



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Behavioral Health of LGBTQIA+ Communities in the COVID-19 Pandemic

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# About the National LGBTQIA+ Health Education Center

We offer educational programs, resources, and consultation to health care organizations to facilitate affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQIA+) people.

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- Grand Rounds
- Online Learning
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<b>Other Health Professionals</b>	Confirm equivalency of credits with relevant licensing body.



# 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/Massachusetts General Hospital
- Disclosure: Editor of forthcoming McGraw-Hill Education textbook, will receive future royalties.



# Learning Objectives

- At the end of this session, participants will be able to:
  1. Describe behavioral health impacts of the COVID-19 pandemic on LGBTQIA+ communities
  2. Explain culturally responsive tailoring of behavioral health practices for LGBTQIA+ communities
  3. Describe best practices serving LGBTQIA+ communities through effective communication, data collection, and creating an inclusive and affirming environment.

# Minority Stress Framework

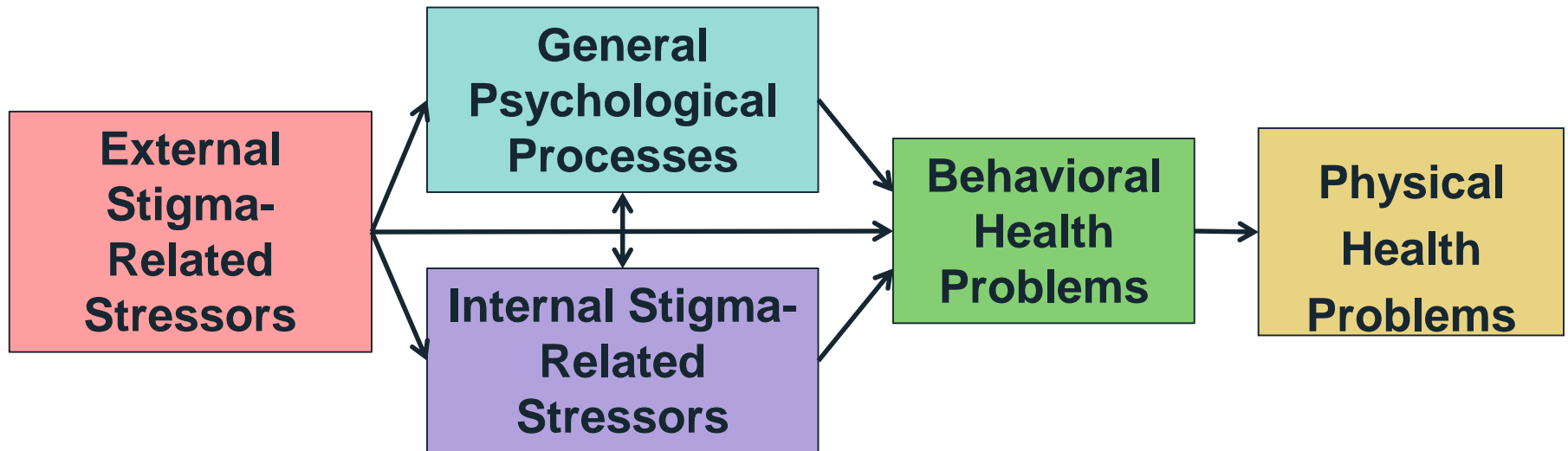


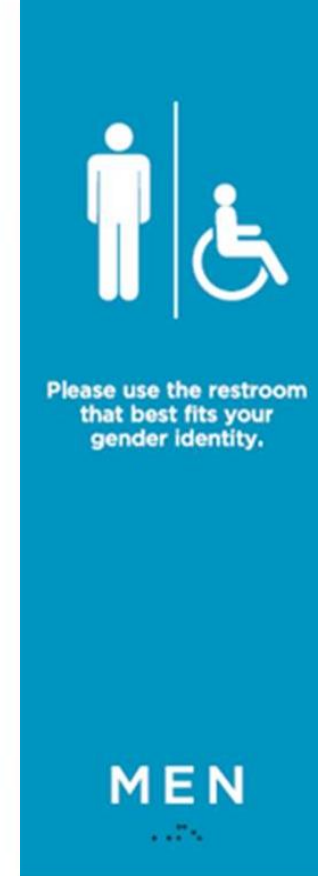
Fig. 1: Adapted from Hatzenbuehler, 2009

# 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>



# **LGBTQIA+ Community Experiences During the COVID-19 Pandemic**



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# Risk Factors for COVID-19 Infection and Worse Outcomes among Sexual and Gender Minority (SGM) People

1. Disproportionately employed in jobs considered essential, including restaurant and food services (15%), hospitals (7.5%), and retail (4%)
2. More likely to live in dense, urban areas where physical distancing more difficult to maintain
3. Lower income (especially bisexual people, transgender or gender diverse people, and SGM BIPOC people)

From: Cahill et al., *American Journal of Public Health* (2020); Heslin and Hall, *CDC MMWR* (2021)

# Risk Factors for COVID-19 Infection and Worse Outcomes among SGM People

4. More likely to have asthma, COPD, heart disease, hypertension, stroke, obesity, kidney disease, cancer, and HIV/AIDS (prevalences vary by SGM subpopulation and BIPOC status)

5. More likely to smoke cigarettes or vape

6. Older SGM adults more likely to have disabilities

>>Collection of patient sexual orientation, gender identity, and sex development data is an important step toward achieving health equity.

