

Improving Access to Preventive Care for LGBT People in Rural Upstate New York

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Abstract

Background and Purpose: Rural Lesbian, Gay, Bisexual, Transgender, and other sexual and gender minority (LGBTQ+) people experience stigmatization, marginalization, health disparities, and unique care barriers. This study evaluated health and healthcare access to address these inequities in the North Country, New York State.

Methods: Partnering with local organizations, a 127-item internet survey was developed evaluating health, care access, stigma, and resources. Online and venue recruitment were used. Responses were compared across gender and sexual orientation using Pearson's chi-square, Kruskal-Wallis H, Mann-Whitney U, and regression. A pilot provider educational initiative used the Extension for Community Health Outcomes (ECHO) model. The LGBT Development of Clinical Skills Scale (LGBT-DOCSS) evaluated providers' knowledge, attitudes, and preparedness.

Results: 242 survey responses were analyzed. 82% had primary care providers. Compared to cisgender men, transgender and gender expansive (TGE) respondents (n = 84) reported more difficulty affording care (AOR = 2.55, 95% CI [1.26, 5.13], p = 0.009), everyday discrimination (U = 1321, p < 0.001) and mental health problems (AOR = 2.38, 95% CI [1.14, 4.97], p = 0.02). Younger respondents reported more mental health problems (AOR per 1-year increase = 0.96, 95% CI [0.94, 0.98], p < 0.001). 22% of HIV-negative respondents with recent condomless sex (n=87) never had an HIV test. Two pilot ECHO sessions included 4 and 6 attendees. Mean initial LGBT-DOCSS scores of 82.5 increased by 9 points (n=2).

Conclusion: LGBTQ+ respondents experience significant disparities in care access and health outcomes, particularly TGE respondents. Project ECHO participants showed clinically meaningful increased LGBTQ+ knowledge, attitudes, and preparedness.

Implications: More provider LGBTQ+ education and integration of mental health into primary care may improve local LGBTQ+ healthcare access and outcomes. Project ECHO may improve provider education, but other modalities may increase participation.

Keywords: LGBTQ; Rural Health; Health Inequities; Health Disparities; Minority Health; New York; HIV; STD