Improving Health Outcomes for LGBTQ+ Youth Through Provider Education

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Improving Health Outcomes for LGBTQ+ Youth Through Provider Education

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Abstract

**Background and Problem:** LGBTQ+ adolescents and young adults (ages 12-25 years) are known to have higher rates of physical and mental health concerns compared to heterosexual and cisgender youth. Within the LGBTQ+ youth community, rates of suicidality, substance misuse, homelessness, and STIs are higher than in the general population. LGBTQ+ youth have greater challenges accessing healthcare and higher rates of healthcare discrimination. This paper presents a quality improvement project focused on improving evidence-based practices in LGBTQ+ healthcare through the development and implementation of a LGBTQ+ youth centered educational workshop for healthcare providers.

**Methods:** This project was organized in collaboration with stakeholders at Adolescent Health Working Group (AHWG) based on identified needs of the organization. The design and education of the workshop was supported by current literature and evaluation was performed. The theory of cultural humility informed the development of the project and outcome measures.

**Interventions:** An educational workshop was provided to 11 providers within the AHWG network. A pre- and post-workshop evaluation was provided to assess learning outcomes. Additionally, a toolkit drive was provided with educational resources for providers and educational handouts for youth and caregivers.

**Results:** Providers were assessed on knowledge, confidence in providing LGBTQ+ centered youth care, and attitudes toward LGBTQ+ youth within the pre- and post-evaluations. For knowledge-centered questions, the highest attainable score increased by 29.9%. For confidence-centered questions, the highest attainable score increased by 26.8%. And the attitudes-centered highest attainable score increased by 6.0%. Overall, this led to an average improvement in pre- and post-workshop scores of 20.9%.
**Conclusion:** There is a gap in healthcare provider knowledge around LGBTQ+ youth centered care. Providing education on LGBTQ+ youth health needs can help address the knowledge gap in healthcare providers. With increased education, healthcare providers will have improved abilities in providing equitable LGBTQ+ youth care.

**Keywords:** lgbt*, sensitive or humility or competent, education or care or training, access or engagement, young adult or youth or adoles*
Introduction

Background

The LGBTQ+ community are known to have a higher prevalence of adverse physical and mental health conditions in comparison with the heterosexual and cisgender population. LGBTQ+ identified individuals are two to three times more likely to describe long-term psychological or emotional conditions when compared with the general population (Zeeman et al., 2018). Mental health issues such as depression, anxiety, substance misuse, suicidal ideation, and suicide attempts were 1.5 times greater in LGBTQ+ individuals (Zeeman et al., 2018). In comparison with heterosexuals, LGBTQ+ identified individuals are also 1.5 times as likely to have alcohol-related substance misuse. In comparison with rates of 3% in the general population, 60% of intersex-identified individuals have considered suicide and 19% have had a suicide attempt. Within the LGBTQ+ community, bisexual and trans-identified people have the greatest rates of mental health issues (Zeeman et al., 2018). Inequities in mental health are particularly evident in LGBTQ+ individuals less than 35 years old and over 55 years old.

Problem Description

LGBTQ+ adolescents and young adults (ages 12-25 years) are known to have higher rates of physical and mental health issues compared to heterosexual and cisgender youth. Within the LGBTQ+ youth community, rates of suicidality, substance misuse, homelessness, and STIs are higher than in the general population. Higher rates of illicit and prescription drug misuse are found within the LGBTQ+ youth community. LGBTQ+ youth have greater challenges accessing healthcare and report higher rates of healthcare discrimination. It has been identified that 56% of lesbian, gay, or bisexual and 70% of transgender and gender-nonconforming individuals have had at least one experience of discrimination and barriers to
care when interacting with a healthcare provider. When LGBTQ+ individuals experienced
healthcare discrimination, 17% of LGBTQ+ individuals and specifically 19% of transgender
identified individuals reported avoidance and delay of preventative healthcare appointments
and screenings (Coleman et al., 2022).

**Setting**

Within the US, the percentage of LGBTQ+ identified adults has increased to 7.1% in
2022. Within Generation Z (individuals born between 1997 to 2012), 20.8% of Gen Z adults
identify as LGBTQ+ nationally (Jones, 2022). This is a significant increase in comparison to
Millennials (born 1981-1996) at 10.5% identifying as LGBTQ+, Generation X (born 1965-1980)
at 4.2% identifying as LGBTQ+, Baby Boomers (born 1946-1964) at 2.6% identifying as
LGBTQ+, and Traditionalists (born before 1946) with 0.8% identifying as LGBTQ+ (Jones,
2022). The Youth Risk Behavior Surveillance System survey reports data from middle and high
school students across the US. Nationally, in 2019, 15.6% of middle and high school identify as
gay or lesbian, bisexual, or not sure. In Oakland, CA this rises to 16.6% of middle and high
school students identifying as lesbian, gay, bisexual, or not sure. In San Francisco, CA an even
higher percentage (18.4%) of middle and high school students is observed (CDC, 2020). The
percentages of LGBTQ+ identified individuals is increased within younger generations in
comparison to older generations.

The LGBTQ+ Youth and Provider Communication workshop was implemented in
collaboration with Adolescent Health Working Group (AHWG). AHWG is a coalition of
youth-serving healthcare providers, young people, and caregivers advocating for policy
improvements in the areas of sexual health, mental health, and substance use, utilizing a harm
reduction framework. AHWG’s mission centers on youth health equity to ensure that all youth,
ages 11 to 24 years, in California and beyond have unrestricted access to comprehensive, youth-centered, and culturally-based healthcare (AHWG, 2023). Providers in the AHWG network encompass a range of healthcare specialties and areas throughout California and nationally. The organizations of AHWG providers span public health nonprofits, outpatient facilities, academic institutions, and health systems. AHWG is entirely volunteer run and utilizes community healthcare providers for AHWG projects and resources. AHWG members roles include community health educators, nurses, nurse practitioners, therapists, physician’s assistants, and physicians. These healthcare providers will be targeted as the audience of the workshop.

**Specific Aim (Purpose)**

To improve LGBTQ+ youth physical and mental health outcomes and adherence to care through the optimization of healthcare provider’s knowledge, attitudes, and confidence in treating LGBTQ+ youth utilizing a LGBTQ+ centered healthcare provider educational workshop, healthcare providers within the AHWG network will show 25% improvement between pre-workshop evaluation and post-workshop evaluation scores.

**Available Knowledge**

**PICO Question**

The following PICO question was developed to guide the review of the literature for evidenced-based practice in improving health outcomes among LGBTQ+ youth: In healthcare providers, is an LGBTQ+ youth healthcare educational workshop compared with current standards of LGBTQ+ education, effective in improving clinician’s knowledge, attitudes, and confidence in providing LGBTQ+ youth centered care?
• **P (patient, population, problem)**
  - Healthcare providers
• **I (intervention or exposure)**
  - LGBTQ+ youth healthcare education
• **C (comparison)**
  - Providers without LGBTQ+ youth healthcare education
• **O (outcome)**
  - Improved knowledge, attitudes, and confidence in providing LGBTQ+ youth centered care

**Search Methodology**

A narrative review of the literature was conducted to better understand current LGBTQ+ youth healthcare disparities, the current standard of care and education, and education interventions focused on LGBTQ+ youth healthcare. The search was performed within the following research databases: CINAHL, PubMed, Scopus, and Cochrane. Key terms used for the searches centered on sexual orientation, sex, and gender identity, education or training, age, and interventions. Search terms for CINAHL, Scopus, and Cochrane included lgbt*, healthcare education or training or workshop, sensitive or humility or competent, and youth or adoles* or young adult. Within the PubMed search the following Boolean phrases were utilized: (((lgbtq) AND (sensitive or humility or competent)) AND (education or training or workshop)) AND (access or engagement) AND (young adult or youth or adolescents). These searches yielded 25 results on CINAHL, 20 results on PubMed, 205 results on Scopus, and 0 results on Cochrane. The search terms were made broader on Cochrane, to the point where solely the term LGBT was searched for, and still 0 results were found.

Limits applied in these searches varied depending on the database under review. Limitations included peer-reviewed, English language, publication date of 2009-2022, and source type of academic journal in the CINAHL search. While searching PubMed, the following
limitations were used: full text, peer-reviewed, English language, publication date between 2009-2022, and article type of clinical trial, meta-analysis, randomized controlled trial, review, and systematic review. The limits applied for the review of Scopus database centered on all open access, publication date between 2009-2022, English language, final publication stage, and article or review. Cochrane yielded 0 results, and therefore no limits were applied. The result remained 0 articles. The search was concluded when a total of 250 articles were found and an effort was made to remove overlap in articles (Figure 1). Sixteen articles were selected using the eligibility criteria for a review of the abstracts. Out of these sixteen articles, three articles fulfilling the required quantitative and qualitative study, quality improvement guide, meta-synthesis, and meta-analysis criteria were selected using a full-text read. The John Hopkins Research and Non-Research Nursing Evidence-Based Practice (JHNEP) appraisal tools were used to critically analyze the quality of these chosen studies. These three articles contained information on LGBTQ+ youth centered healthcare education interventions and will be utilized in this review and development of the intervention.

**Integrated Review of the Literature**

**State of Current LGBTQ+ Youth Health Disparities.** In comparison to heterosexual and cisgender adolescents and young adults, LGBTQ+ identified youth have higher rates of a range of physical and mental health disparities. Almost a quarter of LGBTQ+ youth report having been forced to have sex in comparison with 5% of heterosexual youth. 63% of LGBTQ+ adolescents and young adults report feeling sad or hopeless (28% of heterosexual youth) and 48% of LBGTQ+ youth have seriously considered suicide (13% of heterosexual youth). Similarly, these differences extend to substance use as well with 23% of LGBTQ+ youth
reporting use of illicit drugs (12% of heterosexual population) and 24% of LGBTQ+ youth misusing prescription opioids (13% of heterosexual population) (CDC, 2019).

