



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



TEN THINGS: Creating Inclusive Health Care Environments for LGBT People

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Disclaimer

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- 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.

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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



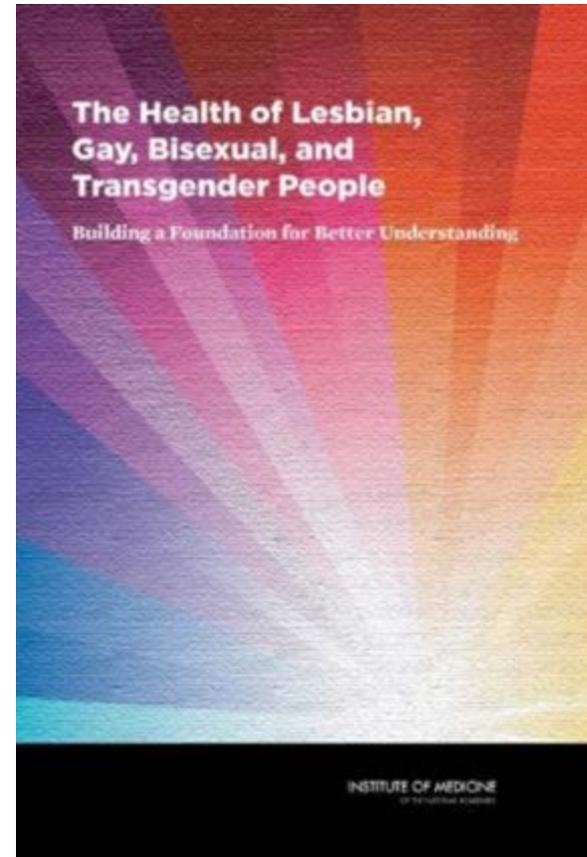
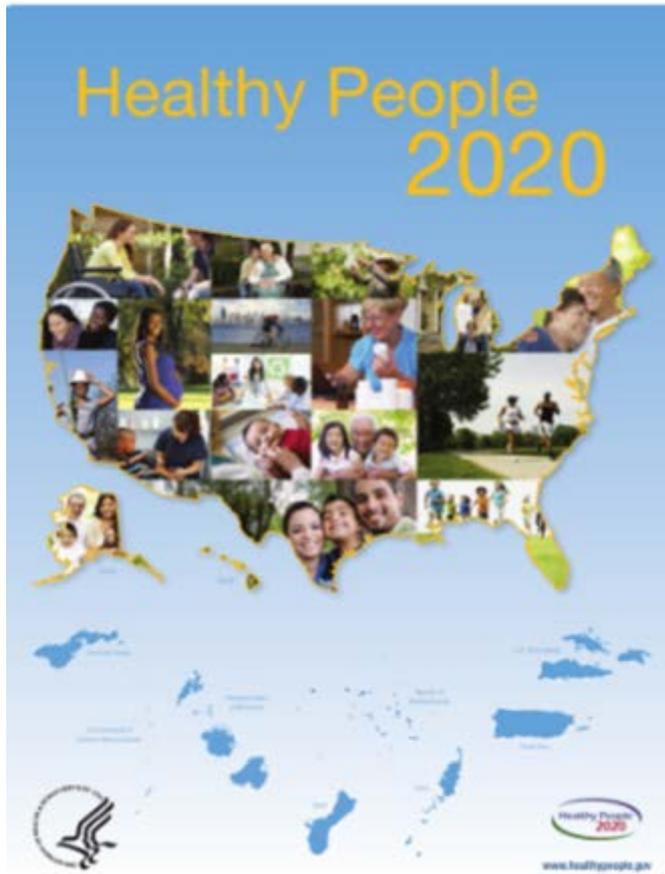
LGBT Education and Training