From: Cahill et al., *American Journal of Public Health* (2020); Heslin and Hall, *CDC MMWR* (2021)

# New Stressors During COVID-19 Pandemic

- Loss of work and income: LGBTQIA+ people more likely to have lower income and jobs that do not allow work from home (e.g., retail, service industry)
- School closures: many LGBTQIA+ youth and young adults have experienced rejection from families and communities of origin, may need to hide identities
- Reduced access to care: gender-affirming hormone therapies and surgeries, as well as fertility care may be deemed 'non-essential'
- Worries about seeking care for COVID-19 symptoms due mistreatment or discrimination

<https://www.health.harvard.edu/blog/covid-19-and-the-lgbtq-community-rising-to-unique-challenges-2020043019721>

# Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation

Jack L. Turban, MD, MHS,<sup>a</sup> Dana King, ALM,<sup>b</sup> Jeremi M. Carswell, MD,<sup>c</sup> Alex S. Keuroghlian, MD, MPH<sup>ab</sup>

## abstract

**BACKGROUND AND OBJECTIVES:** Gonadotropin-releasing hormone analogues are commonly prescribed to suppress endogenous puberty for transgender adolescents. There are limited data regarding the mental health benefits of this treatment. Our objective for this study was to examine associations between access to pubertal suppression during adolescence and adult mental health outcomes.

**METHODS:** Using a cross-sectional survey of 20 619 transgender adults aged 18 to 36 years, we examined self-reported history of pubertal suppression during adolescence. Using multivariable logistic regression, we examined associations between access to pubertal suppression and adult mental health outcomes, including multiple measures of suicidality.

**RESULTS:** Of the sample, 16.9% reported that they ever wanted pubertal suppression as part of their gender-related care. Their mean age was 23.4 years, and 45.2% were assigned male sex at birth. Of them, 2.5% received pubertal suppression. After adjustment for demographic variables and level of family support for gender identity, those who received treatment with pubertal suppression, when compared with those who wanted pubertal suppression but did not receive it, had lower odds of lifetime suicidal ideation (adjusted odds ratio = 0.3; 95% confidence interval = 0.2–0.6).

**CONCLUSIONS:** This is the first study in which associations between access to pubertal suppression and suicidality are examined. There is a significant inverse association between treatment with pubertal suppression during adolescence and lifetime suicidal ideation among transgender adults who ever wanted this treatment. These results align with past literature, suggesting that pubertal suppression for transgender adolescents who want this treatment is associated with favorable mental health outcomes.



# Pubertal Suppression and Risk for Suicidal Ideation

- 2.5% of respondents who desired pubertal suppression had ever received it
- Recipients of pubertal suppression, compared to those who desired it but did not receive it, had lower odds of lifetime suicidal ideation
  - aOR = 0.3; 95% CI = 0.2-0.6;  $P = 0.001$

JAMA Surgery | **Original Investigation**

# Association Between Gender-Affirming Surgeries and Mental Health Outcomes

Anthony N. Almazan, BA; Alex S. Keuroghlian, MD, MPH

 **Invited Commentary**

**IMPORTANCE** Requests for gender-affirming surgeries are rapidly increasing among transgender and gender diverse (TGD) people. However, there is limited evidence regarding the mental health benefits of these surgeries.

**OBJECTIVE** To evaluate associations between gender-affirming surgeries and mental health outcomes, including psychological distress, substance use, and suicide risk.

**DESIGN, SETTING, AND PARTICIPANTS** In this study, we performed a secondary analysis of data from the 2015 US Transgender Survey, the largest existing data set containing comprehensive information on the surgical and mental health experiences of TGD people. The survey was conducted across 50 states, Washington, DC, US territories, and US military bases abroad. A total of 27 715 TGD adults took the US Transgender Survey, which was disseminated by community-based outreach from August 19, 2015, to September 21, 2015. Data were analyzed between November 1, 2020, and January 3, 2021.

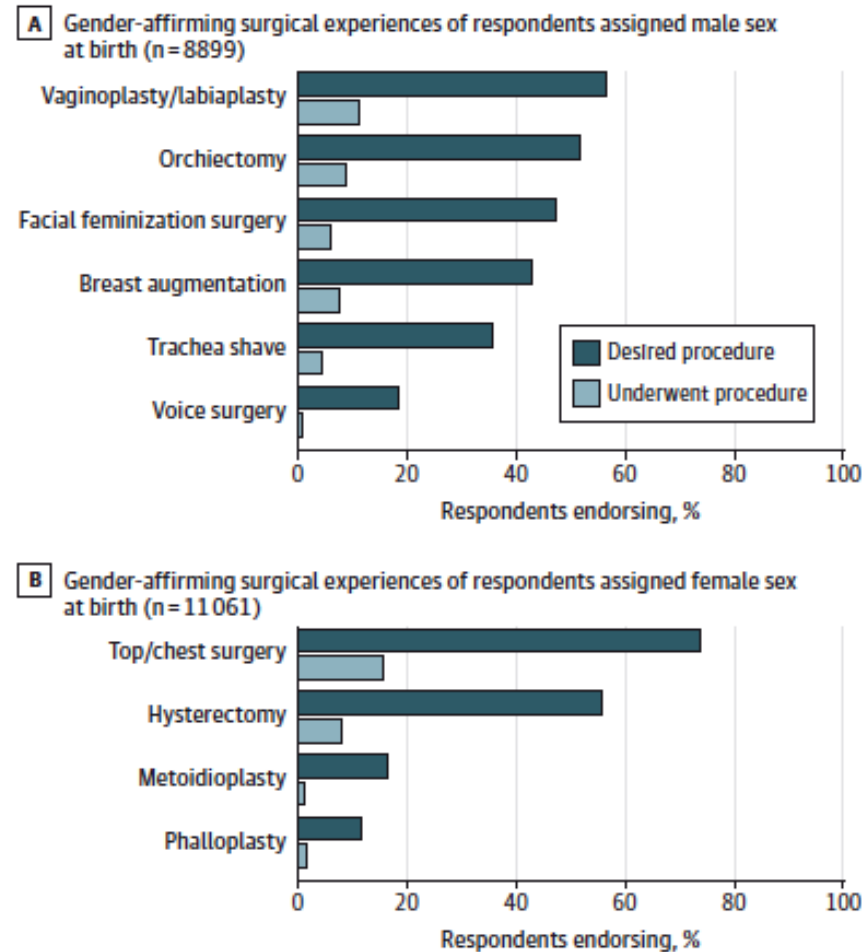
**EXPOSURES** The exposure group included respondents who endorsed undergoing 1 or more types of gender-affirming surgery at least 2 years prior to submitting survey responses. The comparison group included respondents who endorsed a desire for 1 or more types of gender-affirming surgery but denied undergoing any gender-affirming surgeries.

