

### **2019 Oregon Rural Health Conference**

October 3, 2019

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I have no conflicts of interest or relationships to disclose.

# Agenda

- Relevant background
- Defining LGBTQ identities and issues
- LGBTQ healthcare barriers, disparities, health issues and increased risks
- Creating an LGBTQ welcoming environment
- LGBTQ healthcare provider resources

# Objectives for Today's Session

- Define need for LGBTQ+ cultural competency in healthcare
- Identify current terminology used to describe (LGBTQ+) individuals.
- Describe the challenges faced by LGBTQ+ patients that can result in increases in health issues.
- Discuss how to create an LGBTQ+ welcoming environment for patients.
- Identify healthcare related LGBTQ+ resources.

# Background



# **Equality**,

A Powerful Prescription for Health.™



We are the Community, We are the Change. ™

# Lesbian Health Initiative of Houston, Inc.

#### **Mission**

# Dedicated to eliminating barriers to healthcare and promoting health and wellness for LGBT-identified women and transgender men through Education, Access and Advocacy programs

#### Vision

That by working together, as a community, we will illuminate and eliminate all barriers to ensure all have clear and equal access to the health and wellness services that they need and deserve, regardless of sexual orientation, gender identification or gender expression.

# LHI Access Programs



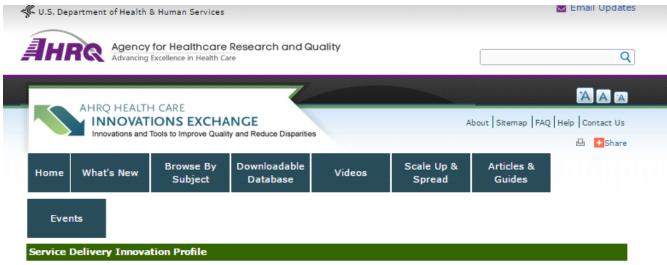
Provide safe, welcoming and LGBT culturally sensitive and competent healthcare access for uninsured LGBT women and transgender men

- Held at/with FQHC (PCP, DDS, BH)
- Heart & Vascular Risk
  - Assessments
- Pap/well person exams
- Blood tests
- Mammograms
- Body & Skin Scans
- Heart & Vascular Risk Assessments
- Behavioral Health Assistance & Resources
- OB-GYN consultations
- ACA Marketplace and CHIP Info/Enrollment
- Health & Wellness Resources

# What LHI Health Fair (System) Clients Say...

- There are so many wonderful resources that I had no idea existed.
- Having providers that are sensitive to my sexual orientation is very important to me.
- It is a safe and comfortable environment.
- I have not had insurance in over 2 years and have not kept up with health issues
- Many years ago I had an unpleasant pap smear from two different male physicians. Both where homophobic and not sensitive regarding exam.
- Laid off from job no longer have insurance.

LHI's Education & Access Programs - adaptable, evidence-based, collaborative, replicable and transformative service delivery and system change vehicle recognized as an HHS AHRQ Innovation March 2015



Collaborative Health Education and Access Events Offer No-Cost Screenings and Navigation Services To Connect Lesbian, Gay, Bisexual, and Transgender Individuals With Medical Homes Offering Culturally

**Competent Care** 



The impetus for the current, more comprehensive program came in 2011, with the passage of the Affordable Care Act and the incorporation of goals related to LGBT health issues in the Healthy People 2020 objectives. In this environment, LHI leaders saw an opportunity to extend the organization's reach and effectiveness by connecting people to health insurance and a culturally competent source of ongoing care. To that end, LHI hired its first employee and began forming partnerships with national and local organizations, with the goal of reducing health disparities and enhancing access to care for the LGBT community.

### LGBT Health/Healthcare Education Resources

THE STATE OF HEALTH IN HOUSTON/HARRIS COUNTY 2015-16

#### Economic Impact of LGBT

National data suggests that health disparities faced by the LGBT community, coupled with poverty, result in great economic impact.

Some of the risk factors identified in the LGBT population include: increased rate of negative health behaviors such as smoking, an increase in emergency care utilization as a result of a lack of health insurance, and higher rates of expensive chronic health conditions due to low rates of preventative care and delay in seeking care. These factors also contribute to absenteeism or poor work performance.

#### **Examples of LGBT Health Disparities**

- Tobacco use
- · Alcoholism and other substance use · Mental health concerns, including suicide attempts
- Cancer
- · Experience of violence and other abuse
- HIV/AIDS Infection
- · Care from emergency departments

#### Decreased:

- · Insurance coverage
- Medical care
- Preventive screening<sup>7,8</sup>

#### Beginning in 2015, the Texas Behavior Risk Factor Surveillance System (BRFSS)

will include questions of sexual identity and gender identification which will provide local data on personal health behaviors that affect

premature morbidity and mortality.10

#### Healthy People 2020

in 2012, two objectives were added with the goal of gathering data and improving the health. safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.

ORJECTIVE LOBT-1.1 Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, and bisexual populations.

**OBJECTIVE LOBT-1.2 Increase the number** of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify transgender populations

Note: As of the time of this publication, baseline and tamet data were not available.

#### Public Health Actions

- · Gather sexual orientation and gender identity data to monitor LGBT health status
- Educate the public about LGBT populations.
- Develop policies and plans that support efforts to improve LGBT health, decrease dis parities, and increase cultural competency among those working with LGBT persons.

#### For More Information

CDC, LGBT Health: http://www.cdc.gov/ lgbtheaith/index.htm

The Fenway Institute: http:// thefenwayInstitute.org/

The Williams Institute: http:// will/amsinstitute.law.ucia.edu/

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#### The State of Health

**HOUSTON & HARRIS COUNTY** 2015 - 2016

#### Public Health Actions

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# How many LGBTQ+ patients are there?

- 10,388,000\* adults in U.S. identify as gay, lesbian, or bisexual
- 1,397,500\* adults in U.S. identify as transgender

# Over 11 million\* U.S. adults identify as LGBT people

(4.5% of adult U.S. population)

\*Estimated Williams Institute 2018



### Millennials (18-34)

- More than 2X as likely to identify as LGBTQ as Boomers (52-71)
- 56% more likely to identify as LGBTQ a Gen Xers (35-51)
- 12% identify as transgender or gender nonconforming

