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Achieving Health Equity for Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) People

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Continuing Medical Education Disclosure

- Program Faculty: Alex Keuroghlian, MD MPH
- Current Position: Director of Education and Training Programs at The Fenway Institute; Assistant Professor of Psychiatry, Harvard Medical School
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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The Fenway Institute

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health

The Fenway Institute

- Research, Education, Policy



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LGBTQ Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender and queer (LGBTQ) people.

- Training and Technical Assistance
- Grand Rounds
- ECHO Programs
- On Line Learning
 - Webinars and Learning Modules
 - CE, and HEI Credit
- Resources and Publications
- www.lgbthealtheducation.org

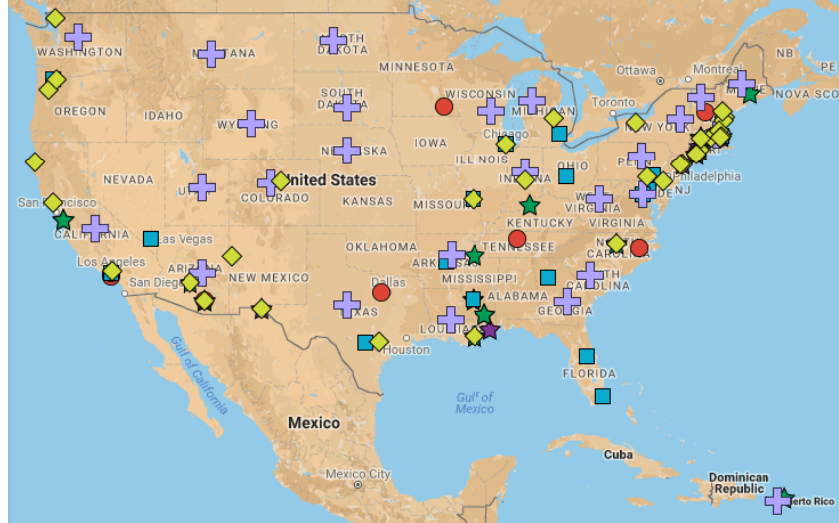


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Where We Work in the U.S.



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Learning Objectives

This module will enable participants to:

1. Define important LGBTQ concepts and terms
2. Understand the relationship between stigma and LGBTQ health disparities
3. Describe best practices in LGBTQ health related to effective communication, data collection, and creating an inclusive environment.

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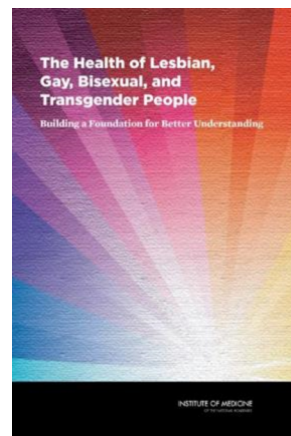
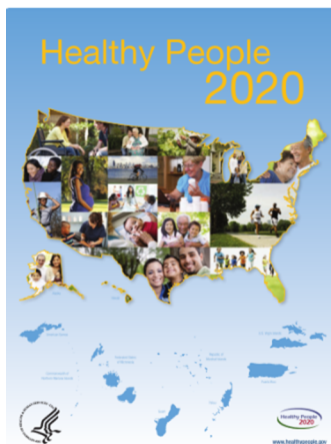
LGBTQ Voices

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Why Programs for LGBTQ People



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L,G,B,T,Q Concepts



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Gender Identity and Sexual Orientation: The Basics

A word cloud featuring various terms related to LGBTQ+ identity and community. The words are arranged in a circular pattern, with 'Transgender' and 'Sexual Orientation' being the most prominent. Other visible words include 'Gender Identity', 'Bisexual', 'Queer', 'Genderqueer', 'Trans Woman', 'Trans Masculine', 'Non-Binary', 'Lesbian', 'Gay', 'Asexual', 'MFM', 'Trans Man', 'Straight', 'Desire', 'Expression', 'Behavior', 'Ally', 'FTM', 'MSM', and 'Trans Feminine'. The words are in various colors and orientations, creating a vibrant and inclusive visual.

