



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Achieving Health Equity for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) People

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The National LGBTQIA+ Health Education Center, The Fenway Institute  
Boston, MA

# Continuing Medical Education Disclosure

- Program Faculty: Alex S. Keuroghlian, MD, MPH;
- Current Position: Director of the Division of Education and Training at the Fenway Institute; Associate Professor of Psychiatry, Harvard Medical School
- Disclosure: Editor for McGraw-Hill Education textbook, will receive future royalties.



# Our Roots

## Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ 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 and transgender health services

## The Fenway Institute

- Research, Education, Policy



# LGBTQIA+ Education and Training

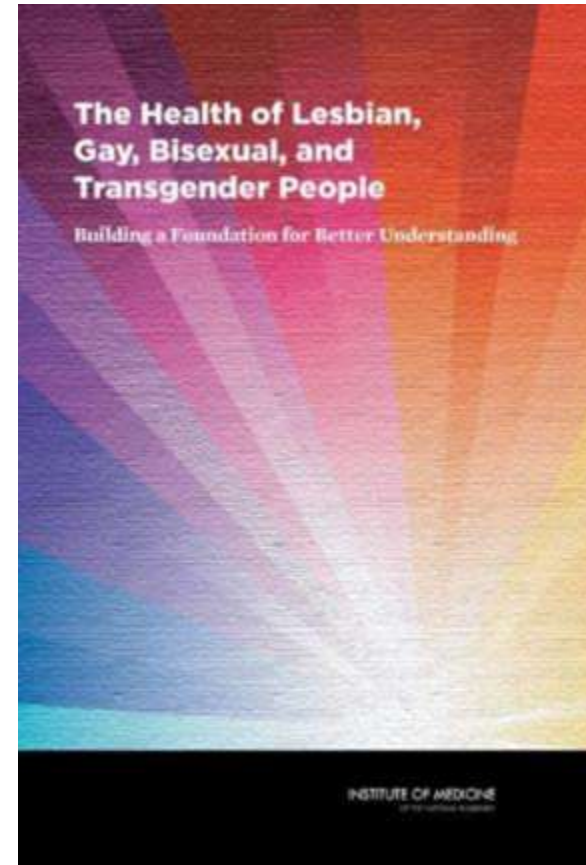
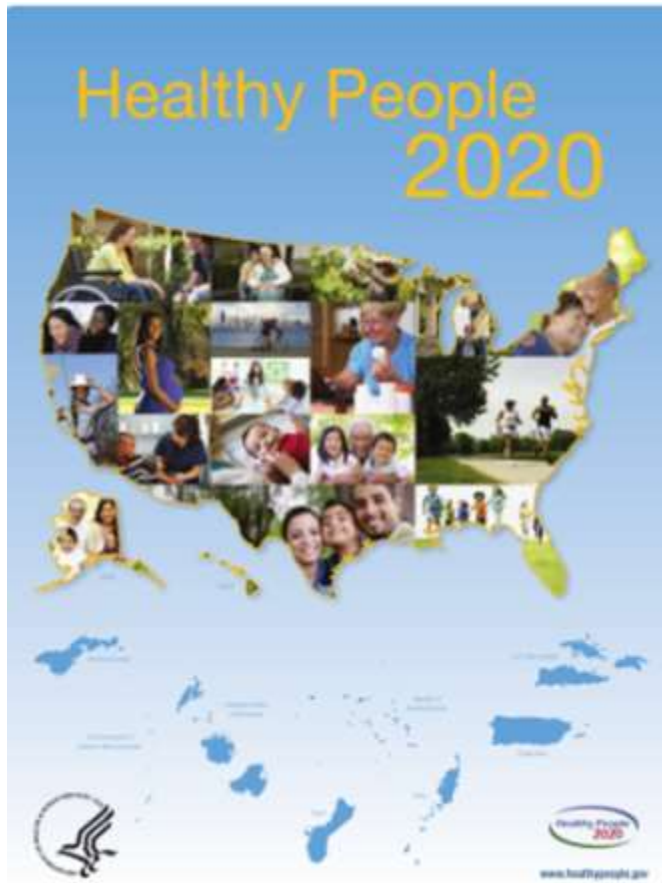
The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