**GLAAD 2017 Accelerating Acceptance Survey** 

# How many LGBTQ+ patients are there?

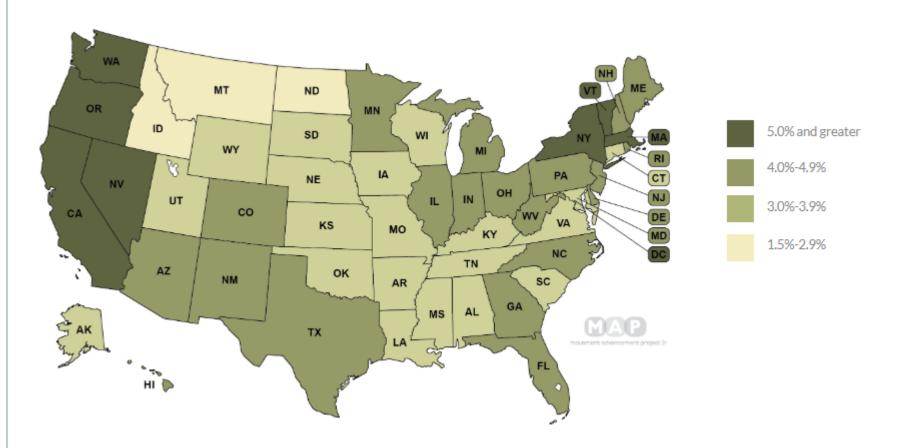
### **How Many LGBT Older Adults?**

- Today: 1.4—3.8 million in U.S. (Harley & Tester, 2016)
- 2030: 3.8-7.2 million in U.S. (Harley & Tester, 2016)

#### **Three Generations**

- **Invisible** came of age during Great Depression WWII
- Silenced greatest generation same sex behavior criminalized/APA disorder
- Pride baby boomers & beyond Stonewall removal of APA disorder and on

#### LGBT POPULATION DENSITY



This map shows the estimated percentage of each state's adult population that identifies as LGBT, based on a 2018 analysis by The Williams Institute.

# How many LGBTQ+ patients are there?

- 169,000\* adults in Oregon identify as gay, lesbian, or bisexual
- 19,750\* adults in Oregon identify as transgender

# 185, 760\*\* Oregon adults identify as LGBT people

(5.6% of adult Oregon population - 2<sup>nd</sup> behind DC 9.8%)

<sup>\*</sup> Estimate - Williams Institute 2018 analysis

<sup>\*\*</sup>Williams Institute 2018 analysis & 2018 Census Bureau Estimates

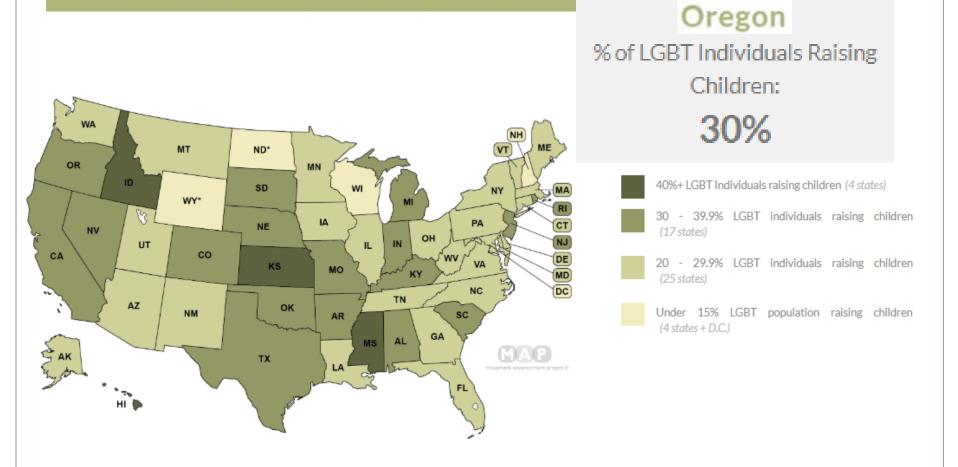
# How many LGBTQ+ patients are there?

## **OREGON 2017 Healthy Teen Survey**

- 17% 11<sup>th</sup> Graders identified as LGBTQ
  - 7.5% identified as Bisexual
- 5% Identified as questioning

 6% Reported as non-binary or multiple gender

### LGBT PEOPLE RAISING CHILDREN



This map shows the percent of LGBT people raising children in each state, based on data collected by Gallup and analyzed by the <a href="https://example.com/The-Williams Institute">The Williams Institute</a>.

# How many LGBTQ+ patients are there?

# WHERE WE CALL HOME: LGBTQ+ PEOPLE IN RURAL AMERICA WHERE WE CALL HOME: WHERE WE CALL HOME:



#### **RURAL AMERICA IS HOME TO MANY LGBT PEOPLE**

2.9-3.8
MILLION
LGBT PEOPLE IN
RURAL AMERICA

LGBT people are a fundamental part of the fabric of rural communities, working as teachers, ministers, small business owners, and more. For many of these millions of LGBT people, living in a rural community may be just as or more important to their identity as is being LGBT. Rural America is where many LGBT people choose to call home.









# LGBTQ is NOT One Word & NOT a Community

- ▶ Reside in 99% of all counties in U.S. (2010 Census)
- All races/ethnicities, faiths, cultures, and education and income levels
- Single, divorced, partnered/married, parent/family
- Uninsured, under-insured and insured

- Provides you increased knowledge about patients'
  - Health risks
  - Support system
- Those who come out are more likely to access healthcare, adhere to treatment, and develop trust in the facility
  - Women who were open with their primary care doctors and gynecologists about their sexual orientation were nearly 2½ to three times more likely to have routine screening than those who did not disclose it\*

- 31% transgender individuals that had healthcare reported that none of their health care providers knew they were transgender. (2015 US Transgender Survey)
- **40% of gay men** (NYC, 2008) <u>have not told</u> their doctor they are gay
- 70% lesbians do disclose their sexual orientation to their provider, although only 29% were asked by their provider (Stein, 2001)



### **Policies**

- Affordable Care Act
- Oregon OHP (Medicaid Expansion)
- Oregon RHEA
- Oregon DFR2016-1

# The ACA, the key to LGBT Health Equity



"The Affordable Care Act may represent the strongest foundation we have ever created to begin closing LGBT health disparities."

Ex-HHS Secretary, Kathleen Sebelius, quote from early 2012 speech

**ACA implementation has proven this true** 

#### **ACA Health Reform Highlights for LGBT**

- **Nondiscrimination:** The ACA prohibits discrimination on the basis of sexual orientation and gender identity by Marketplaces, consumer assisters, and qualified health plans.
- **Financial assistance:** advanced premium tax credits Medicaid expansion (OHP)
- Fair access to coverage: Plans may not refuse coverage or charge higher premiums
- Essential Health Benefits and no co-pay preventative care: ACA requires inclusion in all plans.
- Family coverage: all Marketplace plans that offer spousal or family coverage must offer it to same-sex spouses.