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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



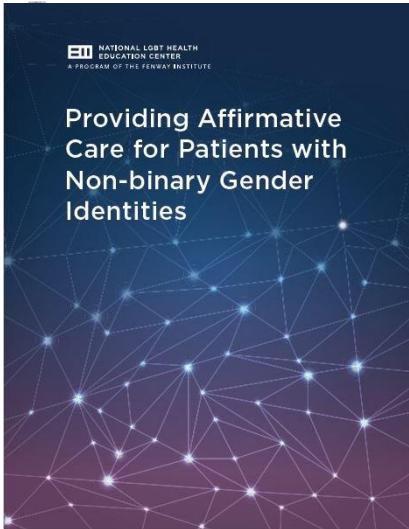
Gender Identity and Gender Expression

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Gender identity <ul style="list-style-type: none"> ▪ A person's inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender ▪ All people have a gender identity | <ul style="list-style-type: none"> ▪ Gender expression <ul style="list-style-type: none"> ▪ How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles ▪ May be on a spectrum |
|---|---|

A complete glossary of terms is available at www.lgbthealtheducation.org/publication/lgbt-glossary/



In a 2013 community-based survey of 452 transgender adults, 40.9% of respondents described themselves as having a “non-binary gender identity.”¹



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The T in LGBTQ: 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)
- Non-binary, genderqueer
 - Genderqueer person
- Transmasculine, Transfeminine
- Gender identity is increasingly described as being on a spectrum



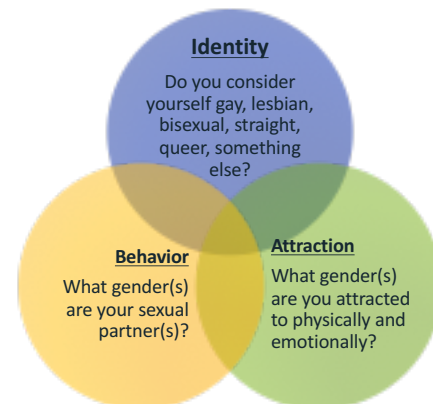
Terminology: Understanding “Transition” or “Affirmation”

- The process of changing from living and being perceived as the gender assigned at birth according to the anatomical sex (M or F) 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 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

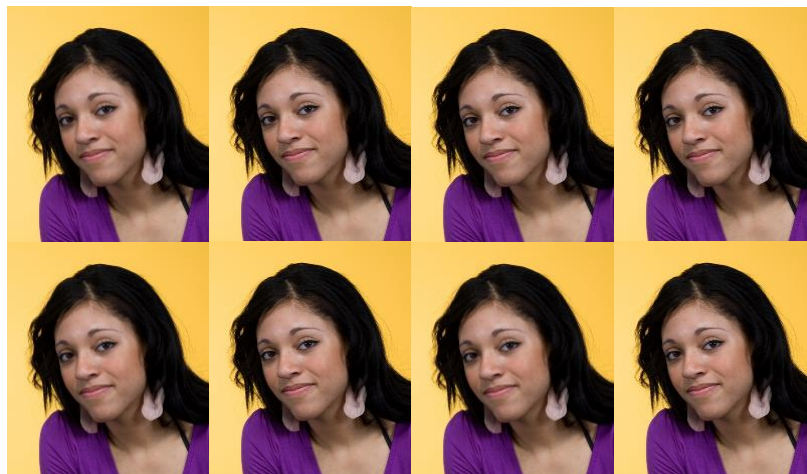
Dimensions of Sexual Orientation:



What Does 'Q' Stand For?

- 'Q' may reflect someone who is 'questioning' their sexual orientation, attraction to men, women, both, or neither.
- '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. The term queer is particularly commonly used among younger people, and also used by people of all ages.

Intersectionality



Intersectionality

Intersectionality is the study of intersections between forms or systems of oppression, domination or discrimination. An example is black feminism, which argues that the experience of being a black woman cannot be understood in terms of being black, and of being a woman, considered independently, but must include the interactions, which frequently reinforce each other.