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



# Why Programs for LGBTQIA+ People





# L,G,B,T,Q,I,A,+ Concepts



# Gender Identity and Sexual Orientation: The Basics



# 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







## Sex Assigned at Birth



Female

Intersex

Male

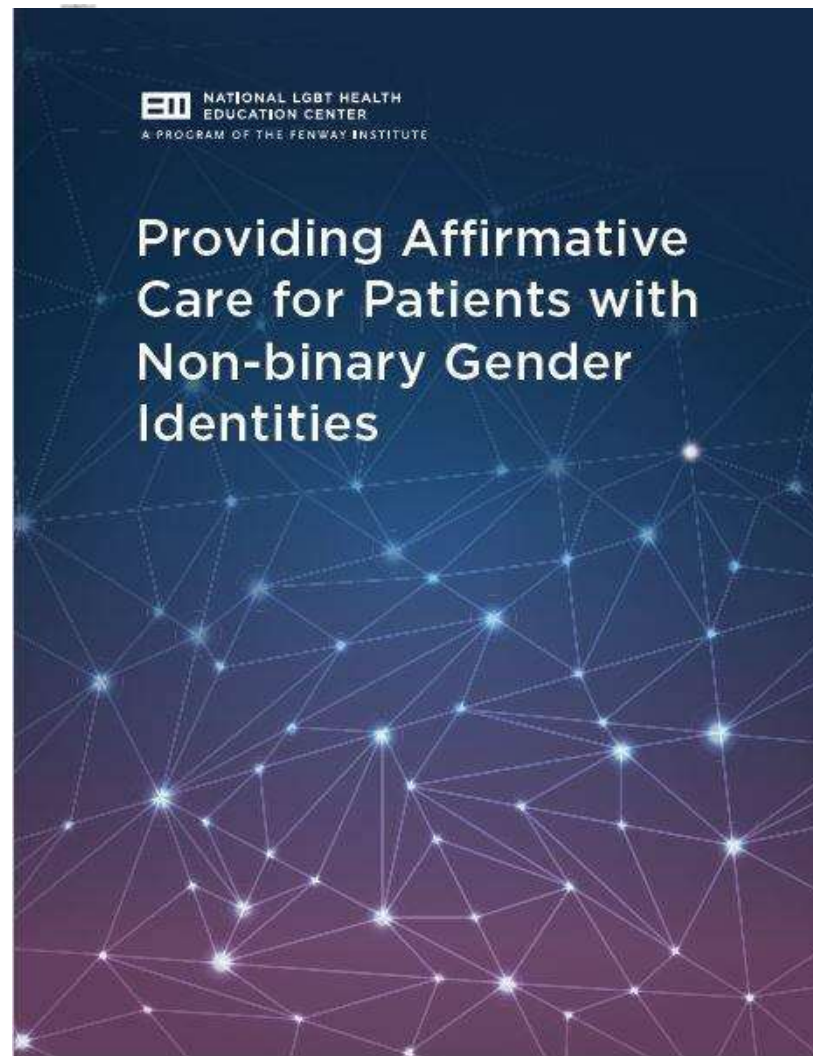
# Gender Identity and Gender Expression

- Gender identity
  - A person's inner sense of being a girl/woman, boy/man, something else, or having no gender
  - All people have a gender identity
- Gender expression
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  - May be on a continuum

A complete glossary of terms is available at <https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>



In a community-based survey of 452 transgender adults, 40.9% of respondents described themselves as having a “non-binary gender identity.”<sup>1</sup>



# Gender Identity Terminology

- Gender identity not congruent with the assigned sex at birth
- Alternate terminology
  - Transgender woman, trans woman
  - Transgender man, trans man
- Non-binary
  - Genderqueer person, gender fluid person
- Trans masculine, Trans feminine
- Gender identity is increasingly described as being on a continuum



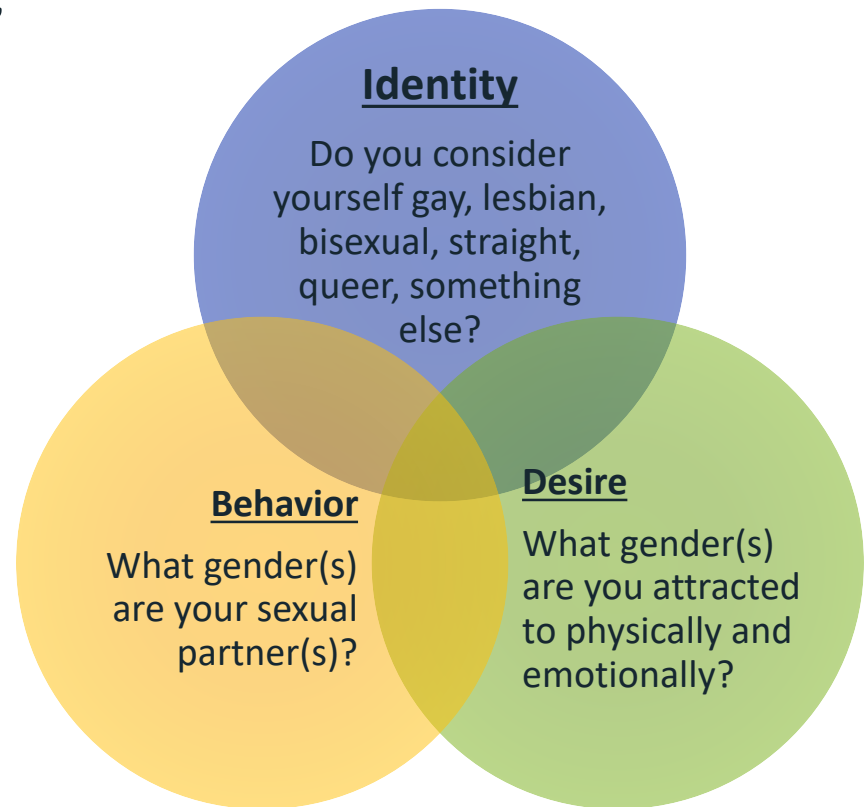
# Terminology: Understanding “Transition” or “Affirmation”

