Journal of Student-Run Clinics
Original Study

Addressing the Need for Sexual, Mental, and Physical Healthcare in San Antonio's Underinsured Lesbian, Gay, Bisexual, Transgender, and Queer Population

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Published: October 29, 2021

Abstract

Background: In 2014, students from the University of Texas Health San Antonio Long School of Medicine conducted a community assessment of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) healthcare needs. Participants reported low levels of sexually-transmitted infection (STI) screening, incomplete reporting of sexual history, and a desire for LGBTQ+-friendly physicians. As a result, a student-run free clinic, the Pride Community Clinic (PCC), was established. The PCC provides STI testing, mental health counseling, hormone replacement therapy (HRT), discounted medications, pre-exposure prophylaxis, human immunodeficiency (HIV) testing, and Pap smears. The purpose of this study is to analyze the demographics of the population treated at the PCC and the resources used to inform future developments within the clinic.
Methods: PCC patient records were analyzed, and quantitative analysis was conducted with Microsoft Excel. The qualitative analysis was performed using notes written by medical students, attending physicians, and mental health providers.
Results: The average age of patients (n=44) was 22 years, with a standard deviation of 10 years. Of the patients, 52% were racial minorities, and 50% lived below the poverty line. 84% identified as transgender and 68% a sexual minority. Additionally, 84% did not have a primary care provider, and 89% did not have insurance. HIV, gonorrhea, chlamydia, hepatitis C, and syphilis education were the most common screenings done. A review of medical notes found themes of transgender exploration, problems with healthcare access, and the utilization of counseling and preventative care.
Conclusions: The PCC offers low-cost care for the underserved LGBTQ+ population in San Antonio. HRT is a common reason for visits, but patients also utilize STI testing and mental health services. The clinic has provided a valuable opportunity for students not only to gain general clinical experience but also to learn about the unique needs of LGBTQ+ patients.

Introduction

There are an estimated 11.3 million adults in the United States who identify as lesbian, gay, or bisexual and 1.4 million adults who identify as transgender.[1,2] Due to stigmatization and discrimination, the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) population suffers from health disparities in areas including mental health, sexual health, cancer, and substance use. LGBTQ+ persons report higher rates of depression and anxiety disorders compared to non-LGBTQ+ groups.[3] Consequently, LGBTQ+ youth report higher rates of suicide ideation and attempts.[4-6] There are also higher reported rates of substance use, such as excessive drinking.[7] Other health issues include underutilization of routine screenings such as gynecological screen-

ings.[8]

According to a daily Gallup poll between 2012 and 2014, 4% of people in San Antonio, Texas identify as LGBTQ+. In 2018, a survey of LGBTQ+ persons in San Antonio (n=525) revealed high rates of sexual abuse (41%), traumatic childhood experiences (>50%), and mental health issues (40%).[9] The survey reported that all LGBTQ+ persons had difficulty accessing healthcare, especially for transgender people, as well as a high rate of poverty and unemployment reported among LGBTQ+ youth in San Antonio.[9]

One way in which this underserved population can access healthcare is through student-run free clinics, which are typically affiliated with academic medical institutions and staffed by volunteer medical students overseen by physicians. Many clinics also facilitate collaboration with students and professionals in the areas of nursing, dental, pharmacy, social work, and legal education. The first national study of student-run free clinics in 2007 reported 111 such clinics, and a follow-up study in 2014 reported a growth to 208 clinics.[10,11] Surveyed clinics mostly provide services such as outpatient adult medicine (100%), healthcare maintenance (84%), and chronic disease management (75%). Many provide some form of laboratory (68% draw blood onsite) and pharmaceutical services (52% have an onsite pharmacy).[11] These clinics tend to focus on the general underserved and uninsured populations, not on specific populations. Furthermore, these studies did not include health issues that are prevalent in the LGBTQ+ population, such as screening for sexually transmitted infections and hormone replacement therapy (HRT). The lack of qualitative literature for LGBTQ+ populations treated in student-run free clinics demonstrates the importance of this study and the need for further research.

