

VETERANS HEALTH ADMINISTRATION

# Office of Health Equity

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U.S. Department  
of Veterans Affairs

Created in 2012

Vision: To ensure that VHA provides appropriate individualized health care to each Veteran in a way that:

- Eliminates disparate health outcomes and
- Assures health equity

# OFFICE OF HEALTH EQUITY GOALS

- 1. Leadership:** Strengthen VA leadership to address health inequalities and reduce health disparities.
- 2. Awareness:** Increase awareness of health inequalities and disparities.
- 3. Health Outcomes:** Improve outcomes for Veterans experiencing health disparities.
- 4. Workforce Diversity:** Improve cultural and linguistic competency and diversity of the VHA workforce.
- 5. Data, Research and Evaluation:** Improve data and diffusion of research to achieve health equity.

Veterans who experience greater obstacles to health related to:

- Race or ethnicity
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive /sensory / physical disability

# OFFICE OF HEALTH EQUITY WEBSITE

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**New Equity Report**

The National Veteran Health Equity Report (NVHER) 2021 provides data on patient experiences and healthcare quality for Veterans who receive VHA care.

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**VHA Office of Health Equity**

Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans. OHE supports the VHA's vision to provide appropriate individualized health care to each Veteran in a

<https://www.va.gov/healthequity>



U.S. Department of Veterans Affairs

# Applying Qualitative Methodology to Explore Access and Health Care Needs of LGBTQ+ Veterans Living with Spinal Cord Injury

# CYBERSEMINAR PRESENTERS



**Dr. B. Jenny Kiratli, PhD**

**Director, Spinal Cord Injury/Disorders (SCI/D) of  
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**VA SCI/D Center, VA Palo Alto Healthcare System**



**Dr. Andrea Nevedal, PhD**

**Anthropologist, Investigator & Senior Qualitative  
Methodologist**

**VA Center for Clinical Research Management, VA Ann  
Arbor Healthcare System**



# Applying Qualitative Methodology to Explore Access and Health Care Needs of LGBTQ+ Veterans Living with Spinal Cord Injury

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*Presenters:* Jenny Kiratli, PhD and Andrea Nevedal, PhD

*Moderator:* Shane Lamba, MPH

November 8, 2023





# Project Team and Collaborators

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**B. Jenny Kiratli, PhD** (she/her). Research Health Scientist & Director of SCI Clinical Research, Spinal Cord Injury & Disorders Center, VA Palo Alto Health Care System

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\*Former Research Psychologist, PRIME Center, VA Connecticut Healthcare System

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**Consumer Advisory Board, North American Spinal Cord Injury Consortium.** Four members, across the sexual and gender minority spectrum, all living with SCI (both paraplegia & tetraplegia)

# Acknowledgements

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- Sincere appreciation for the time and honesty of all respondents who shared their stories and experiences.

# Terminology & Abbreviations

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**LGBTQ+** Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other identities

