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EDUCATION CENTER

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# TAKING A HISTORY OF SEXUAL HEALTH: OPENING THE DOOR TO CARING FOR LGBT PEOPLE

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**May 8, 2014**

**Harvey J Makadon, MD**

The National LGBT Health Education Center, The Fenway Institute

Harvard Medical School

Boston, MA

# WHO WE ARE

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, and transgender (LGBT) people.

- HRSA (BPHC) National Cooperative Agreement
  - Training and Technical Assistance for Health Centers
- Grand Rounds for Faculty, Staff, and Trainees
- Focused Workshops on Critical Issues
- Consultation on Creating Strategic Change
- Resources and Publications

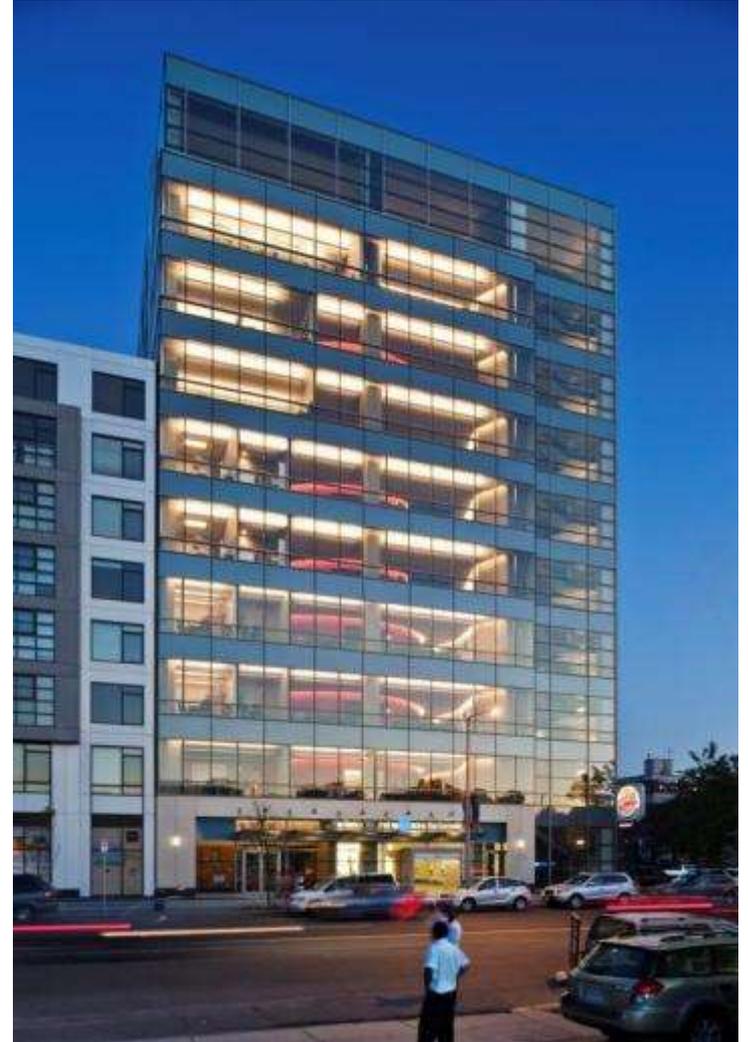
# OUR ROOTS

## 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

## The Fenway Institute

- Research, Education, Policy



# LEARNING OBJECTIVES

*By the end of this session, learners will be able to:*

1. Engage patients in a discussion about sexual health and behaviors, gender identity, and sexual orientation
2. Identify methods for taking routine sexual health histories as a prelude to further conversations about HIV/STD risk and prevention
3. Describe how health disparities affect LGBT people who are otherwise invisible in health care



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# THE IMPACT OF STIGMA AND DISCRIMINATION



# WHY I AM HERE



## The NEW ENGLAND JOURNAL of MEDICINE

PERSPECTIVE

IMPROVING HEALTH CARE FOR THE LESBIAN AND GAY COMMUNITIES

### Improving Health Care for the Lesbian and Gay Communities

Harvey J. Makadon, M.D.

On my 40th birthday, I made two important decisions regarding my health: I would finally see a physician on a routine basis, and I would be frank with my newly chosen doctor about being gay. This revelation might seem to have come late in life, but for me it was a major breakthrough. Although this physician had been recommended to me by colleagues, I was disappointed by

informed about basic issues that are essential to providing high-quality care to this population. Indeed, when I discussed my dismay about the first encounter with one of my colleagues, she asked why I thought my physician should have discussed hepatitis A immunization — although since 1996 the Centers for Disease Control and Prevention (CDC) has formally recommended such preventive

Current Assessment and Directions for the Future” evaluated the strength of the existing research on the physical and mental health of lesbians. It reported a lack of lesbian-specific research and suggested that “misconceptions about risk . . . can negatively affect both the ability of lesbians to seek health care and access to treatment itself.” Similarly, “Healthy People 2010,” a 10-year plan devel-



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# BACKGROUND ISSUES

- What people do and want
- What clinicians say

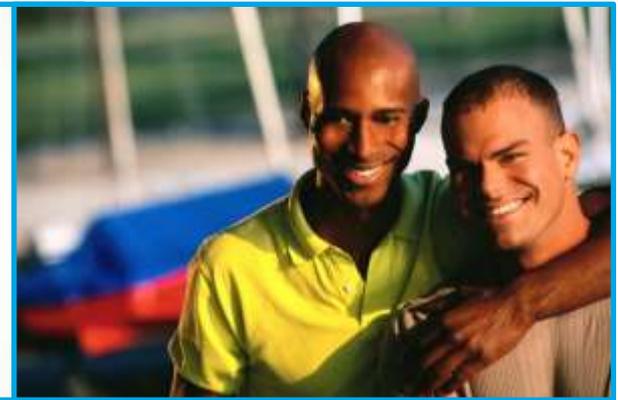


# WHAT PATIENTS WANT

- Survey of 500 men and women over 25
- 85% expressed an interest in talking to their doctors about sexual concerns
- 71% thought their provider would likely dismiss their concerns
- A history of sexual health followed by appropriate, targeted discussion can enhance the patient-provider relationship

# PROPORTION OF PHYSICIANS DISCUSSING TOPICS WITH HIV-POSITIVE PATIENTS

Adherence to ART	84%
Condom use	16%
HIV transmission and/or risk reduction	14%



Ask Screen Intervene



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(*AmJPublicHealth.* 2004;94:1186-92)

# DISCOMFORT AS A BARRIER

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

The Hidden Epidemic  
Institute of Medicine, 1997

Ask Screen Intervene



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# SEXUAL BEHAVIOR AMONG MASSACHUSETTS HIGH SCHOOL STUDENTS BY GENDER, 2009

	Affirmative Responses	
	Males	Females
<b>Respondents: All Students</b>		
Lifetime sexual intercourse	48.0%	44.6%
Sexual intercourse before age 13	8.0%	3.0%
Four or more lifetime sexual partners	15.2%	10.6%
<b>Respondents: Students having sexual intercourse in past three months</b>		
Condom use at last sexual intercourse	65.7%	50.6%
Substance use at last sexual intercourse	27.6%	20.0%
Taught in school about AIDS or HIV	87.2%	87.6%

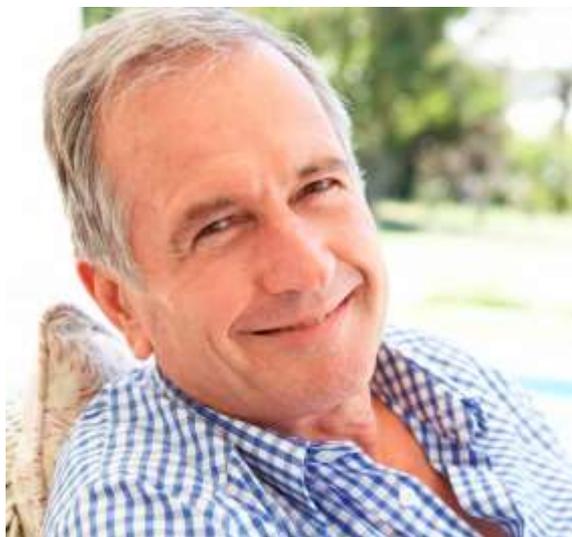
# WHEN WE TALK ABOUT THE ELDERLY WHAT COMES TO MIND?



