How Patient-Centered Medical Homes Can Improve Health Care for LGBT Patients and Families

Ignatius Bau
April 8, 2015
Continuing Medical Education Disclosure

- **Program Faculty**: Ignatius Bau
- **Current Position**: Health Policy Consultant
- **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. Identify at least three ways in which a patient-centered medical home can improve health care for lesbian, gay, bisexual, and transgender patients and families.

2. Identify at least two specific action steps that they can implement to improve how their care for lesbian, gay, bisexual, and transgender patients and families.

3. Identify at least two references or resources that they can obtain and use to improve their health care for lesbian, gay, bisexual, and transgender patients and families.
How Medical Homes Can Advance Health Equity

IN SUMMARY

• Increasing evidence shows that establishing medical homes can improve health outcomes, advance health equity, and potentially reduce costs. Many health plans and employers, most states, and the federal government are implementing activities to establish medical homes.

• Most medical home initiatives use the National Committee for Quality Assurance (NCQA) standards for patient-centered medical homes (PCMH). The NCQA is an independent non-profit organization that manages voluntary accreditation programs for physicians, health plans, and other health care organizations.

• There are six NCQA standards for patient-centered medical homes:

  1. Enhancing access to and continuity of care. Especially important to racial and ethnic minority populations, who are the least likely to have regular sources of care.

  2. Identifying and managing patient populations. Viewing patients as a whole “panel” or population, primary care providers can more readily identify which patients may need more attention.

(continued)

OVERVIEW

The idea of the medical home

Medical homes are trusted home bases where individuals have ongoing relationships with primary care physicians who provide and coordinate all needed care, and with whom they work together on maintaining health.

While the ideal of an ongoing relationship with a physician who provides and coordinates care has existed for nearly 50 years, increasing evidence shows that establishing medical homes can improve health outcomes, advance health equity, and potentially reduce costs. Many health plans and employers, most states, and the federal government are implementing activities to establish medical homes.

The importance of health equity

Health equity means achieving the same levels of health care quality, health care outcomes, and health status among all population groups, regardless of social and demographic characteristics such as race, ethnicity, language, gender, and income.

Disparities in how health care is provided, and differences in circumstances that affect how healthy some patients are, weaken communities by unfairly burdening certain groups. In addition, when some have less access to good care, don't have illnesses properly diagnosed, or don't have access to treatment until they are sicker, health care costs rise for everyone.
Becoming a Patient-Centered Medical Home

Source: Centers for Medicare & Medicaid Services

There are 500 FQHCs participating in this demonstration. Read More
NCQA Patient-Centered Medical Home first developed in 2009

Updated in 2011 and 2014, now aligned with HITECH Act meaningful use Stage 2 requirements

Three “levels” of recognition (by practice “site”)

Recognition valid for three years

Mostly widely used standards for medical homes
37 states have initiatives that use NCQA Recognition

- Private (13)
- Public (7)
- Both – Including Multi-Payer (17)
35,677 PCMH clinicians have earned NCQA Recognition

As of 2/28/14

NCQA Measuring quality

National LGBT Health Education Center
A Program of the Fenway Institute
PCMH 2014
(6 standards/27 elements/100 points)

1) Patient-Centered Access (10)
   A) *Patient-Centered Appointment Access
   B) 24/7 Access to Clinical Advice
   C) Electronic Access

2) Team-Based Care (12)
   A) Continuity
   B) Medical Home Responsibilities
   C) Culturally and Linguistically Appropriate Services
   D) *The Practice Team

3) Population Health Management (20)
   A) Patient Information
   B) Clinical Data
   C) Comprehensive Health Assessment
   D) *Use Data for Population Management
   E) Implement Evidence-Based Decision Support

4) Care Management and Support (20)
   A) Identify Patients for Care Management
   B) *Care Planning and Self-Care Support
   C) Medication Management
   D) Use Electronic Prescribing
   E) Support Self-Care & Shared Decision Making

5) Care Coordination and Care Transitions (18)
   A) Test Tracking and Follow-Up
   B) *Referral Tracking and Follow-Up
   C) Coordinate Care Transitions

6) Performance Measurement and Quality Improvement (20)
   A) Measure Clinical Quality Performance
   Measure Resource Use and Care Coordination
   A) Measure Patient/Family Experience
   B) *Implement Continuous Quality Improvement
   C) Demonstrate Continuous Quality Improvement
   D) Report Performance
   E) Use Certified EHR Technology