A Black Gay Man

“A gay man has to deal with homophobia. A black man has to deal with racism. But a black gay man will have to deal with homophobia and racism (often at the same time). It is often the case that he will face racism inside the LGBTQ community and homophobia in the [straight] black community”.²



Gender Minority Stress Framework

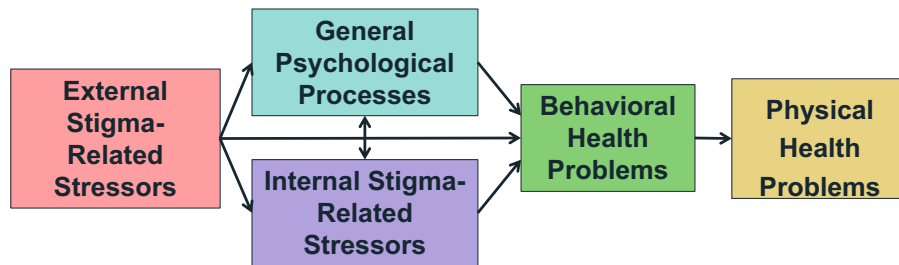


Fig. 1: Adapted from *Introduction to the special issue on structural stigma and health*³

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.



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.”⁴



Anti-Transgender Discrimination and Victimization

- The 2015 U.S. Transgender Survey found that:⁵
 - 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.⁶
 - 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:⁷
 - 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

Anti-Transgender Discrimination and Victimization

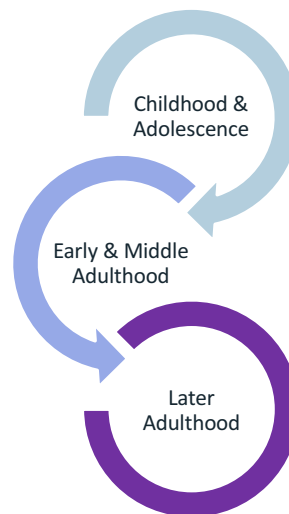
- The 2015 U.S. Transgender Survey found that:
 - In the past year, 30% who had a job reported being:
 - Fired
 - Denied a promotion
 - Experiencing some other mistreatment in the workplace due to their gender identity or expression, such as being verbally harassed or physically or sexually assaulted at work



Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior.⁸
- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 transmasculine people.⁹

Health Issues Throughout the Life Course



LGBTQ Disparities:

- Youth
 - 2 to 3 times more likely to attempt suicide
 - More likely to be homeless (20-40% are LGBTQ)
 - 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%).¹⁰

Health Disparities

- LGBTQ populations have high rates of tobacco, alcohol, and other drug use.
- Lesbian women and bisexual women are less likely to get preventive services for cancer.
- The 2011 National Transgender Discrimination Survey found that:¹¹
 - 26% used drugs/alcohol to cope with discrimination
 - 30% smoked cigarettes daily or occasionally (compared to 20% of US adults)

Health Disparities

- The 2015 U.S. Transgender Survey found that:¹²
 - 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



LGBTQ Disparities: Healthy People 2020

- Older LGBTQ individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services.



