

A close-up photograph of a woman's face, focusing on her eyes and smile. She has blue eyes and is smiling, showing her teeth. The background is blurred. Overlaid on the image is the text "UNDERSERVED AND DESERVING OF BETTER" in a bold, red, sans-serif font. The text is arranged in four lines: "UNDERSERVED", "AND", "DESERVING", and "OF BETTER". Each line of text is set against a semi-transparent white rectangular background.

**UNDERSERVED
AND
DESERVING
OF BETTER**

BY LAURA BRADDICK

Susan waits anxiously for the nurse practitioner to enter the exam room. She nervously bites her nails, trying to forget the embarrassing moment in the waiting room when the receptionist called out the name on her driver's license, John, and the confused expression the nurse gave her as she stood up and quietly said, "That's me."

The door swings open to a brief flash of that same confused look on the face of a man in a white lab coat before the door abruptly shuts again. She hears hurried whispers outside the door. A minute later, he returns. "I'm sorry," he says, looking away. "I thought I had the wrong room."

The nurse practitioner checks her heart rate, but his touch is hesitant. He asks few questions and takes even fewer notes. When he stands to leave, she holds back her questions about cancer screenings and hormone therapy, wanting the encounter to be over as soon as possible.

As Susan leaves the clinic, the receptionist asks her if she'd like to schedule her next appointment. She shakes her head briskly before heading out the door.



Providing care **reflective** of the patient

For lesbian, gay, transgender and gender non-conforming patients, a scenario like this is all too common. Patients from vulnerable and underserved populations not only face discrimination and stigma but also other social and environmental barriers to accessing quality care that are complex and interconnected.

“You can’t always expect people to be a hundred percent adherent to their medications when they might not be able to get food today, or they may not have steady employment or housing, or cannot miss work, or if they do, that means less income they’ll have,” said Assistant Professor Erin Athey.

Assistant Professor Dana Hines explained that these negative experiences cascade into health consequences.

“If you are a trans man and you don’t feel safe accessing health care or you’re being turned away because your provider isn’t comfortable checking you, or you’re outed in the waiting room and leave before your appointment, or you’re afraid to go back, then you’re not getting your routine screenings. If you develop cervical cancer or breast cancer, you can see how it would easily go missed,” she said.

These complex problems require strategic, multifaceted approaches. GW Nursing faculty are combating these challenges in their clinical work, research, teaching and community service. Through outreach, advocacy and education, professors and providers are leading the charge for better patient-centered care for diverse and vulnerable populations.

“Many populations don’t have the same ability to access or create the environment to achieve optimal health,” Assistant Professor Rhonda Schwindt said. “Our responsibility [as health care professionals]

is to help provide that so they have the ability to have the same quality of life that everyone else does.

IN PRACTICE

Patient-centered care in clinical settings comes down to creating a welcoming, inclusive and safe environment.

Dr. Athey treats adults and youths living with HIV at United Medical Center’s infectious disease clinic in Southeast Washington, D.C., a community that has been disproportionately affected by the HIV/AIDS epidemic. She said she listens more than she talks when it comes to helping patients in this underserved community.

“Taking the time to establish that relationship and bring them back as often as you can builds that rapport with them,” she said. “Now that I’ve been in the community for a while, those relationships are the most important thing because there’s trust. When people trust you over time, you can start to help improve their health. They start realizing I’m here to support them.”

“Building trust and respect with lesbian, gay, bisexual, transgender, gender non-conforming, queer and/or questioning (LGBTQ) patients starts with inclusivity,” said Professor Kimberly Acquaviva. “LGBTQ-inclusive care is treating patients in a manner that respects and acknowledges LGBTQ identities and experiences without requiring patients to disclose those identities,” she said. Simply asking a patient which pronouns they prefer to describe themselves at the beginning of each visit can go a long way in building respect.

“It’s things that seem so small but can make a huge difference,” she said. “Like having a two-step sex and gender question on patient

forms or using a patient’s preferred name in mailings so as not to accidentally ‘out’ them as transgender.”

In addition to inclusive care, delivering quality and effective care for transgender individuals means practicing gender-affirming care, said Dr. Hines. For example, a trans person with male genitals who takes hormones and has breasts should have a breast exam as well as testicular and prostate cancer screenings.

“There could be health consequences like cancer that aren’t being checked that could potentially lead to other health care problems,” Dr. Hines said. “I think the problem is a lack of knowledge [among health care providers]. We have to do a better job of educating people early on in their academic careers so they will be prepared for caring for people they encounter in clinical situations.”

OUTREACH AND ADVOCACY

Outside of the clinic, innovative patient outreach, engagement and assistance programs offer tremendous opportunity.