# Association between Gender-affirming Surgeries and Mental Health Outcomes

- Of the 27,715 respondents to 2105 U.S. Transgender Survey, 4,974 (17.9%) had undergone one or more types of gender-affirming surgery at least two years prior to submitting survey responses
- Compared to respondents who desired gender-affirming surgeries but did not undergo any, undergoing gender-affirming surgery was associated with:
  - Improved past-month psychological distress (aOR, 0.57; 95% CI, 0.50-0.66;  $P<0.001$ )
  - Improved past-year smoking (aOR, 0.64; 95% CI, 0.56-0.73;  $P<0.001$ )
  - Improved past-year suicidal ideation (aOR, 0.61; 95% CI, 0.54-0.69;  $P<0.001$ )

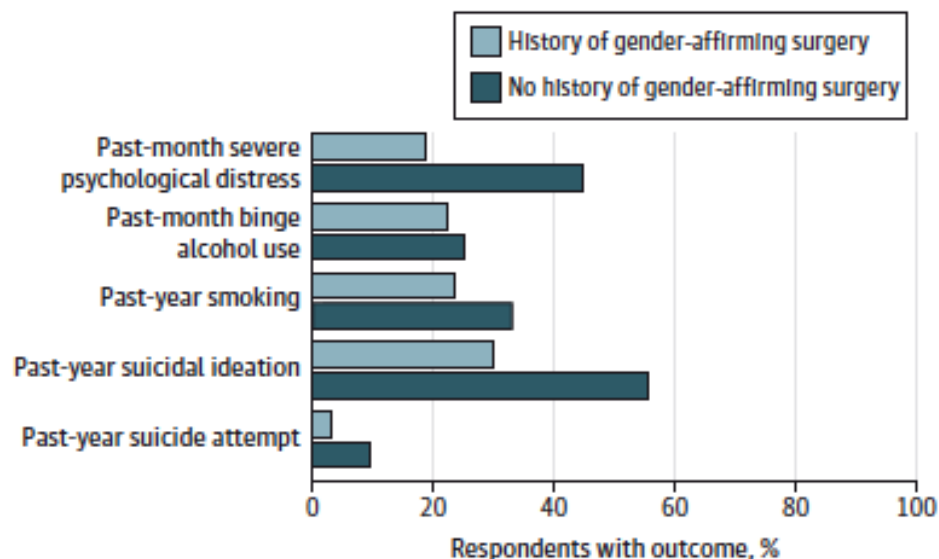
Almazan and Keuroghlian (2021)

**Figure 1. Desire for and History of Gender-Affirming Surgical Procedures in Study Sample**



Includes 2015 US Transgender Survey respondents who indicated they desired and either had or had not undergone at least 1 type of gender-affirming surgery. Respondents were presented with 1 of 2 lists of gender-affirming surgeries based on their self-reported sex assigned at birth.

**Figure 2. Comparison of Mental Health Outcomes Among Respondents Who Did and Did Not Undergo Gender-Affirming Surgery**



