



# LGBTQ+ Health:

*Creating a Welcoming Environment in  
the Primary Care Office*

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# Objectives

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1. Illustrate discrimination and poor health outcomes in the LGBTQ+ population
2. Discuss importance of culturally competent care
3. Discuss importance of identifying language
4. Discuss concepts of gender identity, gender expression, biological sex, sexual attraction, and romantic attraction
5. Discuss strategies for creating a welcoming environment for LGBTQ+ patients

*“Studies show that lesbian, gay, bisexual, transgender and (LGBT) populations, in addition to having the same basic health needs as the general population, experience health disparities and barriers related to sexual orientation and/or gender identity or expression. Many avoid or delay care or receive inappropriate or inferior care because of perceived or real homophobia, biphobia, transphobia, and discrimination by health care providers and institutions.”*

-GLMA Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients<sup>1</sup>



# LGBTQ+ Health Disparities



LGBTQ+ patients are at increased risk for discrimination and poor health outcomes

Healthy People 2020<sup>2</sup>:

- LGBT youth are more likely to be homeless and/or attempt suicide
- Lesbians are less likely to get preventive services for cancer
- Gay men are at higher risk of HIV and other STDs, especially among communities of color
- Lesbians and bisexual women are more likely to be overweight or obese
- LGBT populations have the highest rates of tobacco, alcohol, other drug use

More from Healthy People 2020:

- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers

2010 National Transgender Discrimination Survey:

- Trans\* individuals are at a higher risk of depression and anxiety, sexually transmitted infections, partner violence, harassment, youth homelessness, and substance abuse. Many of these risks are strongly associated with social and structural inequalities including stigma and discrimination.
- 41% of trans\* people reported having attempted suicide, vs 1.6% of the general population

# LGBTQ+ Health Disparities, cont.



When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV, 2010<sup>3</sup>:

- More than half of all respondents reported that they experienced discrimination in health care
  - 56% of LGB respondents
    - 8% outright denied care
  - 70% of transgender and gender-nonconforming respondents
    - 27% outright denied care
  - 63% of respondents living with HIV
    - 19% outright denied care

Types of discrimination reported in the Lambda Legal study:

- Being refused needed care
- Health care professionals refusing to touch them or using excessive precautions
- Health care professionals using harsh or abusive language
- Being blamed for their health status
- Health care professionals being physically rough or abusive

# Community Perspective



“When we bring our youth to the walk-in clinic, it can be traumatizing. Many of them have had **negative experiences in hospitals**...Sometimes providers are uneducated about being trauma-informed and sensitive.”

-Tara Chase, *Windsor County Youth Services*

The doctor startled me by lifting up my shirt to check for scoliosis **without telling me or giving any warning**. It made me really uncomfortable. I generally like knowing what the doctor is about to do.”

-Local LGBT young adult

The discrimination doesn't just happen “other places”, it's here in Vermont too.

Windsor County Youth Services, <http://wcysvt.org/>

- Provide shelter for days to months, serving youth ages 13-22
- Approximately 10-15% of the youth are somewhere on the LGBTQ+ spectrum, many get abandoned or kicked out of their homes for this reason
- Youth get taken to walk-in clinics for medical care
  - Youth are from all over Vermont, takes time to set them up with Springfield health care, and the youth only stay in the program a short time
  - For these reasons they struggle with getting consistent medication, especially psychiatric medications due to a lack of adolescent psychiatrists in the area

Keeping in mind that many LGBTQ+ people have had negative experiences with health care, it is important to communicate clearly what you are going to do and why. Contextualizing your questions and exams will help your patients understand your intentions.

## Community Perspective, cont.

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**“As a professional I have never encountered or been offered LGBTQ friendly documents or trainings...** I am saddened to say I have worked with people who are so uncomfortable and uneducated that when talking about transgender clients they referred to them as **‘she-he’ ‘he-she’ or ‘it.’**”

*-Local health care professional*

“When a nurse comes out and calls you by your birth name, yet your appearance is more in-line with your preferred name, it makes people take a second look. This makes for a very **uncomfortable situation** that could have easily been avoided...

