

Health Emergency Lifeline Program

VISIONING CORKTOWN HEALTH CENTER

Key Priorities for Michigan's First LGBT Health Center

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EXECUTIVE SUMMARY

While Southeast Michigan boasts several award-winning, state-of-the-art health systems, none currently have the capacity to provide truly patient-centered care to meet lesbian, gay, bisexual, and transgender (LGBT) clients' most basic healthcare needs, including primary care, pediatrics, internal medicine, and obstetrics and gynecology. Recognizing that the primary healthcare needs of the LGBT population have been largely unmet in Michigan, Health Emergency Lifeline Program (HELP) plans to expand its existing operations by launching Michigan's first LGBT health center, Corktown Health Center, in fall 2016.

HELP recognizes the need for Corktown Health Center to be developed not merely *for* the LGBT community, but *by* the community as well. To ensure that Corktown Health Center is shaped by input from the community it plans to serve, HELP hosted a series of four interactive community conversations about the emerging center, in which over 40 community members participated. HELP's four community conversations occurred between October 2015 and March 2016 with a total of 44 attendees. WorldShare, a third-party consulting firm with long-standing ties to the LGBT community, facilitated all four conversations.

The goals of the October and November 2015 conversations were to: (1) invite, facilitate and capture community input into envisioning and creating a model LGBT health clinic in Detroit; (2) understand the community's hopes for a LGBT health center in Detroit; (3) identify priority LGBT healthcare needs from community members' perspectives; and (4) respond to questions and concerns. Spring community conversations sought to: (1) share updates on health center planning and fall community conversation contributions to center vision, values, and priorities; (2) engage community participants in discussion of strengths, weaknesses, opportunities and challenges to the center's vision; (3) map assets to support vision; and (4) identify questions yet to be explored. The conversation from the final meeting elicited some of the most emotional and frank discussions about Corktown Health Center, as participants shared personal stories and collective concerns.

The need for quality (not only non-discriminatory and non-judgmental but) affirming care dominated both conversations. Overwhelmingly, community members want the health services that are available elsewhere coupled with a quality of care that is not currently available anywhere.

Conversation results include: an aspirational vision for the center, recommended core values, care priorities and approaches, and future considerations.

CONVERSATION OVERVIEW

HELP's four community conversations occurred between October 2015 and March 2016 with a total of 44 attendees. WorldShare, a third-party consulting firm with long-standing ties to the LGBT community, facilitated all four conversations. Meetings were hosted in four well-known locations around the Detroit Metro Area during weekday evenings and weekend mornings to allow for people with different schedules living in different parts of the region to attend. These meetings were publicized by HELP's existing network, on social media, and by the local LGBT news magazine Pride Source. Meetings were held in a variety of spaces, including a local LGBT community center, a nonprofit, an academic center, and an LGBT owned small business. Each meeting lasted approximately two hours, including a light meal. Two of the four community conversations were recorded on film to document salient themes and provide an opportunity for interested participants to record their thoughts and feelings about Southeast Michigan's new LGBT health clinic.

FALL 2015 CONVERSATION

The goals of the October and November 2016 conversations were to: (1) invite, facilitate and capture community input into envisioning and creating a model LGBT health clinic in Detroit; (2) understand the community's hopes for a LGBT health center in Detroit; (3) identify priority LGBT healthcare needs from community members' perspectives; and (4) respond to questions and concerns. While clinical and public health professionals with existing specialty or interest in serving LGBT folks comprised the majority of participants in the first fall conversation, members from the LGBT community at large predominantly attended the second fall conversation. Participants brainstormed individually, in small groups, and as a larger group to share their thoughts about the development of the center's vision, values, and priorities. Specifically, participants considered the following questions:

- *Vision: What kind of LGBT health center do you want to see in Detroit?*
 - What will patients experience, think, feel, and say?
 - What will providers and staff experience, think, feel, and say?
 - What will the community experience, think, feel, and say?
- *Values: What values would you like to see the center reflect? How will these values "show up?"*
- *Priorities: What are the 2-3 most important health issues (personal and community) you would like to see the health center address?*

SPRING 2016 CONVERSATIONS

The spring community conversations sought to: (1) share updates on health center planning and fall community conversation contributions to center vision, values, and priorities; (2) engage community participants in discussion of strengths, weaknesses, opportunities and challenges to the center's vision; (3) map assets to support vision; and (4) identify questions yet to be explored. Once again, the two spring community conversations differed in their attendance, with healthcare, pharmacy, and public health providers comprising the majority of attendees for the third meeting and community members and allies comprising the majority of attendees for the fourth. The third meeting focused on refinement of the visioning process for the center followed by small group work to conduct a Strength-Weakness-Opportunities-Challenges (SWOC) analysis and begin community communications asset mapping.

