

Assessing Community Response and Uptake to LGBTQ2SIA+ Focused Primary Care: If We Build It Will They Come

In the past several years, the Lesbian, Gay Transgender, Queer, 2 Spirit, Intersex, Asexual + (LGBTQ2SIA+) community has been under immense scrutiny and the target of many anti-transgender laws in the United States. Iowa is one of the states that are working to impose some of the strictest laws restricting transgender and gender-affirming care. For this reason, The Project of the Quad Cities (TPQC) is looking to build upon its current sexual health offerings and look to ensure the ability to grow and evolve alongside the transgender and gender diverse (TGD)¹ community they serve. They hope to do this by understanding the community's interest and potential use of dedicated primary care services provided by educated and culturally competent healthcare professionals.

Background

In 1986, local advocates and organizations assembled in a motel room to create The AIDS Project of the Quad Cities (APQC) (The Project of the Quad Cities Strategic Plan, 2023). Since then, TPQC has served people living with HIV and has expanded its services to include a sexual health clinic, behavioral health, mobile outreach testing, case management, and harm reduction measures. In the summer of 2022, TPQC hired a consulting firm to explore priorities they could incorporate into their strategic plan for the next three years. This project's genesis was based on the organization's plan to examine the future capacity for combining HIV and TGD primary care services (The Project of the Quad Cities Strategic Plan, 2023).

Currently, one nurse practitioner offers TGD primary care one day per week. This project aims to gauge the local TGD community's interest in expanding primary care at TPQC if offered every weekday instead of only once weekly. Essentially, we want to know: If TPQC builds it, will patients seek primary care at their Moline, IL clinic?

Findings

To answer our primary question, "If TPQC builds it, will patients seek out TGD-affirming primary care at their Moline, IL clinic?" we enlisted both primary and secondary research methods, which included stakeholder interviews, literature review, census data analysis, clinic historical and financial data, and review of previously completed surveys provided by TPQC. Early in our research we found data that indicated a clear need and desire for TGD-affirming care at the Moline clinic; thus, a more in-depth assessment of potential patients' needs and wants was the

¹The World Professional Association for Transgender Health (WPATH) has introduced the term transgender and gender diverse (TGD) to encompass the variations of gender identity that exists within the LGBTQIA2S+ community to not pathologize individuals and will be used throughout the entirety of this document.

next step in developing expanded service delivery at the clinic. A review of the literature reinforced that enhanced survey engagement is necessary to gather better, more precise needs assessment data.

Assimilating both the primary and secondary research, three themes emerged: there is clear patient need and desire for competent TGD-affirming medical care, globally and locally; services need to address TGD health issues AND address social determinants of health; engagement of TGD survey participants should be culturally sensitive and consider privacy, be respectful, and offer compensation for time and expertise of the respondents.

Recommendations

TPQC's efforts to serve TGD individuals in the Quad Cities have been lengthy, with many changes and shifts in priorities. Their efforts to expand services to include culturally competent and safe care for TGD individuals in the area are ever more necessary.

We recommend a tiered approach to surveying and gathering information from the community. This would include presenting a basic survey at tabling events such as Pride, an expanded version of the basic survey to collect more detailed information and focus groups to gather more personal information on healthcare experiences the TGD community has had. To ensure access for most individuals in the region, all survey materials should be available in English, Spanish, and French and read at a third-grade reading level.

Next Steps

After gathering data through the various assessment tools, we recommend analyzing the data; engaging with community stakeholders such as advocacy groups and local businesses; creating a program framework for the gender-diverse primary care clinic that includes medical, psychological, and social care; educating clinic staff by integrating training on TGD health issues in the onboarding process for new employees; creating a welcoming environment for everyone to feel safe and valued; and collaborating with research institutions to generate patient-centered research. These recommendations will help inform TPQC leaders and the Board about potentially expanding TGD-centered primary care.

Conclusion

In summary, TPQC seeks to ensure its ability to grow and evolve alongside the TGD community it serves. Culturally competent healthcare providers can create a safe space for primary and mental health care for this community. We believe that if TPQC follows our recommendations and next steps, it will be able to determine whether providing primary care to its community daily will meet its needs.

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