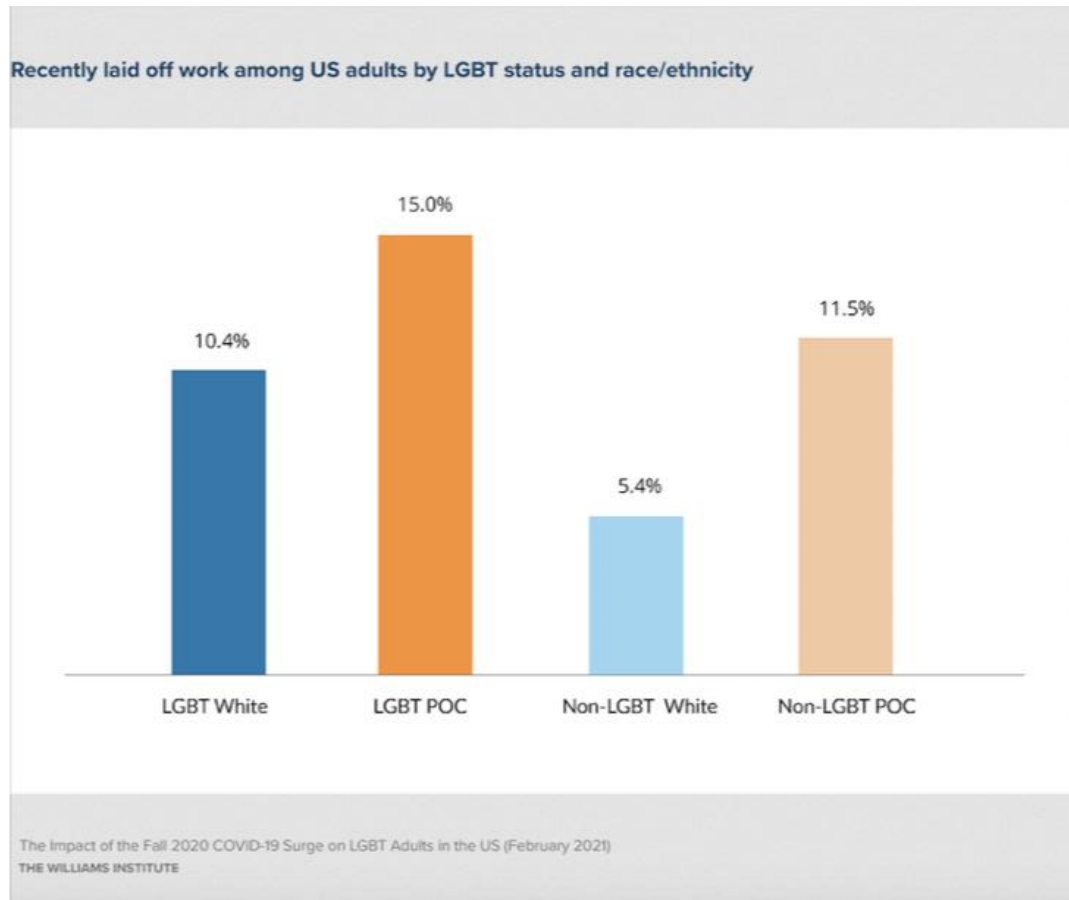
**Table 2. Association Between History of Gender-Affirming Surgery and Mental Health Outcomes<sup>a</sup>**

Variable	aOR (95% CI) <sup>b</sup>	P value
Severe psychological distress (past month) <sup>c</sup>	0.58 (0.50-0.67)	<.001
Substance use		
Binge alcohol use (past month) <sup>d</sup>	0.83 (0.72-0.96)	.01
Smoking (past year)	0.65 (0.57-0.75)	<.001
Suicidality (past year)		
Ideation	0.56 (0.50-0.64)	<.001
Attempt	0.65 (0.47-0.90)	.009

**Table 3. Association Between Degree of Surgical Gender Affirmation and Mental Health Outcomes<sup>a</sup>**

Variable	Received some desired surgeries (n = 3311) <sup>b</sup>		Received all desired surgeries (n = 2448) <sup>b</sup>	
	aOR (95% CI)	P value	aOR (95% CI)	P value
Severe psychological distress (past month) <sup>c</sup>	0.70 (0.60-0.81)	<.001	0.47 (0.39-0.56)	<.001
Substance use				
Binge alcohol use (past month) <sup>d</sup>	0.97 (0.84-1.11)	.63	0.75 (0.64-0.87)	<.001
Smoking (past year)	0.75 (0.66-0.86)	<.001	0.58 (0.49-0.68)	<.001
Suicidality (past year)				
Ideation	0.72 (0.63-0.81)	<.001	0.44 (0.38-0.51)	<.001
Attempt	0.70 (0.53-0.93)	.01	0.44 (0.28-0.70)	<.001

# Economic Impact of COVID-19 on SGM People in the U.S.



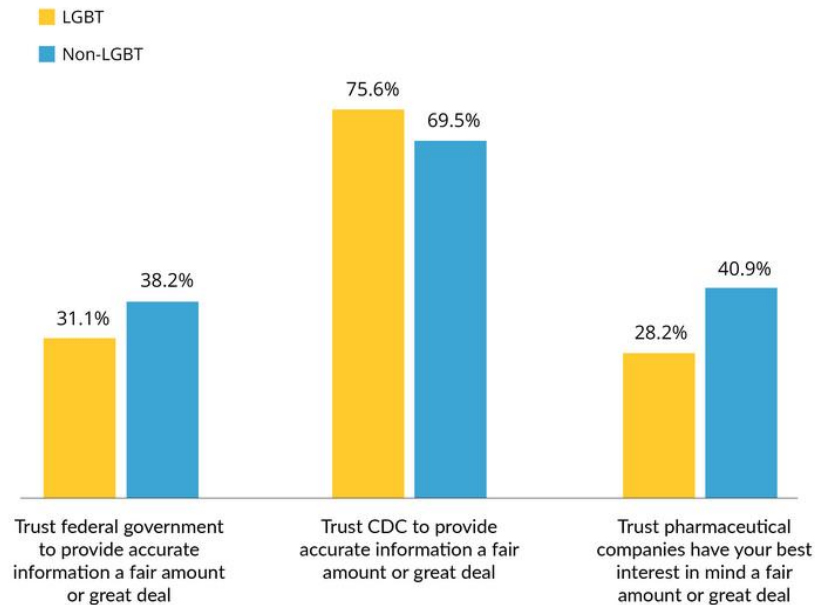
SGM respondents more likely than non-SGM respondents to:

- Be laid off (12.4% vs 7.8%) or furloughed (14.1% vs 9.7%) from their jobs;
- Have difficulty affording basic household goods (23.5% vs 16.8%)
- Have difficulty paying rent or mortgage (19.9% vs 11.7%)

School of Law Williams Institute: <https://williamsinstitute.law.ucla.edu/publications/covid-surge-lgbt/>

# Trust in Institutions Related to COVID-19 among SGM People in the U.S.

Trust in institutions related to COVID-19 by LGBT status and race/ethnicity



The Impact of the Fall 2020 COVID-19 Surge on LGBT Adults in the US (February 2021)  
THE WILLIAMS INSTITUTE

UCLA School of Law Williams Institute: <https://williamsinstitute.law.ucla.edu/publications/covid-surge-lgbt/>

# Sexual Health in the COVID-19 Era

- Current evidence suggests all in-person sexual contact carries transmission risk
- LGBTQIA+ communities particularly vulnerable to sexual stigma, given the historical trauma of HIV/AIDS.
- Abstinence recommendations may conjure memories of widespread stigmatization during the AIDS crisis.
- Recommending long-term sexual abstinence is unlikely to be effective
- Well-documented failures of abstinence-based public health interventions and likelihood to promote shame

# Older LGBTQIA+ Adults

- Additional barriers to health because of isolation, fewer family supports, and a lack of social and support services.