**SO/GI** Sexual Orientation / Gender Identity

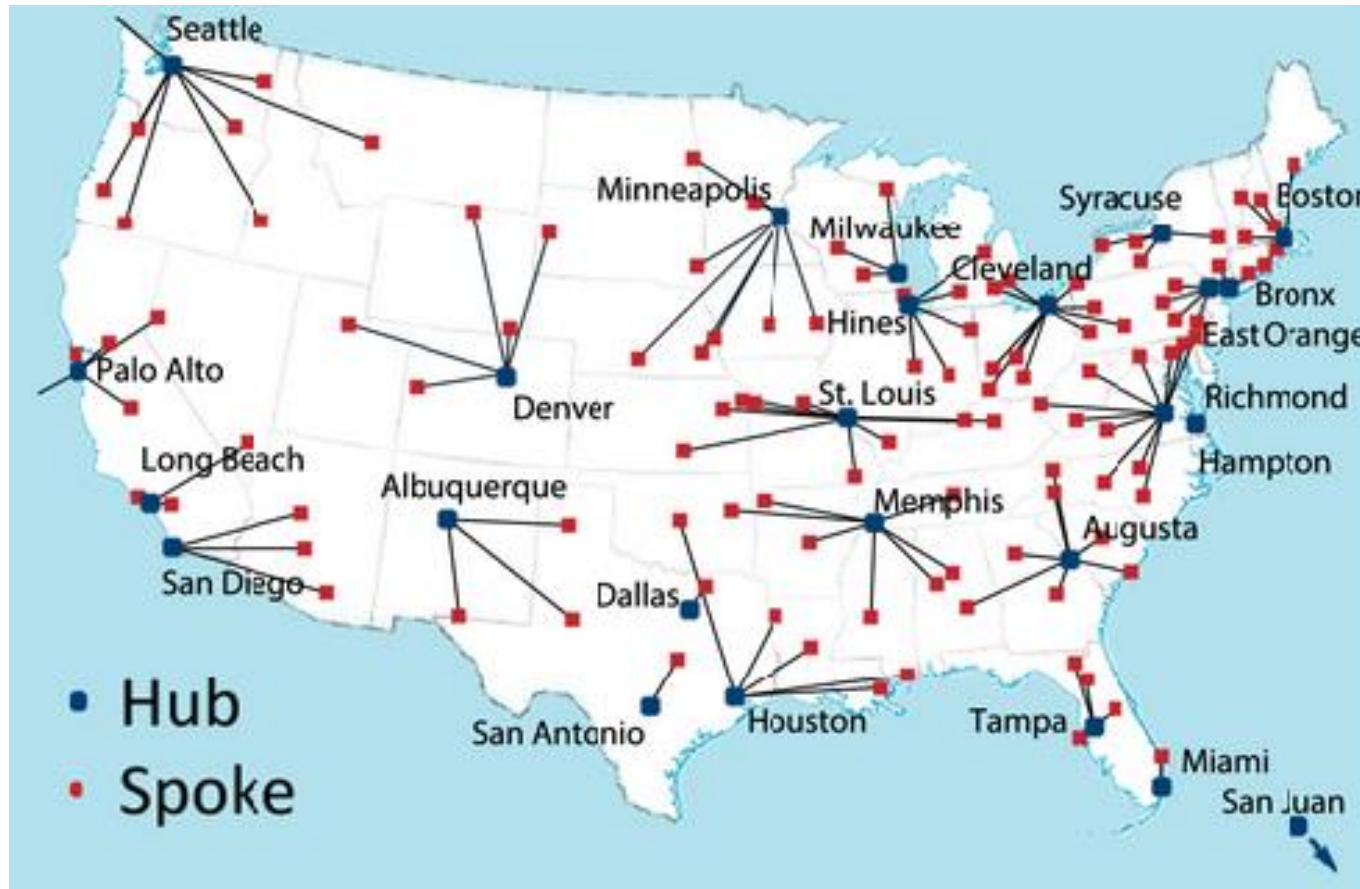
**SGM** Sexual and Gender Minority(ies)

**SCI/D** Spinal Cord Injury and Disorders

## **Person or Identity First Terminology**

- SOGI is key to personal identity
- Health condition is secondary (eg, *“person with a disability”*)

# VA Spinal Cord Injury & Disorders System of Care



- 25 Hub sites with >100 Spokes
- 25,000 Veterans with SCI/D served
- Multidisciplinary SCI-specialty trained provider teams
- Provide comprehensive care throughout the lifespan of the Veteran.
- [VA's Spinal Cord Injuries and Disorders System of Care - Spinal Cord Injuries and Disorders System of Care](#)

# Learning Objective

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- Discuss the impact of LGBTQ+ identity on mental and physical healthcare needs of persons living with spinal cord injury and potential pathways to improve care.

# Poll Question #1

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- 1.) What is your primary role in VA?
  - a. Student, Trainee, Fellow
  - b. Clinician
  - c. Researcher
  - d. Administrative staff/Program Office
  - e. Other

## Poll Question #2

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2.) How familiar are you with the VHA Spinal Cord Injury/Disorders (SCI/D) System of Care?

- a. 1 (Not at all familiar)
- b. 2
- c. 3
- d. 4
- e. 5 (Very familiar)

## Poll Question #3

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- 3.) How familiar are you with LGBTQ+ Veteran health issues?
- a.1 (Not at all familiar)
  - b.2
  - c.3
  - d.4
  - e.5 (Very familiar)



# Background

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SGM Healthcare Literature / SCI Context

# Healthcare Access

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- LGBTQ+ community report harassment, disrespect, discrimination, delays in care, and reduction in preventative screening tests (eg, pap smears, prostate exams, etc)
- **LGB people are 2X more likely** to delay seeking healthcare
- **Transgender people are 5X more likely** to report **poorer quality of care** with regards to routine visits
- **SGM people with disabilities were up to 8 times more likely to delay care** compared to SGM people without disabilities (Lamba *et al.*, 2023)
- **Limited research available about healthcare experiences of individuals with SCI who are also LGBTQ+**
- **79% of 402 providers reported that they never considered that individuals with SCI could identify as SGM** (Burch *et al.*, 2008)

