Creating a Gender Inclusive Medical Experience

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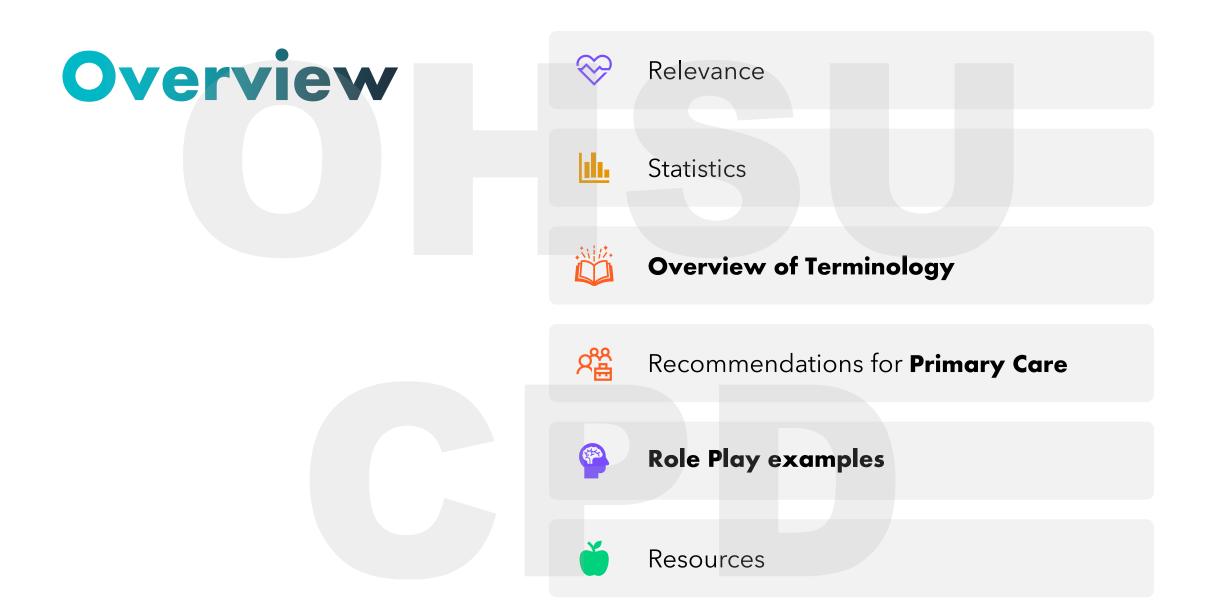
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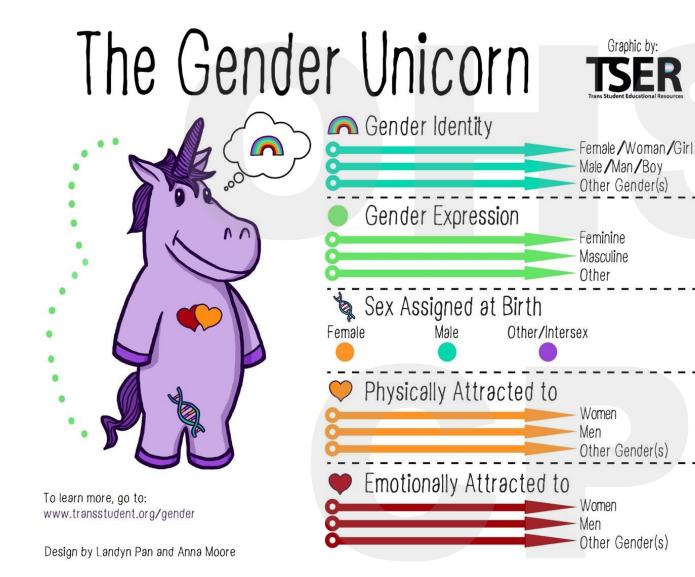
(permission to use several slides created by Dr. David Thompson)



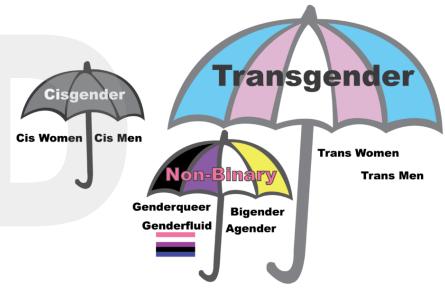
Disclosures

- Janine (she/her) cis, black, heterosexual female
- Kylie (she/her)- Cis, white, queer female
- Greg (he/him) Cis, white, heterosexual male