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



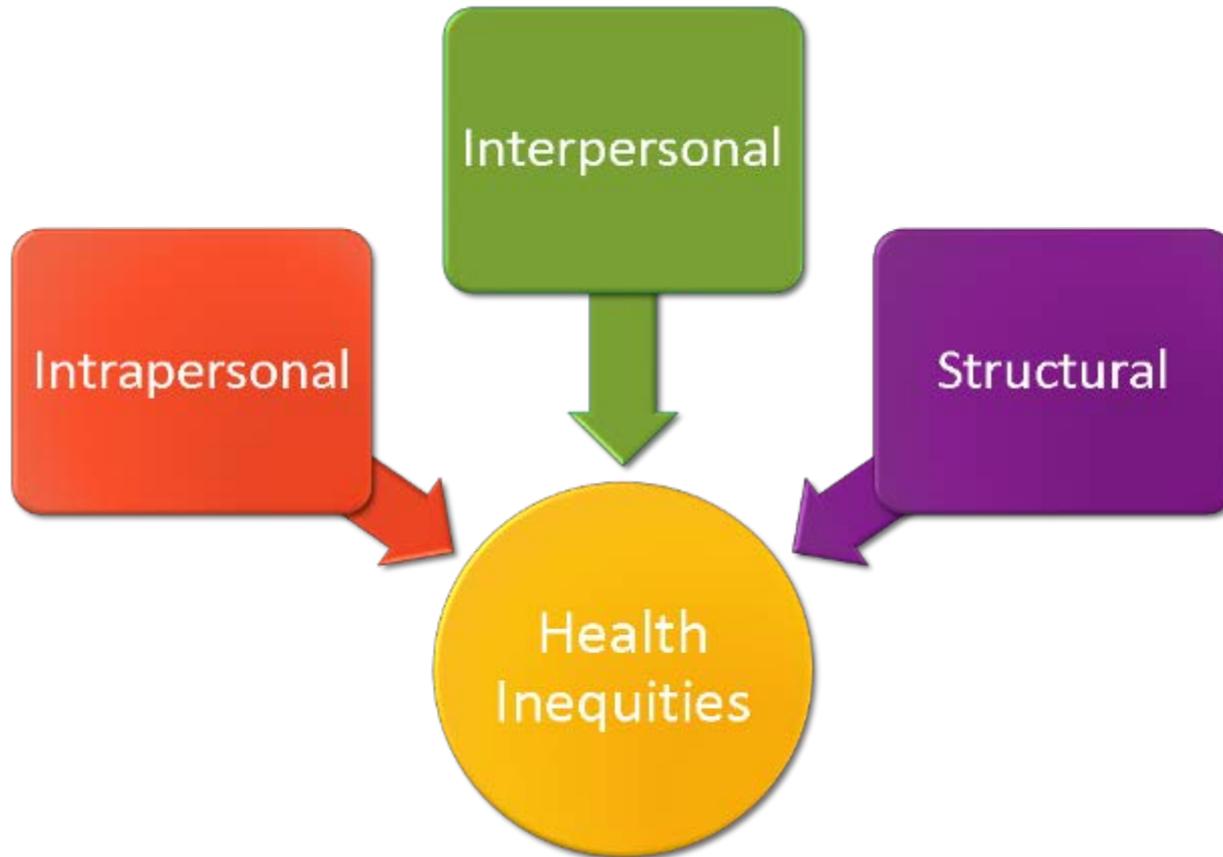
Why Programs for LGBT People



The Impact of Stigma and Discrimination



Stigma and Health

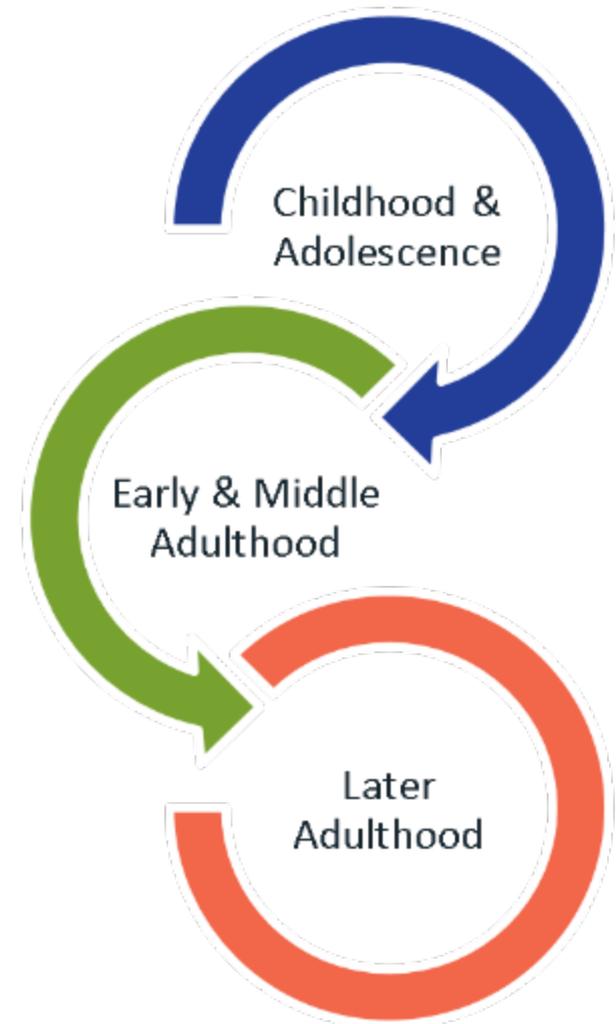


Hatzenbuehler, ML, Link, BG. Introduction to the special issue on structural stigma and health. Soc Sci Med 2014 Feb;103:1-6. doi: 10.1016/j.socscimed.2013.12.017. Epub 2013 Dec 25