The fourth and final meeting was held at a prominent LGBT community center and provided an opportunity for participants to synthesize all of the previous community conversation themes. During this conversation, participants considered the following questions:

- *Patient: Who is the patient?*
- *Services: How do we prioritize services?*
- *Values: What values do we want to lift up and define?*
- *Connecting: How do we best get the word out about Corktown Health Clinic?*
- *Other: What questions and considerations must still be explored and/or resolved?*

The conversation from the final meeting elicited some of the most emotional and frank discussions about Corktown Health Center, as participants shared personal stories and collective concerns. During this meeting, participants also provided specific examples of the characteristics and challenges they believed many of the center’s clients would embody. Concerns expressed and questions raised in the final conversation are largely reflected in the Future Considerations section.

CONVERSATION RESULTS

ASPIRATIONAL VISION

Fall community conversations led to the following aspirational vision for the LGBT health center:

“I feel comfortable and safe coming back and telling others,” “I would come here for my own healthcare and my family’s healthcare,” “It’s about time” – Southeast Michigan’s diverse LGBT community, service providers, and Corktown residents are raving about the new LGBT Health Center in Corktown.

The first of its kind in Michigan, the Corktown Health Center was created by and for Southeast Michigan’s LGBT community and the providers who serve them. The center has extended hours, flexible scheduling, and weekend appointments to accommodate working patients. It prides itself on its warm, welcoming, engaging, friendly, vibrant, comfortable, safe, and professional environment. Pictures and artwork reflect the community. All brochures, magazines, signs, sign-in sheets, and assessments are sensitive to racial, gender, and sexual orientation or identity – and are available in multiple languages. Clinic operations are efficient and wait times are short. Restrooms are gender neutral. Facilities are modern, clean, with state of the art equipment and technology. There is even a play-area for children.

The people who do the work are even more amazing than the clinic’s physical space. The clinic attracts top talent with competitive salary and benefit packages. Clinic team members are polite, pleasant, knowledgeable, and respectful of all who enter. They are careful not to make assumptions about race, gender, orientation or pronoun preferences. Services are also poly-friendly. A significant number of staff members are LGBT-identified and reflect the diversity of the community. In addition to clinicians, there are case managers, health educators, and outreach workers employed by the clinic. Providers work collaboratively with clinic team members, specialty and other outside providers. In the words of one physician, “we see patients as our teachers...We value their lived experiences and knowledge of their unique needs.” Providers care about their patients, enjoy their work, and feel confident that they are truly making a difference.

The clinic is a one-stop shop for services for LGBT community members and their families across the lifespan and regardless of ability to pay. Clinic services include primary care, urgent care, a 24-hour crisis line, mental health care, reproductive health, hormone therapy, HIV/AIDS care, PrEP, screenings, peer education, domestic violence support, palliative care and grief services and referrals. Supportive services for children and families, bisexuals, and transgender individuals are available. Patients

can have anyone they like join them in the exam room and for their appointments. There is an onsite pharmacy. Transportation is provided to and from appointments if needed.

Overwhelmingly, patients feel seen, valued, welcome, respected, and hopeful. Corktown Health Center is a place where LGBT people feel safe, included, belonging, and are healed. Patient satisfaction survey comments include statements like: “I feel equal to and not less than the person who treated me;” and “this is the best care I have received.”

In short, the Corktown Health Center is a long-awaited community asset. It fills a void for the community and for providers. It provides quality healthcare to Southeast Michigan’s LGBT community and much needed education and cultural humility capacity building for healthcare providers in the region. A model clinic, the Corktown Health Center will most certainly prove to be a valuable contribution and positive force in healthcare transformation for Southeast Michigan.

CORE VALUES

Inclusive – We welcome people of all ethnicities, races, genders, sexual orientations, income-levels and backgrounds.

Affirming – We respect every person who comes to our clinic as an expert on their own bodies and lived experiences.

Accountable – We embrace community responsibility as we work together toward improved health and wellbeing.