- **LGBTQ:** refers to lesbian, gay, bisexual, transgender, and queer identities.
- The "+" sign captures identities beyond LGBTQ:
 - questioning, pansexual, asexual, two-spirit, gender diverse, nonbinary, intersex and other identities



Healthcare Disparities

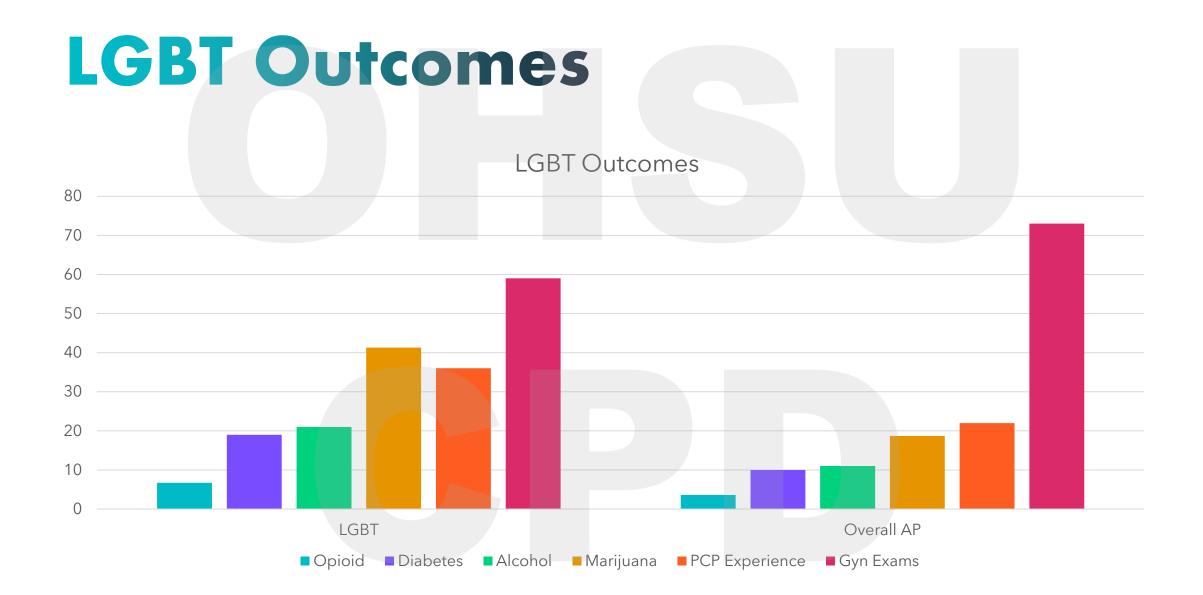
- One reason for LGBTQ+ affirming continuing education
- LGBTQ+ populations struggle with higher rates of mental and physical health issues
- Minority stress and systemic inequalities identified in research as factors
 - LGBTQ+ individual face higher rates of discrimination in healthcare settings
 - TGD+ Veteran face exceptionally high rates of discrimination and harassment
- Discrimination linked to higher rates of mental health issues and lower rates of healthcare engagement



Using Nonchosen/Dead Names

- How can this impact someone?
 - Exacerbating gender dysphoria
 - Invalidates identity and can lead to frustration and anger
 - Increased suicidal thoughts
 - Intrusive memories about trauma such as being kicked out of their family, church, home etc.









Patient Experience

- LGBTQ+ patients report feeling anxious, ashamed, unwelcome, and distrusting in healthcare settings (Dean, Victor, & Guidry-Grimes, 2016)
- Microaggressions create discomfort for LGBTQ+ patients, who may then miss healthcare appointments, withhold important information during health visits, frequently change providers, or avoid health care altogether (Smith & Turell, <u>2017</u>)
 - Fight or flight in response to discrimination and microaggressions (Casanova-Perez et al., 2022)
- Increased discrimination for BIPOC LGBTQ+ members
 - 53 percent of LGBTQ+ people of color faced discrimination in health care, compared with 44 percent of White LGBTQ+ people (Rummler & Mithani, 2022).



LGBTQ+ Americans report more medical discrimination

Share of Americans in the 2022 19th News/SurveyMonkey poll who have experienced each of the following while at a doctor's appointment

	LGBTQ+	Not LGBTQ+	▼ DIFF
Felt discriminated against because of my gender/sexual orientation	20%	3%	+17
Health care provider was biased/stereotyped me	28%	12%	+16
Was blamed for my health problems	24%	9%	+15
Was denied/refused medical services	16%	7%	+9
Felt discriminated against because of my race	9%	4%	+5

Poll fielded online from August 22-29, 2022, among a national sample of 20,799 adults with a modeled error estimate of ±1.0 percentage points.