The purpose of this study is to gain insight into the initial visits of patients at the PCC. By studying patients' charts, we hope to better understand the population the clinic serves as well as the experiences of both patients and students by analyzing qualitative and quantitative metrics from patient encounters. We seek to fill a gap for student-run clinics by focusing specifically on the LGBTQ+ population, for which there is a significant lack of literature.

Clinic Overview

In 2014, students from the University of Texas Health San Antonio (UTHSA) conducted a community assessment of LGBTQ+ healthcare needs (n=409).[12] Participants reported low levels of STI and HIV screening and incomplete reporting of sexual history at healthcare visits.[12] Furthermore, participants expressed a desire for trustworthy, openly LGBTQ+-friendly physicians or LGBTQ+-oriented clinics in the city.[12] Students were determined to meet the healthcare needs of LGBTQ+ patients by creating a clinic that offers comprehensive care to LGBTQ+ persons in a safe environment. In response, the Pride Community Clinic (PCC), a student-faculty collaborative practice of UTHSA Long School of Medicine and School of Nursing, opened in 2017.

The first patient was seen in the clinic in October 2017. During a clinic visit, patients are seen by an interprofessional team of medical and nursing students supervised by physician and nursing faculty, a trained rapid-HIV tester, and a mental health provider. There are also two medical students and two nursing students who serve yearlong terms as coordinators to oversee the flow of the clinic. All students and faculty are educated to provide sensitive care for the LGBTQ+ population before volunteering (Online Appendix). The PCC provides STI testing, mental health counseling, HRT, discounted medications, pre-exposure prophylaxis (PrEP), human immunodeficiency virus (HIV) testing, and Pap smears. HRT is an important service offered at the PCC because before the PCC, there were few locations for transgender patients to access HRT care in San Antonio. Since opening, there has been such a need for HRT in the community that a waitlist was created.

At clinic nights, there is also a representative from People Understanding Sexual Health who tests patients for HIV. If patients test positive, they are referred to Alamo Area Resource Center (AARC), which can provide treatment for HIV through the Ryan White HIV/AIDS Program. All patients fill a Patient Health Questionnaire-9 (PHQ-9) and CAGE questionnaire to screen for depression and alcohol abuse (Online Appendix). A mental health provider offers psychotherapy for patients while the medical attendings prescribe

medications as needed for patients. For patients who require more frequent counseling, the clinic refers them to local providers who are experienced with providing care to LGBTQ+ individuals.

Methods

Institutional Review Board approval was obtained by the UTHSA review board in November 2017. Patients were verbally consented before their initial visit to the clinic for the release of all medical records to be used in the study. Data was collected using Research Electronic Data Capture (REDCap) software. Study data were collected and managed using REDCap electronic data capture tools hosted at UTHSA.[13,14] REDCap is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; 4) procedures for data integration and interoperability with external sources.

Whole patient charts were assessed as a large excel document and de-identified in September 2019 by student clinical coordinators. Data assessed included demographic data, answers to intake surveys given to patients at first visit (Online Appendix), a checklist of health screenings done, student and physician medical notes, and mental health provider notes.

A thematic qualitative analysis was performed using medical student volunteer, attending provider, and mental health provider notes. This analysis involved reading and highlighting keywords and quotes. Keywords were then put on an Excel sheet. Quotations demonstrating themes were taken directly from the note, with edits to spell out abbreviations (e.g., "pt" to "patient") used commonly in medical notes. A quantitative analysis of demographic data, survey responses, and health screenings was conducted using Microsoft Excel (Version 16.53; Microsoft Corporation; Redmond, WA). Chief complaints entered by medical student volunteers differed in wording, so analysis of this required some changing of initial data input to ensure synthesis.

Results: Qualitative Analysis

Three primary themes were identified in our qualitative analysis: transgender identity, healthcare access, and counseling/preventive care.

Transgender Identity

As part of the initial history-taking for HRT treatment, PCC volunteers and staff inquired about the discovery of transgender individuals' identity and the decision to begin transitioning. Many patients discovered their identity at a young age, expressing their preferred gender through clothing or play. Puberty was particularly distressing to patients.