- Medicare now applies equally to all married couples, regardless of where the couple resides
- Joint Commission Standards for Patient Centered Communications - Visitation and Non-Discrimination in Care (RI.01.01.01 EP 28 & EP 29)

On January 1st, 2015, Oregon extended coverage for most transition-related healthcare under the **Oregon Health Plan (OHP**), the State's Medicaid Program

- These services include coverage for:
  - puberty suppression
  - primary care and specialist doctor visits
  - o mental health care visits
  - o cross-sex hormones, anti-androgens
  - o lab work
  - some surgeries



## Reproductive Health Equity Act

The Bill includes prohibition of services on the basis of actual or perceived race, color, national origin, sex, sexual orientation, gender identity, age or disability.

- For example, an individual who was assigned female at birth and identifies as male goes into a provider for cervical cancer screening, but his insurance only covers these screenings for females.
- The RHEA ensures insurance must cover services for this individual, regardless of his name, or what gender is on his driver's license or his birth certificate.



#### **Department of Consumer and Business Services**

Division of Financial Regulation 350 Winter St. NE, Room 410 P.O. Box 14480 Salem, OR 97309-0405

#### OREGON DIVISION OF FINANCIAL REGULATION BULLETIN DFR 2016-1

TO: All Entities Transacting Insurance in Oregon

RE: Nondiscrimination Related to Transgender Persons in the Transaction of Insurance in

Oregon

The purpose of this bulletin is to clarify prohibitions against unfair discrimination in the transaction of insurance in Oregon and to reiterate expectations of the Department of Consumer and Business Services (DCBS) about how insurers and other licensees, and authorized entities must address issues related to transgender persons.

### The Good News

# You don't have to be an expert on LGBTQ culture to offer culturally competent care

- You just need
  - Basic information
  - A willingness to learn
  - An openness to hear what your patient is trying to tell you

- ▶ L Lesbian (sexual orientation)
- ▶ **G** Gay (sexual orientation)
- ▶ **B** Bisexual (sexual orientation)
- ▶ T Transgender (gender identity)
- ▶ **Q** Queer

Other letters/terms: Q - questioning, I - intersex, 2S - 2 spirit, same gender loving, pansexual

#### **Sexual Orientation**

- How a person identifies their physical and emotional attraction to others
  - Lesbian
  - o Gay
  - Bisexual
  - Heterosexual
  - Queer terminology continues to evolve

#### **Sexual Orientation**

- Lesbian an identity label for women who have primary sexual, romantic attraction towards women
- **Gay** an *identity* label for men\* who have primary sexual, romantic and relational attraction towards men
- **Bisexual** an *identity* label for people who have sexual, romantic attraction toward with either men or women.
- **Pansexual** an *identity* label for people who have romantic or emotional attraction towards people regardless of their sex or gender identity

<sup>\*</sup> Some women refer to themselves as Gay

### Sex, Gender, and Gender Identity

- **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:** A person's internal sense of their gender (do I feel male, female, both, neither?)

### **Gender Identity**

- All people have a gender identity
- A person's internal sense of their gender (do I consider myself male, female, both or neither)
- For many this matches the sex assigned at birth, for transgender people it does not
- Our gender identity may or may NOT match one's appearance, body, or other's perception
- Gender identity is increasing described as being on the spectrum

### **Gender Expression**

 How one presents themselves through their behavior, mannerisms, speech patterns, dress and hairstyle

May be on the spectrum

### Transgender people

- Gender identity not congruent with the assigned sex at birth
- Alternate terminology
  - o Transgender man, trans man, female to male (FTM)
  - Transgender women, trans woman, male to female (MTF)
- Non-binary, genderqueer, gender neutral
  - Genderqueer person
- Trans masculine, Trans feminine
- May decide to transition at any age
- May or may not change their names/pronouns
- May or may not use hormones or surgery

# LGBTQ – Defining the Alphabet

#### **Gender Identity # Sexual Orientation**

- All people have a gender identity and a sexual orientation
  - How people identify can change
  - Terminology varies
- Gender identity is not the same as sexual orientation

#### Remember

## It is not always obvious who is LGBTQ!

- The form is not going to tell you what you need to know.
- It is OK to ask questions about partners, gender, preferred pronouns, language used for body parts
- It is ok to feel awkward as you learn to ask

#### Barriers to Healthcare

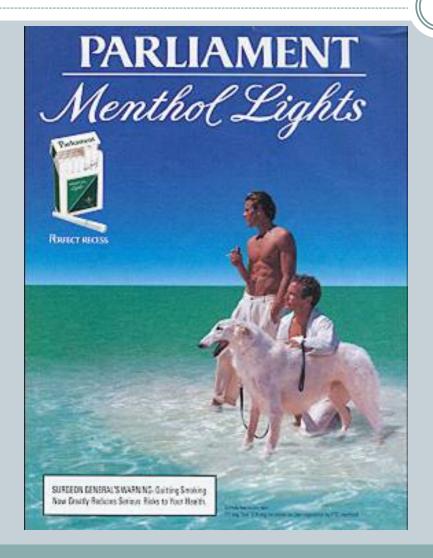
- Lack of health insurance, including lack of spousal benefit
- Being afraid to tell your doctor about your sexuality or your sexual history
- Having a healthcare provider who does not know the disease risks or the issues that affect LGBTQ individuals
- Multiple stigma: ethnicity/race, gender, ability, citizenship, etc.
- Not understanding one's risk for health issues and disease
- Lack of knowledge about available health and wellness resources
   from benefits to providers

## LGBTQ Disparities & Risks

#### **Health Disparities & Risks**

- Tobacco
- Alcohol
- Mental Health
- Cancer
- Obesity
- Cardio Vascular Disease
- HIV
- Drugs

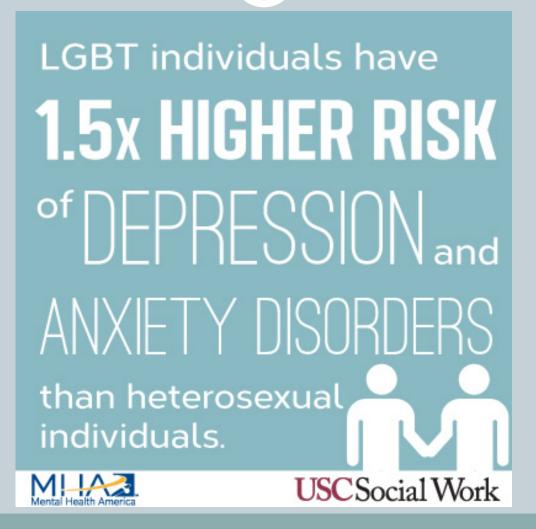
## **High Smoking Rates**



Adults in U.S 20.6% LGB and 35.5% Transgender vs.