LGBTQ+ health disparities are a critical issue within healthcare and for nurse practitioners. The LGBTQ+ community reports higher rates of negative experiences than the general population when navigating healthcare and health treatment. Frequent issues reported by LGBTQ+ individuals include concerns about communication with healthcare professionals and general discontent with treatment and care being delivered. This was seen within sexual orientation minorities as well as sex and gender minorities. Within the settings of mental health services, general health facilities, and gender identity clinics, transgender individuals often report negative experiences with healthcare providers. Intersex-identified individuals also report these adverse interactions with healthcare providers. For some intersex individuals, medicalization of their bodies and subjection to "normalization" procedures in their youth, in which their genitalia were surgically aligned to male or female sex characteristics, are experiences associated with adversity. These negative healthcare experiences are often correlated with lack of open communication or lack of informed consent from intersex minors (Zeeman et al., 2018).

LGBTQ+ youth have greater barriers in accessing healthcare and higher rates of healthcare discrimination. It is seen that 56% of lesbian, gay, or bisexual and 70% of transgender and gender-nonconforming individuals have had at least one experience of discrimination and barriers to care when interacting with a healthcare provider. When LGBTQ+ individual experienced healthcare discrimination, 17% of LGBTQ+ individuals and specifically 19% of transgender identified individuals reported avoidance and delay of preventative healthcare appointments and screenings (Coleman et al., 2022).
Current practice includes health care provider LGBTQ+ education in schools and at times in health care institutions. In a study of nursing students, 85% stated their education had not prepared them enough to care for LGBTQ individuals (Mikovits, 2020). Providing improved education for healthcare providers around LGBTQ+ centered care based in cultural humility strategies may improve LGBTQ+ individuals' experience with healthcare professionals (Donisi et al., 2020). This may lead to a decrease in health disparities and improvement in quality of life for LGBTQ+ individuals.

**Interventions to Improve Provider Knowledge, Confidence, and Attitudes.**

Organizations such as the Health Access Initiative and Health4LGBTQI have piloted training programs for healthcare care providers (Appendix C). The Health Access Initiative trainings were held online and in-person, and clinicians were then provided with technical support individualized to their sites. This pilot program used community-based participatory research techniques and the methodology of cultural humility. Pre- and post-questionnaires and interviews were utilized to evaluate healthcare providers' understanding, attitudes, and practices with LGBTQ+ youth. The results of this program showed that in all 10 clinic locations there was statistically significant intervention efficacy. A significantly positive change was seen in the knowledge, practice, and attitudes of staff towards LGBTQ+ youth at the six-month follow-up in comparison with their baseline. The knowledge total score (12 questions) showed statistically significant improvement from the pre-training baseline (mean = 7.22, SD = .71) to the 6-month post-training evaluation (mean = 7.82, SD = .80; t(9) = 3.30; p=0.009). The attitudes towards LGBTQ+ individuals total score (4 questions) exhibited statistically significant improvement between pre-training evaluation (mean = 3.40, SD = .22) and the 6-month follow-up results (mean = 3.61, SD = .17; t(9) = 4.17; p = 0.003). Similarly, clinical practice total scores (13
questions) exemplified statistically significant improvement between pre-training (mean = 7.22, SD = 1.64) and 6-month post-training results (mean = 9.95, SD = 1.43; t(9) = 7.43; p ≤ 0.001) (Jadwin-Cakmak, 2020).

The Health4LGBTI training course was another intervention developed to educate healthcare providers on LGBTQ+ centered care. Donisi et al. (2020) (Level II-Quasi-Experimental Study- High Quality) assessed clinicians with pre- and post-training surveys to evaluate knowledge of LGBTI topics and attitudes of healthcare providers towards LGBTI-identified individuals. Findings showed that both clinicians’ LGBTI healthcare knowledge and attitudes towards the LGBTI community significantly improved, and providers felt more competent providing LGBTI-centered care. Between the pre- and post-training surveys, the median knowledge score (the number of correct answers out of the 8 knowledge questions) increased from 5 to 7 (p < 0.001). After the training, the results reflected more inclusive attitudes around LGBTQ+ individuals from the study participants, with significant results for all five questions. Three questions gauging participants’ attitudes towards LGBTQ+ individuals had a higher proportion of participants noting positive support (p = 0.001). The post-training survey scores gauging “Self-competence” also increased significantly in comparison with the pre-test (SR 1.17, 95% CI 1.05–1.30, p-value=0.004) (Donisi, et al., 2020).

In a third study by Lindsay et al. (2020) (Level III Qualitative Study- High Quality), healthcare staff in a pediatric hospital were surveyed and interviewed around their training needs and the following components were noted. Healthcare clinicians felt they lacked appropriate knowledge and required more training and requested a range of different mediums for the training provided. They also advocated for training content about gender diversity, best practices in gender-sensitive care, and effective communication (Lindsay et al., 2020). This study offered
insight into how LGBTQ+ healthcare training may be effectively provided to healthcare providers. The Lindsay et al. study (2020) provides insight on the mediums effective in healthcare training.

**Summary/Synthesis of the Evidence**

Higher rates of physical and mental health issues persist in the LGBTQ+ population, in comparison with the heterosexual and cisgender population. Health disparities beginning in adolescence and young adulthood can impact lifelong health of an individual. Compared to heterosexual and cisgender youth, LGBTQ+ youth experience greater rates of victimization, violence, and lack of support from peers, family, and caregivers (Heck et al., 2014). LGBTQ+ youth are 33% more likely to experience bullying and harassment at school in comparison with 16% of heterosexual youth (CDC, 2019). Social support is a notable factor in promoting improved outcomes in mental health and substance use in adolescents and young adults. Providing healthcare clinicians with the education to socially support LGBTQ+ youth and their caregivers is key.

In comparison with the heterosexual youth population, LGBTQ+ youth have a 123% to 632% increased risk of lifetime illicit drug misuse. When contrasted against cisgender youth, transgender and gender minority youth have a 42% to 80% greater likelihood of lifetime illicit drug misuse (Coulter et al., 2019). The earlier in life individuals begin to misuse illicit drugs, the greater the likelihood of lifelong misuse (Kecojevic et al., 2012). When observing mental health disparities in LGBTQ+ youth, 63% LGB youth report having felt sad or hopeless in comparison with 28% of their heterosexual peers. 48% of LGBTQ+ youth report having seriously considered suicide, while 13% of heterosexual youth report suicidal ideation (CDC, 2019).
As noted previously, 56% of lesbian, gay, or bisexual and 70% of transgender and gender-nonconforming individuals report at least one experience of discrimination as well as barriers to care when interacting with a healthcare provider. When LGBTQ+ individual experienced healthcare discrimination, 17% of LGBTQ+ individuals and specifically 19% of transgender identified individuals reported avoidance and delay of preventative healthcare appointments and screenings (Coleman et al., 2022). Available evidence suggests that providing healthcare clinicians with LGBTQ+ youth centered care education can enhance the care for this population.

This project’s intervention provides education on LGBTQ+ healthcare needs to healthcare providers utilizing a workshop format as described in the exemplars in the available literature. Similar to the Health4LGBTI training, pre- and post-workshop assessments were performed to gauge knowledge, attitudes, and confidence of providers in providing LGBTQ+ youth care. The LGBTQ+ youth workshop offered through AHWG aims to assist in bridging some of the health inequities and gaps in LGBTQ+ care. AHWG’s wide network of providers and the virtual workshop modality offers greater accessibility in comparison with providing the workshop in individual clinics. There is potential to improve LGBTQ+ youth adherence to outpatient care by improving provider’s knowledge, attitudes, and confidence in caring for LGBTQ+ youth. By providing LGBTQ+ education to healthcare providers, this project strives to improve quality of life and decrease health disparities in this marginalized community.

**Rationale**

*The 5 Rs of Cultural Humility*
The theory of cultural humility was used to develop the project and outcome measures, as it is utilized to mitigate implicit bias in a variety of contexts. Unconscious biases impact health outcomes significantly in several ways. Biased communication is a barrier to patient care and when unexamined can normalize this biased behavior throughout the healthcare system. The 5 Rs was a model originally created for hospitalist healthcare providers by the Society of Hospital Medicine to aid them in recognizing unconscious bias with mindfulness and compassion (SHM, n.d.). These principles are founded on the concept that no person will be an expert about individuals in any cultural or social group. The five Rs include reflection, respect, regard, relevance, and resiliency. The framework incorporates an aim and a question for each of the five Rs. In this project, the aim of each of the five Rs of cultural humility and their connection with LGBTQ+ youth healthcare education was used to develop the project’s intervention. Utilizing this theory may offer greater understanding to providers in how to care for LGBTQ+ youth.

Methods

Context

Within the US, the percentage of LGBTQ+ identified adults has increased substantially between the youngest generation, Gen Z at 20.8% identifying as LGBTQ+, and the oldest generation Traditionalists with 0.8% identifying as LGBTQ+ (Jones, 2022). In a national sample of middle and high school students, 15.6% identify as LBGTQ+. Within Oakland and San Francisco, CA the percentages of LGBTQ+ identified middle and high school students rise to 16.6% and 18.4%, respectively (CDC, 2020).

The stakeholders in this project include AHWG leadership, AHWG communications, and the AHWG network on providers. The project required approval by
AHWG’s director, as well as the agreement of healthcare providers participating in the training. AHWG leadership were offered information about the benefits and need around LGBTQ+ education, budget, and timeline. Approval was approved for the workshop training and minimal funding. Both of these groups of stakeholders hold high interest levels due to the potential benefits around improving care and advancing LGBTQ+ youth centered knowledge with the training. Patients themselves were another group of stakeholders impacted by this project. LGBTQ+ patients were considered to have a strong interest in the training for healthcare providers and empowerment of LGBTQ+ folks in the process was important. This was accomplished by thorough review of the literature around educational content LGBTQ+ youth feel healthcare providers require.

Interventions

Project Goal

By May 2023, a LGBTQ+ youth centered workshop for healthcare providers will be implemented to providers in the AHWG network.

SMART Objectives

1) By December 2023, a workshop implementation plan will be 100% completed, incorporating feedback from AHWG leadership.

2) By March 2023, the LGBTQ+ Youth and Provider Communication pilot and formal workshops will be held with at least 10 healthcare providers from the AHWG network.

3) By May 2023, pre- and post-workshop evaluation scores will improve in workshop participants by 25%.