* Must-pass
1. Patient-Centered Access

- Explain medical home
- Empanel/assign provider and care team
- Provide expanded access, same-day appointments, afterhours access
- Facilitate communication with entire care team
- Provide electronic access for appointments, refills, test results

- Explain benefits of medical home for LGBT patients and families
- Ensure appropriate references to LGBT patients and families (pronouns, spouses, partners)
- Match patient with care team trained on LGBT health
- Hire care team members that reflect patients, including LGBT members
Providing Welcoming Services and Care for LGBT People

January 2015
A Learning Guide for Health Care Staff

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
10 Core Best Practices for LGBT-Affirming Health Care Organizations

1. The board and senior management are actively engaged.
2. Key policies include LGBT identities and families.
3. Registration/intake processes and medical histories include LGBT identities and relationships.
4. Sexual orientation and gender identity information is collected and entered into electronic medical records.
5. All staff receive training on culturally affirming care for LGBT people.
6. Services incorporate LGBT health care needs
7. The physical environment welcomes and includes LGBT people
8. LGBT staff are recruited and retained
9. Outreach and engagement efforts include LGBT people in your community
10. Data is collected on LGBT patient satisfaction and quality
EQUITY

AN ALLY'S GUIDE TO

TERMINOLOGY

Talking About LGBT People & Equality

glaad MAP

Equal Policies and Benefits
- Include sexual orientation in global non-discrimination and anti-harassment policies.
- Include gender identity and expression in global non-discrimination and anti-harassment policies.
- Recognize same-sex couples and their families with full, equal access to all company benefits.
- Ensure that global health coverage includes complete health benefits for transgender employees.

Talent Management & Professional Development
- Establish and support LGBT employee resource groups.
- Recruit, hire, and offer mentoring to LGBT employees through tools such as LGBT CareerLink.
- Provide leadership development experiences specifically for LGBT employees.
- Track recruitment and career development metrics for LGBT employees who choose to self-identify.

Workplace Climate
- Provide diversity training with specific reference to LGBT issues—such as Out & Equal's Building Bridges Training—for all employees.
- Use anonymous climate surveys to measure effectiveness of LGBT diversity policies and programs.
- Include LGBT diversity objectives in management performance goals.
- Communicate routinely to all employees how the organization supports its LGBT workforce.

Community Commitment
- Support non-profit groups working for LGBT equality.
- Sponsor and encourage visible participation in LGBT cultural events.
- Include LGBT images in marketing and advertising strategies.
- Include LGBT owned businesses in supplier diversity program objectives.

Advocacy & Corporate Responsibility
- Be a visible role model for LGBT workplace equality in the community.
- Support public policy efforts that protect LGBT workplace equality.
- Actively oppose any attempts that would limit or restrict LGBT workplace equality.
- Share leading practices on LGBT workplace equality by supporting the Out & Equal Workplace Summit!

Out & Equal is committed to ending employment discrimination for lesbian, gay, bisexual, and transgender employees. We believe that people should be judged by the work they do, not by their sexual orientation or gender identity. Every day, we work to protect and empower employees to be productive and successful—so they can support themselves, their families, and contribute to achieving a world free of discrimination for everyone.

Learn more about Out & Equal's programs and services online:
www.OutandEqual.org
READ THIS...

before you put your metatarsals (Fig. 1) between your maxilla and mandible (Fig. 2)

straight for equality™ in healthcare*

10 Things You Can Do to Be a Straight Ally in Healthcare
Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD

A Resource for Medical Educators
### LGBT Families Are Part of the American Fabric

**LGBT Families Are Diverse**
- An estimated 2 million children are being raised in LGBT families, and that number is expected to grow in the coming years.¹
- LGBT families are more racially and ethnically diverse than families headed by married heterosexual couples; 41% of same-sex couples with children identify as people of color compared to 34% of married different-sex couples with children.²

**LGBT People of Color Are More Likely to Parent**

#### Percent of Same-Sex Couples Raising Children by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Male Same-Sex Couples</th>
<th>Female Same-Sex Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>32.9%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Latino/a</td>
<td>22.6%</td>
<td>41.5%</td>
</tr>
<tr>
<td>White</td>
<td>6.2%</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

Source: Special tabulation of the 2010 American Community Survey by Gary J. Gates.

