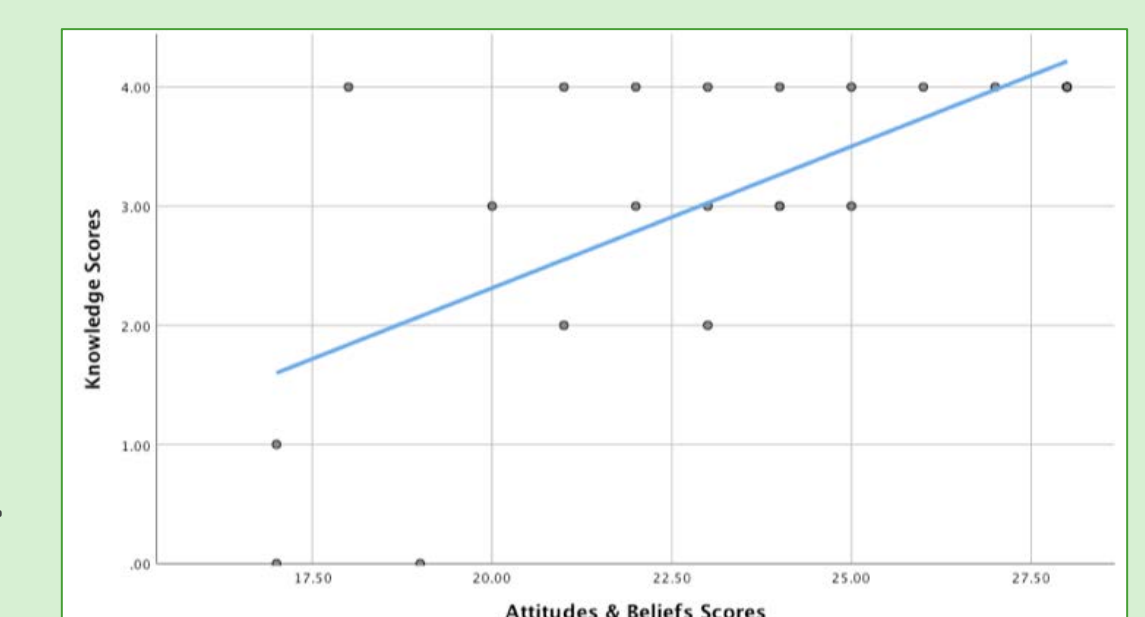
Done

To what extent do you agree or disagree with the following statements?

