

Introducing Healthcare Disparities in Gender Minorities Studies in an Occupational Therapy Based Program

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Abstract

Mental health disparities among the LGBTQIA+ population have been an ongoing obstacle in healthcare settings. Disparities include medical professionals having a lack of knowledge, empathy, confidence, and treatment for this population. This study expands on prior literature that examines the implementation of LGBTQIA+ content and barriers in implementing this information into healthcare courses. There are gaps in literature that have limited information on implementing LGBTQIA+ education into Occupational Therapy (OT) programs, and a lack of evidence on instructors being prepared to teach it. The aim of this qualitative study was to collaborate, equip, and provide an OT professor with the most recent LGBTQIA+ content to scaffold into their course while maintaining their lecture structure.

Methodology

Participant(s): One New York Occupational Therapist with 25 years experience working in Psychiatry and 17 years as a clinical associate professor.

Data collection: From November to December 2023, a collaboration of four meetings were conducted through zoom. The first meeting were preliminary interview questions, the second meeting was a presentation of suggestions of LGBTQIA+ content to incorporate into the course (i.e. mental health topics, OT education, and teaching methods), the third meeting was prioritizing the suggested information based on the participants feedback and the provision of the content for the mental health course, and the fourth meeting was the semi-structured interview. The interview questions and responses were transcribed using Google Docs.

Data analysis: Qualitative strategy was used to analyze our data. Analyzing the interview data consisted of identifying common themes and sub-themes from both interviews. From this data, five themes were developed. Through the collaboration, the participant and group members were able to help the participant become more aware of current statistics and ways to implement the material such as terminology, pronouns, video clips, and case-based studies.

Themes

Methods of Teaching Video Clips Powerpoint Presentations Case Studies	<ul style="list-style-type: none">• After inputting video clips and case studies into a Powerpoint presentations this will "reinforce the knowledge more".• "I think adding case studies is a very important approach to explain a topic and will make it more intimate."
Knowledge Terminology Statistics Prior Knowledge Pronouns	<ul style="list-style-type: none">• Prior to this collaboration "I wouldn't have added something like the terminology." & "I wouldn't have added something like the....pronoun information."• "The statistics were a good addition that you guys brought in. Those are numbers that I wasn't aware of. It increased my knowledge of what is going on currently because your statistics were more recent and some of the terms used too."• "...based on the information that you give to me, I will be more equipped about the more current statistics that are out there."• The instructor showed evidence of prior knowledge by working 25 years in psychiatry as an OT clinician and experience with LGBTQIA+ clients/patients, attending healthcare workshops related to LGBTQIA+ population, and taught at other universities as an educational instructor about LGBTQIA+ mental health information in relation to the transgender population. He expresses familiarity with the proper use of pronouns and terminology.
Confidence	<ul style="list-style-type: none">• Due to the instructors clinical and teaching experience with the LGBTQIA+ population, he began the collaboration being confident. After the collaboration, his confidence increased.
Challenges Time Constraints Quality of Content to Add	<ul style="list-style-type: none">• "I'm constrained to the schedule." The quantity of information required to teach in the course along with new and additional information has created time constraints, causing the need to adjust some prior content within the course to remain within the length of time of the lecture.• "You don't want to be redundant and want it to be overkill as well. The instructor expressed challenges with where to include LGBTQIA+ content within the course, how much information to include, and what to include."
Organizing Content	<ul style="list-style-type: none">• "I liked the way you organized the PowerPoints. I liked the way it flowed, which is the most important thing."• "I think the hardest part is deciding where to put this information and how much because we're not building it in an entire class. We're doing this across the semester, so that's the hardest part."• "The easiest thing to do is take the information and put it all together into one lecture, but the way we did it, it will reinforce the knowledge more."

Discussion

The collaboration was important as it increased the participants' LGBTQIA+ knowledge by the provision of various teaching methods with integration of current statistics, expansion of current LGBTQIA+ terminology and pronouns, and how to organize where to include the new information into existing lectures.

Through the collaboration, it was determined that the best teaching strategies to incorporate LGBTQIA+ content was through the utilization of case studies, video clips, and small group discussions. This was revealed through the participant expressing their approval for the suggested content.

Implication for Future Research

- Implement LGBTQIA+ health education into other OT courses using various teaching methods and strategies to increase exposure
- Replicate study by facilitating a longitudinal study to increase opportunities on how to incorporate LGBTQIA+ content throughout other OT courses, and increase cultural and clinical competency.
- Developing an evaluation assessment for data collection using quantitative surveys to measure the occupational therapy students competency, effectiveness of implementation, and expand OT literature.



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