

NCQA Health Equity Accreditation Plus Request for Comment

Submitted via online portal

Howard Brown Health would like to thank you for the opportunity to share input to guide development of the Health Equity Accreditation Plus program in order to ensure that care is more equitable for all people, particularly LGBTQ+ communities. Howard Brown is the largest LGBTQ+ health center in the Midwest, serving over 38,000 patients across twelve clinic locations in Chicago. Since our founding nearly 50 years ago, it has been our mission to meet the needs of LGBTQ+ populations who are often overlooked. As a federally qualified health center (FQHC), Howard Brown provides primary care, behavioral and mental health services, HIV/STI prevention, social services and community outreach to our patients regardless of insurance coverage or ability to pay. Howard Brown's Center for Education, Research and Advocacy (ERA) conducts rigorous community-based clinical and behavioral research to support the next generation of LGBTQ+ healthcare professionals, and advance policies that affirm the lives of LGBTQ+ people. ERA develops and disseminates community driven, evidence-based, high quality best practices in LGBTQ+ health.

We support the strong inclusion of LGBTQ+ populations within Health Equity Plus Measure 1 with its emphasis on the importance of sexual orientation and gender identity (SOGI) data collection. This data is necessary to understand and address the health risks and needs of LGBTQ+ populations.

Historically, policy makers and health care organizations have overlooked the importance of collecting SOGI data in their frameworks of care, which has contributed to lack of awareness around social needs of the LGBTQ+ community and serves to perpetuate LGBTQ+ health disparities.[1] SOGI data is fundamental for providers in assessing individual health risks and needs. Research shows that LGBTQ+ populations have a greater prevalence of poor physical health, chronic disease, and smoking and alcohol abuse.[2] At Howard Brown Health, we understand that comprehensive data collection is key to advancing health equity for marginalized communities. We rely on race, ethnicity, language, SOGI, and other demographic data to better assess the unique social and health needs of our patients and to inform where our programs need to expand to better support these populations. We applaud NCQA's efforts to drive improvement within health care and social service organizations by including SOGI data collection as a vital component of developing programs to address social risks and needs of marginalized communities (Health Equity Plus 1). One additional recommendation we would make is to also include intersex status data collection in HE Plus 1 and all other standards where SOGI data collection is included.

Sources:

[1] <https://pubmed.ncbi.nlm.nih.gov/26789508/>

[2] <https://pubmed.ncbi.nlm.nih.gov/28466199/>

We support Health Equity Plus 2 with its strong emphasis on the collection, analysis, and use of community and individual-level data to inform the design and implementation of social needs programming.

There are unique disparities within LGBTQ+ subpopulations that require the integration of community social risk data to inform programming and resources. There are several large community-level surveys that contain social risk data specific to LGBTQ+ populations, such as the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBSS), and the US Transgender Survey, that we would recommend listing as examples of local and national community-level data sources.

In particular, it is vital that organizations utilize SOGI data in the social needs data items included in the Health Equity Plus 2 Element B framework to be aware of the disparities that LGBTQ+ populations experience. Research has documented disparities in financial security, homelessness, safety, and discrimination among LGBTQ+ populations.[3][4][5] For instance, sexual and gender minorities experience higher levels of workplace discrimination which makes these populations more susceptible to experiencing homelessness.[6] We recommend analysis of LGBTQ+ subpopulation separately rather than one aggregate group whenever possible. Social needs like financial insecurity, housing instability, and experiences of discrimination vary for specific LGBTQ+ populations. For example, according to a report by the Williams Institute,[7] poverty rates vary within LGBTQ+ subpopulations: 33.7% of transgender men and 29.6% of transgender women experience poverty, compared to 12.1% of cis- gay men, 29.4% of cis- bisexual women, 17.9% of lesbians, 17.8% cis-straight women and 13.4% of cis-straight men.

Sources:

[3] <https://doi.org/10.1186/s12889-016-3467-1>

[4] <https://doi.org/10.1080/10926771.2013.785455>

[5] <https://www.nationalhomeless.org/wp-content/uploads/2017/06/LGBTQ-Homelessness.pdf>

[6] https://cdn.americanprogress.org/wp-content/uploads/issues/2011/01/pdf/lgbt_homelessness.pdf

[7] <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf>

We support the inclusion of SOGI data collection in HE Plus 5 to ensure that disparities in effective referrals for LGBTQ+ individuals are being identified and addressed.

From being mistreated to being denied services, LGBTQ+ communities are constantly hitting barriers to finding affirming healthcare. This widespread discrimination is one reason why it can be difficult making referrals for LGBTQ+ individuals. Based on a 2020 Center for American Progress survey, 15% of respondents overall and 28% of trans respondents, reported postponing or avoiding medical care due to disrespect or discrimination. [8]

One strategy that we employ to make more effective referrals for our LGBTQ+ patients is creating and maintaining referral lists of LGBTQ-affirming services. While there are some resources available to patients to find affirming LGBTQ+ healthcare providers, such as Health Professionals Advancing LGBTQ Equality (GLMA) or QueerDoc, finding an affirming provider can still prove to be difficult. Many patients must do their own extensive research, and even then, there is no guarantee they can get a referral to those providers. Our staff is able to take some of that burden off of patients by helping to facilitate connections to services. This is essential for preventing discrimination and connecting LGBTQ+ individuals to outside services where they feel safe. To help improve patient experience and safety, we recommended that NCQA consider creating future criteria for making effective and affirming referrals, especially for patients with marginalized identities.

Sources:

[8] <https://www.americanprogress.org/article/state-lgbtq-community-2020/>