Understanding the Role and Experiences of Medical Referrals at an SGM-Centered Mobile Community Clinic in the Rural Southern United States: A Qualitative Community-Based Participatory Approach

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BACKGROUND

- SGM (sexual and gender minority) individuals in the rural Southern United States seek care from nontraditional SGM-specific resources, such as mobile clinics, to avoid discriminatory care.
- Mobile clinics often cannot provide full spectrum care and clients need referrals for other specialty services.
- Minimal literature exists on SGM individuals' experiences with medical referrals—especially in mobile clinic settings.
- We sought to describe the medical referral experiences of SGM individuals and providers at a free SGM-centered mobile community clinic (MCHC).

METHODS

Design: Qualitative descriptive study using a community-based participatory approach.

Participants: English-speaking individuals ≥ 18yo accessing or providing medical care at the MCHC.

Sampling: Purposeful and snowball sampling via social media, MCHC representatives, and participant networks. Participants were compensated for their time.

Data Collection: Individual, in-depth, semi-structured interviews via Zoom.

Analysis: Interviews were coded by the lead author and member checking occurred with all authors. We used an open-coding technique and iterative approach to create categories and themes.

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RESULTS

Table 2: Themes of referral experiences and improvements

*Pseudonyms used

Client Referral Experiences- *variable, informal*

*They **had a table full of resources.** I [pulled] a card from that table but I **could not find it when it was actually time to** [set up] therapy. I [ended up] going to my doctor [for a mental health referral]. –Kyle (Client)*

*I had mentioned a couple of things that [the mental health specialist] specifically had been licensed to counsel for. And she said, **"here's my office, here's the phone number, why don't you give us a call and let's set something up."** –Amir (Client)*

Provider Referral Experiences- *depended on personal knowledge*

*I was doing OMT [osteopathic manipulative treatment] on a patient and they really enjoyed it and they [said], **"this is something I could use on a regular basis." I gave them [the] information** [for a provider who provided OMT]. – Charlie (Provider)*

*Once we do a screening and we see that... [the client] would probably benefit from additional services, we have our business cards there…So, **we have plenty of therapists** that are here **that could likely take on new clients. We connect them and try to get them on a schedule.** – Jay (Provider)*

Referral Barriers- *logistical barriers*

*Very specifically, **it's financially**. It's always been very tough [because] it's just me, I don't have a partner, I don't have anybody to help with bills... and basically just finding time to [go to the appointment]. –Amir (Client)*

*I got there an hour earlier so that I could be prepped and set up. But there **wasn't a formal orientation ahead of time** or anything like that. –Jamie (Provider)*

Referral Improvements- *formal process with support*

*It would be good...to see if people did follow up or **if they were able to...have the continuation of care.** If they weren't...would [the MCHC] ... be able to help them outside of the [MCHC]...It would be good **if they could follow up with people.** [It's important to see the] impact or the success rate of successful referrals. And... **if you didn't go, why**." –Ezra (Client)*

Table 1: Participant characteristics

n (%) unless otherwise noted	Clients N = 12	Providers N = 8
Age (mean ± SD)	27.3 ± 4.44	35.5 ± 11.3
Race		
Black	5 (42)	1 (12)
Hispanic	1 (8)	0 (0)
White	6 (50)	7 (88)
Sexual Orientation		
Queer	3 (25)	0 (0)
Bisexual	1 (8)	0 (0)
Pansexual	2 (17)	0 (0)
Lesbian	2 (17)	1 (12)
Gay	3 (25)	1 (12)
Heterosexual	1 (8)	6 (75)
Gender Identity		
Non-binary	2 (17)	0 (0)
Transgender female	1 (8)	0 (0)
Transgender male	3 (25)	0 (0)
Cisgender female	3 (25)	6 (75)
Cisgender male	3 (25)	2 (25)

DISCUSSION

- When accessing care at a mobile community clinic, **SGM individuals** in the rural southern U. S. **have a range of experiences with medical referrals** depending on the service they are accessing and the on-site resources available.
- **Providers** in a mobile community clinic setting often **rely on their personal networks** and **knowledge to make effective referrals.**
- **Barriers to referrals** for clients **include financial barriers** as well as **trusting new providers**, and providers in a volunteer mobile clinic setting **not receiving appropriate training.**
- **Formal referral procedures, referral support**—such as case managers, and **increased contact with providers** who can receive referrals **could improve the referral process** in both non-traditional and traditional medical settings.
- A main study limitation is that we only capture perspectives of English-speaking, openly identifying SGM individuals.