- The process of changing from living and being perceived as the gender traditionally associated with the sex assigned at birth (e.g., F or M) to living and being perceived as the individual sees and understands themselves
  - Social affirmation
  - Legal/document changes
  - Hormone therapy
  - Surgical affirmation
- Many prefer the term “gender affirmation” or “gender confirmation” over “transition”

# Sexual Orientation

- Sexual orientation: how a person identifies their physical, emotional and romantic attachments to others
- Desire
- Behavior
  - Risk of sexually transmitted infections is related to behavior, not identity
- Identity
  - e.g., straight, gay, lesbian, bisexual, queer, asexual, pansexual

## Dimensions of Sexual Orientation:





# What Does 'Q' Stand For?

- 'Q' may reflect someone who is 'questioning' their sexual orientation or gender identity.
- 'Q' may stand for 'queer,' a way some people identify to state they are not straight but also don't identify with gay, lesbian or bisexual identities. It is now also a term of self-identification for many gender-diverse people. The term queer is particularly commonly used by younger people, and also by people of all ages.

# Minority Stress Framework

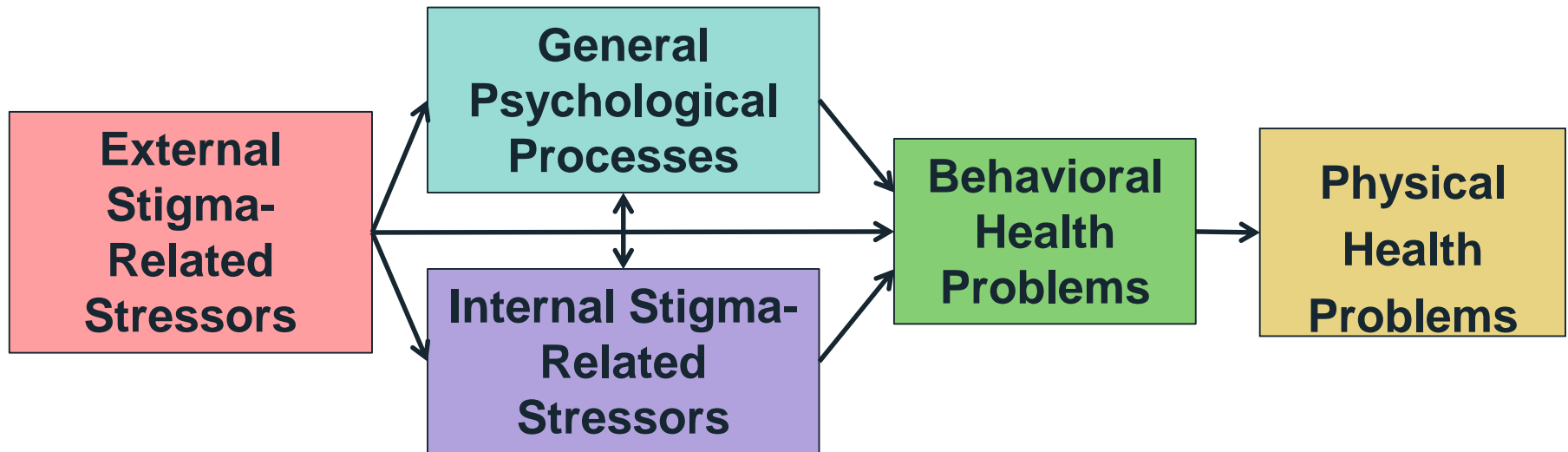


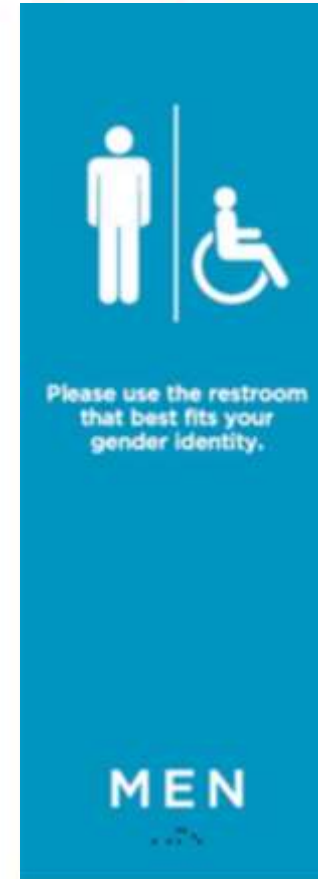
Fig. 1: Adapted from *Introduction to the special issue on structural stigma and health*<sup>3</sup>

# Interpersonal Stigma



# Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.



# Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that they themselves does not believe, they can come to experience a special kind of alienation from self and a special kind of wariness of others.”<sup>3</sup>



# Anti-Transgender Discrimination and Victimization

- The 2015 U.S. Transgender Survey found that:<sup>4</sup>
  - 10% reported that a family member was violent towards them because they were transgender
  - 8% were kicked out of the house because they were transgender
  - Many experienced serious mistreatment in school, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender
  - 17% experienced such severe mistreatment that they left a school



# Vulnerability to Poverty

- Children of LGB parents are especially vulnerable to poverty.<sup>5</sup>
  - 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%.

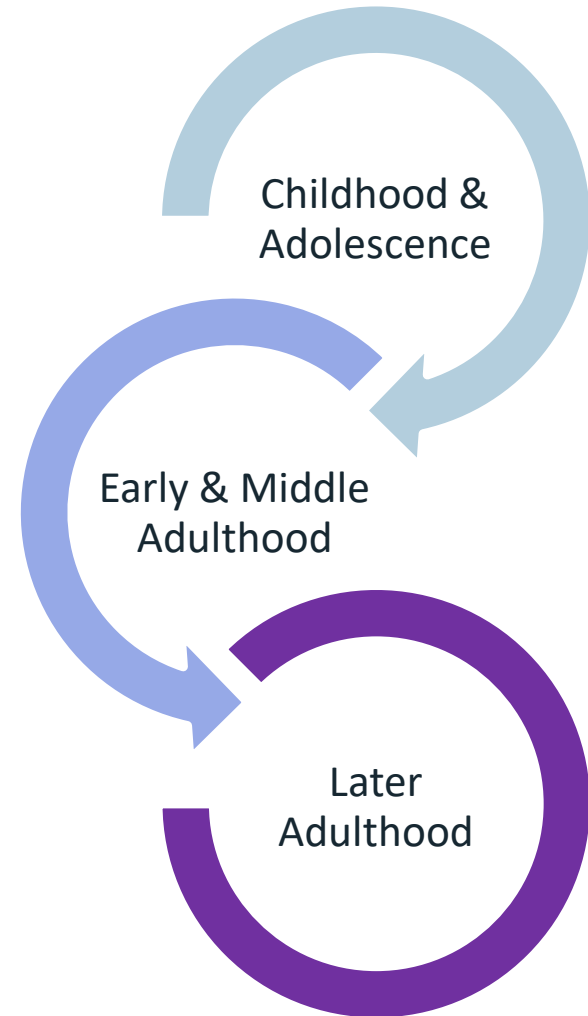
# Vulnerability to Poverty

- The 2015 U.S. Transgender Survey found that:<sup>4</sup>
  - 29% of transgender people live in poverty, compared to 14% in the U.S. population
  - Transgender people have a 15% unemployment rate (compared with 5% in the U.S. population)
  - 16% of transgender people report homeownership, compared to 63% of the U.S. population
  - Nearly 30% of transgender people experienced homelessness in their lifetime
  - 12% report past-year homelessness due to being transgender

# Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior.<sup>6</sup>
- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 trans masculine people.<sup>7</sup>

# Health Issues Throughout the Life Course



# LGBTQIA+ Disparities:

- Youth
  - 2 to 3 times more likely to attempt suicide
  - More likely to be homeless (20-40% are sexual and gender minorities)
  - Risk of HIV and other STIs
- Despite an overall decrease in HIV incidence from 2008-2014 reported for the first time in 2017, incidence remains high and stable among black MSM, and is now increasing among gay and bisexual Latino men (20%) and those aged 25-34 (35%).<sup>10</sup>

# Health Disparities

- The 2015 U.S. Transgender Survey found that:<sup>4</sup>
  - 39% of respondents experienced serious psychological distress in the month prior, compared with only 5% of the U.S. population
  - 40% had lifetime suicide attempt (compared to 4.6% of US population)
  - 55% of those who sought coverage for gender-affirming surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied



# Health Disparities

- The 2015 U.S. Transgender Survey found that:
  - 33% had at least one negative experience with a health care provider such as being verbally harassed or refused treatment because of gender identity
  - 23% of transgender people report not seeking needed health care in the past year due to fear of gender-related mistreatment
  - 33% did not go to a health care provider when needed because they could not afford it



# LGBTQIA+ Disparities: Healthy People 2020

- Older LGBTQIA+ people face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services.<sup>9</sup>