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



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 \neq 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:

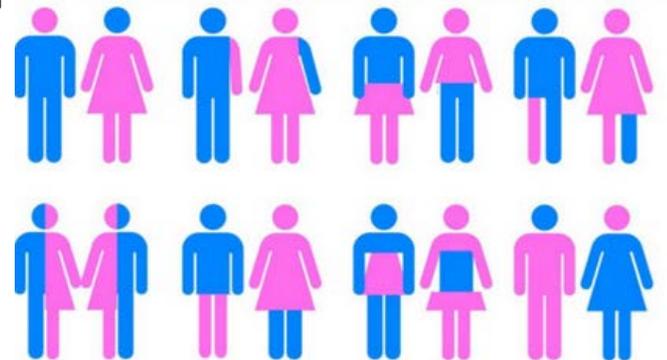
Identity: Do you consider yourself gay, lesbian, bisexual, straight, or queer?

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

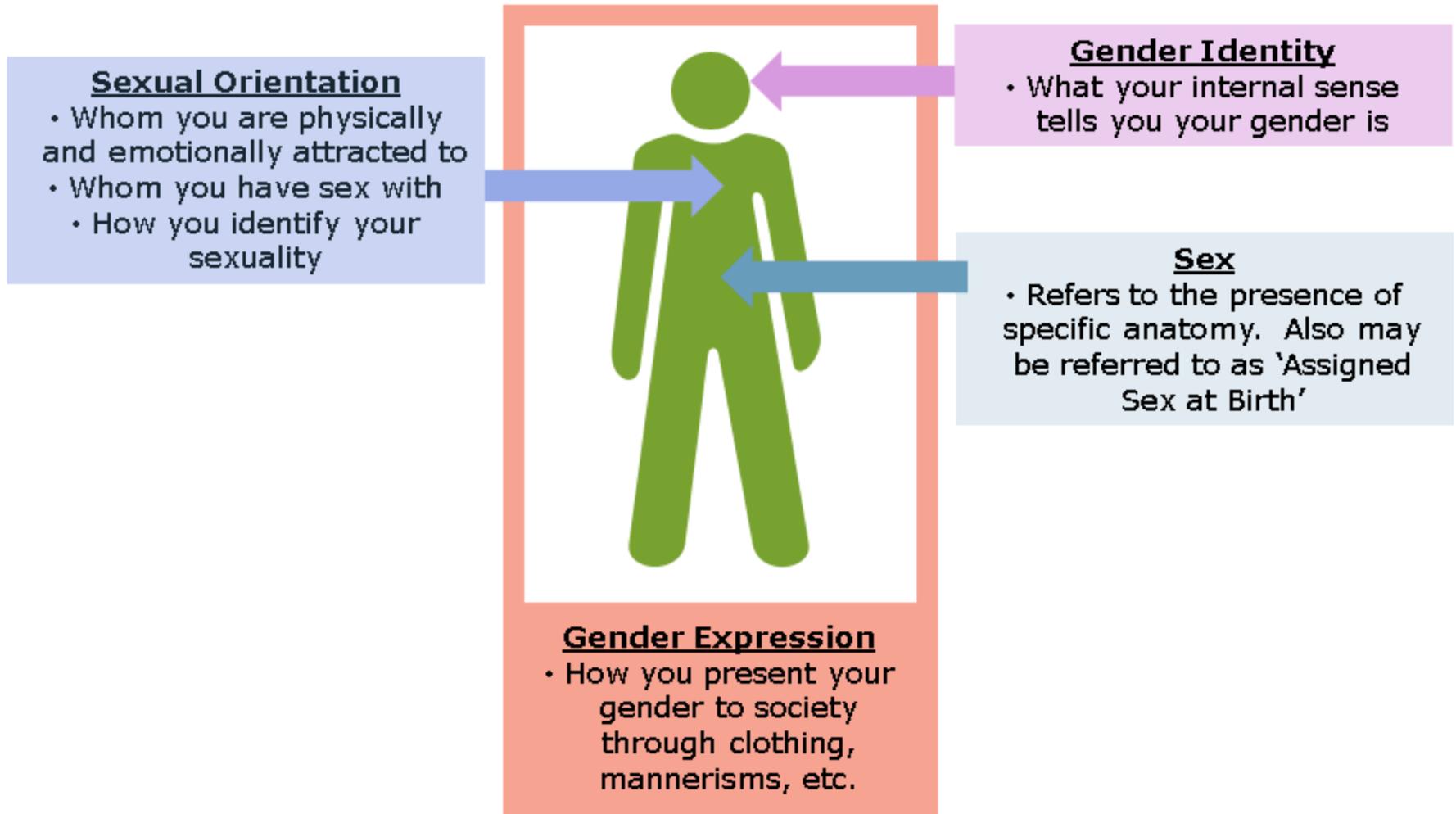


The T in LGBT: Transgender