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*LGBT FAMILIES OF COLOR: FACTS AT A GLANCE*
LGBT Families in Health Centers

- HRSA SF-424 Application Guide:

  “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriage, and households respectively.”
Parents, Families, Friends, and Allies
United with LGBT People to
move equality forward!

PFLAG
LOVE
RESPECT
SUPPORT
FUN

THE CENTER
FOR BLACK EQUITY

Somos Familia

Asian & Pacific Islander Family Pride
“In API Homes, All Children Are Welcome”

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
Family Acceptance in Adolescence and the Health of LGBT Young Adults

Caitlin Ryan, PhD, ACSW, Stephen T. Russell, PhD, David Huebner, PhD, MPH, Rafael Diaz, PhD, MSW, and Jorge Sanchez, BA

ISSUE: The role of family acceptance as a protective factor for lesbian, gay, bisexual, and transgender young adults has been examined. However, research on family acceptance and health outcomes in LGBT young adults has been largely limited to non-Latino populations. In this study, we examined family acceptance and health outcomes in a sample of White and Latino LGBT young adults.

What’s Known on This Subject
To our knowledge, no other study has examined the relationship between family rejection of LGBT adolescents and health and mental health problems in emerging adulthood.

What This Study Adds
This study expands our understanding of predictors of negative health outcomes for LGBT adolescents and provides new directions for assessing risk and preventing health and mental health problems in LGBT adolescents.
Watch our documentary, "Always My Son."
empowering youth activists to fight homophobia and transphobia in schools
2. Team-Based Care

- Develop individual care plan, with individual goals
- Engage patient, family, caregivers in care plan
- Support shared decisionmaking about care
- Send reminders to patients and use provider alerts
- Identify and respond to needs of high-risk, complex patients

- Develop care plan that addresses LGBT health, especially transgender health services
- Identify and address barriers to care for LGBT patients and families
- Engage LGBT patients and families in care plan
- Provide tools appropriate for LGBT patients, families, and caregivers
Lesbian and Bisexual Health

**Q:** What does it mean to be a lesbian?

**A:** A lesbian is a woman who is sexually attracted to another woman or who has sex with another woman, even if it’s only sometimes. A lesbian is currently only having sex with a woman, even if she has had sex with men in the past.

**Q:** What does it mean to be bisexual?

**A:** A bisexual person is sexually attracted to, or sexually active with, both men and women.

**Q:** What are important health issues that lesbians and bisexual women should discuss with health care professionals?

**A:** All women have specific health risks, and can take steps to improve their health through regular medical care and healthy living. Research tells us that lesbian and bisexual women are at a higher risk for certain problems than other women are, though. It is important for lesbian and bisexual women to talk to their doctors about their health concerns, which include:

- **Heart disease.** Heart disease is the #1 killer of all women. The more risk factors you have, the greater the chance you will develop heart disease. These are some risk factors that you cannot control, such as age, family health history, and sex. But you can protect yourself from heart disease by not smoking, controlling your blood pressure and cholesterol, exercising, and eating well. These things also help prevent type 2 diabetes, a leading cause of heart disease.

Lesbians and bisexual women have a higher rate of obesity, smoking, and stress. All of these are risk factors for heart disease. As such, lesbians and bisexual women should talk with their doctors about how to prevent heart disease.

**Cancer.** The most common cancers for all women are breast, lung, colon, uterine, and ovarian. Several factors put lesbians and bisexual women at higher risk for developing some cancers. Here are some:

- Lesbians are less likely than heterosexual women to have had a full-term pregnancy. Hormones released during pregnancy and breastfeeding are thought to protect women against breast, endometrial, and ovarian cancers.
- Lesbians and bisexual women are less likely to get routine screenings, such as a Pap test, which can prevent or detect cervical cancer. The viruses that cause most cervical cancer can be sexually transmitted between women. Bisexual women, who may be less likely than lesbians to have health insurance, are even more likely to skip these tests.
- Lesbians and bisexual women are less likely than other women to get routine mammograms and clinical breast exams. This may be due to lesbians’ and bisexuals’ lack of health insurance, fear of discrimination, or bad experiences with health care providers. Failure to get these tests
Gay and Bisexual Men's Health

Gay and bisexual men and other men who have sex with men (MSM) represent an incredibly diverse community. Gay and bisexual men have both shared and unique experiences and circumstances that affect their physical health and mental health needs as well as their ability to receive high-quality health services.