Gap Analysis
A Gap Analysis was created to assess the needs of healthcare providers around LGBTQ+ youth education. When reviewing the Gap Analysis, current practice involves minimal LGBTQ+ centered training for healthcare providers and is provided on an individual healthcare facility protocol-basis (Appendix D). Often the training around LGBTQ+ care utilizes a cultural competence model (Mikovits, 2020). This workshop differed from the current standard in that more comprehensive LGBTQ+ youth healthcare education was provided to healthcare clinicians using the cultural humility model. Education focused on increasing knowledge on implicit bias, barriers to care, baseline LGBTQ+ education, and provider attitudes. The workshop provided education and activities centering on sexuality and gender affirming care, harm reduction and motivational interviewing, and youth and caregiver communication strategies. Educational resources for providers and educational handouts for youth and caregivers were provided to workshop participants.

**Gantt Chart**

The Gantt chart illustrates the timeline for design and implementation of the workshop project (Appendix E). The workshop training intervention was devised and executed over a twelve-month period, alongside evaluation and data analysis. The months and corresponding DNP project tasks were outlined between 2022 and 2023. Assessment of AHWG’s needs was completed to better direct development of the LGBTQ+ youth workshop through meeting with AHWG leadership. Development of workshop content, evaluations, and any workshop resources was done together with incorporation of feedback from AHWG. Implementation of the workshop took place throughout the final year of the DNP FNP program. Evaluation was completed of the pre- and post-workshop assessments. Data from pre-and post-workshop evaluations were subsequently analyzed.
Work Breakdown Structure

The Work Breakdown Structure examined the factors involved in developing and implementing the workshop (Appendix F). Collaboration with AHWG was an aspect of the project that needed to be arranged. This was further divided into the categories of research and communication with possible organizations. Outreach to the healthcare providers participating in the trainings, as well as the LGBTQ+ workshop education was broken down into the following several requirements. This included development of the educational content of the workshop and consideration of the most effective training structure and media materials, such as physical or web-based education, or individually navigated online modules. A synchronous virtual format was chosen for greatest accessibility, as providers in the AHWG network are located throughout California and the US. To evaluate the effectiveness of the workshop, pre- and post-evaluation questionnaires were created for participating healthcare providers. Evaluations were developed with AHWG and distributed immediately before the workshop and immediately afterwards. Review and analysis of the data was performed to ensure effectiveness of the workshop for healthcare providers. Any feedback or concerns were incorporated.

Responsibility/Communication Plan

The communication plan (Appendix G) offers insight on the different stakeholders and healthcare professionals who were communicated with throughout the entirety of the project. Stakeholders such as the AHWG director and communications team were communicated with at the start of the project and provided information on the project’s objectives and needs. Support and feedback from AHWG leadership was attained. Multidisciplinary team meetings with the AHWG director and communications staff were held as needed to discuss LGBTQ+ workshop content, workshop delivery modalities and scheduling, and evaluation and feedback.
workshop outreach and implementation required communication notifying healthcare providers. The evaluation of workshop utilizing pre- and post-workshop evaluation data was distributed by the DNP student and AHWG communications staff. Analysis of the data helps evaluate the training’s efficacy and make any potential changes or improvements. Communication occur utilizing email and the online modality, Zoom, as AHWG is a primarily virtual organization.

**SWOT Analysis**

A market analysis was performed utilizing a Strengths, Weaknesses, Opportunities, and Threats (SWOT) assessment (Appendix H). This framework focuses on both internal and external factors and was applied to the LGBTQ+ education for healthcare providers’ workshop. First, the strengths associated with the project were examined. Increasing the research and knowledge around LGBTQ+ youth education for healthcare providers was a strength of this project. The workshop also aligns with AHWG’s mission of serving the community and improving quality of care for their patients. The DNP student and AHWG’s shared commitment around community and patient focus was another strength of the workshop. Some weaknesses to be aware of and mitigate included that this was a single workshop rather than ongoing education and that the workshop would be provided for healthcare providers that chose to sign up through AHWG. Another weakness could be the possible challenges related to funding sustainability. These weaknesses could be useful however, as they might offer opportunities for growth of the workshop after greater support has been cultivated over time. Offering the workshop more frequently could be a goal for the future. Other opportunities included the potential improvements in providers attitudes, knowledge, and confidence due to the workshop content and the potential of decreasing healthcare provider discrimination towards LGBTQ+ patients. The workshop brings the
opportunity for greater access and adherence of LGBTQ+ youth to preventative care and therefore, improved LGBTQ+ youth health outcomes and decrease in emergency services and acute care. As the workshop gains support over time, the program could be utilized in individual clinics. A few threats to this project could the COVID-19 pandemic, consequent restrictions, and unpredictability related to the pandemic. This would be mitigated by increasing flexibility around timing and consideration of offering a recording of the session to providers who were not able to attend. Another possible challenge was insuring providers’ attendance. Outreach to providers would be done to help mitigate this potential issue. With the virtual format, technology issues, such as Zoom malfunctions, may impact the project. Effort would be put into minimizing these technology related risks. Another threat could be funding for the workshop, which was primarily managed by AHWG being a volunteer run organization and healthcare providers choosing to attend the workshop.

**Budget and Cost Benefit Analysis**

The proposed budget examines funding for this project and outlines the costs for the LGBTQ+ youth healthcare education workshop (Appendix I). These included any LGBTQ+ youth healthcare education training costs around the workshop for the healthcare providers. In this Cost Benefit Analysis, Option 1 indicated the option of not doing anything. By not performing the workshop, AHWG would avoid encountering any costs, with a total expense of $0. When looking at the proposed budget, Option 2a outlined the proposed workshop intervention costs for the year. A majority of the development, outreach, and implementation of the workshop would be done by the DNP student. The average of $34 per hour for a nonprofit work from home RN in San Francisco, CA was used to estimate DNP student costs (Ziprecruiter, 2023). As AHWG is a primarily virtually based organization, the workshop will be held virtually.
and materials will be provided electronically, avoiding venue and materials costs. The workshop’s opportunity drawing of $25 for three participants ($75 total) to incentivize provider participation was included. An estimate of 15 hours of time from AHWG’s Director and 10 hours of time from AHWG’s Communications staff were calculated utilizing corresponding average hourly wages in San Francisco, CA (Ziprecruiter, 2023). The total expenses for the proposed workshop intervention came out to $5,595. Option 2b involved the same workshop costs as Option 2a but also highlighted the possibility of charging providers for a workshop ticket. An example of $30 per person, with an estimate of 30 workshop attendees, was provided which would cover the costs of the workshop and in fact provide AHWG with an additional $900 of funding to assist in covering costs.

Along with these financial benefits, other benefits of the LGBTQ+ youth workshop included centering AHWG’s community projects that may assist in supporting the non-profit tax-exempt standing. The workshop also supported with the AHWG’s mission of improving access to patient care and health equity. The workshop also offered development of knowledge for healthcare providers and community engagement for AHWG. The workshop also offered AHWG an avenue to perform outreach around their resources and services, and could potentially bring in philanthropy for AHWG.

**Study of the Intervention**

The intervention was evaluated utilizing a 14 question pre- and post-workshop evaluation questionnaire. A supplementary 15th question, allowing for fill-in feedback, was offered in the post-workshop evaluation (Appendix K). Otherwise, pre- and post-evaluations offered the same questions and format. The change in scores between the pre- and post-workshop evaluations was utilized to measure outcomes in the participants. Additionally, an 18-question post-workshop
evaluation centering assessment of the workshop strengths and weaknesses was provided as a part of AHWG’s peer review process. This assessment included quantitative and qualitative feedback on the how the topics and activities fulfilled the workshop’s goals and objectives.

**Outcome Measures**

Quantitative measures were focused around collection of outcome measures data. Healthcare providers were provided with pre- and post-evaluations before and after the LGBTQ+ youth healthcare workshop intervention took place. Similar to the practice in the Health Access Initiative and Health4LGBTQI trainings, assessments were focused on questions evaluating providers’ knowledge of the LGBTQ+ youth healthcare, attitudes towards LGBTQ+ identified individuals, and providers’ confidence around providing LGBTQ+ youth centered care post-workshop training, in comparison with their baseline (Donisi, et al., 2020; Jadwin-Cakmak, 2020). These assessments were analyzed to determine percentage change between pre- and post-questionnaires. The evaluations utilized the cultural humility framework when assessing provider’s knowledge, attitudes and confidence in caring for LGBTQ+ youth. In accordance with AHWG’s peer review guidelines, an additional post-workshop questionnaire was provided to workshop participants, with a focus on gaining feedback from participants around areas of improvement within the workshop. This evaluation aimed to gain feedback from participants around the efficiency and efficacy of workshop objectives and goals, the quality of workshop content and activities, and the quality of the workshop format and accessibility.

**CQI Method and Data Collection Tools**

The CQI method utilized was a Plan, Do, Study, Act program evaluation model (Appendix J). The Act stage involved implementing the workshop and providing contact information for any comments or concerns from participating healthcare providers in the AHWG
network. Time was also spent discussing any potential improvements with AHWG leadership throughout the workshop development and implementation. The Plan stage centered on identifying these possible improvements from AHWG leadership and stakeholders and creating a plan utilizing direct feedback. Some of this feedback included restructuring the content to be more applicable and engaging for participants by centering focus not only on LGBTQ+ youth but also on caregivers of LGBTQ+ youth and by increasing the number of activities in the workshop.

An unintended challenge that arose and required revision was the lack of attendance during the pilot workshop. This led to greater workshop advertising for the formal workshop, increased consideration of workshop timing, and the addition of an opportunity drawing as a participation incentive. The Do stage involved implementing the workshop plan and the Study phase centered on evaluating the outcomes of the changes. This cycle was implemented as necessary when new issues arose or AHWG needs changed. The data collection tools used for this project included Google Forms and Microsoft Excel. These programs were utilized to gather, export, and analyze data from the pre- and post-workshop evaluations.

Analysis

The healthcare providers’ pre- and post-workshop evaluations were collected prior to and after workshop implementation. Demographic statistics in pre- and post-workshop evaluations included field of employment, race/ethnicity, gender identity, and sexual orientation identity. Workshop evaluation questions centered around the impact on provider’s knowledge, attitudes, and confidence in providing LGBTQ+ centered care. The responses to evaluation questions were analyzed and evaluated between pre- and post-questionnaires. The feedback from the additional fill-in question in the post-evaluation was compiled and assessed as qualitative data. The changes between the scores in the pre- and post-workshop evaluations were assessed as quantitative data.
The pre- and post-evaluations were used to assess for participant knowledge of LGBTQ+ youth care, attitudes towards LGBTQ+ identified youth, and providers’ confidence around providing LGBTQ+ youth centered healthcare. Analysis of the outcome measurements, including pre- and post-assessment data and the peer review evaluation, was accomplished using the program Microsoft Excel and Google Forms. Pre- and post-data was imported into Qualtrics in effort to conduct inferential analysis, though ultimately was unsuccessful as Qualtrics does not support testing between two data sets. All data was deidentified to assure participant confidentiality.