# Depression and Anxiety among LGBTQIA+ People During COVID-19 Pandemic

- Study of 2288 participants found increases in both depression and generalized anxiety symptoms since start of the pandemic
- Increases driven by participants who did not have pre-existing symptoms consistent with depression or generalized anxiety
- Changes in community function, restricted social contact and activities resulting in isolation, worsening economic and food insecurity may be contributing

Flentje *et al.* (2020)

# Mental Health of SGM College Students During the COVID-19 Pandemic

- Rapid response online survey in spring 2020 of 477 SGM college students aged 18-25 years through LGBTQIA+ service organizations on 254 college campuses
- Nearly half (45.7%) of SGM college students have immediate families that do not support or know their SGM identity
- Approximately 60% of sampled SGM college students were experiencing psychological distress, anxiety, and depression during the pandemic

Gonzales *et al.*, 2020

# Change in Alcohol Use Since Onset of COVID-19 Pandemic among SGM College Students

- Nonprobability cross-sectional sample of 509 SGM university students retrospectively surveyed online between May-August 2020 and asked if their alcohol use had changed since the start of COVID-19
- Statistical analyses explored the association between changes in alcohol use since the start of COVID-19 and mental distress
- Roughly 32% had increased alcohol use since start of COVID-19
- Greater alcohol use ( $p < .05$ ) since the start of COVID-19 was associated with higher psychological distress among SGM university students, particularly those assigned female sex at birth

Salerno et al., 2021

# SGM Youth Experiences with COVID-19 and the Importance of Online Support

- Study investigated qualitative experiences of SGM youth during the COVID-19 pandemic via Q Chat Space - a national online chat-based support program
- While encountering COVID-19-related stressors likely to be experienced by youth generally, participants' experiences were concomitantly imbued with SGM-specific intrapersonal, interpersonal, and structural challenges
- Difficulties included maintaining mental health, being isolated with unsupportive families, and loss of in-person identity-based socialization and support
- Findings highlight importance of synchronous, text-based online platforms to enable SGM youth to feel safe to seek support while at home

# Psychiatric Impact of COVID-19 Pandemic on SGM Young Adults

- Cross-sectional study of mental health outcomes among young adults (18-30 years of age) in Spring 2020
- Out of 981 participants, 320 (32.6%) identified as SGM
- SGM respondents had significantly higher levels of depression and PTSD symptoms, as well as COVID-19-related worries and grief, than non- SGM respondents, even after controlling for family support, lifetime discrimination, and pre-existing mental health diagnoses

Kamal et al., 2021

# Physical Distancing, Mental Health, and Technology Use Among Sexual Minority Men During the COVID-19 Pandemic

- A cross-sectional online survey on a social networking application (N = 10,079), measured sociodemographics, physical distancing, mental health outcomes, and sexual behavior.
- Nearly two-thirds of participants (63%) reported only leaving their home for essentials. Those who practiced physical distancing were more likely to feel anxious (aOR = 1.37), feel lonely (aOR = 1.36), to report their sex life being impacted (aOR = 2.95), and less likely to be satisfied with their current sex life (aOR = 0.76).
- Those who practiced physical distancing were more likely to use social technologies to stay in touch with others.

Holloway et al., 2021

# Effect of Sexual Minority-specific COVID-19-related Stressors on Mental Health

- Community survey of 857 sexual minority people
- 34.7% reported largely reducing connection to the LGBTQIA+ community
- Sexual minority-specific COVID-19-related stressors explained explained significant variance in depressive and anxiety stressors, above and beyond the contribution of general COVID-19-related stressors

Suen et al., 2020

# Impact of COVID-19 Pandemic on Perceived Social Support, Mental Health, and Somatic Symptoms in SGM Populations

- From March 23 to June 20, 2020, online cross-sectional survey among 1380 US adults
- Assessed physical symptoms, psychological symptoms, rumination, and perceived social support, to characterize differences between SGM (n = 290) and cisgender straight (n = 1090) respondents
- SGM respondents had more frequent COVID-19-associated physical symptoms and depression and anxiety symptoms
- SGM respondents had a significantly higher proportion of depression and anxiety scores exceeding the clinical concern threshold.

