



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

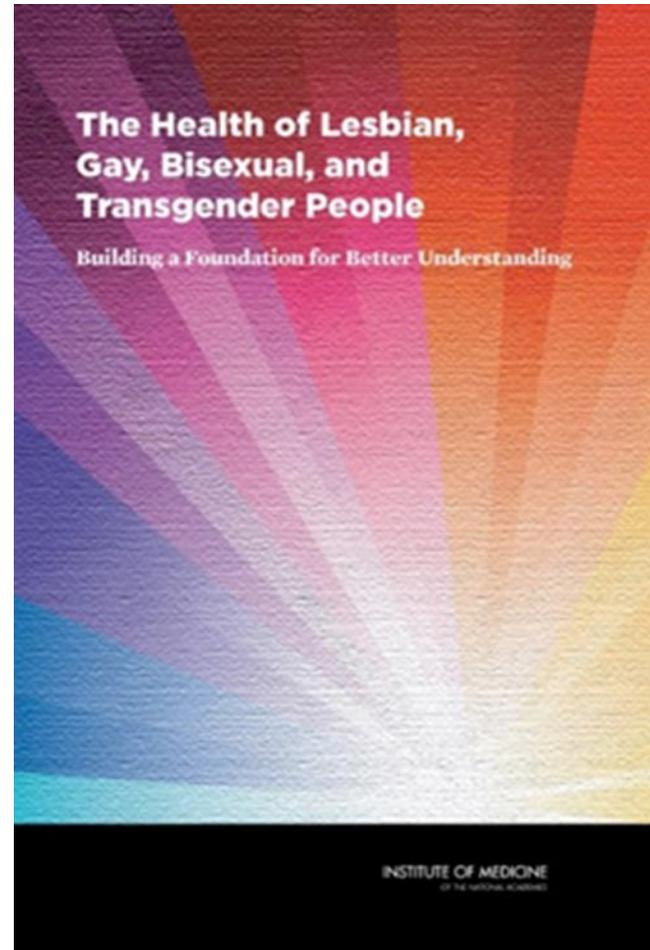
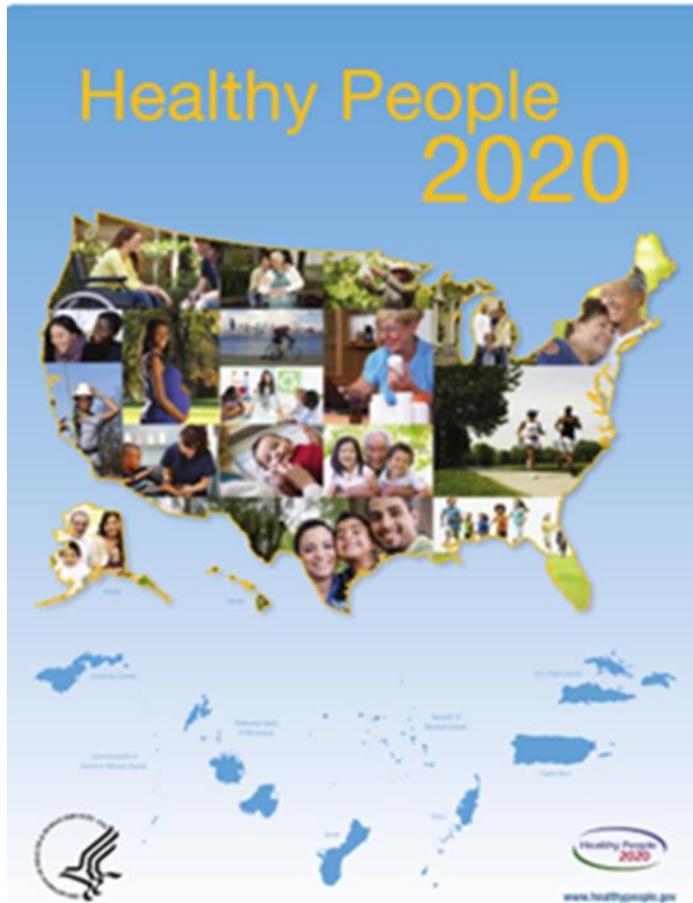


