TEN THINGS:
Creating Inclusive Health Care Environments for LGBT People

Harvey J Makadon, MD
The National LGBT Health Education Center, The Fenway Institute
Professor of Medicine, Harvard Medical School
Disclaimer

This project was supported by a cooperative agreement from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with $449,994 (0% financed with nongovernmental sources). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.
Continuing Medical Education Disclosure

- **Program Faculty:** Harvey J Makadon, MD
- **Current Position:** Director, Division of Education and Training, the Fenway Institute, and Professor of Medicine, Harvard Medical School
- **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.
Learning Objectives

By the end of this session, learners will be able to:

1. List ten things that contribute to providing affirmative and inclusive care for LGBT people
2. Define basic LGBT terms and concepts
3. Describe at least 3 strategies that you can use for implementing a more LGBT-inclusive environment
Our Roots

Fenway Health
- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health

The Fenway Institute
- Research, Education, Policy

www.lgbthealtheducation.org
LGBT Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

- Training and Technical Assistance
- Grand Rounds
- On Line Learning
  - Webinars and Learning Modules
  - CE, and HEI Credit
- Resources and Publications

www.lgbthealtheducation.org
Why Programs for LGBT People
The Impact of Stigma and Discrimination
Effects of Stigma on Health

- LGB people who experienced a prejudice-related stressful life event (e.g., assault, being fired from a job) were three times more likely than those who did not to suffer a serious physical health problem over a one-year period (Frost, Lehavot, & Meyer, 2011)

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008)

- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 FTM transmasculine people. Reisner et. al. 2015
Health Issues Throughout the Life Course

- Childhood & Adolescence
- Early & Middle Adulthood
- Later Adulthood
LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)
  - Risk of HIV, STD’s
- MSM are at higher risk of HIV/STDs, especially among communities of color
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Lesbians are less likely to get preventive services for cancer
LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STD’s, victimization, mental health issues, and suicide
  - They are also less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services
LGBT Concepts
L,G,B,T Concepts
Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
  - How people identify can change
  - Terminology varies
- Gender Identity ≠ Sexual Orientation
# Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior:
  - Men who have sex with men- MSM (MSMW)
  - Women who have sex with women- WSW (WSWM)
- Identity:
  - Straight, gay, lesbian, bisexual, queer--other

## Dimensions of Sexual Orientation:

**Identity:** Do you consider yourself gay, lesbian, bisexual, straight, or queer?

**Behavior:** Do you have sex with men? women? Or both?

**Attraction/Desire:** What gender(s) are you attracted to physically and emotionally?
Gender Identity and Gender Expression

- Gender identity
  - A person's internal sense of their gender (do I consider myself male, female, both, neither?)
  - All people have a gender identity

- Gender expression
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles

- Both may be described on a spectrum
The T in LGBT: Transgender

- Transgender
  - Umbrella term
  - Gender identity not congruent with the assigned sex at birth
  - Alternate terminology
    - Transgender woman, trans woman, male to female (MTF)
    - Transgender man, trans man, female to male (FTM)
  - Non-binary, genderqueer
    - Gender identity is increasingly described as being on a spectrum
**Reviewing Terminology**

**Sexual Orientation**
- Whom you are physically and emotionally attracted to
- Whom you have sex with
- How you identify your sexuality

**Gender Identity**
- What your internal sense tells you your gender is

**Sex**
- Refers to the presence of specific anatomy. Also may be referred to as ‘Assigned Sex at Birth’

**Gender Expression**
- How you present your gender to society through clothing, mannerisms, etc.
Vulnerability to Poverty

- While children generally have higher rates of poverty than adults, children of LGB parents are especially vulnerable to poverty
  - African American children in gay male households have the highest poverty rate (52.3%) of any children in any household type
  - the rate for children living with lesbian couples is 37.7%
- Transgender respondents to the National Transgender Discrimination Survey (NTDS) were 4 times more likely than the general population to have a household income of less than $10,000
TEN THINGS:
CREATING INCLUSIVE HEALTH CARE ENVIRONMENTS FOR LGBT PEOPLE
Polling Question

My health center (organization) offers a welcoming and inclusive environment for LGBT patients/clients and their families.

a. Strongly agree
b. Agree
c. Disagree
d. Strongly disagree
The Board and Senior Management Are Actively Engaged

- Proactive efforts to build an LGBT-inclusive environment are essential to achieve goals.
- Engaged leadership from both the board and senior management is critical even if there is a great deal of support from throughout the organization.
- Leadership can set a tone and build LGBT inclusiveness as part of a commitment to equitable care for all.
- Staff champions also need to be involved in designing and implementing change.
Polling Question