# Significance – Dual Minority Status

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- Sexuality, bowel/bladder & independent functioning are core components of SCI-specific care
  - Challenges may **be compounded** due to LGBTQ+ identity
- Disproportionate rates of obesity, cardiovascular disease, cancer, diabetes, and asthma among LGBTQ+ people
  - *Similar morbidity to SCI population*
- Higher rates of mental health conditions reported for both populations
- Lack of knowledgeable practitioners
  - **Healthcare needs are often overlooked**
  - **Reduced likelihood to receive needed screening tests.**
- **Social and community support** are key determinants of **positive health outcomes** for both LGBTQ+ people and people with SCI

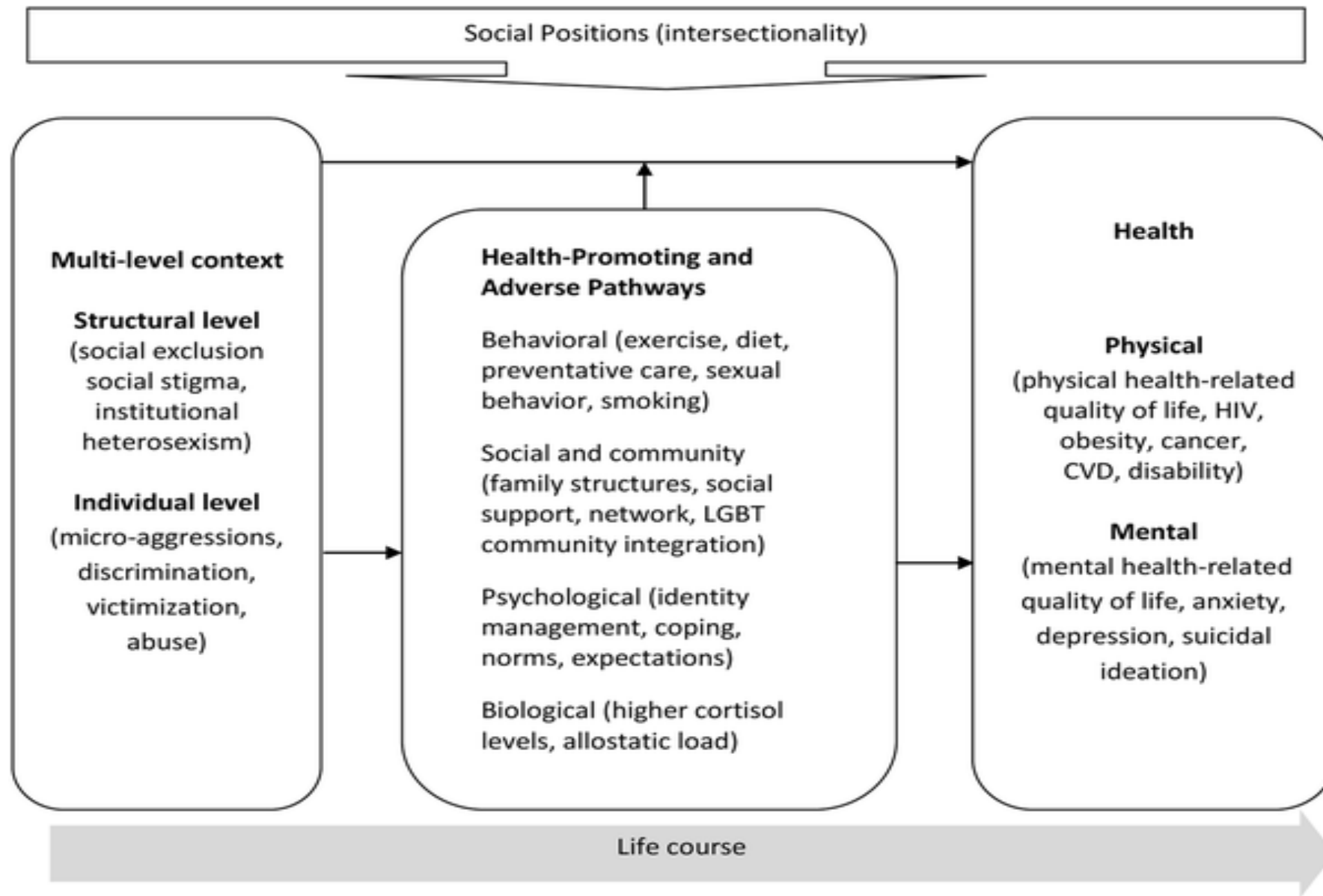


# Current state of SCI/D healthcare for SGM patients?

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Research is needed to better understand the needs of this community.