Patient Experience

- There are multiple types of overt/covert microaggressions that negatively impact LGBTQ+ folks specifically:
 - Heteronormative/cisnormative language and assumptions
 - Noticeable discomfort
 - Lack of respect for LGTBQ+ culture
 - Stereotypes
 - Incorrect identifying information
 - Homophobic/transphobic language
 - Referral to another provided based on sexual orientation or gender identity
 - Excessive focus on sexual orientation or gender identity (assumptions about purpose of visit)

Un-Affirming Communication

Staff misgendering patients even after being corrected

Staff calling patient by the wrong name or deadnaming patients even after being corrected



Patient claiming homophobic slurs being used by staff

Patients feeling like they need to educate their provider on LGBTQ+ health or that the provider isn't comfortable with their patient

Staff making assumptions about someone's partner, family, organs, gender, or sexual orientation

Reviewing Terminology

Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example	
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.	
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.	
They	Them	Theirs	Themself	They are speaking. I listened to them. The backpack is theirs.	
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.	
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- Pronouns are the words people should use when they are referring to you when not using your name.
 Examples of pronouns are she/her/hers, he/him/his, they/them/theirs, and ze/hir/hirs (pronounced "zee," "here" and "heres")
- Use a patient's chosen pronouns with the patient, their family, other staff members and in all documentation.
- Knowing someone's gender doesn't mean you know what pronouns they use!

Affirmed Names and Pronouns

Best Practice	Example		"What name and pronouns would you like me to use?"
When addressing new patients, avoid pronouns or gender terms like "sir" or "ma'am."	"How may I help you today?"	If you are unsure about a patient's name or pronouns, ask politely and privately.	"Would you like me to use (name they gave you) and (pronouns they gave you) in your chart when I'm writing notes or would you like something different?"
When calling patients in the waiting room, avoid gender terms like "Mr." or "Mrs."	"Veteran Draper, your provider is ready to see you now."		
When talking to coworkers about new patients, also avoid pronouns and gender terms. Or use gender- neutral words such as "they." Never refer to someone as "it."	"Your patient is here in the waiting room."	Ask respectfully about names if they do not match in your records.	"Could your chart be under another name?"
	"They are here for their 3 o'clock appointment."		"What is your last name and the last 4 of your social security number?"

Further Recommendations

- Don't challenge experience of microaggressions, validate patient experience (MacIntosh et al., 2022)
- Patient-centered approach
 - Treatment approach centered around their needs and with them as the expert
 - Involve patients and patient representatives in identifying their affirmed terminology
- Establish welcoming health care environments (Heredia et al., 2021)
- Challenge your heternormative schemas (Dean et al., 2016)
- Consult with local LGBTQIA+ committees in your system



Further Recommendations

- Get curious about your biases
 - Take a Test (harvard.edu)
- Get curious about your identity (remember the Gender Unicorn?)
- You are human and don't have to be an expert on everything. We can practice
 humility in everything we do so we're ready when we need it
- Continue to engage in formal trainings, read books
- Ask questions of people from people who differ from you who have expressed willingness to have a discussion (but please come prepared)
- Speak up and advocate, minimize healthcare disparities

Case Examples

Case One

Celina is a transgender woman being examined for an infection in her hand. The provider has never taken care of a transgender person before and finds himself very curious about Celina. He repeatedly catches himself staring at her. While taking Celina's vitals, the provider asks, "What was the gender affirming surgery like? Do you take hormones?" Celina angrily responds, "I don't think that has anything to do with my hand."

Case One Questions

- Why might the patient be upset?
- What could the provider have done different?
- How could the provider make it right?



Case Two

Aarya arrives for her urgent care appointment and appreciates when the assistant at the front desk asks for the name she goes by and her pronouns ("Aarya," and "she/her/hers"). She is disappointed later, however, when the nurse practitioner asks if she "has a boyfriend" while taking a sexual health history.

Case Two Questions

- Why might the patient disappointed?
- What could the provider have done different?
- How could the provider make it right?



Case Three

Fabian, who identifies as gay, is a new patient in his health center's primary care department. The doctor assigned to Fabian has little experience working with LGBTQ+ patients. During the exam, the doctor is polite but not friendly, and he avoids eye contact by looking at his computer screen most of the time. He decides to skip asking Fabian any family or sexual history questions because it makes him uncomfortable, and because he sees that Fabian has recently been tested for HIV. Fabian leaves the health center feeling bad about his care and wondering if he will ever return. The doctor, meanwhile, feels proud of himself for agreeing to treat Fabian despite his sexual orientation, and for not saying anything that could be considered offensive or judgmental.