> *"The patient states that he has always felt that he was 'out of place' and not in the correct body since the age of 6 and has been considering transitioning all his life. The patient notes that at that age he wanted to urinate standing up. During puberty, the patient felt self [conscious] about breast development and still remains a significant issue as the patient has a difficult time concealing them."*

Once gender dysphoria is discovered, the process of transitioning is different for each patient. The social transition among their families, peers, and work is an important step. Many patients come to the PCC continuing this social transition or are waiting for HRT before coming out publicly. The decision to start HRT is another important transition point, as well as the decision to undergo surgery.

> *"Patient identifies as male to close family however he states he is waiting for increased masculinization of appearance prior to utilization of male pronouns in all settings to avoid the social discomfort associated with potential dissociation of appearance and gender."*

Many patients describe supportive families. If there is a lack of familial support or discord in the household, peers have been a great source of support in the transitioning process.

> *"[Patient's] father states 'I always wanted to have a son, and now I have one'."*

Healthcare Access

The PCC is a source of healthcare that is unavailable to most individuals seeking HRT. HRT was available to some patients via providers in San Antonio who closed their practice prior to the PCC opening, providers outside of San Antonio, friends, illegal means, and Mexico.

> *"Initially started HRT... with Pentyl? (obtained from Mexico), then her doctor left, and she switched to Planned Parenthood. She states Planned Parenthood was previously prescribing her HRT, but believes it was overdoing it because she was more emotional than before."*

> *"Patient reports previously receiving HRT therapy through a different provider beginning in 2006 and discontinued in Aug. 2018 due to the physician's license being revoked."*

> *"She has been on estrogen patches given to her by a friend and is happy with the results."*

Complicated social situations also affect access to HRT. Some patients previously on HRT lost employment and/or their insurance, making it difficult to afford their treatment. Losing access to HRT has been distressing to some patients as unwanted side-effects returned upon the cessation of therapy.

> *"She was previously on estradiol 5x 2mg and spironolactone 200mg for 6 [months] off-and-on but could not get them while incarcerated beginning in April 2017."*

> *"Started [HRT] 2013, on for 3+ years Stopped due to inability to work from [Multiple Sclerosis] relapse, lost insurance...Homeless at [shelter, for] 15 [months], now out since Nov 2016, now in [apartment]. Applying for disability."*

One difficulty with HRT is the need for regular follow-up care. Patients seeking HRT are counseled on the risks and benefits of the treatment, and they sign a release form outlining their understanding of these risks and benefits. Patients require monitoring of hormone levels and frequent assessment of side-effects.

> *"Patient is disappointed he is on a "small dose" of testosterone. Education on the dangers of elevated testosterone discussed, and patient stated he will adhere to lower dose and follow up with labs."*

Counseling and Preventative Care

The PCC also provides preventative care to patients. Patients are counseled on other health risk factors, such as obesity, substance use, and cardiovascular health. Tobacco cessation is commonly discussed, as smoking with HRT can confer health risks. Assessments of other health issues, including sexual health, are also conducted. Prescriptions for maintenance medications for conditions such as diabetes, hypertension, hyperlipidemia, and depression are frequently given. The PCC provides routine screening for a variety of conditions including diabetes, cervical cancer, and hyperlipidemia.

> *"The patient has already undergone social transition and is using [both] pronouns he/she. The patient is appropriate for initiation of masculinizing therapy. Obesity and tobacco use are concerns, and this was discussed with the patient... Obesity- [patient] counseled that testosterone can exacerbate weight gain and can also lead to [obstructive sleep apnea]."*

> *"Taking Aleve but stopped because of concerns about [blood pressure] based on doing blood pressure machines at drug stores and getting a 'higher' [blood pressure]. [Patient] is not doing any preventative measures. [Patient] checks glucose daily and was originally 180 and is now 138 despite no medication."*

Management of mental health needs is also an important part of patient care. Patients often have a history of trauma and depression that is explored by mental health providers during the visit.

