Creating An Inclusive and Welcoming Health Care Environment for LGBTQ People

Alex S. Keuroghlian, MD MPH
Assistant Professor of Psychiatry, Massachusetts General Hospital/Harvard Medical School
Director, The National LGBT Health Education Center
Continuing Medical Education Disclosure

- **Program Faculty**: Alex S. Keuroghlian, MD, MPH;
- **Current Position**: Director, The National LGBT Health Education Center; Assistant Professor of Psychiatry, Harvard Medical School
- **Disclosure**: No relevant financial relationships. Presentation does not include discussion of off-label products.
Learning Objectives

This presentation will enable you to:

1) Describe how data collection may be designed to meet the needs of LGBTQ patients

2) Understand how policies, processes and forms contribute to creating an LGBTQ-inclusive environment

3) Describe at least three strategies that you can use for implementing a more LGBTQ-inclusive environment
Patients, Staff, Students

Ending Invisibility

Environment

Clinical Education

Communications
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?
Appropriate Screening: Rodrigo’s Story

- 40-year-old trans man who came in with pelvic pain and spotting
- A biopsy determined that Rodrigo had cervical cancer
- No one had told Rodrigo that he needed routine cervical pap tests
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.
Are Patients Likely to be Offended by SO/GI Questions?

- 78% of clinicians nationally believe patients would refuse to provide sexual orientation, however only 10% of patients say they would refuse to provide sexual orientation (Haider et al., 2017).

- No difference in patient attitudes toward registration forms that include SOGI questions vs. forms that do not; only 3% of patients reported being distressed, upset or offended by SOGI questions (Rullo et al., 2018).
Responding to Staff Concerns

- Some staff may need extra coaching and reassurance
- Supervisors should explain that the health center is trying to provide the best care for all patients, and staff do not need to change their own values to collect SO/GI data
- Regular check-ins with staff members will help identify and address their concerns
Guidelines for Collecting SO/GI Data
SO/GI Data Collection Demonstration Videos
Collecting SO/GI Information

Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records

www.lgbthealtheducation.org/topic/sogi/
Providing Information to Patients

New Sexual Orientation and Gender Identity Questions:
Information for Patients

Our health center also offers information about sexual orientation and gender identity to our registered nurses.

Nuevas preguntas sobre la orientación sexual y la identidad de género:
Información para pacientes

Recently, we have added new questions about sexual orientation and gender identity to our patient forms.

有关性取向和性别认同的新问题：
向患者提供的信息

我们还增设了与性取向和性别认同有关的新问题。

我们的健康中心认为，向患者提供这些信息很重要。我们在此列出一些常见问题，以说明我们为什么要了解这些信息以及我们将如何使用这些信息。
Gathering SO/GI Data During the Process of Care

Fig. 2. Diagram from “Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health.”

ADVANCING EXCELLENCE IN SEXUAL AND GENDER MINORITY HEALTH
# Collecting Demographic Data on Sexual Orientation (Example)

1. **Which of the categories best describes your current annual income? Please check the correct category:**
   - $<10,000
   - $10,000-14,999
   - $15,000-19,999
   - $20,000-29,999
   - $30,000-49,999
   - $50,000-79,999
   - Over $80,000

2. **Employment Status:**
   - Employed full time
   - Employed part time
   - Student full time
   - Student part time
   - Retired
   - Other

3. **Racial Group(s):**
   - African American/Black
   - Asian
   - Caucasian
   - Multi racial
   - Native American/Alaskan
   - Native/Inuit
   - Pacific Islander
   - Other

4. **Ethnicity:**
   - Hispanic/Latino/Latina
   - Not Hispanic/Latino/Latina

5. **Country of Birth:**
   - USA
   - Other

6. **Language(s):**
   - English
   - Español
   - Français
   - Português
   - Русский

7. **Do you think of yourself as:**
   - Lesbian, gay, or homosexual
   - Straight or heterosexual
   - Bisexual
   - Something Else
   - Don’t know

8. **Marital Status:**
   - Married
   - Partnered
   - Single
   - Divorced
   - Other

9. **Veteran Status:**
   - Veteran
   - Not a veteran

10. **Referral Source:**
    - Self
    - Friend or Family Member
    - Health Provider
    - Emergency Room
    - Ad/Internet/Media/Outreach Worker/School
    - Other
Collecting Data on Gender Identity

- What is your current gender identity?
  - 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?
  - Male
  - Female
  - Decline to Answer

- What name do you use?
- What name is on your insurance records?
- What are your pronouns (e.g. he/him, she/her, they/them)?
Responding to Patient Concerns About SO/GI Questions

Registration Staff

Example of a negative and positive interaction:
Helping a patient who doesn't understand why he is being asked about sexual orientation.
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).