CORE VALUES

Inclusivity was a dominant and recurring theme in all four conversations. Participants emphasized that the center should aim to make people of all different backgrounds feel welcome. Participants wanted clients to feel **affirmed**, *loved* and *honored*, no matter their background or identities. Recognizing that diversity exists within the LGBT community, community conversation participants wanted to feel confident in the *cultural humility* of providers and staff. Even if a provider does not share a client’s background, the provider would go above and beyond to embrace the client’s identity, ask nonjudgmental questions, and to center the client as the expert on their own experiences. Similarly, participants stressed that in order to ensure *empowerment* and *dignity* of clients, the center must be *patient-centered* and *flexible* to their needs. Finally, participants emphasized the need for developing a system of **accountability** to the center’s vision and *collaboration* with a broad range of community advocates.

PRIORITY SERVICES AND APPROACHES

The community conversations highlighted service areas and approaches to care that participants desired and felt should be the top priorities for the center’s first years of operation. First and foremost, participants wanted to see **high-quality primary care services**, broadly defined and adaptable to patients’ expansive needs. All groups agreed that **mental health** should be evaluated and addressed in tandem with physical health. The groups voiced that within the LGBT population, transgender folks are generally the most vulnerable and underserved group, and that building a care team with expertise in **transgender health** and wellness should be a top priority. Second to the pressing need for transgender health care was **healthcare for LGBT seniors**. Participants noted that the health and social support needs of the aging LGBT population are often subsumed and invisible in other care settings. Lastly, the importance of

Care Priorities

Primary Care
Mental Health
Transgender Care
Senior Care

Approaches

Integrated
Trauma-Informed
Harm Reduction
Holistic Healing

addressing **LGBT youth health** was discussed; participants noted that a partner agency is embarking on work to address local LGBT youth health needs.

Once the groups determined priority service areas, they focused on how they hope the center will deliver these services. Primarily, participants wanted to see services *integrated* as much as possible to provide comprehensive “whole person” care. The groups also mentioned the importance of delivering care through a *harm reduction* lens that considers client treatment and behavior change goals in the context of personal and structural limitations. Empowering clients in patient-provider communications by promoting agency in and ownership of center experience and care plans was equally important. Additionally, as the LGBT community experiences disproportionately high levels of mental, physical, and emotional abuse as well as systemic violence, the group highlighted the importance of providing *trauma-informed* care. Finally, participants advocated for the availability of *complementary care and holistic healing* options.

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND CHALLENGES (SWOC)

Appendix A: Strengths, Weaknesses, Opportunities, and Challenges (SWOC) summarizes participant feedback on internal strengths and weaknesses of the aspirational vision and HELP’s capacity to realize the vision, as well as external opportunities to advance the vision and challenges to achieving the vision. Strengths centered on HELP’s history of providing key services to the LGBT community and preexisting client base. HELP’s current provision of mental health and supportive services were seen as strengths, providing a strong foundation for the new clinic. HELP and the center’s ability to serve diverse populations, including low-income individuals and those who may need assistance accessing health insurance was seen as another strength. Weaknesses included concerns about provider burnout in the field, the availability of specialists on-site, and the fact that the center may have limited control over the services provided by specialists it will refer patients to see. Additionally, the current lack of LGBT cultural competency in the healthcare, social service, and criminal justice systems was viewed as a significant challenge for the region. While HELP’s ability to serve low-income patients was listed as a strength, a related weakness is that many clients may not be able to pay for services, potentially threatening the financial sustainability of the center.

Many of the opportunities focused on the center’s “feel”, with child play areas, breastfeeding stations, and complementary medicine features like aromatherapy listed as potential ways the center could be inclusive and feel inviting to clients. In addition, participants stressed the opportunities inherent to the first LGBT health center in the region, with the creation of training opportunities, medical partnerships, and internships for current or prospective health providers and specialists throughout the area. A long list of opportunities was coupled with several related challenges the center may need to address to ensure its success. While respondents noted an opportunity to develop effective security protocols for the center, the threat of surrounding physical violence or harassment beyond the center’s property is a looming challenge that may need to be addressed through proactive engagement with the local law enforcement. Assuming the center is subject to the same physician capacity and time constraints other health clinics face, the high quality of care the center aspires to provide is likely to be met with the challenges of being delivered within a relatively short timeframe by a limited number of providers to ensure all patients are seen.