# Resilience in the LGBTQIA+ Community

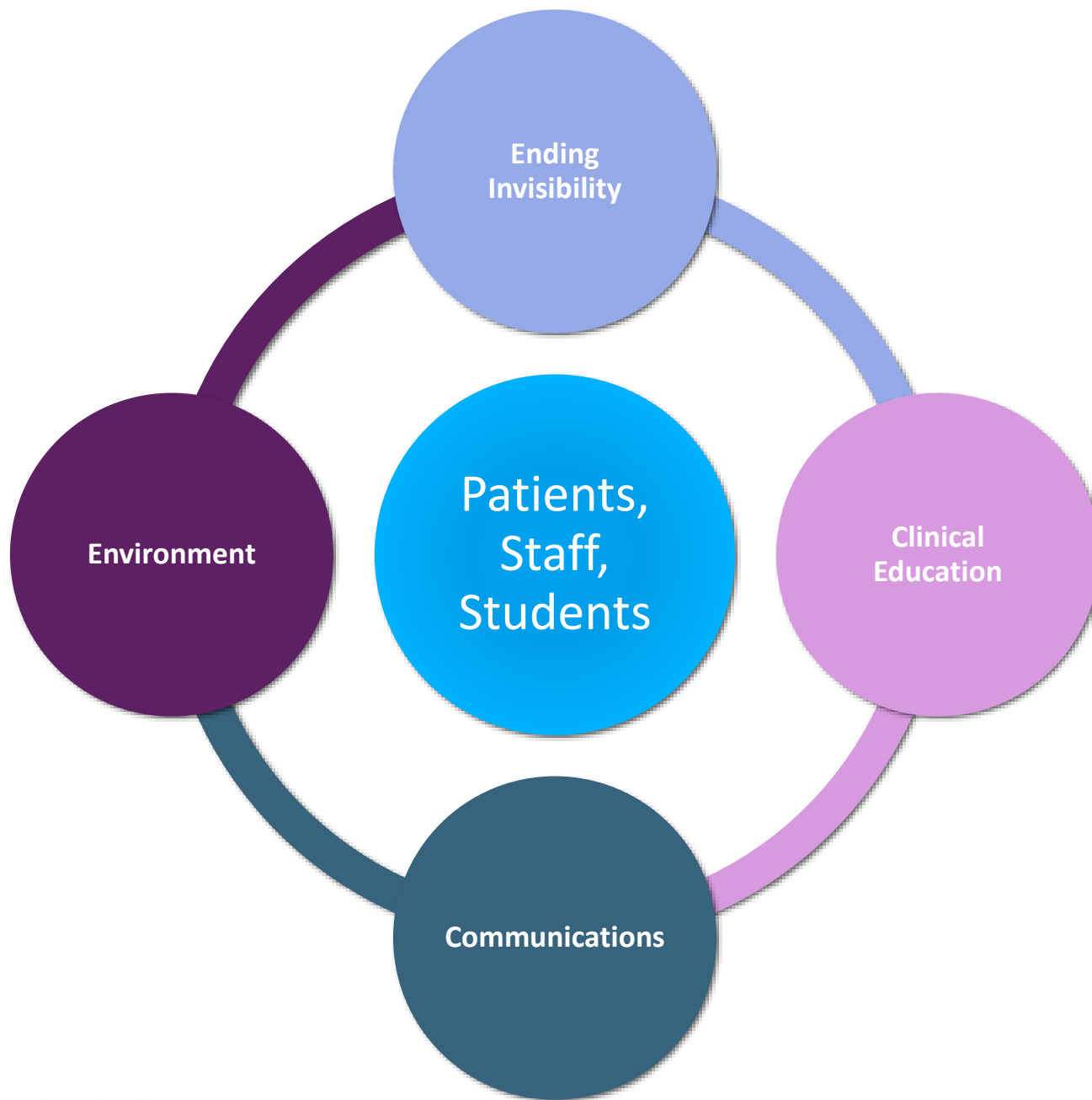
Despite the many challenges that LGBTQIA+ people often face, both internal and community-derived resilience can protect the health and well-being of LGBTQIA+ people.