...Outright Vermont is a great organization with a lot of information and support groups, however they are located in Northern Vermont. **There is very little support in Southern Vermont.**”

*-Parent of local LGBT patient*

# Why create a welcoming environment?

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Many LGBTQ+ patients have had bad past experiences with the health care system. Give them time (and reasons!) to trust you.

Take-away slide. If you remember nothing else, remember this.

# Culturally Competent Care

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The ability to interact effectively with people of different cultural backgrounds<sup>4</sup>:

- Increases mutual respect and understanding between patient and care providers
- Increases preventive care
- Reduces care disparities
- Increases cost savings from a reduction in medical errors, number of treatments and legal costs, and number of missed medical visits

Culturally competent care

- Increases trust
- Promotes inclusion of all community members, increases community participation and involvement in health issues
- Creates better health outcomes

# Culturally Competent Care for the LGBTQ+ population

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- Being respectful
- Understanding health disparities
- Understanding population-specific health needs
- Having some familiarity with language related to gender and sexuality

# Identifying Language

**L** - lesbian

**G** - gay

**B** - bisexual

**T** - transgender

**Q** - queer

**+** - intersex, asexual,  
pansexual, + more!

\*Terms from the National LGBT Health Education Center Glossary of LGBT Terms for Health Care Teams

Agender - Ally - Aromantic - Asexual - Assigned at birth - Bigender - Binding - Biphobia - Bisexual - Bottom surgery - Cisgender - Coming out - Cross-sex hormone therapy - Disorders of sex development - Drag - Gay - Gender affirming surgery - Gender binary - Gender dysphoria - Gender expression - Gender fluid - Gender identity - Gender non-conforming - Gender role - Genderqueer - Heteronormativity - Heterosexual - Homophobia - Intersectionality - Intersex - Lesbian - Men who have sex with men/Women who have sex with women - Minority stress - Outing - Pangender - Pansexual - Polyamorous - QPOC - Queer - Questioning - Same gender loving - Same-sex attraction - Sexual orientation - Social stigma - Structural stigma - Top surgery - Trans man/transgender man/female-to-male - Trans woman/transgender woman/male-to-female - Transfeminine - Transgender - Transition - Transmasculine - Transphobia - Transsexual - Tucking - Two-Spirit

One important component of culturally competent care for the LGBTQ+ population is *language*.

There are many words used in describing identities and experiences related to being on the LGBTQ+ spectrum. It can seem overwhelming to people unfamiliar with the terms. Don't get discouraged if you are not an expert after the first, second, or even fifth time you're encountering them. For most of us, there is always more to learn. Language is always evolving. No one is expecting you to be perfect, just expecting you to try.

Identifying language can be useful for people to communicate about the identities they hold, BUT it's important to remember a few things:

- Identifying language does not always tell you about behaviors. For example, some men who have sex with men (MSM) will identify as straight.
- People are the experts on the language they use for themselves. Use the language that they use.

To learn more about specific terms:

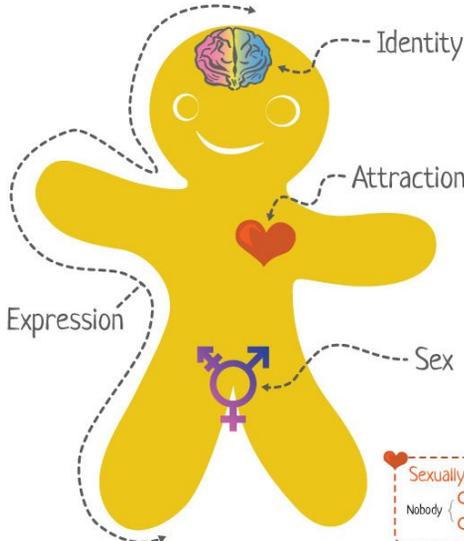
- National LGBT Health Education Center Glossary of LGBT Terms for

- Health Care Teams,  
[http://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary\\_March2016.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf)
- It's Pronounced Metrosexual, Comprehensive\* List of LGBTQ Term Definitions,  
<http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/>

# The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



**Gender Identity**

Plot a point, on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (or infinite) possible plot and label combos

How you, in your head, define your gender; based on how much you align (or don't align) with what you understand to be the options for gender.

