Perspectives on Culturally Competent Care at New York City's Sexual Health Clinics Using Two Surveys

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Abstract # XX

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Background

- Providing comprehensive sexual health care that addresses the needs of LGBT patients requires cultural competency and an affirming environment
- New York City (NYC) Sexual Health Clinics (SHC) are committed to providing culturally responsive care to all patients, including men who have sex with men (MSM) and transgender/gender nonconforming individuals (TGNC)
- We sought to gain perspectives from staff and potential clients on culturally responsive care and explore change over time as new trainings on culturally responsiveness among LGB and TGNC clients were being conducted (March- June 2017) (Figure 1)

Methods

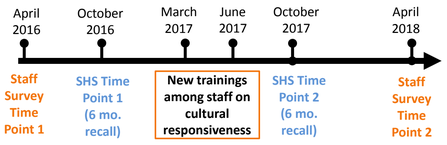
Data Sources We used data from two time points from two surveys:

(1) Staff Survey for Bureau of Sexually Transmitted Infections (BSTI)
***Survey design*:** Cross-sectional, online anonymous survey
Eligibility: All BSTI staff
Recruitment: Email
Outcomes: Respondents asked whether they disagreed or agreed with:
- Staff create an open and welcoming environment for people of all races, classes, genders, and sexual orientations
- Patients feel comfortable talking openly to staff about sexual behaviors
- I feel comfortable discussing sexual behavior and other sensitive topics with: a) MSM and b) TGNC patients
- I believe the clinic does an excellent job of serving a) LGB persons and b) TGNC persons

(2) Sexual Health Survey (SHS)
***Survey design*:** Annual cross-sectional, online anonymous survey
Eligibility: Sexually-active MSM, residing in NYC and aged 18-40
Recruitment: Ads on dating apps
Outcomes: Respondents who were aware of SHC and reported a recent visit (past 6 months) were asked
- Rate visit quality of last SHC visit from 1 (very poor) to 5 (very high)
- Likelihood of recommending the SHCs to an LGBTQ friend

Data Analysis Explored change over time using Chi-square and Fisher's Exact test

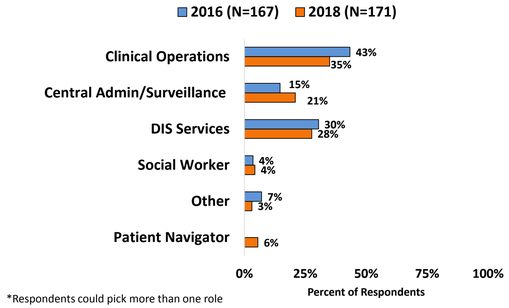
Figure 1. Timeline for Surveys and Training



Results: Staff Survey among Bureau of STI

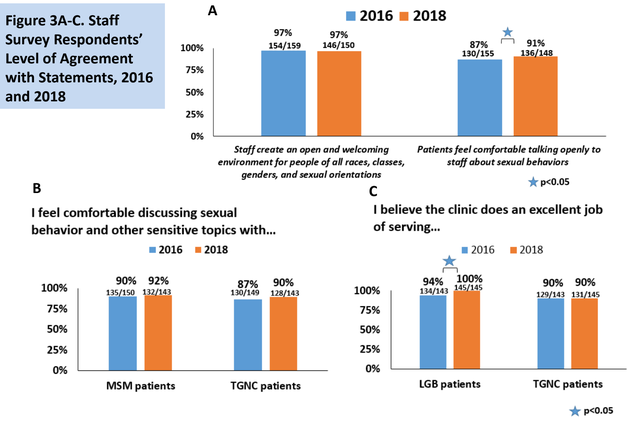
Staff Survey Respondents
- Staff survey was conducted online: (1) April 2016: N= 171, Response rate: 81% (2) April 2018: N= 167, Response rate: 56%
- Staff roles were varied (Figure 2)

Figure 2. Staff Survey Respondents' Roles, 2016 and 2018*



*Respondents could pick more than one role

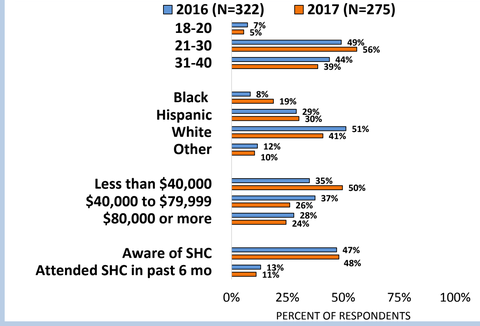
Figure 3A-C. Staff Survey Respondents' Level of Agreement with Statements, 2016 and 2018



Results: Sexual Health Survey (SHS) among MSM

SHS among MSM Respondents (Figure 4)
- SHS was conducted online with N=322 and N=275 in Fall 2016 and 2017, respectively
  - Fall 2016: 47% were aware of SHC and 13% had attended in the past 6 mo.
  - Fall 2017: 48% were aware of SHC and 11% had attended in the past 6 mo.

Figure 4. SHS respondent characteristics and SHC awareness/attendance

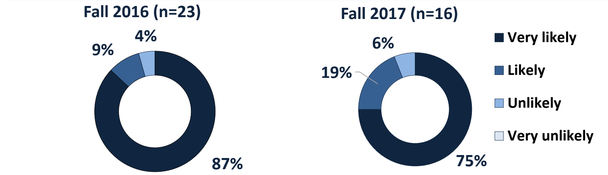


(1) Rating Quality of SHC Visit and (2) Likelihood of Recommending to an LGBTQ Friend

(1) Respondents asked: *On a scale of 1-5, with 1 being very poor quality and 5 being very high quality, participants who had a visit were asked to rate quality of care at last visit*
Result Mean score for visit quality was ≥4.5 for both time points: 2016: 4.63 (N=24); 2017: 4.50 (N=16)

(2) Respondents asked: *How likely are you to recommend SHC to a friend who identifies as LGBTQ?* (Figure 5)
Result Percent answering either very likely or likely was similarly high for both time points: 2016: 96% (23/26); 2017: 94% (15/16)

Figure 5. Likelihood of Recommending SHC to a Friend who Identifies as LGBTQ



Limitations

- Selection bias wherein those who participated vs. those who did not might be more open and positive on these select subjects
- Social desirability bias where respondents may feel pressured to respond positively to these questions – even though both surveys are anonymous
- Specific to Staff Survey:
  - Trainings lead staff to be better informed at the second time point than the first; this could affect their assessment of cultural responsiveness
  - Samples at two time points are neither independent samples nor are they exact same group of staff
- Specific to SHS:
  - Limited sample size for this analysis with few respondents having recently visited SHC
  - 6-month look-back period for second time point overlapped with training roll-out

Discussion

- Surveys among staff and potential MSM clients suggested positive perspectives on the environment at NYC SHCs
- Among staff, agreement with select statements increased over time
- Findings provide some insight, but due to their limitations, data should be triangulated with other sources (e.g., input from community advisory groups) to capture a diversity of perspectives.
- Next steps include continuing to determine BSTI staff perspectives on LGBTQ cultural competency through future surveys or other modes and continuing to provide trainings to address specific needs identified for engaging LGB and TGNC patient populations

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