Achieving Health Equity for Lesbian, Gay, Bisexual, and Transgender People

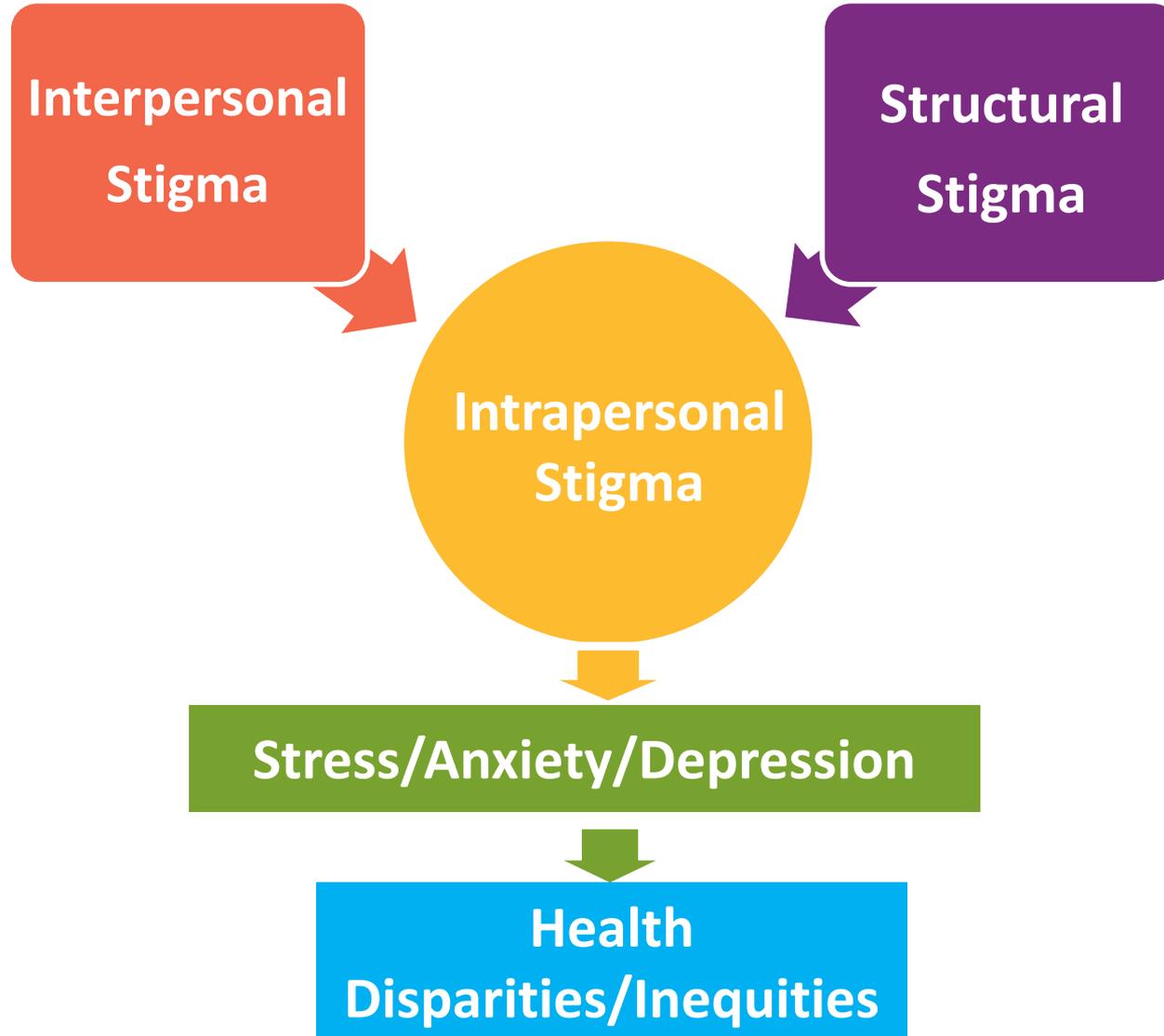
Harvey J Makadon, MD

The National LGBT Health Education Center, The Fenway Institute

Professor of Medicine, Harvard Medical School



Stigma, Discrimination and Health



Interpersonal Stigma



Structural Stigma

- Rather than focusing on the individual, concepts of structural stigma broaden our understanding.
- Structural, or institutional, discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people.
- It also includes major institutions' policies that are not intended to discriminate but whose consequences nevertheless hinder the options of these people.

Intrapersonal Stigma:

- “...And to the degree that the individual maintains a show before others that he himself does not believe, he can come to experience a special kind of alienation from self and a special kind of wariness of others.”

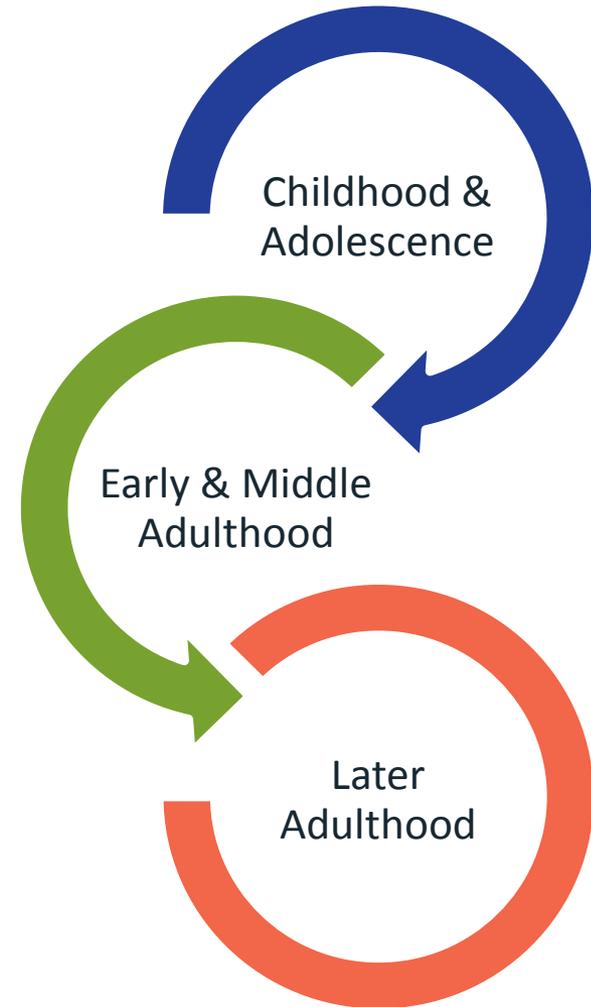


Goffman, *The Presentation of Self in Everyday Life*, 1959 (25)

Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008)
- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 FTM transmasculine people. Reisner et. al. 2015

Health Issues Throughout the Life Course



LGBT Disparities: Healthy People 2020

- LGBT youth
 - 2 to 3 times more likely to attempt suicide.
 - More likely to be homeless (20-40% are LGBT)
 - Risk of HIV, STD's
- MSM are at higher risk of HIV/STDs, especially among communities of color
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Lesbians are less likely to get preventive services for cancer

LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STI's, victimization, mental health issues, and suicide
 - They are also less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services