14.9% non-LGBT smoke cigarettes

#### Mental Health – Increased Risk



#### LGBT Cancer Risks

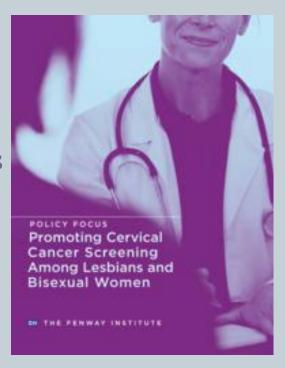
#### Dramatically higher cancer risk factors

- Tobacco
- Alcohol
- Obesity
- Nulliparity
- HPV
- HIV
- Lack of access

## **Lower Cancer Screening Rates**

#### Dramatically lower screening rates

- Mammograms
- Cervical Pap/Well Person exams
  - LB women 10 x less likely to have Pap tests
- Anal Pap Smears
- Colonoscopies



The Fenway Institute analysis, titled <u>Promoting Cervical Cancer Screening among</u> Lesbians and Bisexual Women,

#### **Increased Breast Cancer Risk**



# Lesbian, Gay, Bisexual and Transgender

#### Is there an increased risk?

Lesbian, gay, bisexual women and transgender people have a greater risk of breast cancer than other women. The risk is not because of their sexual orientation. Rather, it is because some risk factors for breast cancer and barriers for breast cancer detection — never having children and not seeing a doctor on a regular basis — occur more often in these populations.



#### **LGBT Lack of PCP**

#### LGBT Women Almost Twice As Likely Than Non-LGBT Women to Lack a Personal Doctor

Percentage in U.S. Without a Personal Doctor, by LGBT Status and Gender

Do you have a personal doctor? (% No)

|            | LGBT<br>% | Non-LGBT<br>% | Difference<br>(pct. pts.) |
|------------|-----------|---------------|---------------------------|
| All adults | 29        | 21            | 8                         |
| Men        | 29        | 27            | 2                         |
| Women      | 29        | 16            | 13                        |

Gallup-Healthways Well-Being Index Jan. 1-June 23, 2014

#### LGBTQ Health Issues & Risks



The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas.

#### LGBTQ Health Issues & Risks



#### **Adult Experiences**

- 31% reported none of their health care providers knew they were transgender
- 23% did not see a doctor when they needed to because of fear of being mistreated as a transgender person
- 33% who saw a health care provider in the past year reported having at least one negative experience related to being transgender higher % for people of color & people with disabilities
- **29**% living in poverty (vs. 12% in the U.S. pop) **38-43**% trans people of color were living in poverty
- **30**% experienced homelessness at some point in their lives
- **68**% reported *none* of their IDs had the name and gender they preferred
- 47% of respondents were sexually assaulted at some point in their lifetime
- **40%** have attempted suicide (vs. 4.6% U.S. pop)

#### LGBT Health Issues & Risks



#### **Kindergarten - K12 Experience**

- 77% of those who were out or perceived as transgender experienced some form of mistreatment
- 54% of those who were out or perceived as transgender were verbally harassed
- 24% of those who were out or perceived as transgender physically attacked
- 13% sexually assaulted in K–12 because of being transgender
- 17% faced such severe mistreatment as a transgender person that they left a K-12 school

#### LGBTQ Health Issues & Risks

## 2019 LGBTQ Teen Survey - 12,000 respondents 13-27 from 50 states & DC

- 77% reported feeling depressed or down over the past week
- 95% reported trouble sleeping at night
- > 70% reported feelings of worthlessness and hopelessness in the past week
- 77% reported they've heard family members make negative comments about LGBTQ people
- LGBTQ youth of color and transgender teenagers experience unique challenges and elevated stress only 11% of youth of color surveyed believe their racial or ethnic group is regarded positively in the U.S., and over 50% of trans and gender expansive youth said they can *never* use school restrooms that align with their gender identity

#### LGBTQ Health Issues & Risks

#### **LGBTQ+ Youth**

- 2 to 3 times more likely to attempt suicide
- More likely to be homeless (20-40% LGBTQ)
- Risk of HIV, STDs

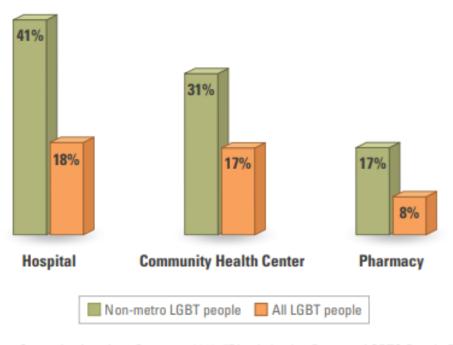


- How do sexual orientation and gender identity impact health for rural residents?
  - Not accessing healthcare due to anticipated, internalized and enacted stigma
  - Privacy and confidentiality concerns
  - Patients not disclosing sexual orientation or gender identity to a provider, which could impact provision of needed urgent and preventative care
  - Limited training of healthcare providers related to LGBT health-related issues
  - Provider bias or discrimination, which can be more problematic in a rural area with fewer providers to choose from

# Why do we need to know who our LGBTQ patients are?

Figure 17: More Difficult for Rural LGBT People to Find Health Care If They Are Discriminated Against

% of LGBT people saying that, if they were turned away by each provider, it would be "very difficult" or "not possible" for them to find those services somewhere else



Source: Center for American Progress, 2018, "Discrimination Prevents LGBTQ People From Accessing Health Care."

# Creating a Welcoming Environment & Overcoming Barriers



#### Individual / Practitioner Level Interventions

#### DON'T ASSUME anything about a patient

- Gender and gender identity
- Sexual orientation
- Relationship status
- HIV/AIDS status

#### Change your LANGUAGE

- O Use gender-neutral language "partner", "spouse".
- Mirror the language people use for themselves, their partners and their body parts

#### Individual / Practitioner Level Interventions

#### Show your OPENESS

- Assure confidentiality to make coming out safe
- Have LGBT publications/health literature in waiting room

#### LEARN more

- Read more about the LGBT community
- Learn about LGBT families and health risks

#### Individual / Practitioner Level Interventions

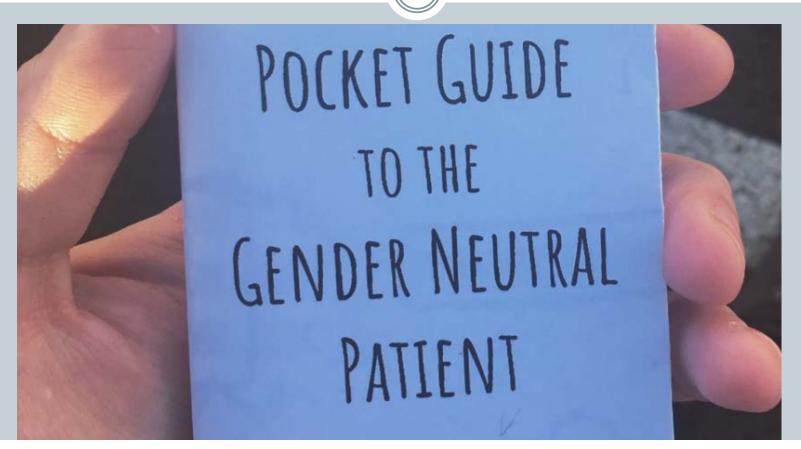
# What to do when you meet transgender or non-binary customers?