**Ethical Considerations**

Several ethical considerations were considered throughout this workshop project. When collecting and analyzing provider pre- and post-workshop evaluations, there was adherence to participant confidentiality. Participant’s names, emails, or any other identifying information, were not included in the data analysis. A Jesuit value invoked was that of diversity of perspectives, experiences and traditions as essential components of a quality education in our global context. LGBTQ+ youth health discrimination and any potential implicit bias by healthcare providers may be mitigated by having quality education around a range of human needs and experiences. An ethical standard from the American Nurses Association Code of Ethics for Nurses that was considered during design of this project was that of commitment to the patient, whether an individual, family, group, community, or population. Patients experience healthcare discrimination differently depending on their identities and systemic social privilege. Understanding one’s own internalized biases and the way it affects LGBTQ+ youth is critical for healthcare providers and staff under this ethical standard (ANA, 2015).

**Results**

**Demographic Data**
Demographic data was collected in the pre- and post-workshop questionnaires, including field of employment, race/ethnicity, gender identity, and sexuality (Appendix L). Within field of employment, the categories of medical/nursing, mental health, social work, education, and other were provided. Nonprofit, research librarian and public health were added to the analysis. A majority of participants (63.6% in pre-evaluation, 75% in post-evaluation) were noted to work within the fields of medicine and nursing. Race/ethnicity of participants was noted to be predominately white/Caucasian (72.7% in pre-evaluation, 87.5% in post-evaluation), gender identity of participants was primarily cisgender women (81.8% in pre-evaluation, 75% in post-evaluation), and sexuality of participants was predominately heterosexual/straight (54.5% in pre-evaluation, 75% in post-evaluation) (Appendix L).

**Pre- and Post-Workshop Evaluation**

Pre- and post-workshop evaluation questions were created to assess participants knowledge of LGBTQ+ centered care, confidence in providing LGBTQ+ centered care, and attitudes toward the LGBTQ+ community. Questions centering on these three categories were created and adapted utilizing previous LGBTQ+ education trainings formats (Berner et al., 2020; Jadwin-Cakmak, 2020). A goal of the intervention was for at least 10 healthcare providers from the AHWG network to be in attendance of the workshop. Of the 11 workshop participants, 11 filled out the pre-workshop evaluation, and 8 completed the post-workshop evaluation.

The initial goal of the workshop intervention was for pre- and post-workshop evaluation scores to improve in workshop participants by 25% in the presented areas. Data was exported from Google Forms into Microsoft Excel for review and analysis. Average increases in knowledge, confidence, and attitude-centered questions were calculated separately and a total increased average was consequently determined. The percentage of participants who answered
the highest attainable score for each question was utilized to calculate improvement. Highest attainable scores were question dependent, noted as either “strongly agree” or “strongly disagree.” For knowledge-centered questions, the highest attainable score increased 29.9%. For confidence-centered questions, the highest attainable score increased by 26.8%. And the attitudes-centered highest attainable score increased by 6.0%. Overall, this led to an average improvement in pre- and post-workshop scores of 20.9% (Appendix M).

The qualitative data collected in the post-workshop evaluation consisted of a total of three responses. While the sample size made it difficult for thematic analysis, the three responses are noted in Appendix M. The responses centered around feedback on pronoun requests, as well as positive feedback on organization and content of the workshop. The post-workshop peer review offered both quantitative and qualitative feedback around the proficiency of workshop objectives and goals, the quality of workshop content and activities, and the quality of the workshop format and accessibility (Appendix N). This feedback will be implemented into the workshop before the workshop is next presented.

Discussion

Summary

This project endeavored to assist in filling the gap in provider’s knowledge around LGBTQ+ youth centered care, confidence caring for LGBTQ+ youth, and attitudes towards LGBTQ+ youth. Currently, LBGTQ+ youth experience higher rates of health disparities, many of which may start in adolescence and young adulthood and progress throughout the lifetime. Queer and transgender individuals report higher rates of barriers to care and healthcare discrimination than heterosexual and cisgender people (Coleman et al., 2022). LGBTQ+ identified individuals also report higher rates of avoidance and delay of
preventative healthcare after experiencing healthcare discrimination (Coleman et al., 2022). Increasing providers’ ability to provide culture humility centered LGBTQ+ care through an educational workshop format aims to help decrease healthcare disparities within the LGBTQ+ community.

Key findings of this project include increases in all areas (knowledge, confidence, attitudes) between participants pre- and post-workshop evaluations. For knowledge-centered questions, the highest attainable score increased 29.9%. Within confidence-centered questions, the highest attainable score increased by 26.8%. Among attitudes-centered questions, the highest attainable score increased by 6.0%. Overall, this led to an average improvement in pre- and post-workshop scores of 20.9% (Appendix M). While the increases in the areas of knowledge and confidence met the intervention’s goal of improvement by 25%, the attitude score was below the intended goal. It can be noted that many workshop participants reported high attitudes scores in both the pre- and post-evaluations, which may have impacted the outcomes achieved and the reduced increase in change in this area.

Strengths of the project included flexibility and adaptations to change as needed, as well as striving to meet workshop objectives. AHWG leadership and the DNP student were able to maintain flexibility and adapt to shifts in needs around timing. When aspects of the project went differently than planned, the project approach was adapted to better fit the goals and needs. For instance, when there was an absence of attendance during the pilot workshop for the project, greater workshop advertising was done in the AHWG network for the formal workshop, there was an increased consideration of timing, and an opportunity drawing was added for incentive. Learning how to adapt to change was a lesson learned within this project.
Another area that was given great consideration throughout the project was how to meet the workshop objectives. These objectives included participants gaining knowledge of youth and caregiver communication strategies utilizing an LGBTQ+ lens, increasing participants confidence around LGBTQ+ centered language and LGBTQ+ youth centered care, and advancing understanding around applying motivational interviewing and harm reduction principles within youth care. An opportunity that emerged in development of the workshop was learning how to best balance educational material with activities and participant practice to further understanding while maintaining engagement. The peer review process supported by the workshop evaluation centered on feedback around this (Appendix N). It is important to note that a majority of the workshop participants chose that they agreed or strongly agreed the three workshop objectives were adequately covered within the training (Appendix N). The peer review of the LGBTQ+ Youth and Provider communication workshop provided useful feedback around how to improve the workshop. This carries implications for future advanced nursing practice in that these strategies can be implemented for future presentations of this workshop for healthcare providers, as well as learned from when further health promotion and prevention centered workshop are created in the future through AHWG or the DNP student.

**Interpretation**

This LGBTQ+ youth workshop for healthcare providers project aimed to educate providers on LGBTQ+ health needs and address the provider knowledge gap currently affecting LGBTQ+ patients. Previous LGBTQ+ education pilot studies, such as the Health Access Initiative and Health4LGBTQI training programs gauged retention of knowledge, confidence levels, and attitude change of healthcare professionals during post-training follow-up in comparison to pre-training assessment, and therefore this strategy was utilized in this project.
The workshop training format was utilized to improve these outcomes because of previous successful trainings with statistically significant impact on these health provider outcomes (Donisi, et al., 2020; Jadwin-Cakmak, 2020). Similarly to the prior interventions, analysis of this workshop’s pre- and post-evaluations found increases in all three areas of outcome measures. Though increases in the outcome measures of knowledge and confidence met the workshop intervention’s goal of improvement by 25%, the attitude score was below the intended goal. It can be noted average highest attainable attitudes scores in both the pre- and post- workshop evaluations were elevated (27.3% and 33.33% respectively), which may offer explanation around the reduced increase in change in this area. This also impacted the workshop’s overall average improvement in pre- and post-workshop scores of 20.9%.

When education is provided to bridge the gap and increase providers’ ability to care for LGBTQ+ youth, the prospect of delivering more comprehensive and LGBTQ+ affirming care to youth, both on an individual and systemic level, increases. This can assist in decreasing discomfort and discrimination faced by LGBTQ+ youth in the healthcare setting that may impact their access to care. Though difficult to place a financial estimate on costs, a trade off of increasing development of preventative care strategies, such as increased LGBTQ+ centered provider education, may improving access to LGBTQ+ youth at a young age. This may assist in decreasing barriers and encouraging preventative care that may prevent lifelong health disparities resulting in chronic health conditions, that can contribute to financial burden on healthcare systems.

There are several next steps in the area of LGBTQ+ centered provider education that may be considered. Though this workshop findings support the theoretical framework utilized, increased research on cultural humility-based interventions, as well as longer term LGBTQ+
healthcare provider training interventions, would be beneficial. Increase in research with outcome measures that include LGBTQ+ youth patient perspectives, as well as self-reported provider responses may be beneficial. With further research, the possibilities of incorporation of LGBTQ+ centered training are significant. There may be opportunities to develop LGBTQ+ provider trainings with individual clinics or within implicit bias training modules in health systems. Development and incorporation of earlier, comprehensive LGBTQ+ education within nursing, nurse practitioner, physician’s assistant, physician, and other healthcare roles may significantly decrease the healthcare discrimination faced by LGBTQ+ individuals and improve access to care for this community.

**Limitations**

Review of the literature around LGBTQ+ centered healthcare provider education using a cultural humility framework showed significant gaps in the research. There is limited study design centered on incorporating training effects on LGBTQ+ identified patients and evaluating efficacy by surveying the patients themselves rather than provider’s self-reported change, and this may be beneficial in better understanding the LGBTQ+ education healthcare professionals require. It was also noted that current research at times treats the LGBTQ+ community as having homogenous needs rather than acknowledging that this community encompasses a wide range of individuals with a variety of different experiences and needs related to gender, sex, and sexual orientation identities. Studying the use of the cultural humility framework and its efficacy is also limited in current data, though the studies available show greater promise than the historical “cultural competency” educational framework. However, research does offer nurses, nurse practitioners, and other clinicians the knowledge that LGBTQ+ care needs to be tailored to this community, as well as some ways to accomplish this. These findings can be utilized in nursing
practice and further research in this area could be incorporated into workshop trainings as it becomes available.