Resilience in the LGBTQ Community

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



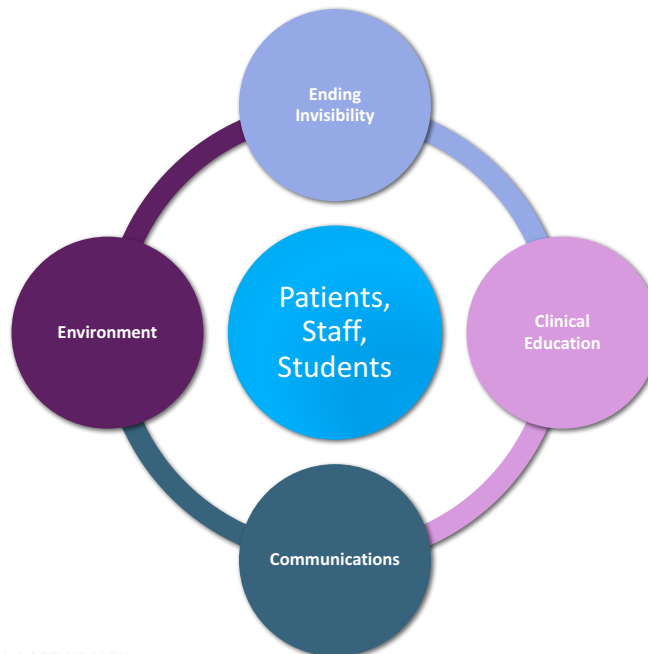
Overcoming Barriers



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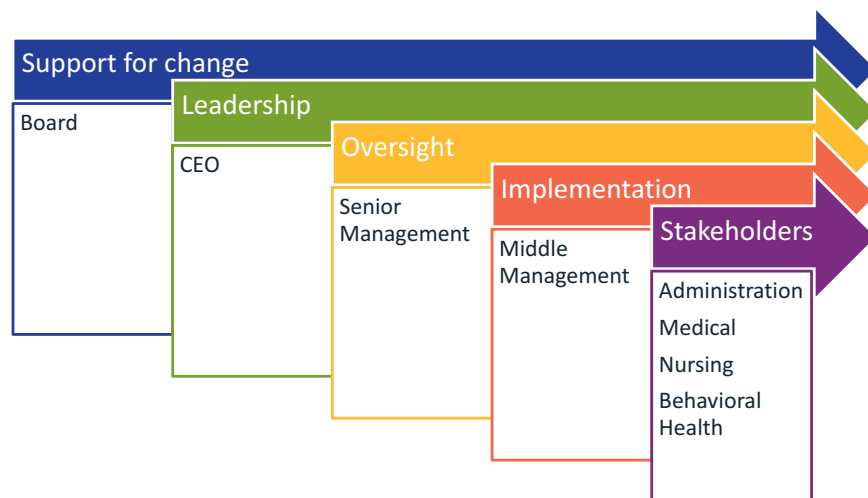
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The Board and Senior Management Are Actively Engaged

- Proactive efforts to build an LGBTQ-inclusive environment are essential to achieve goals.
- Engaged leadership from both the Board and senior management is critical.
- Leadership can set a tone and build LGBTQ 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.

Organizational Chart: Everyone Has a Role to Play



Policies Reflect the Needs of LGBTQ People

- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people come from all walks of life and experience many of the same health problems as non-LGBTQ people.
- This means that every organizational policy and procedure may impact the experience of LGBTQ people.
- To create an LGBTQ-affirming and inclusive environment, it is important to examine organizational policies with issues that have a unique impact on LGBTQ people in mind.

Policies Reflect the Needs of LGBTQ 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/

Policies Reflect the Needs of LGBTQ People

- It is particularly important to pay attention to the ways in which policies define patients' families. 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.



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Policies Reflect the Needs of LGBTQ People

- It is critical to review the language in registration and medical history forms, as well as training front-line staff to use LGBTQ-inclusive language.
- Forms should avoid gender-specific terms such as "husband/wife" or "mother/father," and should reflect the reality of LGBTQ families by asking about "relationships," "partners," and "parent(s)."



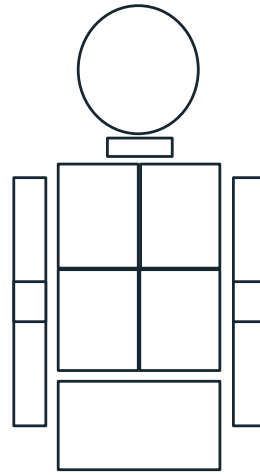
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Policies Reflect the Needs of LGBTQ People

- Forms that use images to document pain or areas of concern should make sure those images are gender-neutral.
- Forms could employ the use of diagrams not having a human outline, such as quadrants.
- Images that have a specific gender may limit patients from identifying certain medical issues.



Population Health: Ending LGBTQ 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: Jake's Story

- Jake is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from an unknown primary cancer.
- Even though he had a breast reduction, he developed cancer in his remaining breast tissue.
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer.



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Quality Care for Transgender People: Louise's Story

- Louise 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.



