

## APPENDIX K: SAMPLE LOGIC MODEL - LGBTQ HEALTH EQUITY

### CONTEXT/PROBLEM

- LGBTQ youths, adults are at higher risk for experiencing mental health conditions — especially depression and anxiety disorders than non-LGBTQ populations.
- LGBTQ populations experience personal and structural barriers that interfere with their ability to access high-quality care.
- Sexual gender minority individuals also experience health care barriers due to isolation, insufficient social services, and a lack of culturally competent providers.
- Many health care providers experience various barriers to providing LGBTQ care and need to increase their cultural competence by improving knowledge, awareness, receptivity, and skill.

### GOAL

- To develop a welcoming, inclusive, and empowering healthcare environment for LGBTQ individuals

### CLAS STANDARDS

#1 Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs (Principal Standard).

### INPUTS

Represent human, financial, organizational, and community resources that the program/initiative has available to direct toward completing activities and attaining the desired objectives and outcomes.

- Staff
- Intra-organizational collaborations
- Funding
- LGBTQ individuals, patients, community

### ACTIVITIES/STRATEGIES

**Represent the interventions—events, tools, processes, and actions—that are used to bring about the intended program objectives and outcomes.**

- **Build organizational capacity to address LGBTQ behavioral health disparities**
  - Assess staff knowledge and understanding of health disparities, health equity, and CLAS related to LGBTQ individuals (e.g., knowledge of factors contributing to health disparities: societal stigma, discrimination, and denial of their civil and human rights)
  - Assess organizational readiness to address LGBTQ health disparities and equity
  - Use readiness assessment data to develop strategies to move organization to higher level of readiness to address LGBTQ disparities and equity
- **Create a comprehensive training module to educate staff on best care practices with LGBTQ individuals**
  - Identify cultural competence model
  - Identify best practices in caring for an inclusive patient population
  - Identify process for developing, implementing module
  - Training policy developed
  - Identify trainers
  - Identify training goals, outcomes, evaluation
- **Modify all assessment and intake forms to be inclusive of gender identity and sexual orientation**
  - Identify stakeholders/departments to oversee modification process/develop workgroup
  - Develop organizational consensus of gender-inclusive language (e.g., inclusion of non-binary genders)
  - Develop consensus re: why collect gender, sex, sexual orientation data and how it will be used
  - Modify sex/gender and sexual orientation pre-existing fields to be inclusive of all recognized genders and sexual orientation in the healthcare software
  - Determine cost of modifying forms
  - Train staff on collecting data in a sensitive manner

### OUTPUTS

**Also known as deliverables, represent the direct products of a program and its activities. Outputs produce evidence of service delivery and the work of the program/initiative.**

- Organizational capacity assessment conducted
  - Level of organizational readiness determined
  - Strategies identified to move organization to higher level of readiness to address LGBTQ health disparities and equity
- Training module developed
  - #, % staff trained
  - # hours of training provided
  - Training policy developed, disseminated to staff
  - Best practice for care identified and incorporated in training module
- Database modification workgroup identified
  - Consensus on inclusive language and use of data achieved
  - Cost of modification determined
  - Database modified
  - Staff trained on data collection conducted
  - #, % of staff trained

### OUTCOMES

**Represent how target populations, including communities, are expected to change as a result of the program/initiative and its activities.**

- Increased cultural competence of staff in provision of LGBTQ care
  - Increased knowledge of:
    - behavioral health challenges facing LGBTQ populations
    - LGBTQ health, personal and structural barriers to high-quality care, contributors to inequities
    - evidence-based strategies to eliminate LGBTQ health disparities and promote equity
  - Decreased staff negative attitudes toward and beliefs about LGBTQ non-patients and patients (prejudice, stigmatization, personal negative opinions)
  - Increased skill in provision of LGBTQ care
    - Increased ability to engage in gender and sexual minority affirmative practice
    - Increased self-reported competence in providing LGBTQ care
- Improved access to care for LGBTQ individuals in the service area
  - Decreased/Fewer missed appointments
  - Decreased time to first appointment
  - Increased timeliness of obtaining services for LGBTQ individuals
  - Increased number of transgender individuals receiving health care services at the hospitals by 25%
  - Improved LGBTQ patient self-reported well-being and functioning