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>He is in the waiting room. The doctor is ready to see him. That chart is his.</td>
</tr>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>She is in the waiting room. The doctor is ready to see her. That chart is hers.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>They are in the waiting room. The doctor is ready to see them. That chart is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir</td>
<td>Hirs</td>
<td>Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.</td>
</tr>
</tbody>
</table>
Talking with a Patient about Non-binary Pronouns

Clinical Staff Positive Interaction:

Talking about pronouns with a patient who has a non-binary gender identity.
Directly Asking SO/GI Questions

- As part of your history, generally as part of social history or filling in blanks left at registration, you might simply say, “We have begun asking patients about their sexual orientation and gender identity so we can provide affirmative care.”

- Another example might be, “I see you left these questions blank at registration, and I was wondering if you had questions, and whether we might talk about how you think about yourself in this regard?”
Clinician Asking a Patient about Sexual Orientation and Gender Identity

Clinical Staff

Example of a negative and positive interaction:
Asking a patient about sexual orientation and gender identity.
SOGI Reporting For Pediatric Patients

- At what age do you start asking these questions?
  - Recommend asking GI early
  - Recommend asking SO from 13+ years old
- At what age do you start reporting these data?
  - Are parents answering these questions?
  - Potential bias
Talking with a Parent and Child about Gender Identity

Clinical Staff

Example of a positive interaction:
Talking with a parent and child about gender identity.
Talking with an Adolescent About Gender Identity

Clinical Staff

Example of a positive interaction:
Asking an adolescent patient about sexual orientation and gender identity.
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?”
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>
</tr>
</tbody>
</table>
Putting What You Learn into Practice….

- If you are unsure about a patient’s name or pronouns:
  - “I would like to 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.”
Registration Staff Helping a Patient Who Has Changed Her Name

Example of a negative and positive interaction:
Helping a transgender patient who has changed her name.
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
The Board and Senior Management Are Actively Engaged

- Proactive efforts to build an LGBTQ-inclusive environment are essential.
- 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.
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/)
Providing Restrooms for All Genders
Defining Families for LGBTQ People

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 Registration and Medical History Forms

<table>
<thead>
<tr>
<th>Avoid these terms…</th>
<th>Replace with…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/Father</td>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Husband/Wife</td>
<td>Spouse/Partner(s)</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Relationship Status</td>
</tr>
<tr>
<td>Family History</td>
<td>Blood Relatives</td>
</tr>
<tr>
<td>Nursing Mother</td>
<td>Currently Nursing</td>
</tr>
<tr>
<td>Female Only/Male Only</td>
<td>Allow patients to choose <em>not applicable.</em></td>
</tr>
</tbody>
</table>

**Focus on Forms and Policy:**
*Creating an Inclusive Environment for LGBT Patients*
Discussing Registration Forms with Patients

LEARNING MODULE 8:
Case Scenarios

"Luis"
Gender-inclusive Diagrams

- Images that have a specific gender may limit identification of certain medical issues
- Use gender-inclusive images to document areas of concern

Image by: Katja Tezlaff
(https://ktetzlaff.com/tag/transgender/#jp-carousel-456)
Adding Affirmative Imagery and Content to Education and Marketing Materials
Workforce Development

- Recruitment
- Interview Process
- Training
- Professional Development
- Mentorship
- Benefits
- Retention
Training All Staff in Basic LGBTQ Competence

- LGBTQ concepts and common terms
- LGBTQ health disparities
- Implicit Bias
- Communicating with cultural humility
- SO/GI data collection
- Confidentiality and privacy
Community Engagement and Outreach

- Patient advisory boards
- Community satisfaction surveys
- Peer support and navigation services
- Co-sponsor LGBTQ events & talks with community-based organizations
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.

📞 617.927.6354
✉️ lgbthealtheducation@fenwayhealth.org
🔗 www.lgbthealtheducation.org
🔗 www.acponline.org/fenway