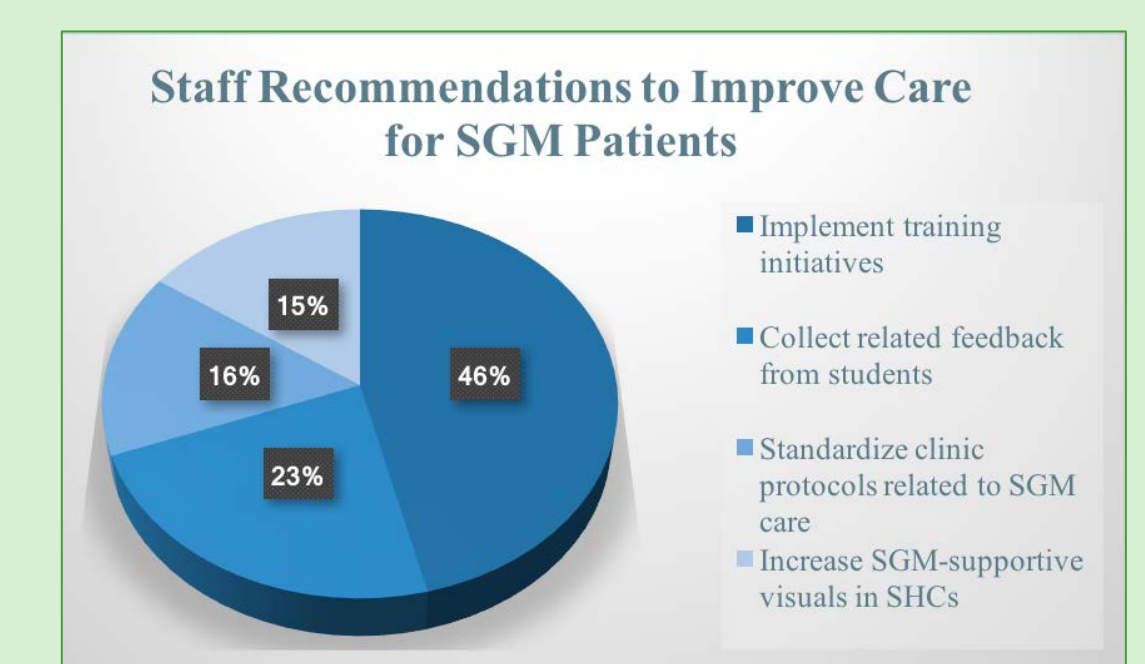
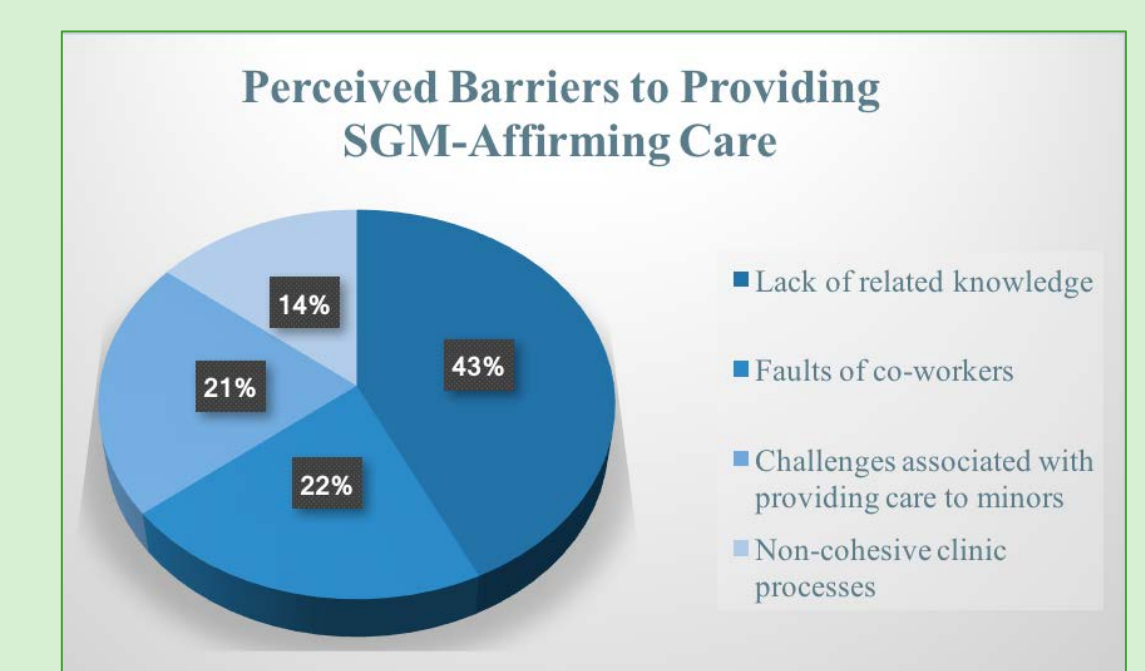
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
The questions that I just answered in the "knowledge section" were hard for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The terminology used to describe sexual and/or gender minority individuals is confusing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual and/or gender minority patients are confused about who they really are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid conversations with transgender or other gender minority patients because I worry that I will say the wrong thing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When a patient discloses to me that they identify as a sexual and/or gender minority that uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Results

Findings suggest that persons with higher SGM knowledge are more likely to have SGM-supportive attitudes and beliefs. This relationship is well-established in the literature and strengthens support for conducting educational initiatives to benefit SGM patients.



The most frequently reported barrier to providing SGM-affirming care was a lack of related knowledge. The most reported recommendation for improving SGM patient care was to implement a training initiative.



Recommendations

- Initiate training programs to increase the SGM-related knowledge of Multnomah County SHC clinic personnel and to support the delivery of SGM-affirming care
- Conduct additional large-sample, multi-site, randomized investigations, including the collection of feedback from SGM patients