L,G,B,T Concepts



Sexual Orientation and Gender Identity are Not the Same

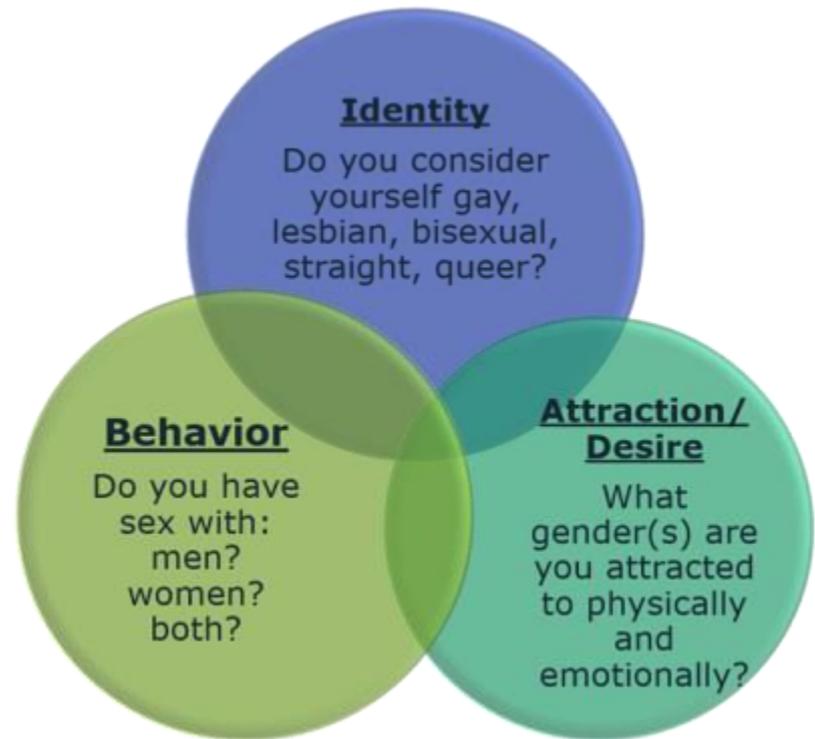
- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity \neq Sexual Orientation



Sexual Orientation

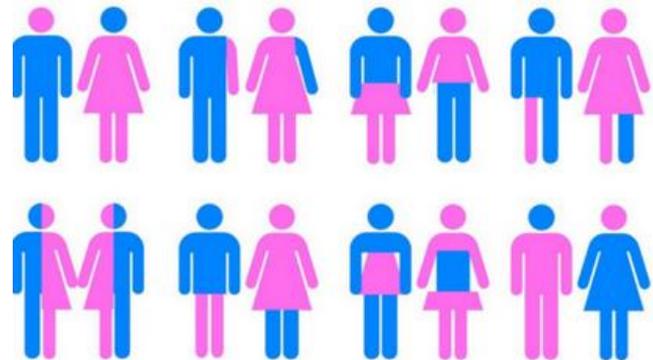
- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior:
 - Men who have sex with men-MSM (MSMW)
 - Women who have sex with women-WSW (WSWM)
- Identity:
 - Straight, gay, lesbian, bisexual, queer--other

Dimensions of Sexual Orientation:



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
 - May be on a spectrum



WHAT PEOPLE
ASSUME GENDER IS



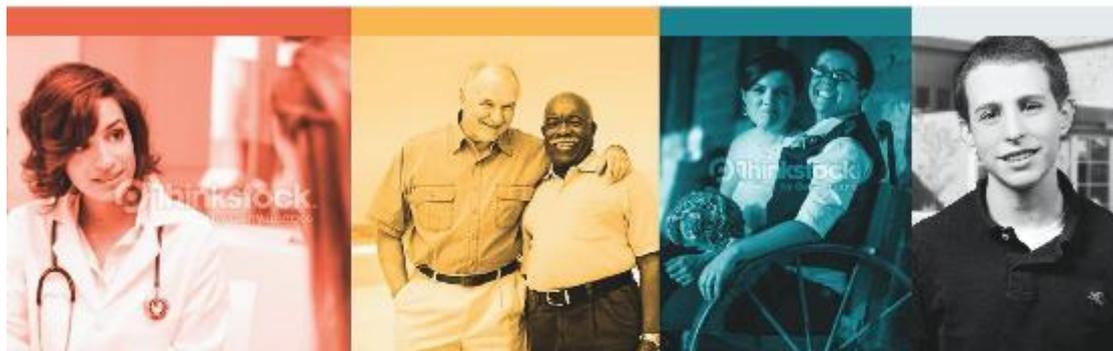
WHAT GENDER
ACTUALLY IS



The T in LGBT: Transgender

- Transgender
 - 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)
 - Trans masculine; Trans feminine
 - Non-binary, genderqueer
 - Gender identity is increasingly described as being on a spectrum





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.

2 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.

3

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.

Communications: The Whole Team



Anticipating and Managing Expectations

- You are almost certainly not the first health care staff person an LGBT individual has met.
- If the patient has experienced insensitivity, a lack of awareness, or discrimination, he or she may be on guard, or ready for more of the same from you.
- Don't be surprised if a mistake, even an honest one, results in an emotional reaction.
- Don't personalize the reaction
- Apologizing when patients have uncomfortable reactions, even if what was said was well intentioned, can help de-fuse a difficult situation and re-establish a constructive dialogue about the need for care.

Avoiding Assumptions

- You cannot assume 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?"
 - *Instead of:* "What are your mother and fathers' names?"
 - *Say:* "What are your parents' names."

Preferred Name and Pronouns

- It is important to use the patient's preferred name and pronouns when talking about a patient.
 - For example, most transgender women want you to say "she" or "her" when talking about them. Trans men generally prefer "he" or "his."
 - Some people may use words or pronouns that are unfamiliar to you. Pronouns such as "zie" or "they" are sometimes used by people who do not want to identify with the gender binary of he/she.



4 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.