- Ask for name if different from legal name on file
- If unsure, politely ask for name and pronoun they would like you to use
- Listen and/or ask and use preferred names for their body parts
- Avoid invasive unnecessary questions
- In case of mistake, say I'm sorry, I didn't mean to be disrespectful and move on

#### Examples of How to Identify your LGBT Patients

- Instead of "Are you married"
  - "Are you in a relationship?"
  - "Are you seeing someone now?"
  - o "Do you have a significant other?"
  - "Your partner...?"
- Instead of "Who is his mother and father?"
  - o "Who are your parents?"
- Instead of using the gender/name found on forms
  - o "I would like to be respectful, what name and pronoun would you like me to use?

#### Tools to Help you Engage Your LGBTQ Patient



# Transgender Cancer Patient Project

INCLUSIVE HEALTHCARE, COMMUNITY BUILDING, PATIENT ADVOCACY

https://transcancerzine.com/zines/

# **Building Inclusive Rural Practices**

4 At 14, I wouldn't tell the doctor my secured Orientation because I'd know he also sees my parents. I think ra feel the opposite if he Would have said, well I want you to know this is confidential and I ask this of Everyone? That's a very different conversation.

# 5 simple tips to improve LGBTQ patient-provider interactions

- Change office environment to include positive LGBTQ artwork,
- Use culturally appropriate and specific terminology and pronouns that stretch across the sexual/gender spectrum on intake forms
- Encourage respectful, direct, and open-ended questions in
- Provide training on LGBTQ issues for all staff
- Reflect on assumptions, biases and preconceived notions. Perspectives can be changed and unlearned.

#### Sources:

Sources:
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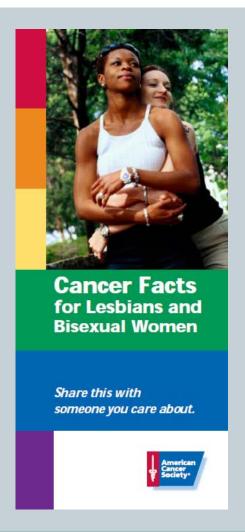
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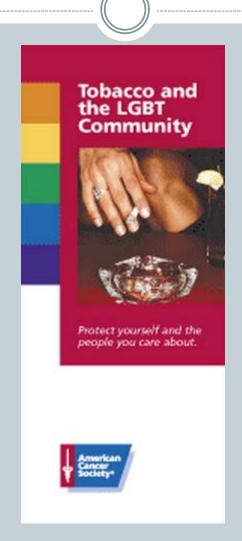
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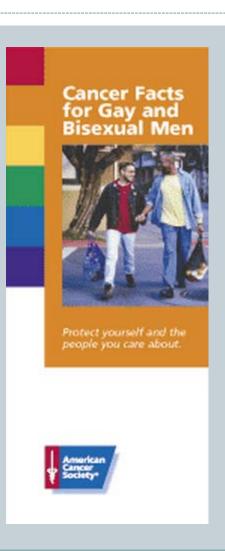
## Organizational –Level Changes

- Provide visible LGBT symbols and literature in waiting room
- Incorporate all LGBT —defined "family" members into the treatment and recovery process
- Have current list of LGBT referrals available
- Implement and LGBT task force or committee

#### **ACS LGBT Brochures**







## Other Suggested Changes

- Post and enforce LGBT-inclusive nondiscrimination policies.
- Offer staff continuing education on LGBT health
- Hire LGBT staff
- Collect data on LGBT patients and conduct research on LGBT health
- Pursue Human Right's Campaign (HRC's) Healthcare Equality Index (HEI) rating
  - o VA Portland Medical Center, Oregon Health & Science University Hospital, Kaiser Permanente Hospitals, Legacy Health all 100



Health People 2020 *LGBT* page

OWH, Lesbian and Bisexual Health

**Hospital Visitation policy** 

**Affordable Care Act** 

CDC LGBT health pages

Joint Commission LGBT Field Guide

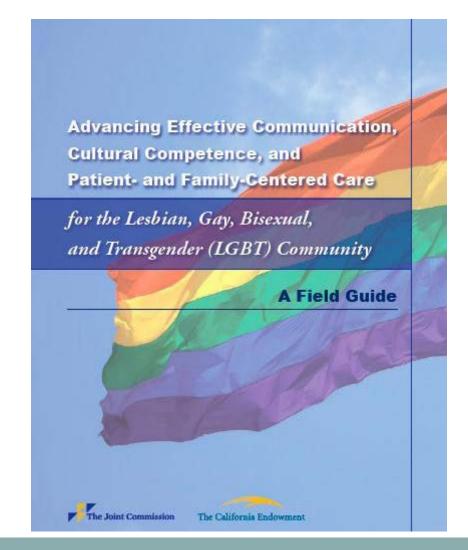
Institute of Medicine report *The Health of LGBT People* 

HHS LGBT Issues Coordinating Committee 2012 Report

When Health Care Isn't Caring, Lambda Legal

HRC HEI

# LGBT Health/Healthcare Education Information and Resources



2016 Journal of the American Board of Family Medicine article offers guidance to primary care providers to improve LGBTQ care delivery.

#### Stakeholders' Recommendations to Improve Patient-centered "LGBTQ" Primary Care in Rural and Multicultural Practices

Miria Kano, PhD, Alma Rosa Silva-Bañuelos, BA, Robert Sturm, MA, and Cathleen E. Willging, PhD

Purpose: Individuals among gender/sexual minorities share experiences of stigma and discrimination, yet have distinctive health care needs influenced by ethnic/racial minority and rural realities.



A day-long training event for healthcare and social service professionals, the Meaningful Care Conference aims to promote LGBTQ+ cultural competency in health care and social services, share current LGBTQ+ best practices, and todevelop and diversify networks of LGBTQ+ culturally competent health care and social service providers.

PORTLAND AIRPORT SHERATON

8235 NE Airport Way, Portland OR 97220

https://meaningfulcare.org/





#### Welcome to the Oregon AETC!



The Oregon AIDS Education and Training Center (AETC) is a program of the Mountain West AETC funded in part by the Oregon Health Authority (OHA) and the Health Resources and Services Administration (HRSA) to offer provider education to improve patient health outcomes for people at risk or living with HIV while preventing new infections in our community.

Currently serving 12 counties in Oregon and SW Washington, the OREGON AETC continues to expand our efforts statewide.

See Upcoming Events!

What We Do...