- 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



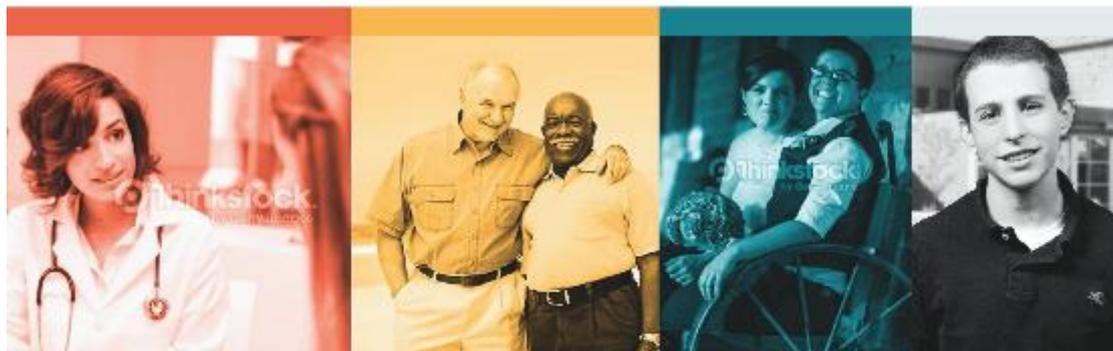
Reviewing Terminology



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

<http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>



10

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.

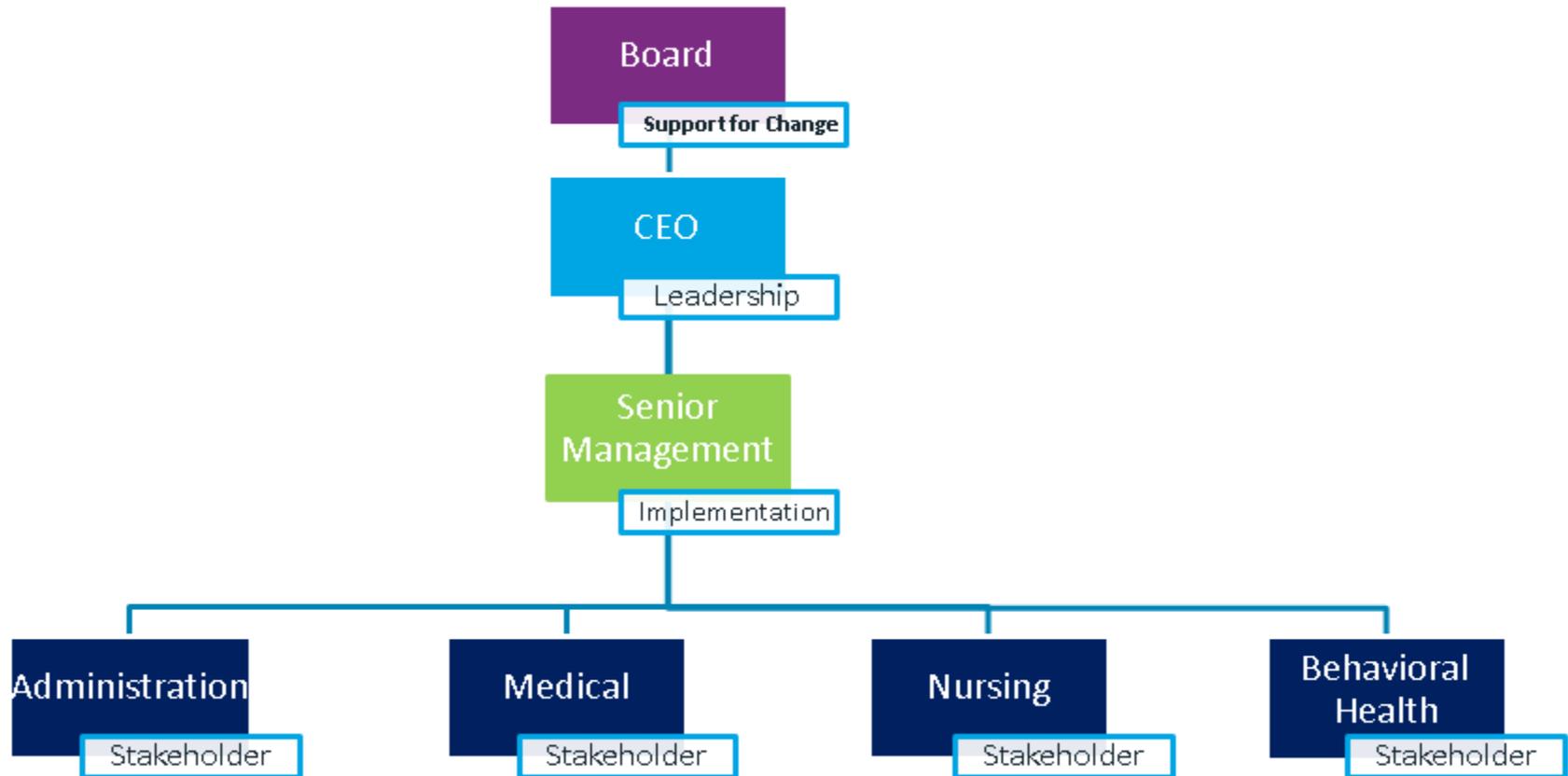
- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

1

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.