# ELDERSEXUALS

## Percent Having Sex

Age	Men	Women
57-64	84%	62%
65-74	67%	40%
75-85	38%	16%



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Lindau, *NEJM*, 2007

# GETTING TO KNOW PATIENTS IN CLINICAL SETTINGS



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# TAKING A HISTORY

- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
- Use inclusive and neutral language
  - Instead of: “Do you have a wife/husband or boy/girlfriend?”
  - Ask: “Do you have a partner?” or “Are you in a relationship?”  
“What do you call your partner?”
- If you slip up, apologize and ask the patient what term is preferred
- For all patients
  - Make it routine
  - Make no assumptions



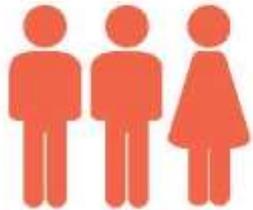
# MAKING PATIENTS COMFORTABLE, SETTING THE CONTEXT

- *"I am going to ask you a few questions about your sexual health and sexual practices. I understand these are very personal, but also important for your overall health."*
- *"I ask these questions of all my adult patients. Like the rest of our visit, everything we discuss is confidential."*
- *"Do you have any questions?"*

# TAKING A SEXUAL HISTORY

- Ask about behavior and risk
  - *"Have you been sexually active in the last year?"*
  - *"Do you have sex with men only, women only, or both?"*
  - *"How many people have you had sex with in the past six months?"*
- Ask about sexual health
  - *"Do you have any concerns about your sexual function?"*
  - *"How satisfied are you sexually?"*
- Assess comfort with sexuality
  - *"Do you have any concerns or questions about your sexuality, sexual identity, or sexual desires?"*
- Ask about reproductive health, desires

# DETAILED SEXUAL HEALTH ASSESSMENT



Partners



Practices



Past History  
of STDs



Protection  
from STDs



Pregnancy  
Plans

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions to help focus on key issues.

<http://www.cdc.gov/lgbthealth/>

# SAMPLE QUESTIONS

# PARTNERS AND PRACTICES

- *Have you been sexually involved with someone?*
  - *Are you having sex?*
- *How many sexual partners have you had in the past three months?, in the past year?*
- *Do you have sex with men, women or both?*
  - *If both, further define first questions for each gender*
- *Have you engaged in oral, anal, and/or vaginal sex in the past year? (use of sex toys?)*



# HISTORY OF STD'S (STI'S)

- *Have you ever had a sexually transmitted disease?*
  - *When, What kind?; How were you treated?*
- *Have you had any recurring symptoms or diagnoses related to this?*
- *Have you ever been tested for any STD's or HIV?*
  - *If yes, when and what were results?*
- *Has your current, or any former, partners been diagnosed with an STD?*
  - *Were you evaluated for the same?*
  - *Were you treated and with what?*

# PROTECTION FROM STD'S AND HIV

- *Do you use protection to prevent STD's and HIV?*
  - *If not why?*
  - *If yes, what?*
- *How often do you use protection?*
  - *If sometimes, when, why and with whom?*
- *Do you understand how to protect yourself from STD's and HIV?*
  - *Do you want to review this?*

# PREGNANCY PROTECTION AND DESIRES

- *Are you trying to conceive or parent a child?*
- *Are you concerned about getting pregnant or getting your partner pregnant?*
- *Are you using contraception or any form of birth control?*
- *Do you want information on birth control?*
- *Do you want to discuss challenges regarding having children?*

# PARTNER VIOLENCE, TRAUMA, PAYMENT FOR SEX

- *Have you ever experienced physical or emotional violence with someone you were involved with?*
- *Have you ever had sex in exchange for drugs, money, shelter, food, or other necessities?*

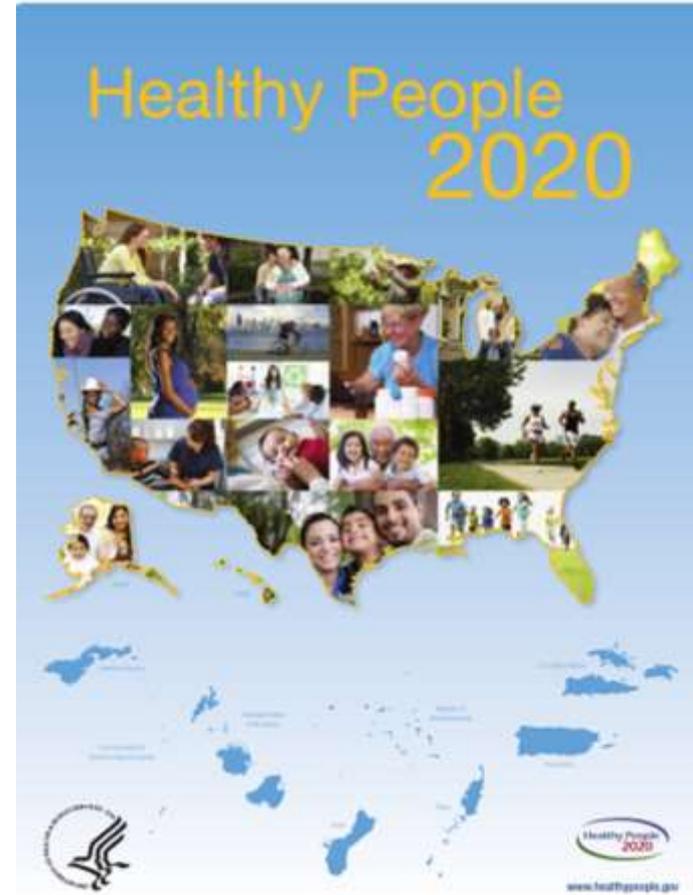
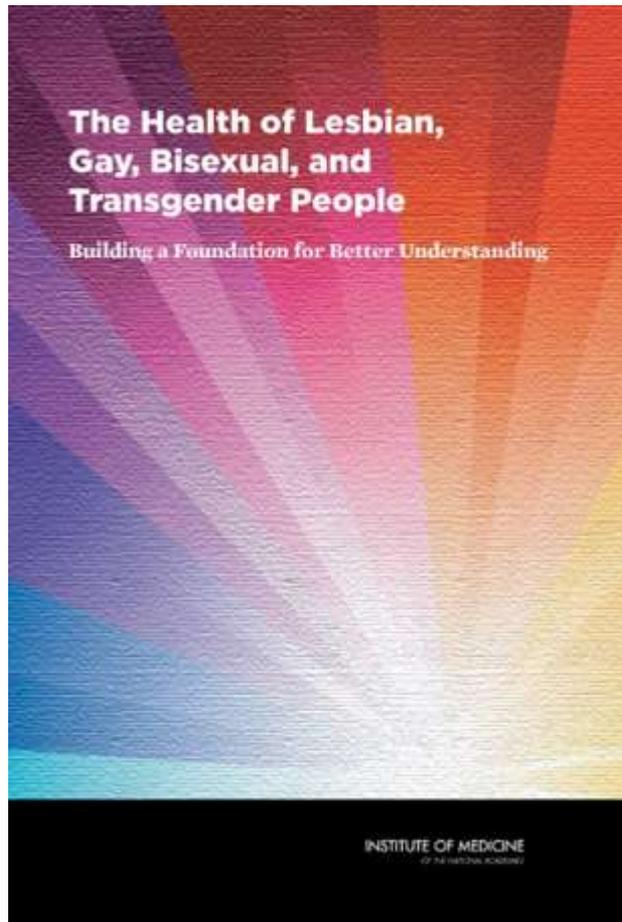
# SEXUAL HEALTH: OPENING DOORS TO LEARNING