5

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

...But LGBT people are largely invisible to health care providers



Learning by Example

Eliminating Disparities: Why It's Essential and How to Get It Done



American Hospital
Association

Hospitals Must Take the Lead in Eliminating Disparities in Care

By Rich Umbdenstock, AHA President and CEO and Kevin E. Lofton, CEO of Catholic Health Initiatives, Past Chair, AHA Board of Trustees and Chairman of the AHA's Special Advisory Group on Improving Hospital Care for Minorities



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HRET Disparities Toolkit

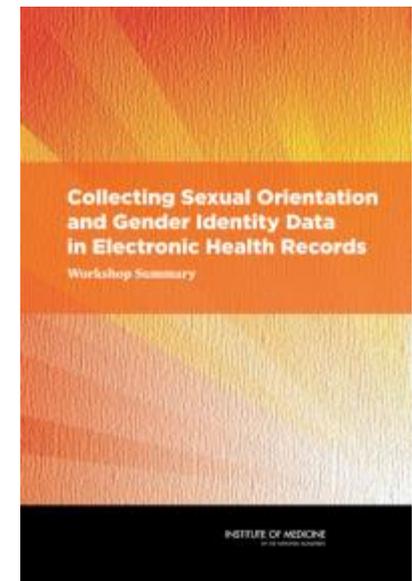
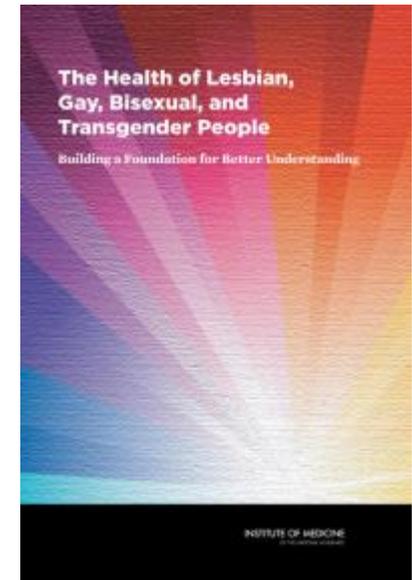
A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients

- “Measures of outcomes have become increasingly important for demonstrating effectiveness of care...”
- “Disparities in health care can be addressed through a quality of care framework if data on race, ethnicity, and primary language are available”
- “According to the report ‘The Right to Equal Treatment’ issued by Physicians for Human Rights, data collection has long been central to the quality assurance process.”
- “It also helps ensure nondiscrimination in access to care.”

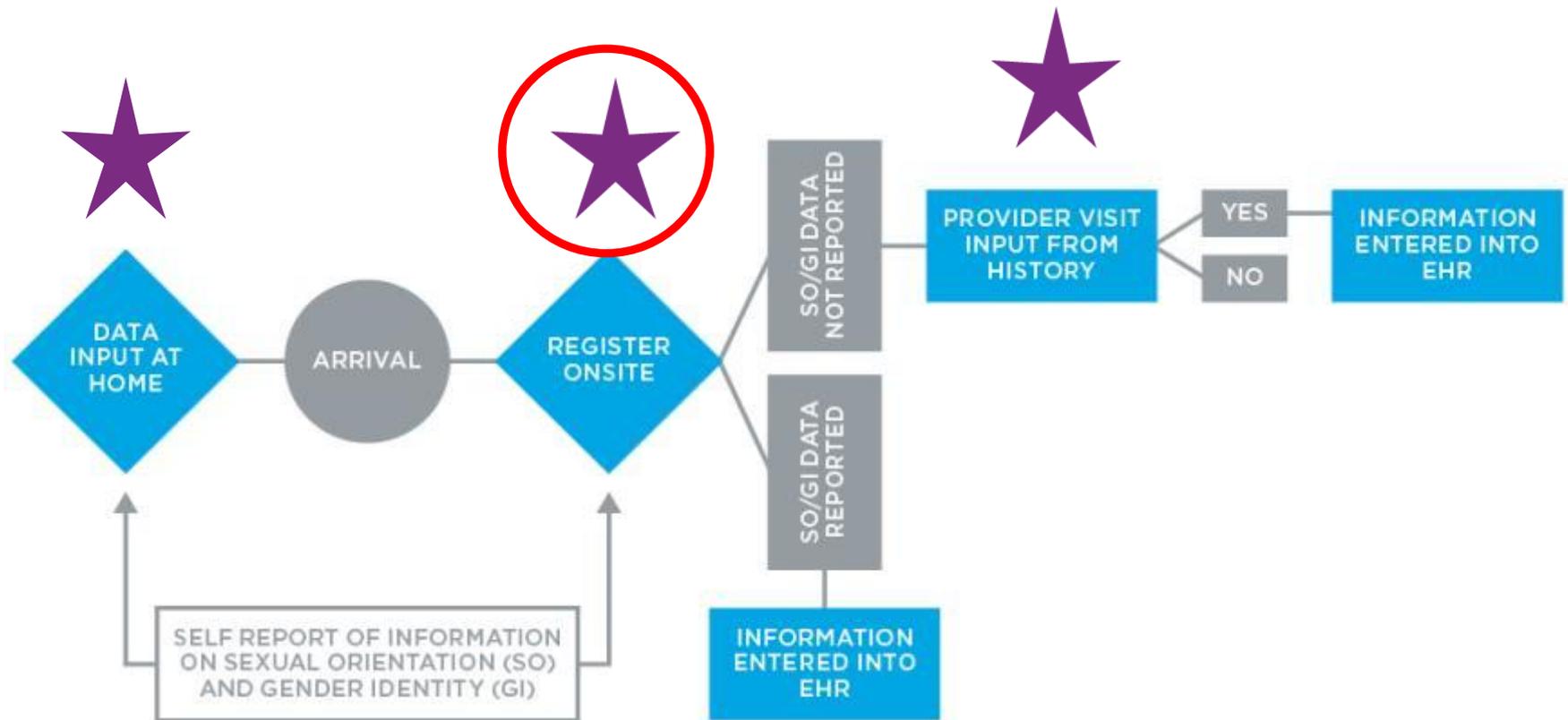
The Health Research and Educational Trust in
Association with the AHA

Institute of Medicine Reports

- *The Health of LGBT People: Building a Foundation for Better Understanding* (2011): “Data on sexual orientation and gender identity should be collected in electronic health records.”
- *Collecting SOGI Data in Electronic Health Records* (2012): “...data collection should start now to better understand the health care issues experienced by LGBT people.”