# Economic and Mental Health Impacts of COVID-19 Pandemic on Sexual Minority Men

- Cross-sectional survey with sample of SM men (n = 2732) in Spring 2020, through a social networking app.
- Characterized economic and mental health impacts of COVID-19
- 31% of participants reported moderate to severe psychological distress by the PHQ-4
- 887 participants (35%) screened positive for depression, and 856 participants (34%) screened positive for anxiety
- Consequences significantly worse among: people living with HIV; Black, Indigenous, and People of Color (BIPOC); immigrants; sex workers; and socio-economically disadvantaged groups

Santos et al., 2021

# Economic and Mental Health Impacts of COVID-19 Pandemic on Sexual Minority Men

- 50% of those who lost their jobs screened positive for depression compared to 31% of those who did not ( $\chi^2 = 37.3, p < 0.001$ )
- 48% of those who lost their jobs screened positive for anxiety compared to 30% of those who did not ( $\chi^2 = 35.9, p < 0.001$ ).
- 27.6% of participants who lost employment specifically reported feeling depressed nearly every day, compared to 11.4% of participants who did not lose employment ( $\chi^2 = 65.5, p < 0.001$ )
- 27.3% of those who became unemployed felt anxious nearly every day over the prior two weeks compared to 13.7% of participants who did not become unemployed ( $\chi^2 = 42.2, p < 0.001$ )

Santos et al., 2021

# Suggested Practices for Serving LGBTQIA+ Communities



# Minority Stress Treatment Principles for Clinicians

- Normalize adverse impact of minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQIA+ people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of gender

Adapted from Pachankis (2015)

# Telehealth for Delivery of Behavioral Health Services

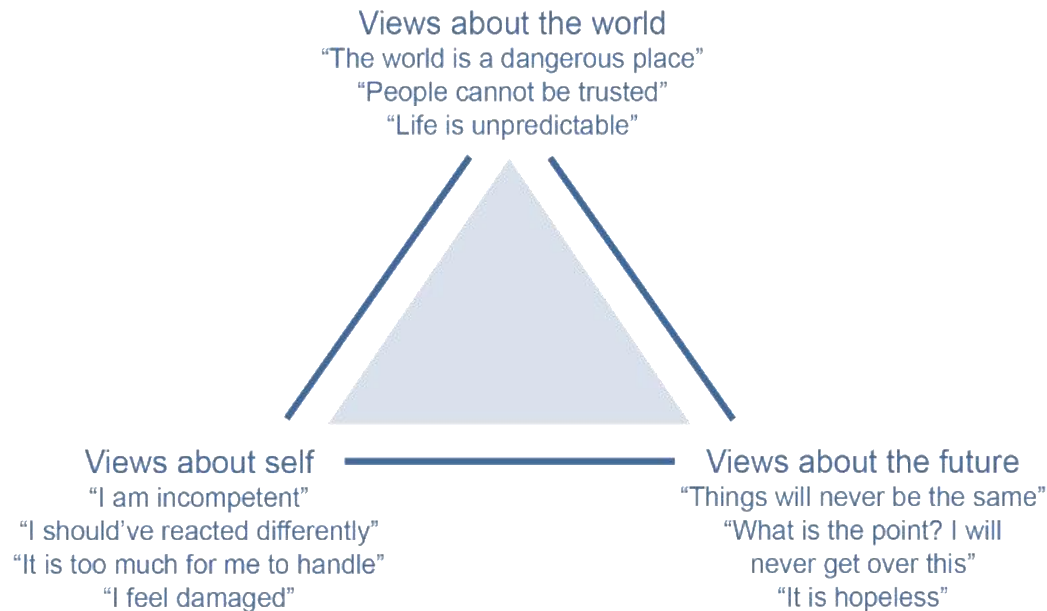
- Fenway Health cared for 96% as many unique transgender and gender diverse (TGD) patients in March-August 2020 via telehealth as it did via in-person services during calendar year 2019 [946 behavioral health patients in 2019 vs 911 in 2020]
- Created virtual support groups for TGD patients experiencing surgical delays to access peer and emotional support
- Same-day virtual “walk-in” service that provides low-barrier care, no appointment necessary, for gender-affirming psychotherapy five days a week; utilized by patients who have difficulty keeping scheduled appointments, and those engaged in Medication Assisted Treatment (MAT) for opioid use disorders

# Cognitive Processing Therapy for PTSD

- Adapting selected components of cognitive processing therapy for PTSD by Resick
- Focus:
  - Education about posttraumatic stress;
  - Writing an Impact Statement to help understand how trauma influences beliefs;
  - Identifying maladaptive thoughts about trauma linked to emotional distress;
  - Decreasing avoidance and increasing resilient coping.

# Cognitive Triad of Traumatic Stress

Exhibit 1.3-2: Cognitive Triad of Traumatic Stress



SAMHSA (2014)

# Cognitive Processing Therapy for Minority Stress

- Possible tailoring for LGBTQIA+ people:
  - Focus on how identity-specific stigma causes posttraumatic stress (e.g., avoidance, mistrust, hypervigilance, low self-esteem);
  - Attributing challenges to minority stress rather than personal failings;
  - Impact Statement on how discrimination and victimization affect beliefs (e.g., expecting rejection, concealment needs, internalized homophobia/transphobia);
  - Decreasing avoidance (e.g., isolation from LGBTQIA+ communities or medical care);
  - Impact of minority stress on health behaviors and goals.