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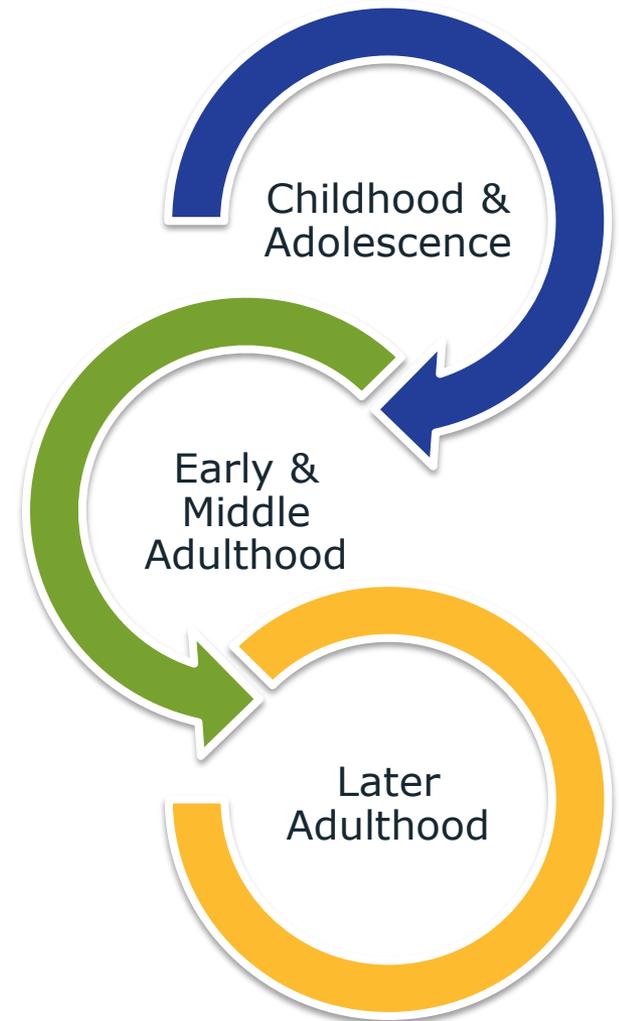
# WHY LEARN ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY IN CLINICAL SETTINGS



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# HEALTH DISPARITIES 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 and bisexual women 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 and fewer family supports, and a lack of social and support services

# LGBT DEMOGRAPHICS



# L,G,B,T DEMOGRAPHICS



# LGBT SOCIOECONOMICS

- Comparisons of poverty for LGB adults and heterosexual adults in national surveys mostly showed higher rates of LGB poverty, although most of those differences are not statistically significant.
- Poverty rates have increased for LGB and heterosexual people over the recession that began in 2008.



# LGBT SOCIOECONOMICS

- While children generally have higher rates of poverty than adults, children of LGB parents are especially vulnerable to poverty.
  - 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%.
- Transgender respondents to the National Transgender Discrimination Survey (NTDS) were **4 times more likely** than the general population to have a **household income of less than \$10,000.**



# TRANSGENDER DEMOGRAPHICS

- Population-based studies are limited
- Massachusetts Behavioral Risk Factor Surveillance Survey (2007, 2009)
  - 0.5% of population between ages 18-64
- California LGBT Tobacco Survey
  - 0.1% of adult population
- Estimate in U.S. from the Williams Institute
  - 0.3% of adults
  - Approximately 700,000 people

# UNCOUPLE GENDER IDENTITY FROM SEXUAL ORIENTATION

- All people have a sexual orientation and gender identity
  - What they call it may be fluid
- Gender Identity ≠ Sexual Orientation

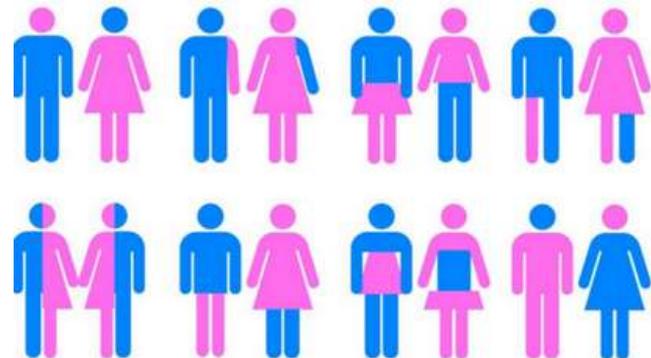


# SEX AND GENDER

- Sex and gender are often used interchangeably but these are distinct concepts
  - *Sex*: Biological and anatomic differences assigned at birth, generally male or female
  - *Gender*: A social construct that refers to the rules and norms that a society assigns to varying degrees of maleness and femaleness

# GENDER IDENTITY AND GENDER EXPRESSION

- Gender identity
  - A person's internal sense of their gender (do I feel male, female, both, neither?).
  - All people have a gender identity.
- Gender expression
  - How one externally manifests their gender identity, through their behavior, mannerisms, speech patterns, dress, and hairstyles.



# THE T IN LGBT: TRANSGENDER



- Transgender
  - Umbrella term
  - Gender identity or expression not congruent/aligned with assigned sex at birth
  - Alternate terminology
    - Transgender woman, trans woman (MTF)
    - Transgender man, trans man (FTM)
  - Transsexual:
    - historically a term used to describe transgender individuals who have undergone or used hormone treatment and/or some form of gender affirmation surgery
    - now sometimes used more broadly.
- Gender affirmation – process by which individuals are affirmed in their gender identity.
  - Social, medical, legal



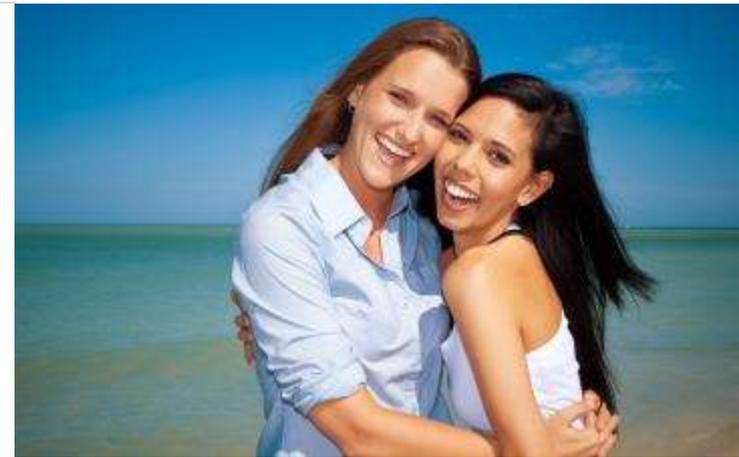
# TRANSGENDER TERMINOLOGY

- There is a great deal of cultural diversity and specificity of gender identities which are emerging around the world
  - Non-binary and third genders around the world
  - Trans masculine spectrum; trans feminine spectrum
  - Genderqueer (US), Kathoey (Thailand), Fa'afafine (American Samoa), Hijra (India), Two-Spirits (Native American), Travestis (Latin America), Vestidas (Mexico)
- Gender Dysphoria: A diagnosis in the DSM-5 that describes individuals who have a strong and persistent cross-gender identification and persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex
- Cisgender – non-transgender

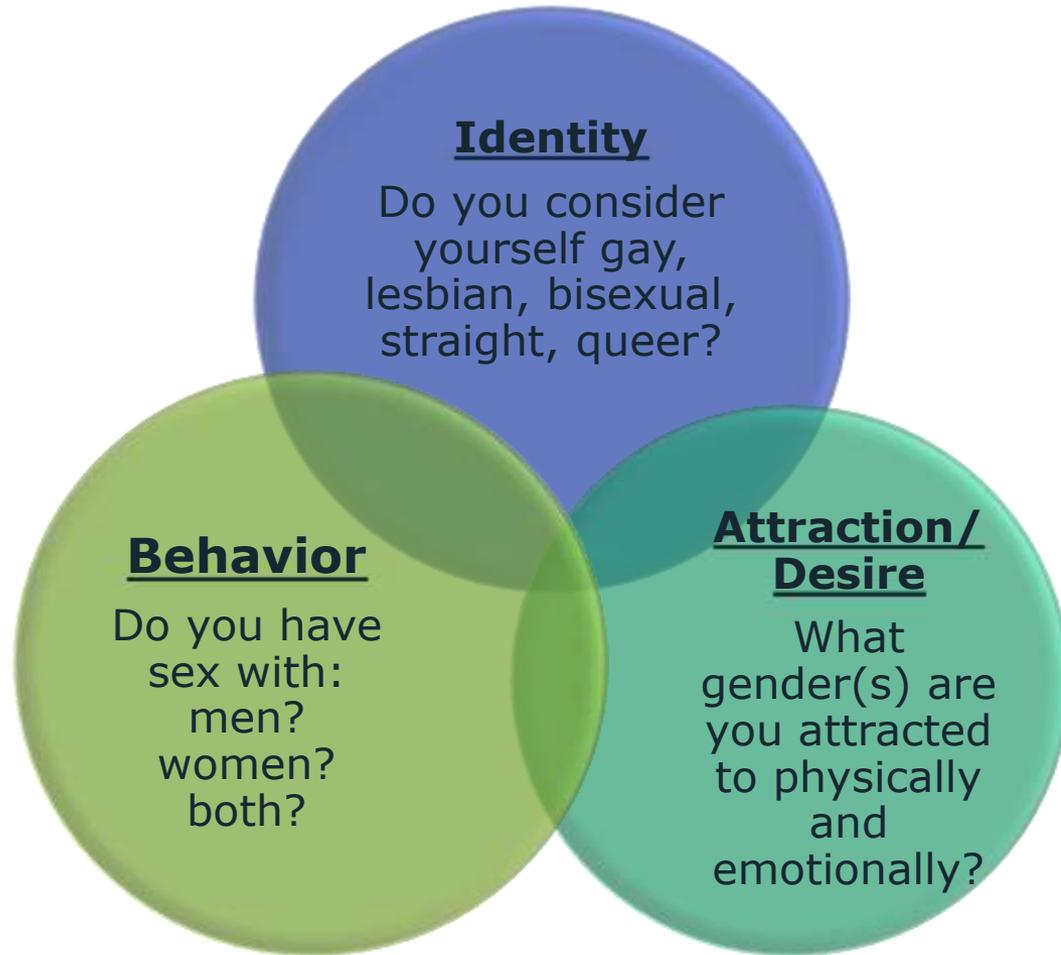


# SEXUAL ORIENTATION

- How a person identifies their physical and emotional attraction to others
- All people have a sexual orientation
- Terminology can be fluid