Gathering LGBT Data During the Process of Care



Collecting Demographic Data on Sexual Orientation (Example)

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

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)?



6 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?



Taking a History of Sexual Health



TAKING ROUTINE HISTORIES OF SEXUAL HEALTH: A System-Wide Approach for Health Centers

New Edition: August 2014

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 NATIONAL ASSOCIATION OF
Community Health Centers

Sexual Risk Assessment^{2, 3}

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:



The following risk assessment questions are organized according to these categories.

PARTNERS

These questions may already have been covered during the first three screening questions (see page 6) of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (if both, ask the next question twice - once for male partners, and once for female partners)
- How many sexual partners have you had in the past year?

Additional questions about partners:

- Have you ever had sex with someone you didn't know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?
- Have you ever experienced physical, sexual, or emotional violence from someone you were involved with?

PRACTICES AND PROTECTION FROM STDs

Some patients respond better to open-ended questions about their sexual practices, and some prefer

² This risk assessment has been adapted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: <http://www.cdc.gov/igbthealth/>

³ STD/HIV Risk Assessment & Risk Reduction: A Quick Reference Guide. March 2008. Mountain Plains AIDS and Education Training Center; Seattle STD/HIV Prevention Training Center.

© TAKING ROUTINE HISTORIES OF SEXUAL HEALTH

<http://www.lgbthealtheducation.org/publications/>

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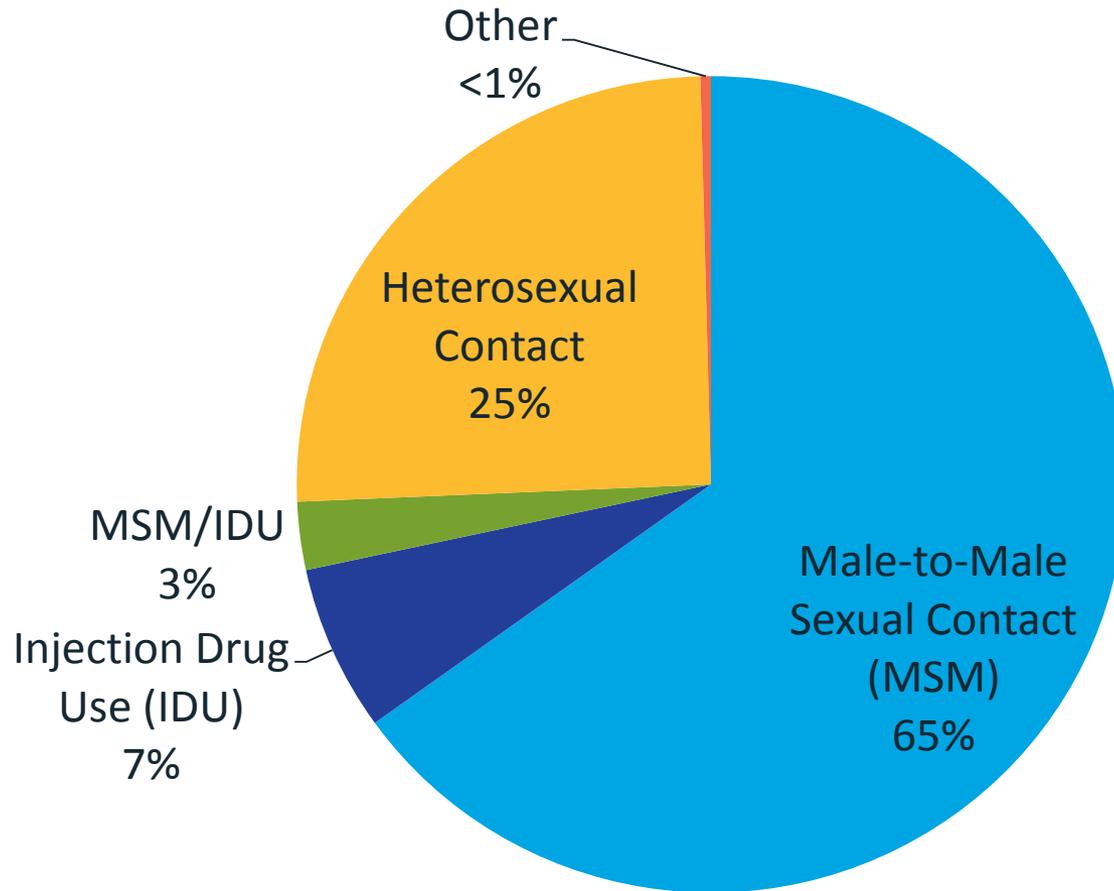
Clinical Care and Services Incorporate LGBT Health Care Needs

- 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.

