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

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
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.”

Providing Affirmative Care for Patients with Non-binary Gender Identities
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:

- **Identity**
  - Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?
- **Desire**
  - What gender(s) are you attracted to physically and emotionally?
- **Behavior**
  - What gender(s) are your sexual partner(s)?
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\textsuperscript{3}
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.

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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.”³
Anti-Transgender Discrimination and Victimization

- The 2015 U.S. Transgender Survey found that:
  - 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.\(^5\)
  - 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:¹
  - 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.\(^6\)
- 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.\(^7\)
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%).

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Health Disparities

- The 2015 U.S. Transgender Survey found that:
  - 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

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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.⁹
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
Collecting SO/GI Information

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.”

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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>
</tr>
<tr>
<td>□ $50,000–79,999</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>
</tr>
<tr>
<td>□ Other ____________</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>1. Referral Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self</td>
</tr>
<tr>
<td>□ Friend or Family Member</td>
</tr>
<tr>
<td>□ Health Provider</td>
</tr>
<tr>
<td>□ Emergency Room</td>
</tr>
<tr>
<td>□ Ad/Internet/Media/Outreach Worker/School</td>
</tr>
<tr>
<td>□ Other ____________</td>
</tr>
</tbody>
</table>
Collecting 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).
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!”

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms (in English)</th>
<th>Consider these Terms Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBTQIA+</td>
</tr>
<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
</tr>
<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
</tr>
</tbody>
</table>

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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
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

<table>
<thead>
<tr>
<th>Avoid these terms...</th>
<th>Replace with...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/Father</td>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Husband/Wife</td>
<td>Spouse/Partner(s)</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Relationship Status</td>
</tr>
<tr>
<td>Family History</td>
<td>Blood Relatives</td>
</tr>
<tr>
<td>Nursing Mother</td>
<td>Currently Nursing</td>
</tr>
<tr>
<td>Female Only/Male Only</td>
<td>Allow patients to choose <em>not applicable</em>.</td>
</tr>
</tbody>
</table>
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
Workforce Development

- Recruitment
- Interview Process
- Training
- Professional Development
- Mentorship
- Benefits
- Retention
Training All Staff in Basic LGBTQIA+ Competence

- 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

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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.
Citations