<table>
<thead>
<tr>
<th>Stigma and Discrimination</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn more about stigma and discrimination that negatively affect the health and well-being of gay, bisexual and other MSM</td>
<td>Learn more about HIV/AIDS risk, testing, and prevention efforts for gay and bisexual men</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexually Transmitted Diseases (STD)</th>
<th>Viral Hepatitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>More about Chlamydia, Gonorrhea, Genital Herpes, HPV, and Syphilis</td>
<td>Learn more about Hepatitis A, B, and C among gay and bisexual men</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suicide and Violence Prevention</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>More about Suicide Prevention and Intimate Partner Violence</td>
<td>Helping persons who use drugs, including those living with HIV, to reduce or stop their drug abuse</td>
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</tbody>
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<table>
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<tr>
<th>Tobacco Smoking</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn more about the health effects of smoking and how you can quit</td>
<td>Providing information towards positive mental health for gay, bisexual and other MSM</td>
</tr>
</tbody>
</table>
Bisexual Invisibility: Impacts and Recommendations

bisexual health
AN INTRODUCTION AND MODEL PRACTICES FOR HIV/STI PREVENTION PROGRAMMING

by Marshall Miller, Amy André, Julie Ebin and Leona Bessonova

Cover photo: Kuwaza Imans, RN, Highland Hospital Emergency Room, Lavender Caucus SEIU 616 (Service Employees International Union), co-founder 3x3 Bisexual People of Color, 1989

NATIONAL GAY AND LESBIAN TASK FORCE POLICY INSTITUTE
THE FENWAY INSTITUTE AT FENWAY COMMUNITY HEALTH
BINET USA
3. Population Health Management

- Document demographic and clinical data electronically
- Use clinical decision support to provide evidence-based care
- Use standing orders and electronic prescribing
- Identify high risk and high need patients that need more support (registries)

- Document patient sexual orientation and gender identity in electronic health record
- Be knowledgeable about health disparities and additional screenings relevant for LGBT patients
- Identify LGBT patients and families that might need more support
- Advocate for coverage of transgender health services
The Health of Lesbian, Gay, Bisexual, and Transgender People
Building a Foundation for Better Understanding
Improved Understanding of LGBT Health

Priority Research Areas

- Demographic Research
- Social Influences
- Health Care Inequities
- Innovation Research
- Transgender-specific Health Needs

More Complete Understanding of LGBT Health
Polling Question

1. Do you collect sexual orientation data in your Electronic Health Record?
   a) Yes
   b) No
   c) Don’t Know

2. Do you collect gender identity data in your Electronic Health Record?
   a) Yes
   b) No
   c) Don’t Know
Demographic Data Collection Standards
Affordable Care Act Section 4302

The Affordable Care Act and LGBT Data Collection

The Affordable Care Act invests in the implementation of a new health data collection and analysis strategy. Section 4302 of the Affordable Care Act contains provisions to strengthen federal data collection efforts by requiring that all national federal data collection efforts collect information on race, ethnicity, sex, primary language, and disability status. The law also provides the Department of Health and Human Services (HHS) the opportunity to collect additional demographic data to further improve our understanding of healthcare disparities. In the past, identifying disparities and effectively monitoring efforts to reduce them has been limited by a lack of specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data will help us better understand the nature of health problems in the LGBT community.
Which of the following best represents how you think of yourself?

- Lesbian or gay,
- Straight, that is, not lesbian or gay,
- Bisexual,
- Something else, and
- I don’t know the answer.
Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers

Sean Cahill1, Robbie Singal2, Chris Grasso3, Dana King2, Kenneth Mayer2, Kellan Baker4, Harvey Makadon3

1 The Fenway Institute, Northeastern University Department of Political Science, Boston, MA, United States of America; 2 New York University Wagner School, New York, NY, United States of America; 3 The Fenway Institute, Boston, MA, United States of America; 4 Harvard Medical School, Boston, MA, United States of America; 5 Center for American Progress, Washington, DC, United States of America; 6 The Fenway Institute/Harvard Medical School, Boston, MA, United States of America

Abstract

Background: The Institute of Medicine and The Joint Commission have recommended asking sexual orientation and gender identity (SOGI) questions in clinical settings and including such data in Electronic Health Records (EHRs). This is increasingly viewed as a critical step toward systematically documenting and addressing health disparities affecting lesbian, gay, bisexual, and transgender (LGBT) people. The U.S. government is currently considering whether to include SOGI data collection in the Stage 3 guidelines for the incentive program promoting meaningful use of EHRs. However, some have questioned whether acceptable standard measures to collect SOGI data in clinical settings exist.