Girouard et al. (2019)

# Cognitive-behavioral Therapy for Substance Use Disorders

- Adapting selected topics and practice exercises from the manual by Carroll
- Focus:
  - Coping With Craving (triggers, managing cues, craving control)
  - Shoring Up Motivation and Commitment (clarifying and prioritizing goals, addressing ambivalence)
  - Refusal Skills and Assertiveness (substance refusal skills, passive/aggressive/assertive responding)
  - All-Purpose Coping Plan (anticipating high-risk situations, personal coping plan)
  - HIV Risk Reduction



# Cognitive-behavioral Therapy for Substance Use Disorders

- Possible tailoring for LGBTQIA+ people:
  - Minority stress-specific triggers for cravings (e.g., identity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized homophobia/transphobia)
  - SUDs as barriers to personalized health goals
  - Assertive substance refusal with sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized health goals

Girouard *et al.* (2019)

# 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?



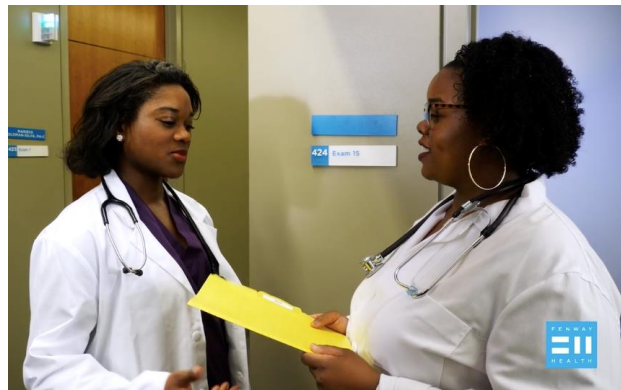
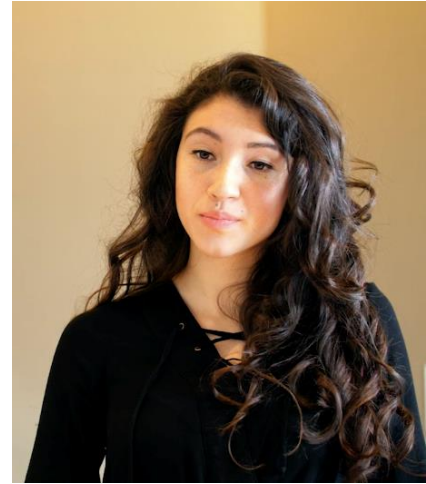
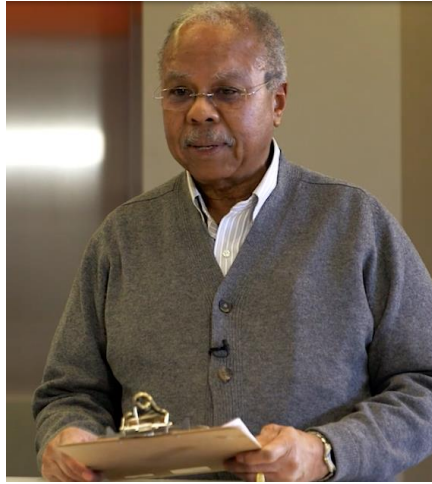
# Preparation for Collecting Data in Clinical Settings

- **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 hospital is trying to provide the best care for all patients, and staff do not need to change their own values to collect SOGI data
- Regular check-ins with staff members will help identify and address their concerns

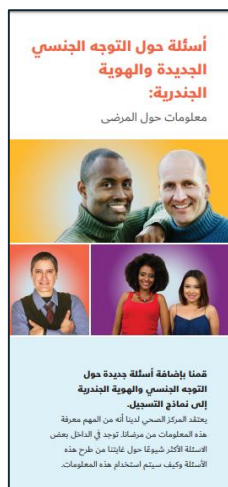
# SOGI Data Collection Demonstration Videos



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# SOGI Patient Pamphlet Translations



Arabic



Brazilian Portuguese



English



Farsi



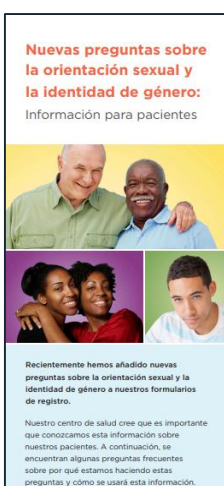
Haitian Creole



Russian



Simplified Chinese



Spanish



Tagalog



Vietnamese

# 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

# 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 hers.

# 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/She is here for his/her 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/caregiver'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!”

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 to 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."*

# Accountability

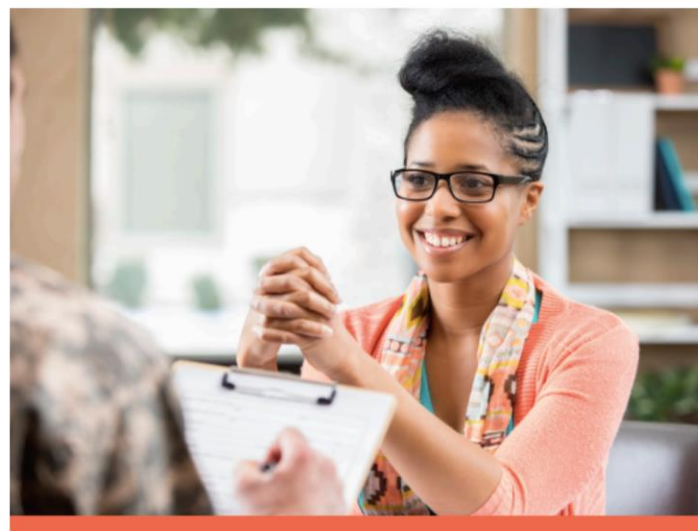
- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make insensitive comments
  - *“Those kinds of comments are hurtful to others and do not create a respectful work environment.”*