Organizational Chart



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.

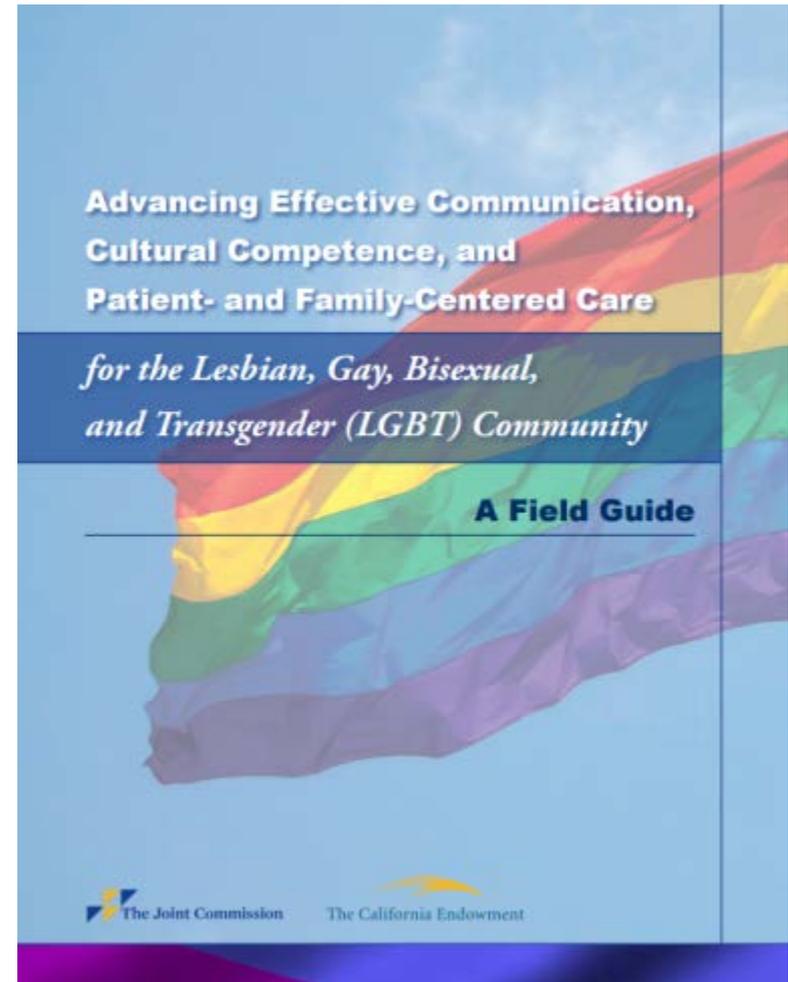
Sample Non-Discrimination Policies

- 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



3 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 MEN'S HEALTH CARE

4 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?"

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

Subjective	Objective	Possessive Adjective	Possessive Pronoun	Reflexive
She	Her	Her	Hers	Herself
He	Him	His	His	Himself
They	Them	Their	Theirs	Themselves
Ze	Zim	Zir	Zirs	Zirself
Sie/Zie	Hir	Hir	Hirs	Hirself