My health center (organization) includes the following in its non-discrimination policy (check all that apply):

a. Sexual Orientation
b. Gender Identity
c. Gender Expression
d. None of the above
e. Not sure
2 Policies Reflect the Needs of LGBT People

- Patient and employee non-discrimination policies should include “sexual orientation,” “gender identity,” and “gender expression.”
- These policies should be known and recourse in cases of questions of discrimination should be both clearly laid out and accessible.
Sample Non-Discrimination Policies

- The health center prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

- Every patient shall have the right to receive medical care that meets the highest standards of our health center, regardless of his/her race, religion, national origin, any disability or handicap, gender, sexual orientation, gender identity or expression, age, military service, or the source of payment for his/her care.
The Joint Commission

- The Joint Commission now requires inclusion of sexual orientation and gender identity and expression in non-discrimination policies
Outreach Efforts Engage LGBT People in Your Community

- Effective outreach requires understanding the diversity of the LGBT community and how to reach them. There are a variety of ways to learn this information through community assessments, and focus groups.
- Goals of outreach can be to help people sign up for the ACA, engage them in care, and enroll them in research studies to improve care to LGBT people.
- Outreach not only is important for the health of the community, but also brings a new segment of the community to your organization to receive care. You can do well by doing good!
LGBT People are Largely Invisible to Health Care Providers
Know Your Community
Video: LGBT Voices Perspectives on Health Care

To view the video, go to:

www.lgbthealtheducation.org/training/videos/#lgbtvoices
Family Rejection and Acceptance

- LGBT youth rejected by parents are more likely to attempt suicide, report depression, use illegal drugs, and have unprotected sex

- Parental rejecting behaviors include:
  - Forbidding interaction with LGBT peers
  - Blaming child for being victim of bullies
  - Hiding child’s sexual identity from other family members and friends
  - Kicking child out of house
Family Acceptance Strategies

- Ask patients how their families have reacted to their coming out
- Explain to parents the negative impact of rejecting words and behaviors, even when they mean well
- Suggest parents support their child’s sexual orientation/gender identity as much as possible (okay to be uncomfortable; a little support goes a long way)
  - See the Family Acceptance Project for resources: http://familyproject.sfsu.edu/
MY SON IS MY LIFE

I know he is gay and I don’t always understand, but that doesn’t change my love for him.

1-800-243-7692 hotline@gmhc.org www.gmhc.org

the institute GMHC
FOR GAY MEN’S HEALTH GAY MENS HEALTH
All Staff Receive Training on Culturally Affirming Care for LGBT People

- Respectful communication and quality care depend on all staff receiving training on diverse LGBT identities, terminology, and health disparities.
- All need to learn how to avoid assumptions and stereotypes, and to communicate in an inclusive way —beginning with front-line staff.
- When patients receive non-judgmental and welcoming responses to discussions about sexual orientation and gender identity, they are more likely to remain engaged in care.
Avoiding Assumptions

- You cannot always correctly guess someone’s gender or sexual orientation based on how they look or sound
- To avoid assuming gender or sexual orientation with new patients:
  - *Instead of:* “How may I help you, sir?”
  - *Say:* “How may I help you?”
  - *Instead of:* “He is here for his appointment.”
  - *Say:* “The patient is here in the waiting room.”
  - *Instead of:* “Do you have a wife?”
  - *Say:* “Are you in a relationship?”

www.lgbthealtheducation.org
Avoiding Assumptions

- Listen to how people describe their own identities and partners--use the same terms, if comfortable
- Each individual is unique: If you know one LGBT person, you only know one LGBT person
Preferred Name and Pronouns

- It is important to use the patient’s preferred name and pronouns when talking about a patient.
  - For example, most transgender women want you to say “she” or “her” when talking about them. Trans men generally prefer “he” or “his.”
  - Some people may use words or pronouns that are unfamiliar to you. Pronouns such as "zie" or "they" are sometimes used by people who do not want to identify with the gender binary of he/she.
# Pronouns

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive Adjective</th>
<th>Possessive Pronoun</th>
<th>Reflexive</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>His</td>
<td>Himself</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Their</td>
<td>Theirs</td>
<td>Themself</td>
</tr>
<tr>
<td>Ze/Zie</td>
<td>Zim</td>
<td>Zir</td>
<td>Zirs</td>
<td>Zirself</td>
</tr>
<tr>
<td>Sie/Zie</td>
<td>Hir</td>
<td>Hir</td>
<td>Hirs</td>
<td>Hirself</td>
</tr>
</tbody>
</table>

Adapted from [http://forge-forward.org/](http://forge-forward.org/)
Putting What You Learn into Practice….