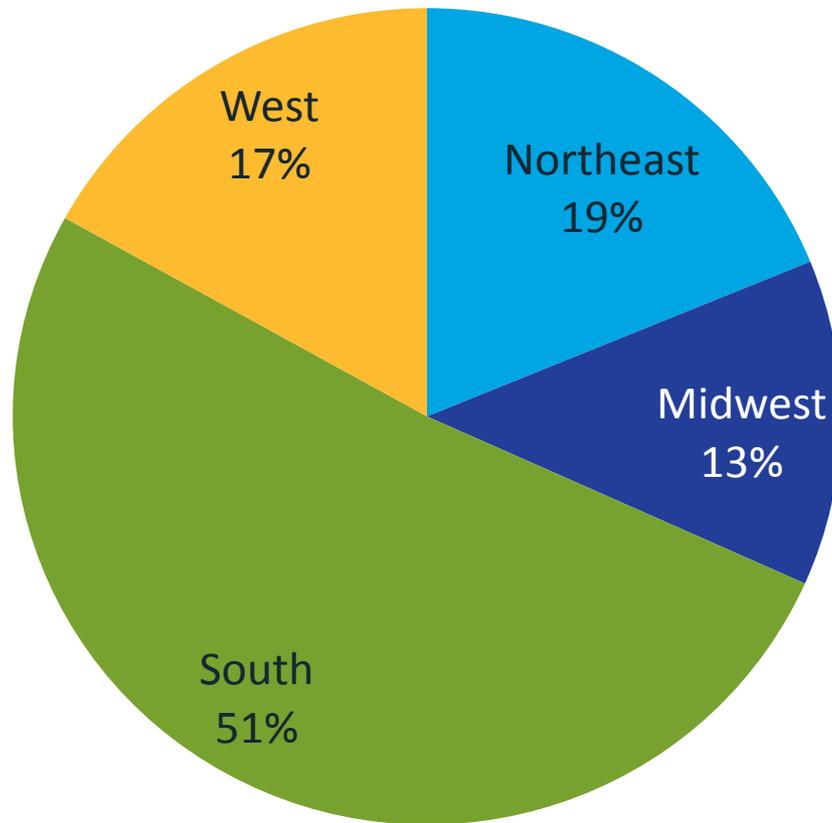
Clinical Practices to Improve HIV Prevention and Care for MSM and Transgender People



HIV Incidence by Transmission Category, United States, 2013



HIV Incidence by Region of Residence, United States, 2013



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 reflect structural barriers to care:
 - Lack of insurance
 - Low frequency of recent HIV testing
 - Delayed treatment of STI's which facilitate HIV transmission



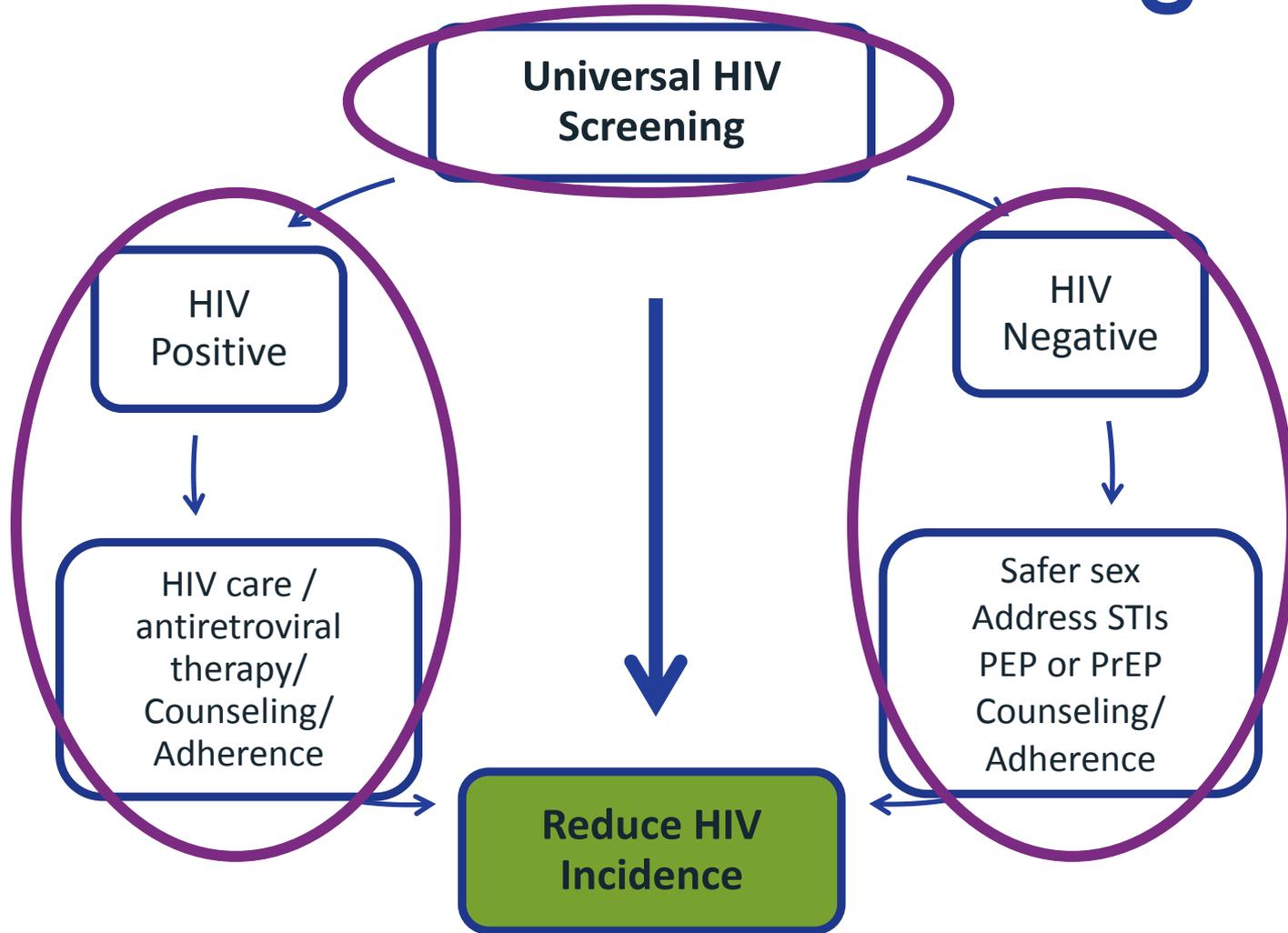
Transgender Women are also at High Risk

- 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



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 a 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



8

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

Do Ask, Do Tell:
Talking to your health care provider about being LGBT

Do Ask, Do Tell

Let your provider know if you are LGBT. Your provider will welcome the conversation. **Start today!**

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Pregunte y dígalo

Deje que su proveedor sepa si usted es LGBT. Su proveedor apreciará la conversación. **¡Comience hoy!**

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9 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.

