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

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Continuing Medical Education Disclosure

- **Program Faculty**: Cei Lambert
- **Current Position**: Program Manager for the National LGBT Health Education Center, a program of The Fenway Institute; Founder and CEO of Diversity Consulting, Inc
- **Disclosure**: No relevant financial relationships. Presentation does not include discussion of off-label products.
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
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
The National LGBT Health Education Center

Training and Technical Assistance in 45 states, plus Washington D.C. and Puerto Rico
Learning Objectives

This session will enable participants to:

1. Explain LGBTQ terminology and demographics

2. Describe health disparities in LGBTQ populations

3. Apply best practices in serving LGBTQ patients
Why Programs for LGBTQ People
L,G,B,T,Q Concepts
Gender Identity and Sexual Orientation: The Basics
Gender Identity

Gender Identity and Sex are both difficult to define. They are related but different aspects of identity that blend the biological and the cultural. The gist is that...

Sex Assigned At Birth

Assigned at birth. Refers to the biological (chromosomal) traits that people are born with. Often used by others to identify someone as male, female, or intersex.

Gender Identity

Refers to how you identify— as a man, woman, genderqueer, or a whole host of other possibilities
Gender Dysphoria

“Discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)” (Coleman et al., 2012)
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
Identity As a Wheel of Spectra

Rather than only having a single sliding scale for identity, the "color wheel" model allows people to have varying identities along many different structures, whether internal or external.

Identity as a Constellation

Context helps define how identity is experienced. The way someone feels about, expresses, and struggles with their identity. How do you express and feel about your identity at work? At home alone? On public transit?
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:**

**Identity**
Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

**Attraction**
What gender(s) are you attracted to physically and emotionally?

**Behavior**
What gender(s) are your sexual partner(s)?

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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 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 – Multiple Stigmas

“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”.

Equality Network, *What is Intersectionality?*, 2018
www.equality-network.org/our-work/intersectional
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: 
  - 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

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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:
  - 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
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 trans masculine people.⁹
Health Issues Throughout the Life Course

Childhood & Adolescence
Early & Middle Adulthood
Later Adulthood
LGBTQ Disparities:

▪ Youth
  ▪ 2 to 3 times more likely to attempt suicide
  ▪ More likely to be homeless (20-40% are LGBT)
  ▪ 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%).\(^\text{10}\)
Health Disparities

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

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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
Patients, Staff, Students

Ending Invisibility

Environment

Clinical Education

Communications

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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

- Support for change
  - Board
  - CEO

- Leadership
  - Oversight
    - Senior Management
    - Middle Management

- Implementation

- Stakeholders
  - Administration
  - Medical
  - Nursing
  - Behavioral Health

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Policies Reflect the Needs of LGBTQ People

- 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.
LGBTQ-inclusive Forms and Policies

Focus on Forms and Policy:
Creating an Inclusive Environment for LGBT Patients
Non-Discrimination Policies for 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/](http://www.jointcommission.org/lgbt/)
Defining Families for 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.
Inclusive Language on Forms for 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).”
Inclusive Diagrams on Forms for All Genders

- 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?
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.
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.
Beyond Data Collection
Systems that Facilitate Getting it Right:
Clinical Decision Support
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.
Resources for Decision Support

- Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People, June 17, 2016, Second Edition\textsuperscript{14}

- US Preventive Services Task Force\textsuperscript{15}
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
<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Sex Assigned at Birth</th>
<th>Sexual Orientation</th>
<th>Age</th>
<th>Surgery</th>
<th>Meds Drugs</th>
<th>Alerts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Bisexual</td>
<td>56</td>
<td>Breast Reduction Mammoplasty</td>
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<td>Sexual Health</td>
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</tbody>
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### USPSTF A: 56 Year Old Woman