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Collecting SO/GI Data in EHRs



Preparation for Collecting Data in Clinical Settings

- **Clinicians:** Need to learn about LGBTQ 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 LGBTQ health, communicating with LGBTQ 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

Collecting SO/GI Information



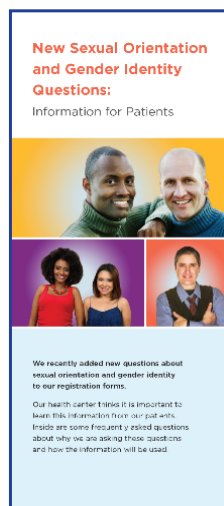
www.lgbthealtheducation.org/topic/sogi/

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Providing Information to Patients



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Gathering LGBTQ Data During the Process of Care

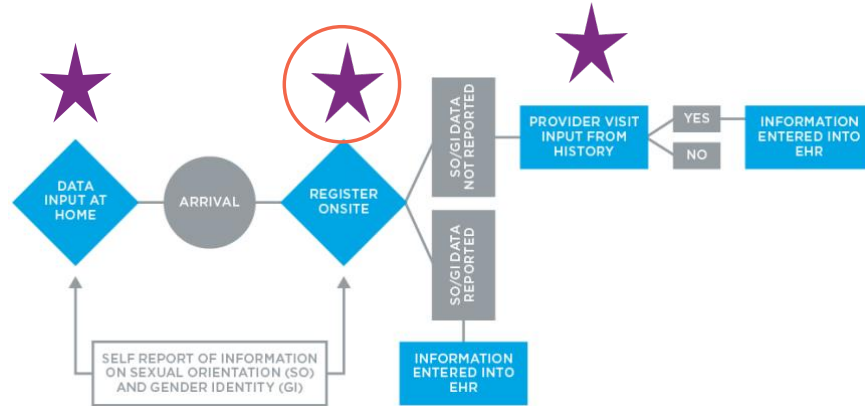


Fig. 2. Diagram from "Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health."¹³

Collecting Demographic Data on Sexual Orientation (Example)

1. Which of the categories best describes your current annual income? Please check the correct category: <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	2. Employment Status: <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 _____	3. Racial Group(s): <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 <input type="checkbox"/> Native/Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	4. Ethnicity: <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina 5. Country of Birth: <input type="checkbox"/> USA <input type="checkbox"/> Other _____
6. Language(s): <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский	7. Do you think of yourself as: <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	8. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____ 8. Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Not a veteran	1. Referral Source: <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 _____

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 are your pronouns (e.g. he/him, she/her, they/them)?



Responding to Concerns about SO/GI Questions

- *Patient:* I don't understand why you are asking these questions? Why do you need to know my assigned sex at birth?
- *Front Desk Staff:* These are new questions, and we have this informational pamphlet for you explaining why we are asking all patients these questions. If you would like to discuss this more, your provider will welcome your questions.
- *Patient:* Thanks, I'll discuss with my nurse practitioner.

Directly Asking SO/GI Questions

- If patients leave SO/GI questions unanswered on registration forms, health care providers should re-ask these questions during the clinical encounter
- Sexual orientation, sexual behavior, gender identity, name and pronouns questions should be asked during the first clinical visit and on an ongoing basis as indicated



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Directly Asking SO/GI Questions

- As part of your history, generally as part of social history or filling in blanks left at registration, you might simply say, “We have begun asking patients about their sexual orientation and gender identity so we can provide affirmative care.”
- Another example might be, “I see you left these questions blank at registration, and I was wondering if you had questions, and whether we might talk about how you think about yourself in this regard?”

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Decision Support

Decision support in the form of alerts and reminders must be built into the EHR system in order to remind providers to conduct indicated preventive screenings

Protocol Results

Protocol "USPS Ages 50-64 Females" :

Female patients with an age of greater than 50 years, and less than 65 years.
Should have the following:

Test Due	Schedule	Last Done	Last Rslt
TD BOOSTER	Every 10 years		
or Tdap			
or ADACELAD			
or BOOSTRIXAD			
BP DIASTOLIC	Every 24 months		
BP SYSTOLIC	Every 24 months		
CHOLESTEROL	Every 5 years		
MAMMOGRAM	Every 24 months		
BREAST PALP	Every 24 months		

Comment: "Height and weight are recommended as part of the periodic health examination. Assessment for problem drinking is recommended. Fecal occult blood test and/or sigmoidoscopy to be done annually."