10

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



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



Do Ask, Do Tell: Talking to your Provider about being LGBT

Do Ask, Do Tell:
Talking to your health care provider about being LGBT

Do Ask, Do Tell

Let your provider know if you are LGBT.
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Start today!

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Pregunte y dígalo

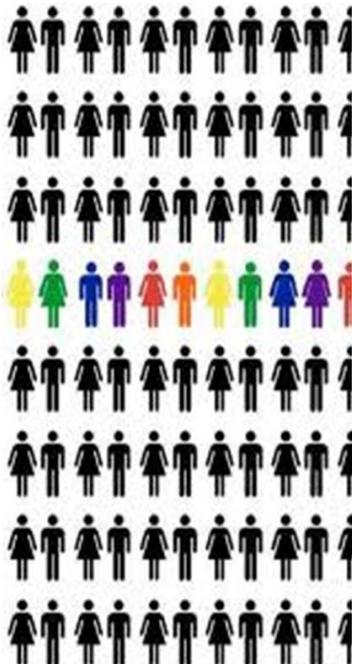
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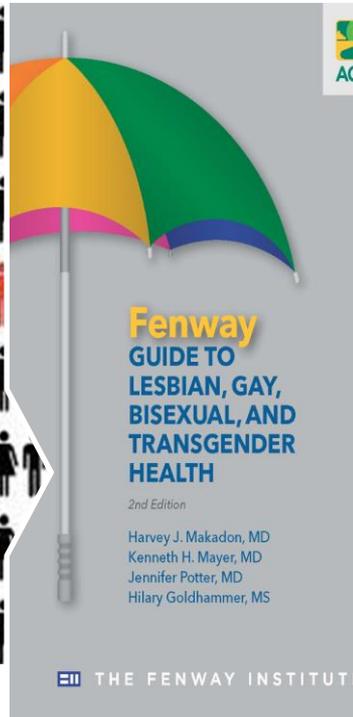
Our Challenge:

Quality Care for All, Including LGBT People

Data Collection



Clinical Education



Consumer Education

Do Ask, Do Tell:
Talking to your health care provider about being LGBT



Patient Centered Care







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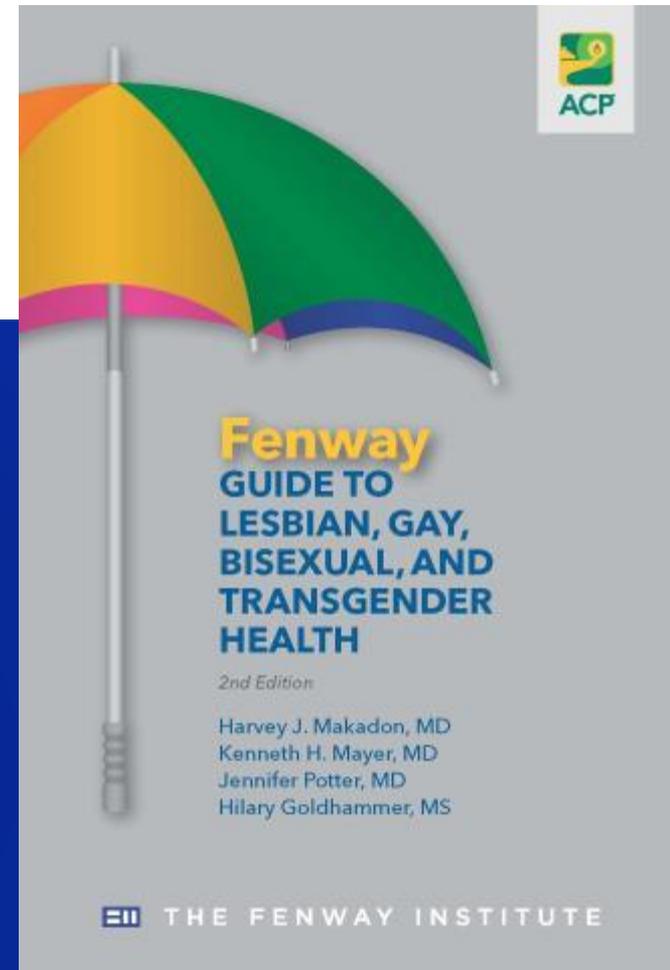
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Ensuring Access and High Quality Care of LGBT Patients

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Rochester

**Mayo Clinic
Health System**

**Phoenix,
Scottsdale**



Jacksonville



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TEN THINGS:

