MYSTERY SHOPPER ASSESSMENT REPORT 2019
Ten LGBTQ individuals and allies were selected and trained to undertake a mystery shopping assessment to evaluate the extent to which healthcare workers provide non-discriminatory and responsive services to key and vulnerable populations that are living with and most affected by HIV.

On June 22, 2019, ten LGBT persons and allies were trained by the consultant and his team to undertake the mystery shopper assessments. To facilitate the process, a curriculum was developed and training workshop was convened to build the capacity of the selected shoppers to monitor and provide feedback on the services received. An assessment tool was also developed and shared with participants during the training. In addition to structured lectures and presentations, participants were given scenarios which mirrored aspects of the service delivery across the spectrum of health services in the public sector. Scenarios ranged from experiences with security guards, receptionists, nurses, medical doctors, pharmacists and phlebotomists. With each scenario, a designated shopper was selected who had the opportunity to report on the shop/experience which was critiqued by the specialists and members of the audience. Pre and post-test evaluations were done with the training participants in order to ascertain their level of knowledge before and after the training as well as the effectiveness of the trainers and the information provided.
At the end of the training, each participant was assigned 2-3 of the six treatment sites to conduct the assessment up to July 25, 2019. The assessments were carried out at the following sites: Jamaica AIDS Support for Life-Kingston, Kingston Public Hospital, Comprehensive Health Centre, St Jago Park, and CHARES UHWI.

The mystery shoppers were selected through community networks, organisations and advertisement on social media. While the majority of the shoppers identified as gay, this did not skew the data in anyway. Importantly, transgender persons and heterosexual shoppers were included which provided a diverse set of individuals. Majority (68%) of the shoppers were between the age group 18-34 years which is a significant as this segment is a target segment and characteristically are more open about their experiences with providers of goods and services generally. Diversity in sexual orientation and gender identity was included and necessary to allow for a more comprehensive analysis of the experiences and reports from the mystery shoppers.

Interestingly, the majority of the shoppers were also involved in the focus group activity prior to training and the subsequent shop. It was encouraging to see the objective views reported in the various shops given the negative perceptions and past experiences these same shoppers would have had in past experiences with the facilities. It shows how effective the various trainings and sensitization have been, both for the Mystery Shoppers on the one hand and for the healthcare providers on the other. It can be concluded that shoppers did approach the shop exercises in an objective manner and therefore strengthens the authenticity of the study.

A total of twenty-three assessments were conducted. Overall, the assessment found that there were positive experiences and that healthcare workers engaged were largely respectful and helpful and did their best to provide professional and courteous services. Doctors and nurses were consistently viewed more favourably for their level of service and professionalism than security guards and some reception personnel. This suggested targeted interventions/trainings for frontline staff such as security guards may be critical moving forward as they can serve as a deterrent in LGBTQ people accessing critical health services.

The majority of shoppers (70%) felt that it was easy or were indifferent as it relates to the ease in getting assistance, while 28% thought it was difficult. This finding in our view reflects more so on the general levels of service offered in the health sector in Jamaica rather than as a result of one’s sexual orientation, real or perceived. The fact that the majority of shoppers didn’t think it was difficult is also positive in terms of the service offered by the treatment sites in the study, and the staff in these facilities are to be commended.

Some 80% of shoppers were comfortable sharing information and this is important in assessing professionalism and service levels in these facilities. Doctors and nurses were consistently viewed more favourably for their level of service and professionalism than security guards and some reception personnel. Of concern were the 16% of shoppers who would not recommend certain facilities for lack of professionalism and or lack of privacy due to the physical space set up for HIV testing. CHARES was one such facility in terms of privacy and Comprehensive Health Centre on professionalism and lack of sensitivity towards LGBT people. These specific sites need to be investigated further as they are critical to the HIV response.

While facilities shopped were known to provide services to the LGBTQ community and were indeed appropriate for the study, it must be considered whether the outcome of the shop would have been different had the shop been conducted in other treatment sites outside the Kingston Metropolitan Area (KMA) and St. Catherine. It would be interesting to find out if the LGBTQ experience in rural facilities differ significantly from those offered in more urban centres. Do those rural facilities have the same level of sensitivity and positive approach towards members of the LGBT community? The study therefore needs to be widened in scope to gain a true picture of LGBTQ experiences within the health care facilities across Jamaica.