Within the workshop intervention, the small sample size (pre-evaluation n=11, post evaluation n=8) was a main limitation. The workshop was provided to a limited sample size of participants and will thereby impact the limited groups of patients they work with. This likely limits generalizability of results as well. The changes in number of participants in pre- and post-evaluation may also impact the data collected. While the workshop participants appeared primarily outpatient-centered and California-based, AHWG’s network of providers ranges across the US and data was not collected around inpatient or outpatient employment settings or location of participants. While much of the information in the workshop is relevant regardless of area of work or location, there was an emphasis on outpatient care and California facility policies. The AHWG network of providers is encompassed by a variety of professionals in different fields. While much of the workshop’s content is applicable to all participants and a majority of the participants worked within medical and nursing fields, the workshop content was primarily tailored for healthcare providers but was received by other healthcare-centered professionals as well.

**Conclusion**

Many healthcare disparities in the LGBTQ+ community can be connected with minority stress burden. The LGBTQ+ community faces both minority stress burden and societal stigma, and healthcare providers’ actively undertaking to treat LGBTQ+ individuals with the same amount of knowledge, confidence, and respect as the general population is critical. By providing a LGBTQ+ youth workshop for healthcare providers, this project strives to improve quality of
life and decrease health disparities in this marginalized community by increasing provider’s ability to provide LGBTQ+ centered care.

**Funding**

Funding for this project was not obtained through grants in public, commercial, or nonprofit divisions. Costs of this project were minimal and any were supported by AHWG.
References


https://doi.org/10.1016/j.jadohealth.2020.01.013


Retrieved from http://web.a.ebscohost.com/ehost/detail/detail?vid=9&sid=6473bd24-9b15-4355-a9f5-9fd2a982a089@sdc-v-sessmgr02&bdata=JkF1dGhUeXBIPXNzbyZzaXRIPWVob3N0LWxpdmUmec2NvcGU9c2l0ZQ==#AN=123816860&db=ccm


https://doi.org/10.1186/s12909-020-02384-y


Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., … De Sutter, P.

https://doi.org/10.1093/eurpub/cky226
Appendix A

IRB and/or Non-Research Approval Documents (Statement of Determination)

Doctor of Nursing Practice

Statement of Non-Research Determination (SOD) Form

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E

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<thead>
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<td>Simko</td>
</tr>
<tr>
<td>CWID Number:</td>
<td>20261986</td>
</tr>
<tr>
<td>First Name:</td>
<td>Marissa</td>
</tr>
<tr>
<td>Semester/Year:</td>
<td>9th Semester FNP DNP</td>
</tr>
<tr>
<td>Course Name &amp; Number:</td>
<td>Nurs 749B Prospectus Development</td>
</tr>
<tr>
<td>Chairperson Name:</td>
<td>Dr. Laura Chyu</td>
</tr>
<tr>
<td>Second Reader Name:</td>
<td>Dr. Alexa Curtis</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Description</th>
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<tbody>
<tr>
<td>1. Title of Project:</td>
<td>Improving Health Outcomes for LGBTQ+ Youth Through Provider Education</td>
</tr>
</tbody>
</table>

2. Brief Description of Project *(Clearly state the purpose of the project and the problem statement in 250 words or less):*

The LGBTQ+ population experiences significant health inequities in comparison with the general population. The health disparities experienced by the LGBTQ+ community include both physical and mental health conditions. (Zeeman et al., 2018). Inequities in mental health are particularly evident in LGBTQ+ individuals less than 35 years old and over 55 years old. Within the LGBTQ+ youth community, rates of suicidality, substance abuse, homelessness, and lack of sexual education, are higher than in the general population (Garbers et al., 2017). LGBTQ+
health disparities are a critical issue within nursing and for nurse practitioners. The LGBTQ+ community reports higher rates of negative experiences than the general population when navigating healthcare and health treatment. Frequent issues reported by LGBTQ+ individuals include concerns about communication with healthcare professionals and general discontent with treatment and care being delivered. This was seen within sexual orientation minorities as well as sex and gender minorities. (Zeeman et al., 2018). Current practice includes health care provider LGBTQ+ education in schools and at times in health care institutions. In a study of nursing students, 85% stated their education had not prepared them enough to care for LGBTQ individuals (Mikovits, 2020). Providing improved education for healthcare providers around LGBTQ+ centered care based in cultural humility strategies may improve LGBTQ+ individuals' experience with healthcare professionals (Donisi et al., 2020). This may lead to a decrease in health disparities and improvement in quality of life for LGTBQ+ individuals.

3. **AIM Statement: What are you trying to accomplish?**

   - Provides clear, well-defined, and concise statement regarding the purpose of the project and describes the specific aim in the IHI format: What?; How much?; For whom?; Where?; By when? The Aim Statement needs to follow the SMART guidelines: specific, measurable, achievable, realistic, and timely.

   - To improve (your process) from (baseline)% to (target)% by (timeframe), among (your specific population)

   *Complete the AIM statement by answering the following elements:*

   **What?**; LGBTQ+ youth centered healthcare provider workshop
   **How much improvement?**; Pre- and post- evaluation scores will improve by 25%
   **For whom?**; Healthcare providers within the Adolescent Health Working Group (AHWG) network
   **Where?**; AHWG work
   **By when?**; Between the pre-workshop evaluation and post-workshop evaluation

   In order to improve LGBTQ+ youth centered healthcare provider education, healthcare providers within the AHWG network will show 25% improvement between pre-workshop evaluation and post-workshop evaluation scores.

4. **Brief Description of Intervention (150 words):**

The intervention will involve improved LGBTQ+ youth education for healthcare providers. This workshop will utilize a cultural humility model to provide better understanding to providers for how to care for LGBTQ+ individuals. Unconscious biases are shown to impact health outcomes significantly, and the theory of cultural humility aims to mitigate implicit bias. The goals of the LGBTQ+ education workshop intervention are to improve provider’s knowledge, attitudes, and confidence in providing LGBTQ+ centered care to their patients and to improve the care provided to LGBTQ+ youth. By providing greater provider education this project aims to improve quality of life and decrease health discrepancies related to substance abuse, SI, and sexual health issues in LGBTQ+ youth in comparison with the heterosexual and cisgender youth.

**4a. How will this intervention be implemented?**

   - Where will you implement the project?
• Through AHWG organization
• Attach a letter from the agency with approval of your project.
  o Attached below.
• Who is the focus of the intervention? (Needs to match population [for whom?] in Aim statement.)
  o AHWG network of healthcare providers
• How will you inform stakeholders/participants about the project and the intervention?
  o Stakeholder such as healthcare providers would be informed about the intervention through the AHWG newsletter and in monthly AHWG meetings. Stakeholders such as AHWG leadership would be presented with the project idea around development of the LGBTQ+ youth healthcare provider workshop.

5. Outcome measurements: How will you know that a change is an improvement?
• Measurement over time is essential to QI. Measures can be outcome, process, or balancing measures. Baseline or benchmark data are needed to show improvement.
  o Baseline measurements of providers provider’s knowledge, attitudes, and confidence in providing LGBTQ+ centered care would be evaluated through a pre-workshop evaluation.
• Align your measure with your problem statement and aim.
  o These measures are aligned with the health disparities prevalent within the LGBTQ+ youth community.
• Try to define your measure as a numerator/denominator.
  o A numerator would be the pre-workshop evaluation scores and the denominator the highest scores available. The post-workshop evaluation scores would also be a numerator and the denominator the highest score available. These pre- and post-workshop evaluations would then be compared.
• What is the reliability and validity of the measure? Provide any tools that you will use as appendices.
  o There is always risk of bias due to human error or sample size but I believe using a standardized questionnaire will increase reliability and validity of the project.
• Describe how you will protect participant confidentiality.
  o Patient confidentiality will be protected by collection of data and data analysis without identifying factors, such as name or email.
**DNP Statement of Determination**

**Evidence-Based Change of Practice Project Checklist***
*The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E*

**Project Title:**
Integration of Cultural Humility-based LGBTQ+ Education for Healthcare Providers

<table>
<thead>
<tr>
<th>Mark an “X” under “Yes” or “No” for each of the following statements:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the project is to improve the process or delivery of care with established/accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.</td>
<td></td>
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<tr>
<td>The specific aim is to improve performance on a specific service or program and <strong>is a part of usual care</strong>. All participants will receive standard of care.</td>
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<tr>
<td>The project is <strong>not</strong> designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control. The project does <strong>not</strong> follow a protocol that overrides clinical decision-making.</td>
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<tr>
<td>The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does <strong>not</strong> develop paradigms or untested methods or new untested standards.</td>
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<td>X</td>
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<tr>
<td>The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does <strong>not</strong> seek to test an intervention that is beyond current science and experience.</td>
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<tr>
<td>The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.</td>
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<td>X</td>
</tr>
<tr>
<td>The project has <strong>no</strong> funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
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<td>X</td>
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<tr>
<td>The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., <strong>not</strong> a personal research project that is dependent upon the voluntary participation of colleagues, students and/or patients.</td>
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<td>X</td>
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<tr>
<td>If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: “<strong>This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.</strong>”</td>
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**Answer Key:**
- If the answer to **all** of these items is “Yes”, the project can be considered an evidence-based activity that does **not** meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files.
- If the answer to **any** of these questions is “No”, you must submit for IRB approval.
To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: http://answers.hhs.gov/ohrp/categories/1569

### DNP Statement of Determination

**Evidence-Based Change of Practice Project Checklist Outcome**

*The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E*

- This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). **Student may proceed with implementation.**

- This project involves research with human subjects and **must be submitted for IRB approval before project activity can commence.**

**Comments:**

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>Simko</th>
<th>Student First Name:</th>
<th>Marissa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature:</td>
<td>Marissa Simko</td>
<td>Date:</td>
<td>7.18.21</td>
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<tr>
<td>Chairperson Name:</td>
<td>Dr. Alexa Curtis</td>
<td>Date:</td>
<td>5/12/23</td>
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<td>Alexa Curtis</td>
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<td>Second Reader Name:</td>
<td>Dr. Laura Chyu</td>
<td>Date:</td>
<td>5/12/23</td>
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<td>Laura Chyu</td>
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<tr>
<td>DNP SOD Review Committee Member Name:</td>
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<td>DNP SOD Review Committee Member Signature:</td>
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Appendix B

Letter of Support from Agency

DNP Project Approval Statement University of San Francisco

Organization: Adolescent Health Working Group

Project: Implementation of a Workshop Training for Healthcare Providers on the topic of Health Consideration for LGBTQ+ Youth

Evaluation: Pre- and post-workshop evaluations for participants. AHWG feedback of the workshop will be incorporated by DNP student and feedback from a pilot workshop will be integrated prior to workshop presentation.