> *"[History] of sexual abuse by step-father when patient was in elementary school and middle school."*

> *"During [the] interview she endorsed chronic feelings of wanting to cut herself...She also talked about her anxiety which interferes with her ability to work."*

Additionally, our quantitative analysis provided information on the patient demographics and resources used. Most patients were young, underinsured, sexual minorities who presented for HRT or health screenings.

Results: Quantitative Analysis

Table 1. Demographics of PCC patients (n=44)

Variable	N (%)
Age	
Mean (SD)	22.29 (10.30)
Gender pronouns	
He/him	22 (50)
She/her	22 (50)
Also accept "they/them" in addition to listed above	3 (7)
Gender identity	
Transgender male/trans man/FTM	20 (45)
Transgender female/trans woman/MTF	16 (36)
Female	6 (13)
Genderqueer	1 (2)
Did not disclose	1 (2)
Sex assigned at birth	
Male	16 (36)
Female	28 (64)
Sexual orientation	
Straight	14 (32)
Gay/lesbian	11 (25)
Bisexual	8 (18)
Other	11 (25)
Race	
Caucasian	15 (34)
Latino	21 (48)
Asian	1 (2)
African American	1 (2)
Other	3 (7)
Did not disclose	3 (7)
Education level completed	
Grade school	4 (9)
High school/GED	15 (34)
College	20 (45)
Vocational school	1 (2)
Did not disclose	4 (9)
Relationship status	
Single	22 (50)
Has partner/lives with someone/engaged/married	19 (43)
Divorced/separated	2 (4)
Did not disclose	1 (2)
Income	
<$12,000	22 (50)
$12,000 – 18,000	8 (18)
$18,000 – 24,000	7 (16)
$24,000 – 30,000	2 (2)
Did not disclose	5 (11)
Has insurance	
Yes	5 (11)
No	39 (89)
Has a primary care provider	
Yes	3 (7)
No	37 (84)
Did not disclose	4 (9)
Current housing	
Apartment/house	10 (22)
Shelter	2 (4)
Did not disclose	32 (72)

PCC: Pride Community Clinic; SD: standard deviation; FTM: female-to-male transgender person; MTF: male-to-female transgender person; GED: General Educational Development

Table 2. PCC attendance

Question & Answers	N (%)
Why did you elect to come to the Pride Community Clinic today?	
I don't have a doctor	5 (11)
I don't like my doctor	3 (7)
Referral	2 (4)
For LGBTQ+ services	2 (4)
No response	32 (72)
How did you find out about the clinic?	
Word of mouth	3 (7)
AARC	2 (4)
Billboard, internet, social media	5 (11)
Thrice Center for Homeless Youth	2 (4)
University of Texas San Antonio LGBTQ+ organization	1 (2)
Support group	1 (2)
No response	30 (68)

PCC: Pride Community Clinic; LGBTQ+: lesbian, gay, bisexual, transgender, and queer; AARC: Alamo Area Resource Center

As seen in Table 1, the average age of patients at the PCC is 22 years with a standard deviation of 10 years. This age distribution substantially differs from the average age of LGBTQ+ individuals in Texas, which is estimated to be 36 years.[1] The clinic serves a predominantly young population that struggles with access to healthcare, as evidenced by 37 patients (84%) not having a primary care provider and 39 patients (89%) not having in-

Table 3. Clinic visit

Variable	N (%)
Chief complaint	
Hormone replacement therapy	15 (34)
Check-up/health maintenance	5 (11)
Medication refill	1 (2)
No response	23 (52)
Health screenings done at Pride Community Clinic	
HIV risk factor education	21
Chlamydia/gonorrhea/syphilis risk factor education	20
Hepatitis C risk factor education	7
Syphilis screening	17
Hepatitis C screening	10
PrEP eligibility and efficacy education	6
Substance abuse risk factor assessment	8
Pap smear history	17
Carelink discussion	10
PHQ screening for depression scores	
None (0-4)	24 (54)
Mild depression (5-9)	12 (27)
Moderate depression (10-14)	4 (9)
Moderate to severe depression (15-19)	3 (7)
Severe depression	1 (2)
CAGE screening for excessive alcohol use	
Negative (<2)	39 (88)
Clinically significant alcohol use (≥2)	5 (11)