# DIMENSIONS OF SEXUAL ORIENTATION



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# L,G,B DEMOGRAPHICS IN THE U.S.

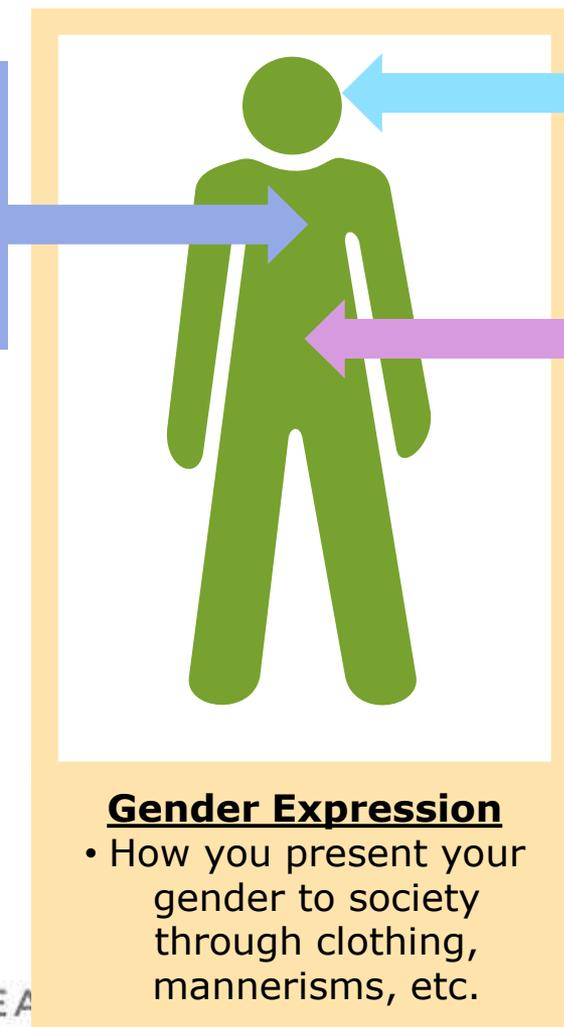
- Identify as lesbian, gay, or bisexual
  - 1.7 - 5.6% (average 3.5%)
  - Women were more likely than men to say they were bisexual
  - Same-sex sexual contact ever  
8.2%
  - Same-sex attraction (at least some)  
7.5 - 11%

(Gates et al., 2011)

# REVIEWING TERMINOLOGY

## **Sexual Orientation**

- Whom you are physically and emotionally attracted to
- Whom you have sex with
  - How you identify your sexuality



## **Gender Identity**

- What your internal sense tells you your gender is

## **Sex**

- Refers to the presence of specific anatomy. Also may be referred to as 'Assigned Sex at Birth'



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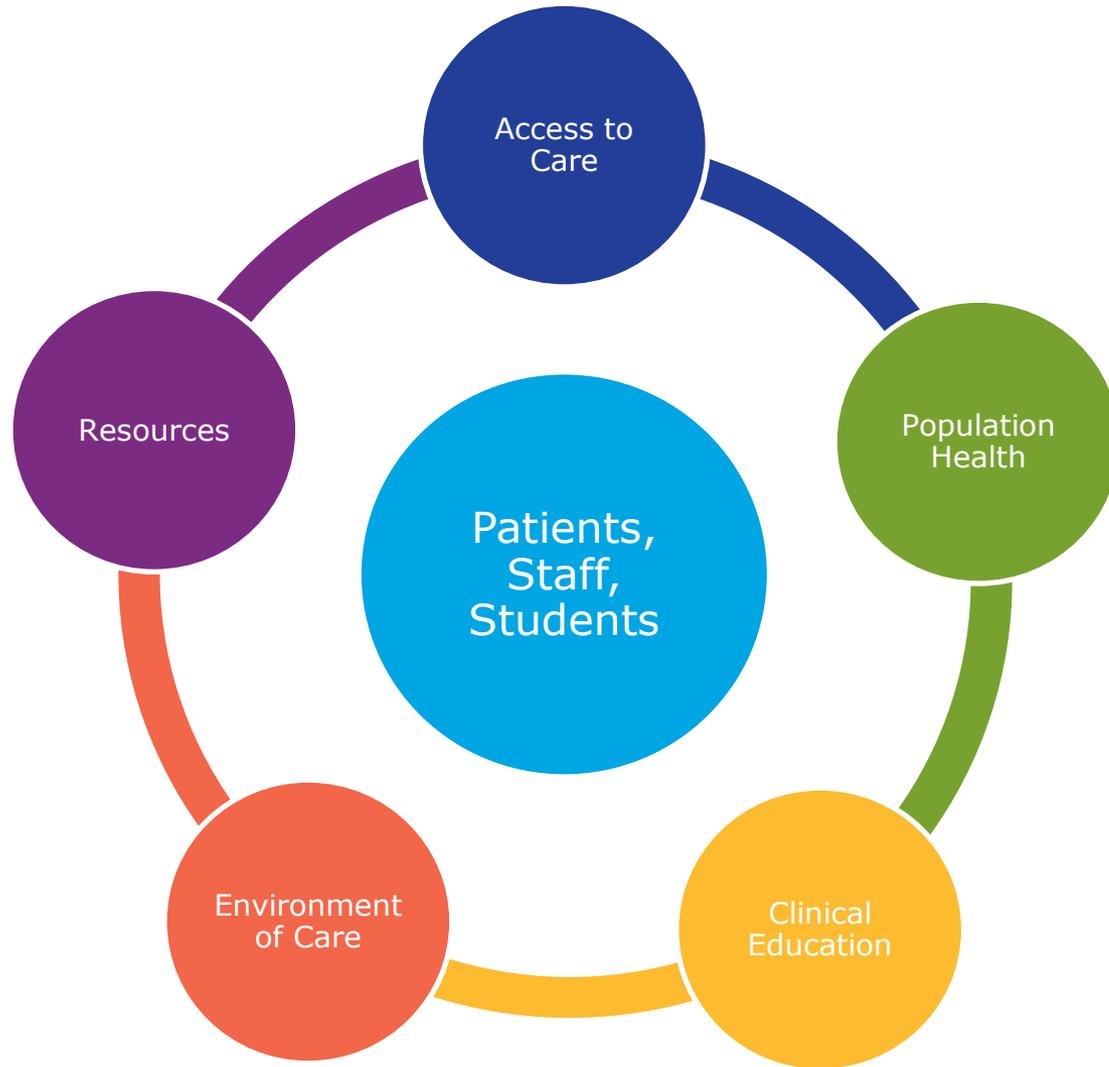
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Adapted from Sam Killerman

# TAKING STEPS TO INSURE ACCESS TO QUALITY CARE IN YOUR HEALTH CENTER



# STEPS TO ACCESS AND QUALITY



# ACCESS TO CARE

- The Affordable Care Act increased insurance coverage among LGBT people
- Limitations in states that did not expand Medicaid
- Translating eligibility into access requires
  - Overcoming a history of stigma and discrimination
  - Ending LGBT invisibility
  - Clinicians trained in needs of LGBT people
  - Creating welcoming and inclusive environments for care.