# Providing Restrooms for All Genders



# 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

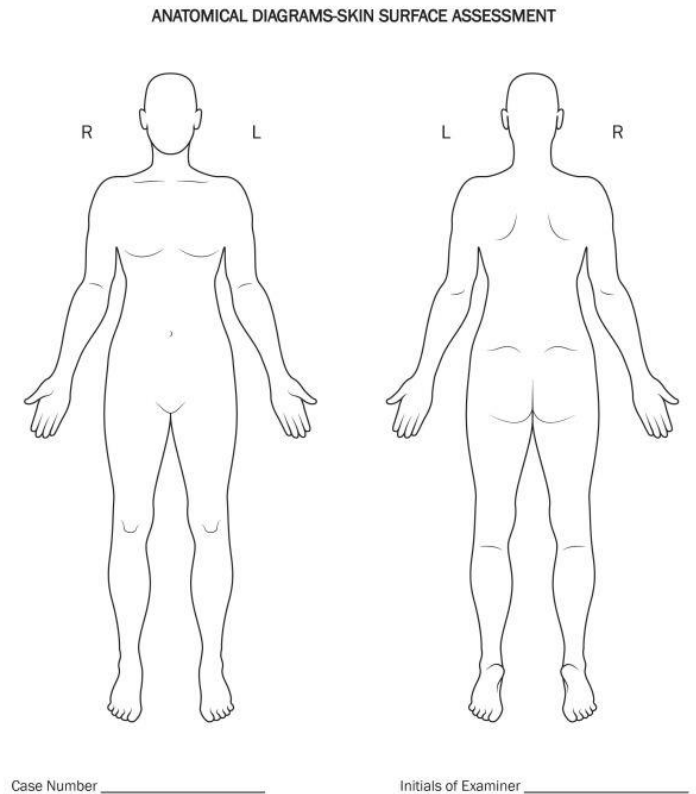
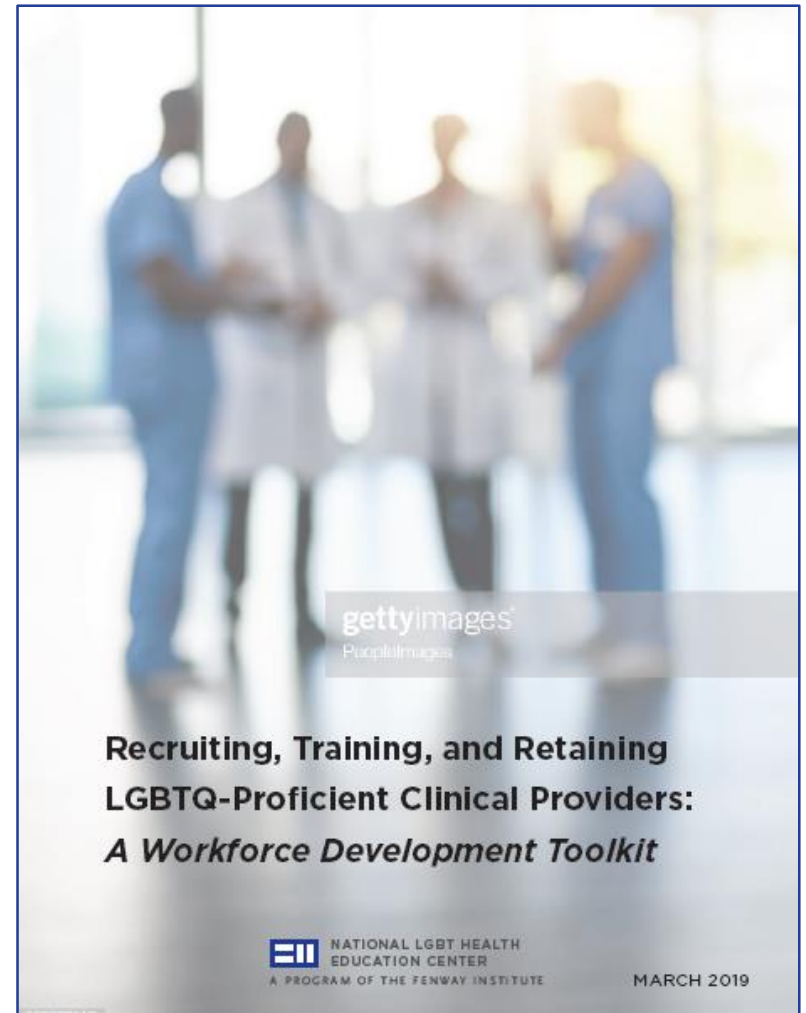


Image by: Katja Tezlaff  
(<https://ktetzlaff.com/tag/transgender/#jp-carousel-456>)

# Workforce Development

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



# Training All Staff To Mitigate Implicit Bias Against LGBTQIA+ People



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

September 2018

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*Psychosomatics* 2020; ■:■-■

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### Perspective

## Strategies to Mitigate Clinician Implicit Bias Against Sexual and Gender Minority Patients

Michal J. McDowell, M.D., M.P.H., Hilary Goldhammer, S.M., Jennifer E. Potter, M.D., Alex S. Keuroghlian, M.D., M.P.H.

**Background:** *Implicit bias is an ingrained, unconscious cultural stereotype that can negatively affect a person's interactions with members of stigmatized groups, including sexual and gender minorities. Clinician implicit biases may negatively impact the quality of patient care.*

**Methods:** *This article uses 4 case scenarios to illustrate how implicit bias among psychiatrists and other clinicians can affect patient-clinician communication and diminish the quality of health care provided to sexual and*

*gender minority people. We offer strategies for clinicians to recognize, challenge, and address implicit bias.*

**Discussion:** *Through continuing education, self-reflection, and practice, psychiatrists and other clinicians can improve communication and foster more affirming care experiences for their sexual and gender minority patients, with the goal of addressing and ultimately eliminating sexual and gender minority health disparities.*

(*Psychosomatics* 2020; ■:■-■)

**Key words:** sexual minority, gender minority, implicit bias, unconscious bias, LGBT, communication.

# Community Engagement and Outreach

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



# 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.



# Questions?

# Thank you!



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

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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