# Overcoming Barriers





# Population Health: Ending LGBTQIA+ 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?





# Appropriate Screening: Rodrigo's Story

- 40-year-old trans man who came in with pelvic pain and spotting
- A biopsy determined that Rodrigo had cervical cancer
- No one had told Rodrigo that he needed routine cervical Pap tests



# Preparation for Collecting Data in Clinical Settings

- **Clinicians:** Need to learn about LGBTQIA+ health and the range of experiences related to sexual orientation and gender identity.
- **Non-clinical staff:** Front desk and patient registration staff must also receive training on LGBTQIA+ health, communicating with LGBTQIA+ patients, and achieving quality care with diverse patient populations
- **Patients:** Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately

# Responding to Staff Concerns

- Some staff may need extra coaching and reassurance
- Supervisors should explain that the health center is trying to provide the best care for all patients, and staff do not need to change their own values to collect SO/GI data
- Regular check-ins with staff members will help identify and address their concerns

# SO/GI Data Collection Demonstration Videos



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# Collecting SO/GI Information



<https://www.lgbtqiahealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/>



# SOGI Patient Pamphlet Translations



Arabic



Brazilian  
Portuguese



English



Farsi



Haitian Creole



Russian



Simplified  
Chinese



Spanish



Tagalog



Vietnamese

# Gathering SO/GI Data During the Process of Care

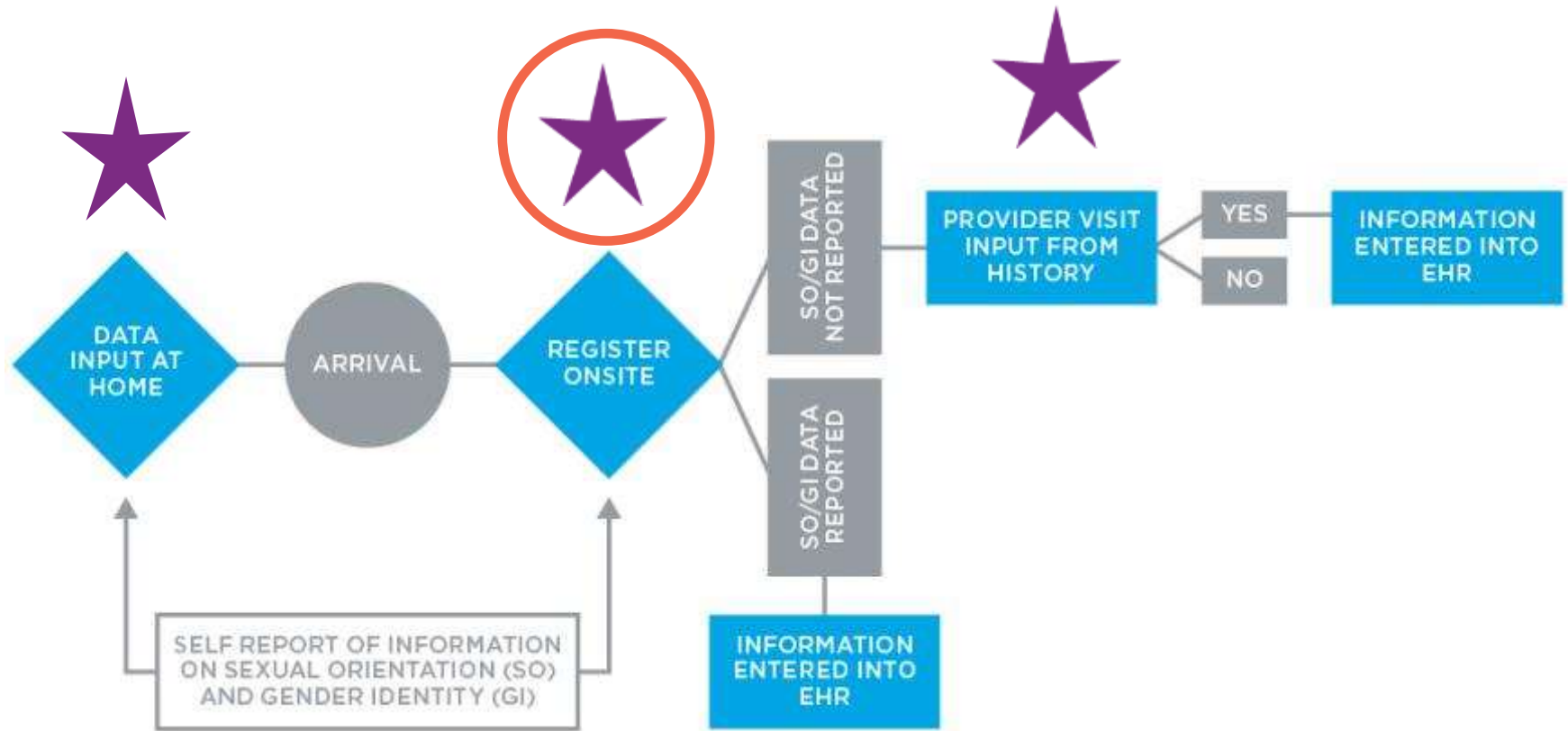


Fig. 2. Diagram from “Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health.”<sup>13</sup>

# Collecting Demographic Data on Sexual Orientation (Example)

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



# Collecting Data on Gender Identity

- What is your current gender identity?
  - ☐ 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?
  - ☐ Male
  - ☐ Female
  - ☐ Decline to Answer

- What name do you use?
- What name is on your insurance records?
- What are your pronouns (e.g. he/him, she/her, they/them)?