Protocol "Colonoscopy" :

Patients of either sex with an age of greater than 50 years, and less than 75 years.
Should have the following:

Test Due	Schedule	Last Done	Last Rslt

☐ All
 ☒ Due Only

Close

Resources for Decision Support


- Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People, June 17, 2016, Second Edition¹⁴
- US Preventive Services Task Force¹⁵

Transgender Patients: Organs for Inventory

- It is important for clinicians to maintain an up-to-date anatomical inventory, which will direct any indicated preventive screenings

- ▶ Penis
- ▶ Testes
- ▶ Prostate
- ▶ Breasts
- ▶ Vagina
- ▶ Cervix
- ▶ Uterus
- ▶ Ovaries

Gender Identity	Sex Assigned at Birth	Sexual Orientation	Age	Surgery	Meds Drugs	Alerts
Male	Female	Bisexual	56	Breast Reduction Mammoplasty	Testosterone	
						Sexual Health

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USPSTF A: 56 Year Old Woman


B - Recommended (A)	
Grade	Title
A	Cervical Cancer: Screening -- Women 21 to 65 (Pap Smear) or 30-65 (in combo with HPV testing)
A	Colorectal Cancer: Screening --Adults aged 50 to 75 years
A	HIV: Screening - Adolescents and Adults
A	High Blood Pressure: Screening -- Adults 18 and Over
A	High Blood Pressure: Screening and Home Monitoring -- Adults
A	Syphilis: Screening --Asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection
A	Tobacco Smoking Cessation: Behavioral and Pharmacotherapy Interventions -- Adults who are not pregnant
A	Tobacco Smoking Cessation: Behavioral Interventions -- Pregnant Women

USPSTF B: 56 Year Old Woman

18 - Recommended (B)	
Grade	Title
B	Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care -- Adults
B	Aspirin Use to Prevent CVD and CRC: Preventive Medication --Adults aged 50 to 59 years with a $\geq 10\%$ 10-year CVD risk
B	BRCA-Related Cancer: Risk Assessment, Genetic Counseling, & Genetic Testing -- Women at Increased Risk
B	Breast Cancer: Preventive Medications -- Women At Increased Risk
B	Breast Cancer: Screening with Mammography-- Women aged 50 to 74 years
B	Chlamydia: Screening -- Sexually Active Women
B	Depression: Screening -- General adult population, including pregnant and postpartum women
B	Diabetes Mellitus (Type 2) and Abnormal Blood Glucose: Screening -- Adults aged 40 to 70 years who are overweight or obese
B	Gonorrhea: Screening -- Sexually Active Women
B	Healthful Diet and Physical Activity for CVD Disease Prevention: Counseling -- Adults with CVD Risk Factors
B	Hepatitis B: Screening -- Nonpregnant Adolescents and Adults At High Risk
B	Hepatitis C Virus Infection: Screening--Adults at High Risk and Adults born between 1945 and 1965
B	Latent Tuberculosis Infection: Screening -- Asymptomatic adults at increased risk for infection
B	Lung Cancer: Screening -- Adults Ages 55-80 who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
B	Obesity: Screening for and Management of-- All Adults
B	Osteoporosis: Screening -- Women 65+ and Younger Women at Increased Risk

Gender Identity	Sex Assigned at Birth	Sexual Orientation	Age	Surgery	Medication/ Drug Use	Alerts
Male	Female	Bisexual	56	Bilateral Reduction Mammoplasty. Voice Surgery	Testosterone	
						Sexual Hx


Gender Identity	Sex Assigned at Birth	Sexual Orientation	Age	Surgery	Medication/ Drug Use	Alerts
Male	Female	Bisexual	56	Bilateral Reduction Mammoplasty. Voice Surgery	Testosterone	
						Sexual Hx
						HIV/STI

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Gender Identity	Sex Assigned at Birth	Sexual Orientation	Age	Surgery	Medication/ Drug Use	Alerts
Male	Female	Bisexual	56	Bilateral Reduction Mammoplasty. Voice Surgery	Testosterone	
						Sexual Hx
						HIV/STI
						HPV

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Gender Identity	Sex Assigned at Birth	Sexual Orientation	Age	Surgery	Medication/ Drug Use	Alerts
Male	Female	Bisexual	56	Bilateral Reduction Mammoplasty. Voice Surgery	Testosterone	
						Sexual Hx
						HIV/STI
						HPV
						Testosterone Levels (Ref Std)