Adapted from <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?"*

5 Processes and Forms Reflect the Diversity of LGBT People and their Relationships

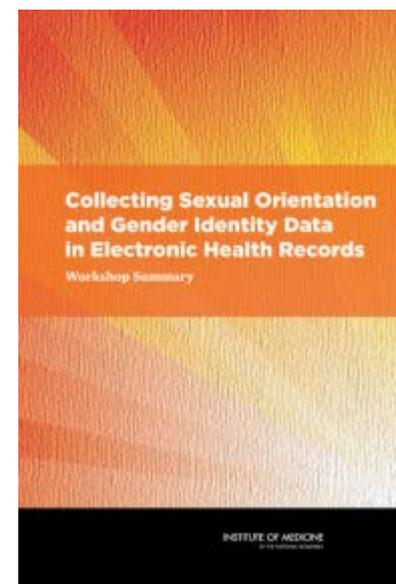
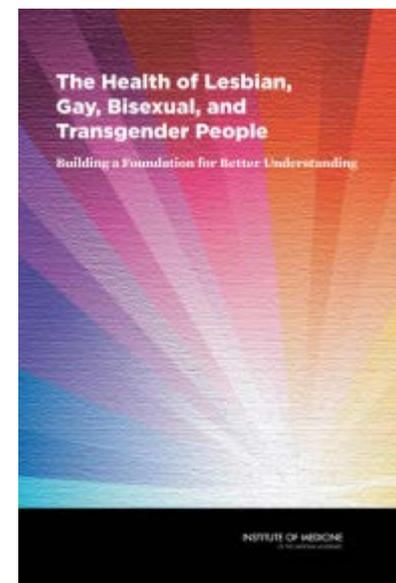
- Forms should avoid gender-specific terms, such as asking about husband/wife or mother/father, and should reflect the reality of LGBT families by asking about relationships, partners, and parents.
- Forms should include a question about gender identity as well as sex assigned at birth.
- Forms should 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.

6 Data is Collected on the Sexual Orientation and Gender Identity of Patients

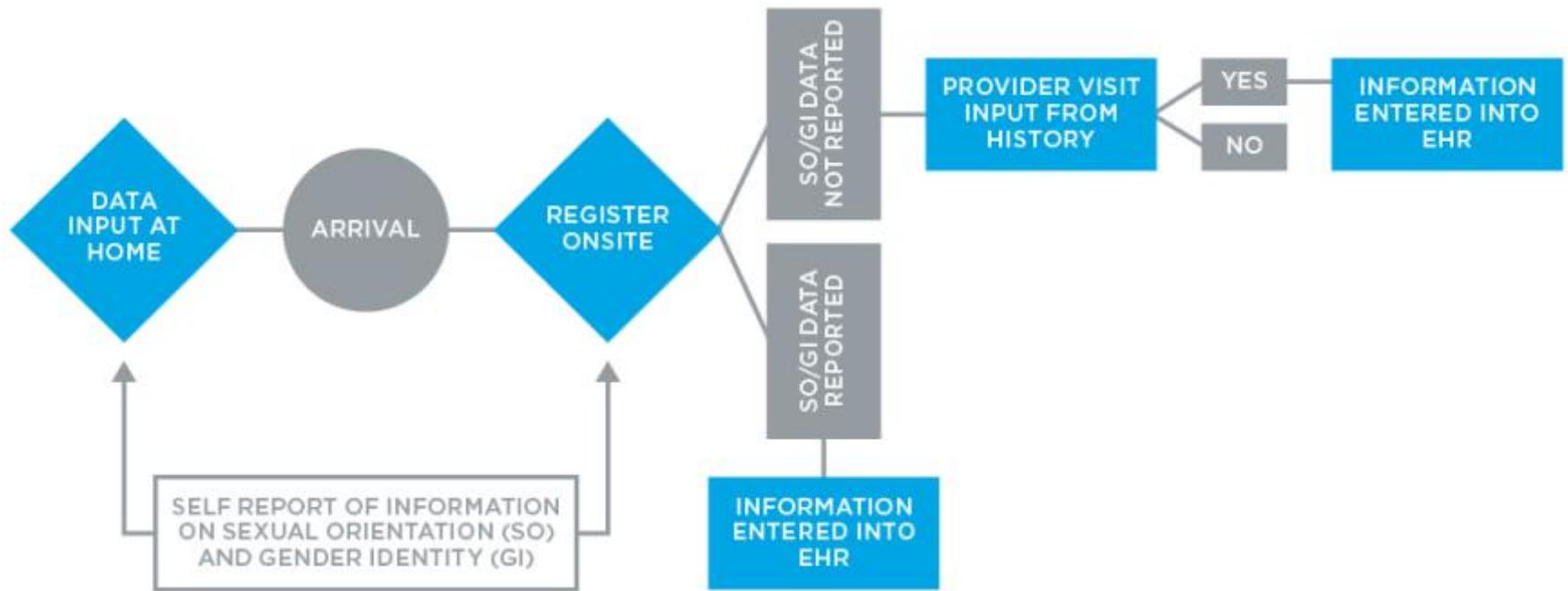
- The Institute of Medicine and The Joint Commission recommend that this information be routinely collected and recorded in EHR's.
- We cannot measure quality of care, and progress on eliminating LGBT health disparities without doing so.
- Information can be collected either at the time of registration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

IOM Reports

- *The Health of LGBT People: Building a Foundation for Better Understanding* (2011): “Data on sexual orientation and gender identity should be collected in electronic health records.”
- *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



Collecting Demographic Data on Sexual Orientation (Example)