Woman-ness / Man-ness

Genderqueer

**Gender Expression**

The ways you present gender; through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Feminine / Masculine

Gender neutral

**Biological Sex**

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Female-ness / Male-ness

Transsexual

Trans Female

**Sexually Attracted to**

Nobody (Women/Females/Femininity) / (Men/Males/Masculinity)

**Romantically Attracted to**

Nobody (Women/Females/Femininity) / (Men/Males/Masculinity)

For a bigger bite, read more at <http://bit.ly/genderbread>

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a larger pdf copy: The Genderbread Person, <http://itspronouncedmetrosexual.com/wp-content/uploads/2015/03/Genderbread-Person-3.3-HI-RES.pdf>

The Genderbread Person is a handy graphic which illustrates some important concepts in gender, namely that each of these identities is separate from each other. Although we generally group LGBT together, LGB all refer to sexualities whereas T refers to gender. It's important to remember that these are different identities that do not have any bearing on each other.

The other helpful thing which this illustrates is the spectrum that all of these things are on. We are used to thinking about these things as man OR woman, male OR female, masculine OR feminine. What this is illustrating with the sliding scales on the right is that things are not so black and white.

- For example, a person may have XY chromosomes and a vagina. Or XX chromosomes and facial hair. Or be gender fluid and express themselves more masculinely some days and more femininely other days. Or be romantically attracted to men/masculinity but not be sexually attracted to anyone. Or all of the above. Or none of the above. The point of this is just to say that there really are infinite ways that people can be and love and express, and that's pretty neat.

# Creating a Welcoming Environment

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Concrete suggestions for making clinical environments  
friendly to LGBTQ+ individuals

Now that you know about the health disparities, the importance of culturally competent care, and some gender and sexuality concepts and language, let's move on to what we can do to create a welcoming environment.

# Creating a Welcoming Environment



For new patients:

- Listing yourself on provider directories such as GLMA or Pride Center of VT
- Forms and paperwork:
  - Legal and preferred name
  - Pronouns
  - Gender
  - “Relationship status” instead of “marital status”

• What is your current gender identity? (check ALL that apply)

- Male
- Female
- Transgender Male/Trans Man/FTM
- Transgender Female/Trans Woman/FTM
- Gender Queer
- Additional Category (please specify) \_\_\_\_\_

• What is your preferred name and what pronouns do you prefer (e.g. he/him, she/her)? \_\_\_\_\_

Are your current sexual partners men, women, or both?

In the past, have your sexual partners been men, women, or both?

• What sex were you assigned at birth? (One)

- Male
- Female
- Decline to Answer

#### Sexual Orientation Identity

- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Queer
- Other (state “please feel free to explain” & leave space for patient to fill in) \_\_\_\_\_
- Not Sure
- Don't Know

Current relationship status (An alternative is to leave a blank line next to current relationship status)

- Single
- Married
- Domestic Partnership/Civil Union
- Partnered
- Involved with multiple partners
- Separated from spouse/partner
- Divorced/permanently separated from spouse/partner
- Other (leave space for patient to fill in) \_\_\_\_\_

- Provider directories are incredibly useful for LGBTQ+ patients looking for knowledgeable and empathetic care, and important for their comfort. Many people ask friends and go online to search for LGBTQ+ friendly providers.
- Gender and pronouns: not just M or F, or she/her and he/him. Add more options or even just leave a blank space for people to fill in. Remember the Genderbread Person and our discussion of language.
- These inclusive form changes benefit not only LGBTQ+ patients, but also others who prefer different names from their legal names or are not married but in a relationship.