<table>
<thead>
<tr>
<th>Grade</th>
<th>Title</th>
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<tbody>
<tr>
<td>A</td>
<td>Cervical Cancer: Screening -- Women 21 to 65 (Pap Smear) or 30-65 (in combo with HPV testing)</td>
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<tr>
<td>A</td>
<td>Colorectal Cancer: Screening -- Adults aged 50 to 75 years</td>
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<td>A</td>
<td>HIV: Screening - Adolescents and Adults</td>
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<td>A</td>
<td>High Blood Pressure: Screening -- Adults 18 and Over</td>
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<td>A</td>
<td>High Blood Pressure: Screening and Home Monitoring -- Adults</td>
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<tr>
<td>A</td>
<td>Syphilis: Screening -- Asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection</td>
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<tr>
<td>A</td>
<td>Tobacco Smoking Cessation: Behavioral and Pharmacotherapy Interventions -- Adults who are not pregnant</td>
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<tr>
<td>A</td>
<td>Tobacco Smoking Cessation: Behavioral Interventions -- Pregnant Women</td>
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**USPSTF B: 56 Year Old Woman**

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<tr>
<th>Grade</th>
<th>Title</th>
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<tbody>
<tr>
<td>B</td>
<td>Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care -- Adults</td>
</tr>
<tr>
<td>B</td>
<td>Aspirin Use to Prevent CVD and CRC: Preventive Medication -- Adults aged 50 to 59 years with a ≥10% 10-year CVD risk</td>
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<tr>
<td>B</td>
<td>BRCA-Related Cancer: Risk Assessment, Genetic Counseling, &amp; Genetic Testing -- Women at Increased Risk</td>
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<tr>
<td>B</td>
<td>Breast Cancer: Preventive Medications -- Women at Increased Risk</td>
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<tr>
<td>B</td>
<td>Breast Cancer: Screening with Mammography -- Women aged 50 to 74 years</td>
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<td>B</td>
<td>Chlamydia: Screening -- Sexually Active Women</td>
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<td>B</td>
<td>Depression: Screening -- General adult population, including pregnant and postpartum women</td>
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<td>B</td>
<td>Diabetes Mellitus (Type 2) and Abnormal Blood Glucose: Screening -- Adults aged 40 to 70 years who are overweight or obese</td>
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<td>B</td>
<td>Gonorrhea: Screening -- Sexually Active Women</td>
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<tr>
<td>B</td>
<td>Healthful Diet and Physical Activity for CVD Disease Prevention: Counseling -- Adults with CVD Risk Factors</td>
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<tr>
<td>B</td>
<td>Hepatitis B: Screening -- Nonpregnant Adolescents and Adults at High Risk</td>
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<tr>
<td>B</td>
<td>Hepatitis C Virus Infection: Screening -- Adults at High Risk and Adults born between 1945 and 1965</td>
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<tr>
<td>B</td>
<td>Latent Tuberculosis Infection: Screening -- Asymptomatic adults at increased risk for infection</td>
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<td>B</td>
<td>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</td>
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<td>B</td>
<td>Obesity: Screening for and Management of -- All Adults</td>
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<td>Osteoporosis: Screening -- Women 65+ and Younger Women at Increased Risk</td>
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Alerts:
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- HIV/STI
- HPV
- Testosterone Levels (Ref Std)
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- **Sexual Hx**
- **HIV/STI**
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- **Pregnancy Plans**
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Communications: The Whole Team
Anticipating and Managing Expectations

- LGBTQ 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).
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!”

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms (in English)</th>
<th>Consider these Terms Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBTQ</td>
</tr>
<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
</tr>
<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
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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.”
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
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?
Adding Affirmative Imagery and Content to Education and Marketing Materials
Do Ask, Do Tell: Talking to Your Provider about Being LGBTQ
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.
Our Challenge:
Quality Care for All, Including LGBTQ People

Data Collection
Clinical Education
Consumer Education
Patient Centered Care

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

Fenway
GUIDE TO
LESBIAN, GAY,
BISEXUAL, AND
TRANSGENDER
HEALTH
2nd Edition
Harvey J. Makadon, MD
Kenneth H. Mayer, MD
Jennifer Potter, MD
Hillary Goldhammer, MS

www.lgbthealtheducation.org
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.

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[TRANS TALKS]
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