LGBTQ Inclusiveness in the Primary Care Setting

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What is this about?

- Mainly a conversation on LGBT inclusiveness
Why is it important?

- LGBT individuals face higher rates of:
  - Psychiatric disorders
  - Substance abuse
  - Suicide
  - Homelessness
  - Intimate partner violence
  - Bullying

- Unique health needs but less likely to seek preventative services
- Less likely to have insurance
Particularly for Vermont

- Very little research about LGBT populations and health
- IOM notes many reasons
  - Definition can be challenging
  - Reluctant to answer questions
  - Relatively small population
- Little to no LGBT health data in Vermont
  - Some reports of higher LGBT residents
- Different rates of LGBT populations in rural vs urban/suburban regions
  - (in national surveys)
  - Why is this?
What can we do about it?

- History of bias in medicine and long history of discrimination
  - Labeled as psychiatric diagnosis until 1973
  - ECT and castration in the past
- Most LGBT resources recommend “coming out” to their doctor
  - Even if they are not out to anybody else
- Coming out let’s us supply them with any resources they may need
- A key to fostering “coming out” is creating a welcoming environment
Creating a Welcoming Environment

- Understand basic terminology
- Know techniques to avoid making assumptions in language
- Understanding some LGBT health topics
- Addressing EHR and intake forms
- Waiting room
- Bathrooms
- Know basic resources
- Staff training
Gender Identity
- “person’s basic sense of being a man or boy, a woman or girl, or another gender”
- Queer is rejection of the normal binary
- May not align with sex assigned at birth

Gender expression
- “Manifestation of characteristics in one’s personality, appearance, and behavior that are culturally defined as masculine or feminine”

Gender role conformity
- How well someone's gender expression matches cultural norms for their assigned sex
Terminology continued

- Gender dysphoria
  - “Discomfort with one’s sex assigned at birth”\(^7\)
- Transgender
  - Cross culturally defined categories of gender\(^7\)
- Transsexual
  - Desire to live in full cross gender role\(^7\)
- Cross-dresser/transvestite
  - Adopt presentation of other gender for emotional or sexual gratification\(^7\)
- Transgenderist
  - Live full time in cross-gender role, may take hormones but don’t do surgery\(^7\)
- Bigender
  - Identify as man and woman\(^7\)
- Drag queens/kings
  - Appear part time in cross-gender role\(^7\)
- Sexual orientation: attraction, behavior, identity
  - Enduring pattern of to experience sexual/romantic desires for one’s same sex, other sex, or both sexes.\(^7\)
Techniques to avoid Assumptions

- Don’t assume gender, sexual orientation, etc.
- Ask open ended questions
  - Instead of “Are you married?” ask “Do you have a partner?”
- Mirror terms and pronouns patients use
  - Ask “What do you like to be called?”
  - If transgender, ask which pronoun they prefer
- Reassuring response if patient “comes out”
- Be wary if discouraging/encouraging pace at which patient comes out
- If you get corrected on naming/pronoun, simply apologize and continue
LGBT Health Topics

- High HIV rates
  - Routine yearly testing in MSM
  - Non-occupational post-exposure prophylaxis

- Transgender protocols

- Low rates of routine screening
  - Particularly mammograms and pap smears

Figure 4. Recommended Annual¹ Sexual Health Screening for MSM (CDC)

<table>
<thead>
<tr>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV serology</td>
</tr>
<tr>
<td>Syphilis serology</td>
</tr>
<tr>
<td>Urine NAAT* for <em>N. gonorrhoeae</em> and <em>C. trachomatis</em> for those who had insertive intercourse in the past year</td>
</tr>
<tr>
<td>Rectal NAAT for <em>N. gonorrhoeae</em> and <em>C. trachomatis</em> for those who had receptive anal intercourse in the past year</td>
</tr>
<tr>
<td>Pharyngeal NAAT for <em>N. gonorrhoeae</em> for those with a history of receptive oral intercourse in the past year**</td>
</tr>
</tbody>
</table>

¹Annual: consistent with male-to-female hormone replacement therapy (HRT) and cross-sexual orientation of identity and behavior. **Non-consistent with female-to-male HRT.
EHR and Intake Forms

Figure 3. Recommended Data To Be Obtained Regarding Gender Identity: Adapted from: Primary Care Protocol for Transgender Patient Care, April 2011. Center of Excellence for Transgender Health, University of California, San Francisco, Department of Family and Community Medicine

1. What is your current gender identity? (Check an/or circle ALL that apply)
   - Male
   - Female
   - Transgender Male/Trans Man/FTM
   - Transgender Female/Trans Woman/MTF
   - Genderqueer
   - Additional category (please specify):
     ______
   - Decline to answer

2. What sex were you assigned at birth? (Check one)
   - Male
   - Female
   - Decline to answer

3. What pronouns do you prefer (e.g., he/him, she/her)? ________

7. Do you think of yourself as:
   - Lesbian, gay, or homosexual
   - Straight or heterosexual
   - Bisexual
   - Something Else
   - Don’t know

Gender Identity: [ ] Female [ ] Male
[ ] Transgender Male/FTM [ ] Transgender Female/MTF
[ ] Other [ ] Choose not to disclose

Sexual Orientation: [ ] Bisexual [ ] Lesbian or gay
[ ] Straight (not lesbian or gay) [ ] Something else
[ ] Don’t know [ ] Choose not to disclose

Preferred Name: Nancy

Legal Sex (please check one)* [X] Female [ ] Male

*Most insurance companies require that we bill under the legal name and sex shown on legal documents.
Waiting Room

- Add art to waiting room

THIS SPACE

is a SAFE ZONE
Resources for Patients/Providers

- Pride Center of Vermont [https://www.pridecentervt.org/](https://www.pridecentervt.org/)
- CDC [https://www.cdc.gov/lgbthealth/](https://www.cdc.gov/lgbthealth/)
- Center of Excellence for Transgender Health [http://transhealth.ucsf.edu/trans?page=home-00-00](http://transhealth.ucsf.edu/trans?page=home-00-00)
- LGBTQ youth group with Elisa Lucozzi at Catamount Arts
Works Cited