Dissemination of Outcomes: Outcomes will center on changes in provider’s knowledge around delivery of care to LGBTQ+ youth, attitudes towards the LGBTQ+ youth community, and confidence in providing care for LGBTQ+ youth.

Upcoming Timeline:

January 17th - 28th

- Continue development of workshop presentation incorporating feedback from Workshop Draft 1
- Create pre- and post-workshop evaluation surveys

January 29th - February 11th

- Continue development of presentation incorporating feedback from Workshop Draft 1
- Send Adam Workshop Draft 2 by Feb 3rd
- Create an email template for workshop outreach
- Send workshop outreach email to AHWG listserv by February 12th

February 12th - 25th

- Incorporate feedback from Workshop Draft 2 into presentation
- Pilot workshop with Adam and any other attendees between Feb 21st - 24th

February 26th - March 11th

- Incorporate feedback from pilot workshop into Workshop Draft 3
- Send Adam Workshop Draft 3 by March 4th
- Revise workshop with any additional feedback
March 11th or 12th
   • Hold a virtual training for healthcare provider audience

March 12th - May 10th
   • Incorporate any post workshop evaluation feedback into workshop for AHWG May 10 conference
   • Send providers 5 week follow up evaluations on April 23rd
   • Hold workshop during virtual conference on May 10th

Approval for the following DNP project is agreed upon by:

Name: Adam Chang, Executive Director
Date: January 30, 2023
Signature: _______________________________

Organization: Adolescent Health Working Group

Name (Student): Marissa Simko
Date: January 30, 2023
Signature (Student): __________________________
### Appendix C

**Evaluation Table**

<table>
<thead>
<tr>
<th>Purpose of Article or Review</th>
<th>Design / Method / Conceptual Framework</th>
<th>Sample / Setting</th>
<th>Major Variables Studied (and their Definitions)</th>
<th>Measurement of Major Variables</th>
<th>Data Analysis</th>
<th>Study Findings</th>
</tr>
</thead>
</table>
| **Methods:** The Health4LGBTI training course was developed by a Consortium of European partners and financed by the European Union. Prior to the pilot program, healthcare professional participants took part in self-assessments that evaluated their prior experience caring for the LGBTQ+ community and their attitudes towards LGBTQ+ individuals. After the | **Independent Variable:** Participating in the Health4LGBTI training course | **Dependent Variables:** Effectiveness of the training and healthcare professionals’ satisfaction | Knowledge of LGBTI topics -Attitudes toward LGBTI individuals | Measurement was done through pre- and post-self-assessments/questionnaires | -Chi-square tests to analyze categorical variable -Univariable ordered logistic regressions for evaluating concepts on an ordinal scale -Wilcoxon rank-sum test to analyze median score values | **Knowledge on LGBTI**

Findings: For all apart from 2 knowledge questions, correct answers increased significantly when measured by the post-test

**Attitudes on LGBTI community:** On the pre-test only 51% felt competent in providing care for LGBTQ+ community -Post-test


LGBTQ+ individuals experience health disparities and obstacles to accessing healthcare at higher rates than the general population. This paper’s purpose was to discuss the Health4LGBTI training course for healthcare workers and the outcomes of its pilot implementation.
<table>
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<tr>
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<th>Sample / Setting</th>
<th>Major Variables Studied (and their Definitions)</th>
<th>Measurement of Major Variables</th>
<th>Data Analysis</th>
<th>Study Findings</th>
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<tr>
<td>training post-questionnaires were utilized to assess these same factors. No conceptual framework noted.</td>
<td></td>
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<td></td>
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<td></td>
<td>results showed statistical significance for improved attitudes towards LGBTQ+ individuals, more likely to ask about sexual orientation, gender identity, or sexual characteristics, and felt more competent providing care</td>
</tr>
</tbody>
</table>

Definition of abbreviations: LGBTI: Lesbian, Gay, Bisexual, Transgender, Intersex
LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer +

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<tr>
<th>Purpose of Article or Review</th>
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<th>Sample / Setting</th>
<th>Major Variables Studied (and their Definitions)</th>
<th>Measurement of Major Variables</th>
<th>Data Analysis</th>
<th>Study Findings</th>
</tr>
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<tbody>
<tr>
<td>SBHCs, on-site clinics offering primary care, and other student health services are seen to decrease health inequities and to positively impact youth health and academic outcomes. This study focuses on how and if SBHCs could mitigate health disparities for LGBTQ+ youth through a needs assessment survey. This survey’s purpose was to evaluate whether SBHCs offer</td>
<td>Methods: -A 43-question cross-sectional online-based needs assessment survey was conducted among SBHC administrators and healthcare directors -A convenience sample method was utilized and participants were gathered through advertising at a national conference and national education health organization email newsletters No conceptual framework noted.</td>
<td>Sample: -66 SBHCs (N=66) -Participant requirements: administrators or medical director of a SBHC</td>
<td>Independent Variable: -Participating in the needs assessment survey Dependent Variables: -The assessment focused on: structural, systemic, interpersonal factors, and culturally competent practices</td>
<td>Measurement was done through participation and evaluation of the needs assessment survey, which had been preliminarily tested in seven SBHCs in New York City</td>
<td>-SBHCs were grouped by geographic region, the health-care services provided, and size of school -Analysis was done using Pearson’s x2, Fisher’s exact, and analysis of variance (ANOVA) tests, with alpha = .05</td>
<td>-53% of the SBHCs reviewed print materials for negative LGBTQ stereotypes -27.3% conducted exhaustive materials review -Regional differences were detected: 46.2% of Southern SBHCs conducted any materials review compared to 91.3% in the West and all in the East and Midwest (p &lt; .001). -45.5% of SBHCs did not conduct any health provider trainings</td>
</tr>
</tbody>
</table>
a culturally competent clinical environment for LGBTQ+ youth.

Definition of abbreviations: SBHC: School-Based Health Center
LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer +

<table>
<thead>
<tr>
<th>Purpose of Article or Review</th>
<th>Design / Method / Conceptual Framework</th>
<th>Sample / Setting</th>
<th>Major Variables Studied (and their Definitions)</th>
<th>Measurement of Major Variables</th>
<th>Data Analysis</th>
<th>Study Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender is a significant social determinant of health but frequently providers do not have the training in how to offer gender-sensitive care. Providing pertinent education could assist in addressing gender-based health disparities. The study’s purpose was to identify and depict the training needs for gender-sensitive care among pediatric rehabilitation healthcare clinicians.</td>
<td><strong>Methods:</strong> -Interpretive descriptive qualitative design was used -Interviews were conducted with 23 pediatric rehabilitation healthcare providers -Interviews were transcribed verbatim and evaluated with an open-coding inductive thematic analysis</td>
<td><strong>Sample:</strong> -23 (N=23) pediatric rehabilitation healthcare providers (19 women, 3 men, 1 transgender) -Participants worked in a range of healthcare areas</td>
<td><strong>Independent Variable:</strong> -Taking part in the audio recorded interviews</td>
<td>-Measurement was done through interviews with the participants and clustering of themes arising from these interviews</td>
<td>-Verbatim transcription of all interviews and field notes made after each interview -Anonymization of interviews upon entry into Nvivo and thematic analysis performed -Independent and team development of themes and extraction of quotes -Log of key decisions during data analysis and approaches to address trustworthiness of findings including prolonged engagement and peer debriefing</td>
<td>Three central themes were identified: -Lack of knowledge about gender-sensitive care and the need for more education; content of the desired training; and delivery method of the training.</td>
</tr>
</tbody>
</table>
Definition of abbreviations:

<table>
<thead>
<tr>
<th>Purpose of Article or Review</th>
<th>Design / Method / Conceptual Framework</th>
<th>Sample / Setting</th>
<th>Major Variables Studied (and their Definitions)</th>
<th>Measurement of Major Variables</th>
<th>Data Analysis</th>
<th>Study Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ+ people experience significant health disparities. The purpose of this study was to present a review of the health inequalities faced by LGBTQ+ individuals and the barriers health professionals encounter when providing care and how to best decrease inequities.</td>
<td>Methods: -A narrative synthesis of 57 papers was performed -Literature was searched in Cochrane, Campbell Collaboration, Web of Science, CINAHL, PsychINFO and Medline -Key terms included: health inequalities, the study population (LGBTI people) and health professionals -No conceptual framework noted.</td>
<td>Sample: -57 studies were included (systematic reviews, narrative reviews, meta-analyses and primary research)</td>
<td>Independent Variable: -Literature centered on LGBTQ+ health inequities, barriers to care, and healthcare professionals</td>
<td>A literature search was conducted and key themes and data from the 57 studies were identified and centered in this paper</td>
<td>-Inclusion eligibility for each paper was identified by screening all articles by abstract and title -Selected articles underwent a full text screen by first and second author -Discrepancies were resolved in consultation with the third author</td>
<td>Greater likelihood of health inequalities in LGBTQ+ community across all sexual orientation, sex, gender identities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Setting: -Published 2010 and after -No geographic limitations -Studies written in the English language</td>
<td>Dependent Variables: -Characteristics of the studies -Potential causes of health inequities -Demographic factors influencing inequities and vulnerable intersections -Data on what is currently known about health disparities in LGBTQ+ community -Potential barriers to care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Level III -Mixed Methods Systemic review with meta-analysis -Convergent: This systemic review utilized a mixed methods approach and the qualitative and quantitative data were collected concurrently for a more complete understanding of this topic.</td>
<td>Strengths/Weaknesses: -The mixed methods research design was relevant in addressing the research questions -The purpose was clearly presented and the research was somewhat current (2010 onwards) -The integration of the quantitative and qualitative data seemed relevant to address the research objective -Limitations around integration were explained</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Feasibility: This narrative synthesis is feasible to perform and the search process description was clear</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conclusion: This paper would be useful for a range of healthcare providers to read to better understand potential causes of LGBTQ+ health disparities and the extent of health inequities in the...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Current Disparities Data: -Physical and mental health inequities</td>
</tr>
<tr>
<td>Purpose of Article or Review</td>
<td>Design / Method / Conceptual Framework</td>
<td>Sample / Setting</td>
<td>Major Variables Studied (and their Definitions)</td>
<td>Measurement of Major Variables</td>
<td>Data Analysis</td>
<td>Study Findings</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------</td>
<td>-----------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------</td>
<td>--------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>