***In fact, we do not even know the size of this population***



Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., . . . Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry*, 84(6), 653-663. <http://dx.doi.org/10.1037/orto000030>

# Methodology

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# Qualitative Methodology

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## Setting

- Within and outside of Veterans Healthcare System (2 separate grants)

## Purposeful Criterion Sampling

- LGBTQ+ individuals living with SCI/D
- SCI Providers – all disciplines (e.g., MDs, Nurses, Nurse Practitioners, Therapists, Social Workers, Psychologists, etc)
- Additional sampling to identify participants with attitudes and experiences from diverse geographic, cultural, and political regions

## Partnered with Advisory Councils

- North American Spinal Cord Injury Consortium
- Paralyzed Veterans of America

## Data Collection

- Semi-structured telephone interviews
- Health Equity Promotion Model
  - Framework oriented toward LGBT people
  - Influence of structural and environmental context
  - Considers both positive and adverse health-related circumstances

# Semi-structured Interviews

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- Audio-recorded telephone interviews (approximately 60 minutes)
- Interview guides developed, based on Health Equity Promotion Model, with additional elements from the International Classification of Functioning, Disability and Health (ICF)
- Pilot tested with providers/patients to ensure the interview length and content are appropriate
- Interviews are tailored as needed for sexual and/or gender identity of respondent
- SCI Cohort and Provider guides developed in parallel to allow comparison of responses



# Example Interview Guide Topics

## Patients

### Background

- Sexual orientation history
- Gender Identity history
- SCI/D history

### Structural & Individual Factors

- Care experiences as LGBTQ+ Veteran with SCI/D
- Experiences of stigma/discrimination

### Health & Wellness

- Tell me about SCI/D care needs
- Tell me about LGBTQ+ needs

### Health Promoting & Adverse Pathways

- Importance of provider knowing LGBTQ+ identity

### Strategies to Navigate Healthcare

- Improving care for LGBTQ+ Veterans with SCI/D

## Providers

### Background

- Experiences caring for LGBTQ+ Veterans with SCI/D

### Provider Comfort, Knowledge & Attitudes

- Areas more / less comfortable discussing when caring for LGBTQ+ Veterans with SCI/D
- Do you ask about sexual orientation & gender identity?

### Health & Wellness

- What are the healthcare needs of LGBTQ+ Veterans with SCI/D
- Availability of LGBTQ+ and SCI/D resources

### Strategies to Navigate Healthcare

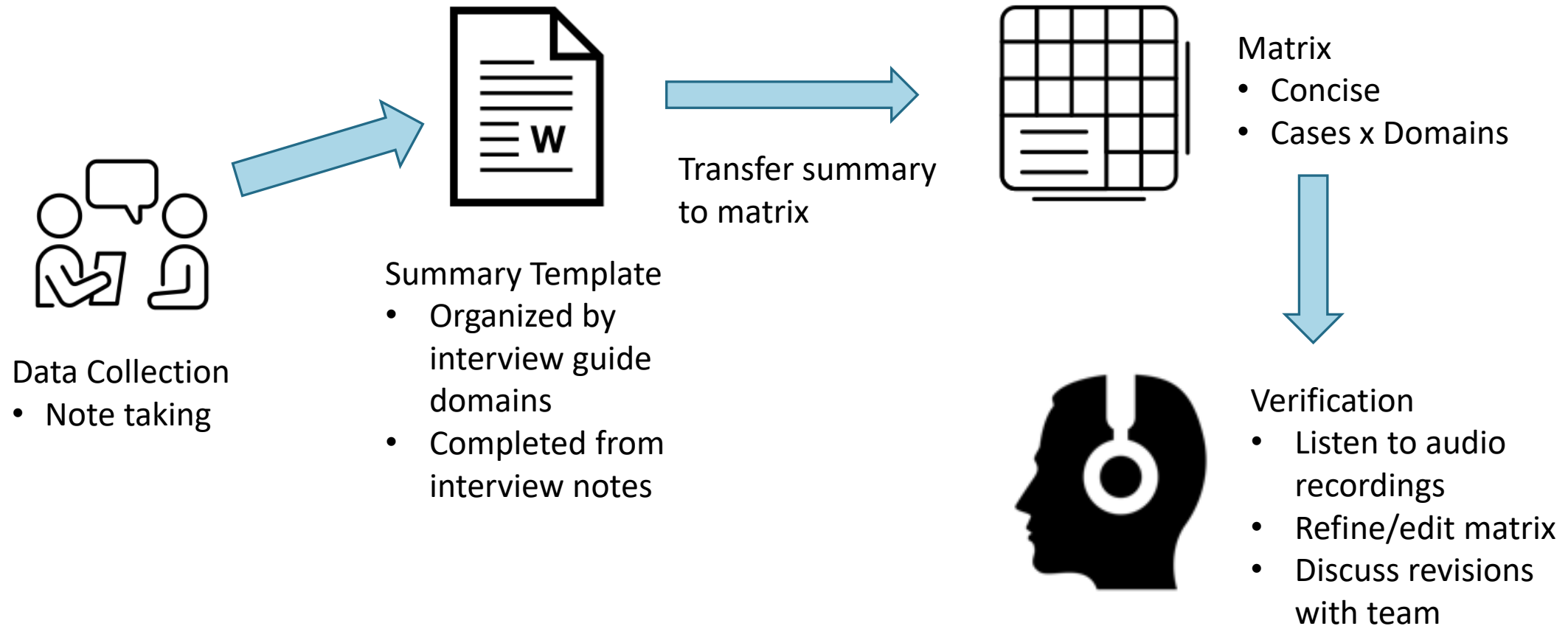
- Improving care for LGBTQ+ Veterans with SCI/D