STAKEHOLDER AND ASSET MAPPING

Another goal of the community conversations was to highlight existing community assets and key stakeholders to engage in the development and implementation of Corktown Health Center. The mapping process involved the identification of specific community resources, institutions, people,

and modes of communication that might support the development, implementation, and outreach of the center's activities. **Appendix B: Stakeholder and Asset Mapping** summarizes this activity.

FUTURE CONSIDERATIONS

Much of the passionate final conversation centered around questions yet to be answered and issues still be considered. Questions and dominant themes that warrant further consideration are outlined and described below.

1. How will Corktown Health Center utilize community conversation feedback in center development, planning and operations?
2. In what ways can the community expect to be engaged moving forward?
3. How will Corktown Health Center honor diversity and operationalize true inclusivity?
4. What strategies can Corktown Health Center employ to recruit and hire talent reflective of the diverse community it serves?
5. How will Corktown Health Center mitigate the increasing concerns around area gentrification and ensure target population connects to the center as a space by and for them?
6. How will Corktown Health Center ensure the access, safety, and affirmation of its broad and diverse patient population?

Patient Community. The group noted that Corktown Health Center would need to meaningfully engage with the diversity inherent to the LGBT community, with mindfulness to the broad racial/ethnic identities, socioeconomic statuses, and life experiences that community members patronizing the Corktown Health Center will likely possess. Further the group noted that Corktown Health Center would need to ensure that Corktown's increasing gentrification does not impact the center's ability to provide care to all people regardless of income.

Accountability. Some of the most prominent issues highlighted by participants connected to the theme of accountability, a desired center core value. Participant accountability concerns included Corktown Health Center accountability to patients and to local LGBT communities.

Participants would like to see the center be welcoming and affirming while honoring the diversity and dignity of patients as well as staff. Thoughts about cultural humility were echoed more than once, and participants stressed how important it is for the center to employ staff and health care providers from within the LGBT community wherever possible.

Participants also drove home the expectation that Corktown Health Center will be intentional about ensuring LGBT patients are affirmed and respected by the center's providers as well as its referral network. Attendees recommended a vetting process be developed for both clinic providers and staff, and for external specialists or providers to whom Corktown Health Center would refer patients. Such a process would ensure that every level of patient experience is met with the same affirming and competent care expected at Corktown Health Center.

Finally, it was understood that participants would be eagerly awaiting a summary of the community conversations. Beyond reflection back of what HELP and consultants heard from the community, participants are optimistically watching to see if HELP plans to continue to engage the community in meaningful ways as Corktown Health Center plans evolve. Many expressed how important it is

for the community to have input into areas of center development beyond values, priorities and services, in areas like marketing and branding and physical space design. Several participants signed up to express their interest in a Corktown Health Center Community Advisory Board.

It is highly recommended that, in addition to its business planning, HELP develop a strong community engagement plan to nurture continued goodwill among and true community connection to the Corktown Health Center.

CONCLUSION

LGBT individuals and families have the same basic health needs as everyone else. Yet, their heightened risk of exposure to micro- and macro-level discrimination by people ranging from close family members to their healthcare teams underscores existing gaps in healthcare as well as the need for a health center that provides safe, affirming, high-quality care. Additionally, LGBT individuals are underrepresented in the medical field, creating a healthcare environment in which the LGBT patients often become the teachers for the very providers who should already be their healthcare experts. The Corktown Health Center will be Michigan's first clinic dedicated to not only affirming LGBT patient experience and providing high-level care, but to training a new generation of Southeastern Michigan providers who can do the same. If Corktown Health Center achieves its goal and rises to the high bar set by community conversation participants, it will undoubtedly transform the way healthcare is delivered and experienced in Southeast Michigan and have a positive impact on LGBT community health.

