

Albert Schweitzer Fellowship

Detroit Chapter

Project Description Form

Fellow Name: Lindsay Toman

Program Name: “LGBTQ and You: Overcoming Health Barriers through Education and Affirmation”

Project Site/ Agency: Health Emergency Lifeline Program (HELP, Corktown Health Center)

Fellowship Project Description: The aim of this project is to address the lack of education that healthcare employees and medical students receive pertaining to the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. This community service project will work towards improving the relationship between medical professionals and the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. This lack of curriculum availability and training creates medical providers who may feel uncomfortable treating LGBTQ individuals and patients. This project aims to provide medical students and healthcare employees, with the information needed to make Detroit a healthy environment for the LGBTQ community. Throughout the year, I was able to present at the following institutions, in addition to various informal presentations connected to focus groups:

Michigan State University Medical School, East Lansing Campus

Michigan State University Medical School, Detroit Campus

Wayne State University Pre-Med Students, Spring 2017

Wayne State University Pre-Med Students, Fall 2018

Wayne State University Psychology Dept: Diversity Lecture Series, Fall 2018

Corktown Healthcare Center

Children’s Hospital of Pediatric and Adolescent Michigan Clinic (DMC)

The Society of the Study of Social Problems Annual Conference

Sociology of Development Conference

Population served by project: Research shows that LGBTQ people reported feeling

underserved and unhappy with their doctors (McWayne et al., 2010). This sentiment could reflect the fact that an average of only 3.5 hours was devoted to LGBTQ health-related topics over a four-year period in medical schools throughout the United States (Wallick and Cambre 1992). Furthermore, there have been only two medical school curriculums created that pertain specifically to LGBTQ health disparities over the past decade (Kelley et al., 2008). Of the LGBTQ content that is taught in medical schools, little to no information about the transgender community exists (Obedin-Maliver et al. 2011). Also, less than 20% of healthcare providers give medical information to LGBTQ patients related to their sexual behaviors (Labi and Peterson 2006). Consequently, physicians are ill-prepared to provide appropriate healthcare to their LGBTQ patients. As a result, LGBTQ patients are not only neglected, but also experience harassment and abuse from medical professionals (Lambda Legal 2010). Research by Lambda Legal, which is a non-profit organization that advocates for the LGBTQ community, shows 20.9% of the transgender participants surveyed had experienced harsh language by their doctors, and 7.8% of them experienced rough or abusive treatment (Lambda Legal 2010). Furthermore, 90% of the transgender individuals surveyed felt that medical personnel are not appropriately trained to meet their needs. A medical office or examination room that condones discrimination or one that is not adequately trained to address the healthcare of LGBTQ individuals can be detrimental to their patient's health (Frost and Meyer 2002; Morrison and Dinkel 2012).

The various groups that create the LGBTQ community have health risks that are unique to their specific groups. Some of these risks include, but are not limited to; lesbians are at higher risk of dealing with obesity, breast cancer, and polycystic ovarian syndrome, than heterosexual women (Durso and Meyer 2012); gay and bisexual men are at a greater risk of developing anal cancer in comparison to heterosexual men (McWayne et al., 2010). Bisexual women are more likely to smoke cigarettes, binge drink, report more depressive symptoms, and are less likely to have health-insurance (Fredriksen- Goldsen et al., 2011). Although understudied, the group that experiences some of the most significant health disparities is the transgender community (Clements-Nolle, Marx, Guzman 2001). Transgender women make up the most highly impacted group in the human immunodeficiency virus (HIV) epidemic to date (Sevelius et al., 2013).

Evaluation Plan: I created a survey that people filled out after they completed the trainings. The questions asked them to rate the trainings, as well as include open-ended questions. The open-ended questions provided the participants with the opportunity to comment on what was successful or not-successful about the training. I have begun to make changes to the trainings related to the surveys and feedback that I have received thus far.

