

Meet Sebastian Wright

AGE 43 • PRONOUNS: THEY/THEM/THEIRS
PROFILE: IDENTIFIES AS GAY QUEER (LGBTQIA+ = LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, INTERSEX, ASEXUAL+) VETERAN

Sebastian served in the Navy during “Don’t Ask, Don’t Tell” and spent much of their military service hiding their gender identity. After leaving the military, Sebastian continued to be reluctant to disclose their identity with others and developed an intense disdain for themselves. Sebastian’s concerns about acceptance, amplified by the challenge of readjusting to civilian life, caused them to isolate and increase alcohol consumption as a coping mechanism. Sebastian’s invisible wounds—including depression, fear, and internal turmoil—discouraged them from seeking medical care.

Sebastian is not alone. LGBTQIA+ Veterans have historically felt invisible and excluded from the care continuum because of their unique health care needs.

This story is inspired by a real-life example, but sensitive information has been altered to maintain confidentiality.



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The Invisibility of Colorful Lives

Scars from rejecting experiences during military service and prior “Don’t Ask, Don’t Tell” policies, have been linked to a disproportionate risk for depression and suicide in LGBTQIA+ Veterans.⁶ These factors, alongside the aggravating stress of self-expression and social isolation, create a reluctance from LGBTQIA+ Veterans to seek medical care at VA.

⁶ Lange, T.M., Hilgeman, M.M., Portz, K.J., Intocchia, V.A., & Cramer, R.J. (2020). Pride in all Who Served: Development, Feasibility and Initial Efficacy of a Health Education Group For LGBT Veterans. *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (JSSD)*, 21(4), 484–504. <https://doi.org/10.1080/15299732.2020.1770147>

⁷ Blosnich JR, Brown GR, Shipherd PhD JC, Kauth M, Piegari RL, Bossarte RM. Prevalence of gender identity disorder and suicide risk among transgender veterans utilizing veterans health administration care. *Am J Public Health*. 2013 Oct;103(10):e27-32. doi: 10.2105/AJPH.2013.301507. Epub 2013 Aug 15. PMID: 23947310; PMCID: PMC3780758

⁸ Sherman, M. D., Kauth, M. R., Shipherd, J. C., & Street, R. L. (2014). Communication between VA providers and sexual and gender minority veterans: A pilot study *Psychological Services*, 11(2), 235–242. <https://doi.org/10.1037/a0035840>



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Creating a More Equitable Tomorrow, Today

The **PRIDE in all Who Served Program (PRIDE)** is a 10-week health education group for LGBTQIA+ Veterans with the aim of reducing health care disparities and enabling dialogue related to health care needs. Founded in 2016, PRIDE focuses on helping participants improve their overall wellness, increase social connections, and engage in services related to their health care needs. With over 500 Veterans impacted, PRIDE ensures Veterans like Sebastian feel seen, heard, and have the tools to become active participants in their health and wellness. Beyond Veterans, PRIDE also educates care teams on the unique needs of LGBTQIA+ Veterans so that they may better understand, engage, and serve them.

PRIDE can provide visibility, community support, and engagement opportunities for 1 million LGBTQIA+ Veterans.



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PRIDE Demonstrates Principles for Value-Driven Innovation

Meaningfulness

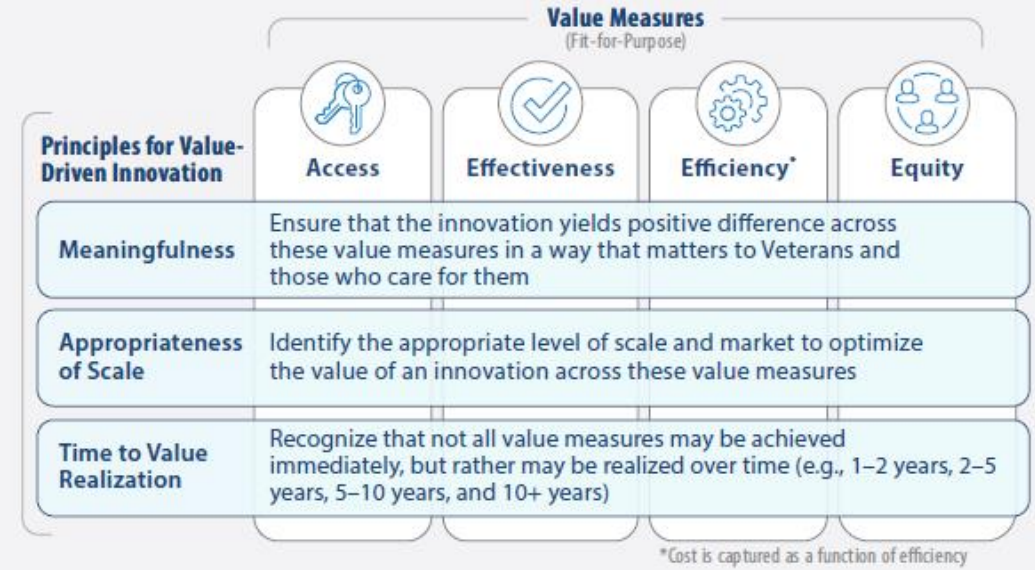
PRIDE provides LGBTQIA+ Veterans with health education, visibility, and community support. This program is specifically tailored to the unique needs of LGBTQIA+ Veterans and engages them in a way that re-instills their trust in VA care. Ultimately, this increases LGBTQIA+ Veterans' engagement with the care and resources they need to optimize their health.

Appropriateness to Scale

PRIDE's scale approach prioritizes population needs and LGBTQIA+ Veteran vulnerability, such as incidences of suicidal thoughts and reported mental health cases, to inform and prioritize implementation at the enterprise level. Using data to identify high-risk population areas, the VA employs a targeted scale approach.

Time to Value Realization

PRIDE yields significant value in creating a more equitable and accessible health system for LGBTQIA+ Veterans by providing them the tools needed to live open, healthy lives. Over time, PRIDE will also yield significant value to VA by providing more effective and efficient care for this Veteran population through improved health outcomes, decreased barriers to care, and strengthened Veteran-provider relationships.



Measuring the Value of PRIDE

Access

Improves access to care by providing LGBTQIA+ Veterans the patient education, engagement, and activation needed for trusted care coordination



Effectiveness

Improves effectiveness through improved health literacy, reduced likelihood of attempted suicide, reduced anxiety, reduced concern about conformity, and increased protective factors (e.g., community and identity certainty)—leading to potential improved health outcomes



Efficiency

Improves efficiency through improved quality of care via provider competency training, improved social and overall wellbeing in Veterans, and reduction in costly adverse risks (e.g., attempted suicide, depression, and addiction)



Equity

Advances equitable care by creating a health system where LGBTQIA+ Veterans have equal opportunity to attain their full health potential (free of shame, stigma, and fear) and equips providers with equity-specific training to better serve the unique needs of LGBTQIA+ Veterans



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