#### COMING SOON

#### 2019 HIV CONTINUUM OF CARE CONFERENCE

September 24 - 25, 2019

#### **Upcoming Events**

#### Contact

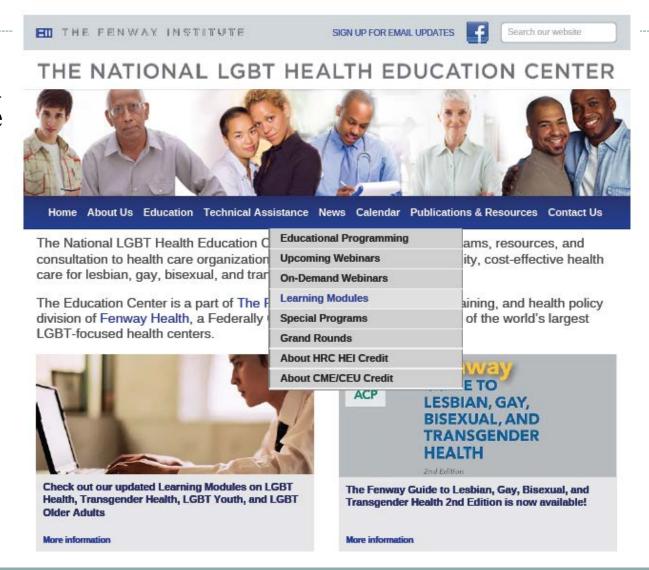
➤ LOCATION

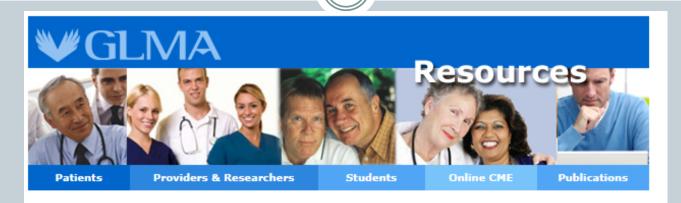
Portland VA Research Foundation 3710 SW Veterans Hospital Road Portland, OR 97239

CONTACT

Dayna K. Morrison, MPH, Program Manager dayna@oraetc.org 971.200.5266

- Certified to offer prescribed credits from the American Academy of Family Physicians.
- Prescribed credit is accepted by the AMA & the American Nurses Credentialing Center





#### For Patients

- Find a Provider
- Healthcare Equality Index
- 10 Things Gay Men Should Discuss with Their Healthcare Providers
- 10 Things Lesbians Should Discuss with Their Healthcare Providers
- 10 Things Bisexuals Should Discuss with Their Healthcare Providers
- 10 Things Transgender Persons Should Discuss with Their Healthcare Providers
- Lambda Legal
- · Trans Health Resources
- Hepatitis
- Depression

#### For Providers & Researchers

- Join the Provider Directory
- Crystal Meth
- · Physician Survey Project
- Trans Health
- Provider Guidelines for Creating a Welcoming Environment
- · Healthy People 2010 Companion Document
- Columbia University GLMA White Paper: Report on Health of Lesbian, Gay Male, Bisexual, and Transgender Individuals
- American Cancer Society: Research Proposals
   Directed at Poor and Underserved Populations
- · www.gaydata.org

**GLMA:** Health Professionals Advancing LGBTQ Equality (previously known as the Gay & Lesbian Medical Association) is the world's largest and oldest association of lesbian, gay, bisexual, transgender and queer (LGBTQ) healthcare professionals.

#### 7th Annual GLMA Nursing Summit

37th GLMA Annual Conference on LGBTQ Health

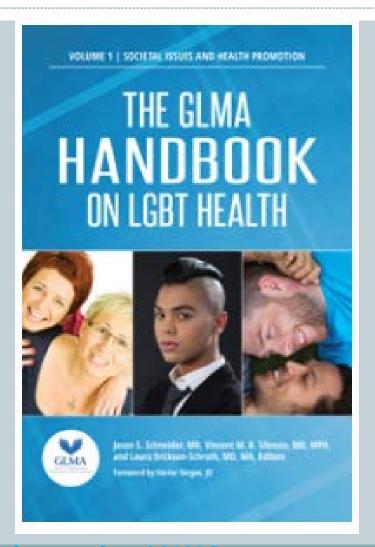


Full-day summit for LGBTQ nurses, nurse allies and nurse supporters organized and led by the GLMA Nursing Section!



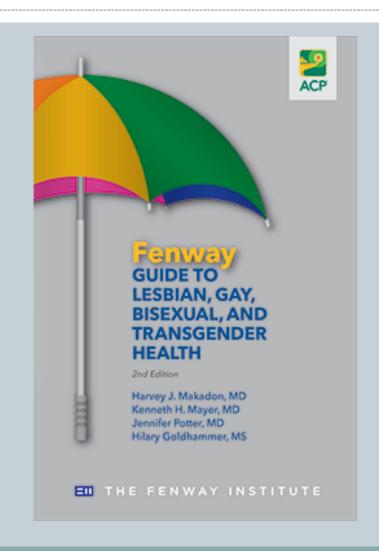
http://glma.org/

Handbook on LGBT physical and mental health created by the world's oldest and largest association of lesbian, gay, bisexual, and transgender health care professionals.



**Publisher:** American College of Physicians; 2 edition (May 8, 2015)

- Principles for taking an LGBTinclusive health history
- Caring for LGBTQ youth, families, and older adults
- Behavioral Health Care: coming out, intimate partner violence, drug, alcohol, and tobacco use
- Understanding health care needs of transgender people
- Development of gender identity in children and adolescents
- Sexual health and HIV prevention
- Policy and legal issues





STANDARDS OF CARE VERSION 7

FREE PDF version

### Available in 18 Languages

| Arabic   | Chinese    | Croatian   |
|----------|------------|------------|
| English  | Finnish    | French     |
| German   | Hindi      | Italian    |
| Japanese | Korean     | Norwegian  |
| Persian  | Portuguese | Russian    |
| Serbian  | Spanish    | Vietnamese |



The
World Professional
Association for
Transgender Health

Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

Th Version



HealthcareBillOfRights.org

Your personal life and relationships affect your health more than you realize, so your doctor and other providers need to know your story.

We should all feel safe talking about our sexual partners, sex lives, sexual orientation, HIV status, and gender identity.

#### RIGHT TO BE TREATED WITH EQUALITY AND RESPECT

- You deserve to be treated with respect and made to feel welcome no matter who you are.
- You have a right to not be denied service or given inferior service.