- If you are unsure about a patient’s preferred name or pronoun
  - “I would like be respectful—what name and pronoun would you like me to use?”
- If you accidentally use the wrong term or pronoun
  - “I’m sorry. I didn’t mean to be disrespectful.”
- If a patient’s name doesn’t match insurance or medical records
  - “Could your chart/insurance be under a different name?”
  - “What is the name on your insurance?”
Processes and Forms Reflect the Diversity of LGBT People and their Relationships

- Forms should avoid gender-specific terms, such as asking about husband/wife or mother/father, and should reflect the reality of LGBT families by asking about relationships, partners, and parents.
- Forms should include a question about gender identity as well as sex assigned at birth.
- Forms should also ask about the patient’s preferred name and pronouns.
- There should be a process for ensuring that all staff use preferred name and pronoun, and that all staff know how to respond if the names and gender markers have changed from earlier records or insurance documents.
Data is Collected on the Sexual Orientation and Gender Identity of Patients

- The Institute of Medicine and The Joint Commission recommend that this information be routinely collected and recorded in EHR’s.
- We cannot measure quality of care, and progress on eliminating LGBT health disparities without doing so.
- Information can be collected either at the time of registration and put directly into an EHR or in the context of a clinical visit.
IOM Reports


- *Collecting SOGI Data in Electronic Health Records* (2012): “…data collection should start now to better understand the health care issues experienced by LGBT people.”
Gathering LGBT Data During the Process of Care

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

SO/GI DATA REPORTED

INFOHATION ENTERED INTO EHR

SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)

PROVIDER VISIT INPUT FROM HISTORY

YES

NO
Collecting Demographic Data on Sexual Orientation (Example)

<table>
<thead>
<tr>
<th>1. Which of the categories best describes your current annual income? Please check the correct category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &lt;$10,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Employment Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Employed full time</td>
</tr>
<tr>
<td>□ Employed part time</td>
</tr>
<tr>
<td>□ Student full time</td>
</tr>
<tr>
<td>□ Student part time</td>
</tr>
<tr>
<td>□ Retired</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Racial Group(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ African American/Black</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Caucasian</td>
</tr>
<tr>
<td>□ Multi racial</td>
</tr>
<tr>
<td>□ Native American/Alaskan</td>
</tr>
<tr>
<td>□ Native/Inuit</td>
</tr>
<tr>
<td>□ Pacific Islander</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>□ Not Hispanic/Latino/Latina</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Country of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ USA</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Language(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English</td>
</tr>
<tr>
<td>□ Español</td>
</tr>
<tr>
<td>□ Français</td>
</tr>
<tr>
<td>□ Português</td>
</tr>
<tr>
<td>□ Русский</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Do you think of yourself as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td>□ Straight or heterosexual</td>
</tr>
<tr>
<td>□ Bisexual</td>
</tr>
<tr>
<td>□ Something Else</td>
</tr>
<tr>
<td>□ Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Married</td>
</tr>
<tr>
<td>□ Partnered</td>
</tr>
<tr>
<td>□ Single</td>
</tr>
<tr>
<td>□ Divorced</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Veteran Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Veteran</td>
</tr>
<tr>
<td>□ Not a veteran</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Referral Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self</td>
</tr>
<tr>
<td>□ Friend or Family Member</td>
</tr>
<tr>
<td>□ Health Provider</td>
</tr>
<tr>
<td>□ Emergency Room</td>
</tr>
<tr>
<td>□ Ad/Internet/Media/Outreach Worker/School</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>
Collecting Demographic Data on Gender Identity

- What is your current gender identity? (check ALL that apply)
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Gender Queer
  - Additional Category (please specify)
  __________

- What sex were you assigned at birth? (Check One)
  - Male
  - Female
  - Decline to Answer

- What is your preferred name and what pronouns do you prefer(e.g. he/him, she/her)?
  ____________________
All Patients Receive Routine Sexual Health Histories

- Taking routine sexual health histories should be part of the comprehensive history for all adult and adolescent patients.
- Discussions of sexual health should be broader than just a focus on behavior and associated risks such as STI’s and HIV, but allow people to talk about a range of issues including sexual satisfaction, desires, questions about abuse past or present, and about reproductive options.
### Proportion of Physicians Discussing Topics with HIV-Positive Patients

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to ART</td>
<td>84%</td>
</tr>
<tr>
<td>Condom use</td>
<td>16%</td>
</tr>
<tr>
<td>HIV transmission and/or risk reduction</td>
<td>14%</td>
</tr>
</tbody>
</table>

[www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

The Hidden Epidemic
Institute of Medicine, 1997
Taking a History of Sexual Health

http://www.lgbthealtheducation.org/publications/
The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions to help focus on key issues.