APPENDIX A: Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ▪ Location in Corktown ▪ History of HELP ▪ Established client base ▪ Clinic hours ▪ Gender-neutral restrooms ▪ Insurance navigation assistance ▪ Capacity to address insurance barriers ▪ Capacity to serve low-income individuals ▪ Psychiatrist for mental health and substance use ▪ Clinic will be independent and self-sustaining ▪ Supportive services already in place ▪ Multiple program offerings ▪ Comfort for patients ▪ Unique, different 	<ul style="list-style-type: none"> ▪ Staff availability ▪ Availability of diverse talent pool for staff recruiting ▪ Provider burnout ▪ Long-term consistency of care providers ▪ Capacity to have specialists available on-site ▪ Initial low or excess client capacity ▪ Outside referrals to non-HELP providers ▪ Financing ▪ Inability of clients to pay ▪ Lack of diversity at community meetings
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> ▪ Opportunities to learn ▪ Internships and externships ▪ Local medical partnerships ▪ Volunteers can trade time for services ▪ Endocrinologist for hormone services ▪ Aging specialist ▪ Substance abuse programs ▪ Pharmacist consulting area ▪ Raise awareness ▪ Engage more patients/clients at future meetings ▪ Vetting process for staff and providers ▪ Partnership with groups/clinics/offices for outside meetings ▪ Breastfeeding area ▪ Child care or day care resources ▪ Include water feature and aromatherapy for comfort ▪ Holistic and integrative medicine ▪ Security protocols ▪ Increase available medical services beyond regular health checks ▪ Improve adherence with supportive services ▪ Sustainability 	<ul style="list-style-type: none"> ▪ Delivering the vision from day one ▪ Execution ▪ Quality of specialty care ▪ Screening of staff ▪ Ensuring service commitment from people (e.g. AmeriCorps) ▪ Response of community ▪ Perception that clinic is only LGBT or HIV ▪ Misunderstanding ▪ Transportation ▪ Maintaining flexible schedules ▪ Weekend hours ▪ Short wait times ▪ Scheduling ▪ Burnout ▪ Crisis intervention ▪ Security issues ▪ Getting the word out to the community ▪ Growing a strong volunteer base ▪ Medication compliance ▪ Maintaining adherence ▪ Pharmacy choice ▪ Sustained financial support ▪ Lack of cultural competency education in health, social service, and criminal justice organizations

APPENDIX B: Stakeholder and Asset Mapping Activity Highlights

HIGHLIGHTS FROM THE STAKEHOLDER MAPPING ACTIVITY

Community Resources

- Libraries
- Theaters
- Bars
- Recreational Centers and Gyms
- AIDS Service Organizations
- Faith-Based Organizations
- Youth Centers (e.g. Ruth Ellis Center)
- LGBT Advocacy Organizations (e.g. Equality Michigan, Transgender Michigan)

People

- Clinicians
- Social Workers
- LGBT Community Members and Allies
- Elected Officials
- Local Celebrities
- Faith Leaders

Institutions

- Medical and Nursing Schools
- Hospitals
- Michigan Department of Health and Human Services
- Local Health Departments
- Justice System

Communication

- Local News and Media Outlets
- Social Media
- LGBT Newsletters and Magazines
- Radio (Public Radio)
- Word-of-Mouth/Referrals
- Flyers
- Community Meetings

APPENDIX C: Evaluation Summary

The feedback from the HELP Community Conversations program evaluations (n=44) was overwhelmingly positive:

- 43 out of 44 (98%) evaluation respondents either strongly agreed or agreed that the community conversation achieved its goal.
- 42 out of 44 respondents (95%) either strongly agreed or agreed that they were able to share ideas, felt heard and understood at the conversations.
- 40 out of 44 respondents (91%) either strongly agreed or agreed that as a result of the conversations they wanted to be more involved in the Corktown Health Center.

“HELP wants to give the community[members] what they need, not what HELP thinks they want.”

-Conversation Participant

The evaluation respondents identified themselves as community members, allies, and LGBT providers including physicians, pharmacists, and social service providers. Several respondents provided contact information and indicated an interest in serving on the Corktown Health Center’s forthcoming Community Advisory Board. Many respondents reported learning more about local LGBT challenges and resources from the conversations, and feeling like both the conversations and clinic goals were important for the community. They also reported a better understanding of why HELP was creating Corktown Health Center. Many of the fall respondents reported wanting to see future community conversations occur in spaces that serve the LGBT community already, and HELP accommodated this request by holding one of the spring conversations at Affirmations, a nonprofit serving the LGBT community.

Above all, most respondents were appreciative that HELP chose to host the community conversations. One respondent remarked, “HELP wants to give the community [members] what they need, not what HELP thinks they want.” Several respondents stressed that in the future they hoped to see continued and deeper community engagement, with more opportunities to express their opinions about programs that would directly impact the LGBT community. Respondents were also anxious to see “the end product” of the clinic and how their “ideas [would be] implemented.” One respondent wanted to see future clinic development include provider outreach and training, while another commented that “it would be awesome [to] identify a provider who looks like us.”

Notable next steps in evaluation commentary included the need to develop outreach, media coverage, and literature about Corktown Health Center for those who did not attend the community conversations.