Methods: In order to better understand how a diverse group of patients would respond if SOGI questions were asked in primary care settings, 301 randomly selected patients receiving primary care at four health centers across the U.S. were asked SOGI questions and then asked follow-up questions. This sample was mainly heterosexual, racially diverse, and geographically and regionally broad.

Results: There was a strong consensus among patients surveyed about the importance of asking SOGI questions. Most of the LGBT respondents thought that the questions presented on the survey allowed them to accurately document their SOGI. Most respondents—heterosexual and LGBT—answered the questions, and said that they would answer such questions in the future. While there were some age-related differences, respondents of all ages overwhelmingly expressed support for asking SOGI questions and understood the importance of providers knowing their patients’ SOGI.

Conclusions: Giving current deliberations within national health care regulatory bodies and the government’s increased attention to LGBT health disparities, the finding that patients can and will answer SOGI questions has important implications for public policy. This study provides evidence that integrating SOGI data collection into the meaningful use requirements is both acceptable to diverse samples of patients, including heterosexuals, and feasible.


Edition: Garnett Petchesky, The University of New South Wales, Australia

Revised March 12, 2014; Accepted August 11, 2014; Published September 8, 2014

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### Collecting Demographic Data on Gender Identity

<table>
<thead>
<tr>
<th>What is your current gender identity? (check ALL that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
</tr>
<tr>
<td>☐ Female</td>
</tr>
<tr>
<td>☐ Transgender Male/Trans Man/FTM</td>
</tr>
<tr>
<td>☐ Transgender Female/Trans Woman/MTF</td>
</tr>
<tr>
<td>☐ Gender Queer</td>
</tr>
<tr>
<td>☐ Additional Category (please specify)</td>
</tr>
<tr>
<td>_______</td>
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<table>
<thead>
<tr>
<th>What sex were you assigned at birth? (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
</tr>
<tr>
<td>☐ Female</td>
</tr>
<tr>
<td>☐ Decline to Answer</td>
</tr>
</tbody>
</table>

What is your preferred name and what pronouns do you prefer (e.g. he/him, she/her)?

_____________________

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Center of Excellence for Transgender Health UCSF
## 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>
<tr>
<td>□ $15,000–19,999</td>
</tr>
<tr>
<td>□ $30,000–49,999</td>
</tr>
<tr>
<td>□ Over $80,000</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>
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<tr>
<td>□ Other</td>
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<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 Native/Inuit</td>
</tr>
<tr>
<td>□ Pacific Islander</td>
</tr>
<tr>
<td>□ Other</td>
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</tbody>
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<thead>
<tr>
<th>4. Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>□ Not Hispanic/Latino/Latina</td>
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<table>
<thead>
<tr>
<th>5. Country of Birth:</th>
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</thead>
<tbody>
<tr>
<td>□ USA</td>
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<tr>
<td>□ Other</td>
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<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>□ Portugês</td>
</tr>
<tr>
<td>□ Русский</td>
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<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>
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<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>
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<thead>
<tr>
<th>8. Veteran Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Veteran</td>
</tr>
<tr>
<td>□ Not a veteran</td>
</tr>
</tbody>
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<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>
4. Care Management & Support

- Support patient education
- Support patient self-management
- Share summaries of care
- Provide access to health information
- Engage families and caregivers
- Provide referrals to community resources
- Engage LGBT patients and families in care plan
- Provide tools appropriate for LGBT patients, families, and caregivers
- Address health literacy in patient education and tools
- Provide access to health information in multiple languages, channels, formats
- Identify LGBT community resources for referrals
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care
for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Field Guide
FIND YOUR LGBT COMMUNITY CENTER

Search our directory of 200 member and non-member community centers

search directory
Building Communities

2009 Directory of LGBTQ People of Color Organizations and Projects in the U.S.
The National Latin@ LGBT Human Rights Organization
5. Care Coordination & Care Transitions