Taking a History of Sexual Health

- The core comprehensive history for LGBT patients is the same as for all patients (keeping in mind unique health risks and issues of LGBT populations)
- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
- Use inclusive and neutral language
  - Instead of: “Do you have a wife/husband or boy/girlfriend?”
  - Ask: “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”
- For all patients
  - Make it routine
  - Make no assumptions
  - Put in context and assure confidentiality
Taking a History of Sexual Health

- Ask about behavior and risk
  - Have you had sex with anyone in the last year?
  - Did you have sex with men, women, or both?
  - How many partners did you have?

- Ask about sexual health, sexual and gender identity
  - Do you have any concerns about your sexual function?
  - Have you had any changes in sexual desire?
  - How satisfied are you sexually?
  - Do you want to talk about your sexuality, sexual identity, or gender identity

- Ask about reproductive health and desires
  - Traditionally, discuss contraception
  - Discuss desires to have children and methods- surrogacy, adoption
Polling Question

Does your organization offer any programs or services designed for LGBT patients/clients (e.g. support groups, educational programs, family planning for same-sex couples, etc.)?

a. Yes
b. No
c. Not sure
Clinical Care and Services
Incorporate LGBT Health Care Needs

- Overcoming LGBT health disparities often require deliberate programs to lower barriers to care and offer unique services.
- For example, MSM and transgender women experience high rates of HIV, and we need to do focused outreach to engage them in affirmative care programs.
- Transgender people often have difficulty accessing care and there are few providers experienced and willing to provide basic care such as cross gender hormone therapy in addition to meeting the routine health care needs of transgender people.
Basic Steps to Improve HIV Prevention in Clinical Settings

Universal HIV Screening

HIV Positive
- HIV care / antiretroviral therapy / Counseling / Adherence

Reduce HIV Incidence

HIV Negative
- Safer sex
- Address STIs
- PEP or PrEP Counseling / Adherence

(USPSTF, 2013 and CDC, 2010)

www.lgbthealtheducation.org
New Program Development for LGBT People: Transgender Health

- Trans Health Program: Provides comprehensive medical and mental health care with the understanding of the special needs and challenges of transgender and gender non-conforming persons and that reflects current research.

- Trans Health Program staff:
  - Coordinator, Medical Director, and Patient Advocate, along with the Associate Director of Behavioral Health
  - Meets weekly as a Transgender Health Clinical Team to provide consultations on cases referred by Medical and Behavioral Health providers. Includes members of both the Medical and Behavioral Health Departments.
Transgender Health Program

- Care is individualized and not always linear. It should include:
  - Cross-gender hormone therapy as part of primary care
    - Initial complete history and physical
    - Informed consent model that is patient-centered
  - Behavioral health care support
    - Not a requirement for hormone therapy
  - Follow-up care and monitoring
  - Health care maintenance: routine preventive health specific for anatomy and age including STD/HIV screening, mental health, and cancer screening
  - Basic surgical counseling and referrals

www.lgbthealtheducation.org
Transgender Men and Cervical Cancer Screening

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed.
  - Cancers of female natal reproductive organs are still possible in these individuals, and cervical cancer has been documented in a male transgender patient.

- Transgender men with a cervix should follow the same screening guidelines as natal females.
  - Pap tests can be difficult for transgender men for a number of reasons.

- Sensitivity to these unique barriers is important while still emphasizing the importance of regular screening.
Appropriate Screening: Jake R’s Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from an unknown primary cancer.
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts.
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer.
Louise M

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery.
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy.
- No one asked her about her gender identity or knew she was transgender.
- She had never had prostate screening.
Polling Question

Does your health center (organization) distribute patient/client education materials that address the specific health care needs of LGBT people?

a. Yes
b. No
c. Don’t know
d. Not applicable
The Physical Environment Welcomes and Includes LGBT People

- What message does your health facility give to LGBT people when they enter? Are there images or brochures specific to LGBT people anywhere? Areas to consider include:
  - Do educational and marketing materials include images of LGBT people?
  - Are there relevant educational and reading materials in the waiting areas?
  - Are there single occupancy or gender neutral restrooms?
Adding Affirmative Imagery and Content to Education and Marketing Materials
Do Ask, Do Tell: Talking to Your Provider about Being LGBT
Polling Question

My organization offers a welcoming and inclusive environment for LGBT *employees*:

a. Strongly agree
b. Agree
c. Disagree
d. Strongly disagree
### LGBT Staff are Recruited and Retained

- Having openly LGBT people on staff can help build a foundation for a respectful, inclusive health care environment.
- Consider benefits that treat LGBT equitably in areas such as insurance and retirement.
- Does your health policy cover transition related expenses for transgender employees?
- Mention LGBT non-discrimination policies in your recruitment ads.
Our Challenge:
Quality Care for All, Including LGBT People
Disclaimer

This project was supported by a cooperative agreement from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with $449,994 (0% financed with nongovernmental sources). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.