Ten Things: Providing an Inclusive and Affirmative Health Care Environment for LGBT People

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Continuing Medical Education Disclosure

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- **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
  - CEU and HEI Credit
- Resources and Publications
Why Programs for LGBT People
The Impact of Stigma and Discrimination
Stigma and Health

Health Issues Throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood
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, queer?
- Behavior
  - Do you have sex with: men? women? 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
Overcoming Barriers
10 TEN THINGS:
CREATING INCLUSIVE HEALTH CARE ENVIRONMENTS FOR LGBT PEOPLE
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.
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.
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.
Use of Language

- 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?”
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.
- In order to learn of the success of your efforts, it will be important to study LGBT patient satisfaction.
- If you know more about who is LGBT coming for care, a variety of issues will be easier to evaluate
Gathering LGBT Data During the Process of Care

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

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

SO/G IDATA NOT REPORTED

PROVIDER VISIT INPUT FROM HISTORY

YES

NO

INFORMATION ENTERED INTO EHR

INFORMATION ENTERED INTO EHR
### 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>- $10,000–14,999</td>
</tr>
<tr>
<td>- $15,000–19,999</td>
</tr>
<tr>
<td>- $20,000–29,999</td>
</tr>
<tr>
<td>- $30,000–49,999</td>
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<tr>
<td>- $50,000–79,999</td>
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<tr>
<td>- Over $80,000</td>
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<table>
<thead>
<tr>
<th>2. Employment Status:</th>
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</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>
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</tbody>
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<tr>
<th>3. Racial Group(s):</th>
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</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>
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<tr>
<td>- Other _____________</td>
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<tr>
<th>4. Ethnicity:</th>
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</thead>
<tbody>
<tr>
<td>- Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>- Not Hispanic/Latino/Latina</td>
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<thead>
<tr>
<th>5. Country of Birth:</th>
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<tbody>
<tr>
<td>- USA</td>
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<tr>
<td>- Other _____________</td>
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</tbody>
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<tr>
<th>6. Language(s):</th>
</tr>
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<tbody>
<tr>
<td>- English</td>
</tr>
<tr>
<td>- Español</td>
</tr>
<tr>
<td>- Français</td>
</tr>
<tr>
<td>- Portugês</td>
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<tr>
<td>- Русский</td>
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<tr>
<th>7. Do you think of yourself as:</th>
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<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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<tr>
<th>8. Veteran Status:</th>
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</thead>
<tbody>
<tr>
<td>- Veteran</td>
</tr>
<tr>
<td>- Not a veteran</td>
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<thead>
<tr>
<th>1. Referral Source:</th>
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<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>
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</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.
Population Health: Ending LGBT Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?
Taking a History of Sexual Health

http://www.lgbthealtheducation.org/publications/
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.
How Do You Assess the Needs of Your Community?
Clinical Practices to Improve HIV Prevention and Care for MSM and Transgender People

www.lgbthealtheducation.org
HIV Incidence by Transmission Category, United States, 2013

- Male-to-Male Sexual Contact (MSM): 65%
- Heterosexual Contact: 25%
- Injection Drug Use (IDU): 7%
- MSM/IDU: 3%
- Other: <1%

www.lgbthealtheducation.org

HIV Incidence by Region of Residence, United States, 2013

- South: 51%
- Midwest: 13%
- Northeast: 19%
- West: 17%

HIV Incidence in the United States, 2008-2013

There are approximately 50,000 new HIV diagnoses each year in the US.

Incidence among MSM and MSM/IDU increased 15% from 2008 to 2011. Young black MSM accounted for more than half of new infections among MSM aged 13-24 over this time.
Why is HIV incidence highest among black MSM?

- Sexual risk behaviors and substance use do not explain the differences in HIV infection between black and white MSM.
- The most likely causes of disproportionate HIV infection rates are:
  - Barriers to access health care
  - Low frequency of recent HIV testing
  - Delayed treatment of STI’s which facilitate HIV transmission
  - High HIV prevalence in black MSM networks, especially among those who identify as gay.
Transgender Women are also at High Risk

- Estimated HIV prevalence in transgender women
  - 28% in US
  - 56% in African-Americans
  - 18-22% worldwide

- Transgender women are nearly 49 times more likely to have HIV than other adults of reproductive age

- Risk factors for HIV include
  - Social and economic marginalization
  - High unemployment, engaging in sex work
  - Limited health care access
  - Lack of familial support

Baral, 2013; Herbst, 2008; Schulden, 2008
Basic Steps to Improve HIV Prevention in Clinical Settings

Universal HIV Screening

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

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

Reduce HIV Incidence

(USPSTF, 2013 and CDC, 2010)
LGBT Youth
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/
I know he is gay and I don’t always understand, but that doesn’t change my love for him.
Clinical Care of Transgender People Requires Knowledge of Gender Identity and Sex Assigned at Birth
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.
Quality Care for Transgender People: Louise M’s Story

- 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.
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
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.
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!
Engage Your Community
Implementing Training and Technical Assistance Programs

- Phase 1: Readiness Assessments
  - Surveys geared to leadership and all staff
  - Assess current practices, attitudes, and policies related to LGBT health
  - Report and recommendations presented

- Phase 2: Education
  - In-person and/or web-based training sessions and technical assistance based on assessments

- Phase 3: Follow-Up Support
  - Follow-up support from our national network and on-line learning opportunities
Our Challenge:
Quality Care for All, Including LGBT People
LGBTQ INITIATIVE

Piedmont – Brian Toomey, CEO

• History

• Strategic Plan
  – Identified Underserved Group

• Work Plan Developed
LGBTQ INITIATIVE

• Piedmont Leadership Education
• Organizational Change Issues
• Getting Outside Help
Identified LGBTQ Champions at Piedmont

Convened a sub-committee

Implement Change at Piedmont

Next Steps
Engaging PHS's Board of Directors in LGBTQ Issues

• PHS leadership presented plan to Board of Directors.

• Board of Directors participated in training/orientation to LGBTQ issues.

• Board of Directors voted to approve initiative.
Attitudes about LGBTQ Initiative

• Good idea consistent with the organization's mission of inclusiveness for all and commitment toward health care access and health care delivery for LGBTQ patients and staff.

• Consistent with PHS's reputation of being a model health center and leader among NC FQHCs in serving priority populations (LGBTQ, migrant farmworkers, seniors, etc.).

• Bill 514 (2011) putting an amendment banning same sex marriage on the primary election ballot in 2012; voters approved the amendment 61% to 39%.

• Oppositional view points, expected and unexpected spoken and unspoken
Prioritization of LGBTQ Population

• Recognition that the population is a historically disadvantaged group that faces a great amount of stigma and presents unique health needs.

• Consistent with mission to serve all comers without discrimination, particularly those who experience barriers to care.

• Making health care more accessible demonstrates leadership, sensitivity, and cultural competence.

• It's the right thing to do!