# Pronouns

People may have a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).



Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. The doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

# SO/GI Reporting For Pediatric Patients

- At what age do you start asking these questions?
  - Recommend asking GI early
  - Recommend asking SO from 13+ years old
- At what age do you start reporting these data?
  - Are parents answering these questions?
  - Potential bias

# Anticipating and Managing Expectations

- LGBTQIA+ people have a history of experiencing stigma and discrimination in diverse settings
- Don't be surprised if a mistake results in a patient becoming upset
- Don't personalize the reaction
- Apologizing when patients become upset, even if what was said was well-intentioned, can help defuse a difficult situation and re-establish a constructive dialogue

# Avoiding Assumptions

- You cannot assume someone's gender identity or sexual orientation based on how they look or sound.
- To avoid assuming gender identity or sexual orientation with new patients:
  - *Instead of:* "How may I help you, ma'am/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 husband/wife?"
  - *Say:* "Are you in a relationship?"
  - *Instead of:* "What are your mother's and father's names?"
  - *Say:* "What is your guardian's name?"

# Keeping Up with Terminology

- Obvious “don’ts” include
  - Use of any disrespectful language
  - Gossiping about a patient’s appearance or behavior
  - Saying things about someone not necessary for their care:
    - “You look great, you look like a real woman/real man!”
    - “You are so pretty I cannot believe you are a lesbian!”

Avoid these Outdated Terms (in English)	Consider these Terms Instead
Homosexual	Gay, lesbian, bisexual, or LGBTQIA+
Transvestite; Transgendered	Transgender
Sexual preference; Lifestyle choice	Sexual orientation

# Putting What You Learn into Practice....

- If you are unsure about a patient's name or pronouns:
  - *"I would like be respectful—what are your name and pronouns?"*
- 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?"*
- If you accidentally use the wrong term or pronoun:
  - *"I'm sorry. I didn't mean to be disrespectful."*

# Creating a Welcoming and Inclusive Environment for Caring, Working and Learning



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# The Board and Senior Management Are Actively Engaged

- Proactive efforts to build an LGBTQIA+-inclusive environment are essential.
- Engaged leadership from both the Board and senior management is critical.
- Leadership can set a tone and build LGBTQIA+ inclusiveness as part of a commitment to equitable care for all. They also need to provide resources to create change.
- Staff champions also need to be involved in designing and implementing change.

# Non-Discrimination Policies for LGBTQIA+ People

- Patient and employee non-discrimination policies should include sexual orientation, gender identity, and gender expression.
- These policies should be known by all, and recourse when questions of discrimination are raised should be both clearly laid out and accessible.
- Nondiscrimination policies are now required by The Joint Commission: [www.jointcommission.org/lgbt/](http://www.jointcommission.org/lgbt/)

# Accountability

- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make insensitive comments
  - *“Those kinds of comments are hurtful to others and do not create a respectful work environment.”*

# Providing Restrooms for All Genders



# Rooming Policies for Patients

- Staff involved in admitting patients ought to assign inpatient rooms:
  - Based on current gender identity and patient's wishes
  - Not based on sex assigned at birth, administrative sex or perceived gender expression


# Defining Families for LGBTQIA+ People

We recommend defining families as broadly as possible so that partners, children, and even friends who have no legal status are included in accordance with patients' wishes.



# Inclusive Registration and Medical History Forms

Avoid these terms...	Replace with...
Mother/Father	Parent/Guardian
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status
Family History	Blood Relatives
Nursing Mother	Currently Nursing
Female Only/Male Only	Allow patients to choose <i>not applicable</i> .



Focus on Forms and Policy:  
**Creating an Inclusive Environment  
 for LGBT Patients**

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# Gender-inclusive Diagrams

- Images that have a specific gender may limit identification of certain medical issues
- Use gender-inclusive images to document areas of concern