Dr. Athey is developing a program to train barbers in low-income neighborhoods to talk about mental health with their clients.

“We’re trying to de-stigmatize mental illness to make it more acceptable to talk about and then give [the barbers] training so they can help connect people to access resources in the community.”

With help from a National Center for Civic Engagement grant, Dr. Hines is developing a peer navigator program for transgender patients seeking care in D.C.

“One of the main findings from a needs assessment was that trans people in particular have negative health care encounters throughout D.C.,” she said. “It’s widespread even at places that consider themselves to be LGBTQ-friendly.”

With the peer navigator program, Dr. Hines said volunteers will be trained to accompany transgender patients to appointments for support and to ensure the patients’ needs and concerns are met. Providers also can contact the program to learn about trans health if they aren’t knowledgeable.

“A peer navigator would be available to accompany trans people to their scheduled

health care appointments, so that they can be an advocate for them to ensure they wouldn't be discriminated against."

Establishing these types of programs is impossible without connections to the community.

"The only way that I'm able to successfully do the work that I do is to develop strong relationships with the community," she said. "And that means for me, being committed to the community beyond my own research goal. So, if they need to sit on a panel, or they need a volunteer to help out with an event or help out with writing the grant, those are things that I do as service back to that community."

EDUCATING OTHERS

Medicine and nursing are trying to play catch-up when it comes to awareness of LGBTQ health issues, said Dr. Hines. Sharing findings and best practices through research, conferences and creative channels are helping to close that knowledge gap.

Dr. Acquaviva is a longtime advocate and researcher for LGBTQ-inclusive care. In addition to presenting at conferences across the country for educators and practitioners, she interviews a broad spectrum of patients and providers on her podcast, "em-dash", to give them a platform for sharing their experiences and perspectives. She has interviewed individuals with spinal cord injuries, people with autism, practitioners of BDSM (bondage/discipline/sadism/masochism), and members of the LGBTQ communities, among others.

"Most of our students and faculty may not have a chance to interact with people from these groups," she said. "It can be helpful to students because these individuals are going to be their patients someday."

Concepts such as inclusive care, social determinants of health and treating diverse populations are now being integrated into GW's nursing programs.

In her evidence-based research graduate course, Dr. Hines assigns articles and uses examples from her research to introduce students to topics surrounding transgendered individuals. Diverse patient profiles have been added to simulations, and the psychiatric mental health nurse practitioner options include a course specific to caring for vulnerable populations.

"In this course, we focus on the social determinants of health and how they impact the psychological and the mental health well-being of marginalized and vulnerable populations," Dr. Schwindt said. "Throughout the entire psychiatric-mental health nurse practitioner curriculum, our goal is to teach students about health equity and the role of the advanced practice provider in caring and advocating for underserved and marginalized populations."

GW Nursing faculty members have said introducing students to these concepts early on is critical to changing the landscape.

"Education is going to be most effective if it's introduced at the stage when people are actually first learning [the professions]," Dr. Hines said. [GW](#)



US HELPING US, PEOPLE INTO LIVING—A COMMUNITY BASED AGENCY LOCATED IN PETWORTH, D.C.—OFFERS HIV TESTING AND LINKAGE TO HIV CARE.



IT'S A RIGHT

Care Behind Bars

Arrestees have rights even behind bars, including access to medical care. In fact, they're the only population in the U.S. with a constitutional right to health care.

The Eighth Amendment, which bars cruel and unusual punishment, entitles inmates to treatment for emergency and chronic conditions as well as annual checkups and tests.

"When a person is arrested and incarcerated, their freedom is forsaken, but their health care needs are not," said Mildred Ogé, a student in the MSN in Nursing Leadership and Management program.

As an associate chief nursing officer for Jackson Health System, Ms. Ogé knows this firsthand. She supervises nursing staff who serve the inmates at the Metro West Detention Center in Miami—a facility with more than 7,000 inmates and the eighth largest jail by population in the United States.

"Our primary goal is to give premier correctional health care. In order to do so, we look at ourselves with a critical eye to see where our opportunities lie," she said. "Our organization incorporates best practices, performs self-audits and involves the frontline staff, so they can see where improvements are needed and engage in the implementation to facilitate better outcomes."

Her role is not only to oversee care for inmates but to ensure their constitutionally protected right to receive care is upheld. "Every arrestee receives a handbook of their rights, responsibilities and the rules; this includes the process for receiving medical care," Ms. Ogé said.

"They're in jail. We get it. They are limited, but that doesn't mean that their right to health care is negated," she said. "I came into this profession to give attention to those who need it and do it to the best of my ability, regardless of whether they are in a hospital bed or in a jail cell. I give care to help others, bottom line." [GW](#)