**Vulnerable Intersections:**
- Gender, age, SES and disability, LGBTI identity
- Gaps in the literature remain

Definition of abbreviations: LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer +
LGBTI: Lesbian, Gay, Bisexual, Transgender, Intersex
SES: Socioeconomic Status
**Appendix D**

**Gap Analysis**

<table>
<thead>
<tr>
<th>Current State</th>
<th>Future State</th>
<th>Gap</th>
<th>Actions to Close Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current LGBTQ+ youth care education provided on individual facility protocol-basis. LGBTQ+ centered care education is minimal. Elevated rates of health disparities and in LGBTQ+ youth are present at this time in comparison with heterosexual and cisgender youth.</td>
<td>More comprehensive education for healthcare providers with potential for improved knowledge, attitudes, and confidence around treating LGBTQ+ youth.</td>
<td>Lack of adequate LGBTQ+ youth centered healthcare education and training for healthcare providers.</td>
<td>Development and implementation of a LGBTQ+ youth workshop for healthcare providers in collaboration with AHWG, providing cultural humility centered education around LGBTQ+ youth healthcare to mitigate LGBTQ+ health disparities and improve healthcare provider understanding.</td>
</tr>
</tbody>
</table>
# Appendix E

## Gantt Chart

<table>
<thead>
<tr>
<th>Course/Life Event</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>Research LGBTQ+ youth EBV care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop LGBTQ+ Health Workshop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet with AHMG leadership and stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop pre- and post-workshop evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with multidisciplinary AHMG team to meet site specific needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop implementation plan with clinic leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach to AHMG healthcare providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold LGBTQ+ Youth Workshop with pre- and post- evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss program evaluation and any possible improvements with clinic leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer 6 week post-workshop evaluations and analyze data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F

Work Breakdown Structure

1. Securing Project Partner
   - Researching Possible Clinics or Organizations That May be Interested in Working on the Project
   - Communication with Organizations

2. Development of LGBTQ+ Youth Workshop
   - Educational Content
   - Training Structure and Media
   - Recommendations and Implications for Healthcare Practice

3. Outreach to Providers within AHWG Network

4. Pre- and Post-Workshop Provider Evaluation
   - Development
   - Distribution
   - Feedback Implementation

5. Communication with Interdisciplinary Team
   - Timeline Development

6. Analysis of Pre- and Post-Workshop Evaluation Data

7. Evaluation of Toolkit
   - Post Evaluation Survey Content

Implementation of a LGBTQ+Youth Virtual Workshop for Healthcare Providers
Appendix G
Responsibility/Communication Matrix

<table>
<thead>
<tr>
<th>Communication</th>
<th>Purpose</th>
<th>Medium</th>
<th>Frequency</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder Meeting</td>
<td>Provide information on implicit bias and LGBTQ+ education training for healthcare providers, gain support and approval. Attain feedback and review project objectives.</td>
<td>Virtual (Zoom)</td>
<td>Once</td>
<td>AHWG director</td>
</tr>
<tr>
<td>Multidisciplinary Team Meetings</td>
<td>Discuss necessary content, toolkit modality and timeline, and evaluation technique.</td>
<td>Virtual (Zoom)</td>
<td>As needed</td>
<td>Multidisciplinary Team members, AHWG director and communication staff</td>
</tr>
<tr>
<td>Workshop Implementation</td>
<td>Provide LGBTQ+ youth education and training to healthcare providers utilizing cultural humility framework.</td>
<td>Virtual (Zoom)</td>
<td>Once</td>
<td>Healthcare providers, AHWG team</td>
</tr>
<tr>
<td>Workshop Evaluation</td>
<td>Evaluation of workshop efficacy and any potential changes</td>
<td>Virtual (Zoom)</td>
<td>Post workshop implementation, Once</td>
<td>DNP Student</td>
</tr>
</tbody>
</table>
### Appendix H

**SWOT Analysis**

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and knowledge of LGBTQ+ youth education</td>
<td>Single workshop rather than ongoing education</td>
</tr>
<tr>
<td>The workshop would align with the healthcare system’s mission of serving the community and improving quality of care</td>
<td>Workshop for healthcare providers rather than all staff initially</td>
</tr>
<tr>
<td>Shared commitment around community focus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential improvements in providers attitudes, knowledge, and confidence + decreased healthcare provider discrimination</td>
<td>COVID-19 and consequent restrictions and their unpredictability</td>
</tr>
<tr>
<td>Potential for improvements in LGBTQ+ youth preventative care, health outcomes, and adherence to care</td>
<td>Possible challenge in insuring all providers’ attendance</td>
</tr>
<tr>
<td>Program could be utilized in other clinics or inpatient setting</td>
<td>Possibility of technology issues, such as Zoom malfunction</td>
</tr>
</tbody>
</table>
Appendix I

Proposed Budget and Cost Benefit Analysis

<table>
<thead>
<tr>
<th>Expense</th>
<th>Option 1</th>
<th>Option 2a</th>
<th>Option 2b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of LGBTQ+ health workshop by DNP student</td>
<td>$0</td>
<td>$34/hour x 127 hours = $4,318</td>
<td>$34/hour x 127 hours = $4,318</td>
</tr>
<tr>
<td>AHWG Director staff costs</td>
<td>$0</td>
<td>$42/hour x 15 hours = $630</td>
<td>$42/hour x 15 hours = $630</td>
</tr>
<tr>
<td>AHWG Communications staff costs</td>
<td>$0</td>
<td>$30/hour x 10 hours = $300</td>
<td>$30/hour x 10 hours = $300</td>
</tr>
<tr>
<td>Outreach to AHWG healthcare providers by DNP student</td>
<td>$0</td>
<td>$34/hour x 5 hours = $170</td>
<td>$34/hour x 5 hours = $170</td>
</tr>
<tr>
<td>Pilot and Formal Workshop presentation by DNP student</td>
<td>$0</td>
<td>$34/hour x 3 hours = $102</td>
<td>$34/hour x 3 hours = $102</td>
</tr>
<tr>
<td>Venue contract costs (Virtual)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Supply costs/printed materials (Virtual)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Opportunity drawing for workshop participants</td>
<td>$0</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td><strong>Workshop ticket price</strong></td>
<td>$0</td>
<td>$0</td>
<td>$30 per person x estimated 30 attendees = +$900</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$0</td>
<td><strong>$5,595</strong></td>
<td><strong>$5,595 - $900 = $4,695</strong></td>
</tr>
</tbody>
</table>
Appendix J

Proposed CQI Method

- **Act**: Implement Workshop
- **Plan**: Identify improvement goal and make a plan
- **Do**: Test the plan
- **Study**: Evaluate the plan's outcomes
Appendix K

Data Collection Tools: Pre- and Post-Workshop Evaluations and Peer Review Workshop Evaluation

Pre-Workshop Evaluation

Adolescent Health Working Group: LGBTQ+ Youth and Provider Communication [PRE-TRAINING SURVEY]

Please take 2 to 3 minutes to complete the form below. Your responses are confidential and purely for educational purposes. We encourage and appreciate your honesty in answering the questions.

Email *
Valid email
This form is collecting emails. Change settings

1. What is your field of employment? *
   - Medical/Nursing
   - Mental Health
   - Education
   - Social Work
   - Other...

2. Which race or ethnicity best describes you?
   - American Indian or Alaskan Native
   - Asian / Pacific Islander
   - Black or African American
   - Hispanic or Latinx
   - White / Caucasian
   - Multiple ethnicities
   - Prefer not to share
   - Other...

3. How do you describe your gender identity?
   - Agender
   - Asexual
   - Bisexual
   - Gay
   - Heterosexual or straight
   - Lesbian
   - Pansexual
   - Queer
   - Questioning
   - Prefer not to share
   - Other...

4. How do you describe your sexuality?
   - Asexual
   - Bisexual
   - Gay
   - Heterosexual or straight
   - Lesbian
   - Pansexual
   - Queer
   - Questioning
   - Prefer not to share
   - Other...
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. I am confident in my ability to build rapport with LGBTQ+ youth patients.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
<tr>
<td>8. I believe it is important to know a patient's gender identity in order to better determine their healthcare needs.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
<tr>
<td>6. I would benefit from further education about the specific healthcare needs of LGBTQ+ youth patients around communication strategies.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
<tr>
<td>10. I actively inquire about a patient's gender identity when working with the patient.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
<tr>
<td>7. I believe it is important to know a patient's sexuality in order to better determine their healthcare needs.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
<tr>
<td>11. Sexuality impacts access to healthcare.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
<tr>
<td>8. I actively inquire about a patient's sexuality when working with the patient.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
<tr>
<td>12. Gender identity impacts access to healthcare.</td>
<td>- Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>- Disagree</td>
</tr>
<tr>
<td></td>
<td>- Neither agree or disagree</td>
</tr>
<tr>
<td></td>
<td>- Agree</td>
</tr>
<tr>
<td></td>
<td>- Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>- Don't know</td>
</tr>
</tbody>
</table>
The Post-Workshop Evaluation was comprised of the same questions as the Pre-Workshop Evaluation with the addition of the following feedback question.

15. Any feedback you'd like to provide about this workshop?

Your answer

Peer Review Workshop Evaluation
Adolescent Health Working Group: LGBTQ+ Youth and Provider Communication [Workshop Evaluation]

Please take at least 10 minutes to respond to each of the questions below. Your written feedback will greatly benefit our final development of this training.

msimko@dons.usfca.edu  Switch account

* Indicates required question

3. The workshop's training objective: "Gain understanding in applying motivational interviewing and harm reduction principles within youth care" was adequately covered in the training.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree


1 2 3 4 5

Information was lacking and concepts were not clearly communicated.