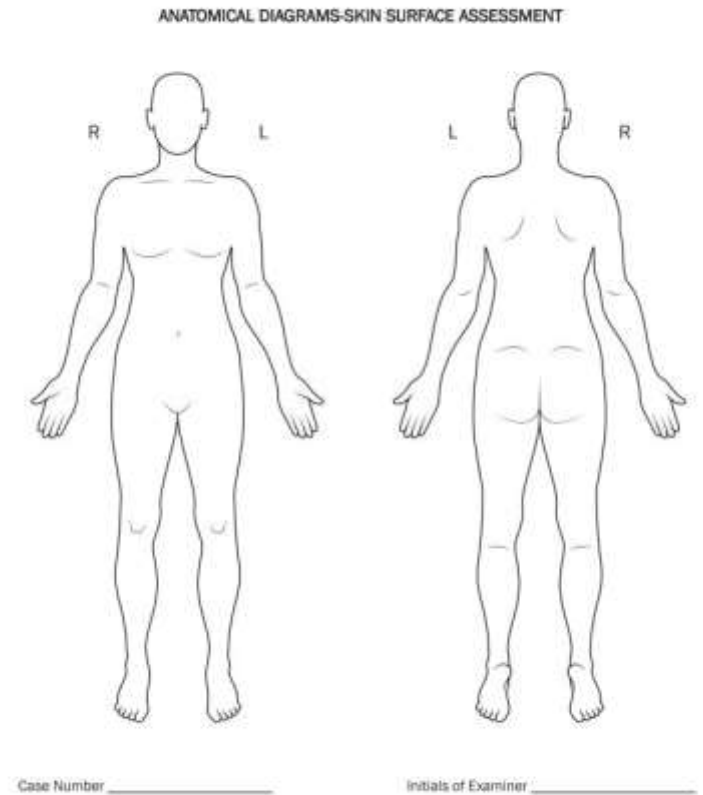


Image by: Katja Tezlaff  
(<https://ktetzlaff.com/tag/transgender/#jp-carousel-456>)



# Adding Affirmative Imagery and Content to Education and Marketing Materials



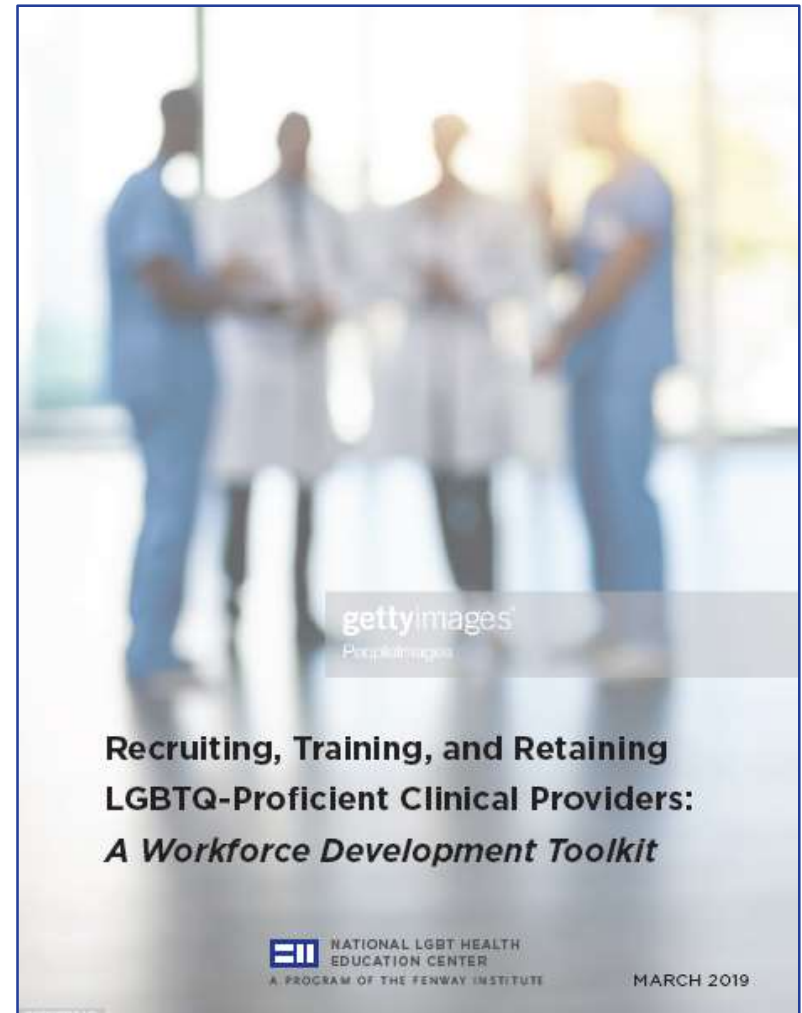
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# Workforce Development

- Recruitment
- Interview Process
- Training
- Professional Development
- Mentorship
- Benefits
- Retention



# Training All Staff in Basic LGBTQIA+ Competence



## Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

September 2018

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- LGBTQIA+ concepts and common terms
- LGBTQIA+ health disparities
- Implicit Bias
- Communicating with cultural humility
- SO/GI data collection
- Confidentiality and privacy

# Community Engagement and Outreach

- Patient advisory boards
- Community satisfaction surveys
- Peer support and navigation services
- Co-sponsor LGBTQIA+ events & talks with community-based organizations



# Questions?

# Thank you!





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The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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☎ 617.927.6354

✉ [education@fenwayhealth.org](mailto:education@fenwayhealth.org)

🖱 [www.lgbtqiahealtheducation.org](http://www.lgbtqiahealtheducation.org)

📖 [www.acponline.org/fenway](http://www.acponline.org/fenway)





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