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Gender Identity	Sex Assigned at Birth	Sexual Orientation	Age	Surgery	Medication/ Drug Use	Alerts
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Gender Identity	Sex Assigned at Birth	Sexual Orientation	Age	Surgery	Medication/ Drug Use	Alerts
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						Pregnancy Plans
						Breast Screening

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Education About Culturally Appropriate Care



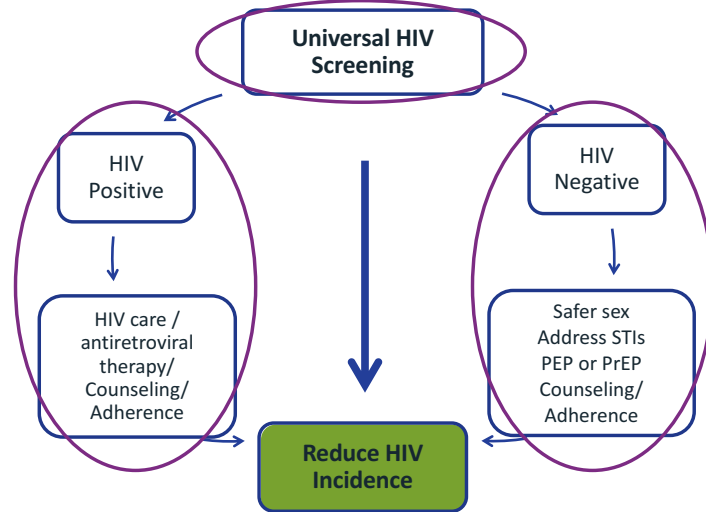
Services Incorporate LGBTQ Health Care Needs

- Overcoming LGBTQ health disparities often requires deliberate programs to lower barriers to care and offer unique services.
- Transgender people often have difficulty accessing care and there are few providers experienced and willing to provide even basic primary care that affirms gender identity.

Services to Improve HIV Prevention and Care for MSM and Transgender Women



Services to Improve HIV Prevention



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Fig. 3: From DHAP Turning the Tide on HIV¹⁶
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Communications: The Whole Team

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**Affirmative Care for
Transgender and Gender
Non-Conforming People:**

**Best Practices for Front-line
Health Care Staff**

Updated Fall 2016

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Anticipating and Managing Expectations

- LGBT 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, 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's and fathers' names?"
 - *Say:* "What is your guardian's name?"

Pronouns

People may use 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.

Case Scenario: Kai

- **Pronouns:** ze/hir/hirs
- Kai is visiting hir therapist.
- At the time of Kai's last visit, Kai used "he/him/his" pronouns.
- While Kai waits in the office, Kai hears hir therapist speaking to a reception outside, saying "Yes, Kai is in the room and I have Kai's chart right here."
- The therapist enters the room and greets Kai.



- **Therapist:** Hello, Kai. How are you doing today?
- **Kai:** I'm good! How are you?
- **Therapist:** I'm doing well. Kai, I wanted to check in before I assumed—what are your pronouns?
- **Kai:** They're ze/hir/hirs.
- **Therapist:** Alright, thank you. I have never used those pronouns before, so I apologize if I make a mistake. Did you say they were pronounced "ze," "hir," and "hirs?"
- **Kai:** That's right.
- **Therapist:** Great. I'd like to write them down, to make a note to other staff. Could you spell those for me?
- **Kai:** Sure. Z-e, h-i-r, and h-i-r-s.
- **Therapist:** Thanks, Kai. And please let me know if I make a mistake when using them.
- **Kai:** No problem. I will.



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 LGBT
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.”*

Video: Hunter

This video demonstrates a positive interaction between a clinician and a patient who is questioning their gender identity. It includes a discussion of non-binary gender identity.

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."*

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



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The Physical Environment Welcomes and Includes LGBTQ People

- What message does your health care organization give to LGBTQ people when they enter? Are there images or brochures specific to LGBTQ people anywhere?
Areas to consider include:
 - Do educational and marketing materials include images of LGBTQ people?
 - Are there relevant educational and reading materials in the waiting areas?
 - Are there all-gender restrooms, or a policy stating you should use the restroom that reflects your gender identity?