# Rapid Qualitative Methods

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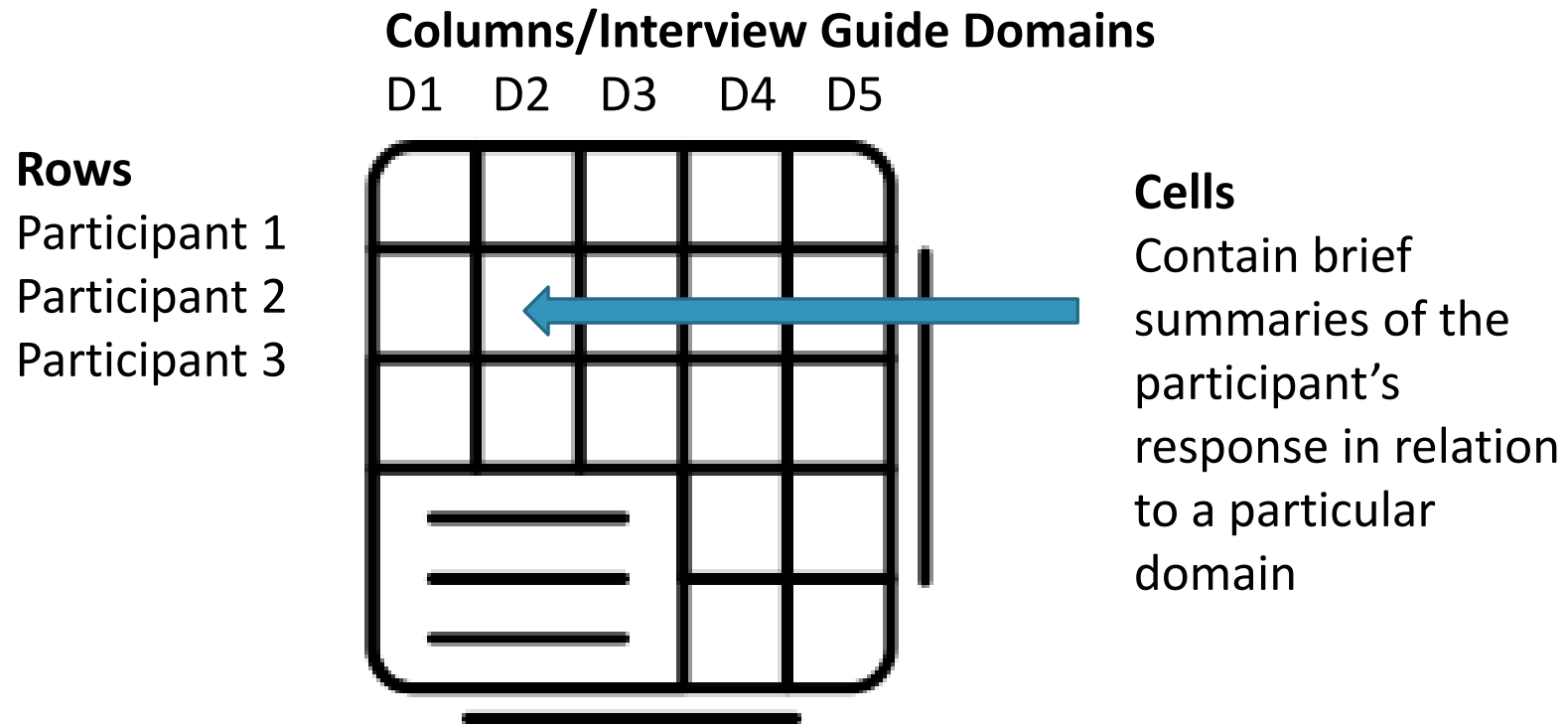
- Rationale for rapid qualitative methods
  - Appropriate given the 1-2 year pilot study timeline
  - Focused interviews using a framework
  - Expertise of team in qualitative methods
  - Analysis occurred immediately after each interview
- Directed rapid content analysis using interview notes and audio recordings
  - Deductive approach informed by the Health Equity Promotion Model
  - Also open to new insights/domains (inductive)
- Weekly team meetings to discuss questions, concerns, and highlights during analysis process