- Proactively track tests and referrals
- Follow-up directly with patients when tests or referrals not completed
- Coordinate care with labs, specialists, hospitals, and other providers
- Ensure coordinated transitions of care
- Conduct medication reconciliations
- Proactively discuss LGBT health with referred providers
- Identify and address barriers for LGBT populations, including health literacy and finances
- Engage LGBT patients, families, and caregivers in care coordination
- Understand hormones and other therapies for transgender patients
6. Performance Measurement & Quality Improvement

- Identify and act on opportunities to improve quality
- Measure and improve patient experience of care
- Publicly report quality measures
- Seek continuous quality improvement

- Stratify all quality data by sexual orientation and gender identity
- Identify and reduce disparities
- Oversample LGBT patients and families for feedback on improving experience of care
- Engage LGBT patients and families in quality improvement efforts
- Publicly report on quality improvement activities for LGBT patients and families
How to Close the LGBT Health Disparities Gap

By Jeff Krehely  December 21, 2009

Summary and Introduction

In the past decade lesbian, gay, bisexual, and transgender, or LGBT, people have made rapid progress in winning and securing equal rights. Fifteen states and Washington, D.C. now give same-sex couples at least some of the same rights afforded to heterosexual married couples. Even more states offer nondiscrimination protections based on sexual orientation, gender identity, or both. Polling data show that the general public has increasingly positive views of LGBT people and are becoming more supportive of their civil and political rights. In short, heterosexual Americans are finally recognizing LGBT people as a legitimate social minority that should have equal access to our society’s basic rights, opportunities, and responsibilities.

Despite this progress, however, members of the LGBT population continue to experience worse health outcomes than their heterosexual counterparts. Due to factors like low rates of health insurance coverage, high rates of stress due to systematic harassment and discrimination, and a lack of cultural competency in the health care system, LGBT people are at a higher risk for cancer, mental illnesses, and other diseases, and are more likely to smoke, drink alcohol, use drugs, and engage in other risky behaviors.
Lesbian, gay, bisexual, and transgender (LGBT) people of color are left vulnerable to cumulative negative health outcomes by a combination of persistent racism and the stigma attached to their sexual orientation and/or gender identity. The available studies are unambiguous about the disparities affecting the health of LGBT people of color: research indicates that Black and Latino LGBT people are more likely to be in poor health than both their heterosexual and non-transgender counterparts within communities of color and their White counterparts within the LGBT community. Asian and Pacific Islander American LGBT and Native American LGBT/Two-Spirit communities undoubtedly bear similarly disproportionate burdens, though there is a serious lack of research in this area. Factors contributing to these disparities include limited access to healthcare and insurance, lower average socioeconomic status, fear of experiencing bias from providers, a lack of provider competence in the particular health concerns of the LGBT community and different racial and ethnic groups, and the stress of managing multiple types of societal discrimination. For example, a Black gay man faces disparities common to the African-American community as well as those suffered by the LGBT community, and a transgender Spanish-speaking woman, regardless of her sexual orientation, must navigate multiple instances of discrimination based on language, ethnicity, and gender.


There are an estimated 904,000 LGBT adult undocumented immigrants in the United States today, 30 percent of whom are undocumented. This roughly matches the breakdown of the entire foreign-born population.

LGBT adult undocumented immigrants are more likely to be male, younger, less likely to be Hispanic, and more likely to be Asian.

There are an estimated 33,300 binational same-sex couples (one native-born U.S. citizen and one noncitizen) in the United States today. Because of the Defense of Marriage Act, U.S. citizens and residents cannot sponsor a same-sex partner for family-based immigration, unlike their heterosexual counterparts. Including the provisions of the Uniting American Families Act in immigration reform would end discrimination against binational same-sex couples.
### Health Disparity #1: LGB Latino adults are least likely to have health insurance.¹

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of adults with health insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>85%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>86%</td>
</tr>
<tr>
<td>Latino</td>
<td>64%</td>
</tr>
<tr>
<td>White</td>
<td>91%</td>
</tr>
<tr>
<td>LGB</td>
<td>85%</td>
</tr>
</tbody>
</table>

### Health Disparity #2: White, African-American, and Latino LGB adults are most likely to delay or not seek health care.²