HIV: human immunodeficiency virus; PrEP: pre-exposure prophylaxis; PHQ: Patient Health Questionnaire
**No percentages calculated as one patient may have multiple screening done at one visit*

surance. Data from the Williams Institute shows that the national average of uninsured LGBTQ+ individuals is 15% with 12% of non-LGBTQ+ individuals being uninsured.[1] Additionally, the clinic's demographics demonstrate the multicultural nature of the region it serves, with 52% of the patients representing racial minorities. This is 10% more than the national average of LGBTQ+ people identifying as a racial minority.[1] Furthermore, 50% of the patients seen at the PCC live on an income of less than $12,000 a year. In comparison, the national average of LGBTQ+ individuals making less than $24,000 a year is 25%.[1] The PCC also succeeded in its mission to address the lack of LGBTQ+ healthcare, with 84% of the patient population identifying as transgender or gender-queer and 68% of patients identifying as a sexual minority.

As shown in Table 2, the best forms of advertisement for the clinic have been through involvement in the broader LGBTQ+ community of San Antonio and South Texas. Establishing a clinic of this nature would not be possible without the help of community partners.

Lastly, findings in Table 3 demonstrate that 46% of patients were classified as having a degree of depression, compared to the national average of 8.1%.[16] Additionally, the CAGE questionnaire highlighted the burden of clinically significant alcohol use: 11% compared to the national average of 7%.[17] These findings are significant because they demonstrate the changing face of healthcare in San Antonio and South Texas, as well as the importance of continued education and resources for this marginalized population.

Discussion

The PCC offers care to a unique population in San Antonio. The patient population served by the PCC is primarily composed of young, uninsured people of color from lower socioeconomic status. Furthermore, the majority of patients identify as a sexual minority. At the PCC, these patients utilized not only HRT, but also STI testing, education, and counseling. In particular, HIV, gonorrhea, chlamydia, hepatitis C, and syphilis education was the most common health intervention performed at the PCC.

The PCC offers a safe space for young LGBTQ+ persons to express their sexual and gender identity. When patients decide to obtain HRT, there are many barriers to obtaining appropriate care. San Antonio is slowly growing in its capacity to provide HRT for uninsured persons because of the work at the PCC and its community partners. Utilizing relationships with these community partners to promote the clinic continues to be an important goal of the PCC's leadership. As this progress continues, we expect to have more options for community referrals. Having this flexibility would also allow the PCC the provision of services such as STI testing and health education. In addition, having more community partners that can provide HRT is important when considering

the chronic nature of HRT monitoring and care.

The mental health screening performed at all patient intakes is important considering the increased prevalence of mental health issues among the LGBTQ+ population.[15] The clinic, while focusing on LGBTQ+ populations, still has an important role in providing preventative healthcare to patients. Treatment of common health problems such as tobacco use, obesity, hyperlipidemia, and diabetes is still a priority.

Limitations of this study include small sample sizes, the subjective nature of patient notes, and bias from faculty and student evaluators. In the future, these biases are expected to be minimized as the sample size increases and more students can volunteer at the clinic. Since the number of patients seen at the PCC is growing, more data will be available in the future to continue to learn about San Antonio's LGBTQ+ population. Qualitative analysis is limited by the lack of expression directly from the patients. There is also no standardized set of questions asked of patients. This can be remedied in future qualitative studies by using small group discussions on the themes discovered in this initial analysis. Overall, this study is beneficial in that it explores the patient population of this novel type of student-run free clinic. The findings in our study further demonstrate the need for more research and resources available to address the complex problems experienced by LGBTQ+ communities. It is our hope that our work serves as an inspiration for other student-run free clinics to focus on LGBTQ+ healthcare to help educate new generations of healthcare providers and address a historically-marginalized group of people.

Disclosures

The authors have no conflicts of interest to disclose.

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