A summary report of the assessments conducted at each facility is provided below.
ST JAGO PARK HEALTH CENTRE

There were four mystery shopper visits to St. Jago Park Health Centre by one man who identified as straight, another identifying as gay and two transgender women who all visited for HIV related services. Two shoppers found it easy to get assistance, one found it neither easy or difficult and the other found it very difficult. In that one case, the difficulty was identified as originating from miscommunication with the security guard that inevitably led the shopper to not being able to access the health services they went for. Three of the four were comfortable sharing their information and the general view is that there were no unrelated questions asked by the frontline staff. Three of the four felt that their sexual orientation and gender identity were, at least, somewhat respected. The other shopper pointed out that she was not actively presenting feminine and so it did not become an issue.

All mystery shoppers engaged security guards and the average rank for the interactions was 2.25 out of 5. Three shoppers engaged administrative clerks and the average rank for these interaction was 3.67 out of 5. Three shoppers engaged nurses and the average rank for these interactions was 3.67 out of 5.

It was generally felt that no unrelated questions were asked by the medical staff however, one shopper felt that the medical officer was evidently discriminatory. Outside of the shopper who was unable to access services, it was generally felt that their unique needs in accordance with their sexuality were met. Generally, there was no issue with healthcare workers forcing their beliefs on the shoppers.

Of note, one shopper noticed another client being treated poorly. The details however were not provided so it is unclear whether it was related to sexual orientation, gender identity or health status. It was generally felt that the frontline workers were cordial and welcoming, with the exception of one shopper who reported that the security guards “had an attitude”. Interestingly, this shopper was a trans woman who was presenting masculine, while the feminine presenting trans woman was fast-tracked by the frontline workers.

Overall, two shoppers felt that the experience was generally positive, one shopper who thought it was great but noted that some officers who knew him seemed disappointed in him and the shopper who was not able to access services found the experience to be overall awkward and confusing. All shoppers agreed that they might recommend the facility to a trans person or a gay, bisexual or other man who has sex with other men.

Based on their experiences, shoppers recommended there should be more security and that they address the confidentiality created by the huge desk in the clinic where clients are engaged. Customer service training was also recommended for the security team and gender diversity training so that staff are better equipped to provide services to a trans person. It is noteworthy that when corrected about misgendering, the staff was found to be accommodating. It was also recommended that the prolonged waiting time be addressed and introduce producers promoting gender diversity.
There were two mystery shopper visits to St. Ann’s Bay Health Centre by two men who identified as gay for sexual health related services. Both shoppers agree that it was neither easy or difficult to get assistance. One shopper was not so comfortable sharing their information while the other was somewhat comfortable. Though the shoppers seemed to identify certain questions asked by the staff as unrelated to the purpose of the visit, the questions as discussed was about their sexual behaviour and the reason for travelling so far from home for their visit. Both shoppers felt that their sexual orientation and gender identity were, at least, somewhat respected. However, one shopper felt that the healthcare workers were judgmental.

Both mystery shoppers engaged security guards, administrative clerks, nurses and doctors. The average rank for the interactions with the security guard was 3 out of 5; clerks - 3.5 out of 5; nurses 4 out of 5; and doctors - 4.5 out of 5.

On the issue of unrelated questions asked by the medical staff, one shopper noted that he was asked why he had traveled so far and the other noted that the doctor asked “How long have [you] been gay and do you know the current HIV statistic?”. Notwithstanding, neither shopper felt that the medical officer was evidently discriminatory and one of them felt that his unique needs in accordance with his sexuality were met. Neither felt beliefs were being forced. Both felt that their experiences with the frontline workers were satisfactory, but one noted that dealing with large crowds could be improved.

Overall, both shoppers felt that their experiences were satisfactory; one noted that the staff were largely professional and ensured confidentiality and that he did not experience any discrimination or harassment. This was the shopper who noted the statements of the doctor quoted above. Both shoppers agreed that they might recommend the facility to a trans person or a gay, bisexual or other man who has sex with other men.

Based on their experiences, shoppers recommended that steps should be taken to reduce waiting time and improve efficiency. It was also recommended that more professional and tolerant individuals be employed to make the facility more inclusive.
There were three mystery shopper visits to Comprehensive Health Centre by one man who identified as gay and two transgender women who each visited for different reasons: back pain, general check-up and HIV related services. Two shoppers found it easy to get assistance and the other found it neither easy or difficult. Two of the three expressed comfort with sharing their information with staff but one shopper was not so comfortable. On the issue of unrelated question being asked by the staff, the responses were unclear given that while one shopper indicated that unrelated questions were asked. Her explanation like the other two did not indicate anything beyond directions being given by security staff. Two of the shoppers felt that their sexual orientation and gender identity were respected, however one of them noted that she was masculine presenting at the time. The other shopper who was a feminine presenting trans woman did not feel her identity was respected as staff were snickering and staring as she waited to be seen by the medical staff.

