

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 of¹:
 - ▶ 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 reasons⁷
 - ▶ 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)⁷
 - ▶ 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 past⁸
- ▶ Most LGBT resources recommend “coming out” to their doctor⁴
 - ▶ 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 environment⁷

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

Terminology

- ▶ 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 gender⁷
- ▶ Transsexual
 - ▶ Desire to live in full cross gender role⁷
- ▶ Cross-dresser/transvestite
 - ▶ Adopt presentation of other gender for emotional or sexual gratification⁷
- ▶ Transgenderist
 - ▶ Live full time in cross-gender role, may take hormones but don’t do surgery⁷
- ▶ Bigender
 - ▶ Identify as man and woman ⁷
- ▶ Drag queens/kings
 - ▶ Appear part time in cross-gender role⁷
- ▶ 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 Assumptions⁴

- ▶ 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 Topics²

- ▶ 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 Annual⁺ Sexual Health Screening for MSM (CDC)

HIV serology

Syphilis serology

Urine NAAT* for *N. gonorrhoeae* and *C. trachomatis* for those who had insertive intercourse in the past year

Rectal NAAT for *N. gonorrhoeae* and *C. trachomatis* for those who had receptive anal intercourse in the past year

Pharyngeal NAAT for *N. gonorrhoeae* for those with a history of receptive oral intercourse in the past year**

EHR and Intake Forms⁵

| | |
|---|---------------|
| Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male/FTM <input type="checkbox"/> Transgender Female/MTF <input type="checkbox"/> Other <input type="checkbox"/> Choose not to disclose | |
| Sexual Orientation: <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Straight (not lesbian or gay) <input type="checkbox"/> Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Choose not to disclose | |
| Preferred Name: Nancy | Social |
| Legal Sex (please check one)* <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <small>*Most insurance companies require that we bill under the legal name and sex shown on insurance card</small> | |

7. Do you think of yourself as:

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Something Else
- Don't know

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)?** _____

Waiting Room⁵

- ▶ Add art to waiting room

THIS SPACE



is a
SAFE ZONE



Bathroom⁵



Resources for Patients/Providers

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

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