<p>1. Which of the categories best describes your current annual income? Please check the correct category:</p> <p><input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,000–14,999 <input type="checkbox"/> \$15,000–19,999 <input type="checkbox"/> \$20,000–29,999 <input type="checkbox"/> \$30,000–49,999 <input type="checkbox"/> \$50,000–79,999 <input type="checkbox"/> Over \$80,000</p>	<p>2. Employment Status:</p> <p><input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Other _____</p>	<p>3. Racial Group(s):</p> <p><input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi racial <input type="checkbox"/> Native American/Alaskan Native/Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____</p>	<p>4. Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p>5. Country of Birth:</p> <p><input type="checkbox"/> USA <input type="checkbox"/> Other _____</p>
<p>6. Language(s):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский</p>	<p>7. Do you think of yourself as:</p> <p><input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something Else <input type="checkbox"/> Don't know</p>	<p>8. Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____</p> <p>8. Veteran Status:</p> <p><input type="checkbox"/> Veteran <input type="checkbox"/> Not a veteran</p>	<p>1. Referral Source:</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media/Outreach Worker/School <input type="checkbox"/> Other _____</p>

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)?

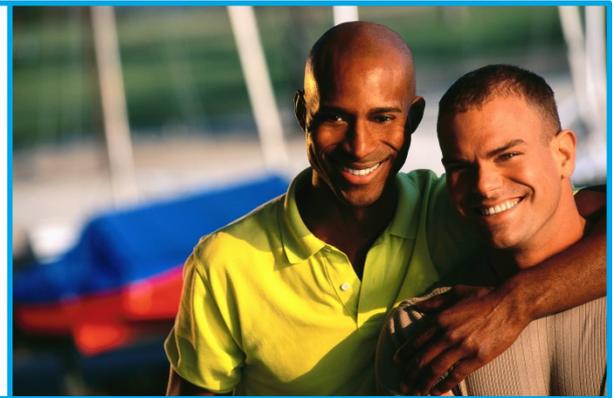
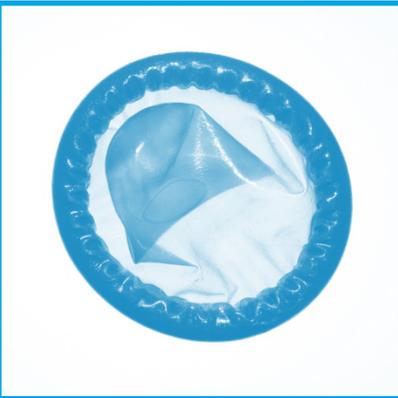


7 All Patients Receive Routine Sexual Health Histories

- 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

<u>Topic</u>	<u>Percent</u>
Adherence to ART	84%
Condom use	16%
HIV transmission and/or risk reduction	14%



Ask Screen Intervene



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www.lgbthealtheducation.org

(*AmJPublicHealth.* 2004;94:1186-92)

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

Ask Screen Intervene



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Taking a History of Sexual Health



TAKING ROUTINE HISTORIES OF SEXUAL HEALTH: A System-Wide Approach for Health Centers

New Edition: August 2014

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Sexual Risk Assessment^{2, 3}

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:



The following risk assessment questions are organized according to these categories.

PARTNERS

These questions may already have been covered during the first three screening questions (see page 6) of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (if both, ask the next question twice - once for male partners, and once for female partners)
- How many sexual partners have you had in the past year?

Additional questions about partners:

- Have you ever had sex with someone you didn't know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?
- Have you ever experienced physical, sexual, or emotional violence from someone you were involved with?

PRACTICES AND PROTECTION FROM STDs

Some patients respond better to open-ended questions about their sexual practices, and some prefer

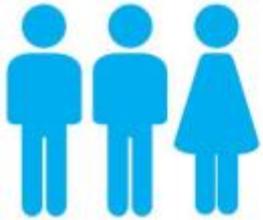
² This risk assessment has been adapted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: <http://www.cdc.gov/igbthealth/>

³ STD/HIV Risk Assessment & Risk Reduction: A Quick Reference Guide. March 2008. Mountain Plains AIDS and Education Training Center, Seattle STD/HIV Prevention Training Center.

8 | TAKING ROUTINE HISTORIES OF SEXUAL HEALTH

<http://www.lgbthealtheducation.org/publications/>

Detailed Sexual Health Assessment



Partners



Practices



Past History
of STDs



Protection
from STDs



Pregnancy
Plans

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions to help focus on key issues.

<http://www.cdc.gov/std/tg2015/default.htm>

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.)?