RIGHT TO AFFIRMATION OF YOUR TRUE GENDER IDENTITY

RIGHT TO HELP DESIGNATING WHO WILL MAKE DECISIONS FOR YOU

RIGHT TO VISITATION BY ANYONE YOU CHOOSE

RIGHT TO YOUR PRIVACY

RIGHT TO PROTECTIONS IF YOU ARE DISCHARGED DUE TO DISCRIMINATION

#### LEARN MORE AT

HEALT HOARE BILL OF RIGHTS ORG









# 10 TIPS FOR FINDING LGBT-AFFIRMING SERVICES



National Resource Center on LGBT Aging National Headquarters c/o Services & Advocacy for GLBT Elders (SAGE) 305 Seventh Avenue 6th Floor New York, NY 10001

212-741-2247 phone 212-366-1947 fax As an LGBT older adult or a caregiver, you and your loved one might be considering home care or long-term care services. However, you might be concerned about finding services and programs that are LGBT affirming. Inviting someone into your home or revealing personal information can be intimidating at any time, and you may be feeling particularly vulnerable at this point in time. It is important to find service providers who understand LGBT issues and can be trusted to provide you with competent, respectful care. Here are ten helpful tips on finding an LGBT-affirming service provider:

1. The best references come from the people you already know and trust. Ask friends with similar circumstances who they have worked with, and whether they felt

#### **HEI 2019 Rating System and Methodology**

The Healthcare Equality Index has four core objectives:

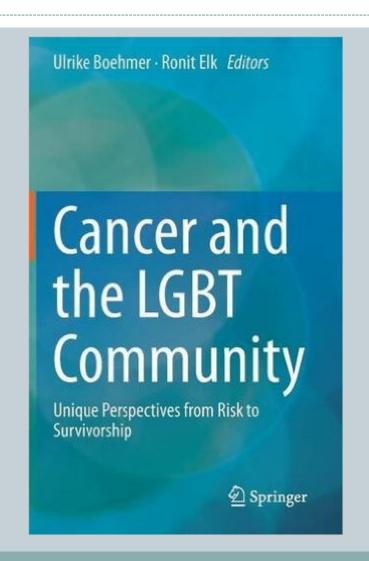
- Ensure foundational non-discrimination protection for patients, visitors and staff in patient and staff policies and provide cultural competency training on LGBTQ-inclusion
- Demonstrate progress toward inclusion on LGBTQ patient care services and support
- · Cultivate an inclusive workplace by providing LGBTQ-inclusive employee policies and benefits
- Demonstrate engagement with and public commitment to the LGBTQ community

|  | 40 Points |  |
|--|-----------|--|
| Criteria 1 - Non-Discrimination and Staff Training   |           |  |
| This criteria encompasses what was previously considered the Core Four Leader Criteria.  |           |  |
| All questions in this section are scored and must be met in order to attain Leader status.   |           |  |
| Patient Non-Discrimination   |           |  |
| a. LGBTQ-inclusive Patient Non-Discrimination Policy   |           |  |
| <ul> <li>Policy must include the terms "sexual orientation" and "gender identity and expression" (or<br/>"gender identity")</li> </ul> |           |  |
| b. Patient non-discrimination is communicated to patients and staff  |           |  |
| <ul> <li>Policy is shared in two ways with the public, typically online and in-print</li> </ul>  |           |  |
| Policy is shared with staff in at least one way.   |           |  |
| Equal Visitation   |           |  |

https://assets2.hrc.org/files/assets/resour ces/HEI\_Scoring\_Criteria.pdf?\_ga=2.2471 20004.1269968112.1565716792-1630196508\_1565716792 https://www.hrc.org/hei/hei-scoringcriteria

**Publisher:** Springer; 2015 edition (June 9, 2015)

- First book ever written on cancer in LGBT communities
- Offers an in-depth look at the most up to date research in this field
- Provides a roadmap for future researchers, policy makers, advocates and health care providers



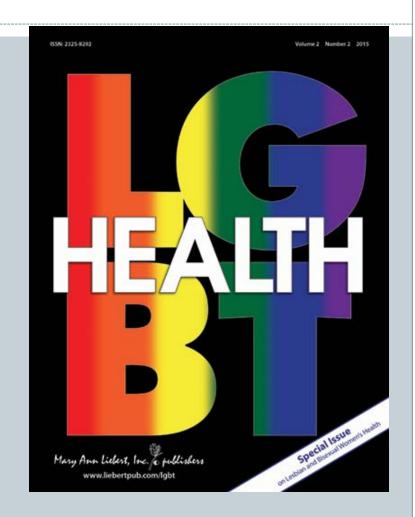
### LGBT Health

Quarterly peer-reviewed journal dedicated to promoting optimal healthcare for millions of sexual and gender minority persons worldwide.

Editor-in-chief: William Byne, MD, PhD

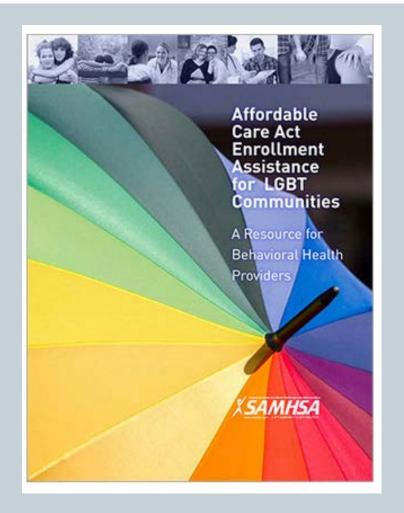
ISSN: 2325-8292 • Published Quarterly • Online

ISSN: 2325-8306



http://www.liebertpub.com/overview/lgbt-health/618/

 Guides health professionals in helping lesbian, gay, bisexual and transgender (LGBT) people understand health insurance options, particularly mental health and substance abuse benefits and services, under the Affordable Care Act (ACA) and enroll in plan



### Do Ask, Do Tell

A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings

THE FENWAY INSTITUTE
Center for American Progress

CA



#### Do Ask, Do Tell

A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings

### Who Should Use The Toolkit

- Patients & Consumers
- Clinicians
- Front-line Staff
- IT & Medical Informatics Staff
- Leadership
- · Quality Improvement Staff
- Clinical Researchers
- Legal Affairs Staff



#### Home Toolkit \*

# °DoAskDoTell.org

#### ACCESS TO CARE AND RESOURCES

There are many resources for LGBT patients seeking medical care and advice. Here are a few you may be interested in.

Want more information about LGB1 health care? The National LGBT Health Education Center has publications and resources for patients and providers: www.lgbthealtheducation.org

#### ant more information abou

transgender health issues? The Center of Excellence for Transgender Health has many resources: www.transhealth.ucsf.edu

Want information about health care organizations that demonstrate a

commitment to LGBT health care? The Human Rights Campaign (HRC) publishes a Health Equality Index yearly: www.hrc.org/hei

#### Want additional support for your

friends or family? Parents and Friends of Lesbians and Gays (PFLAG) publishes lists of organizations it partners with and local groups for support, education, and advocacy: www.pflag.org

#### FREQUENTLY ASKED QUESTIONS

to know that I'm gayllasbian/bi/trans. Will this information be shared? Your provider will keep conversations you have confidential. Your health care provider is bound by laws and policies to keep your information private. If you are under 18, these laws will vary by state and policies may vary by medical practice. You can also ask your provider not to

what it my provider uses the wrong terms or pronouns when referring to me or my spouse/partner? Providers may not always know what terms you prefer to use. Let them know how you describe yourself and your partner(s), and

What if I still don't feel comfortable coming out to my current provider? There are several ways to find a provider you connect with. To start, you can talk to friends or use the recources in this brochure. Finding a provider you are comfortable with is essential to make all yours all pround houtile and it validouses.