All mystery shoppers engaged security guards, nurses and doctors. The average rank for the interactions with the security guard was 3.67 out of 5; nurses 4 out of 5; and doctors 3.33 out of 5. Only two shoppers engaged administrative clerks and the average rank for the interactions was 4.5 out of 5.

It was generally felt that no unrelated questions were asked by the medical staff however, one shopper noted that the doctors were not very engaging. Notwithstanding, no shopper was of the view that the medical officer was discriminatory.

Given the services sought, the issue of needs unique to the shopper’s sexuality only concerned one shopper did not indicate whether or not the services were so tailored. Shoppers did not identify healthcare workers forcing their beliefs on them. Of note, two shoppers noticed another client being treated poorly/differently. The details however were not provided so it is unclear whether it was related to sexual orientation, gender identity or health status. All shoppers reviewed frontline workers favourably.

Overall, all shoppers shared a generally positive experience however one shopper noted that another client suspected of having an STI was treated badly. Additionally, the shopper who was a feminine presenting trans woman described her discomfort with how she was treated by other service users, who made her feel uncomfortable in the space. All shoppers agreed that they might recommend the facility to a trans person or a gay, bisexual or other man who has sex with other men.

Based on their experiences, shoppers who went for non-SRH services recommended the extension of the opening hours, more doctors on the morning shift and better maintenance of the space. The other shoppers who accessed HIV-related services and was a feminine presenting trans woman recommended gender sensitivity training for staff as her pronouns were often not acknowledged by staff as well as trans-inclusive forms.
There were four mystery shopper visits to KPH by two men who identified as gay and two transgender women who visited for HIV related services (n=3) and back pain (n=1). With the exception of one person, all shoppers reported that they experienced some level of difficulty to get assistance but it isn’t clear whether or not this was a result of their sexual orientation or gender identity or the general challenges with the health system. One person observed others being treated differently or poorly during their visit to the hospital. Respect was generally shown by healthcare workers to the persons they interacted with. However, one shopper, who is transgender, reported that though the customer service representative was respectful by referring to their name (and not the name on their government issued document) - “the lady at the front desk smile and was referring to me as such”, “the nurse was acting up.”

Overall, everyone rated the service satisfactorily as they felt that the healthcare workers they interacted with was good. One of the transgender woman reported that the “experience was good. I was not provoked or mocked by the security guards (as I expected them to). The customer service was great except for the nurse who have an issue. The doctor was great especially when outlining stuff before telling the result to my HIV test.” There was no report of negative experience with frontline workers (such as security, customer service representative, janitor, etc). Shoppers reported that they were “so good” and “professional and helpful”.

One person remarked that the female security guard they interacted called him “a goodie” while another who had never before used KPH highlighted that the “security guard was really professional and helpful in terms of helping me find where I was going” and that the “customer service rep was also helpful but she seemed a bit out of it as if she was having a bad day.”

Based on the experiences, shoppers recommended that training is critical for healthcare workers so that everyone in public health facilities are more open minded and improve waiting time issues and customer service standards.
A total of five assessments were conducted at Jamaica AIDS Support for Life Kingston Chapter by five persons - two gay men, two trans women and a heterosexual man who required an HIV test and services related to same. The majority of shoppers reported that they had no difficulty getting assistance. With the exception of one person, they all felt very comfortable sharing information with the healthcare workers they interacted with. None of the shoppers observed other users of the service being treated poorly or differently and did not feel as though those they engaged were forcing their beliefs on them. No unrelated questions were asked of the shoppers and they largely felt those they engaged showed respect for their sexual orientation and gender identity as staff was reported to be accepting and only asked questions in relation to the service being sought and were “friendly”. Notwithstanding, the positive experience, one shopper reported that during the assessment “some questions were asked about sex and frequency but [that] seem to be the norm.”

Overall, the experience was largely positive for the shoppers and all of them would recommend JASL Kingston to others. One reported that the “experience with the frontliner worker was good overall [as] they were professional” while another reported that “the admin she doesn’t not look happy and welcoming at all.” Words like “professional”, “comfortable”, “courteous”, “informative”, “efficient”, “remarkable” and “supportive” were used to describe to describe the service and the experience there.

One shopper highlighted that they identify as a transwoman and that was respected throughout the service while another expressed that their trans identity was “mistaken from time to time as a gay man.” Of note, shopper shared that “My overall experience in visiting JASL was remarkable in that at no point in time did I feel any form of discomfort in sharing my sexual orientation with the workers...I would personally recommend this facility to someone from the LGBT community.” However, one shopper reported that “the security and customer service representative were watching some kind of show ... they didn’t talk to me and I didn’t talk to them” during the visit.