# Rapid Analysis Approach



# Matrix Organization

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# Matrix Example

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	A. SCI/D Health Care Needs	B. LGBTQ+ Health Care Needs
<b>Veteran Participant #1</b>	<p><b>Summary:</b></p> <ul style="list-style-type: none"><li>- His wound care is a pressing concern for his health, as to why he arrives at the VA so often (inpatient).</li><li>- He mentioned a seizure about 2 years ago, and has been trying to regain some strength and work on his memory.</li><li>- He shared that his activities for daily living (ADLs) can be challenging.</li><li>- Health concerns have been due to him not being compliant (i.e. recurrent wounds).</li><li>- Coping due to his SCI has also improved, he realizes what he needs to do to stay alive. In addition, anxiety and stress management which has taken a long time to process.</li></ul>	<p><b>Summary:</b></p> <ul style="list-style-type: none"><li>- He shared that he does not have any drawbacks in his care because he is gay.</li><li>- He spoke towards the VA being this inclusionary place, but in essence it is male-dominated and straight community full of men that don't "believe" in it.</li><li>- He also experienced having to educate his providers on a lot of the issues and health needs.</li></ul> <p><b>Quotation :</b> <i>"..it would be lovely to see LGBTQ+ caregivers."</i></p>

# Next steps after matrix completion

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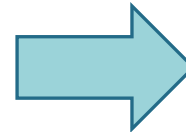
## Domain Analysis

- Summarize each domain
- Understand how data confirm/conflict with/extend Health Equity Promotion Model domains



## Case Analysis

- Identify and describe patterns across or within cases/sites
- Consider salience, frequency, negative cases



## Key research questions:

1. How does LGBTQ+ identity impact mental and physical healthcare needs of persons living with spinal cord injury?
2. What are potential pathways to improve care?

# Findings

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# Demographics: SCI Providers (n=14)

**Mean Age** : 43.3 years old

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## Sexual Orientation

- Straight – 12
- Gay - 2

## Gender Identity

- Male - 4
- Female - 10

## Works at VA Facility

- Yes - 13
- No - 1

## Race/Ethnicity

- Asian -2
- White - 9
- Hispanic/Latino - 2
- Multi-race - 1

## SCI Disciplines

- Physicians/NPs - 5
- Nursing - 2
- Therapists (OT/PTs) - 2
- Psychologists – 3 / Social workers - 2



# Demographics: SCI Cohort (n=12)

**Mean Age:** 56.3 years old

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## Sexual Orientation

- Gay - 4
- Lesbian - 4
- Bisexual - 3
- Other - 1

## Gender Identity

- Male - 7
- Female - 3
- Trans woman - 1
- Nonbinary - 1

## Race/Ethnicity

- African American - 5
- White - 6
- Hispanic/Latino - 1

## SCI/D

- Paraplegia - 5
- Tetraplegia - 3
- MS - 2
- Other - 2

# SCI Cohort - Living Situation

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- Lives w family/primary caregivers
- Lives w husband who is primary caregiver
- Lives w roommate – no formal CG, roommate helps w some tasks
- Lives alone – has aide who comes a few times per week
- Lives alone – no caregivers
- Several have caregivers who are LGBTQ+