# LGBT PEOPLE ARE VERY DIVERSE AND LARGELY INVISIBLE TO THEIR HEALTH CARE PROVIDERS



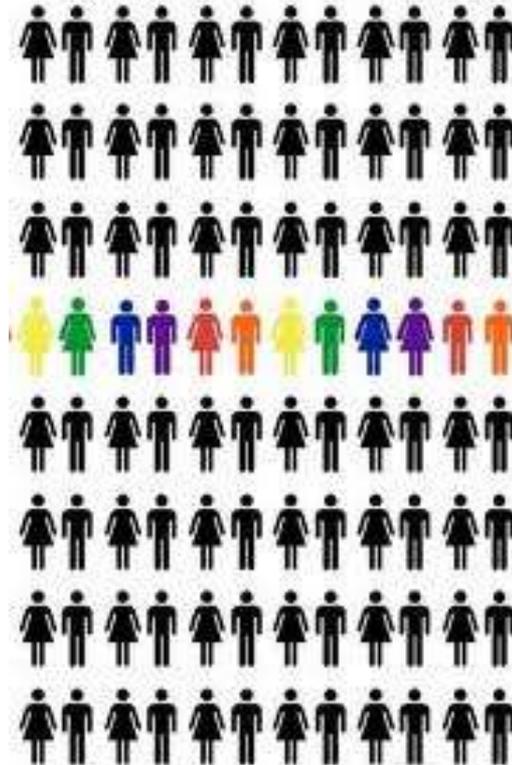
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# POPULATION HEALTH: ENDING LGBT INVISIBILITY IN HEALTH CARE

Population  
Health

- How many of you have ever been asked to discuss your sexual history during a primary care visit?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?



# HOW WELL DO YOU KNOW THOSE COMING FOR CARE? HOW DO YOU FIND OUT?



**New Patients**



**New Lesbian/Gay/  
Bisexual/Transgender  
Patients**

# GETTING TO KNOW PATIENTS IN CLINICAL SETTINGS



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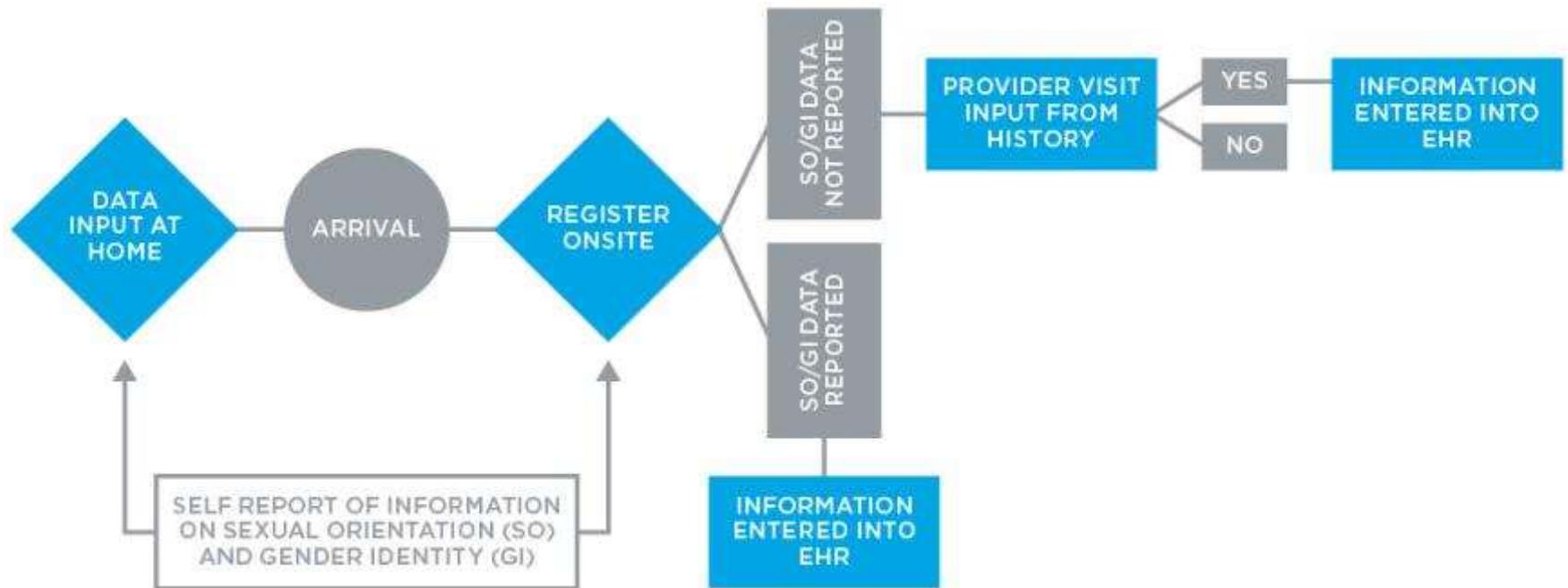
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# IOM RECOMMENDATION: DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY SHOULD BE COLLECTED IN EHRS



- Recognition of Challenges and Barriers
  - Confidentiality
  - Reluctance/Desire to Share
  - Need for Provider Education
- Direct benefit to individual patients, insuring quality, and evaluation of disparities at practice level to learn about educational needs for clinicians and staff.
- Critical to doing effective population health as part of patient centered medical homes or health homes.

# GATHERING LGBT DATA DURING THE PROCESS OF CARE



# COLLECTING DEMOGRAPHIC DATA ON SEXUAL ORIENTATION

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



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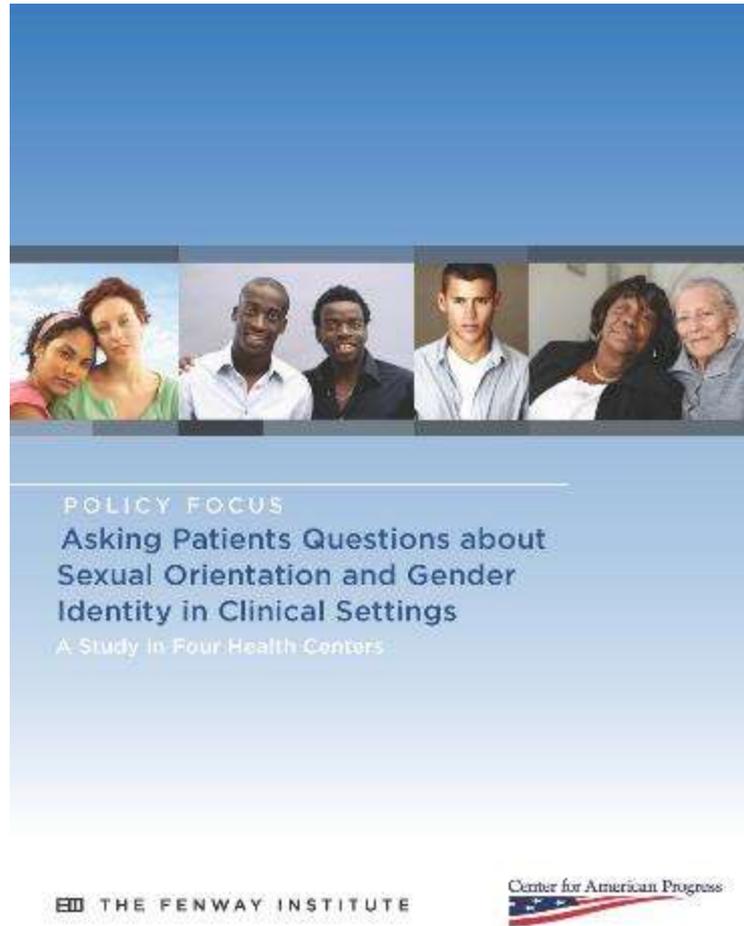
# COLLECTING DEMOGRAPHIC DATA ON GENDER IDENTITY

- 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)?  
\_\_\_\_\_



# COLLECTING DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)



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# THE COMMUNITY HEALTH APPLIED RESEARCH NETWORK (CHARN)

- CHARN seeks to build capacity to conduct meaningful and rigorous multi-site Patient Centered Outcomes Research (PCOR) that will lead to better patient care at federally-supported community health clinics with underserved patient populations
- Study Objectives:
  - Objective 1: Collaborate with existing CHC research network infrastructures to conduct patient surveys that **assess the patient experience of and satisfaction with existing SOGI questions**
  - Objective 2: **Recommend a set of SOGI questions in clinical settings** that can be tested in future research projects involving larger patient populations and greater diversity of CHCs and other health care organizations