The shoppers recommended that to improve the services offered, JASL should make it more inclusive by providing services to the general public, make security more visible to help give users assurance that it is safe and secure, and that more care be taken by staff to avoid misgendering transgender persons who use their services.
Four assessments were conducted at CHARES which is located at the University Hospital of the West Indies by three transgender women and one gay man who all found it easy (n=2) and very easy (n=2) to get assistance. All four shoppers went in for HIV testing and related services and expressed that they were not so comfortable (n=1), very comfortable (n=1) and extremely comfortable (n=2) sharing information with the healthcare workers they interacted with during their time at the facility. There were no reports of security guards, administrative staff or nurses asking unnecessary questions. All shoppers reported that during the visit they were professional and offered assistance when necessary as well as ensured questions were only in relation to the purpose of the visit. One transgender woman reported that “the main security answered clearly and very pleasant when I asked him for directions. The security at the facility was very appropriate with his actions...The admin clerk answered questions directly and was very pleasant.” However, one shopper reported that the doctor they engaged how often they have sex and the size of his partner’s penis.

The inclusive nature of the services provided by CHARES was noted by all four of the shoppers. “Accessing the service as a visible trans woman, I was referred to as she without question. The staff made me feel very affirmed with how they identified me. CHARES is the first public health facility where I checked trans woman on a consent form,” noted one shopper.

Another noted that they “felt respected and included due to the fact that the registration form had [their] gender identity on it and [they] didn’t have to pretend and select male” while the gay man noted that “at no point in time did I receive any homophobic or discriminatory comments.”

Overall, the experience of all shoppers was very positive and was consistent throughout the visit irrespective of the level/type of staff they interacted with. Professional, polite, welcoming, pleasant, tremendous, and really good were among the words shoppers used to describe their experience at CHARES. Three shoppers would recommend the facility to others. It was reported that “the waiting space amongst the workers and patients was comfortable,” “the staff was really welcoming,” and the “experience with the frontline workers was tremendous.”

However, despite the overwhelmingly positive experiences reported, privacy was noted as an issue of concern for which improvement is needed as the walls were barely sound proof. One shopper felt that “there wasn’t any privacy while he was dealing with [them] and anyone could hear [the] conversation.” It was recommended that the testing area should be more discreet or private for persons accessing services at the facility.
CONCLUSION AND RECOMMENDATIONS

Across the six facilities reviewed, there was a general record of positive experiences with a few notable challenges that ought to be taken into consideration for review and improvement by the relevant officials. Potential breaches of privacy were raised regarding St. Jago Park and CHARES; an unhelpful security guard at St. Jago Park led to one shopper not receiving medical attention; a nurse “acting up” was noted by a trans woman shopper at KPH; the conduct of other service users made Comprehensive uncomfortable for a trans mystery shopper; and inappropriate statements by doctors to gay men whether in the form of invasive or loaded questions were noted at St. Ann’s Bay Health Centre and CHARES. Waiting time was raised as an issue across several facilities and despite positive experiences, many were reluctant to outright recommend the facilities for use by other LGBT persons with the exception of JASL and CHARES.

There were notable issues with transgender woman accessing services at different facilities. Trans women who were masculine presenting and therefore were presumed to be cisgender men encountered less difficulty than trans women who were feminine presenting. Many forms did not account for gender identity as distinct from sex and not all officials were respectful in their use of pronouns when referring to trans mystery shoppers. Some officials were open to correction but others were not.

Additionally, there was a noticeable difference in treatment when the issue being addressed was not an SRH one. Shoppers who went in for general check-ups and back pain reported no challenges beyond waiting time issues and in one instance noticed differential/poor treatment of another user who went in for an STI-related issue. Finally, it is noteworthy that frontline workers and in particular security guard were on average ranked lower than medical staff.

In light of the following, it is recommended that:

- Further mystery shopping across a wider section of society is conducted to see if the trends noticed are region-specific and devise responses to the challenges arising accordingly;
- Scale up gender-sensitivity training so that transgender persons are better able to access public health services;
- Conduct further human rights and SOGI trainings targeting frontline workers and engage security firms to ensure that these trainings are regularly done with new and existing recruits;
- Engage RHAs and MOH to mobilize resources to address concerns regarding waiting and structural limitations which facilitate breaches of confidentiality;
- Develop a best practices guide using the positive experiences from facilities with good reviews for dissemination to other facilities; and
- Create posters, images and short videos for placement in healthcare facilities to promote equality and diversity among service users.