# SCI Cohort - Family Structure

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- Several report strong/close relationships with family
- Several lack family connection
  - But one is close to husband's family
  - One was visited by an aunt when first injured, not after
- One is dependent on family
  - Worries about coming out and insecure as it would cost him his living situation and family contact/avenues to socialize w family members (some know he is LGBTQ; others don't)

# Initial Key Findings

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1. Multilevel Context
2. Health Promotive and Adverse Pathways
3. Health and Wellness

# Multilevel Context

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- Structural Level Factors
  - Social Exclusion
  - Social Stigma
  - Institutional Heterosexism
- Individual Level Factors
  - Micro-aggression
  - Discrimination
  - Victimization
  - Abuse/Fear of Abuse

# Structural Level Factors: SCI Cohort Perspectives

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## Social stigma

- History of exclusion, DADT (Veterans)
- Attitudes towards being in a wheelchair
- Lack of accessible queer spaces

## Social exclusion

- Not fitting into the LGBTQ+ community/not seeing yourself represented

## Heterosexism

- SCI rehab needs are inherently heteronormative, no mention of queer people or queer sex

# Individual Level Factors: SCI Cohort perspectives

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## Discrimination

- Difficulties dating in the queer community
- **Feels more discrimination being in a wheelchair**
- Excluded from the gay community due to SCI
- Several mentioned being oblivious to any discrimination and “not giving power to those negative experiences”
- *Example - People wonder how she can be both disabled and gay. "Why are you a lesbian? You don't have a sex life!" But she feels that things have gotten better over the last few years.*

## Microaggressions

- Being talked to like a baby
- Stared and looked at differently
- ***"So, I've had more negative issues or more negative experiences in that regard than I've had regarding my sexuality." (PSSGM4)***

# Health Promotive and Adverse Pathways

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- Behavioral
  - Preventive Care
  - Sexual Behavior
  - Positive Health Behavior
- Social/Community
  - Family Structures
  - Social Support
  - LGBTQ+ Community Integration
  - SCI Community Support
- Psychological
- Resiliency
- Comfort with Disclosure
  - Comfort w Healthcare Provider
  - Comfort w Family & Friends



# Knowledge, Attitudes, and Comfort: SCI Providers

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- Several providers mentioned that *“they don’t know what they don’t know”* regarding LGBTQ+ health concerns.
- Providers who mention they are **comfortable** working with this community are still **not asking SO/GI questions** due to a variety of reasons:
  - *“personal or nobody’s business”*
  - *“not necessary to their SCI care”*
  - *“Veterans may be afraid to disclose”*
  - *“why would I want to know?”*
- Some providers **did not feel comfortable** asking SO/GI questions because they are **not sure how to do so, having a script would be helpful**

## Comfort in Healthcare: SCI Cohort

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- Most participants shared their **comfort** with their SCI providers knowing their sexual orientation and gender identity
  - 1 participant noted their partner living with HIV, which is why it was important for him to be on PrEP and have access to those meds
  - Importance of managing their comorbidities and hormonal therapies
  - Advantages of providers and caregivers who were also LGBTQ+

*“...I knew that full transparency would give me the best care that I can hope for.” (PSSGM 1)*

- However, some were still cautious about sharing that “personal” information, not knowing how it would be used (against them).

*“I came to the hospital and I was really sick and had to come across this doctor who was taking care of me. He made a very ugly remark about my lifestyle and perhaps accepting to the reason why I was sick.” (HSGM2)*

## Social Support & Community: SCI Cohort Perspectives

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- Family, friends, and partners/spouses provide essential support
  - But may be very limited
- Support from healthcare providers
- Some have involved themselves with LGBTQ+ specific organizations, some Veteran groups, and SCI specific
  - Several involved in LGBTQ+ groups prior to their SCI or when they first came out
  - However, a few have not joined any social groups; 1 participant feared these groups as he was afraid of what was yet to come with his SCI
  - COVID19 pandemic prevented access to those community services
  - Not seeing yourself represented in support groups
  - Many commented on inaccessible queer spaces

# Health & Wellness Factors

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- Physical Health
  - Physical Health-related QoL
  - Disability Health Needs
  - Other Health Conditions
- Mental Health
  - Mental Health-related QoL
  - Mental Health Needs