# BACKGROUND

- 251 total responses from four sites:
  - Beaufort Jasper Hampton Comprehensive Health Services in rural South Carolina
  - Chase-Brexton Health Center in Baltimore and Columbia, Maryland
  - Fenway Health in Boston
  - Howard Brown Health Center in Chicago



# METHOD

- One-time, 5-minute survey
- Answer a question about sexual orientation
  - Developed at the Fenway Institute
- Answer a two-step gender identity and birth sex question
  - Endorsed by leading transgender researchers in the U.S. and globally

# QUANTITATIVE RESULTS

	Beaufort n=50 (20%)	Chase Brexton n=67 (27%)	Fenway n=101 (40%)	Howard Brown n=33 (13%)	Total n=251
<b>Question 7: As part of a written registration form, do you think it is important to ask patients about sexual orientation when they register at the health center?</b>					
<b>Yes</b>	33	50	76	24	183 (73%)
<b>No</b>	16	16	25	7	64 (25%)
<b>Missing answer</b>	1	1	0	2	4 (2%)
<b>Question 8: As part of a written registration form, do you think it is important to ask patients about gender identity when they register at the health center?</b>					
<b>Yes</b>	39	55	83	28	205 (82%)
<b>No</b>	11	12	18	3	44 (17%)
<b>Missing answer</b>	0	0	0	2	2 (1%)



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# QUALITATIVE RESPONSES

- *"Though I understand the importance of knowing birth sex when dealing with trans medical issues, it's still a very sensitive question that most [transgender people] would probably not want to answer."*
- *"I think it is important to not only know this info but to educate all staff on what it means. This would put patients at ease."*

# PREPARATION FOR COLLECTING DATA IN CLINICAL SETTINGS

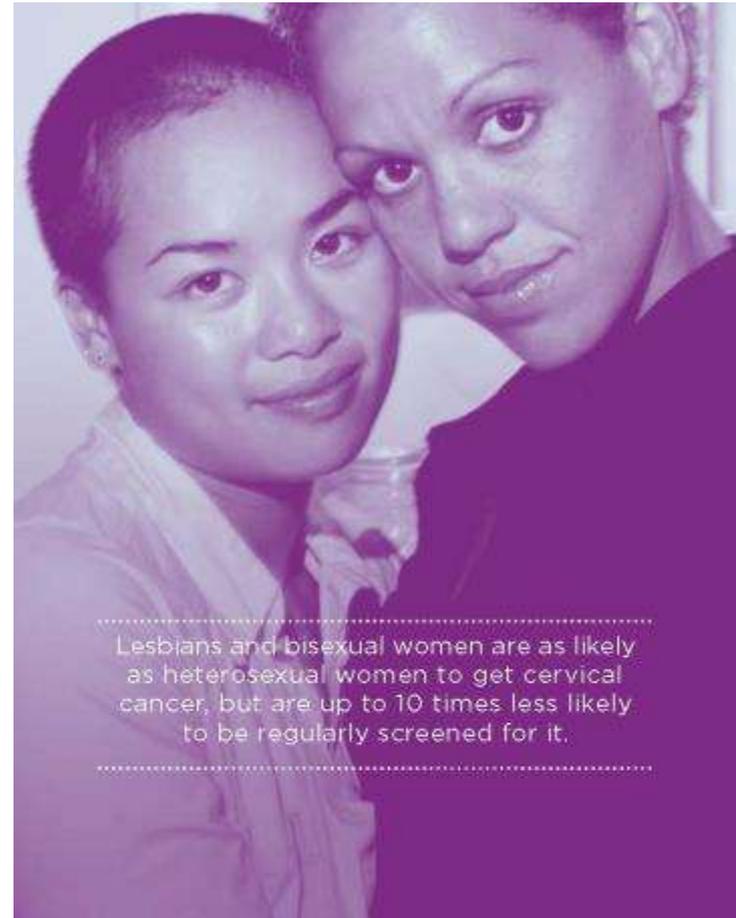
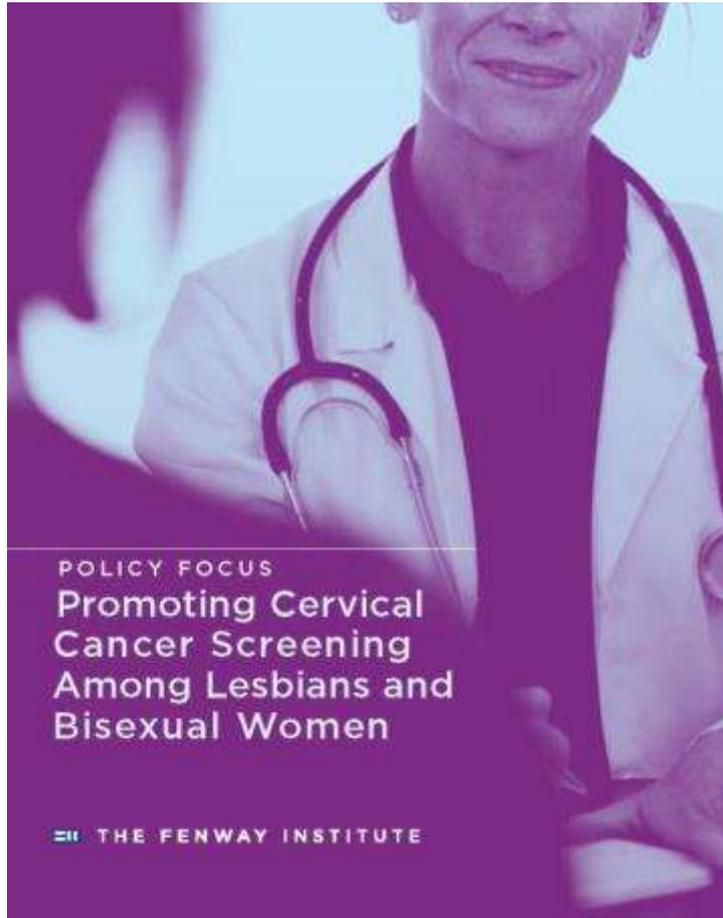
- Clinicians: Need to learn about LGBT health and the range of expression related to identity, behavior, and desire
  - Staff needs to understand concepts
- Patients: Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately
- Data Collection: Critical, and has to be done sensitively without assumptions routinely **on all**, along with other demographic data

# CULTURALLY APPROPRIATE CARE

Clinical  
Education



# I. QUALITY PREVENTIVE CARE FOR LESBIANS, BISEXUAL WOMEN, AND TRANSGENDER MEN



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# CANCER PREVENTION FOR LESBIANS AND BISEXUAL WOMEN: CERVICAL CANCER & BREAST CANCER

- Rates of cervical cancer are as high for lesbians and bisexual women as for heterosexual women
- Studies have found that lesbians have significantly lower cervical cancer screening rates (Charlton, J Adolesc Health, 2011)
- A recent study from NYC indicates that lesbian/bisexual women over 40 are significantly less likely to have had a mammogram than heterosexual women (2013, Empire State Pride Agenda Foundation)
- Educational programs should emphasize the need for women who exclusively have sex with women, and bisexual women, should be screened according to usual guidelines

# TRANSGENDER MEN AND CERVICAL CANCER SCREENING

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed.
  - Cancers of female natal reproductive organs are still possible in these individuals, and cervical cancer has been documented in a male transgender patient.
- Transgender men with a cervix should follow the same screening guidelines as natal females.
  - Pap tests can be difficult for transgender men for a number of reasons.
- Sensitivity to these unique barriers is important while still emphasizing the importance of regular screening