Case Three Questions

- What are the implications of the doctor's behavior?
- What could the provider have done different?
- How could the provider make it right?



Resources

- For further reading:
 - <u>National Transgender Discrimination Survey</u>
 - Trans Veteran Suicide Risk
 - <u>Lev, transgender emergence</u>
 - Levitt & Ippolito, the experience of transgender identity development
 - <u>Gender Identity Workbook</u>
 - <u>Trans Bodies, Trans Selves</u>
 - <u>The Queer & Transgender Resilience Workbook</u>
 - <u>A Clinician's Guide to Gender-Affirming Care</u>
 - World Professional Association for Transgender Health

Resources

- Creating an affirming atmosphere in Primary Care: <u>LGBTQ-Affirmative Behavioral</u> <u>Health Services in Primary Care - Primary Care: Clinics in Office Practice (theclinics.com)</u>
- CEUs: LGBTQ+ Affirming Healthcare Training | Earn CEU Credits (outcarehealth.org)
 - <u>National LGBTQIA+ Health Education Center</u> (Fenway)
 - <u>HRC Foundation</u> (Human Rights Campaign)
- Handbooks and Directories: <u>Resources GLMA: Health Professionals Advancing LGBTO</u> <u>Equality</u>
- Affirmation posters for office spaces: <u>Download Our Free LGBTQ+ Affirmation Posters</u> (<u>etr.org</u>)
- Webinars and Resources: <u>Home » LGBTQIA+ Health Education Center</u>



References

- Casanova-Perez, R., Apodaca, C., Bascom, E., Mohanraj, D., Lane, C., Vidyarthi, D., Beneteau, E., Sabin, J., Pratt, W., Weibel, N., & Hartzler, A. L. (2022). Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients. AMIA... Annual Symposium proceedings. AMIA Symposium, 2021, 275–284.
- Dean, M. A., Victor, E., & Guidry-Grimes, L. (2016). Inhospitable healthcare spaces: Why diversity training on LGBTQIA issues is not enough. *Journal of Bioethical Inquiry*, <u>13(4)</u>, 557–570. doi:10.1007/s11673-016-9738-9
- Decker, H., Combs, R. M., Noonan, E. J., Black, C., & Weingartner, L. A. (2024). LGBTQ+ Microaggressions in Health Care: Piloting an Observation Framework in a Standardized Patient Assessment. *Journal of homosexuality*, 71(2), 528-544. <u>https://doi.org/10.1080/00918369.2022.2122367</u>
- Heredia, D., Jr, Pankey, T. L., & Gonzalez, C. A. (2021). LGBTQ-Affirmative Behavioral Health Services in Primary Care. *Primary care*, 48(2), 243–257. https://doi.org/10.1016/j.pop.2021.02.005
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674
- Kuehnle, F & Rice, A. (2021). Deadnaming: How using wrong name can affect mental health. *PsychCentral*. <u>Deadnaming: Mental Health Effects and How to Avoid It</u> (<u>psychcentral.com</u>)
- L'Ard, K., Makadon, H. J. (2016). Improving the healthcare of lesbian, gay, bisecxual, and transgender people: Understanding and eliminating health disparities. The Fenway Institute. <u>https://www.lgbtqiahealtheducation.org/publication/improving-the-health-care-of-lesbian-gay-bisexual-and-transgender-lgbt-people-understanding-and-eliminating-health-disparities/</u>
- MacIntosh, T., Hernandez, M., & Mehta, A. S. (2022). Identifying, Addressing, and Eliminating Microaggressions in Healthcare. HCA healthcare journal of medicine, 3(3), 189– 196. <u>https://doi.org/10.36518/2689-0216.1418</u>
- Mirza, S. A. & Rooney, C. (2018). Discrimination prevents LGBTQ people from accessing health care. *Center for American Progress*. <u>Discrimination Prevents LGBTQ People</u> <u>From Accessing Health Care - Center for American Progress</u>
- Rummler, O. & Mithani, J. (2022). 'I felt judged': LGBTQ+ Americans report significantly more medical discrimination. *The 19th News*. LGBTQ+ Americans report more discrimination at the doctor, poll finds (19thnews.org)
- Russell, S. T., Grossman, A. H., Li, G., & Pollitt, A. M. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Elsevier, 63*(4), 503-505. <u>https://www.doi.org/10.1016/j.jadohealth.2018.02.003</u>
- Smith, S. K., & Turell, S. C. (2017). Perceptions of healthcare experiences: Relational and communicative competencies to improve care for LGBT people. Journal of Social Issues, 73(3), 637-657. doi:10.1111/josi.12235