Sustainability: I have recruited a medical student who wants to work on the project and

continue to develop and facilitate trainings. We have both decided to partner on this project and create a series of trainings that are LGBTQ affiliated and that can work as trainings for practicing physicians and medical students. As of right now, I will continue to lead this “LGBTQ and You: Overcoming Healthcare Barriers through Education and Affirmation.” I have three institutions that have requested us to present in the 2018 academic year.

Reflection

I entered this fellowship thinking that I was going to create a program that hopefully addressed some of the various health disparities listed above. However, I leave this program with a new sense of awareness and confidence. The guest speakers throughout the year have been nothing short of inspiring. Every guest added so much to our program, whether they shared their personal stories or brought social issues to our attention that need help. I think their guidance has given me the confidence needed to continue working with and for the marginalized communities that continue to be oppressed to this day.

My training, “LGBTQ and You,” has been an amazing and eye-opening experience. I have met so many wonderful people and have learned so much about healthcare. I have been fulfilled with stories of hope by members of the audience who seek me out after the training to tell me that they appreciate what I am working for. I have been deeply saddened by some of the stories that have been shared during focus groups. However, I can honestly say that I have loved facilitating these trainings over the past year because I love educating and advocating. I have been able to marry two of my greatest passions through the Albert Schweitzer Fellowship.

Lastly, I really, really enjoyed getting to know the other individuals involved in this fellowship throughout our year. Dennis, Brianne, Johnathan and Maliha have been inspiring people to work with. Every single one of them are so positive and full of the same excitement that I feel when we are able to talk about the passion we all share: serving others. I feel grateful and lucky to have been able to meet all of them in my life and know that they are all going to be successful people who continue to push the limits and show the rest of the world what equality, compassion, and love truly looks like.

Impact Statement

LGBTQ+ You

“They treated you like the plague. If you were gay you could hear the people around you talking. I never went to that hospital again, I don’t care how sick I got.” While this specific statement was vocalized by one individual, this sentiment reflects a social problem that many people face and must be addressed. The treatment of LGBTQ+ individuals within the healthcare system must be reformed and physicians need be educated about the unique health disparities that continue to harm the LGBTQ+ community.

The lesbian, gay, bisexual, transgender, and queer (LGBTQ) community has taken great strides in their fight for equality. Despite our progressive attitudes toward the LGBTQ+ community, inequities in health care access and medical treatment remain. Research shows that LGBTQ+ people reported feeling underserved and unhappy with their doctors. However, medical training that addresses the gender and sexuality spectrum as related to health risks is lacking.

On average, only 3.5 hours was devoted to LGBTQ health-related topics over a four-year period in medical schools throughout the United States (Wallick and Cambre 1992). Research shows that there have been only two medical school curriculums created that pertain specifically to LGBTQ health disparities over the past decade (Kelley et al., 2008). Of the LGBTQ content that is taught in medical schools, little to no information about the transgender community (Obedin-Maliver et al. 2011). Further, less than 20% of healthcare providers give medical information to LGBTQ patients related to their sexual behaviors (Labi and Peterson 2006).

Doctors and healthcare employees are the individuals we turn to when we are at our most vulnerable. We look to them for guidance and security when we are sick and scared. Doctors must provide comfort and safety to their patients, which means they must be confident in their abilities to aid the individuals they serve. Understanding the cultural competency surrounding the LGBTQ+ community can help doctors and LGBTQ+ individuals to feel more comfortable with one another within the four walls of the examination room. Because in medicine, there is should be no room for ignorance or discrimination.

My program, LGBTQ+ You, is a training for medical students and practicing physicians that addresses LGBTQ+ health disparities and educates healthcare professionals on LGBTQ+ cultural competency. The educational training begins with a presentation and ends with interactive exercises that teach doctors how to feel more comfortable and confident in serving the LGBTQ+ community. Hopefully, a more well-rounded education can help doctors to understand the unique needs of LGBTQ+ individuals and help them to feel more confident in their abilities. LGBTQ+ You can help towards bridging these two communities, which will ultimately help the LGBTQ+ community to live healthier and happier lives.