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Adding Affirmative Imagery and Content to Education and Marketing Materials

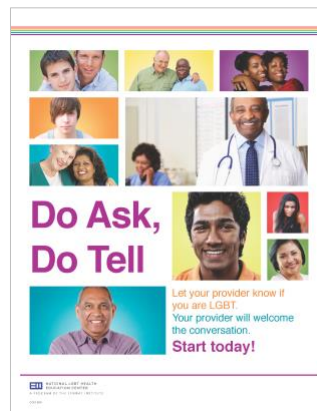


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Do Ask, Do Tell: Talking to Your Provider about Being LGBTQ



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Outreach and Engagement Efforts Include LGBTQ People in Your Community

Engaging with the local LGBTQ community is critical to creating an inclusive and welcoming environment. This can include:

- Co-sponsoring or hosting community events in collaboration with local LGBTQ organizations
- Recognizing LGBTQ awareness “holidays” such as LGBTQ Health Week, National Coming out Day, and Transgender Day of Remembrance

Bringing in the Voice of the Community

- Invite LGBTQ leaders to have a voice in organizational planning and a seat at the table on your health center’s Board or on other patient and community advisory or leadership boards.
- Assess the needs of the LGBTQ community in your local area by holding focus groups, administering surveys at LGBTQ events such as Pride, and talking with key LGBTQ stakeholders and community leaders.

LGBTQ Staff Are Recruited and Retained

- Having openly LGBTQ people on staff can help build a foundation for a respectful, inclusive health care environment.
- Consider benefits that treat LGBTQ staff equitably.
- Does your health policy cover gender affirmation-related expenses for transgender employees?
- Mention LGBTQ non-discrimination policies in your recruitment ads.

Case Scenarios

Case Scenario: Janice and Tonya



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Janice and Tonya

- Two women, Janice and Tonya, arrive with a baby for a six-month check up and immunizations
- A medical assistant introduces herself to Janice and says, “Oh, did you bring your sister? How nice!”
- Tonya and Janice both frown. Tonya says with exasperation, “Actually, I’m her wife and this is our baby.”
 - Why are Tonya and Janice upset?
 - What could the medical assistant have said instead?
 - How could the medical assistant apologize?

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Case Scenario: Ethan



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Ethan

- Gladys, the medical assistant, is asked to prepare a patient for a preventative screening. Gladys glances at the chart and notes that the name on the chart is “Emily Turner.” When Gladys enters the examination room where the patient is waiting, she sees a man leaning against the exam table. He says, “Hi, I’m Ethan.”
 - How can Gladys politely determine if she is in the correct room and if the patient is here for a Pap smear?
 - What is the best to convey transgender patients’ preferred names to all staff involved in their care?

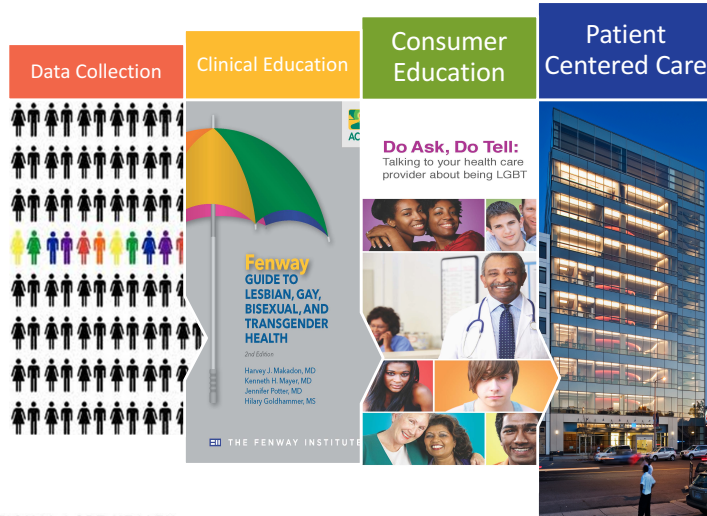
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Our Challenge:

Quality Care for All, Including LGBTQ People



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The National LGBT 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, and transgender (LGBT) people.

The Education Center is a 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 LGBT-focused health centers.


Advice from one health care provider to another.
JANUARY 18, 2017

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TRANSTALKS

TRANSGENDER TRAINING FOR
HEALTHCARE PROVIDERS



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