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of adults delaying or not seeking health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>12%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>13%</td>
</tr>
<tr>
<td>Latino</td>
<td>21%</td>
</tr>
<tr>
<td>White</td>
<td>12%</td>
</tr>
<tr>
<td>LGB</td>
<td>29%</td>
</tr>
</tbody>
</table>

### Health Disparity #3: LGB African-American adults are most likely to delay or not get needed prescription medicine.³

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of adults delaying or not getting prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>8%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>9%</td>
</tr>
<tr>
<td>Latino</td>
<td>15%</td>
</tr>
<tr>
<td>White</td>
<td>10%</td>
</tr>
<tr>
<td>LGB</td>
<td>30%</td>
</tr>
</tbody>
</table>

### Health Disparity #4: LGB Latino adults are least likely to have a regular source for basic healthcare.⁴

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of adults not having regular health care source</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>12%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>14%</td>
</tr>
<tr>
<td>Latino</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>12%</td>
</tr>
<tr>
<td>LGB</td>
<td>26%</td>
</tr>
</tbody>
</table>

### Health Disparity #5: LGB African-American women are the least likely to have had a mammogram in the past two years.⁵

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of women receiving a mammogram in past two years</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>71%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>68%</td>
</tr>
<tr>
<td>Latino</td>
<td>60%</td>
</tr>
<tr>
<td>White</td>
<td>60%</td>
</tr>
<tr>
<td>LGB</td>
<td>69%</td>
</tr>
</tbody>
</table>

### Health Disparity #6: LGB African-American adults are most likely to have diabetes.⁶

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of adults with diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>8%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>6%</td>
</tr>
<tr>
<td>Latino</td>
<td>7%</td>
</tr>
<tr>
<td>White</td>
<td>7%</td>
</tr>
<tr>
<td>LGB</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Health Disparity #7: LGB Asian or Pacific Islander adults are most likely to experience psychological distress.⁷

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of adults experiencing psychological distress in past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>13%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>10%</td>
</tr>
<tr>
<td>Latino</td>
<td>23%</td>
</tr>
<tr>
<td>White</td>
<td>25%</td>
</tr>
<tr>
<td>LGB</td>
<td>21%</td>
</tr>
</tbody>
</table>

### Health Disparity #8: LGB Latino adults are much more likely to abuse alcohol.⁸

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of adults reporting alcohol abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American heterosexual</td>
<td>20%</td>
</tr>
<tr>
<td>Asian or Pacific Islander heterosexual</td>
<td>21%</td>
</tr>
<tr>
<td>Latino</td>
<td>17%</td>
</tr>
<tr>
<td>White</td>
<td>21%</td>
</tr>
<tr>
<td>LGB</td>
<td>43%</td>
</tr>
</tbody>
</table>
Practical Next Steps

- Provide orientation and training on LGBT health to all members of your care teams
- Review and update your patient education and engagement materials to include LGBT patients, families, caregivers
- Improve collection and use of sexual orientation and gender identity data in your electronic health record
- Identify and partner with local LGBT community leaders, organizations, and resources
- Stratify quality data by sexual orientation and gender identity to identify disparities for quality improvement
- Collect additional data about patient experience of care from your LGBT patients and families
- Identify opportunities to increase the number of and support for LGBT members of your care teams and staff
Additional Opportunities to Improve LGBT Health through Patient-Centered Medical Homes

- Improve behavioral health
- Improve oral health
- Improve prevention and population health (including addressing the social determinants of health)
Behavioral Health / Primary Care Integration and the Person-Centered Healthcare Home

Integrating Mental Health Treatment Into the Patient Centered Medical Home
First, Do No Harm:
Reducing Disparities for
Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California

The California LGBTQ
Reducing Mental Health Disparities Population Report
WHITE PAPER

Oral Health Integration in the Patient-Centered Medical Home (PCMH) Environment
Case Studies from Community Health Centers

September 10, 2012
Community-Centered Health Homes

Bridging the gap between health services and community prevention

This document was prepared by Prevention Institute with funding from the Community Clinics Initiative (a joint project of Tides and The California Endowment).

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The Patient-Centered Medical Home: A Path Toward Health Equity?

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September 2012

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INSTITUTE OF MEDICINE
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A CALL TO ACTION FOR HEALTHCARE PROFESSIONALS

to Advance Health Equity for the Lesbian, Gay, Bisexual and Transgender Community

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