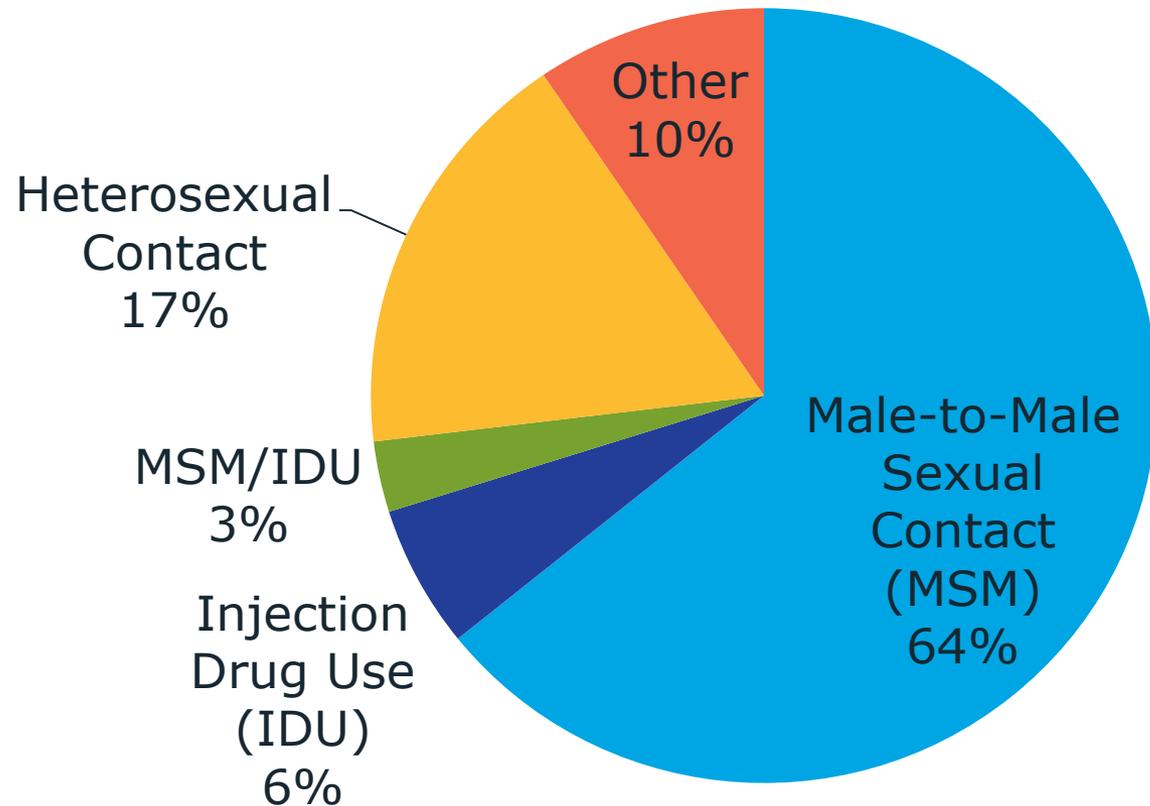
# II. CLINICAL PRACTICES TO IMPROVE HIV PREVENTION AND CARE FOR MSM AND TRANSGENDER WOMEN



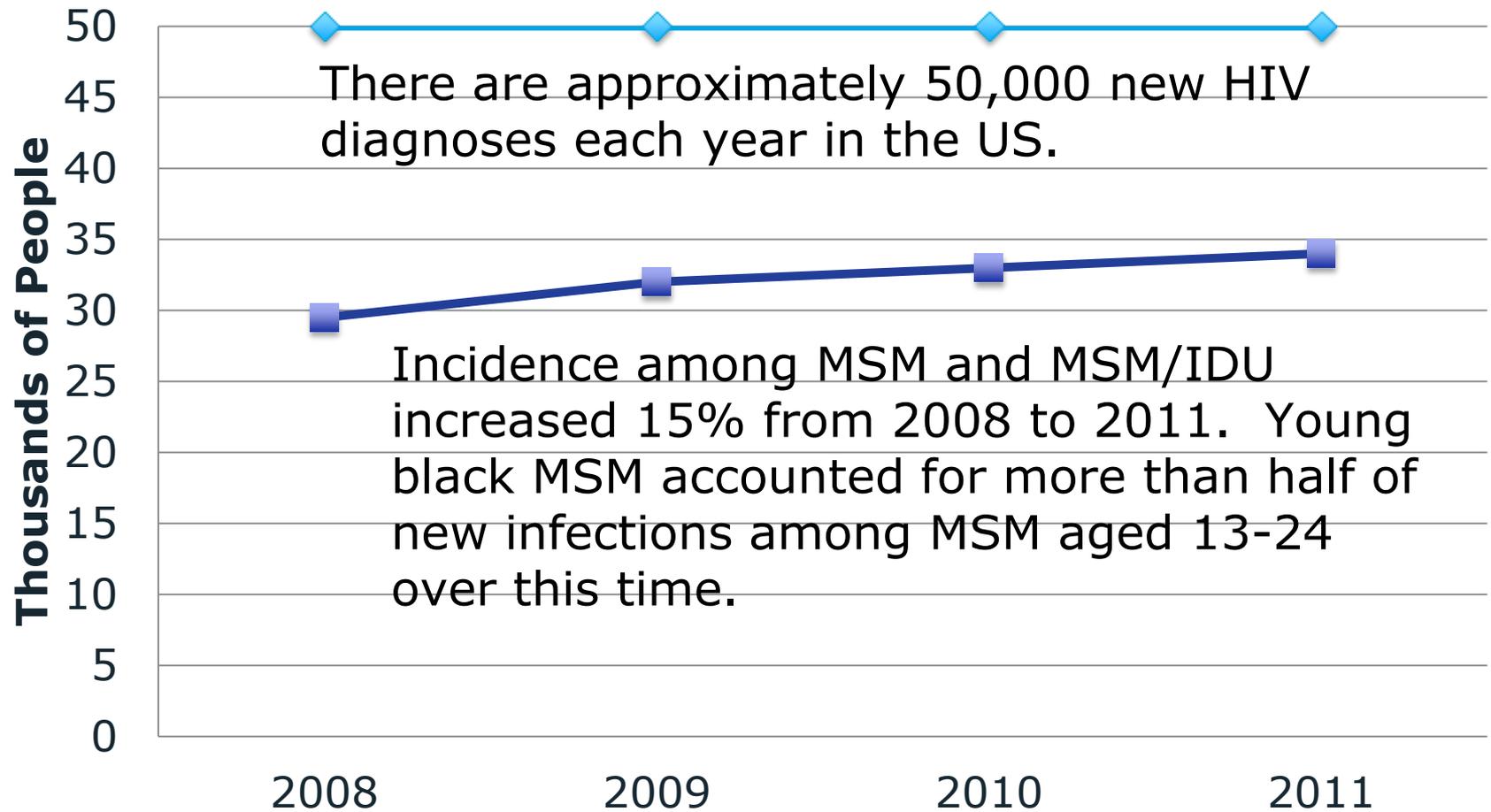
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# HIV INCIDENCE BY TRANSMISSION CATEGORY, UNITED STATES, 2011



# HIV INCIDENCE IN THE UNITED STATES, 2008-2011



# 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 are:
  - Barriers to access health care
  - Less awareness of HIV status
  - Delayed treatment of STI's which facilitate HIV transmission
  - High HIV prevalence in black MSM networks particularly those who identify as gay