Information was rich and effectively taught.

5. For Topic 2: "LGBTQ+ Health Disparities," please rank the quality of the content covered in the training.

1 2 3 4 5

Information was lacking and concepts were not clearly communicated.

Information was rich and effectively taught.

6. For Topic 3, "Youth and Provider Communication," please rank the quality of the content covered in the training.

1 2 3 4 5

Information was lacking and concepts were not clearly communicated.

Information was rich and effectively taught.
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. For Topic 4, Harm Reduction Principles, how was the quality of the content covered in the workshop?</td>
<td>1 2 3 4 5&lt;br&gt;Information was lacking and concepts were not clearly communicated. Information was rich and effectively taught.</td>
</tr>
<tr>
<td>8. For Topic 5, Motivational Interviewing, how was the quality of the content covered in the workshop?</td>
<td>1 2 3 4 5&lt;br&gt;Information was lacking and concepts were not clearly communicated. Information was rich and effectively taught.</td>
</tr>
<tr>
<td>9. For Topic 6, Caregiver and Provider Communication, how was the quality of the content covered in the workshop?</td>
<td>1 2 3 4 5&lt;br&gt;Information was lacking and concepts were not clearly communicated. Information was rich and effectively taught.</td>
</tr>
<tr>
<td>11. Please rank how well the activity, &quot;Group Discussion: Environmental Communication,&quot; fulfilled the workshop objective of &quot;Gaining confidence with LGBTQ+ centered language and LGBTQ+ youth centered care.&quot;</td>
<td>1 2 3 4 5&lt;br&gt;Not very well (the activity did little to enrich my learning experience). Very well (the activity gave me the tools to better meet the learning objective).</td>
</tr>
<tr>
<td>12. To what extent did the Trivia activity fulfill the workshop objective of gaining confidence with LGBTQ+ centered language and LGBTQ+ youth centered care?</td>
<td>1 2 3 4 5&lt;br&gt;Not very well (the activity did little to enrich my learning experience). Very well (the activity gave me the tools to better meet the learning objective).</td>
</tr>
</tbody>
</table>

13. To what extent did the activity, Affirming Communication, fulfill the workshop objective of gaining knowledge of youth and caregiver communication strategies utilizing an LGBTQ+ lens? | 1 2 3 4 5<br>Not very well (the activity did little to enrich my learning experience). Very well (the activity gave me the tools to better meet the learning objective). |

14. To what extent did the activity, Motivational Interviewing: Change Talk, fulfill the workshop objectives of gaining understanding around applying motivational interviewing principles within youth care? | 1 2 3 4 5<br>Not very well (the activity did little to enrich my learning experience). Very well (the activity gave me the tools to better meet the learning objective). |

15. Did you notice any unnecessary repetitions in the content? | Your answer: ________________________________ |

16. How would you describe the workshop's overall accessibility quality, relating to presentation visuals, audio, speech, and formatting quality? | Your answer: ________________________________ |

17. We understand that participants are approaching this workshop at different professional experience levels. Still, do you feel that your overall knowledge or skills have improved by taking the workshop? Please elaborate. | Your answer: ________________________________ |

18. How could we improve the learning experience? Your response can be broad, or address a specific element. | Your answer: ________________________________ |

19. How engaging would you say the overall content was? | Your answer: ________________________________ |
Appendix L

Pre- and Post-Workshop Results

Demographic Data

Field of Employment

Race/Ethnicity
Gender Identity

- Pre-Workshop Survey
- Post-Workshop Survey

Sexuality Identity

- Pre-Workshop Survey
- Post-Workshop Survey
Appendix M

Pre- and Post-Workshop Results

Bar Graph Focusing on Participant’s Knowledge Levels on Pre- and Post-Workshop Evaluation

Average increase in highest attainable knowledge questions: 29.9%

Bar Graph Focusing on Participant’s Confidence Levels on Pre- and Post-Workshop Evaluation
**Pre- and Post-Workshop Confidence Questions**

Average increase in highest attainable confidence questions: 26.8%

**Bar Graph Focusing on Participant’s Attitudes on Pre- and Post-Workshop Evaluation**
Average increase in highest attainable attitude questions: 6.0%

<table>
<thead>
<tr>
<th>Average increase in highest attainable score</th>
<th>Knowledge-centered questions</th>
<th>Confidence-centered questions</th>
<th>Attitudes-centered questions</th>
<th>Total Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average highest attainable score (Pre-Test)</td>
<td>23.65%</td>
<td>21.1%</td>
<td>27.3%</td>
<td></td>
</tr>
<tr>
<td>Average highest attainable score (Post-Test)</td>
<td>53.55%</td>
<td>47.9%</td>
<td>33.33%</td>
<td></td>
</tr>
<tr>
<td>Percentage Change</td>
<td>29.9%</td>
<td>26.8%</td>
<td>6.0%</td>
<td>20.9%</td>
</tr>
</tbody>
</table>

Qualitative Feedback

15. Any feedback you'd like to provide about this workshop?
3 responses

This was well done! I would say that letting people know that sometimes asking for someone’s pronouns can put them on the spot. Sharing your own opens the door for them to share theirs without making them feel like they’ve been ‘clocked’

I’ve learned so much and feel much more confident in the language I’m using. I’m looking forward to applying these concepts and all that I’ve learned when working with LGBTQ+ patients. The workshop was so well organized and informative!

Excellent - I most appreciate the interactive sections as well as the scripts
Appendix N

Post-Workshop Peer Review Results

The workshop's training objective: "Gain knowledge of youth and caregiver communication strategies utilizing an LGBTQ+ lens" was adequately covered in the training.

8 responses

2. The workshop's training objective: "Gain confidence with LGBTQ+ centered language and LGBTQ+ youth centered care" was adequately covered in the training.

8 responses

3. The workshop's training objective: "Gain understanding in applying motivational interviewing and harm reduction principles within youth care" was adequately covered in the training.

8 responses
8 responses

5. For Topic 2: "LGBTQ+ Health Disparities," please rank the quality of the content covered in the training.
8 responses

6. For Topic 3, "Youth and Provider Communication," please rank the quality of the content covered in the training.
8 responses
7. For Topic 4, Harm Reduction Principles, how was the the quality of the content covered in the workshop?
8 responses

8. For Topic 5, Motivational Interviewing, how was the the quality of the content covered in the workshop?
8 responses

9. For Topic 6, Caregiver and Provider Communication, how was the the quality of the content covered in the workshop?
8 responses
10. Please rank how well the activity, "Group Discussion: Environmental Communication," fulfilled the workshop objective of "Gaining confidence with cultural language and LGBTQ+ youth centered care."
8 responses

11. To what extent did the Trivia activity fulfill the workshop objective of gaining confidence with LGBTQ+ centered language and LGBTQ+ youth centered care?
8 responses

12. To what extent did the activity, Affirming Communication, fulfill the workshop objective of gaining knowledge of youth and caregiver communication strategies utilizing an LGBTQ+ lens?
8 responses
13. To what extent did the activity, Motivational Interviewing: Change Talk, fulfill the workshop objective of gaining understanding around applying ...tional interviewing principles within youth care?
8 responses

14. Did you notice any unnecessary repetitions in the content?
6 responses

no

No

No - any replicated concepts were helpful to solidify

15. How would you describe the workshop's overall accessibility quality, relating to presentation visuals, audio, speech, and formatting quality?
8 responses

Thumbs up

Very well done - Great slides and presentation quality

Accessibility was good for it being on Zoom

Easily accessible. No technical issues, everything ran smoothly. Video and audio were clear.

last third of session seemed rushed due to lack of time

good!

mildly unhappy with the time management, final 20 minutes were rushed and presenter was merely reading off slides

overall good. I thought Justin did a great job and my ears perked up when he was talking.
16. We understand that participants are approaching this workshop at different professional experience levels. Still, do you feel that your overall knowledge or skills have improved by taking the workshop? Please elaborate.

8 responses

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it was nice to get some more information about where some healthcare providers are at</td>
</tr>
<tr>
<td>Yes - I thought this session did a nice job of providing tangible examples of how to apply concepts when interacting with adolescents (instead of just giving vague talking points)</td>
</tr>
<tr>
<td>Maybe slightly, but I deal with the LGBTQ+ on a daily basis in our clinic here, plus I set up trainings for my team to decrease bias and increase inclusion</td>
</tr>
<tr>
<td>Absolutely, I feel more confident in my language and how I can approach conversations when working with LGBTQ+ patients. gave me some new insights</td>
</tr>
<tr>
<td>yes :)</td>
</tr>
<tr>
<td>enforced my current practices</td>
</tr>
<tr>
<td>Absolutely. I thought I had a good overall knowledge but learned I didn’t know as much as I should and I appreciated the perspectives of the speakers.</td>
</tr>
</tbody>
</table>

17. How could we improve the learning experience? Your response can be broad, or address a specific element.

9 responses

<table>
<thead>
<tr>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>This was great</td>
</tr>
<tr>
<td>Include the education as part of a series</td>
</tr>
<tr>
<td>N/a increase the session to 2 hours or split into 2 one hour sessions</td>
</tr>
<tr>
<td>expand time to 120 minutes or 2 one hour sessions</td>
</tr>
<tr>
<td>Overall great, sometimes slow moving, really liked the slide on making office more LGBTQ friendly. Will be implementing those soon.</td>
</tr>
<tr>
<td>18. How engaging would you say the overall content was?</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>6 responses</td>
</tr>
<tr>
<td>Highly</td>
</tr>
<tr>
<td>Very! We appreciate the time and thoughtfulness that went into this presentation</td>
</tr>
<tr>
<td>7/10</td>
</tr>
<tr>
<td>It was very engaging! The content was informative, well developed, and organized. It was presented in a really engaging way. The trivia and question/answers were helpful in putting the information learned to the test, it helped me better understand concepts and its applications.</td>
</tr>
<tr>
<td>very engaging</td>
</tr>
<tr>
<td>Another activity like the trivia would be good!</td>
</tr>
<tr>
<td>very engaging and open</td>
</tr>
<tr>
<td>I felt Justin was very engaging</td>
</tr>
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