# Creating a Welcoming Environment



## In the waiting room:

- Posting LGBTQ+ friendly symbols or signs in the waiting room (e.g. rainbow flag)
- Post a non-discrimination policy
- Unisex bathrooms, or bathroom signs that say “All Genders Welcome”
- Having a system to communicate to office staff how patients prefer to be addressed (e.g. preferred name or title)
  - Preferred name next to legal name in electronic health record
  - Be conscious of “outing” patients to others in the waiting room, or to other staff

- If you have pamphlets in waiting room, some should be on LGBTQ+ health concerns (breast cancer, safe sex, hormone therapy, mental health, substance use, STDs, etc.)
  - For some pamphlet suggestions, see resources at the end of the presentation.

# Patient-Provider Interactions



- Respect!
- Explain confidentiality
- Contextualize your questions
  - E.g. I'm asking this because it's important for me to know which body parts you have for cancer screening purposes. (Prostate, cervix, etc.)
- Gender neutral words, avoid assumptions
- Ask sexual history: 5 P's plus
  - Partners
  - Practices
  - Prevention of STIs
  - Past history of STIs
  - Pregnancy
  - Intimate partner violence (IPV)

- Respect
- The discussion is confidential and you need complete and accurate information to be able to provide appropriate care
  - Patients may also worry about being "outed" to their family or community--make sure you ask who they are out to
  - Context is important as they may have been subjected to intrusive and harassing questions in the past
- Avoid assumptions:
  - Do not use labels, use the language the patient uses for themselves
  - Do not assume sexuality, sexual practices
    - Important to get complete information for safer sex practices
    - If a woman says she has a female partner, do not assume that she has never had sex with a male partner, has no children, or has never been pregnant
  - ANYONE can be the victim of intimate partner violence, same-sex couples included
    - LGBTQ+ people are often targets of harassment and

- violence outside of intimate relationships as well

## Patient-Provider Interactions, cont.

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- Population specific health needs (see resources at the end)
- Do not be afraid to ask questions to clarify language if you are not familiar with it, show you are willing to learn
- If there are things you do not know, read up! There are lots of resources listed at the end of the slides
  - Do not expect your patients to be the experts on LGBTQ+ health, that is what they are coming to you for

# Summary

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- LGBTQ+ people face discrimination and poor health outcomes
- One of the ways to combat this is to provide culturally competent care
- Culturally competent care for LGBTQ+ patients includes some familiarity with identifying language, as well as concepts of gender and sexuality
- Creating a welcoming environment will ensure your patients feel comfortable and continue seeking care

# Questions?

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Thank you!

# Resources

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For more on LGBT health:

- Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health  
<https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
- National LGBT Health Education Center <http://www.lgbthealtheducation.org/>
- Queer Rural Health Resource Guide  
<http://www.greenmountaincrossroads.org/blog/queer-rural-health-resource-guide-new-england>
- The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding (2011)  
<http://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>

# Resources, cont.



For more on LGBTQ language and identities:

- National LGBT Health Education Center Glossary of LGBT Terms for Health Care Teams, [http://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary\\_March2016.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf)
- It's Pronounced Metrosexual, Comprehensive\* List of LGBTQ Term Definitions, <http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/>

LGBTQ provider directories:

- Pride Center of Vermont <http://www.pridecentervt.org/trans-affirmative-medical-providers>
- Gay and Lesbian Medical Association (GLMA) <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=939&grandparentID=534&parentID=938&nodeID=1>

Pamphlets, handouts, and posters for the office:

- Gay Lesbian Bisexual and Transgender Health Access Project <http://www.glbthealth.org/HAPMaterials.htm>
- National LGBT Health Education Center <http://www.lgbthealtheducation.org/lgbt-education/publications/>

# References

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1. GLMA Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients  
[http://www.glma.org/\\_data/n\\_0001/resources/live/Welcoming%20Environment.pdf](http://www.glma.org/_data/n_0001/resources/live/Welcoming%20Environment.pdf)
2. Healthy People 2020  
<https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
3. When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV  
[https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report\\_when-health-care-isnt-caring.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf)
4. Becoming a Culturally Competent Health Care Organization  
<http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/Equity%20of%20Care%20Report%20FINAL.pdf>