# Healthcare Needs: Provider Perspectives

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- **Bowel / bladder care** may differ for a gay man who is having anal sex
  - Understanding risks of STIs or HIV, if not using protection or PrEP
- **Sexuality** education does not include any “queer sex” strategies; all heteronormative
- **Occupational therapy** for trans patients who want to wear clothes that are gender affirming,
  - Figure out how to honor their gender expression and identity by making modifications to w/c height to eliminate pressure injuries (adjust to shoes w high heels), and strengthen use of arms for those who want to use makeup
- **Some providers were not sure there were any differences in healthcare needs**, mentioning that sexual orientation would not change most SCI care practices, although they hypothesized that gender identity could cause differences in healthcare needs
- **Mental health professionals** denoted the effects of homophobia, multiple minority stress, adjustment to disability, anxiety, depression, and suicide

# Healthcare Needs: SCI Cohort Perspectives

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- Most participants noted **SCI-specific mental health needs**: anxiety, depression, coping to adjustment of SCI
- 1 participant described being at **odds with his bisexual and disability identities**, and not fitting into the larger queer community, which has caused a lot of anxiety
  - *“a lot of this is related to my sexuality and where it intersects with my disability” (PSSGM 1)*
  - *“I will never get to live my life the way I want, I feel like I am trapped in my body or trapped in the closet now more than ever...” (PSSGM 1)*
- 1 participant stated that he **doesn’t differentiate between his bisexual identity and SCI**
  - *“In regard to when I say my sexuality and my spinal cord injury, all of that’s a part of me. I don’t differentiate one part. When you get me, you get all of that, but I incorporate my life, I try to say keep it simple, you know what I’m saying?” (PSSGM 4)*

# Limitations

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1. We will miss enrolling participants who do not self-identify as LGBTQ+.
2. Veteran sample includes only Veterans who use the VA for their care. By focusing on Veterans who receive care at VA, we are able to identify positive and negative aspects of the care received within the current system. However, we may miss important information about other Veterans who chose not to use VA because of past bad experiences or for a variety of reasons - including out of fear of losing benefits due to LGBTQ+ identity.
3. Provider sample is likely to be biased toward providers who have greater comfort with the LGBTQ+ community and may thus express less negative attitudes (e.g., discrimination, dismissal or disregard for LGBT patients) and higher sensitivity than some of their colleagues who do not volunteer.

## Areas for Improvement

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- Education for providers on LGBTQ+ issues
- Availability of resources related to sexuality (information, devices)
- Support network incorporating both identities



# Research is ongoing...

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Recruitment is open for both studies

- VA Providers who care for Veterans with SCI/D
  - Mental Health Providers – VA and non-VA facilities
  - Veterans and non-Veterans living with SCI/D who identify as LGBTQ+
- 
- For any information, contact:  
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# Contact Information for Presenters

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VA Office of Health Equity, Washington DC.

# Rapid Analysis Resources

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## Papers

- Nevedal AL, Reardon CM, Opra Widerquist MA, Damschroder L, et al. Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR). Implementation science : IS 2021;16(1):67
  - [Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research \(CFIR\) | Implementation Science | Full Text \(biomedcentral.com\)](#)
- St. George SM, Harkness, A. R., Rodriguez-Diaz, C. E., Weinstein, E. R., Pavia, V., & Hamilton, A. B. Applying Rapid Qualitative Analysis for Health Equity: Lessons Learned Using “EARS” With Latino Communities. International Journal of Qualitative Methods 2023;22

## VA HSR&D Cyberseminars

- [Rapid Analysis Using the Consolidated Framework for Implementation Research \(CFIR\): A Meth... \(va.gov\)](#)
- [Rapid Qualitative Analysis: Updates/Developments \(va.gov\)](#)

## VA QUERI Rapid Qualitative Methods for Implementation Practice Learning Hub

- [Implementation Strategy Training Opportunities \(va.gov\)](#)
- [rapid-qualitative-methods.pdf \(va.gov\)](#)



# SGM-related References

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Jennings, L., Barcelos, C., McWilliams, C. & Malecki, K. Inequalities in lesbian, gay, bisexual, and transgender (LGBT) health and health care access and utilization in Wisconsin. *Prev. Med. Rep.* **14**, (2019).

Quinn, G. P. *et al.* Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Perceptions and Health Care Experiences. *J. Gay Lesbian Soc. Serv.* **27**, 246–261 (2015).

Lamba S, Obedin-Maliver J, Mayo J, et al. Self-Reported Barriers to Care Among Sexual and Gender Minority People With Disabilities: Findings From The PRIDE Study, 2019-2020. *Am J Public Health.* 2023;113(9):1009-1018. doi:10.2105/AJPH.2023.307333



# Discussion & Questions

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