This publication was produced by the National LOBT Health Education Center. The Ferneny Institute, Ferneny Health Indiding under cooperative agreement #U300522742 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Cear. The contrast of this publication are solely health Cear. The contrast of this publication are solely the responsibility of the authors and do not necessarily represent the official tess of HHS or HEIGS.

MATIONAL LIGHT HEALTH

COMUNAS

#### Do Ask, Do Tell:

Talking to your health care provider about being LGBT













Question Design Methodology: How to Ask SO/GI Questions

# LGBT Data Collection in Clinical Setting

LGBT Health Volume 1, Number 1, 2013 © Mary Ann Liebert, Inc. DOI: 10.1089/lgbt.2013.0001 **ORIGINAL ARTICLE** 

Sexual Orientation and Gender Identity Data Collection in Clinical Settings and in Electronic Health Records:

A Key to Ending LGBT Health Disparities

Sean Cahill, PhD,1,2 and Harvey Makadon, MD3,4

| Do you think of yourself as:   |  |
|--|--|
| ☐ Lesbian, gay, or homosexual ☐ Straight or heterosexual ☐ Bisexual ☐ Something else ☐ Don't know <sup>26</sup>  |  |
|  |  |
| What is your current gender identity?  |  |
| □ Male         □ Female         □ Transgender Man/Transman         □ Transgender Woman/Transwoman         □ Genderqueer         □ Additional Category         □ Decline to State |  |
| What sex were you assigned at birth?   |  |
| ☐ Male ☐ Female  |  |

☐ Decline to State<sup>27</sup>

http://online.liebertpub.com/doi/pdfplus/10.1089/lgbt.2013.0001

..."Many physicians incorrectly believe that lesbian patients do not need cervical cancer screening,"...



The American College of Obstetricians and Gynecologists

### **COMMITTEE OPINION**

Number 525 • May 2012

Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

#### Health Care for Lesbians and Bisexual Women

**ABSTRACT:** Lesbians and bisexual women encounter barriers to health care that include concerns about confidentiality and disclosure, discriminatory attitudes and treatment, limited access to health care and health insurance, and often a limited understanding as to what their health risks may be. Health care providers should offer quality care to all women regardless of sexual orientation. The American College of Obstetricians and Gynecologists endorses equitable treatment for lesbians and bisexual women and their families, not only for direct health care needs, but also for indirect health care issues.

https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Lesbians-and-Bisexual-Women







### American Psychological Association

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August 6, 2015

# APA Adopts Guidelines for Working With Transgender, Gender Nonconforming People

Aim is to ensure well-informed care, treatment and research

The document lays out 16 guidelines aimed at helping professionals better understand the lifespan development, stigma, discrimination and barriers to care faced by this population, as well as the state of research surrounding transgender and gender nonconforming people.

# American College of Clinical Pharmacy Resources

### ACCP WHITE PAPER

Cultural Competency in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions

American College of Clinical Pharmacy

Mary Beth O'Connell,\* Magaly Rodriguez de Bittner, Therese Poirier, Lamis R. Karaoui,

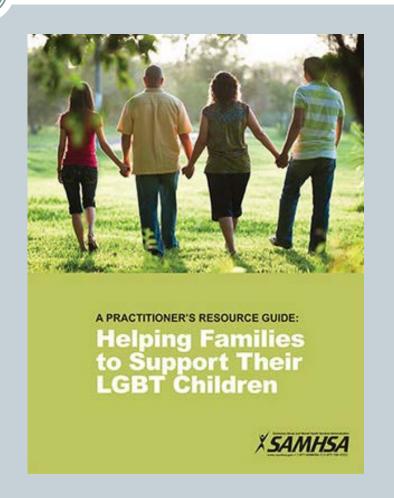
Margarita Echeverri, Aleda M.H. Chen, Shin-Yu Lee, Deepti Vyas, Christine K. O'Neil, and

Anita N. Jackson

Sexual orientation and gender identification should also be incorporated into the cultural sensitivity pharmacy curriculum. Proposed methods for including lesbian, gay, bisexual, transgender, and/or questioning sexual identity (LGBTQ) cultures and health issues in curriculums include exposure to LGBTQ individuals and the use of

standardized patient scenarios, didactic lectures and seminars, guest panel discussions, poster presentations, and student reflections.77 The LGBTQ curricular content and primary literature analysis that focus on human immunodeficiency immunodeficiency virus/acquired syndrome (HIV/AIDS) and other sexually transmitted infections as the predominant or exclusive topic of study are not reflective of the overall health care needs of the LGBTQ community and can reinforce stereotypes of sexual risk behavior.77, 78 Pharmacy faculty should consider adding LGBTQ case scenarios and curricular content to examine and increase student awareness of other health concerns in addition to HIV/AIDS and the sexually transmitted illnesses that affect the LGBTQ community (e.g., smoking, alcohol and substance abuse, obesity, physical abuse, depression, suicide) and issues related to their health care (e.g., appropriate terminology and communications, reasons for avoiding health care providers, consequences of culturally incompetent care). 79

 Guides health professionals in helping lesbian, gay, bisexual and transgender (LGBT) people understand health insurance options, particularly mental health and substance abuse benefits and services, under the Affordable Care Act (ACA) and enroll in plan



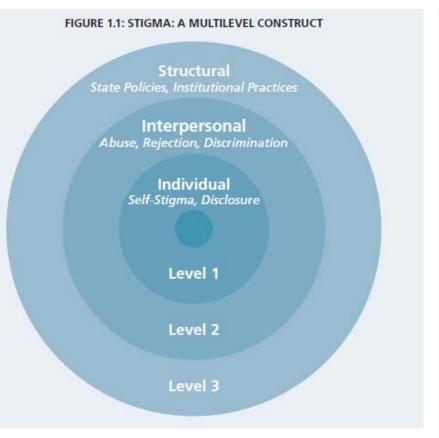


Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD

A Resource for Medical Educators

Implementing Curricular and Institutional
Climate Changes to Improve Health Care for
Individuals Who Are LGBT, Gender
Nonconforming, or Born with DSD: A Resource
for Medical Educators





# Thank you!

Q & A

# Thank You!

### **Contact information:**

Liz James Liz.James02@gmail.com