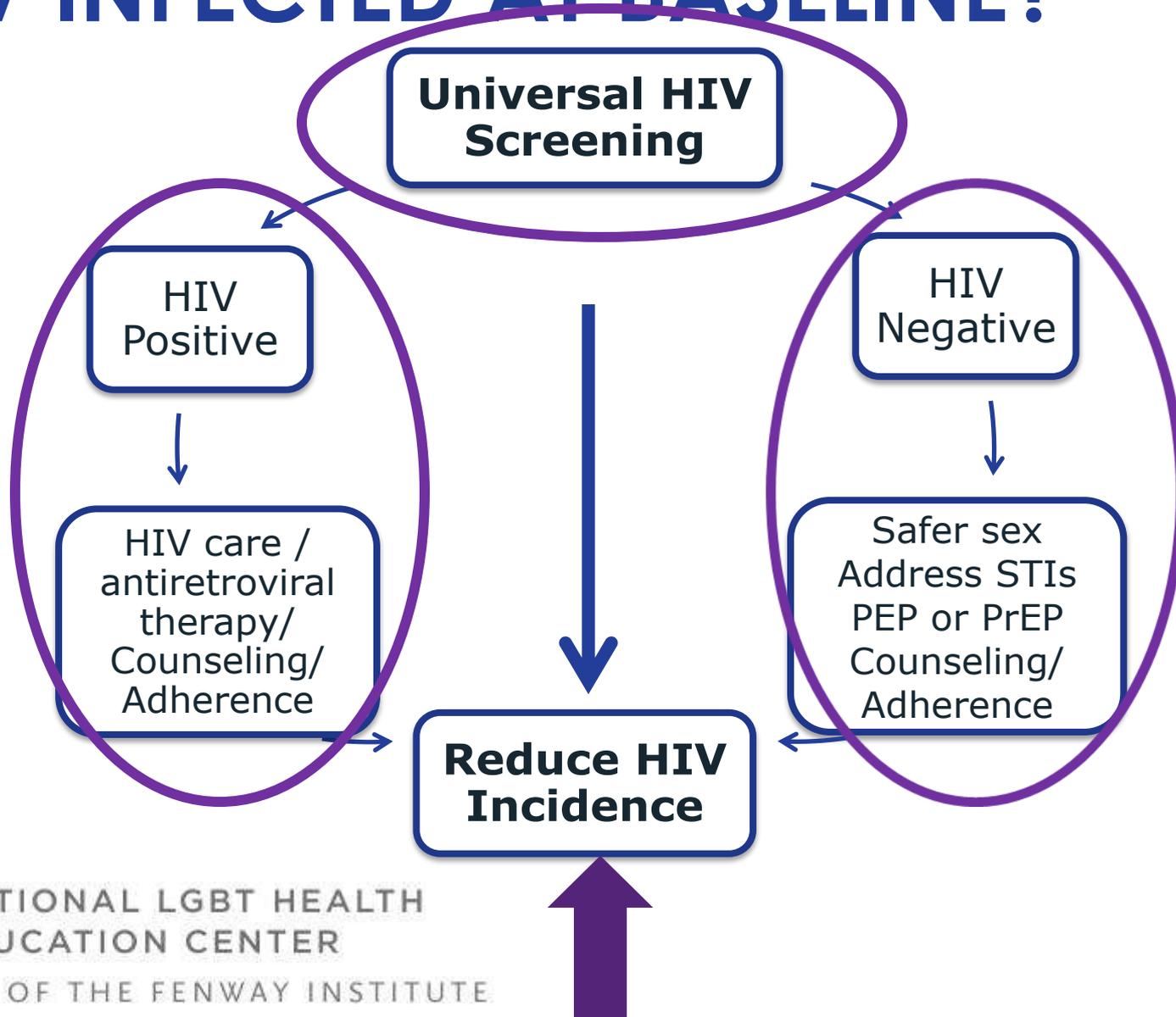


# TRANSGENDER WOMEN ARE ALSO AT HIGH RISK

- Estimated HIV prevalence in trans women
  - 28% in US
  - 56% in African-Americans
  - 18-22% worldwide



# HIV INFECTED AT BASELINE?



# HEPATITIS C AND MSM WITH HIV

- 3.2 million infected with chronic HCV
- Growing evidence of sexual spread among HIV infected MSM
- Screening is important especially in light of effective new treatments
- Recommended for all HIV infected MSM at least once, and for elevation in hepatic transaminases
- Emphasize use of condoms to prevent spread

# III. 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



# CREATING A WELCOMING, INCLUSIVE ENVIRONMENT FOR CARING, WORKING AND LEARNING



# CREATING A CARING AND INCLUSIVE ENVIRONMENT

- Are clinicians and staff taught about the health needs of LGBT people?
- Do LGBT employees feel respected and safe at work?
- Do forms reflect the full range of sexual and gender identity and expression?



# THE JOINT COMMISSION

**Advancing Effective Communication,  
Cultural Competence, and  
Patient- and Family-Centered Care**

*for the Lesbian, Gay, Bisexual,  
and Transgender (LGBT) Community*

**A Field Guide**



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# TJC: PATIENT-CENTERED COMMUNICATION STANDARDS FOR HOSPITALS

- RI.01.01.01: The hospital respects, protects and promotes patient rights.
  - EP 28: The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of the stay.
  - EP 29: The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, **sexual orientation**, and **gender identity or expression**.

# TRANSGENDER STANDARDS OF CARE

Resources

UCSF University of California, San Francisco | About UCSF | Search UCSF | UCSF Medical Center

center of excellence FOR **TRANSGENDER** health

Increasing access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities

Search CoE

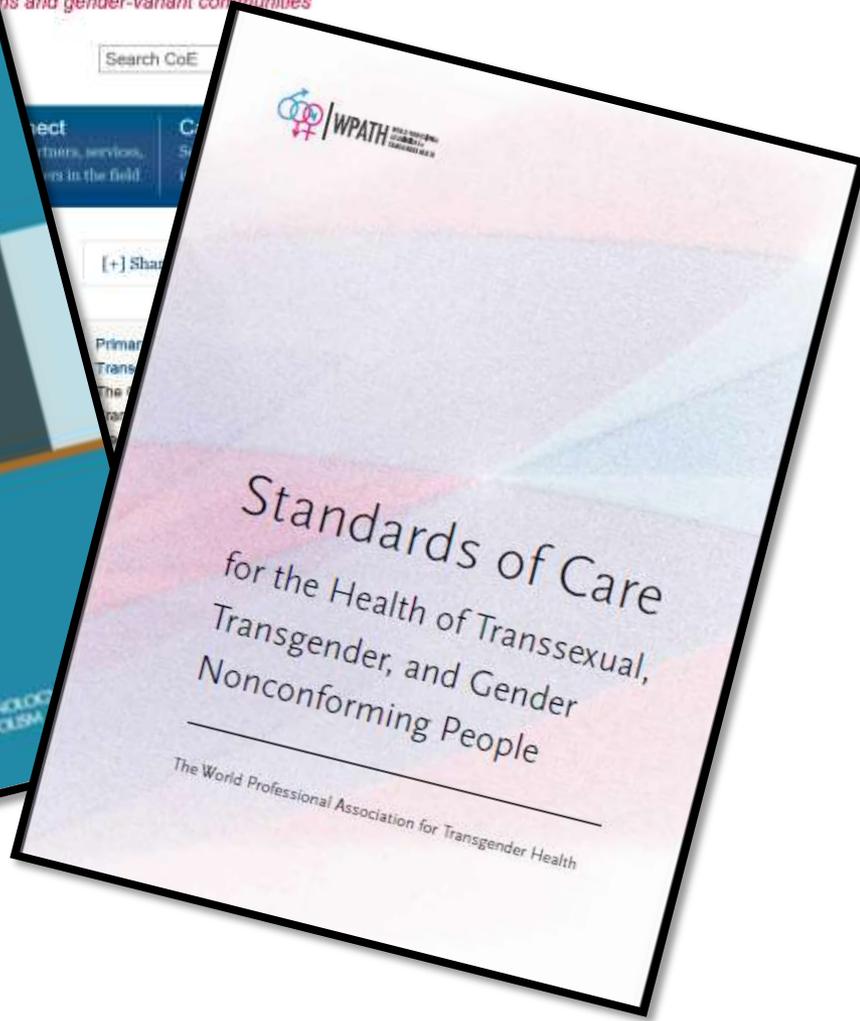
About Us Meet Center leadership and staff

Learning Center

- Primary Care Protocols
- Professional Literature
- Guidelines & Reports
- Conferences, Lectures, Online Training
- Community Education
- Audiences
  - Health Care Providers
  - Researchers
  - Community Organizers
  - Individuals

Learn

- Primary Care Protocols
- The Health of Transsexual, Transgender, and Gender-Nonconforming People
- Healthy People 2030: Overview, objectives, health initiative, People campaign
- Feldman, JL and colleagues. *Guidelines for clinical practice: Transgender Health*
- Williams, AR. (2009). *Working with Transsexual, Transgender, and Gender-Nonconforming People*



# BEST PRACTICES FOR A TRANSGENDER AFFIRMING ENVIRONMENT



## Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff

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Post this sheet on your wall or desk as a helpful reminder.

### Best Practices for a Transgender-Affirming Environment

BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender terms like "sir" or "ma'am."	"How may I help you today?"
When talking about patients, avoid pronouns and other gender terms. Or, use gender neutral words such as "they." <i>Never refer to someone as "it".</i>	"Your patient is here in the waiting room." "They are here for their 3 o'clock appointment."
Politely ask if you are unsure about a patient's preferred name.	"What name would you like us to use?" "I would like to be respectful—how would you like to be addressed?"
Ask respectfully about names if they do not match in your records.	"Could your chart be under another name?" "What is the name on your insurance?"
Did you goof? Politely apologize.	"I apologize for using the wrong pronoun. I did not mean to disrespect you."
Only ask information that is required.	Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

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THE FENWAY INSTITUTE 1342 Boylston Street, 8th Fl Boston, MA 02215

# ADDING AFFIRMATIVE IMAGERY AND CONTENT TO EDUCATION AND MARKETING MATERIALS



# TALKING WITH PATIENTS ABOUT SOGI



**Do Ask,  
Do Tell**

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

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





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**WE ARE HERE TO HELP YOU!**



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