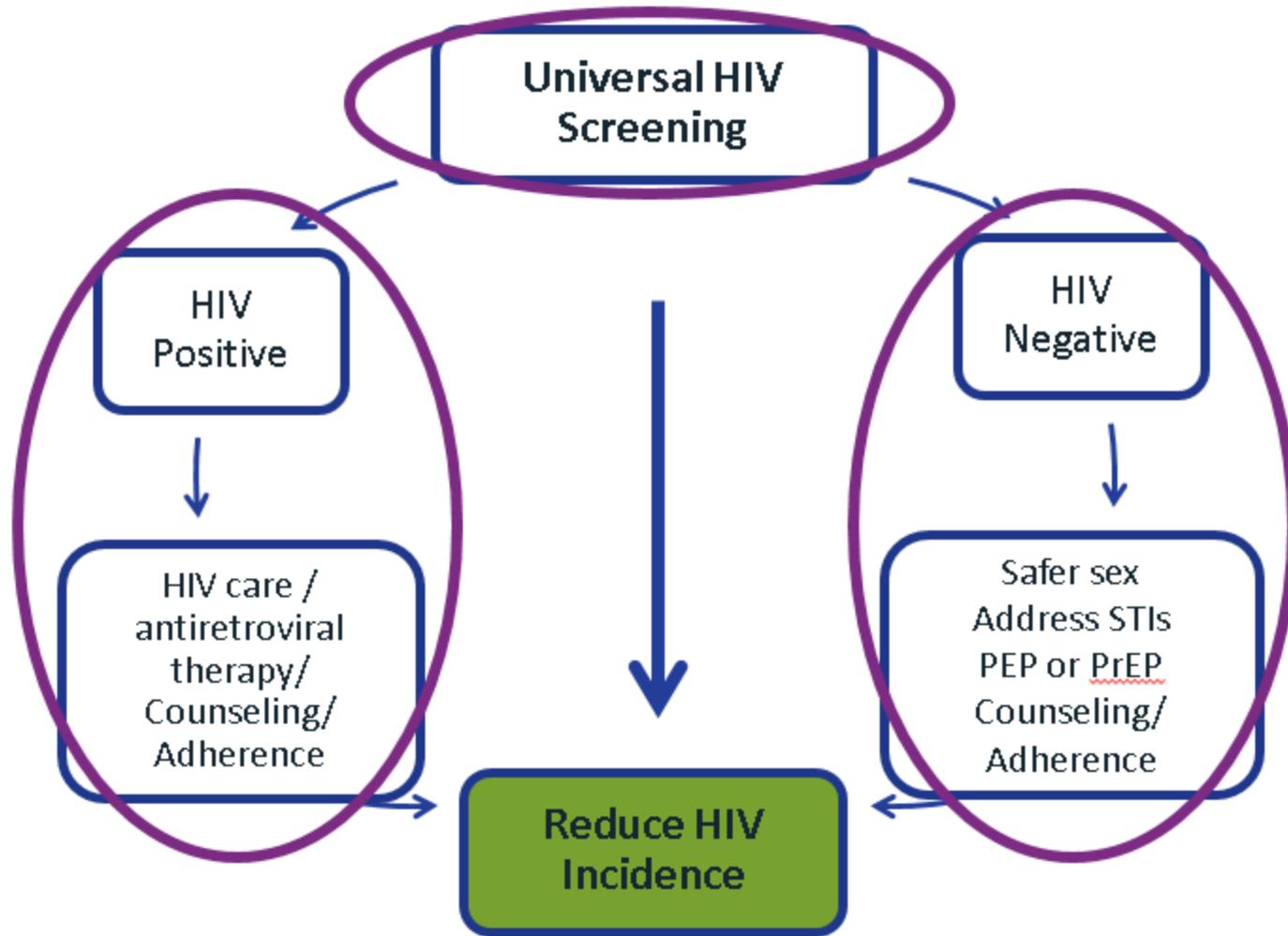
- a. Yes
- b. No
- c. Not sure

8

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



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

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 a 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

9

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

Do Ask, Do Tell:
Talking to your health care provider about being LGBT

Do Ask, Do Tell

Let your provider know if you are LGBT. Your provider will welcome the conversation. **Start today!**

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 000-000

Pregunte y dígalo

Deje que su proveedor sepa si usted es LGBT. Su proveedor apreciará la conversación. **¡Comience hoy!**

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Polling Question

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

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

10 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

The collage consists of four main panels:

- Data Collection:** A red header with a grid of black human icons. One row of icons is highlighted in rainbow colors.
- Clinical Education:** An orange header with a large, colorful umbrella graphic. Below it is the cover of the book "Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, 2nd Edition" by Harvey J. Makadon, MD, Kenneth H. Mayer, MD, Jennifer Potter, MD, and Hilary Goldhammer, MS. The Fenway Institute logo is at the bottom.
- Consumer Education:** A green header with the text "Do Ask, Do Tell: Talking to your health care provider about being LGBT" and a collage of photos showing diverse people, including a doctor with a stethoscope.
- Patient Centered Care:** A blue header with a photograph of a modern, multi-story hospital building at night with many lit windows.





NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

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