CREATING INCLUSIVE
HEALTHCARE ENVIRONMENTS
FOR LGBT PEOPLE



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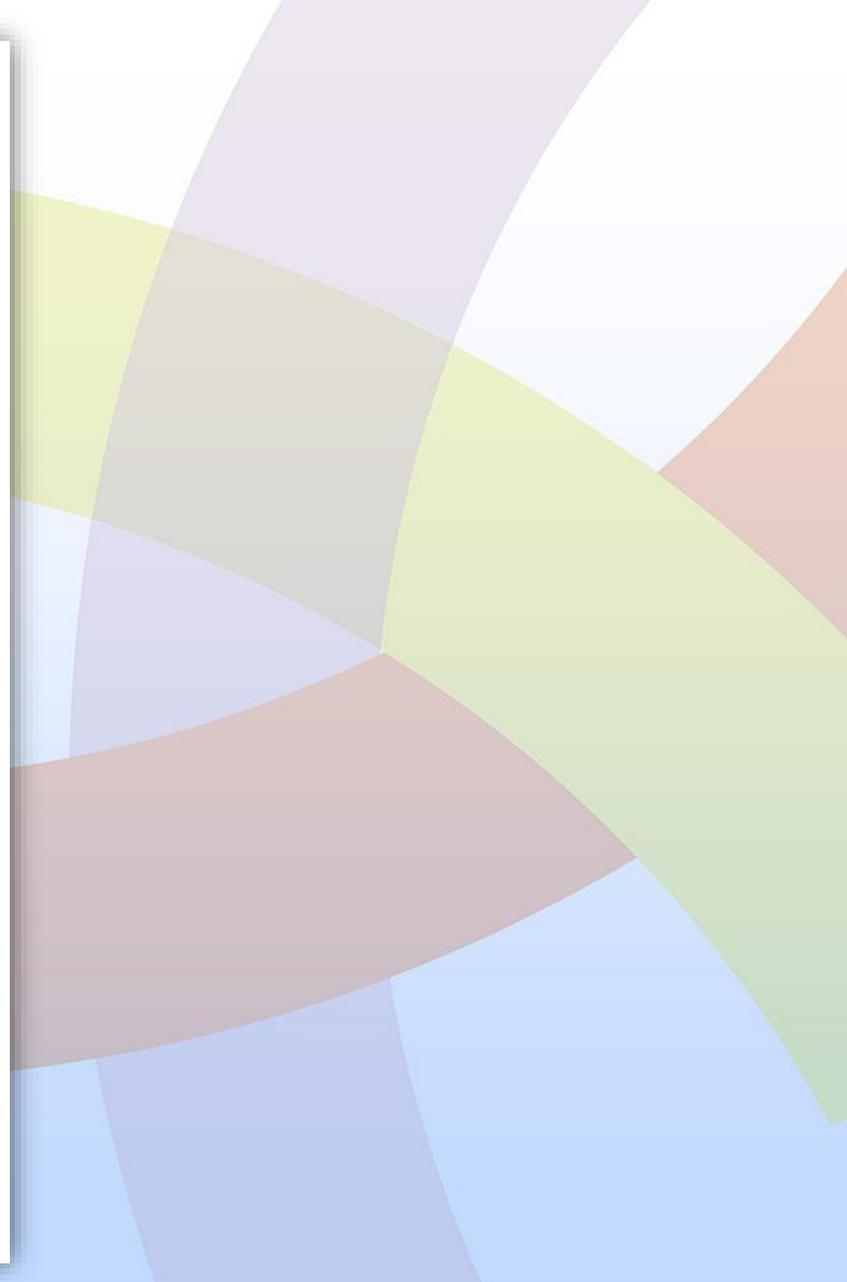
The Board and Senior Management Are Actively Engaged

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DIVERSITY AND INCLUSION AT MAYO CLINIC
2014 ANNUAL REPORT



1 Practice Leadership Engagement

Mayo Employee Resource Group Activism

Our Story



Winds of Change, Organization
LGBTI Mayo Employee Resource Group
March 19, 2015

2 Policies Reflect the Needs of LGBT People

- Policy convergence and alignment
- Today all Mayo Clinic patient and employee non-discrimination policies include “sexual orientation,” “gender identity,” and “gender expression”
- Challenges – visibility and consistent placement across patient and employee online and printed environments

3

All Staff Receive Training on Culturally Affirming Care for LGBT People

- Works in progress
- Grand Rounds, Division conferences, online links to education material on local internal websites
- Challenges:
 - Training is more than education
 - Mandatory education and training – competing priorities
 - Resource allocation – time and money
 - Perfection – the enemy of Good
 - Unconscious bias – mitigating impact

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4

Processes and Forms Reflect the Diversity of LGBT People and their Relationships

5

Data is Collected on the Sexual Orientation and Gender Identity of Patients

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Electronic Health Record

- Your 'frenemy'
- Variable. Meaningful Use 3 requirement.
- New MC EHR initiative
 - Competing priorities and limited resources
 - Voice at a very crowded table
 - Top leadership support
 - Visibility - identify allies, and EHR leaders
 - Lack of Federal standards but a de facto national standard does exist
 - Data governance

Pre-Go Live Education

- How, why, where and when?
- Large audience including patients
- SBARs, online modules, repetition
- Preparation – patient reactions and questions

6

All Patients Receive Routine Sexual Health Histories

“Psst, people in the Midwest don’t like to talk about sex.”

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Mayo Clinic Experience

- Currently, not mandatory requirement
- Variable utilization
- Enlist your clinical champions
- Incorporate into your training
- Grand rounds and other venues for education

7

Clinical Care and Services Incorporate LGBT Health Care Needs

- Routine HIV screening, anal Pap smears, HPV vaccinations for all pre-pubertal children, assessments for depression and high risk behavior
- Transgender and Intersex Specialty Care Clinic
 - Vision – comprehensive care in a supportive setting
 - Committed multidisciplinary team
 - Connections with local primary care practice
 - Developing in-house expertise that supports Transgender health needs across enterprise.
 - Early success

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8

The Physical Environment Welcomes and Includes LGBT People

- Restrooms – policy change; no more gender specified single use restrooms – new construction and retrofitting
- Brochures on coming out to providers
- Awareness of gaps in patient education material that focuses directly on the needs of LGBT patients
- Website images – not there...yet



9

LGBT Staff are Recruited and Retained

- No formal efforts
- Geographic and demographic considerations
- MERG and other informal networks are utilized
- Policies for protection
- Climate assessment
- Transgender related services health benefits

10

Outreach Efforts Engage LGBT People in Your Community

- Local Gay Pride events
- National Coming Out Day
- LGBT Health Awareness Week
- Community volunteering



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Summary

- Recruit your champions and support them
- Know your audience and speak to the issues that matter to them
- Competing priorities require patience with persistence
- Incremental gains

Our Vision

- LGBT clinical competency diffused throughout the clinical environment
- A more welcoming environment
- Better data to improve care and achieve measurably better outcomes





Questions and Discussion

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